

MALTA COLLEGE OF FAMILY DOCTORS



# POLICY DOCUMENT ON FAMILY MEDICINE IN MALTA

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MAY 1998

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## INTRODUCTION

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In line with the declared intention of the World Health Organisation (WHO) to define a charter for General Practice/Family Medicine in Europe, and the resolution outlined in the document "*Framework for Professional and Administrative Development of General Practice/Family Medicine in Europe*" published by the WHO Regional Office for Europe in 1998 (EUR/ICP/GPDV 94 01/PB01/Rev.1), the Malta College of Family Doctors hereby states its position on the situation of Family Practice in Malta.

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## PREAMBLE

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A holistic approach to providing continued medical care to patients, independent of their age, sex and complaint, is only possible in a well-organised system of Primary Health Care.

The delivery of a comprehensive package of health care which functions at the primary care level, including health promotion, disease prevention, curative, rehabilitative and supportive care, is a natural development in any civilised country aiming at prioritising the allocation of available resources.

Family medicine is the only medical discipline that can deliver acceptable and affordable medical services of this nature. It should be viewed as the cornerstone of medical practice.

A well-organised and highly developed primary care system will more effectively meet the health needs of the community and result in a high degree of satisfaction among individual patients. Heavy demands on consultants and hospital-based care will reduce. Continued improvement in quality of care can then be anticipated at both the primary and secondary levels of care.

The existing set up in Malta fails to deliver all the benefits that can be provided towards this end, although the College appreciates that over the years administrative and technical advances have been made from which the public has benefited.

Malta has traditionally been served by committed family doctors, whose training was not tailored to the specific needs of future family physicians. The time is now ripe to provide the facilities for the development of special training programmes for family doctors and an ongoing programme of postgraduate education.

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## CHARACTERISTICS OF FAMILY PRACTICE

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1. **General** - family practice is accessible to everyone, i.e. it is not limited to specific age groups, sex, or medical complaints.
2. **Accessible** - easy access with minimum delay is a hallmark of family practice.
3. **Integrated** - family practice encompasses curative and rehabilitative care along with health promotion and disease prevention.
4. **Continuous** - family practice is synonymous with continuity of care.
5. **Holistic** - health problems of individuals, families and the community should be considered from the physical, psychological and social perspectives.
6. **Personal / family and community oriented** - family practice is person-centered rather than disease-centered and problems are studied in the context of the family and the patient's social background.
7. **Coordinated** - the family practitioner should be viewed as the patient's manager and advocate on health matters, and in this role he/she will share the care of patients with other health professionals.

The Malta College of Family Doctors acknowledges that to achieve these aims the family doctor must form part of a well functioning interdisciplinary team.

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## CONDITIONS FOR THE DEVELOPMENT OF FAMILY PRACTICE

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### 1. STRUCTURAL CONDITIONS

#### **Discrete population**

Continuity of care, a cardinal characteristic of family practice, demands that working conditions of doctors facilitate a strong doctor-patient bond. This same doctor-patient commitment is essential for the delivery of a well-coordinated package of care to individuals over time. This package of care is commonly referred to as managed care. A choice of doctor and a personal or family list system are conducive to achieving this aim.

#### **Referral system**

The system presently prevailing in well organised health services, where patients cannot self refer to medical specialists, ensures that there is a cost effective use of specialised and hospital based services. Patient records can also be kept updated as long as the patient is referred back to the family doctor with the appropriate information. Access to secondary care should likewise be guided in private practice to avoid competition between family doctors and other medical specialists. The College believes that only high standards of practice in both family and specialist medicine will lead to mutual respect and co-operation between all doctors for the good of all patients. Referrals and communication should be guided by ethical principles and neither discipline should seek to have power or control over the other.

