

MCFD GENERAL ANNUAL MEETING

17th May 2023

President's Report

Dear Colleagues,

We have finally embraced the new normal. The pandemic taught us a few new tricks and best of all, taught us that we must adapt fast, and it taught us to take nothing for granted. It tested our patience, our strength, and our resilience. It also revealed our heroic side and our dark side.

This is just as real for MCFD as it is for the rest of the world.

With a new Council comprised both of veterans and new blood, MCFD embraced one of the guiding principles espoused by this presidency – **the inclusion of old and new, the merging of experience and new ideas.**

Veteran members, whether past Council and committee members or veteran family doctors who were never active in MCFD, will always have a home and a family in MCFD. They are never too old and there are no terms and expiry dates for their contributions.

Many of them did not simply build the foundations of MCFD – they ARE the Foundation of MCFD. And if you remove the foundation from beneath a building, everyone knows what happens.

New, young members are what keeps MCFD fresh and relevant. Enthusiasm, energy, innovative ideas and knowledge of the latest AI platform which renders our lives so much easier, are their forte.

Our young family doctors and GP trainees are sometimes too shy to approach, what appears to them, an inaccessible ivory tower.

And yet, those who have sought MCFD's help can attest to our willingness to lend a hand to colleagues, both members and non-members.

Those who have sought to propose ideas, have found an attentive audience, and offered the backing and resources of MCFD whenever such ideas have been found feasible and conformant with MCFD's values.

Ownership of projects

The previous section ended with a note about the readiness of MCFD to back new ideas and projects which fit into MCFD's vision and values. It is important to emphasise that proponents of these innovative ideas are not only welcome to own and lead such projects but are expected to do so. Often new proposals far outstrip MCFD's capabilities to manage all of them in a timely, and efficient manner.

One must mention for example, the publishing of the self-care guide for colds, flu, and COVID-19 - a project proposed, planned and executed by DrM Mark Camilleri and Dr Dorothy Zammit from beginning to end.

This year's CME programme includes a series of Geriatrics-themed lectures delivered by recently graduated family doctors. This series was proposed by Dr Stefania Micallef and Dr Karl Cutajar who took it upon themselves to organise the lectures.

Collaboration with other entities and specialties

MCFD has always been receptive to working with other entities, whether healthcare-related or otherwise. In the past few years, various professional associations have approached MCFD on numerous occasions seeking support for initiatives and press releases, advice on training issues, and collaboration in CME events. Members will surely remember the CME event on Frailty held on 4th April in collaboration with the Geriatrics Department. It is fair to point out that it was the Geriatricians who kindly proposed a joint CME event and provided us with the speaker, the distinguished Prof. Anne Hendry.

Subject matter experts from a wide variety of fields approach MCFD on a regular basis, acknowledging the role of family doctors as frontliners and advocates for patients. This is particularly evident in MCFD's CME programme, where it is common for members of the CME team and MCFD Council to be approached by professionals wishing to deliver a presentation to family doctors.

All this demonstrates the good reputation MCFD enjoys, a reputation which is steadily growing.

At the same time, MCFD actively seeks collaboration with other entities and associations. This enables the sharing of ideas and experiences and access to previously unavailable resources, including training resources and expertise. The resulting solidarity and collegiality make it easier for the respective organisations to reach their objectives and at the same time reduce wasted effort and time.

Here it is important to mention 2 entities which I view as sister organisations and brothers in arms: **The Primary Healthcare Department (PHCD)** and **The Association of Private Family Doctors (APFD)**. Like MCFD, both work relentlessly to improve the quality of Family Medicine in Malta, and both count more than a few professionals of exceptional moral strength and integrity amongst their numbers.

MCFD, PHCD and APFD worked together during the COVID-19 pandemic, lending their support and advice to the Department of Health, on matters ranging from Personal Protective Equipment (PPEs) to protocols for swabbing in the community. MCFD together with APFD and PHCD was also involved in the working group to define the protocols for schools during the academic year and ongoing measures.

The members of all 3 organisations were, are and will always be at the forefront of the healthcare community and deserve every form of respect and recognition for their hard work and dedication.

The Postgraduate Medical Training Centre (PMTC) is another entity which deserves special mention. With medical education stalwarts like Prof. Raymond Galea, Mr. Emanuel Gatt, Dr. Mario Sammut and Dr. Gunther Abela, MCFD's academic work progressed exponentially.

With Prof. David Mamo replacing Prof. Galea, and the addition of 3 assistant coordinators to the STPFM, the future of medical education in Family Medicine looks very promising.

