THE MALTA COLLEGE OF FAMILY DOCTORS

Malta College of Family Doctors Policy document: Membership of the Malta College of Family Doctors (MMCFD)

Introduction

This policy document represents the recommendations of the Membership Board of the Malta College of Family Doctors (MCFD) with regard to the imminent institution of a Membership by examination for the MCFD (MMCFD), and its relationship with other local and international educational initiatives in the domain of Family Medicine.

The Membership Board was constituted by the MCFD Council and subsequently confirmed by the Annual General Meeting (AGM) of the MCFD in November 2005 to set up the MMCFD and to administer it.

The form and structure of the MMCFD will also be defined by the input of the Curriculum Development Team (CDT) of the MCFD, which has been briefed to develop a curriculum for the Membership. Such curriculum will define educational objectives and content, training and teaching methods, and methodology for assessment. This work will be supported by a wide and international consultative process, and has recently been funded by the European Structural Funds Programme for Malta 2004-2006 (Cassar, 2005).

The Membership Board will therefore define the structure and format of the MMCFD, and manage its delivery in future. The Membership Board will examine the relationship of the MMCFD with other educational initiatives relevant to Family Medicine, and its recognition by Maltese and International bodies. In particular the Membership Board will look at the relationship between the MMCFD and the local Vocational Training programme, the International Membership of the Royal College of General Practitioners (MRCGP International), other Family Medicine training and educational initiatives, and also the recognition of the MMCFD as a degree of excellence in Family Medicine by the Specialist Accreditation Committee (SAC) and the Medical Council of Malta.

Membership of the Malta College of Family Doctors (MMCFD)

The statute of the MCFD is presently undergoing review, and one of the major proposed changes is the review of the status of College members. Presently there are two tiers of membership, Ordinary Members have been practising Family Medicine for at least two years and have voting rights, whilst any doctor is allowed to join as an Associate Member. The draft statute (MCFD, 2005) proposes the introduction of three tiers of membership:

1. Associate Membership, open to all doctors
2. Ordinary Membership, open to family doctors who have been practising for two years or more but who do not have the MMCFD

3. Certified Membership, open to Ordinary Members who have achieved the MMCFD

Eventually these three tiers will be harmonised into two, namely Associates and Members, when all Ordinary Members will have been given the opportunity to upgrade to Certified Members.

The Membership by examination or MMCFD is very much in line with the aims of the College as stated in the Statute (MCFD, 2005) specifically to "promote high standards of family medicine in Malta", "undertake or assist others in undertaking courses or other educational activities designed to enhance the knowledge and skill of medical practitioners" and "to establish a register of honorary members, members, associate members , associates, fellows and honorary fellows of the MCFD and to publish and revise the same from time to time", and section 1.6 of the statute Responsibilities of College: "1. 6 Establish a formal membership of the Malta College of Family Doctors for its members".

The setting up of a MMCFD, with an initial acquired rights clause, has also been approved by the MCFD Extraordinary General Meeting of the 7th April, 2004 (MCFD 2004).

A Fellowship of the MCFD will be instituted as an honorary title to distinguish MCFD Members who have demonstrated distinguished qualities, achievements or contributions to the domain of family medicine. The Membership Board will recommend such criteria in a future report.

The Speciality of Family Medicine

Since November 2003, Family Medicine is a recognised medical speciality in Malta. The Specialty of Family Medicine is regulated and privileged by Maltese law as applicable to all medical specialties, as outlined in the Health Care Professions Act (Government of Malta, 2003). The official SAC document "Framework Specialist Training Programme" of 11th June 2003 (Specialist Accreditation Committee, 2003) also applies to the speciality and acts as a guide for training and education.

This new development gives Maltese Family Medicine full status as a speciality in the local and international arenas, and in fact numerous locally certified Specialists in Family Medicine have been accepted as such in the United Kingdom. The certificate of Specialist in Family Medicine has also been accredited towards a Masters in General Practice and Primary Health Care by the University of Ulster in Northern Ireland (Soler, 2006).

