The Specialty of Family Medicine in Malta

Title: Family Medicine
Entry Criteria for Training: M.D. Degree
Duration of Training: 3 years
Main Areas Covered: Family Medicine/General Practice, Vocational Training for Family Doctors, Specialist Register of Family Doctors

This document reflects the official position of the Malta College of Family Doctors (MCFD), endorsed by the Council of the MCFD and confirmed by an Extraordinary General Meeting of the MCFD

Introduction

This document will define the position of the Malta College of Family Doctors (MCFD) and the Specialist Accreditation Committee (SAC) on the Specialty of Family Medicine in Malta.

Besides the provisions of this document, the Specialty of Family Medicine (FM) is regulated and privileged by the general points relevant to all specialties as outlined in the SAC document "Framework Specialist Training Programme" of 11th June 2003 (SAC 2003).

This document will define Family Medicine, define the requirements for inclusion in the Specialist Register of Family Medicine (SRFM), either by past work experience or through accredited training, and define the requirements of a quality Vocational Training Programme (VT) for Family Medicine.

This document is informed by the following policy documents, and complies with Maltese law:

World Organisation of Family Doctors. Definition of Family Medicine.
http://www.euract.org/pap04107.html

Malta College of Family Doctors. *Recommendations for Specialist Training in Family Medicine.* 17th July 2002.

European Union of General Practitioners. *UEMO 2003/131 B: ST – specific training in general practice/family medicine in Europe.* Draft 2003.

European Union of General Practitioners. *Criteria for General Practitioner Trainers.* May 1992.

This document is informed by the following reference documents:

Malta College of Family Doctors. *Recommendations for criteria for the trainer as a teacher.* March 1993

Malta College of Family Doctors. *Recommendations for the establishment of criteria for the approval of trainers in family practice.* March 1993.

Royal College of General Practitioners. *Occasional Paper 4: A system of training for general practice.* Denis Pereira Gray. Reprinted 1992.

Royal College of General Practitioners. *Occasional Paper 40: Rating scales for Vocational Training in General Practice.* 1988.

Royal College of General Practitioners. *Occasional Paper 63: Portfolio-based learning in General Practice.* December 1993.

Aims

The aim of this document is to define the academic and clinical basis of Family Medicine as a Specialty, promote the development of the Specialty of Family Medicine and promote quality standards for Vocational Training for Family Medicine.

Objectives

This document will:

- define Family Medicine
- define the requirements for inclusion in the Specialist Register of Family Medicine (SRFM), either by past work experience or through accredited training
- define the requirements of a quality Vocational Training Programme (VT) for Family Medicine

Definition of Family Medicine

WONCA-Europe (WONCA 2002):

General practitioners/family doctors are specialist physicians trained in the principles of the discipline. They are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care irrespective of age, sex and illness. They care for individuals in the context of their family, their community, and their culture, always respecting the autonomy of their patients. They recognise they will also have a professional responsibility to their community. In negotiating management plans with their patients they integrate physical, psychological, social, cultural and existential factors, utilising the knowledge and trust engendered by repeated contacts. General practitioners/family physicians exercise their professional role by promoting health, preventing disease and providing cure, care, or palliation. This is done either directly or through the services of others according to health needs and the resources available within the community they serve, assisting patients where necessary in accessing these services. They must take the responsibility for developing and maintaining their skills, personal balance and values as a basis for effective and safe patient care.

The MCFD refers to the WONCA-Europe definition (WONCA 2002) of Family Medicine as its standard. The hyperlink http://www.euract.org/pap041.html contains the WONCA definition, its historic and academic background, and lists important past definitions of Family Medicine.

To satisfy the definition above the Family Doctor must practice within its parameters in clinical, administrative or academic practice for a minimum of 20 hours a week (50% of full-time equivalent, i.e. 40 hour week) full or part-time.

Requirements for inclusion in the Specialist Register of Family Medicine

To be included in the Maltese Specialist Register of Family Medicine, the applicant must:

- have a recognised First Degree in Medicine
- be fully registered with the Medical Council of Malta
- have completed Basic Medical Training
- have sufficient linguistic capabilities to communicate with patients and colleagues as recommended by the Union Europeene des Medicins Specialistes (UEMS 1993)
- have a certificate of vocational training (VT) from a recognised European body, or an equivalent degree of training in Family Medicine recognised by the MCFD
- become a fully accredited member of a recognised European College of Family Doctors, and maintain his accreditation status
- practice Family Medicine according to the definition above, in clinical, administrative or academic practice for a minimum of 20 hours a week full or part-time.

