

THE DEVELOPMENT OF POST-GRADUATE EDUCATION AND TRAINING IN PUBLIC HEALTH MEDICINE IN THE MALTESE HEALTH SYSTEM

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ABSTRACT

The groundwork for post-graduate medical training in Malta began prior to Malta's accession to the European Union (EU) in May 2004. Public Health Medicine was the first medical speciality in Malta to have a structured post-graduate training programme in place. The first Public Health Training Committee was set up in 2003 to formulate, monitor and review the training framework and curriculum and ensure the institution of quality assured specialist training in Public Health Medicine in Malta. The first formal training programme was established in 2004 and in 2007 the first cohort of trainees was recruited. Training in public health medicine in Malta was recognised by the EU in 2008. By end 2018, 21 trainees had enrolled onto the programme; of these, 13 (62%) successfully completed training while 8 doctors (38%) were still in training. The curriculum underwent several evaluations, reviews and revisions and has progressed into a sought-after, well-organised, dynamic, and still-evolving training programme. The road ahead is an exciting one, envisioning an e-portfolio, a focus on trainer development and support, the development of special areas of interest and opportunities for training abroad. Succession planning is crucial for the preservation of a wealth of hard-earned invaluable experience, knowledge and expertise in the speciality.

Introduction

The groundwork for post graduate medical training in Malta was initiated well before Malta's accession to the European Union (EU) in May 2004. In 1995, the University of Malta had established the Master of Science in Public Health Medicine enabling the academic component of training to be available. In the years prior to accession, work was carried out on the development of the practical training programme such that Public Health Medicine became the first medical speciality in Malta to have a structured post-graduate training programme in place. This preceded the institution of the Malta Postgraduate Medical Training Centre (MPMTC) in 2008.

Background

Pre - 1999

The need for a local set up for the provision of academic learning in public health medicine was recognised in the early nineties; during this time a group of young doctors working in public health had returned from postgraduate studies abroad, mainly at the London School of Hygiene and Tropical Medicine in the United Kingdom (UK), sponsored by the Department of Health. Most of these doctors went on to qualify for Membership and Fellowship of the UK Faculty of Public Health. Prior to this time, the possession of a Diploma in Public Health (DPH) was the recognised qualification for Maltese doctors with expertise in public health; a number of these names are inscribed in the hallway of the Ministry for Health in Valletta among those at the helm of the health service (or Sanita` as it was traditionally known) as far back as 1917.

The newly qualified public health physicians returned to employment in more senior and headship positions within the Health Division and the then Department of Public Health. Besides steering through several legislative and institutional changes leading to major public health reforms, several of these doctors were instrumental in the setting up of the Malta Association of Public Health Medicine (MAPHM), and contributed largely to the setting up and delivery of formal public health training in Malta.

The first Master of Science (MSc) Course in Public Health Medicine was established in 1995 by the eminent late Professor Herbert Gilles, a founding member of the Department of Public Health (previously the Department of Community Medicine) at the University of Malta. The course, which still runs every other year, includes modules in epidemiology, medical statistics, health information, research methods, health promotion, communicable and non-communicable disease, environmental health, health care systems and management, health economics, sociology and social policy [1].

The first MSc. part-time study course, equivalent to one year of full-time study, was a success; several of the graduates followed in the footsteps of their mentors and forerunners and went on to hold consultant and senior public health positions within the Maltese health system in the roles of Chief Medical Officer, Director General, Superintendent of Public Health, Director (public health, institutional health, primary health care, policy and planning, health information and research, international health), and medical superintendent; and internationally within institutions and organisations such as the World Health Organisation, European Centre for Disease Prevention and Control, Serum Staten Institute and the European Association of Public Health Medicine.

1999-2019

The MAPHM is responsible for promoting and upholding high standards in education and formal training for the speciality in the Maltese Islands. In March 2000, the MAPHM Executive Committee presented recommendations, based on Chapter 6 of the European Charter on training of Medical Specialists in the EU for the Public Health Specialty (UEMS/PH) [2], on the requirements for competence-based training that would lead to future accreditation in the specialty of Public Health Medicine.