The European Academy of Teachers in General Practice (EURACT) is a prestigious organisation that promotes excellence in clinical teaching and learning throughout Europe. In 2023, MCFD organised and hosted the EURACT Level 1 Trainer's course. This was a chance for Maltese family doctors to network with and share ideas and experiences with family physicians from other countries, while earning the qualification required to become certified GP trainers. The MCFD is also interested in hosting the EURACT Level 3 course in the near future and hopes that their collaboration with EURACT will endure and become stronger.

The Royal College of General Practitioners (RCGP) is the bigger sibling of MCFD. The bond forged with RCGP is one which has been of major benefit to both organisations. The benchmarks created for MCFD's many projects have served as a solid basis for the MCFD's ongoing work, leading to the very high standards MCFD is lauded for. Malta has a new RCGP International Development Advisor (IDA) – Professor Lindsey Pope. Prof. Pope visited Malta in January 2023 and through various discussions with members of MCFD Council and committee members, carried a thorough assessment of MCFD's progress. Her comments and feedback were heartening – MCFD was on the right track and doing a fine job despite the obstacles it has to face.

Proposals by MCFD to encourage better collaboration with RCGP:

- Recommencement of the International Training and Development Day, a regular event until a few years ago. RCGP had, for various reasons, decided to put it on hold for the foreseeable future. In discussions with representative of RCGP, MCFD suggested that the RCGP revived this event to encourage networking between RCGP and the various RCGP(INT) sites, and training and development of the stakeholders involved.

Dr Anwar Khan (medical director for International Accreditation) and Professor Rich Whitnall (medical director for Education and Training), responded positively to MCFD's suggestion, and confirmed that resuming this programme is in the works.

MCFD is a member of **The World Organisation of Family Doctors (WONCA)**. WONCA represents and acts as an advocate for its constituent members at an international level where it interacts with world bodies such as the World Health Organization, with whom it has official relations as a non-governmental organization and is engaged in a number of collaborative projects.

The 27th WONCA Europe Conference was held in London from 28 June - 1 July 2022, and was hosted by RCGP. RCGP invited Dr Edward Zammit to be part of the WONCA London 2022 Scientific Committee together with representatives from other European colleges and associations, including Germany and the Netherlands. This committee met once a month for several months in the runup to the conference and was responsible for designing and implementing the scientific programme used in the conference. This was an honour for MCFD and Malta.

This is not an exhaustive list of entities MCFD works with or intends to work with.

Outsourcing

It is acknowledged that MCFD's members, while undoubtedly experts in medicine, may not necessarily have the skills and knowledge to deal with matters which are nonmedical in nature but still pertinent to the functioning of a Voluntary Organisation. These include the legal, financial, clerical and IT aspects. The first 3 are ably handled by MCFD's accountant, lawyer, and office secretary respectively. IT is taken care of by a MCFD Assistant officer, well versed in information technology and the ever-patient Honorary Secretary who keeps the MCFD website updated. The latter suggests that if MCFD truly embraces this path, more can be done to relieve MCFD Council and committee members of tasks which can be easily delegated to subject matter experts.

On the flip side, there are clear problems with this approach - the glaring one being cost. Costs are on the rise, and the current income cannot offset this increase, especially with the recent paucity of available sponsorships. The addition of new members (and fees) seen during the past few years, while encouraging, does little to cover these new expenses.

One cannot argue that financial and legal matters are highly specialised and tightly regulated and can only be delegated to the experts. There is also no doubt that the services of a highly trained office secretary are a significant return on investment as regards time efficiency. So, these are necessary expenses for the day-to-day running of MCFD.

Unless new sources of income are found, outsourcing of other tasks and projects will need careful consideration.

Sponsorship

Sponsorship of educational events has been experiencing a steady decline during the past couple of years. The factors underlying this phenomenon are manifold. One of them is that pharmaceutical companies tend to favour events organised by themselves for audiences favoured by them, and speakers and content selected by them. Considering the reduction in available funds often cited by them, this may be understandable from when seen from their perspective. Unfortunately, it also means that events organised by other entities like MCFD are often ignored.

In fact, the current CME programme is being funded solely by MCFD.

The Journal of the Malta College of Family Doctors (JMCFD) is currently undergoing the same issue. Sponsorship for the journal is non-existent, and while printing was stopped to cut costs, the resulting expense is covered by MCFD.