Acquired rights provision

For doctors of medicine who have qualified and are in legal and effective practice in Malta before the first of May 2004 there will be a concession for practicing Family Doctors to be included in the Maltese Specialist Register without the requirement of VT. Those Family Doctors who can demonstrate that they have practiced and continue to practice Family Medicine according to the definition above, in clinical, administrative or academic practice, for a minimum of 20 hours a week full time or part-time will be admitted to the Specialist Register of Family Medicine only when they have done so for at least three years full time equivalent (40 hour week) work experience or part-time work experience pro rata (i.e. ranging from at least three years work experience at 40 hours a week to at least six years work experience part-time at 20 hours a week, pro rata). These Family Doctors must then achieve and maintain full accreditation status with a recognised European College of Family Doctors, and maintain their practice to remain on the register. Provided that the above have one year of full-time (40 hour week minimum) Family Medicine work experience, then up to one year of full time equivalent work experience in Family Medicine can be replaced by up to one year of Senior House Officer grade hospital attachments in the departments of General Medicine, Paediatrics, Obs & Gynae, Psychiatry, E&A, ENT, Ophthalmology, or Dermatology, one month per one month. However no more than three months experience per Department can be so availed of. This provisional clause should be availed of such that the applicant is registered in the Specialist Register of Family Medicine by 1st May 2010 under this provision.

Vocational Training for Family Medicine

Core competencies

The characteristics of Family Medicine make it community based. Thus, VT for FM has to be community based. In fulfilling the definition of FM, VT has to address certain core principles in order to be effective and comprehensive. VT will address knowledge, skills and attitudes as outlined below:

(RCGP 1992)

1) *Knowledge*
   a) *Sufficient knowledge of disease processes, particularly common diseases, chronic diseases, and those which endanger life or have serious complications or consequences*
   b) *Understanding of the opportunities, methods and limitations of prevention, early diagnosis, and management in the setting of Family Medicine*
   c) *Understanding of the way in which interpersonal relationships within the family can cause health problems or alter their presentation, course and management, just as illness can influence family relationships*
   d) *Understanding of the social and environmental circumstances of patients and how they may affect a relationship between health and illness*
   e) *Knowledge and appropriate use of the wide range of interventions available*
   f) *Understands the ethics of the profession and their importance to patients*
2) *Skills*
   a) *How to form diagnoses which take account of physical, psychological and other factors*
   b) *Understanding of the use of epidemiology and probability in everyday work*
   c) *Understanding and use of the factor 'time' as a diagnostic, therapeutic and organisational tool*
   d) *Identification of persons at risk, and taking appropriate action*
   e) *Making relevant initial decisions about every problem presented*
   f) *Capacity to co-operate with other medical and non-medical professionals*
   g) *Knowledge and appropriate use of the skills of practice management*
3) *Attitudes*
   a) *Capacity for empathy and for forming a specific relationship with patients and for developing a degree of self-understanding*
   b) *Understanding how his recognition of the patient as a unique individual modifies the ways in which he elicits information and makes hypotheses about the nature of the problems and their management*
   c) *Understanding that helping patients to solve their own problems is a fundamental therapeutic activity*
   d) *Recognition of one's ability to make a professional contribution to the wider community*
   e) *Willingness and ability to critically evaluate one's own work*
   f) *Recognition of one's own need for continuing education and critical reading of medical information*

(WONCA-Europe 2002)

1) *Primary Care Management*
   a) The ability to manage primary contact with patients

   b) To co-ordinate care with other professionals in primary care and with other specialists leading to effective and appropriate primary care provision, taking an advocacy position with the patient when needed

2) *Person-centred care*
   a) The ability to adopt a person-centred approach in dealing with patients and problems
   b) To develop and apply the general practice consultation to bring out an effective doctor-patient relationship
   c) To provide longitudinal continuity of care as determined by the needs of the patient
3) *Specific problem solving skills*
   a) To utilise the specific decision making process determined by the prevalence and incidence of illness in the community
   b) To manage conditions which may present early and in an undifferentiated way, and to intervene urgently when necessary
4) *Comprehensive approach*
   a) To manage simultaneously both acute and chronic health problems in the individual
   b) To promote health and well-being by applying health promotion and disease prevention strategies appropriately
5) *Community orientation*
   a) To reconcile the health needs of individual patients and the health needs of the community in which they live, in balance with available resources
6) *Holistic modelling*
   a) The ability to use a bio-psycho-social model taking into account cultural and existential dimensions

Training

Vocational Training (VT) for Family Medicine (FM) in Malta will take the form of a three year course. It is essential that all training activity will be relevant to the symptomatology, interventions and diagnoses that the Family Doctor will encounter in his practice. Reference is made to two documents:

Malta College of Family Doctors. *Recommendations for Specialist Training in Family Medicine.* 17th July 2002.

