Thirty-five years of standards: the Malta College of Family Doctors, 1990–2025

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ABSTRACT

Background

The Malta College of Family Doctors (MCFD) was founded on 4 April 1990 after early spadework by Drs Denis Soler, Wilfred Galea and Ray Busuttil on a bold premise: if family doctors taught, audited, published and held themselves to account, the system would in time recognise family medicine as a speciality.

Objective

To trace how, over 35 years, a voluntary professional body became a driver of standards, training and advocacy in Maltese primary care.

Method

Narrative historical review (1990–2025), organised into four phases: foundation (1990s), infrastructure and recognition (2000–2010), consolidation (2011–2018), and resilience and renewal (2019–2025).

Results

The College's early strategy - acting like a specialty before being treated as one - proved decisive. Milestones included formal recognition of family medicine as a speciality in 2003, academic anchoring at the University of Malta, and the launch of the Specialist Training Programme in Family Medicine (STPFM), which secured Royal College of General Practitioners (RCGP) accreditation at first visit. Subsequent years saw maturation of examinations, trainer development aligned with the principles of the International Association for Health Professions Education (AMEE) and the European Academy of Teachers in General Practice/Family Medicine (EURACT), and a stronger Journal. During the COVID-19 pandemic, the MCFD preserved standards through recorded consultations, hybrid CPD and online governance, achieving "continuity without compromise". The College also assumed a clearer public voice through submissions on euthanasia, recreational cannabis, mental health and the national health strategy, and by representing Malta in international family medicine fora.

Conclusion

The MCFD helped shift Maltese family medicine from isolated individual practice to an organised, internationally benchmarked speciality, with durable systems for training, assessment and professional leadership.

Key words

Family medicine; Malta; medical education; primary care; speciality training

INTRODUCTION

I'm deeply honoured to have been invited to write this piece for the Journal of the Malta College of Family Doctors on the occasion of our College's 35th anniversary. On 4 April 1990, a small group of determined family doctors chose to build standards before the system fully recognised our speciality. Thirty-five years later we can say, with evidence rather than nostalgia, that this choice changed Maltese healthcare. As Immediate Past President (and, until April this year, President on the very day of our official anniversary), I've had the privilege of seeing up close how a volunteer College became a quiet engine of progress: teaching and training, examinations and accreditation, research and reflection, advocacy and partnership.

Anniversaries are not only for looking back; they're for deciding what to carry forward. This article tells the College's story, its early convictions, its architecture, its tests and adaptations, not as a museum tour but as a living guide for the future. It's a celebration of what Malta's family doctors have built together, and a candid account of the challenges we met and turned into momentum. Most of all, it's a thank you to the trainers and trainees, the examiners and authors, and the colleagues in clinics and committees who kept the standard high and the door open for those who follow.

A COLLEGE BEFORE ITS TIME (1990s)

The Malta College of Family Doctors (MCFD) began with a simple, ambitious wager: if we conducted ourselves like a speciality, teaching, auditing, publishing and holding ourselves to account, the system would eventually catch up and treat us as one. In a landscape where primary care was fragmented and family medicine had little formal recognition, a small group chose to build the centre of gravity that Malta lacked. Between 1988 and 1990, Dr Denis Soler, Dr Wilfred Galea and Dr Ray Busuttil did the hard spadework—drafting the statute, convening meetings and shaping the vision. This culminated in the first general meeting on 4 April 1990, which endorsed the statute and elected the College's first Council. Wise counsel was sought from the Royal College of General Practitioners (RCGP) to shape a college that could stand up to scrutiny from day one. They deserve our lasting gratitude for the courage and fortitude of those arduous first steps.

Traditionally family doctors were, and sometimes still are, solitary by habit, working largely alone. Gradually we learned to be a community of practice, not just a list of names, where learning was communal, accountability was mutual, and "good" was something we modelled as much as we taught. The College gave these simple ideas a home, a rhythm and, slowly but surely, higher standards in our speciality.

