'General practice/family medicine is an academic and scientific discipline and a clinical speciality with its own educational content, research, evidence-base and clinical activity, oriented to primary care.' This is the 2002 European definition issued by the World Organisation of Family Doctors (WONCA). Across Europe, Family Medicine is establishing itself ever more strongly as a recognised speciality requiring specific training. In Malta too, Family Medicine is about to undergo significant changes in the way it is to be perceived and practised. The EU accession process that Malta has been involved in has entailed familiarisation with European Union legislation regarding the medical profession, the so-called Doctors' Directives. Furthermore, a number of provisions in these directives have been entrenched in the drafting of the new Health Care Professions Act even before Malta's final position with regards to full membership was decided.

The issues regarding the EU Doctors' Directives and their relevance to Family Medicine in Malta were the subject of last February's winter CPD meeting organised by the Malta College of Family Doctors (jointly with the Medical Association of Malta). A review of the relevant issues is being reproduced hereunder.

**The EU Doctors' Directives**

The EU law on doctors has been in place since 1975, and was mainly directed at mutual recognition of specialists' qualifications and freedom of movement between Member States of the EU as well as training requirements for specialists. Specific training in general medical practice first features in 1986 as Directive 86/457/EEC. April 1993 saw the ratification of a landmark Directive 93/16/EEC which consolidated all the previous directives and is still considered the basis for legislation regarding the medical profession although updated in 2001 (as Directive 2001/19/EC).

The introductory statement (called the 'preamble') to Directive 93/16/EEC makes specific reference to general practice in the following aspects:

(a) the recognised need for specific training in general medical practice.
(b) The unique role and clinical activity the general practitioner will have, within the framework of healthcare, with this training. It mentions specifically 'a more selective approach to the consultation of specialists, use of laboratories and other highly specialised establishments and equipment'.
(c) The acknowledgement of the upgrading of status that this training will bring.

The directive is divided into specific sections called Titles, each title dealing with a specific issue pertaining to the medical profession. Title IV deals with specific training in general medical practice. The following articles within this section will have direct relevance to the local situation.

**Title IV: Articles 31, 34 – duration and content of specific training in general medical practice**

Article 31 states that specialised training in family medicine shall be a full-time course lasting at least 3 years (this was an amendment in 2001 from a 2-year course as in the original directive of 93/16/EEC), over and above the basic medical training leading to the MD qualification. It will be practical rather than theoretically based. The practical instruction shall include at least 3 months in an approved hospital or clinic with suitable equipment and services, and 6 months in an approved general medical practice or centre where doctors provide primary care. It will entail the personal participation of the trainee in the professional activities of the trainer/s. Article 34 lays down the regulations for part-time training stating that 'member states may authorise specific part-time training provided... the total duration of training is not shorter than the full-time course... the weekly duration of part-time training may not be less than 50% of weekly full-time training and ... it must include a certain number of full-time training periods, both in the hospital setting and in the approved general medical practice'.

**Title IV: Article 36 – for whom training is obligatory and who is exempt**

As of 1st January 1995, European legislation has made it a condition in member states that for general medical practitioners to work in national security schemes (the health centre set-up in the Maltese scenario) they must have undergone training to the specifications above. However, each member state has been obliged to exempt from such training doctors established in that country before January 1995, provided that they satisfy certain conditions. Basically the doctor has to provide a certificate from a specially appointed authority stating that that doctor has been effectively and lawfully engaged in the activity in question (in this case family practice) for at least 3
consecutive years of the last 5 years prior to issue of the said certificate (article 9). These are the so-called ‘acquired rights’, more colloquially termed the ‘grandfather clause’.

As regulations currently stand, there is no direct reference in the directives to obligatory training for doctors working in the private sector.

**Recognition of qualifications of family doctors between Member states**

Mutual recognition between member states of general practitioners is drafted in Article 37 of the 93/16/EEC Directive, and this applies to both obligatory training and acquired rights. The 2001 amendment addresses two other scenarios in this respect, namely that:

(a) if a discipline is recognised as a speciality in certain EU member states but is not on the specialist list in others, these latter countries will have to recognise the qualifications of the specialists concerned on condition that the qualification has been achieved to the standards required by the Directive (as confirmed by a competent authority) – (Article 42b 2001/14/EC).

(b) Training and qualifications obtained in countries outside the EU will have to be considered by an EU member state if (i) the qualification has already been recognised in another member state OR (ii) the qualification is accompanied by evidence of further training/professional experience in the member state (Article 42c 2001/19/EC). The host country has to decide about recognition within 3 months from submission of the application, and in the case of rejection, there is a right to appeal before the National Courts of Justice.

**Competent authorities who will issue/reject certificates – Title V 93/16/EEC**

Earlier on, reference was made to specially set up authorities who will issue qualifications and exemption certificates and who will examine certificates/qualifications of people wishing to practice the profession locally. Title V of the Directive stipulates the setting up of such competent authorities within Member States. The local equivalent in Malta will be the Specialist Accreditation Committee (SAC) of which one responsibility will be to accredit doctors to individual specialist registers. Provisions are being made in the Draft Health Professions Act for family medicine to be included in this list of specialist registers and in fact the Malta College of Family Doctors will be having a direct involvement within the activities of the SAC.

**Continuing Medical Education (2001/19/EC: Article 9)**

Obligation to show that doctors are carrying out continuing medical education is written into the 2001 Directive and states that ‘continuing training shall ensure, in accordance with the arrangements prevailing in each member state, that the persons who have completed their studies can keep up with progress in medicine’. The EU has left it up to each member state to decide how this policy is to be implemented. Locally, administrative steps have already been taken to recognise this obligation by providing financial assistance for doctors in Government employment who take the initiative. It is hoped that some equivalent arrangement will be reached as well for doctors working in the private sector.

**Other issues**

As a result of EU legislation, other issues that will affect the medical profession locally include the Working Time Directive capping the obligatory maximum number of weekly hours a person can work, and the involvement of doctors in pharmacovigilance through the systematic reporting of adverse drug reactions and side effects. For further information on these and other issues the reader is referred to the ‘current opinion’ section in the Malta Medical Journal Volume 14 Issue 1 Nov 2002.

**References:**


The Malta College of Family Doctors was founded in 1989; a programme of continuing medical education for family doctors was established in 1990; a Department of Family Medicine within the University of Malta was set up in 2001; the development of a vocational training programme in family medicine was agreed to in 2003.

The Family Doctor in the European Union today is considered as a specialist and needs vocational training to practise as such. The College has gone beyond the 4 areas listed in the 1988 Development Plan to fulfil the aim of its 1998 Policy Document towards upgrading the status of the family doctor. In fact the new Health Care Professions' Act passed through Maltese Parliament in 2003 ensures that Maltese Family Doctors too will benefit from the specialist status that they so richly deserve.

With thanks to Dr Ray Busuttil, Honorary Secretary 1990-94, for kindly providing details of the College's first years.

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