

Malta College of Family Doctors Membership Development Day

Dr Mario R SAMMUT
Conference Rapporteur

As part of the 'CURRICULUM DEVELOPMENT PROJECT FOR MEMBERSHIP ASSESSMENT' of the Malta College of Family Doctors, Dr Philip Sciortino and Dr Renzo De Gabriele on behalf of the Malta College of Family Doctors (MCFD) organised a 'Membership Development Day' on the 18th February 2006, with the following programme:

Programme:

8.30am Welcome Address		<i>MMCFD Curriculum Development</i>	
MCFD President	Pierre Mallia	Chairman Curriculum Committee	Philip Sciortino
<i>Maltese Health Care System</i>		10.15am	Coffee break
MCFD Hon. Secretary	Noel Caruana	10.30am	<i>MRCGP[INT]</i>
<i>A Profile of GP in Malta</i>		RCGP International Development Advisor.	Adrian Freeman
MCFD Research Secretary	Jean Karl Soler	11.00 Workshops & Facilitators	
<i>Membership of the Malta College</i>		Membership as a viable long term institution	Mario Grixti.
Chairman Membership Board	Mario Grixti	Teaching for membership	Doreen Cassar
<i>Vocational Training</i>		Identifying educational needs	Saviour Cilia
National Coordinator		Quality and benchmarking	Michael A Borg
Family Doctor Training Scheme	Mario R Sammut	1.00pm Lunch break	
<i>CME</i>		2.00pm Presentation of recommendations of workshops	
Member Education Committee	Jurgen Abela	3.00pm Concluding remarks	

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This day-conference was an integral element of an MCFD project intended to develop a curriculum for a proposed Membership Assessment that leads to a quality benchmark upon completion. It is envisaged that the Membership of the Malta College of Family Doctors will be available to all newly qualified and practising General Practitioners/Family Doctors, thus being in line with national efforts supported by the European Social Fund Project No. 8 to “improve retention of specialist staff by developing structured specialist and post-qualification training programmes locally, in collaboration with professional associations and other non-governmental organisations”. The Department of Primary Health Care has formally agreed to collaborate with the MCFD in its implementation of this project.

The MCFD is being encouraged and assisted in this venture by the Royal College of General Practitioners (RCGP) through a memorandum of understanding which has been signed by the two sister Colleges. On the basis of this agreement, the MCFD will receive expert advice and assistance through a number of visits and workshops involving the International Development Advisor (IDA) appointed by the RCGP, Dr Adrian Freeman. The IDA is an examiner for the Membership of the Royal College of General Practitioners (MRCGP) and an educationalist who is involved in the development of the international version of the MRCGP – the MRCGP[INT].

PARTICIPANTS

These consisted of the International Development Advisor from the Royal College of General Practitioners, Council members of the Malta College of Family Doctors (MCFD), members of the MCFD Membership Board, members of the MCFD Curriculum Team, members of the MCFD Teachers’ Group and other interested College members.

LOCAL PRESENTATIONS

The first part of the conference consisted of a series of short presentations by local experts in the various aspects related to the setting up of a Membership of the Malta College of Family Doctors (MMCFD).

- In his Opening Address, MCFD President Dr Pierre Mallia gave an outline of the background and accomplishments of the College and described its efforts towards setting up the MMCFD (specifically by setting up a Membership Board and a Curriculum Team). He then shared his vision for the future development of the College, specifying the MMCFD, premises for a central headquarters and the College’s identity, all of which needed funds, other resources (e.g. political) and development days (such as this). Dr Mallia concluded by appealing to College members to communicate, unite and work together, in a transparent, inclusive and bottom-up manner, toward the common vision of the MMCFD.
- The College Honorary Secretary Dr Noel Caruana then gave a brief overview of Primary Health Care in Malta. After a

brief historical note, Dr Caruana described the organisational structure of the family doctor service today, both private and state, listing both positive and negative aspects of the two systems. He suggested the College’s membership as a way to unite all Specialists of Family Medicine in Malta, and proposed patient registration in order to instill responsibility in both patient and doctor and allow sustainability of service. Dr Caruana concluded asking for clarification of the future role of the Department of Primary Health Care – as funder, employer or regulator of primary care in Malta.

