

MCFD President's Report

December 2017 – November 2018

Prof. Pierre MALLIA

NEW PRESIDENT

As you know this is my last year as President of the MCFD as I have served two terms. I had recommended myself that the statute be amended so that a President cannot serve more than two consecutive terms, in line with many international standards.

Following last years' election of Dr. Philip Sciortino as President-Elect, Dr Sciortino found it necessary not to fulfill this position and therefore another election was called in which Dr Edward Zammit was elected. The purpose of having an election for President-Elect one year before is for the person to gradually learn what is going on in council and therefore to have a smooth transition. We were lucky that Dr Zammit has been on Council for several years.

I would like to publicly acknowledge the hard work that Dr Sciortino has done over the years, especially with running the Continuing Medical Education (CME) programme which many members attend and, whilst wishing him well, would hope that he continues to give support to the College when necessary.

Dr Zammit is well placed to take over. He is experienced in one of the most important ventures of the College – that of the Summative Assessment for specialist trainees. He has been examination lead for the past few years. Good luck and I give him my full support.

CME

As from next year the council will be providing CME both online and also through the popular evening meetings. Council has often discussed the eventuality of the introduction by the Medical Council of re-validation for medical doctors. MAM (the Medical Association of Malta) are aware of this and will probably propose CME as well. For this reason Council will be working that the CME follows the curriculum we have for Specialist

Training. It is impossible of course that all the curriculum be done in one year; conversely it is feasible if done over five. For this reason those responsible for CME must see that the salient topics are visited at least once every five years. In this way one can enter the programme at any time and over a five-year span, will have covered the necessary updates.

The next Council must see that CME points are awarded fairly between these important updates and other events which it recognizes. Those who follow online CME must show that the necessary updates were included or follow those which the college recognizes. Once the MCFD becomes recognized as an educational body, this work becomes, along with the Specialist Training Programme in Family Medicine (STPFM), an important factor which supports family doctors.

THE STPFM CURRICULUM

Since its inception the curriculum has not been updated and therefore I have taken it upon myself to coordinate this. I shall be issuing a call for those who are willing to revise a chapter and update it for any relevant content. Guidance of course will be given and it should be a task within the grasp of any family doctor, especially having a special interest in an area. NICE and other guidelines will be used in the process, giving them a contextual relevance. Council will discuss any fees which may be applicable. Those interested are asked to please contact me on my university email address (pierre.mallia@um.edu.mt) and state their preference.

SPECIALIST ACCREDITATION COMMITTEE (SAC)

The MCFD has been asked to make proposals to the amendments to be made to the law concerning the specialist register. We notice that whilst all specialties

are listed in a section called 1c, family medicine, although recognized by the SAC as a specialty, is in a separate section entitled 1d and which pertains to a GP register. This follows EU procedures. However we have made a recommendation that since in EU countries GPs are not listed in the specialist registers of respective countries, in our case either Family Medicine is put in section 1c as well, or be listed in both (to allow for those who are not specialists by grandfather clause or Summative Assessment to be listed in 1d for Medical Council purposes).

PAYMENT OF EXAMINATION LEADS

We have had a recommendation that examination leads for the STPFM start receiving proper payment for their important service to the Summative Assessment which includes the process of Clinical Skills Examination and the Applied Knowledge Test. This requires a considerable amount of work and is a difficult task. Since these people cannot have trainees due to their involvement in the examination, it was suggested that they receive the same salary as trainers. Since their work is more time-consuming and is one of the most important the College has at the moment, the council agreed to this request.

During the visit of IDA Dr Jeremy Stupple last July, we met with the new Primary HealthCare CEO and she asked for a report to make the request for their salary to come from the department of Primary HealthCare. I duly prepared this report giving statistics and details of the examination process and also how the new trainees can save the service a lot of money. No reply has been received to date and we will bring this up with her during our next meeting.

However, Council also decided that, until such needs are met by Primary HealthCare, and without unduly increasing the cost of the exam for the candidates, the College shall give this salary to the members of the assessment team and review the situation in two years' time. This decision was approved by the Annual General Meeting of the College.

JOURNAL

As chief editor of the journal I again admit that my three co-editors, Mario Sammut, Anton Bugeja and Glorianne Pullicino lead the whole show. I make the overall decisions and the one we had to do this year was to make it only online as it has become very difficult to obtain sponsors. This is indeed a pity as the journal is getting

more and more studies by young doctors, especially those working in health centres. These studies are important not only for the data they collect but to be quoted on research articles. One can also find the journal on the University of Malta Library website.

ENDCARE PROJECT

The End of Life Erasmus + 'EndCare' project which I was coordinating through the Bioethics Research Programme at the University of Malta has come to an end. It resulted in two books to be published by Springer, a collaborative Consensus document on End of Life between the faculties of Medicine, Laws, and Theology which was distributed at Mater Dei Hospital and which can be found on the University website, a curriculum on tackling problems within institutions and a book summarizing the salient document to be published locally. These do not include ten theses on end of life which were encouraged in the three faculties mentioned above. The documents were disseminated and a keen interest shown by UNESCO and WHO.

The MCFD has decided that it would be disposed to coordinate EndCare 2 should this not be done through the university. EndCare 2, if funds are won, will concentrate on the community and involve family doctors, and hopefully the department of Primary HealthCare, Hospice Malta, the Malta Health Network of patient organizations, and local religious institutions. These are salient for public education on what is possible at end of life and explain the suffering caused by extraordinary and futile measures and the legitimacy of pain relief, even if life is hastened by a few days once death is the inevitable outcome. Hospice Malta has also shown keen interest in the first project and the Bioethics Programme has accepted to coordinate a Masters in Palliative Care in the future.

OPPORTUNITIES FOR PRIVATE TRAINING

The opportunity for Specialist Training in private practice is still an option which the MCFD keeps open. Of course we hope that the Department of Health will have a greater intake of doctors wishing to specialize in family medicine as there is an increased interest in this area. Because of this the college has considered private trainers. Of course this would involve extra expense on the part of candidates, especially to pay for the trainer, but this can be offset by collaboration with the Health Department that may accept candidates to work in health centres

and continue work as medical officers in hospital, where rotations can be coordinated. This will be considered further in the future of course by the next Council.

PERSONAL THANKS

I wish to personally thank those people who have supported me personally and the Council during the past six years. As President I learned more about chairing and giving way to ideas other than my own. It was indeed learning to serve other people – something I have to admit I have not always been successful in. I wish to thank especially Drs Philip Sciortino, Jason Bonnici, Edward Zammit, Daryl Xuereb, Mario Sammut for personal advice, help and/or mentorship but of course all those who have shown enthusiasm on council. I see that people like Drs Jacob Vella and Elanja Reiff are the future of family medicine. I cannot mention all names but I am sure that they know I mean them as well.

I hope of course to continue helping the College in any way I can, especially with protecting that which we have achieved on SAC, through projects, and international relations. But of course, as I did before Dr Jürgen Abela's tenure, I will offer help wherever it is necessary.

Thank you all members who support the College by paying their dues, participating in activities and work, and especially those who attend the CME organized by the team led by Philip Sciortino up till now. I look forward to our CME also on the website which Drs Leonard Callus and Jacob Vella are organizing.