

The official recognition of family medicine as a speciality

Dr Jean Karl SOLER

The Malta College of Family Doctors was set up in 1989 to improve the status of general practice in Malta. Since then there have been many important developments which have helped us move towards this aim, such as the publication of a journal of Family Medicine, the setting up of a Department of Family Medicine at the University, the setting up of a formal Continuing Medical Education programme, and the institution of Vocational Training for Family Medicine. However, the jewel in the crown would have had to be the official recognition of Family Medicine as a speciality at a par with other specialities.

The speciality of Family Medicine

This objective was difficult to achieve without strong political support. Family Medicine's academic and clinical status was not highly regarded by sister medical specialities, possibly because the discipline's community base was not seen to provide the same scientific and research rigor as institutional medicine. Sister Colleges in other European countries have in fact experienced similar problems.

The recognition of Family Medicine as a Speciality at par with other medical specialities required external pressures far more powerful than those our small College could muster. This pressure came with Malta's European Union membership. Since May 2004 the mutual recognition of medical specialities was now a requirement. This forced changes in the Health Care Professions Act (HCPA) that included the institution of a Specialist Accreditation Committee (SAC) and the setting up of a number of Specialist Registers. This in turn provided an opportunity that was not to be missed.

The rough road to recognition

The Malta College of Family Doctors was represented on the SAC in all proposed drafts of the law, but the inclusion of Family Medicine with the other specialities was a much more controversial issue.

The fact that many junior hospital doctors do in fact practise private general practice on a part time basis generated much concern that such a practice could be affected by the new legislation. Furthermore, a significant number of College members, Council members and doctors in the Department of Health considered that Vocational Training was to become a requirement to practise general practice and family medicine both within the Government national health care system and in the private sector. Consequently, many doctors viewed the formal recognition of Family Medicine, together with the institution of vocational training, as a threat to their informal status as part-

time GPs. Unfortunately pressures from this group of doctors triggered an attempt to negatively influence the recognition of Family Medicine as a Speciality by the SAC.

The struggle to have Family Medicine fully recognised at par with its sister specialities involved two crucial stages.

Firstly, the College conceded that Vocational Training would be required only for doctors who would apply to work in the Government Health Centres after Malta's EU accession. Thus those who would not qualify for the Specialist Register of Family Medicine by acquired rights before the 1st of May 2004 would still be able to practise as a GP part-time without requiring further training. Even those who qualified after the 1st of May would be able to continue to do this, since otherwise a doctor thus qualified could not practise at all unless employed in a Government training post in primary or secondary care. This was considered an untenable situation, especially since Vocational Training systems have still not been set up, and the new system might not be able to take all the doctors who wanted to practise as GPs.

However the ideal situation should still be Vocational Training for all Family Doctors, something that the College aims to implement in the future when resources allow this. Training resources must be developed to allow us to offer formal training to all doctors who want to practise as Family Doctors.

The second major step was the recognition of acquired rights for all doctors qualified before Malta's EU accession. In the past, anyone who had a basic medical degree (MD) could practise as a GP. This right could not be withdrawn simply because of Malta's accession to the EU, and the recognition of Family Medicine as a speciality could not therefore impede these doctors from practising as GPs in the future. The College Council consulted two legal experts in EU legislation, and their advice was to recognise that all those who held the MD degree before Malta's accession to the EU had the acquired right to practise as a GP, and also to work in Government service as GPs in future.

However, the SAC had the right to decide what the qualifications for Specialists in Family Medicine should be, independently of one's acquired right to practise as a GP.

Whilst these two "problems" were being solved, another objection arose concerning the fact that in a number of European countries Family Medicine and General Practice were not considered specialities at a par with other medical specialities. In fact some European countries had a general list (for those holding the MD degree or equivalent), a GP list for qualified GPs, and a list of medical registers for the other specialities. The new Maltese HCPA did not allow for this option, and the only alternative was to include Family Medicine with the list of specialities without any distinction. The College did use various UEMO (European Union of General Practitioners) materials, generously given to us by the MAM, to support these arguments. In fact many European countries have recognised Family Medicine as a speciality at par with other medical specialities, and this is the road that Malta has chosen to take.