In September 2002, the Mutual Recognition of Qualifications Act [3] was enacted to transpose European Directive 2005/36/EC [4] on the recognition of the scheduled regulated professions and professional activities. Several discussions regarding training were held over the following year between the Association, the Public Health Department at the University of Malta, and the Health Ministry.

A Train the Trainers Programme in the form of a two-day seminar for potential trainers in public health was held in February 2003. This event, supported by the UK Faculty of Public Health, provided an understanding of the requirements for structured public health training, priming doctors working in public health for future trainer roles: Malta's first training programme was adapted from this UK model with further revisions to make it more locally relevant.

The 24th March 2003 marked an important decisive preparatory meeting concerning the setting up of the very first Public Health Medicine Training Committee (PHTC), through which the MAPHM continues to fulfil its training related role. This was guided by MAPHM recommendations as well as a detailed report commissioned by the Department of Health (2002) by visiting expert Dr Peter Donnelly regarding proposals for formalising a public health training programme in Malta. The expert report recommended areas of activity around the setting up of the training programme, noting that there were already 'excellent training opportunities within institutional health, public health[1], health promotion, policy and planning, health information and the Foundation for Medical Services'.

The Terms of Reference for the first tripartite (MAPHM, University of Malta and Health Department) Training Committee were drawn up. The Public Health Medicine Specialist Training Committee (PHTC) was entrusted with the responsibility to formulate, monitor and review the training framework and curriculum for specialist training in Public Health Medicine in Malta and the institution of quality assurance of the training programme.

The Health Care Professions Act (5) was enacted on 21 November 2003 to regulate the practice of health care professions in Malta. The Medical Specialist Accreditation Committee (SAC) as established by the Act, includes representation by the Malta Medical Council, Faculty of Medicine and Surgery at the University of Malta and the Superintendent of Public Health, together with members appointed by each of the relevant professional associations, including the MAPHM. The SAC Framework provides a general framework for Medical Specialist Training in Malta.

Following Malta's accession to the European Union on 1st May 2004, the grandfathering eligibility criteria for medical specialist registration and certification for doctors who started their training in Malta before 21st November 2003, were established in terms of Articles 53 [2] and [3] of the Health Care Professions Act [6].

The criteria for specialist registration in Public Health as formulated by MAPHM were the following: (1) *Applicants must be in possession of an MSc degree in public health or equivalent (DPH prior to 1985); AND must have practised in public health medicine for a minimum of four years full-time or pro-rata equivalent ; OR (2) Applicants must have worked in the full breadth of the speciality for a minimum of eight years to a standard satisfactory to the SAC on the recommendation of MAPHM.*

Following evaluation by the PHTC, and on recommendation to SAC by the MAPHM, the first group of 34 doctors fulfilling the criteria were recommended for inclusion in the Medical Specialist Register under Public Health Medicine in March 2005. Another 15 applicant doctors with various levels of experience of work in public health, on request of the Training Committee, successfully underwent catch up training, to ensure adequate exposure across the full breadth of the speciality to qualify for eligibility for specialist registration through 'acquired rights' (11 candidates), and through formal assessment (4 candidates who started working in public health after the enactment of the Health Care Professions Act in November 2003). Following this exercise, the first structured Public Health Medicine Specialist Training Programme was formalised with the first Training Policy document being drawn up in 2003 and published in December 2004. The first intake of basic specialist trainees in public health medicine joined the formal training programme in 2007.

A year later, in June 2008, the Malta Postgraduate Medical Training Centre (MPMTC) was inaugurated with the aim of providing structured training and career pathways for all postgraduate medical trainees and their trainers across specialities and in line with European Union medical specialisation and health care professional training standards [7].

