

Invited Article

Family Medicine in Malta

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Abstract

Whereas education in family medicine has made great advances in Europe in the last 30 years, it is still developing in Malta. The setting up of a Department of Family Medicine within the Faculty of Medicine and Surgery has brought our country in line with the rest of the European countries. The Malta College of Family Doctors, founded in 1989 filled the great void in the academic field of Family Medicine. Much was accomplished in the last 14 years, though much remains to be done.

Introduction

In a world where the frontiers of medical science are being continually surpassed and where the patient rightly expects improved medical care, upgrading of standards is the topmost priority in the minds of health care providers.

When a patient seeks health care he looks, in the first instance, to services available in the community; and usually that is as far as he needs to go. For this reason it is impossible to overrate the importance of the quality of services of this kind. The demands of community medical services are very large and there is every reason to believe that they will continue to increase.

The standard of primary health care in a country is a very sensitive parameter of the medical services available. There is also a growing realisation that primary care is becoming the key which dictates the size and nature of hospital services and a reflection of the quality of life that is provided to the "sick".

Meanwhile the WHO has reminded us that, in trying to achieve the aim of Primary Health Care for All, described in the declaration of Alma Ata, industrialised countries cannot afford to be complacent.

There is no doubt that in understanding better the prevailing forces for change, it will become evident that "good" family practice is the key to providing "quality care" to patients.

Regretfully, whereas primary care remains the cornerstone of medical practice in Malta, not enough has been invested to bring this discipline into line with that of other European countries.

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History

The pattern which medical practice followed in the last 50 years has been very similar to that of other countries. From being primarily concerned with traumatology and infectious diseases up to the end of the 2nd World War, the country's medical services started having to cope with diseases, endemic everywhere in the western world, like heart disease and cancer.

The medical scene received a big blow in 1977 at a time when the University was celebrating the 300th anniversary of the Medical School, following some drastic measures taken by the Government of the time and the counter measures of the Medical Association of Malta. The medical scene has been largely transformed in the last 16 years and major advances have been registered in the academic field. It is fair to say that this country is now blessed with a medical school, and medical services which are at least equivalent to those prevailing in mainland Europe. The future promises some exciting times.

Medical Education

The state of medical education in Malta is considered to be of a high standard. It has been influenced to a major extent by the two hundred year presence of the British which ended in 1979. It is therefore understandable that our curricula and training programmes are very similar to the ones in the UK.

Whereas education in family medicine has made great advances in Europe in the last 30 years, it is still developing in Malta. Academic family medicine is now established in every undergraduate medical school in the United Kingdom.¹ Furthermore, all but three medical schools have established a chair of family medicine or its equivalent. Many of these have extended their activities beyond the central tasks of undergraduate teaching and research to include CME programmes, audit initiatives and providing teaching for diploma and masters degrees.

In Malta, a Department of Family Medicine was established in 2001 and is primarily concerned with undergraduate teaching. The curriculum is structured in a modular fashion over the final three years. Students spend a variable amount of time in their 4th and 5th year attached to an accredited practice, during which time the student understands better the great divide between hospital-based medicine and family practice. At present, the newly fledged doctor who opts for a career in family practice goes on to spend a 3 month traineeship in the form of a rotation job as part of his 2 year registration period.

Membership by examination – Malta College of Family Doctors

Plans were in hand to provide its members with post graduate level training in the theory and practice of family medicine. Discussions with the Royal College of General Practitioners (UK) would enable Maltese family doctors to pursue locally, and obtain the MRCGP (I) (The international version of the Membership of the Royal College of General Practitioners in UK)

The overall aim of the programme is to provide an academic basis for the theory and practice of family medicine. The programme was designed as an academic programme and does not provide practical training. On completion participants would:

1. Acquire the knowledge, skills and attitudes necessary to meet the definition of family practitioner
2. Adopt a lifelong need and capacity for self evaluation and learning
3. Develop a critical attitude to the discipline of family practice and contribute to its development

The programme was planned to be spread over a two-year period and be on a part-time basis and was conceived as a formal taught course with a final examination, and also the satisfactory completion of a dissertation. Participants must pass a progress test at the end of the first year before proceeding to the second year and they will be subjected to continuous assessments throughout the two years.

Teaching of family medicine is still in its infancy in Malta so that funds were sought and obtained from the University of Malta, through the Department of Family Medicine, to run a “Teachers Course” for the teaching staff of the Department along with some members of the Malta College of Family Doctors who pledged their commitment to be involved in the teaching programme of the membership by examination. It is hoped that the recent controversy surrounding the issue will not derail the path that had been mapped with diligence and which would have led to the much needed growth in the number of family practitioners with the appropriate teaching experience much needed at this juncture with major changes looming over our heads.

Vocational Training

In 1986 the European Community introduced legislation to make specific training for family practice mandatory in all member states.² This directive was consolidated with previous directives in 1993 to become Directive 93/16/EEC.³ Member states were obliged to implement it by 1st January 1995. The directive provides for the mutual recognition of diplomas and periods of training and defines the minimum acceptable length of specific training.

It also required that each member state ensure that “*the exercise of Family Medicine under national Social Security schemes*” from January 1995, should be conditional

on doctors having undergone a period of specific training or on having been exempted from that training by the issue of an acquired right. This exemption has been available for doctors already in practice, as had happened in 1981 in the UK and elsewhere with the introduction of compulsory vocational training.

Growing value is placed on the role of the well-educated and trained generalist at the primary care level. This is clear from developments in the UK, Holland, Denmark, Sweden, Finland, Spain and Portugal.⁴

In Malta, we still do not have a formal programme of vocational training on the lines outlined above. The Malta College of Family Doctors had made its recommendations on the subject to the relevant authorities as far back as 1993 though a national curriculum for trainees in family medicine has still to be established.