It is proposed that alternative sources of sponsorship and methods of funding could be found:

- Suppliers of Medical devices and equipment
- Insurance companies which provide professional indemnity insurance
- Private companies which provide laboratory testing/services and home care for the elderly.
- Private homes for the elderly
- Joint events with full or partial funding by the Primary Healthcare Department (PHCD)/ Department of Health (DH)
- Joint events with other associations/colleges/VOs which share common interests with MCFD – with joint funding by the involved entities.
- Access to VO and EU funds – this was hindered by a Council member not complying with the due diligence process (refer to Secretary's report "MCFD Annual Report 2022") Hence the accounts for 2021 and 2022 are not approved by the auditor, and subsequently the MCFD has not forwarded the audited accounts to the OCVO and as such is not compliant with the OCVO. As such it cannot apply for funds which provide part refund of the WONCA membership fee, attendance to WONCA Council meetings and attendance to Vasco da Gama/EYFDM exchanges. This officer resigned recently.
- Revision of Membership fees, Summative Assessment fees, and Trainer courses fees these measures are usually left as a last resort as they tend to irritate members. However, such measures are sometimes needed (in conjunction with other measures) to ensure the sustainability of MCFD's projects. It should be noted that the benefits enjoyed by members far outweigh any eventual increases in fees.

Research Symposium

There are a handful of family doctors who are not only qualified and experienced in research but also dedicate a substantial portion of their time to research in family medicine. Stakeholders agree that this is not enough to inform policy changes on a national level or even clinical practice changes on an individual level.

One can mention various possible underlying factors:

- Lack of communication between researchers and policy makers.
- Lack of communication between researchers and clinicians.
- Lack of interest from policy makers and clinicians
- No incentive for researchers to share their work with others.
- Paucity of appropriate platforms where researchers can publish or showcase their work.

Who are these researchers?

Apart from a few specialists in family medicine who are involved in ongoing research projects, a substantial body of work is produced by foundation doctors and GP trainees working on quality assurance projects and masters degrees. Despite the high-quality research going into these audits and studies, the vast majority are not implemented or even discussed further.

JMCFD's editorial board does its best to publish research relevant to our specialty, but this is a small fraction of what is being produced or can potentially be produced.

Besides several changes to the JMCFD which will be discussed later on, MCFD proposes an additional platform for research – a Research Symposium.

Planning is still at the initial stages. What is being proposed is an annual symposium where specialists in family medicine, GP Trainees and foundation doctors interested in family medicine, meet, share, and discuss their work in a safe and cordial environment.

There are various aims for this initiative.

- to encourage researchers who already produce work on a regular basis to bring their work to a forum where it can have an impact, where stakeholders can pick out what is relevant for them and implement it.
- to inspire new research and motivate budding researchers to involve themselves in what is essentially the fuel of every guideline and policy driving clinical practice.
- to encourage collegiality and collaboration between family doctors, GP trainees and foundation doctors including clinicians and policymakers.
- It is being proposed that a research project becomes a compulsory part of the Specialist Training programme in Family Medicine (STPFM). This is not an imminent change to the STPFM, but it is one that requires an accommodating infrastructure. Such a symposium would allow GP trainees to present their work.

JMCFD

The current JMCFD Editorial Board is comprised of Dr. Mario Sammut (editor), Dr. Glorianne Bezzina (assistant editor), and Dr. Marco Grech.

There are 2 main issues which need to be addressed:

- In view of mounting costs, and the increasing difficulty in finding sponsors, it is only distributed in a digital format.
- only one issue is published each year due to lack of submissions.

Specialists in family medicine, GP Trainees and foundation doctors interested in family medicine should be encouraged to send articles, cases studies as well as any other studies relevant to the specialty of family medicine. It is acknowledged that there are other publications both local and international which may be considered more “prestigious” or popular by many doctors. It is far more likely that JMCFD has fallen out of sight and out of mind. This is a pity considering the high-quality submissions included in each issue and the calibre of the members of the Editorial Board.

Bringing JMCFD back into the collective consciousness of our profession entails active promotion of the journal as “THE Journal of family medicine in Malta”.

Interest should be rekindled through all the media available to MCFD and should form part of MCFD’s public relations (PR) efforts.

Publication costs money especially if JMCFD is to be published more frequently to accommodate more submissions. This issue and proposals to solve it are mentioned in the section on Sponsorship.

PATIENT EDUCATION

The family doctor has a vital role in educating his/her patients, especially in this age of information overload from an ever-increasing plethora of sources, mostly dubious at best. As a college of family doctors, MCFD has the duty to take this role to another level – that of reaching out to all the patients in the Maltese community, and by Maltese I am referring to the location. Race, creed, religion, background, gender - MCFD is duty bound to try to reach everyone.

Most of MCFD’s resources go into the education of family doctors and GP trainees, which in the end is of benefit to the patient. One can reason that this should be enough, that there is not enough time and energy left to focus directly on our patients.

And yet, such an attitude is egocentric and insular. MCFD cannot close itself in its ivory tower and cater only to its members. We exist because of our patients.

Suggestions:

- Media appearances (within the limits set by the medical code of ethics) by interested members – TV, radio, newspaper interviews and articles, podcasts, social media.
- Speaking engagements: events organised for local councils, patient advocate groups and patient NGOs.
- CMEs organised in conjunction with patient NGOs and advocate groups.
- Regular press releases – in the same vein as the ones issued regularly by MCFD in the recent past, including during the COVID-19 pandemic.

