

A reflection on the South African Medical Association – past, present and future



The recent adoption of the Memorandum of Incorporation (MOI) and Rules of the South African Medical Association (SAMA) represents an appropriate time to pause and reflect. For purposes of compliance with the new Companies Act, the MOI and Rules were in fact adopted in 2013, with recent amendments needing to be added. This does, however, provide an opportunity to critically evaluate where the Association is in the year in which, as a country, we celebrate 20 years of democracy. It is often said that to understand the present one needs to look to the past. Two articles from 1996 by Mlisana *et al.*^[1] and Hanekom *et al.*^[2] provide a useful context of the situation just before the formation of SAMA, as well as insights into the development of the process of unity in the profession. Furthermore, the ideals of a professional association stated at that time provide a measure by which we can assess our progress.

The medical profession after 1994 remained largely divided along both ethnic and partisan lines. The largest grouping of the time, the Medical Association of South Africa (MASA), predominantly represented the interests of white doctors in the private sector. Its major counterpart was the National Medical and Dental Association, formed in the early 1980s as the result of deep dissatisfaction with the position and silence of MASA on several matters, most notably the death in detention of Steve Biko. The National Medical and Dental Forum, formed from mostly black general practitioners, was established at around the time when there was talk of a unified medical profession under a single association. An interesting perspective was that, despite the existence of these various bodies, many doctors still felt alienated, reflecting an innate dissonance within the profession. Over the ensuing 18 months a process was followed, sometimes rocky, that led to the formation of the new medical association, the South African Medical Association or SAMA. On 21 May 1998, SAMA was formally established and continued as a section 21 company, with some of the remaining groupings joining by April 1999.

The initial agreement of understanding, signed in September 1997, tasked the new Association with producing a constitution that would encapsulate the principles enshrined in the so-called founding document. A key principle came to be known as the 50:50 principle. This implied that representation of the different organisations, with particular reference to the first National Council, the Board of Directors and the Standing Committees, would be on the basis of 50% from MASA and 50% from the signatories of the original agreement of understanding document. The latter included the Dispensing Family Practitioners Association, the Eastern Cape Medical Guild, the Family Practitioners Association, the South African Medical and Dental Practitioners, the Society for Dispensing Family Practitioners, and the Progressive Doctors Group.

The 50:50 principle became enshrined in the Memorandum and Articles of the Association and was the principle underpinning the first National Council. It was always understood and accepted that ex-members of MASA and what were now called the Partner Organisations (POs) would fully integrate into SAMA, exercising their participation at branch level in particular and not just at a national level. PO involvement at National Council level declined significantly, reflecting the *de facto* dissolution of these organisations over time, as might have been anticipated with the formation of SAMA as the broader collective. Some of the organisations evolved

into independent practitioner-type associations. Importantly, MASA ceased to exist.

By 2009 it was already apparent that an entirely new generation of doctors were participating in SAMA. These members knew no affiliation to what had been MASA or to the POs, and vehemently expressed the need to reform the association of which they were now members and in which they participated. The 2009 National Council tasked the Constitutional Transformation Task Team (later to become the Constitutional Matters Committee or CMC) to deal with this reform as a matter of urgency. Among other proposals, removal of the 50:50 clause with respect to the POs and acceptance of the principle of historically disadvantaged South Africans were requested. This principle was adopted at the 2010 National Council.

The advent of the new Companies Act, promulgated in 2008, provided the impetus to realign the Articles of the Association with the requirements of the new Act. This process has been lengthy and inclusive and effectively started after the 2009 National Council. Compliance-based changes were incorporated into the 2013 adopted MOI and Rules. The CMC also debated a demand from the POs that they retain a strict 50% veto over members attending National Council and occupying positions in Standing Committees of the Board. No consensus was achieved. This position was maintained despite the fact that all but two of the original POs were either non-functional or no longer existed. The main protagonist persisted with the view that there still had to be a MASA and POs within the present SAMA, despite the formation of a new organisation 17 years ago. They insisted, furthermore, that the current SAMA was in fact MASA, and that it did not matter that, if their demands were acceded to, the vast majority of the fee-paying members of SAMA would be disenfranchised.

In an attempt to break the deadlock, an opinion from a senior counsel was sought to clarify conflicting clauses in the proposed Memorandum of Incorporation and Rules of SAMA. The opinion was clear and unambiguous – conflicting clauses would need to be removed, and the areas of concern that were highlighted needed to be attended to in order to avoid a dysfunctional MOI and Rules.

Given that the opinion did not fully satisfy all concerned, the SAMA Board took a unanimous decision that the President of SAMA, a titular, non-partisan and non-voting member of the Board, be tasked to consider all inputs and documents and provide the Board with a binding opinion. The President was mandated and empowered to accept and consider each and every input provided. The President took almost two months to complete this task, and in February 2014 provided the Board with what has now become the new MOI and Rules of SAMA. Due process having been followed, these were adopted by a significant majority at an Extraordinary General Meeting in April 2014.

Two important perspectives warrant mention: firstly, the principle of historically disadvantaged individuals occupying a minimum of 50% of positions in the National Council, Board and Standing Committees has been incorporated into the new MOI; and secondly, a transformation task team has been advised to look at ongoing issues of transformation in a far broader manner than has been done to date. The intention is not to forget those who founded SAMA, but rather to realise fully what was always intended by the founders – a united professional association serving its members.

Despite the above process, it is extremely unfortunate that some, although they were wholly part of the above Board decisions, have taken measures not only to undermine what has been achieved but also to attempt to discredit those involved in the process. The purpose of their agenda would need to be explained by those involved, but will not alter the fact that SAMA is now rightly positioned to be a home to all doctors irrespective of their affiliations, past or present. It also gives the new throng of doctors the opportunity to join a diverse and representative professional association that maintains a transformative agenda at its core. More importantly, the members will decide who should represent them, ensuring that all those in leadership positions in SAMA are from within its ranks and not imposed on them. This will ensure that the leadership remains answerable to the membership.

SAMA has achieved much for an organisation that has just moved out of its teenage years, but many challenges remain. The organisation restructured itself in the past few years and consolidated into being primarily member focused. The longstanding trade union function for employed doctors was fully realigned, as required by the Labour Relations Act, into the SAMA Trade Union in 2013. This focuses all its energies on doctors in the public sector, as well as other employed doctors. Provincial and local structures are being formed and will be fully realised in time. The Private Sector Department can be very proud of its wealth of expertise in the areas of coding; its capacitation with new skills and growth is an ongoing process so as to provide a complete service to those members in the private sector. Our branches must remain the bedrock of the organisation.

A notable concern remains the lack of cohesion within the profession, cutting across all sectors in the profession and including the specialist societies – interestingly, an issue that was lamented before the formation of SAMA. The need for the profession – public, private, general practitioner and specialist – to remain united should be a core purpose of SAMA, which at all times needs to provide the requisite leadership in this regard. Only as a united profession will we be able to address the issues that lie ahead, which include our role and contribution in building the National Health Insurance, capacitating the public sector, ensuring a viable private sector, and standing up for the rights of our members.

After all, a motivated and satisfied doctor is good for healthcare delivery, and ultimately the people who will benefit are those we serve, our patients.

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