

counselling and confidence in counselling were associated with GP self-reported rate of health behaviour counselling. Years in practice, extent of training, and importance of

counselling were significantly associated with confidence in counselling in a multiple regression model.

Qualitative analysis revealed that the main perceived barriers to counselling were insufficient time, patients' non-compliance and patients not ready to change. Further analysis revealed that most of the doctors believed that counselling in health behaviour change in primary care was very important and that they had to be role models for their patients as regards health behaviour.

Conclusions: Perceived importance of counselling and confidence in counselling were associated with GP self-reported rate of health behaviour counselling. But extent of training in health behaviour counselling was not associated with GP self-reported rate of health behaviour counselling. This could be due to the lack of training for GPs in health behaviour counselling. Years in clinical practice, extent of training, and perceived importance of counselling were significantly associated with confidence in health behaviour counselling. One third of GPs reported difficulty counselling patients on behaviours that they struggled with themselves.

FAM 3

Shared Care between Hospital and GP: Doctors and Patients' Attitudes

J. Mamo¹, M. Refalo¹, N. Mamo²

¹Department of Obstetrics and Gynaecology, Gozo General Hospital, Gozo, ²Faculty of Medicine and Surgery, University of Malta

Aims: When planning training and medical education of Family Doctors it is important to take into account how women's expectations of antenatal, intrapartum and postnatal care.

How much do doctors feel that they are, or wish to be involved in the care of the pregnant women has not been assessed in Gozo. The expectations of patients is also assessed.

Methods: Method: Patients attending Antenatal Clinic at Gozo General Hospital are booked by the Midwife and an ultrasound is performed by the Consultant who then refers the patient back to her Family Doctor/General Practitioner for regular antenatal visits. Primigravidae are reviewed at 28, 32 and 38 weeks, whilst multigravidae are reviewed at 32 and 39 weeks at the hospital antenatal clinic. Postnatal patients were interviewed regarding their expectations and satisfaction. Doctors are interviewed regarding their expectations regarding the care of pregnant women.

Results: Results: Only half of the primigravidae and 80% of multigravidae agreed that their Family Doctor has an important role in their antenatal care, because their GP knew them well. One third of the multigravidae and 90% of primigravidae attend for their postnatal visit at the hospital.

Conclusions: Conclusions: Family doctors would prefer to be more involved in antenatal and postnatal care. Patients would like to discuss more with the doctor and midwife that will be present at their birth.

FAM 4

Malta's Specialist Training Programme in Family Medicine – an evaluation of THE FIRST year of training

M.R. Sammut

Department of Primary Health Health Division, Malta

Aims: As a result of Malta's entry to the European Union in 2004, Family Medicine was recognised as a speciality and subsequently Specialist Training in Family Medicine was launched in 2007 by the Primary Health Department and the Malta College of Family Doctors. The three-year programme comprises designated training posts, based 50% in family practice (with one GP-trainer per trainee) and 50% in appropriate hospital specialities, together with a weekly half-day release course (HDRC) of academic group activities. An evaluation was carried out of the first year of training.

Methods: Evaluation forms were completed by trainees after each post in family or hospital practice and after each group-teaching session. The information from these forms was transcribed into the computer spreadsheet MS Excel® to enable quantitative and qualitative thematic analysis.

Results: During the first year of training, GP trainees were over 90% satisfied with the effectiveness of the training provided during the family practice posts, and with the presentation, content and relevance of the teaching provided during the HDRC sessions. They were quite satisfied (~60-90%) with the effectiveness of training in the minor hospital specialities (Dermatology, ENT, Geriatrics, Ophthalmology, Palliative Care and Psychiatry), and less satisfied (~50-80%) with their major hospital placements (Accident & Emergency, Medicine, Obstetrics & Gynaecology and Paediatrics). Although the trainees felt that their hospital assignments did provide them with the necessary confidence to handle community cases related to the relevant specialities, they proposed a number of ways how these posts could be improved.

Conclusions: While training in family practice and group teaching sessions were deemed satisfactory by the GP trainees, the following recommendations for improving hospital training were proposed:

Supernumerary posts should be enforced with protected time to address educational needs according to a clear structure and targets;

A set/structured daily timetable would enable trainees to make the best of all placements by gaining experience in provided services; Sessions undertaken should involve GP-related activities;

Teaching should be enhanced at the clinical level (with more emphasis given to hands-on-out-patient sessions rather than working in wards) and through formal tutorials which are tailored to the GP trainee.

FAM 5

Cautionary tales from a schedule clinic... illustrated pitfalls accumulated over a five year

MK Tilney

Faculty of Medicine and Surgery, University of Malta

Aims: Schedule V Clinics enable individuals suffering from conditions listed in the relevant Parliamentary Act to access free medication. A series of reports illustrating potential pitfalls in practice encountered in this setting are presented.

Methods: Case reports were accumulated from patients presenting to the Schedule V Clinic over the period 2004-8 during routine care. Cases were prospectively accumulated identifying diagnostic pitfalls encountered and adverse pharmacological effects of commonly used drugs. Photographs were taken with a Sony DSC-T1 Cybershot 5MP camera.