### 2. ORGANISATIONAL IMPROVEMENT

#### **Record keeping**

Keeping systematically detailed records of all encounters is important to maintain continuity over time, to identify episodes of illness, to create a patient history and to co-ordinate care with other health care workers. Records are also essential to organise systematic preventive procedures for patients at risk, for audit purpose and peer review. Record systems created specifically for family practice facilitate the provision of continuous care. Patients have a right to access their own records.

#### **Teamwork**

The family doctor does not have a monopoly in the care of his/her patients. The team approach should be used whenever the physician deems it to be in the patients' interest, and will expect the patient to be referred back with the relevant information.

#### **Practice Organisation**

Family doctors should practice from adequately equipped premises. Support services should be directly available. The service provided by family doctors should include reasonable cover for emergency cases as well as an appointment system for less urgent problems.

### 3. PROFESSIONAL DEVELOPMENT

#### Education

Education of the family doctor should be reviewed at these 4 levels:

- (i) The present level of integration of family medicine in the **undergraduate curriculum** should be reviewed to realistic levels, in view of the fact that most graduates enter a career in this discipline, and all trainees, irrespective of their subsequent area of specialization, need some understanding of family practice.
- (ii) The College believes that the existing system whereby doctors, having spent 2 years of pre-registration medical training and, subsequently engaged in various postgraduate academic activities, embark on a career in family medicine, must evolve in a structured system for specialty training in family medicine. **Vocational training** for doctors wishing to take family medicine as their area of specialization is already a requirement in most European countries. The role of the family doctor today has changed from a predominantly curative one to one where the family doctor works with other professionals in preventing illness and promoting health. The total lack of such a programme is indicative of the failure of relevant authorities to appreciate the importance of this issue for health care of the Maltese people.
- (iii) **Continuing Medical Education** (CME) programmes for medical practitioners have been organised by various medical organisations for many years. The College has, since the beginning of its existence, given CME programmes that are general-practice oriented the priority they deserve. The College undertakes to continue providing such CME programmes, which it considers a pre-requisite to maintaining and improving the quality of care.
- (iv) The College undertakes to integrate the three aforementioned areas of academic development in Family Medicine into a curriculum. It will promote the implementation of a **Specialist Training Programme** for those practitioners already in practice.

#### Quality Assurance

Family doctors acknowledge that their practice should be open to peer review and audit. Quality assessment and improvement ensures that patients receive only the best health care possible.

#### Academic Departments of Family Practice

Family medicine must be viewed as a full partner in the provision of health care, and its academic potential acknowledged within the University. Appropriately qualified family doctors should be integrated into the Faculty of Medicine and adequate resources allocated to enable them to engage in the full spectrum of academic activities.

## **Research**

No academic discipline can exist in a vacuum; it needs the scientific basis to create its own body of knowledge. Research is an essential activity for the further development of family practice as an academic discipline. Opportunities should be created to initiate clinically based and practice-oriented research projects that will serve to stimulate family doctors and elucidate local characteristics.

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## **FUTURE STRATEGIES**

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Family Practice in Malta has lagged behind in its development compared to other traditional medical disciplines. The huge relative discrepancy existing between the financial resources allocated to Hospital Services and those allocated to Primary Care is indicative of the insensitivity of the authorities to the relevance and importance of this discipline. The present state of affairs is a legacy of the past when the University and successive Governments did not react to the evolving needs of Family Practice.

In the absence of facilities for the further professional development of family practice, the Malta College of Family Doctors has striven, since its inception in 1989, to provide for family doctors the academic medium necessary to instill the appropriate attitudes for the professional development of the discipline. Although the College is satisfied with its achievements to date, it also acknowledges its limitations.

Implementation of good quality family practice requires appropriate legislation and regulations. Governments should no longer be satisfied to man their primary care services with doctors who may not have the appropriate training. The University of Malta should no longer adopt a spectator role in this academic arena.

No more excuses should be made to justify the present state of affairs. Rather a plan should be drawn up between the University, the Government, the Medical Association of Malta and the Malta College of Family Doctors to define future strategies for the further development of Family Practice in Malta in line with current trends in other European countries.