

MCFD annual general meeting 2016 - president's report

Prof. Pierre MALLIA

The conclusion of the 25th anniversary of the MCFD with the graduation of the first fellows of the college was a tribute to the hard work that the college has done over the years. It is important to stress that Fellows are those who have spent at least five years of service to the College. With this dinner we have launched the cooperation with patient groups.

In this regard we should view patients as partners, as sister colleges do abroad. If there is an advocate for patients it is the family doctor and therefore it is only natural that a College representing the Family Doctors collaborate with patient groups and their mother organisation (the Malta Health Network) which represents patients. How this will come more to life depends on a lot of factors but certainly we can use the opinions of patient groups to plan research, the part of the website in which we can give information to patients, and indeed collaboration in organising joint meetings, especially to disseminate information. Fostering mutual understanding of issues, including political, will diffuse any 'us' and 'them' ideas which may go around.

For this reason I have proposed to council that the College, which is now a Voluntary Organisation, be able to support its members to apply for EU research funds. To apply for such funds one needs a mother organisation which is financially stable, can audit the research and even provide logistic and secretarial support (the funds to pay for which coming from the same funds that one is awarded). The College will be the legal body responsible for the research, which is why it has to appoint its own auditor to monitor the projects. In the same way when academics apply for EU funds and become the main coordinators and principal investigators of the research, it is the Rector of the university who is legally responsible. Conditions and terms will apply including that the authors of papers have to acknowledge the Malta College of Family Doctors, under whose aegis the research falls.

The potential researcher will have to find a project manager ready to work and draw up the application. An

agreement will be reached with such an individual such that, should the project be awarded to the researcher, the former will be employed as the project manager. Together with this project manager the funds will pay for monitoring, auditing and any secretarial assistance necessary to be legally responsible for the project. The College for example will issue any calls for application and help the researcher transparently choose research and administrative assistants, etc. At this stage this proposal is being studied by Council and if approved will be passed through the AGM.

One such project we will surely apply for funds is to disseminate education for patients, working collaboratively with patient groups – as it is they who know 'what they need to know'. Creating a platform for education and research will be beneficial not only to patients and doctors wishing to do research but to health care in general. It will help understand the problems and bring an evidence base to what is usually opinion and speculation.

I am working very hard to make the education subcommittee as independent from council as possible. Council members are not experts in the field which is developing quickly, and neither are they expected to be so. Of course there will be many education subcommittee members on council. But the committee's work has grown to the extent that it needs continuous decisions and meetings and it is practically impossible to have this committee wait for another council meeting to make its daily decisions. Moreover it is not conducive either that most of the time of council meetings is dedicated only to the Vocational Training summative assessment. Decentralising the work of council shows that the College has grown in maturity. Of course council will remain responsible for everything, including decisions. But discussions, which take a long time, can be done at subcommittee level and then council deals with the final report with one person giving an explanation. As long as decisions

at subcommittee are taken in the spirit of the objectives of the MCFD there should be no problem.

What concerns me as President is that the interface between the MCFD and its collaborators (at the moment the Royal College of General Practitioners [RCGP] and the Health Division [DH]) are politically motivated (in the sense of medical politics). One needs to identify people who are diplomatic and understand that the DH is in many ways our client. Whilst we are responsible for the needs of the vocational trainees and what they have to learn, we have to be sensitive to the needs of our major client. The President, Vice President and Education Secretary form the political interface with the RCGP. The political interface with the DH is principally the Education Secretary and the Vice President. Their job is to see that discussions are fair and run smoothly.

The College is also collaborating with the Association of Private Family Doctors [APFD] to develop media educational programmes. This has been discussed by the secretary. I see this as part of a larger vision of working with patients. Indeed ideas for such programmes can come both from the experience of doctors and from that of patients. Discussions analysing consultations are the way being proposed. There are various models on how this can work: these are being analysed and I thank Drs Jason Bonnici and Philip Sciortino for working on this issue.

The Journal of the MCFD [JMCFD] continues to be a success. I am happy that many young doctors are producing papers of quality and this reflects the motivation doctors feel when they are given incentives to publish. It is also a mark of increasing standards. The journal continues to evolve and we are adamant on issuing three copies every year (for the sixth consecutive year now). As editor I continue with the condition that we obtain adverts solely to cover costs of printing and distribution and not to make a profit. This way we can reach our members regularly.

Recently on council the proposal to offer the Diploma in Family Health was again mentioned. Personally I have steered away from this due to issues which arose the first time it was offered. But if council continues to think this is feasible I am happy to do it.

The Royal College of General Practitioners has reopened the possibility of APEL – the Acquired Process of Educational Learning. The RCGP is responsible for this UK programme for General Practitioners. In our case it was opened for those who contributed directly to making the Summative Assessment for Vocational Training and who continued to give their services in this regard. Of course everyone can apply and as President I will support all applications. However I should make it clear that the award is not ours to give and the final say (which will probably be very strict) will be in the hands of the RCGP.

The MCFD will be exploring ways in which we can collaborate with the University of Malta [UoM]. Any post-graduate qualifications can be done through the university and indeed we can collaborate with the Department of Family Medicine. Of course we would have to relinquish all ownership and the fees which the UoM will take may not make it feasible for us. So everything still has to be evaluated. Conversely there is always the possibility of offering diplomas if we register ourselves as an educational body. There is now a national equivalence body for educational certificates. One would have to fulfil criteria for post-graduate certificates and diplomas which will be valid across Europe.

Finally this year marks another one in which the RCGP sends its External Development Advisors in order to accredit our educational process for Vocational Training which gives new members the right to apply for the MRCGP(INT). I am sure that our educational team will score highly. I take this opportunity to thank all the people involved in this summative assessment both from the past council and the present. It would not be fair not to include also the coordinators and others involved in the process who are employed by the Health Division.

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