The entry requirements for the register of Specialists in Family Medicine

The final draft of the new Act was finally approved in Parliament with Family Medicine firmly rooted in the list of Medical Specialities.

One final hurdle was to agree on the actual formal requirements for an individual's entry on the register of Family Medicine. It was clear from study of the EU directive 93/16, which now had the weight of a Maltese law, that mutual recognition of local and foreign GP status would depend on this register. Our legal advisers again confirmed this.

Malta could recognise whichever acquired rights it chose. However, mutual recognition of degrees was not an option we could choose not to take. Therefore, if we imposed an acquired rights clause on local doctors that was more stringent than that recommended by the EU directives, we would then create an anomaly. We would then have to accept foreign applicants whose qualifications complied with the directive but would not accept Maltese doctors who were equivalently qualified. If our acquired rights clause was too lenient, then we could have the situation where doctors on the Maltese register might be refused the right to practise in another EU state. All Colleges and Associations on the SAC eventually agreed that the best choice was to use criteria that were as close as possible to the EU93/16 requirements.

It was clear that there were two groups of medical graduates to consider.

- Those doctors who qualified as doctors of medicine and finished their post registration training (housemanship) before the 1st May 2004 could be entered into the register of Specialists in Family Medicine on the strengths of their acquired rights. Whether they are entered in the register or not, they have an acquired right to call themselves general

practitioners and practise as such within or without the Government Health Care system.

- Those doctors who qualified as doctors of medicine and finished their post registration training (housemanship) after the 1st May 2004 could only be entered into the register of Specialists in Family Medicine further to specific training in general practice. For this group three years of formal Vocational Training is a requirement.

The choice of a defined acquired rights clause was difficult. The EU 93/16 document detailed exact requirements for training in each speciality, but little was specified with respect to acquired rights except the content of basic medical training and that each country was allowed to specify its own requirements. The directive did however accept the principle of part time training (not less than 50% full time equivalent) and did relate experience to training with the general formula that two years of full time experience was equivalent to one year of full time training. The duration of Vocational Training (VT) for General Practice (GP) was also stipulated at three years full time in the latest amendment of the directive (previously two years).

Seemingly, then, three years of full time training, or six years of full time experience was required, and if one were to work part time at 50% hours, then twelve years experience in GP/Family Medicine would be equivalent to the current requirements for VT.

However there was general agreement between College members that this seemed to be too much. In fact the HCPA does contain a clause that equates full time experience to full time training on a one to one basis, and furthermore an acquired rights clause should not be related to a VT requirement that only came in to force in 2003. As such, the College Council decided to ask for three years full time GP/Family Medicine experience to qualify an individual for entry in the register of Specialists in Family Medicine by acquired rights.

To allow individuals to accumulate this experience if they had not had opportunity to do so in the past for various reasons, all those who have had significant experience in GP/Family Medicine before the 1st May were given an extension of their "training" by experience till 2010 on the basis of EU93/16 allowing training commenced before accession to continue unchanged. In fact, this principle of training by experience extended till 2010 was accepted by the SAC on the college's proposal to apply to all specialities.

A formal statement of these requirements was passed through an Extraordinary General Meeting of the Malta College of Family Doctors in 2004. This document has since been posted on the website (www.mcfcd.org.mt).

The document's aims and objectives are listed below, followed by a summary of the status of doctors fully qualified and trained (MD + warrant) before or after Malta's accession to the EU. For the full text please refer to the College website.

MCFD Policy Document on the Specialty of Family Medicine in Malta

Aims

The aim of this document is to define the academic and clinical basis of Family Medicine as a Specialty, promote the development of the Specialty of Family Medicine and promote quality standards for Vocational Training for Family Medicine.

Objectives

This document will:

- Define Family Medicine
- Define the requirements for inclusion in the Specialist Register of Family Medicine (SRFM), either by past work experience or through accredited training
- define the requirements of a quality Vocational Training Programme (VT) for Family Medicine.

Doctors in legal and effective practice before 01/05/2004

1. GP practice in Malta

- MD Malta and warrant confers acquired right to work as a general practitioner.
- According to Malta-EU accession treaty he/she can call him/herself a General Practitioner, "Tabib tal-Familja" or a Family Doctor even if not entered on the Specialist Register of Family Doctors.
- Can work as a GP in the Health Centres and National Social Security system (may require modification of HCPA).