The set up of a register of "Specialists in Family Medicine" involved two distinct processes:
i) Doctors registered to practise after Malta's entry into the European Union on the 1st May 2004 will have to undergo training in general practice/family medicine of at least three years' duration before being accepted (Sammut MR, 2005 b). To this end the MCFD is collaborating with the Department of Health and the SAC to institute Vocational Training for Family Medicine, and this will be a process of training to standards of excellence. One will not be able to call oneself a Specialist in Family Medicine unless one successfully undergoes such training, and in future this will be a strong force to improve quality in Family Medicine.
ii) The move to introduce quality standards cannot ignore those family doctors who have been practising the discipline in the past without the opportunity for formal training. The EU directive 93/16 (European Commission, 1993) formally recognises such acquired rights, and in Malta this has been reflected in the law (Government of Malta, 2003). Thus

those who have been practising family medicine for a specified period have been listed in the specialist register for Family Medicine on the basis of acquired rights and are legally and effectively specialists with full rights before Maltese and European law (Soler, 2005).

In view of the above, in January 2006 the MCFD Council decided that the new MMCFD should reflect high standards of family medicine and offer high quality training and education, and that an acquired rights clause be applied to parallel the concepts and process as applied by the same Council through the SAC for the register of Specialists in Family Medicine. Thus Vocational Training for Specialists of Family Medicine and the MMCFD by examination address the same quality standard of practice and training, and should address the same curriculum and be assessed through equivalent methodologies.

Definition of Family Medicine

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:

"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." Wonca 2002.

To satisfy the definition above the MCFD has determined that a 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 (MCFD, 2004, Soler JK, 2005).

Supporting documents

In making its recommendations, the Membership Board took account of the following reference documents:

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

Speciality of Family Medicine
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.

Malta College of Family Doctors. *The Specialty of Family Medicine in Malta*. 2004.

Training in Family Medicine
European Union of General Practitioners. *Criteria for General Practitioner Trainers.* May 1992.

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.

Sammut MR ed. 2005. *Specialist Training Programme in Family Medicine - Malta*. Malta: Malta College of Family Doctors.

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.

Consultation process

In forming opinions and making its recommendations, the Membership Board reviewed the following correspondence and reports:

Sammut, MR. 2005 a. “College Membership by acquired rights in Europe.”
Analysis of feedback from 16 sister European Colleges of Family Doctors regarding their membership by exam or specialist training. The RCGP and ICGP have a Membership by examination, and did have an acquired rights clause on foundation.

Caruana, N. 2005. Letter to Council.
Supporting an inclusive acquired rights clause.

Sciortino, P. 2005. Letter from the Curriculum Development Team of the Membership of the MCFD.
Supporting an acquired rights clause and a process of assessment of performance. Supports the idea of an educational blueprint for Family Medicine.

Mallia, P. 2005. Correspondence.
Reporting a personal communication from Prof. Frank Dobbs from the University of Ulster where the latter recommends that the UU MSc in General Practice would not be suitable as a substitute for a Membership exam.

Dobbs, F. 2005 E-mail correspondence.
E-mails supporting the use of a generous acquired rights clause for foundation membership. Clinical content is not suitable as a yardstick, since that would discourage training in other areas such as academic development, education, leadership and research.

Hellemann, I. 2005. E-mail correspondence.
E-mail supporting the use of a generous acquired rights clause for foundation membership. Relation to MRCGP Int. should be a useful second step after grandfathering

The Membership Board has also consulted College members through a questionnaire, and the results of this process have been presented to a technical workshop, the Membership Development Day, in February 2006. The results confirm that the absolute majority of College members are in favour of the MMCFD by examination recognised by the SAC and the Medical Council of Malta, but with an initial acquired rights clause. Members are also in favour of the relationship between the MMCFD and the MRCGP(INT.) (Grixti, 2006).

Core competencies – the educational goals of the MMCFD

The core competencies required for the practise of Family Medicine have been widely described in the literature and endorsed by the MCFD in its policy documents (Malta College of Family Doctors, 2002, Soler JK, 2005). Two classical texts outline these core competencies:

(Pereira Gray, 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*

(Heyrman J. ed. 2005)

1. Primary Care Management

Includes the ability:
- to manage primary contact with patients, dealing with unselected problems;
- to cover the full range of health conditions;
- to co-ordinate care with other professionals in primary care and with other specialists;
- to master effective and appropriate care provision and health service utilisation;
- to make available to the patient the appropriate services within the health care system;
- to act as advocate for the patient.

