

# Message to the Maltese Medical community

On 20th November 2010 I have the honour of becoming Chair of Council of the Royal College of General Practitioners. I shall be the first female Chair for 51 years and only the second female Chair in the history of the College. Perhaps some would say it is not before time that the College had a female Chair, with women making up around 70% of all UK GPs.

I am also proud that I am the first Chair ever to be Maltese, both my parents are from Malta and my father, born in Zejtun, was a doctor, qualifying soon after the 2<sup>nd</sup> World War. Once settled in England, my father became a General Practitioner, working as a single (and then dual) handed GP in East Anglia.

He inspired me to be a doctor and I began working in general practice as a 10 year old, when I would accompany my father on his rounds after his Saturday morning surgery.

From him I learnt the values of general practice that being a GP meant that you had to be part of your local community that a good GP is a good listener, was available and was trusted.

Later on I learnt that general practice was the jewel in the crown of the NHS, with over 1 million consultations per day, dealing with physical, psychological and social problems. Problems are presented in an undifferentiated manner, so three consecutive patients, all with, for example "sore throat" will have different problems: one might have a simple strep throat, one might be psychogenic and other might be the first symptoms of cancer of oesophagus.

The skill of the GP is to manage these undifferentiated problems, without constant resource to investigations, referrals or seeking additional reassurance.

The GP has been described as the "risk sink" of the NHS. International research has shown that where there is strong

general practice there is a cheaper, more efficient, safer and more accessible health service, with better patient outcomes.

British General Practice now offers a range of services, from near-patient testing, osteopathy, diagnostics and access to general practitioners with special clinical interest. Although general practice has changed over the decades, it still provides first contact care for the vast majority of patients entering the NHS, with over 1 million GP consultations taking place in the UK every day.

The RCGP is now a truly International College, exporting the Membership exam of the RCGP as a standard in family medicine to a number of countries across different continents. Following several years of collaboration between the RCGP and the Malta College of Family Doctors (MCFD), the RCGP granted formal accreditation to the post-graduate licensing examination run by the MCFD in August 2010.

Malta joins countries in the Middle East, North Africa and Asia as Accredited Sites of the MRCGP[INT], in holding the international form of the Membership exam. The International exams aim to maintain the same academic rigour as the UK exam while making them relevant to the everyday practice of the candidates.

It is pleasing that Malta is the latest of these countries to embrace the MRCGP[INT] and is becoming part of the RCGP family, helping to support the College's aims and contributing to the international development of general practice as a discipline.

The ties between Malta and the UK are deep and longstanding and it is wonderful that these ties now extend to family doctoring. For me personally, it is particularly gratifying because of my own roots that I can strengthen this on-going relationship.

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