The Curriculum for Specialist Training in Family Medicine – Quo Vadis?

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The Curriculum Board

In Malta, Specialist Training in Family Medicine was launched on the 9th July 2007 with the first 11 trainees. It was the first training programme to be launched locally from amongst other medical specialties. The **Specialist Training Programme in Family Medicine** document that was approved by the Specialist accreditation Committee (SAC) on 9th November 2006 contains many elements of a curriculum (and a sound foundation for it) but lacks details about certain aspects, e.g. content and its organization; teaching resources and strategies. Regrettably, a curriculum was not available to guide this training programme at its outset.

To redress this situation, the MCFD set up a Curriculum Board in May 2008. The Curriculum Board was requested to carry out a Needs Assessment and design a Curriculum that would provide a detailed framework for the Specialist Training Programme in Family Medicine. The Curriculum was to guide the first cohort of trainees, who would sit for their summative examination at the end of the 3 year programme in July 2010. Projected time frames for finalising the curriculum targeted May 2010 as its completion date. At the same time, the MCFD also set up an Assessment Board to develop a Summative Assessment for this cohort of trainees.

The Curriculum Board was made up of the two authors as members.

The Needs Assessment

In the process of developing this curriculum, the Curriculum Board has been guided by Harden's Ten Questions for curricular development. In spite of the great limitations with time and human resources, the first logical step was to consult with the stakeholders in Specialist Training Programme; namely the trainees themselves, their trainers, the training coordinator/s, other GPs, and the general public.

The trainees were invited to participate in a Needs Assessment that had two components. The qualitative component consisted of a **Focus Group** where the Board members asked a number of questions to obtain a general feel of what was actually happening in the training programme, and identify the perceived needs of the trainees. The trainees participated enthusiastically providing a good input for analysis. The use of open questions, active participation of the audience, voice recording, and laborious transcription supplied a wealth of data that was analyzed qualitatively and used to inform the blue-printing of the curriculum.

This exercise highlighted several lacunae in the running of the programme, and the trainees made useful suggestions that were documented. The Curriculum Board drew up its conclusions from these studies and formulated its recommendations based on these. These were presented as a Needs Assessment Report to the MCFD for its consideration and to allow for necessary appropriate follow up and modifications of the training programme. The Board members attempted a similar focus group interview with the trainers, but the turnout was very poor, rendering this exercise ineligible for inclusion in this study. A similar Focus Group was organised for representatives of the general public. This was held in conjunction with the Assessment Board and enthusiastically engaged these representatives. This exercise elicited many interesting views and valid contributions about Family Medicine in Malta.

The second component of the Needs Assessment was quantitative in nature. **Questionnaires** were sent to both trainees and trainers with the following objectives:

- to evaluate the specialist training programme in all its components as it had proceeded up to July 2008
- to get detailed feedback about suggested content (modules and skills) to be included in this curriculum

The questionnaires were mainly based on statements followed by a Likert scale. This allowed for quantitative analysis of data related to management of the training programme, teaching resources, educational environment, teaching methods, formative assessment, summative assessment and learning outcomes. A second section dealt with curriculum content and its local relevance, while the last section invited qualitative comments and suggestions.

Response rate for the questionnaires was very good (>75%), encouraged amongst others by engaging questions and drawing in both the trainees and trainers to contribute in identifying their needs for this training programme. Anonymity when submitting the feedback and response in these questionnaires allowed for potentially more open and honest input. Again, this exercise gave the Curriculum Board a good picture of what trainees and trainers expected and needed from the curriculum.

Developing the Curriculum

Once this groundwork was completed, the Board embarked on the planning and the actual writing of the curriculum. The Curriculum for Vocational Training of the Royal College of General Practitioners was extensively used as a model in the development of this curriculum. Other curricula, such as the Irish Core Curriculum, were also consulted. Sections. New modules for which no guidance from other established curricula could be found, e.g. Personal and Professional Development, Transcultural Medicine, Complimentary and Alternative Medicine were also covered.

It is relevant to note there are several important differences from the above mentioned foreign curricula. The sources of information listed below were consulted to come up with contextually relevant **Maltese Health Care Priorities**:

- Local research data about health, disease and health care (including journals, TRANSHIS database, the National Health Interview Survey, Annual Mortality Report, our Needs Assessment, etc, etc.)
- Currently available Primary Care, Secondary Care and ancillary health services were considered to identify areas in need of improvement and health care inequalities
- Local health practices, protocols and policies were consulted
- New developments and trends in health care (especially in Primary Care) were considered

At this stage, the grass root experience and help of established family doctors was given due attention and incorporated to reflect its importance in the practice of Family Medicine in Malta. For each clinical module, the input from local GP's and other experts in that particular field was solicited whenever possible. Dr P.Sciortino volunteered the chapter on 'The Consultation'. The Training Coordinators (Dr M.R.Sammut; Dr G.Abela) and the Assessment Board members (Dr D.Cassar; Dr P.DeGabriele; Dr A.P.Zammit) worked closely with the Curriculum Board and their contribution was valuable.