2. Person-centred Care

Includes the ability:
- to adopt a person-centred approach in dealing with patients and problems in the context of the patient's circumstances;
- to develop and apply the general practice consultation to bring about an effective doctor-patient relationship, with respect for the patient's autonomy;
- to communicate, set priorities and act in partnership;
- to provide longitudinal continuity of care as determined by the needs of the patient, referring to continuing and co-ordinated care management.

3. Specific Problem Solving Skills

Includes the ability:
- to relate specific decision making processes to the prevalence and incidence of illness in the community;
- to selectively gather and interpret information from history-taking, physical examination, and investigations and apply it to an appropriate management plan in collaboration with the patient;
- to adopt appropriate working principles. e.g. incremental investigation, using time as a tool and to tolerate uncertainty;
- to intervene urgently when necessary;

- to manage conditions which may present early and in an undifferentiated way;
- to make effective and efficient use of diagnostic and therapeutic interventions.

4. Comprehensive Approach

Includes the ability:
- to manage simultaneously multiple complaints and pathologies, both acute and chronic health problems in the individual;
- to promote health and well being by applying health promotion and disease prevention strategies appropriately;
- to manage and co-ordinate health promotion, prevention, cure, care and palliation and rehabilitation.

5. Community Orientation

Includes the ability:
- 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 Approach

Includes the ability:
- to use a bio-psycho-social model taking into account cultural and existential dimensions.

The Membership Board recommends to the Curriculum Development Team that these two models be used extensively in the construction of an educational blueprint or curriculum of Family Medicine for the Maltese Islands. It is strongly recommended that eventually all local educational initiatives, including the MCFD continuing medical education (CME) programme, Vocational Training for Specialists in Family Medicine, the MCFD Diploma in Family Practice and others, be oriented to one common set of educational goals. Training for and assessment of the MMCFD should also address the same educational goals, and should in future be combined with training for and an assessment on completion of Vocational Training for Family Medicine.

Requirements for the Membership of the Malta College of Family Doctors

The Membership Board recommends that the following be the requirements for awarding Certified Membership of the MCFD, such Certified Membership to be instituted through the modification of the Statute at a future General Meeting of the MCFD:

1. have a recognised First Degree in Medicine
2. be fully registered with the Medical Council of Malta
3. have completed Basic Medical Training
4. have sufficient linguistic capabilities to communicate with patients and colleagues as recommended by the Union Europeene des Medicins Specialistes (UEMS 1993)

5. have attended the required training and successfully completed a formal assessment recognised by the MCFD, ***or*** have satisfied the acquired rights provision outlined in the following paragraph
6. be registered as a Specialist in Family Medicine in Malta
7. become a Member of the Malta College of Family Doctors, and maintain accreditation status

Recognising past experience through an acquired rights provision

The Membership Board takes note of the following critical points with regards to the recognition of past experience through an acquired rights clause for the MMCFD:

1. the only acquired rights recognised by the SAC, and consequently by the Medical Council, with respect to specialist training are those that have been outlined in EU directive 93/16 and have been used to define the acquired rights for the register of Specialists in Family Medicine
2. those European Colleges who have instituted Specialist status for Family Medicine or College Memberships have applied an acquired rights clause that did not include an assessment (Sammut MR, 2005 a)
3. it would be an incongruity to have a doctor who is a Specialist in Family Medicine but is ineligible for the MMCFD, and vice versa
4. the register of Specialists in Family Medicine is the only internationally accepted and tested local measure of excellence in the domain, and must be accepted by all EU countries due to the *aquis communitaire*
5. it is clear that the majority of College members are in favour of recognising past experience through an acquired rights clause

The Membership Board thus recommends that all those College Members who are registered as Specialists of Family Medicine be offered the MMCFD on the basis of acquired rights. This clause will be available for a time-limited period and certainly until training for the MMCFD by examination or assessment is effectively in place. The Board recommends that such an acquired rights provision remain effective until 2010, when the SAC acquired rights clause for the Specialist Register of Family Medicine will effectively elapse.

