

It is today an undisputed fact that the care of a patient will be improved by the proper use of medical records. The state of medical record keeping in general practice in Malta has been the subject of many conjectures and no evidence exists to provide an indication of the real state of affairs.

The aim of this small study was to try and obtain some facts about the subject.

The study was carried out in August 1990. A short postal questionnaire was sent to 87 doctors, all founder members of the Malta College of Family Doctors. The questionnaire was designed to be short and to give some background information on the population sample of doctors. In addition, apart from seeking factual information on the type and extent of record keeping, it also explored doctors' attitudes in this regard.

Out of the 87 doctors sent the questionnaire, 47 (54%) responded. Although the number of responders was small, representing about 12-15% of doctors working in part-time or full-time general practice, the age distribution closely reflected that of the total general practitioner population in Malta. The sample also represented a fair spread in the type and number of consulting premises used (one to four or more premises which range from a pharmacy to own home and to purpose-built premises) as well as in list size (Table 1).

Out of the 47 responders, only 18 doctors kept records for all their patients while a further 21 doctors kept records for patients

with specific problems. Seven out of the 18 doctors who kept records for all patients also kept special record cards for their patients with specific medical problems.

Of the 18 doctors who kept records for all patients, 16 recorded all surgery consultations, 7 also recorded consultations taking place in the patient's home, while none of the doctors recorded any details of telephone consultations. Only 8 doctors kept a record of investigation results and referral letters. All but one doctor kept the record card themselves and 3 have a compiled age/sex register of their practice. Two thirds of the 18 doctors had kept records since their entry into general practice or within one year of doing so; the remainder had started record keeping at some later stage, one doctor starting as long as seventeen years after entry.

Out of the 28 doctors who kept records for patients with specific problems, 18 kept a special record card for pregnancy, 13 for hypertension and 12 for diabetes. Other conditions for which a special record card was kept included cardiovascular disease, gynaecological disorders, neonates,

forensic cases, and uncommon and chronic disorders.

In spite of the fact that only 18 doctors kept records for all patients, all the 47 doctors regarded record keeping as either essential or useful. 'Not enough time' was the main reason given by the majority of doctors who do not keep records. Other reasons included:

- No secretarial help
- No storage space
- More than one consulting premise
- Doctor shopping
- Fees too low
- Not enough patients
- Awaiting Family Doctor Scheme
- Impossible

All doctors who kept no records at all expressed a willingness to consider keeping records in the future.

The above results show that only 38% of the doctors who returned the questionnaire keep records for all their patients and this in a population of doctors who may be considered to be biased towards 'good general practice'. Indeed if a wider sample of doctors were to be

List Size	Number of Doctors
100 –	7
500 –	5
900 –	6
1300 –	6
1700 – 2100	8
Over 2100	2

SAMPLE RECORD FORMS

Interested Family Doctors may apply to the College Council for sample record forms which include the Cumulative Patient Profile Form and a Continuation Sheet arranged in the SOAP Format.
(See article by Dr F Demanuele)

questioned, the net figure may turn out to be lower. Factors that may have an influence on medical record keeping include list size (volume of work), number and type of premises used by the doctor (logistic problems) and years in practice (different attitude to record keeping). When the group of doctors who keep records for every patient was compared to those who do not (Table 2), there was no statistically significant difference between these variables. In view of the absence of any differences between the two groups of doctors in terms of practice characteristics and attitudes to record keeping, one may safely conclude that the main determining factor is sheer motivation on the part of the doctor. If the level of record keeping is poor, the quality of such record keeping does not appear to be in any better state. The evidence from the questionnaire suggests that in

TABLE 2 **COMPARISON BETWEEN DOCTORS WHO KEEP RECORDS AND THOSE WHO DO NOT**

	Record-Keepers	Non-Record-Keepers
Mean Years in Practice	11.06 (SD 7.8)	11.96 (SD 13.7)
Mean List Size	1254.0 (SD 636.0)	1176.0 (SD 1465.0)
Mean Number of Premises	1.53 (SD 0.7)	1.8 (SD 0.72)
Type of Premises		
— Pharmacy	58.8%	53.3%
— Home	29.4%	50.0%
— Purpose built	29.4%	43.3%
— Other	0.0%	3.3%

the majority of cases, the record keeping is incomplete.

This study, although small, provides substantial information to suggest that both the amount and quality of record keeping in general practice in Malta is poor. A larger more detailed study needs to be undertaken to be able to assess the

true state of affairs. It appears that the profession has the right attitude toward record keeping, what it might lack is the motivation and knowledge on how to keep medical records. These are problems that the Malta College of Family Doctors should address if it is to “enhance, foster and maintain high standards of family practice” in Malta. ♦