Novelty beyond the novel coronavirus

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Around three years have passed since the first case of novel coronavirus was detected in China. A few weeks later the World Health Organisation declared a pandemic. The creation and dissemination of a vaccine has since brought a slow return to normality.

There is no doubt that the pandemic changed certain aspects of our lives. For weeks on end social encounters were curtailed while our plans for trips abroad were shelved or modified. Our personal activities were adapted to an online dimension with all the benefits and challenges this brings with it. Our professional life also changed. Many of us have had to restructure their practice and reorganise patient encounters. Dealing with respiratory cases changed drastically and new ways of practicing medicine, such as telemedicine, were embraced. General practitioner (GP) trainees saw their training programme suspended temporarily, then change with their summative assessment modified in ways unthinkable a few months back. Beyond online lectures, meeting colleagues in a venue for a continuing professional development evening now has competing alternatives.

In many ways this reality reflects various other less noticeable changing aspects of our profession. The very meaning of what a general practitioner is has changed over the years, sometimes drastically and suddenly, other times slowly and imperceptibly. The very experience that defined *it-Tabib tal-Familja* by being a doctor working in a town or village treating the patient (one of an extended family of patients) is now unfamiliar to many newcomers within the profession. Likewise, new work opportunities for GPs in management, education and other subspecialties have emerged that were unthinkable two decades ago. Along the years we saw our work modelled by changes in family and social structure and ever-increasing encounters with foreigners and their cultures. We had to update ourselves with numerous and continuous changes in guidelines and the appearance of new investigative technology.

If change, novelty, transformation are part and parcel of being a general practitioner, we need to ask ourselves how this is being communicated to the newcomers in the profession. The Malta College of Family Doctors, fully aware of the need to embrace change, has been pro-active in this regard. It has overseen the rewriting of A Curriculum for Specialist Training in Family Medicine for Malta to a new revamped second edition. The monumental task undertaken originally by Falzon Camilleri and Sammut (2009) has now been updated by a good number of our colleagues with the input of an even greater number of foreign peer reviewers. Through this curriculum, trainers and trainees alike are encouraged to undertake "research in the management of change: using evidence from within and outside healthcare." Further recommendations are made in the section entitled "Change Management" in Chapter 7 in this curriculum (Psaila, 2021).

The Journal of the Malta College of Family Doctors (JMCFD) is now ten years old! A small editorial team used the resources provided by the College and the generous contributions of the authors to bring together a journal that will undoubtedly remain a tangible document to what happened in our speciality over the past decade. Although a few words cannot do justice to the hard work undertaken by the contributors, such anniversary merits at least some general comment. Through the pages of the JMCFD, some colleagues have shared with us studies on areas of their own special interest. Others have tackled evolving themes such as mental health and personal competence to receive treatment. It is satisfying to see how these articles and others have since been reflected in legislative changes or promoted ones that had recently occurred.

Many papers have audited many aspects of local general practice. Although peer review has ensured high standards in such contributions, a review of the conclusions reached in such papers highlights that translation of guidelines into practice is an area where improvement is certainly required. This is certainly achievable and the studies concerning training in our speciality model the way forward. From reflection on defining terminology to repeated high quality auditing and study, various papers have ensured that changes implemented in the training programme are evidence-based and address the needs of the trainees and the objectives of the programme. In view of this it comes as no surprise that our speciality continues to attract many younger colleagues. It is only by studying, auditing and promoting the right changes that we can ensure that general practice continues to flourish locally in the years to come.

REFERENCES

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