All MMCFD members should have equal status in the eyes of the MCFD, irrespective of whether they were awarded the title through acquired rights or through assessment.

Training and assessment

The Membership Board will work with the Curriculum Development Team to devise a system of training and assessment for newly qualified doctors, to allow them to achieve the MMCFD. The process of training and assessment of candidates will become a driving force for quality improvement of Family Medicine in the local context. The consequence of local and EU accreditation of Family Medicine as a Speciality is that there will be only one path to such status in the future, namely through Vocational Training. The Membership Board recommends that the relationship between Vocational Training and MMCFD training be explored and harmonised, and that the MCFD - CME programme also be oriented to a single curriculum of Family Medicine. This process should be har-

monised on the institution of Vocational Training in Malta, such that newly trained Specialists of Family Medicine get the MMCFD on completion of Specialist (Vocational) Training. The most practical way to implement this is to have the MMCFD examination as part of the summative assessment of Vocational Training, such that both the Certificate of Completion of Specialist Training (CCST) from the Maltese SAC and the MMCFD are awarded together.

The Membership Board recognises the importance of summative assessment, but recommends that the content and quality of training, and the judicious use of formative assessment, could be more practical and useful than prescriptive summative assessments with high failure rates.

Duties of MMCFD holders

The Membership Board recommends that the following should be required of all MMCFD holders:

1. payment of a one-time entry fee of LM 100.00 (on first obtaining the MMCFD), and subsequently an annual fee of LM 50.00, subject to revision every two years. MCFD members who have been previously accredited for a number of years of CME should be given a discount on the entry fee: namely 75% discount on the entry fee for those with 15 years of accredited CME, 50% discount for those with 10 years of accredited CME, 25% for current MCFD members accredited at the end of 2005)
2. attendance of MCFD accredited CME is compulsory, and MMCFD holders should obtain the required CME points (presently 27) annually, assessed in a three-year cycle. In exceptional individual cases this requirement may be waived for a time-limited period for reasons deemed acceptable to Council. MMCFD holders over the age of 65 years should have their CME point requirement halved. CME programmes should rotate in a three-year cycle, and be oriented towards the MCFD educational blueprint. Attendance of MCFD-organised CME will be free for all MMCFD holders.
3. MMCFD certificate holders will have to formally acknowledge that the MMCFD certificates are the property of the MCFD, and may be withheld or withdrawn by MCFD Council if holders do not fulfil the above criteria.

MRCGP International

The Membership Board supports the College's negotiations with the Royal College of General Practitioners with the objective that the MMCFD be recognised and accredited towards the MRCGP International. Thus MMCFD holders will be able to apply for the MRCGP International (Mallia P, 2004). It is hoped that the RCGP will follow in the steps of the GMC and the University of Ulster and recognise the status of registered Specialists in Family Medicine as equivalent to that of Vocationally Trained GPs in the UK, and accredit such previous experience towards the MRCGP International.

During the Membership Development Day, the RCGP International Development Advisor for Malta, Dr. Adrian Freeman, made it clear that the curriculum of training for the MMCFD is the sole responsibility of the MCFD, and that the RCGP will require and recognise a formal summative assessment in order to award the MRCGP (INT.) (Freeman, 2006). For newly qualified doctors this would take the form of a common assessment,

which would take place after completion of Vocational Training and would give successful candidates the right to a Maltese SAC CCST certificate for Family Medicine, entry to the Register of Specialists of Family Medicine, and the MMCFD title; and, following an agreement with the RCGP, allow successful candidates to apply for the MRCGP (INT.) title. Specialists in Family Medicine who would get the MMCFD title on the basis of their acquired rights may have to sit for an optional tailor-made assessment, linked to three years of accredited CME, to allow them to claim the MRCGP (INT.) title.