- Dr Jean Karl Soler, MCFD Secretary for Research, presented a Profile of Family Medicine in Malta, drawing some international comparisons and giving examples of research into diagnostics in family medicine. He concluded that Family Medicine in Malta compares very well with international models of the domain as regards the breadth and depth of morbidity dealt with, and competence in management and diagnosis. Dr Soler recommended that the professional status of local Specialists in Family Medicine be sustained and their inherent qualities built upon through a primary emphasis on training and accreditation, not on examinations.
- Dr Mario Grixti, Chairman of the MCFD Membership Board, then spoke of the Membership of the Malta College of Family Doctors. After briefly introducing the Speciality of Family Medicine in Malta and the Membership of the MCFD (MMCFD), he went on to describe the setting up of the Membership Board and the process used in drawing up its report on the implementation of the MMCFD by examination and acquired rights. In a survey of College members, 43 respondents were in favour of the MMCFD (81.8%), the acquired rights clause (93.2%), and the MRCGP[INT] (86.4%). Dr Grixti recommended that Specialists of Family Medicine be given the MMCFD by acquired rights, and that all MMCFD holders should have equal status and be eligible to apply for the MRCGP[INT].
- Dr Mario R Sammut, MCFD Secretary for Education and National Coordinator, Family Doctor Training Scheme, Malta presented an overview of the MCFD Specialist Training Programme in Family Medicine – Malta. This will take place under the auspices of the state Primary Health Care Department, with the MCFD responsible for ensuring academic quality. The 3-year programme will be based in family practice and taught by family doctors, supplemented by carefully planned attachments with appropriate hospital specialities, in designated training posts throughout. For satisfactory completion of training, trainees must successfully conclude both the training programme and the formative/summative assessment process.
- Dr Jurgen Abela, member of the MCFD Education Subcommittee, spoke on CME & CPD, describing how integration of formal CME and Quality Improvement

Initiatives resulted in Continuing Professional Development through three interconnected systems: self-directed curriculum, small group work and organisational learning. He described the present scenario of CME activities (based on talks by GPs for GPs) accredited by the College, and listed the following challenges for moving from CME to CPD: identifying financing and sponsors, an accreditation cut-off re the MMCFD, recruiting speakers and dealing with members' apathy.

- Finally Dr Philip Sciortino, Chairman of the MCFD Curriculum Team, spoke about MMCFD Curriculum Development. After stating the aims and objectives of the project and identifying its target group, he explained the stages of curriculum development and the mapping of competences. Consultation with a local educational advisor was recommended, and pitfalls in curriculum planning were highlighted. Dr Sciortino described the rationale and relevance of a curriculum dependent on an assessment of needs, proposing that needs assessment is paramount to planning and will direct the rationale. He concluded by recommending the necessary components of such an assessment, namely focus groups involving all stakeholders, a chart review (perhaps related to the Transhis Project), elite interviews and pre-VT assessment scores.

INTERNATIONAL PRESENTATION

Dr Adrian Freeman, the RCGP's International Development Advisor for Malta, then gave his presentation on the MRCGP International, starting by listing the countries where it is in use, where it is being developed and where it still is being considered. He stated that MRCGP[INT] is a form of accreditation through the use of links for development of local specialist/vocational training in general practice. In reply to the question 'What is a good assessment?', Dr Freeman stated that this depended on what one needed assessment to do. In this respect, he emphasised the importance of the curriculum, a clear blueprint, the involvement of stakeholders and an attention to fitness for purpose.

Various types of assessment are used for different measures: what the trainee 'knows' is assessed by factual tests (e.g. MCQ, essay type, oral); if s/he 'knows how' by (clinical) context based tests (e.g. MCQ, essay type); whether s/he 'shows how' by performance assessment in vitro (e.g. OSCE, SP-based test); and what s/he 'does' by performance assessment in vivo (e.g. masked simulated patients, video). As declared by Van der Vleuten, the utility of an assessment depends on its reliability, validity, educational impact, cost and acceptability.

An examination board/committee needs is required to assure quality of assessment, through the provision of equal opportunities, selection and training of examiners, secure assessment material, appropriate venues and invigilation and data analysis. Dr Freeman concluded by stating that MRCGP[INT] accomplishes the above through its appointment of an International Development Advisor to the country in question, followed by review by the External

Development Advisor/s and reaccreditation in the long-term.

REPORTS OF WORKSHOPS

Following the local and international presentations, the participants split up into workshops to discuss and elaborate recommendations on the selected topics as follows.

1. MEMBERSHIP AS A VIABLE LONG TERM INSTITUTION

Participants: Renzo De Gabriele (spokesperson), Adrian Freeman, Mario Grixti (facilitator), Zaid Teebi, Vincent S Zammit

The workshop initially considered the current state of affairs, namely the need of the College to develop political power through government recognition, the risk of having two categories of family doctors due to inadequate numbers doing VT (perhaps countered by developing alternative VT), financial and resource factors, and a stand on principles for equal opportunities. For the Membership to be viable, funding (possibly from the EU) is paramount, with local doctors' capabilities being supported by a foreign College consultant to lead up to an official exam that is overseen and certified by an external examiner. Assessment would be needed to award membership, but this may not necessarily involve an examination for senior doctors who would benefit from a grandfather clause. Re-accreditation could be applied through alternative CME accreditation, providing equal opportunities to minimal standards set by the College. CME must therefore be quality assured to have credibility, this involving both foreign review and recognition from the Medical Council of Malta. A political agenda needs to be devised for the future to influence the whole agenda of primary health care in Malta.