In 2008, the EU recognized the medical speciality of Public Health (Saħħa Pubblika) in 21 member countries including Malta [8]. Postgraduate training coordinators (TCs) for each speciality were appointed by the MPMTC through an open application process and selection interview [9]. A TC for public health medicine was formally appointed in 2010; the TC chairs the PHTC and is responsible for the organisation, management and day-to-day administration of the Training Programme, coordinated through the PHTC.

Evolution of the training programme

The Public Health Training Programme has presented a challenging, evolving, dynamic and learning experience for all concerned. It underwent several internal and external evaluations and reviews and revisions based on the various recommendations and feedback.

The first training programme as established in 2004, comprised 48 months full-time equivalent (FTE) of supervised training rotations to cover operational areas of specialisation of public health and an academic component through the MSc in Public Health [10]. The areas of specialist training in the training portfolio were developed over the years to include an array of competences to be achieved. These include the use of public health intelligence for assessing population health and well-being, health protection, health promotion, assessing effectiveness of services and reducing inequalities, strategic leadership and collaborative working; health care planning, policy development and implementation, research and development and personal development.

Trainees are assessed regularly with formal assessments held annually and an exit assessment at the end of training, with the participation of an external assessor.

The results of a first evaluation by trainees of the Public Health Training Programme were presented to some 20 training supervisors, lead location trainers and location trainers during a Train the Trainers Update meeting: 'Evaluating the Public Health Training Programme' organised by the PHTC in June 2011 and moderated by external reviewer Dr Premila Webster. Trainees highlighted shortcomings regarding transition between training locations, logistical issues relating to space, IT and communication, and competing training needs in relation to the exigencies of the service to the detriment of trainees' achievement of competences in certain locations. Discussions ensued regarding actions to consolidate areas which were working well and to seek to improve problematic areas.

In September 2011, external reviewer Prof. David Strachan provided the PHTC with a detailed evaluation report at the end of a visit during which he met with the training committee, trainees and trainers. This gave the Committee the opportunity to continue to reflect on the status of the training programme and to address identified challenges for public health training in Malta. The evaluation provided constructive suggestions towards the quality improvement of training and the training experience including matters related to trainee recruitment, transition through revised training systems, timing of the academic course and its synchronisation with trainee recruitment, career progression, duration of training to possibly include a fifth year, international experience, training rotations, guidance to fulfilling required competences, IT facilities and roles and responsibilities of trainers. Despite these challenges, Prof. Strachan remarked that 'much of public health medicine is vibrant and cohesive and ...it has attracted individuals of generally high calibre, both as trainers and trainees. This bodes well for the future of the speciality in Malta...'

Many of the issues highlighted in the reviews were addressed through the work of the PHTC. Each trainee entering the programme is loaned a laptop for the duration of training. While balancing trainee needs and service provision requirements remains a challenging reality, all efforts are made, with the help of each trainee's appointed Training Supervisor, to ensure the matching of these needs as far as is possible. Over the years, efforts were made to organise journal clubs and CPD sessions for trainees and trainers, and regular structured interactive sessions and case-based discussions on practical topics for trainees were introduced.

The PHTC also took up recommendations following a separate external evaluation report in 2012 to incorporate trainee induction, a trainee buddy system and the revision of the training logbook in consultation with trainees and trainers. Since 2013, trainee representatives have been regularly elected to observer status on the PHTC. Mandatory meetings between trainers and trainees are documented by all trainees in a standard manner.

Protected time for trainees is safeguarded. Trainer support is an area in which there remains room for improvement.

Following the 2012 external review, a Training Review Subcommittee of the PHTC carried out a revision of the training framework and proposed changes to include clearer aims and objectives for trainees and trainers, further details about the training process and trainee progression, training inputs, appraisals, rights and responsibilities and accountability.

The proposed revisions undertaken by the PHTC Subcommittee were commended by external reviewer Dr Premila Webster in September 2013 and the revised framework document was approved by MAPHM and the SAC in 2013 [11].