FROM VISION TO ARCHITECTURE (2000–2010)

The 2000s turned conviction into infrastructure. Family medicine was formally recognised as a speciality in Malta in 2003—no small feat for a field long treated as the underdog. Family medicine found a home in the University in 2001, not as a guest but as a department with a curriculum, modules and academic staff. Medical students got a brief but eye-opening glimpse into the fascinating fields of community care and primary health care, and discovered that there is a whole world of medicine outside the hospital. Many realised that a prestigious and fulfilling career could be had in family medicine.

The Specialist Training Programme in Family Medicine (STPFM) was the logical next step taken in 2007. The STPFM is, and remains, a masterclass in speciality training. From the outset it was distinctive: a deliberate balance between theory and practice, academic content and clinical practice. It didn't just follow recognition; it made recognition real. That combination, of an academic base, a training pathway and independent assessment, was transformative. For the first time, Malta had a reproducible method for forming family doctors: not just apprenticeship by goodwill, but education by design.

External benchmarking through the RCGP was crucial for the STPFM to gain its badge of excellence, secured at first accreditation; a standout result in the history of the RCGP's international work. It ensured that what we were building at home stood up to scrutiny locally and internationally. Maltese family doctors had once again shown their mettle.

CONSOLIDATION (2011–2018)

With the scaffolding up, we settled into the work of keeping standards alive and progress ongoing. The two are not mutually exclusive, but they do require a deft hand: evolving and improving while guarding our good reputation, our values and our non-negotiable integrity. Examinations matured, quality assurance tightened, trainer development became routine, and the journal stepped up its ambitions. Internationally, Malta showed up not only to learn but to contribute - to conferences, networks and collaborations that kept our perspective wide and our practice grounded.

By the end of the decade, family medicine in Malta felt less like a path you drift into and more like a discipline you train for. We had a shared language for competence, a shared calendar for learning, and a shared expectation of what good looks like. It was also the period when I found my way into the College, where I was mentored, encouraged and gradually entrusted with roles I was honoured to serve. Coming straight from the STPFM, I had only just been a trainee; working on the other side opened a world of meaning and purpose. It let me give back to the trainers, examiners and colleagues who invested in me, and to help build for others the pathway that built me.

RESILIENCE & RENEWAL (2019–2025)

These years will always be linked to the COVID-19 pandemic, and the College was tested like everyone else. Almost overnight, we had to do our work under new rules and new constraints. Activities that depend on close collaboration, including examinations, calibration sessions, continuing professional development (CPD) events and committee work, had to move, adapt or both. We kept the standard and changed the format: recorded consultations in place of in-person exams, hybrid CPD instead of crowded halls, governance conducted online with the same care for fairness and confidentiality. Travel stopped; accreditation did not. With the RCGP we maintained benchmarking and renewed agreements. The result was simple and hard-won: continuity without compromise: training progressed, assessments remained credible, and learning reached further than before.

COVID-19, though a major test, was not the first and won't be the last. These years coincided with my two terms as President. And they were as much a personal test as a test for the MCFD. I have been active in the MCFD since 2012. Fresh from the STPFM, my enthusiasm exceeded my experience, but it carried me through those first steps and, I hope, served the College and family medicine. In 2019, the outgoing President, Prof. Pierre Mallia, a good friend and exemplary professional, asked me to step into the role. I was both surprised and humbled, and quietly wondered whether he overestimated me. He did not; he simply trusted the team.

My first thought was that I needed to grow fast to serve well, to become "ready" overnight. Experience, and the MCFD, taught me a better lesson: readiness is built. You grow into the role by listening, learning and leaning on your team. In truth, I grew with the College, not before it and certainly not apart from it.

So yes, mistakes were made. They hurt in the moment; they taught in the long run. I wouldn't trade a single one. As Wilde had it: "Experience is simply the name we give our mistakes".

