

elected to the Health Professions Council and became a member of the SA Medical and Dental Professional Board. She is now on the Executive Committee and chairs or sits on a number of committees of the Board. Her main task as Academy Chairman has been to oversee the introduction of CPD for family practitioners. Dr de Villiers has also led the Academy delegation in talks with the Colleges of Medicine of South Africa to achieve unification of the Academy and the College of Family Practitioners. In addition to the CPD Task Team chaired by Julia Blitz, an Information Technology Task Team has been set up under the chairmanship of Dr Leon Geffen.

COMMENTARY

When requested to write the history of the first twenty years of the Academy, it seemed essential to commence with the first academic organizations of general practitioners, some two decades earlier. Thus, in summary, we have dealt with:

- 1958-1969 The formation of six South African faculties of the (British) College later the Royal College of General Practitioners.
- 1969-1970 The South African College of General Practitioners.
- 1970-2000 The Faculty of General Practice of the College of Medicine of South Africa later named the College of Family Practitioners (CMSA).
- 1980-2000 The SA Academy of Family Practice/Primary Care.

Perhaps one of the most important aims of all these organizations has been to raise the self-esteem of the general practitioner by demonstrating that his/her field is as intellectually demanding, as emotionally taxing (and rewarding), as socially necessary and, requiring a training as rigorous as for any other medical field or discipline. This has led to the somewhat irreverent reference to our organizations as the "GP consciousness movement".

The nomenclature adopted in this history has been all-embracing. Thus the terms general practitioner, family practitioner and primary care physician have been used interchangeably as have the terms general practice and family medicine to denote our discipline. It is interesting to note that the term general

practitioner originated in Britain in 1820 and, true to tradition, the British have retained the name and its affectionate acronym GP. In the United States, the condition of general practice had deteriorated to the point that a new image was deemed necessary. Thus the new speciality of family medicine came into existence, a term that has gained widespread acceptance to describe our discipline. Because of our close ties to British medicine, the terms general practitioner and GP are still widely used in this country.

In writing this history some significant events and names have been omitted. Important questions and issues have been raised including our relationship with other medical bodies and with government old and new. Perhaps the greatest omission is failure to record the names of many fine doctors, who by their example, teaching and support for our objectives, made a major contribution to the establishment of family medicine as an academic discipline in South Africa. To have recorded all their names and achievements would have necessitated a much larger work.

Mention must be made of the fellowships funded by a pharmaceutical company, to mark the contribution of Dr BM Fehler to general practice, when he left this country in 1986. Known as the Lennon-Boz Fehler Fellowship, it involved the presentation of a paper to be delivered in at least three centres. This offered some of our leading members an opportunity to present aspects of family medicine of their choice, which they did with originality and erudition. The names of the Fellows and the title of their papers are listed chronologically below:

- 1987 Dr JH Levenstein: Family Medicine and the New Science
- 1988 Dr S Levenstein: The Ecology of General Practice in South Africa
- 1989 Prof BLW Sparks: "Doctor your family is waiting"
- 1990 Prof GS Fehrson : In Search of Excellence - Practical Advances in the Consultation Process
- 1991 Dr SN Furman: Research in General Practice - Is it Necessary?
- 1992 Dr N Naidoo: The Role of the Family Practitioner in Primary Health Care
- 1993 Prof GJ Pistorius: Family Practice - A Living Organism

Scant reference has been made to the role of Academy President. This is essentially a ceremonial position, to which Council elects someone who is deemed to have made a major contribution to academic general practice and whom it wishes to thus recognise. There have been four Academy Presidents - Drs Boz Fehler elected in 1980, Basil Jaffe in 1984, Profs Howard Botha in 1988 and Sam Fehrsen in 1993. There has been no incumbent during the past three years, possibly because of the intention to amalgamate Academy and College, creating a body with its own structure.

Collaboration between family practitioner and community physician in the delivery of primary health care has been alluded to and is particularly valuable in the rural situation. Unfortunately the term community medicine has led to some confusion in the minds of legislators and some medical educators. Perhaps the older terms public health or social medicine more appropriately describe this field of medicine which deals with populations, in contrast to family medicine which is patient-centred and clinical. One of the most useful tools in general practitioner research is epidemiology, the basic science of community medicine.

In considering the interface of community and family medicine, mention must be made of the community-orientated primary care movement which started in Natal in the early 1940's. It was based on the health centre set up by Sidney and Emily Kark in the rural setting of Pholela, which provided curative, preventive and promotive services for individuals and the community. The health centre was staffed by medical practitioners, nurses and health assistants, the latter being involved with health education and the collection of statistics which measured the outcome of the health programmes. Pholela was a highly successful venture^{49, 50} funded by the government of the time which proposed that it should be the model for a comprehensive health service (Gluckman Report 1945). By 1948, 44 health centres had been set up but very few approached the standard attained by Pholela.

In 1945 Dr Sidney Kark established the Institute of Family and Community Health at Clairwood, Durban to train health personnel for the health centres. However, the academic discipline of family medicine was still in its infancy and constituted a minor aspect of the Institute's philosophy and