A decision of the MAPHM Extraordinary General Meeting (EGM) held on the 19th of February 2015, mandated an increase in the training period for specialisation in Public Health Medicine to a minimum of 5 years (60 months) FTE in total, including a minimum of 24 months FTE as Basic Specialist Trainee (BST) and to incorporate special areas of interest and training exposure abroad.

A review conducted in 2016 showed favourable comparisons between the structure and competences of the local training programme and foreign training programmes under consideration (USA, UK, Ireland & Canada). This review, which identified some competences in the local training logbook as being 'difficult to achieve, vague or unclear' and made specific recommendations for improvement, informed the revisions of the Training Framework [12] and Training Portfolio documents in 2016 and 2018 respectively.

The latest version (2018) of the Public Health Specialist Training Logbook [13] also addresses points raised in a broad consultation among public health medicine specialists and past and current specialist trainees, regarding the extensive revision of logbook competences in each area of specialist practice, guidance for their achievement and their assessment, reflective practice, the integration and application of public health competences for specialist practice and effective personal impact at Higher Specialist Trainee (HST) level.

A recent trainee evaluation of the training programme in February 2019 by means of an anonymous questionnaire completed by former and current doctors in training found that the training needs of trainees are being respected overall with adequate opportunities being given to fulfil their logbook competences.

However, more public health specialist cover in a few specific training locations is essential to ensure that trainees adequately cover the necessary competences. Areas for improvement included the need for more regular train-the-trainer initiatives as well as training for trainees on how to use the newly revised logbook which has undergone substantial changes.

Trainees also indicated that they would like to see more opportunities to pursue a special area of interest within which they will be supported to work once their training is completed. This will be facilitated through the implementation of the new training programme, which includes an additional fifth year of training aimed to fulfil this purpose.

Enrolment in Public Health Medicine Specialist Training, trainee progression and the public health medical workforce

Between 2004 and 2008, 15 doctors underwent catch up training; in 2007 the first cohort of BSTs were recruited to the formal 4-year training programme by selection interview. Since 2007, a call for a competitive interview is regularly issued by the Ministry for Health for the recruitment of medical specialist trainees in public health medicine. Eligible candidates must have obtained a degree in Medicine and Surgery, must be registered with the Malta Medical Council and be in possession of the Foundation

Achievement of Competence Document (FACD), after having completed a two-year Foundation Training Programme. By the end of 2018, a total of 21 trainees were recruited to the formal training programme, of these, 13 (62%) who were recruited between 2007 and 2013 successfully completed their training while 8 trainees (38%) recruited between 2015 and 2018 were still in training (Figure 1). In addition, there were also 3 doctors-in-training who left the programme to switch speciality or transfer overseas.

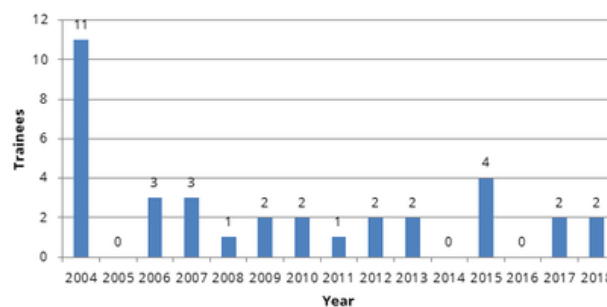


Figure 1: Number of trainees joining the Public Health Medicine Training programme by year who successfully completed their training or are still in training, Malta 2004-2018

Taster weeks in Public Health Medicine are regularly organised by the PHTC in collaboration with the Foundation Programme. Taster weeks offer foundation doctors a 5-day programme which exposes the participant to several competency areas in public health medicine at various training locations. These taster weeks have gained popularity along the years and interest in the specialty is on the increase. Since 2012, a total of 26 doctors attended a taster week. Of these, 10 (38.5%) successfully joined the training programme and 3 of these 10 doctors are now qualified specialists (Table 1). The number of applicants for the position of basic specialist trainee in public health medicine is consistently higher than the number of posts on offer, with repeat applicants also being received over successive years.

