GUEST EDITORIAL

SAAFP moving forward

I hope that you were one of the more than 200 people that attended the 21st National Family Practitioners Conference¹ in Cape Town at the end of August 2018. Participants enjoyed a range of inspiring plenary speakers who focused on key topics on the "circle of life". We expect that videos of several of the plenary talks will soon be available as CPD activities in the



SA Academy of Family Physician's eCPD² offerings.

Dr Elmarie Malek spoke passionately about the first 1 000 days of life, which starts from the moment of conception. She explained how "environmental influences (both physical and psychological) before, during and after birth have a profound effect on the architecture of the developing brain and on the reproductive potential of the foetus, affecting the next two generations". Two others that dealt with the impact of alcohol on the developing foetus and on physical trauma in children complemented her talk. Foetal alcohol syndrome may affect almost one in five children in South African communities and has a profound effect on their human potential and contribution to society. Professor Sebastian van As reminded us that alcohol continues to impact the lives of children after birth as childhood trauma is also strongly associated with alcohol. This may lead to devastating injuries because of road traffic accidents as well as interpersonal violence and child abuse. Other plenary speakers addressed cervical and prostate cancer, palliative care, advanced care planning and the approach to medical error.

In addition, participants enjoyed 22 interactive workshops that ranged from minor surgery, sports injuries and orthopaedics to dermatology. A variety of issues related to ethics, teaching family medicine and primary care research methods were also presented as well as 16 original research studies. The participants enjoyed the chance to network, socialise, debate and share their experiences as family physicians. Family physicians also attended the conference from neighbouring countries such as Mozambique and Swaziland.

Next year's annual conference will be organised by family physicians in Johannesburg and Prof Omole leads the organising committee from the Department of Family Medicine at the University of Witwatersrand. One of my other activities at the conference was the filming of an advocacy video³ that explains

the role of the family physician in the South African health system. This nine-minute video may be of value to you in conversations with the national department of health or other stakeholders. Linked with the video and part of the Academy's advocacy plan is the publication of a policy brief on "how family physicians strengthen district health services". The two-page document is intended for use with managers at national, provincial or district levels to clearly explain the role of the family physician and the evidence for their impact and contribution to health care.

One imminent success story in terms of our advocacy for the profession relates to family physicians in private practice. Prof Shadrick Mazaza, our representative on the South African Medical Association specialist committee, worked persistently to have family physicians appropriately recognised. In the next few weeks, an agreement should be implemented with Discovery Health that recognises the increased scope of practice and postgraduate training of family physicians as specialists in family medicine.

Over the last few months there has been increasing engagement with plans for the next phase of introducing national health insurance. Treasury and the national department of health hosted a workshop for family medicine and general practice organisations on how the remuneration system will work. Prof Shabir Moosa from the University of Witwatersrand is involved with this task team from the discipline of family medicine. Key points presented at the workshop are that the basis of the remuneration system is a capitation fee that will be based on the number of patients registered with your practice. This means that there will need to be a system of enrolment and a Health Patient Registry System. In order to be funded by national health insurance your practice will need to be accredited as capable of providing the essential primary care package. Accreditation would apply to both public and private sector practices that would all need to contract with the NHI Contracting Unit for Primary Health Care. This package is likely to be the equivalent of what a primary care clinic with a doctor should currently deliver. A community-orientated primary care approach is intended. Most clinics and GP practices should be able to be accredited. Accreditation may utilise the criteria outlined in the national government's ideal clinic project. The capitation fee may be adjusted by the risk profile of the practice population (age, sex, morbidity, rurality). The risk-adjusted capitation fee can be supplemented by additional pay for performance, bonus payments and specific fees for service. We anticipate that the pay for performance will recognise those with postgraduate training in family medicine.

Looking at the global stage, the World Organization of Family Doctors (WONCA) is holding its global conference in Seoul, South Korea in October 2018 and a number of South African family physicians will be attending. WONCA has also given input into the new global Astana Declaration on Primary Health Care 2018 that will replace the 1978 Alma Ata Declaration. This will once again renew governmental commitment to primary health care. Key aspects of the proposed declaration include :

"We, the participants of the Global Conference on Primary Health care...envision:

- Societies and environments that prioritise and protect people's health;
- Health care that is available and affordable for everyone, everywhere;

- Health care of good quality that treats people with respect and dignity;
- · People engaged in their own health."

Prof Bob Mash

President: SA Academy of Family Physicians

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