This prototype curriculum truly caters for Family Medicine in Malta, making reference to relevant local contexts, and is informed by and deals with the local aspects of demographics, epidemiology of disease, models of health care, treatment options and rationing, available referral agencies and social benefits, exciting local new developments in the field of Family Medicine, climate (e.g. hyperthermia), flora and fauna (e.g. jellyfish stings), socio-cultural factors (e.g. asylum seekers), etc.

The Curriculum

The Curriculum is a 417 page document consisting of three sections.

Section A introduces the Curriculum, gives a definition of the 'curriculum', and deals with various aspects of its implementation e.g. aims and objectives; teaching methods.

Section B explores the key features of Family Medicine. This section contains 19 chapters that together describe the desirable features of a 'good' GP. Examples are: the Consultation, Ethics, Medicine and the Law, Teamwork, Leadership and Referral.

Section C is made up of 20 clinical modules that deal with the various systems, their pathology, and its clinical management.

Each chapter in Sections B and C contains the following subheadings:

- Introduction: including Rationale and Maltese health care priorities
- Learning outcomes: stating what is expected from the trainee at the end of his/her training
- Knowledge base: that is required from the trainee
- Psychomotor skills: to be learnt/ taught (where applicable)
- Relevant Guidelines: (national and international) to facilitate studying for the trainees
- Teaching and Learning Resources

- Formative Assessment: for the trainers and coordinators

Presenting the Curriculum

The Curriculum Board has worked very hard to complete the Needs Assessment and the Curriculum by the ambitious deadline (preset by itself) of August 2009. This work was completed by the end of July 2009, thus granting the first cohort of trainees time to refer to it for guidance in preparation for their summative examination in July 2010.

The above mentioned documents were officially presented to the Dr Mario Grixti (then President of the MCFD) and to Dr Adrian Freeman (International Development Advisor for the RCGP) in a mini-ceremony on the 13th August 2009. Referring to the prototype Curriculum Document as a guide for other colleges seeking badging for the MRCGP (Int), Dr Freeman deposited his copy at the RCGP library in London.

The Curriculum was officially presented to the trainees and their trainers on the 16th December 2010. We are pleased that it was generally very well-received, both locally and in the UK.

Quo Vadis?

By definition, a curriculum is dynamic and needs constant attention, evaluation and modification. At this point, as the outgoing Curriculum Board, we would like to make a few recommendations to help ensure making progress and keeping the curriculum alive:

A. To the MCFD Council:

- Have the Curriculum approved by the Specialist Accreditation Committee.
- Disseminate the Curriculum as widely a possible, including all trainers and trainees, the Medical School Library, and websites.
- Reference to the 'Needs Assessment' report sheds light on many aspects of the training programme. It also offers many useful and practical suggestions on how to potentially improve the training programme in all its facets.

B. To future Curriculum Boards:

- We believe that the Curriculum needs updating at least once every 3 years, to keep up with the fast pace of new evidence based medicine and other progress.
- The relevant guidelines referred to in the curriculum are multiple and sometimes contradictory. We believe that these guidelines need to be reviewed regularly, opting to keep the ones that are most evidence-based and applicable to the local situation. We realize that this is an arduous and time-consuming task, but the chosen guidelines will then become THE Official Guidelines for the Specialty of Family Medicine in Malta. Moreover, future trainees will have a better guide for their studying.
- It is important that this curriculum ties-in logically and in ascending spiral fashion with the curriculum for undergraduate training and the Foundation curriculum. Many facts and skills would already have been learnt by the newly-graduated doctor, and these provide a solid base for vocational training. Furthermore, a similar teaching approach would help young doctors make a smoother transition from the under to post graduate study period.

During their 3 year training programme, trainees in Family Medicine now have a golden opportunity to identify their individual learning needs and address them, to hone their clinical skills and question their values, attitudes, and beliefs. This will undoubtedly help them become competent, reflective and self-educating family doctors, with countless benefits to be reaped for themselves, their patients and Maltese society at large. We take this opportunity to augur the best to all the trainees who have sat for the forthcoming exams in July 2010. We also thank them and all other colleagues who have engaged with us in our studies and work.

In conclusion, we hope that by investing energy, resources, quality and pride in Family Medicine, the Specialist Training Programme will enhance the service and status of Maltese GPs, this as gauged by family doctors themselves, other colleagues and healthcare workers and most importantly by the local population to whom we strive to deliver the best possible medical service. Making a valid contribution to keep this Curriculum alive, involves a dimension in our profession that sees the partial fulfillment of the Hippocratic Oath. We hope that like us, many others will take up this challenge with a sense of commitment and pride.

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