Year	Number of doctors		
	Attended a taster week	Successfully joined and are still in training	Completed their training
2012	4	3	3
2013	1		
2014	1	1	
2015	4	3	
2016	3	1	
2017	9	2	
2018	4		
2019	3 requests		

Table 1: Number of doctors who attended a taster week in the Public Health Medicine Specialty and subsequently joined the training programme and are still in training or completed their training.

At the end of 2018, there were 61 public health specialists on the medical specialist register (14). 49 doctors were 'grandfathered' or underwent a period of catch-up training achieved specialist registration between 2005 and 2009. Twelve doctors who completed the formal 4-year training programme became public health medicine registered specialists between 2011 and 2018 (Figure 2).

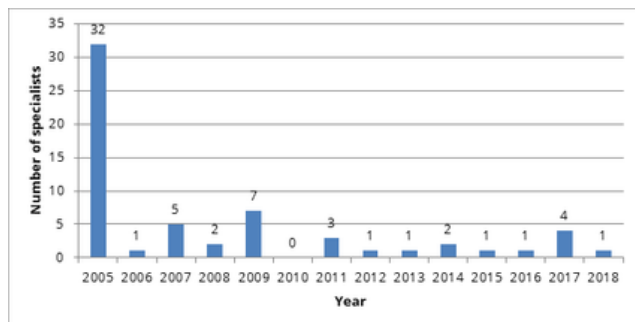


Figure 2: Number of new Public Health Medicine Specialists on the Specialist Medical Register by year of registration, Malta 2005-2018

Most registered specialists (67.2%) work in the public sector, many within leadership and senior management positions within the Maltese Ministry for Health; while another 11.5% practise their profession abroad and occupy prestigious public health positions within organisations such as the WHO and ECDC. This mix (Figure 3) adds value to the Maltese contribution to public health at the national, European and global level.

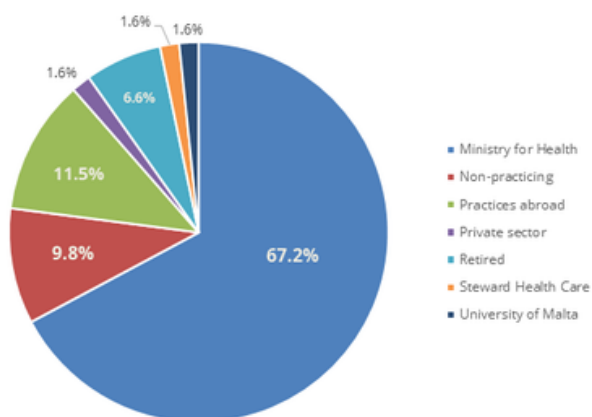


Figure 3: Specialists in public health medicine registered in the Maltese Specialist Register by area of practice as at February 2019

The future of public health medical training

It is clear from the various reviews and evaluations carried out over the years that the Public Health Medicine Specialist Training Programme has developed substantially into a sought after, well organised, dynamic and evolving training programme. The journey has been a remarkable one, with various challenges and hurdles along the way, including those relating to the building and updating of the training programme, the synchronisation of academic and practical components, and the availability of training posts and trainers. The road ahead is an exciting one, which envisions an e-portfolio to replace the current paper-based logbook, a focus on trainer development and support and the development of special areas of interest and training abroad, where further networking is required to explore and establish channels, links and exchanges internationally.

With several founding public health doctors reaching or nearing retirement age, succession planning within the health system is crucial for the sustainability of the public health medicine speciality and to ensure that the wealth of invaluable experience, knowledge and expertise gained through a generation of hard work and determination is preserved. The exceptional contribution by the speciality to the development of health services, public health and the overall improvement of health and well-being, together with the central role of the speciality in addressing ongoing and emerging health challenges evolve the need for public health doctors to remain firmly rooted within the health sector yet continuing to reach out to build bridges with other professions and sectors.

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