Results: The report series include selected cases of altered diagnoses with pharmacological implications and various pharmacological adverse effects. The series include two cases of slow/recurrent angio-oedema; photosensitive rashes, erythema multiforme, vasculitis and renal failure requiring dialysis.

Conclusions: Pharmacovigilance is one of the roles provided by Schedule V Clinics in the community. There is potential for better shared care, interaction, and documentation which may assist in risk reduction and improved patient safety.

MSK 1

Tibialis posterior tendon tear associated with a closed medial malleolus fracture – a rare case report

M. West, C Sangani, E. Toh

Department of Trauma and Orthopaedics, Southport and Ormskirk NHS Hospital Trust, Southport

Aims: Case report

Results: Complete rupture of the tibialis posterior tendon due to closed ankle fractures are a rare entity. To our knowledge only 6 cases have been reported in world literature. Difficult clinical diagnosis makes this condition easily missed as tears are only diagnosed intra-operatively. Failing to appreciate this tendon rupture would have led to long term patient distress and even functional foot deficit. We present a rare case report of complete rupture of the tibialis posterior tendon that was associated with a Weber C closed fracture of the ankle. Tendon tear was only found peri-operatively. After primary suture and osteosynthesis the patients' progress was extremely favourable. Learning points from this case are that closed injury to the ankle joint can lead to tibialis posterior tendon injury. A high index of suspicion should be maintained as this tendinous injury does not often present itself on clinical examination and is difficult to locate peri-operatively.

Conclusions: Closed injury to the ankle joint can lead to tibialis posterior tendon injury. A high index of suspicion should be maintained, both pre- and peri-operatively in cases of high energy trauma as this tendinous injury does not often present itself on clinical examination pre-operatively and is also often hidden from the operative field peri-operatively due to the stump retracting proximally [1,4,6-8]. It is important to feel for the tibialis posterior tendon behind the medial malleolus in such cases. The retraction of the tendon stump proximally warrants diligent search and accurate repair. Primary tendon surgical repair produces good outcomes and is the treatment of choice [2,7,8]. Severe soft tissue swelling on the medial side of the ankle joint, and/or difficult or failed reduction of the fracture should prompt the surgeon that underlying soft tissue injury might be associated with the ankle fracture, thus thorough exploration and primary repair intra-operatively is warranted.

MSK 2

Slipped Capital femoral Epiphysis in Children aged less than 10 years

T. Azzopardi, S. Sharma, G.C. Bennet

Institution Royal Hospital for Sick Children, Yorkhill, Glasgow, UK

Aims: Slipped capital femoral epiphysis (SCFE) is rare in children aged less than 10 years, and its management in this age group raises a number of different considerations.

Methods: We present a series of 10 children aged less than 10 years who presented with SCFE to our institution between 1993 and 2005. Case notes and radiographic review were carried out.

Results: There were six boys and four girls, with an age range of 5.2–9.9 years. Mean follow-up was 50 months (22–90). The mean duration of symptoms was 54 days (1–196). Five cases were bilateral. The second slip occurred at a mean interval of 14 months (11–22) after the first slip. There were 12 stable and three unstable slips. One child had hypothyroidism and another oculo-cutaneous albinism. The remaining children had normal genetic and endocrine profiles. Six children were severely obese, one obese, two overweight, and one within the normal range. Multiple pins were used in nine hips and a single cannulated screw was used in six hips. Complications include loss of fixation in five hips treated with multiple pins, which were revised between 2 months and 2 years from the initial surgery, and one superficial wound infection. There were no cases of avascular necrosis or chondrolysis.

Conclusions: Obesity is closely related to the development of SCFE in younger children. A technique that preserves physical growth should be used for in-situ fixation. Multiple pins preserve capital femoral physical growth, but at the cost of a high complication rate. Strong consideration for prophylactic pinning of the contralateral hip is recommended.

MSK 3

Idiopathic Adolescent scoliosis – the relevance of MRI and neurological abnormalities

J. Maempel, G. Darmanin, F. Zammit Maempel

¹Trauma and Orthopaedics, North Bristol NHS Trust, ²Imperial College Healthcare NHS Trust; ³Mater Dei Hospital, Malta

Aims: To determine the prevalence and relevance of neural axis abnormalities and neurological abnormalities in patients with progressive idiopathic adolescent scoliosis culminating in surgical correction of the deformity.

Methods: 104 consecutive patients (12 male / 92 female) who underwent surgery between 2002 and 2009 for idiopathic adolescent scoliosis were evaluated retrospectively. All patients had a pre-op MRI and were examined neurologically. The gender, curve characteristics, neurological findings and MRI findings were noted. Development of any post-op neurology was also noted.

Results: 5 patients (4.8%) had neuraxis abnormalities. Of these, 4 had the typical right thoracic / left lumbar curve and 1 had a thoracolumbar curve. 4 had unremarkable neurological examinations. 3 (all female) had syringomyelia, 1 (male) had a small syringomyelia and a mild Chiari malformation, and 1 (female) had a Chiari malformation. This patient was the one with a right thoracolumbar curve, and had absent right superficial abdominal reflexes (SARs). All 5 patients were assessed by a neurosurgeon who deemed surgery for the neuraxis abnormality unwarranted. All 5