Continuing Medical Education

The Membership Board strongly recommends that the College CME programme be developed as a vehicle of quality improvement for Specialists of Family Medicine. To this end the CME events should be oriented towards international standards of Family Medicine such as the EURACT definition, educational agenda and core competencies (Heyrman, 2005). Accreditation systems should be reformed so that members can gain accreditation through various pathways, including on-line CME and reading medical journals. The MCFD - CME should be reorganised to a three-year cycle addressing core elements of the domain.

Certificate

The MMCFD certificate should be issued by the MCFD and endorsed by the SAC as the competent local authority. MCFD members with accredited years of CME in the past will be given a certificate with the number of years of CME listed.

Timeframe

The MCFD Membership Board recommends that the MCFD call an Extraordinary General Meeting to approve this policy document, change the MCFD statute to reflect the new tiers of Membership, and implement the MMCFD by acquired rights immediately.

MCFD Membership Board, April 2006

MCFD Council, April 2006

Mario Grixti	Jean K Soler	Michael A Borg	Frank P Calleja	Mario R Sammut
Chairman	Secretary	Member	Member	Member

Bryan Flores Martin	Pat De Gabriele	Renzo De Gabriele	Noel Caruana
Member	Member	Member	Member

References

Cassar, V. 2005. *Proposal for funding of a Curriculum development project for membership assessment of the Malta College of Family Doctors.* Personal communication from European Social Funds project manager. Malta, Foundation for Medical Sciences.

Caruana, N. 2005. Personal communication.

Dobbs, F. 2005 E-mail correspondence.

European Commission. 1993. Directive 93/16. Brussels, European Commission.

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

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

Freeman, A. 2006. The MRCGP International. Workshop presentation at the Malta College of family Doctors Membership Development Day, Msida, Malta, February 18th,2006.

Government of Malta. 2003. Health Care Professions Act. Valletta, Government of Malta.

Grixti, M. 2006. Membership of the Malta College of Family Doctors. Workshop presentation at the Malta College of family Doctors Membership Development Day, Msida, Malta, February 18th,2006.

Hellemann, I. 2005. E-mail correspondence.

Heyrman J. ed. 2005. "EURACT educational agenda." Leuven, European Academy of Teachers of General Practice/Family Medicine (EURACT).

Mallia, P. 2004. Understanding mutual agendas. *RCGP International Newsletter*, June 2004: 4.

Mallia, P. 2005. Correspondence.

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

Malta College of Family Doctors. 1993 (b). *Recommendations for the establishment of criteria for the approval of trainers in family practice.* Malta, Malta College of Family Doctors.

Malta College of Family Doctors. 2002. *Recommendations for Specialist Training in Family Medicine.* Malta, Malta College of Family Doctors.

Malta College of Family Doctors. 2004. Minutes of the Extraordinary General Meeting held on Wednesday 7th April 2004 at Fed. Of Professional Bodies. Malta, Malta College of Family Doctors.

Malta College of Family Doctors. 2005. *Statute of the Malta College of Family Doctors – draft*. Malta, Malta College of Family Doctors.

McKinstry, B., Guthrie, B., Freeman, G. & Heaney, D. Is success in postgraduate examinations associated with family practitioners' attitudes or patient perceptions of the quality of their consultations? A cross-sectional study of the MRCGP examination in Great Britain. *Family practice*, December 2005: 653-657.

Pereira Gray, D. 1992 (Reprinted). *Occasional Paper 4: A system of training for general practice.* London, Royal College of General Practitioners.

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

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

Sammut, MR. 2005 (a). *College Membership by acquired rights in Europe.* Malta, MCFD Membership Board.

Sammut MR ed. 2005 (b). *Specialist Training Programme in Family Medicine - Malta*. Malta: Malta College of Family Doctors.

Sciortino, P. 2005. *Letter from the Curriculum Development Team of the Membership of the MCFD.* Correspondence.

Soler, JK. 2005. *The official recognition of Family Medicine as a Speciality.* It-Tabib tal-Familja, December 2005

Soler, JK. January 2006. *Personal communication*. Attard, Malta.

Specialist Accreditation Committee. 2003. *Framework Specialist Training Programme.* Malta, Department of Health.

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

World Organisation of Family Doctors. 2002. *Definition of Family Medicine.* Electronic source: http://www.euract.org/pap04107.html (Accessed January 2006).