2. TEACHING FOR MEMBERSHIP

Participants: Ron Borg, Doreen Cassar (facilitator & spokesperson), Alessandra Falzon Camilleri, Mario R Sammut

The workshop first examined the teachers' needs. Weaknesses listed included lack of teaching practice, organisation, support, tools/resources, evaluation/feedback and assessment / monitoring, while threats mentioned included poor remuneration, apathy and burnout. On the other hand, teachers' strengths (working in small groups, voluntary commitment and enthusiasm) were complimented by such opportunities as the Teachers' Group, CME/CPD/VT, the Diploma in Family Practice, a 'no blame' culture, membership to electronic journals/AMEE, funds from EU/others, and support from the University and the IDA. Next, teaching methods were considered, with weaknesses (such as no performance indicators/ no past in assessment, no experience in mentoring, no hidden/informal curriculum and lack of evaluation/feedback from existing events) being exacerbated by threats from the present "blame culture" due to peer competition and from assessment being only of perceived (not normative) needs. These are counteracted by the strengths of present CME, experienced GPs and external links, together with opportunities from developing together and owning a curriculum, identifying performance indicators, developing further distance-learning to

cater for different learning styles, obliging feedback/evaluation from CMEs, standardisation, and small group learning/PBL/CI/PHCT. The workshop concluded that teamwork, collaboration and resources are needed to develop CME, through inclusivity and team evaluation.

3. IDENTIFYING EDUCATIONAL NEEDS

Participants: Jurgen Abela, Anthony P Azzopardi, Diana Balzan, Anton Bugeja, Saviour Cilia (facilitator & spokesperson), Anthony Mifsud

It was agreed that the aim of the workshop was to identify ways and means that are available locally and internationally that would help to identify the educational needs for the attainment of the MMCFD. The MMCFD should be offered to family doctors who request further training, preferably after completing specialist training in FM. An educational needs assessment is required in order to set up the MMCFD's objectives and content. In addition, educational needs assessment is vital to develop best medical practice amongst present and future family doctors and therefore more resources should be invested so that it will be developed into an ongoing process. Since the teaching and the learning have to be relevant, applicable, and patient oriented, the input of all the stakeholders should be considered. Furthermore, when setting up our standard, it was considered best to draw knowledge and experience from all international standards in family medicine and general practice and adapt them to the local setting. Preferably, all the different methods of assessments are utilised to provide triangulation and validation of the data collected.

4. QUALITY AND BENCHMARKING

Participants: Michael A Borg (facilitator), Frank P Calleja, Michael Cordina, Jean Karl Soler (spokesperson)

The workshop first agreed that 'quality and benchmarking' may be defined as a systematic approach of comparison of organisations/individuals on basis of excellence of quality. As there is one common framework of quality which changes over time, and there are different processes to achieve quality (experience, training, courses and audit), therefore there is a need for different processes to assess quality and these must be realistic and pragmatic while of the highest standard. While membership content is common internationally, there is no common standard; on the other hand, as standards of knowledge are good locally, the local curriculum should reflect local standards. The MMCFD is needed to ensure safe doctors providing a quality service and to tackle any outliers, while providing status, respect, human resources and strength to the profession. Membership is important as a quality mark, leading to experienced doctors more through training than assessment. The workshop recommended that there be harmonisation between the specialist register, vocational training, membership and the MRCGP[INT], and that the MMCFD benefits from proper marketing.

FINAL RECOMMENDATIONS

1. College members should communicate, unite and work together, in a transparent, inclusive and bottom-up manner, toward the common vision of the MMCFD.
2. The College's membership should be a means to unite all Specialists of Family Medicine in Malta.
3. The professional status of local Specialists in Family Medicine should be sustained, and their inherent qualities built upon, through a primary emphasis on training and accreditation.
4. Specialists of Family Medicine should be given the MMCFD by acquired rights, and all MMCFD holders should have equal status and be eligible to apply for the MRCGP[INT].
5. For satisfactory completion of Specialist/Vocational Training, trainees must successfully conclude both the training programme and the formative/summative assessment process.
6. The challenges for moving from CME to CPD include identifying financing and sponsors, an accreditation cut-off re the MMCFD, recruiting speakers and dealing with members' apathy.
7. As part of curriculum development, consultation with a local educational advisor is recommended, while needs assessment is paramount to planning and will direct the rationale.
8. MRCGP[INT] is a form of accreditation through the use of links for development of local specialist/vocational training in general practice.
9. For the Membership to be viable, a political agenda primarily needs to be devised for the future to influence the whole agenda of primary health care in Malta.
10. With regard to teaching for membership, teamwork, collaboration and resources are needed to develop CME, through inclusivity and team evaluation.
11. An educational needs assessment is required in order to set up the MMCFD's objectives and content, involving investment of resources and the input of all stakeholders.
12. There should be harmonisation between the specialist register, vocational training, membership and the MRCGP[INT], with proper marketing for the MMCFD.

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