People often assume that once a system is set up it becomes a *fait accompli*, launched at the push of a button and left to hum in the background. In reality, good systems need tending - feedback, calibration and the occasional course correction - or they drift.

The MCFD is no exception. Between 2019 and 2025 it faced a long series of challenges, and, ironically, some were born of success. The STPFM's growing popularity and prestige started to attract more doctors, even from other specialities. The needs of a growing population demanded them. The task was clear: keep the standard, grow the capacity. We worked with our partners, the Primary Healthcare Department and the Postgraduate Training Centre, to do just that. The MCFD reworked its trainers' course around contemporary medical education frameworks (the International Association for Health Professions Education [AMEE], the European Academy of Teachers in General

Practice/Family Medicine [EURACT]) and a robust focus on the STPFM, curriculum, supervision and assessment, and made it a standing fixture, run annually in most years.

The constantly shifting healthcare landscape, and the needs of a growing, changing population in the wake of a pandemic, meant that the MCFD had to adapt quickly. People, including professionals, discovered that online meetings had a legitimate place even after COVID-19: a welcome antidote to traffic, parking and the simple shortage of time. Continuous professional development followed suit. Hybrid CPD was not a stopgap; it became a way to keep offering value to members while meeting our obligation to society. However, the human connection, the inherent social fabric of being in the same room, proved essential. The nuance of a case discussed face to face, the side conversation that solves a problem, the chance encounter that becomes a collaboration: these are hard to replicate on a screen. So we kept what works online and made in-person time count. We reserved physical gatherings for what they do best, workshops that need hands-on practice, examiner calibration, trainer development, mentoring, and the simple act of belonging to a community.

Family doctors, and by extension the MCFD, have become more visible in our society, not only as the friendly village doctor who comforts us when we are unwell (and that matters), but as professionals with a finger on the pulse of the community, listening for the missed beats and the erratic patterns, and offering ways to steady them. Patients, the media, politicians and other specialities are beginning to accept a simple truth: any serious recipe for a high-performing health system needs family doctors as a main ingredient. Leave us out and you get a broth without stock – thin, bland and unsustaining.

Our value is practical. We make prevention routine, not rhetorical. We turn fragmented care into comprehensive, continuous care. We translate policy into practice and feed practice back into policy. In recent years, that has meant showing up in public, with timely press releases to allay anxiety and plain-language updates that put risk in context, and making submissions to public consultations on issues of high importance: euthanasia, recreational cannabis, the national health strategy, mental health, and more. We have spoken at local conferences and represented Malta abroad, at World Organisation of Family Doctors (WONCA) forums and RCGP exchanges, bringing home ideas that work and sharing our own. The aim is the same in every venue: answer questions, correct myths, and keep the conversation anchored to what helps patients most.

CONCLUSION

The history of the Malta College of Family Doctors is deeply intertwined with the broader evolution of family medicine in Malta. From 1990 to 2025, the College navigated political hesitations in health reform, the fight for specialist status and a pandemic, yet consistently moved the discipline forward. Its achievements are tangible: an established College and journal, a culture of continuous professional development, academic integration at the University, an internationally accredited training programme, and a seat in the councils of global family medicine. Maltese family doctors, once isolated in a system that gave them little structure, are now recognised as specialists and better organised to provide high-quality primary care.

Today, the Maltese family doctor stands where our founders hoped we would: on the front line of healthcare, serving their community as teacher, healer and trusted guide through a complex system.

The work ahead asks us to keep faith with the public: explain what family medicine is and why it matters, uphold professionalism without fear or favour, and remain a College that serves the common good. It asks us to build and strengthen partnerships with the pillars around us: other professionals, government, the University and, not least, our patients - who are the reason we exist. It asks us to keep opening the door for those who follow, so the next generation inherits not just a College, but a living tradition of excellence, integrity and service.

Thirty-five years on, the Malta College of Family Doctors remains what it was at the

beginning: a community of practice built on conviction, sustained by collaboration, and accountable to the people we serve. The journey continues.

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