European Union of General Practitioners. *UEMO 2003/131 B: ST – specific training in general practice/family medicine in Europe.* Draft 2003.

The doctor who applies and is accepted to undergo VT is hereafter referred to as the Trainee. The Trainee will be taught by a number of certified Trainers, and the VT course will be coordinated by a Coordinator of VT who will be appointed by the Health Division in consultation with the MCFD.

Trainers and the Coordinator of VT should have at least 5 years experience of practicing FM as per the definition above, and must achieve and maintain full accreditation status with a recognised European College of Family Doctors, and maintain their practice of FM for at least two working days a week or equivalent time, and keep updated on educational methodology by attending appropriate lectures and courses. They should be certified as trainers by a recognised European College. Requirements are further listed in the MCFD document "Recommendations for criteria for the trainer as a teacher" (MCFD 1993), and the UEMO policy document "Criteria for General Practitioner Trainers" (UEMO May 1992). The peer group of FM Trainers formed in 2003 during the RCGP Teachers' Course should be

strengthened and supported, and should become a fulcrum for personal development of the Trainers.

The Co-ordinator of training will be responsible for day-to-day administration of VT, defining the curriculum in collaboration with the Trainers and the MCFD, co-ordinating the audit of VT (appraisal and assessments) and feeding this information back to the Trainers and the MCFD, and liaison between the clinical Departments, the Trainers' Group, the Health Division and the MCFD. The Co-ordinator and Trainers will be responsible for the appraisal and assessment processes for the Trainees, Trainers, and VT itself, to allow continuous change and improvement.

Trainers will be attached one-to-one with a Trainee, and be responsible for the training of the Trainee, his/her continuous appraisal and contribution to his/her final assessment. Each Trainer will have a maximum of three Trainees, one in each of the three consecutive years of VT. The Trainee will choose his Trainer.

The Trainee will be responsible for following the VT course to the best of his/her ability. The Trainee will keep an individual "portfolio" which will allow a record of training experiences, a list of perceived learning needs, and the process of satisfying those needs on an ongoing basis to be documented. This document will be the basis of appraisals and assessments during VT. More details are available in "Occasional Paper 63: Portfolio-based learning in General Practice" (Royal College of General Practitioners 1993).

During the three year course the Trainee will be exposed to regular tutorials based on adult learning methods, such as small group problem based tutorials, interactive lectures, research and critical reading projects, and one-to-one mentoring sessions with the Trainer.

Two years of training will take place in hospital departments, with Trainees being given supernumerary training posts attached to hospital departments and exposed to training experiences appropriate for Family Medicine VT. The attachments will be spread over a number of appropriate Departments. The number of Department attachments, their duration and timing will be agreed between the Health Division as provider of VT and the MCFD as the body responsible for certifying VT. Such an agreement presently stands and includes General Medicine, Paediatrics, Obs & Gynae, Psychiatry, E&A, ENT, Ophthalmology, and Dermatology attachments.

One year will consist of 12 months attachment with a certified quality training practice; vide "Recommendations for the establishment of criteria for the approval of trainers in family practice" (MCFD, 1993). The Trainee will practice with his Trainer in this practice, and attend tutorials and lectures to complete his training. This practical hands on experience will be invaluable to the budding Family Doctor.

The Trainee will be subject to initial and formative appraisals by his Trainer throughout training, and also summative assessment according to recognised standards; vide "Occasional Paper 40: Rating scales for Vocational Training in General Practice" (RCGP 1988). The Trainer and VT in general will be appraised and assessed by the Co-ordinator of training and the Trainers' Group to allow feedback and improvement of processes. The whole process, its dynamics, content and timing, will have to be flexible to local needs as defined by the MCFD in consultation with the Health Division. The MCFD strongly recommends that the whole process be informed by local studies of morbidity in Family Medicine such as the Maltese Transition Project.

References

Specialist Accreditation Committee. *Framework Specialist Training Programme.* 11th June 2003

Malta College of Family Doctors. *Recommendations for Specialist Training in Family Medicine.* 17th July 2002.

European Union of General Practitioners. *UEMO 2003/131 B: ST – specific training in general practice/family medicine in Europe.* Draft 2003.

European Union of General Practitioners. *Criteria for General Practitioner Trainers.* May 1992.

World Organisation of Family Doctors. Definition of Family Medicine. 2002. http://www.euract.org/pap04107.html

Malta College of Family Doctors. *Recommendations for criteria for the trainer as a teacher.* March 1993

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Royal College of General Practitioners. *Occasional Paper 63: Portfolio-based learning in General Practice.* December 1993.

Union Europeene des Medicins Specialistes (UEMS) *Charter on Medical Training of Medical Specialists.* Chapter 5, Article 2, 1993.