THE REORGANIZATION OF THE MEDICAL ASSOCIATION

ARNOLD H. TONKIN, *Secretary, M.A.S.A.*

Twenty years have passed since the Association became completely independent of the British Medical Association, while it is nearly 40 years since our basic Constitution was drawn up. If we think back to 40 years ago and contrast conditions then with those which we find today, the changes have been so great that it makes one wonder whether the Constitution of 1927 is suitable for the year 1965.

In that earlier year there was no air travel, no air mail; motor cars capable of long distances at reasonably high speeds were few, and telephone communication, particularly in country areas, was neither common nor easy. Progress has altered all these things, and the country has seemingly grown smaller as a result.

When the Association was first organized, it was based on what then existed. The separate Branches of the British Medical Association, formed in the 19th century, had been centred on what were then the large and thriving towns of South Africa—Cape Town, Grahamstown, Durban, Pietermaritzburg and Kimberley. The latter at one time included the whole Reef area in its sphere. Later, of course, the growth of Pretoria, Johannesburg, Bloemfontein, Port Elizabeth and East London caused the picture to change, and even South West Africa was mentioned as a separate Branch when the Constitution was written. This type of organization was necessary in those days, since doctors were concentrated in those comparatively few centres and the country areas were sparsely doctored and had few hospitals. The fact that, until 1927, the Branches were separate independent Branches of the British Medical Association with their own organizations, office-bearers and offices, and their own powers of collecting subscriptions of an amount which they decided, led to a form of parochialism which still exists. The formation of a South African Committee fairly early in the century and the holding of congresses did something towards unity, but the Branches continued to exercise a powerful influence which was sometimes far from unifying.

The Branches, in turn, were supposed to organize active Divisions within their areas, but how many really did so? Divisions have been formed and have passed away, although in fairness it must be admitted that some have flourished and have themselves developed into Branches. The question we must ask ourselves is whether our organization really reaches every doctor in our vast country. Do they all have reasonable opportunity of meeting together and of taking some part in the Association's affairs? If we do not provide the opportunities, our organization is not the right one for our times.

Let us examine our organization, beginning at the top. The Federal Council is the governing body and it is composed of representatives elected within the Branches on a definite quota basis. The growth in membership tends to increase the size of the Council to unwieldy and costly proportions, and at present there is a move to alter the quota to reduce it to a more workable size. A similar amendment to the Constitution was necessary soon after the end of World War II.

In an article which was published in this *Journal* some 20 years ago there appear these words: 'It is not original to suggest that the Branches have served their purpose and that the Divisions should become of prime importance.'[1]

There is no doubt that the Branches have become unwieldy, in many cases both numerically and geographically, and the affairs of a Branch with a membership of 1,200 - 1,500 members may be controlled (even dominated) by a Branch Council of 25 - 30 members, most of whom are city men who know little of conditions in the rural areas.

The growth of hospitals all over the country suggests that these should become the Division centres. The hospital is the natural home for a gathering or association of medical men, and the hospital common-room has always been their natural meeting place. Membership of each Division would therefore follow the pattern of those medical men who serve the hospital in either a full-time or part-time capacity, who have the right to visit patients in the hospital or are connected with the hospital in any way. The members of Divisions will thus have a common interest in local affairs, will meet in familiar surroundings and will not, as now so often happens, be divorced from a clinical atmosphere.

The article quoted above goes on to state: 'The obvious danger of the Division plan is that ideas might tend to become too parochial and, as a means of combating this, all questions of policy and wider interest should be referred to the Divisions, through the Head Office, by a small compact Federal Council.'

It is then suggested that, for organizational purposes, the country should be divided into regions, six in number, from which a fixed number of representatives shall be elected on a 'best man' basis from nominations covering the whole country and by a ballot of the total membership. This is nothing new, as it is the pattern followed by the election of members to the South African Medical and Dental Council and the Council of the College of Physicians, Surgeons and Gynaecologists of South Africa. At least it has the virtue of making the Council compact and of the highest calibre by popular vote of the whole membership. The 'federal' nature of the Council would thus be lost and it would be the Council of a unified Association. The Council would elect its own Chairman and office-bearers and would have the power to appoint standing committees and *ad hoc* committees for special purposes. The members of these committees may be Council members or co-opted non-Council members.

The members of the Council in each region will form a Regional Committee of the Council with powers to co-opt for regional purposes and will also have the power to appoint regional committees for special purposes which may affect the region as a whole or any part of the region as may be seen fit. Each region should have a regional office with a paid woman secretary who will be a member of the Head Office staff. The regional committee will also require an Honorary Secretary, either from the elected

members of Council for the region or as a co-opted member.

It will be one of the functions of the regional committees to see that the region is properly organized and that there are effective Divisions operating in each hospital centre. Divisions should consist of any number of members but not less than ten.

It must be possible for a member to belong to the Association but not necessarily to be a member of a Division. For this reason there must be an Association subscription which will be sufficient to cover the total expenses of running the Association. The Divisions on the other hand should not require considerable sums for their administration, and a nominal sum collected locally should suffice. Just as it must not be obligatory for a member of the Association to be a member of a Division, so it must be possible for a man to be a member of more than one Division if he so wishes, particularly if he is on the staff of more than one hospital in a city.

Divisions will, of necessity, require Chairmen and office-bearers, particularly Honorary Secretaries, by means of whom the Division can keep in touch with both the regional offices and the Head Office.

It is not the purpose of this paper to deal with the details which will be involved in the change of organization outlined above. They will include the re-writing of the Association's Constitution through to the details of organization in regional offices and the Divisions.

All around we see evidences of change: buildings which have served their purpose are being demolished to give way to the erection of bigger and better buildings more in keeping with our times. Perhaps we need to demolish the Branches to build up better and stronger Divisions founded on a stronger, more compact and more workable Council. One strong Medical Association of South Africa rather than 18 Branch Associations, some of which are really very small.

1. Tonkin, A. H. (1945): S. Afr. Med. J., **19**, 321.

[These views on the reorganization of the Association are the personal views of the Secretary of the Association, but they are based on his 25 years of service to the Association—as a Division Secretary, as a Branch Secretary and, for the past 19 years, as the Association Secretary and Secretary of the Federal Council. They are put forward to serve as a basis for further discussions.

Dr. Tonkin has been intimately concerned in the growth of our Association and the changes which have taken place in the pattern of medical practice in South Africa and has also been concerned that our place should be maintained in the Commonwealth Medical Association and the World Medical Association. His desire is to build up a strong and effective Medical Association in South Africa and those who share this desire with him are invited to read his views and to formulate their own suggestions—Editor.]