2. Mutual recognition of GP status in another EU country

- 5,500 hours or six years training required for MD recognition, which we have in Malta. Otherwise certificate from Medical Council stating that applicant has been in legal and effective practice for three consecutive years in the five before the date of issue of the certificate.
- An EU country where applicant applies for work as GP may ask for a certificate of completion of training as a GP or a certificate of additional experience (2 years of experience in lieu of one year training – 6 years in lieu of three years VT) to make up for "missing" training.

The SAC would ask for proof of additional experience to issue a certificate of compliance for those in the Specialist Register of Family Medicine. Experience under supervision (e.g. 6 months working as an SHO or in a health centre) or academic development (2 years MCFD CME, or conference presentation, or publications).

3. Entry into Specialist Register of Family Doctors

- MD Malta + Warrant before 01/05/2004 and either

- 3 years F/T (40 hour week) GP/Family medicine work (health centre or private; clinical, academic or administrative) or
- Part-time GP/FM work as above, minimum 20 hours per week to equate with total hours above (e.g. 20 hours per week GP/FM work = 50% time = 2X (6years) work experience to qualify) or
- 6 months to maximum 1 year SHO grade hospital attachments (in the departments of General Medicine, Paediatrics, Obs & Gynae, Psychiatry, E&A, ENT, Ophthalmology, or Dermatology; maximum three months in any one) plus 2.5 to 2 years, respectively to total three years, full or part time GP/FM work (minimum 20 hours per week) to equate to same total hours as three years full time GP/FM at 40 hour week. However, 6 months to one year of the latter GP/FM work **must be full time(40 hour week minimum)** to allow use of equivalent period of hospital attachments in lieu of GP/FM work.

Doctors in legal and effective practice after 01/05/2004

1. GP practice in Malta

- MD Malta + Warrant allows them to enter the Medical Council general MD list.
- Can work as a GP privately, but not in Health Centres and National Social Security system without formal Vocational Training.
- Can only be entered in the Maltese Register of Specialists in Family Medicine after formal Vocational Training.

2. Mutual recognition of GP status in another EU country

- 5,500 hours or six years MD degree, plus certificate of completion of vocational training. This would have to be VT as above in the case of training in Malta.

3. Entry into Specialist Register of Family Doctors

- MD Malta and Warrant and Vocational Training certificate as above.

Dr Jean Karl SOLER MD

*Family Doctor
Executive Board Member, European General Practice Research Network
Member, WONCA International Classification Committee
Secretary for International Affairs and Research,
Malta College of Family Doctors*

Email: jksoler@synapse.net.mt

References and Further Reading

European Union Directive 93/16/EEC (and its amendments).
Health Care Professions Act. Malta 2003.

World Organisation of Family Doctors.
Definition of Family Medicine. 2002.
<http://www.euract.org/pap04107.html>

Royal College of General Practitioners.
Occasional Paper 4: A system of training for general practice. Denis Pereira Gray. Reprinted 1992.

Royal College of General Practitioners.
Occasional Paper 40: Rating scales for Vocational Training in General Practice. 1988.

Royal College of General Practitioners.
Occasional Paper 63: Portfolio-based learning in General Practice. December 1993.

Malta College of Family Doctors.
Recommendations for criteria for the trainer as a teacher. March 1993.

Malta College of Family Doctors.
Recommendations for the establishment of criteria for the approval of trainers in family practice. March 1993.

Malta College of Family Doctors.
Recommendations for Specialist Training in Family Medicine. 17th July 2002.

European Union of General Practitioners.
UEMO 2003/131 B: ST – specific training in general practice/family medicine in Europe. Draft 2003.

European Union of General Practitioners.
Criteria for General Practitioner Trainers. May 1992.

Specialist Accreditation Committee.
Framework Specialist Training Programme. 11th June 2003.

Union Europeene des Mediciens Specialistes (UEMS) *Charter on Medical Training of Medical Specialists.* Chapter 5, Article 2, 1993.