The College has also had discussions with the Health authorities, along with MAM, the Medical Association of Malta, about plans for a three-year vocational training programme on the lines that these are run in Europe. MAM has recently signed an agreement with the Government on the setting up GP vocational training scheme.⁵

The Medical Association views this agreement as an important step forward as it will establish the family doctor as a specialist in family medicine in line with European Union directives.

Such a move is expected to further raise high standards of medicine practised in Malta, and to make the speciality of family doctors more attractive to doctors who have to make a career choice.

Specialist Accreditation Committee

By virtue of the Health Care Profession Act, and conformity with the EU regulations regarding training and recognition of a medical discipline as a speciality, the Malta College of Family Doctors was accepted as a full member of the Specialist Accreditation Committee, which in future will be responsible for recommending which medical practitioners would have their name included in the specialist registers relating to the various medical disciplines in Malta. Family medicine has been acknowledged at par with the other medical specialties.

As a full member of the Specialist Accreditation Committee, the College will determine which family doctors will be eligible for inclusion in the Family Doctors Specialist Register. An objective way for the College to do this is to adopt the WONCA (World Organisation of National Colleges and Associations of Family Medicine) inclusive international definition of family medicine described above (2002).

Family doctors who fulfill the above definition should be automatically eligible for inclusion in the Family Doctor Specialist Register by virtue of “acquired rights” (the grandfather clause) whether they practice privately or are employed in Government Health Centres.

Continuing Medical Education

The Charter for Family Medicine of the World Health Organisation published in 1995 declares that CME is a prerequisite for updating skills and maintaining and improving the quality of care.

Since its inception in 1989, the Malta College of Family Doctors has organised regular CME meetings which are family practice oriented. College members are also expected to earn a minimum number of credit units per year to retain their continued membership of the College. On average over 35% of College members retain their full membership every year, and it is encouraging that the College receives applications for membership on a regular basis.

It has high time for the health authorities to acknowledge and take into consideration the academic track record of a doctor. A revision of the conditions of employment of doctors within the NHS should in future include a provision for an obligation to pursue on a regular basis CME programmes.

The College has also, uninterruptedly published a Journal, *It Tabib Tal-Familja*, since inception providing family practice oriented papers.

The Way Forward

The Malta College of Family Doctors has since 1989, filled the great vacuum that existed in the academic field of family practice. It has

1. Acted as the watchdog of academic standards and quality care in family practice. It has also been functioning as a pressure group and in this role, creating awareness among doctors that the academic needs of family doctors are quite unique.
2. Provided a regular, uninterrupted CME programme for the past 14 years, and over the years adapting it to the needs of its members
3. Provided opportunities for its members to participate in various courses run by foreign experts such as that for family medicine teachers, research methods in family medicine, therapeutics in family medicine, counselling etc...
5. Published of its biannual journal, *It-Tabib tal-Familja*, as well as a monthly newsletter
6. Devised a 3-month rotation post in family practice as part of the 2 year pre-registration period.
7. Participated in drawing up a 3-year vocational training programme on European lines
8. The most ambitious project the College has embarked on so far is the three-year specialist training programme for family doctors which is set to be replaced with membership by examination. The programme is in a very advanced planning stage and it is hoped that the necessary funding will soon be forthcoming. This will enable doctors to pursue an internationally recognised course in family medicine leading to a certificate of specialisation.

8. The setting up of a College home page on internet, providing an invaluable number of educational resources relevant to family practice.
9. The compilation of a basic model database for members wishing to computerise their medical records.
10. Participation in the WONCA group for informatics.

The College has also put Maltese family practice on the international map. The College is a member of **WONCA**, the World Organisation of National Colleges and Associations of Family Medicine, a founder member of the **European Society of Family Medicine**, and a member of the **European Family Medicine Research Workshop**, as well as a member of **EQUIP**, the body encompassing teachers in family medicine.

The Future Beckons

There is a growing realisation worldwide, that family practice is the key to effective, quality health care. It is also becoming increasingly evident that the resources and facilities available for the training of primary health care doctors vary from country to country, as do other fields. Training in this field must continue evolving so that it meets the new demands imposed by advances in the medical sciences.

I firmly believe that medicine is a common heritage of mankind and where social and economic inequalities exist that hinder patients from receiving optimal care, it is our duty to adjust them.

There is no doubt that family practice will play an increasingly important role in the provision of health care in future. The potential for further development of the discipline is clear particularly because family practice has the ability to adapt to the challenges of modern health care systems.

It is vital that developments in education, research and quality assurance continue.

As the founding President of the official body in Malta, the Malta College of Family Doctors, I am conscious of its important role in this respect, but acknowledge its limitations in bringing about and implementing the various changes that are urgently needed. That responsibility finally lies with the politicians.

References

- 1 Fraser RC, Preston-Whyte ME. The contribution of academic Family Medicine to undergraduate medical education. London RCGP 1988 (Occasional paper 42).
- 2 Council Directive of 15/9/86 on specific training in general medical practice.
- 3 Council directive 93/16 of 5/4/93 to facilitate the free movement of doctors and the mutual recognition of their diplomas, certificates and other evidence of formal qualifications.
- 4 Evans, PR. The changing scene of Family Medicine in Europe. *BMJ* Vol. 308, p 645.
- 5 Press Release - 6/6/2003 - Agreement on General Practitioner Vocational Training Scheme signed.

Editorial Note: *Dr Denis Soler resigned his post as President of the Malta College of Family Doctors since submitting this paper for publication.*