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Family doctors can do more if they are given more tools

The Malta College of Family Doctors (MCFD) is a Voluntary Organisation (VO/0973) that strives to improve the academic and clinical performance of family doctors (known as “it-tobba tal-familja” or “general practitioners”) and the standards of primary health care in our country.

The Association of Private Family Doctors (APFD) is a Voluntary Organisation (VO/1803) that strives to improve family medicine and primary health care in our country on behalf of the private family doctors (known as “it-tobba tal-familja” or “general practitioners”) and their patients.

The MCFD and the APFD point out that a number of initiatives launched in the past months are proving successful and call for more steps in these directions to be taken in the next months whilst some anomalies are addressed.

The investment in the digital interfaces needed to put all patient information from different medical sections available online needs to be sustained, such that when all medical sections are integrated the quality of care provided can improve even more. At the same time the two Voluntary Organisations note the hassle for practitioners when using different portals for different services and encourage decision makers to invest in the integration of all pertinent medical services on one portal.

The investment done to create a route for all family doctors to be able to apply for some entitlement medication (Schedule V) is giving dividends, as patients need to travel less because some bureaucratic triangulations have been eliminated. The two Voluntary Organisations ask for this process to be expanded to more entitlement medication to get even more benefit.

The MCFD and the APFD understand why citizens aged over 80 years are provided with the Schedule II entitlement for both chronic and acute medication. It is noted that the chronic

medication can be picked up from the Pharmacy of Your Choice outlet but the acute medication needs to be picked up from the Health Centres. This means that the elderly and/or their relatives or carers need to travel to the regional Health Centres from their villages to access this medication during specified hours, at a time when they are more needy. The two Voluntary Organisations call for this uncomfortable situation to be addressed.

The two Voluntary Organisations are pleased that the national electronic patient health records for primary care had been rolled out fully. On one hand it is a useful yet cumbersome tool and they encourage decision makers to invest in feedback exercises to make it more user-friendly. On the other hand, they are dismayed that despite this national online service the public Primary Health Care Department has returned to paper Tickets of Referral, meaning that patients and/or their relatives or carers have to travel and take time off their schedules to go to the Health Centres to set appointments. The MCFD and the APFD call on the public Primary Health Care Department to invest and return to electronic Ticket of Referrals once again as soon as possible.

The MCFD and the APFD call for a next useful step to improve the quality of care in primary health care by make more radiological and pathological investigations available to all family doctors. This would on one hand improve the patient experience of the health service as they would decrease the number of stops needed and days taken off work to access health services, and on the other hand shift expenses from the relatively more expensive secondary hospital care services to the relatively less expensive primary care services.

Finally, the 2 Voluntary Organisations, whilst commending the massive expenditure in health screening services and interventional health services over the years, solicit decision makers to increase the expenditure in preventive health services to assist our citizens to live healthier and active for longer.

Dr Edward Zammit

Honorary President MCFD

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