PUBLIC RELATIONS

There is no doubt that our members are exceptional technocrats and clinicians, but have very little time (and perhaps, inclination) to engage in public relations exercises. There are exceptions, of course, as a few tend to quite enjoy the spotlight. This is a good thing if done appropriately and ethically. Family doctors are the backbone of the healthcare system, and yet it is often treated as a 'closely guarded secret' in the medical community.

One of the objectives laid down in the Statute is:

"2.10. To sensitise public opinion in Malta in relation to Family Medicine."

MCFD has made several advances in this respect:

- A well-designed and user-friendly website
- A functional Facebook page.
- An elegant newsletter sent on a regular basis.

This has allowed MCFD to reach out to more of its members on a more consistent basis.

The next step is to reach out to more of our patients in a similar manner.

So:

- Media appearances (within the limits set by the medical code of ethics) by interested members – TV, radio, newspaper interviews and articles, podcasts, social media.
- Speaking engagements: events organised for local councils, patient advocate groups and patient NGOs.
- CMEs organised in conjunction with patient NGOs and advocate groups.
- Regular press releases – in the same vein as the ones issued regularly by MCFD in the recent past, including during the COVID-19 pandemic.

The same suggestions proposed in the Patient Education sections are the same as the ones listed in this section - simply because putting oneself out there, communicating with our patients, and educating them, while learning from them, are all facets of the same theme.

Adopting these proposals and other valid proposals, submitted by interested members, will simultaneously achieve several of MCFD's objectives.

Experienced and trained MCFD personnel

In this sense, "MCFD personnel" refers to any MCFD member who supports the organization's goals and work in any way, whether as a Council member, examiner, writer or assistant officer. A consistent theme in MCFD's reports is the problem with the high turnover of Council and committee members, a problem which is quite common in voluntary organisations.

While this problem still plagues MCFD, the strategy of consistently encouraging and training new people is finally paying huge dividends. MCFD's efforts are reaching a point where several of its committees are manned by an ever-increasing number of enthusiastic and trained family doctors and GP trainees.

For example,

- For the past few years, the Assessment Team has expanded in size to account for the heavy workload associated with the MCFD Summative Assessment. A healthy mix between experienced members and less experienced members is always maintained to provide both stability and impetus, while at the same time ensuring the sustainability of future exams through training of new members.
- The same approach is used for the CME Team, which includes 1st year GP trainees amongst its members.

The progress made is tangible, but it is never enough. MCFD's increasing engagement with new projects, at the same time that it maintains its current projects, means that the demand for more manpower is always increasing.

The aim is to encourage even more GP trainees, foundation doctors and even First 5 family doctors to actively contribute to MCFD's activities. They are welcome to join MCFD's existing committees, or form new ones as deemed necessary by MCFD.

Membership

At the same time, membership is on the increase, which can be partially explained by the regular addition of newly graduated family doctors every year.

At the same time MCFD's good reputation and unassailable integrity is drawing more members, often from amongst those doctors eager to be part of MCFD's projects.

This highlights an important point: while numbers are important, tangible contributions are better. Increasing membership only means that the probability of finding members willing to contribute increases. It does not happen by default.

Fellowship

Significant contributions to the work of the MCFD can lead to recommendation for the Fellowship of the MCFD. Pathways to the fellowship are numerous, including work on MCFD Council and MCFD's committees.

The next call for new Fellows is due. The first step will be to establish the Board of Fellows, whose job in the ensuing months will be to receive applications from interested members. This board will base its recommendations on those applications and any additional information it deems necessary.

Malta as a Hub for medical education

This has, for long been a lofty ambition for the stalwarts of MCFD, and during the years, several Councils and enterprising members collaborated with international experts and institutions on numerous projects several of which involved MCFD providing training and advice. One notable example is the training of Family Medicine Trainers from Kosovo. These trainers were trained in assessment methods by MCFD members, to conduct the final exam for residents in their Family Medicine residency programme. Other notable examples are the EURACT Level 1 course already mentioned in this document, and the TRANSFORM project, an EU-funded project aiming to create awareness and provide training to professionals, staff workers in health services and the public on transgender issues.

Future plans include:

- Hosting the EURACT Level 3 course in the near future.
- Holding training courses in Malta for both local and foreign doctors.
- Organising conferences and symposia for both local and foreign doctors.

Conclusion

Once again, I emphasise the point that this is by no means a complete account of MCFD's achievements or plans.

Members will be updated regularly through MCFD's media, and at the same time will always welcome communications from its members.

Edward Zammit
Honorary President MCFD
9th May 2023