"May you live in interesting times*"

Pierre Mallia

It is an honour for me to be invited to write this guest editorial on the field of family practice as the new president of the Malta College of Family Doctors, which was established audaciously and courageously some fourteen years ago, those involved having toiled to found this institution. Change can distress those who contributed towards the process of building and establishing the College. Regrettably, political rifts often detract from important issues. The main objective for the College will, of course, remain as it was in the past. Meanwhile the arrival of vocational training (VT) and the Specialist Accreditation Committee (SAC) sent shock waves amongst family doctors and maybe even caused undue anxiety for those already established in practice.

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Yet these two developments will finally put family practice in Malta on a par with the level it enjoys abroad. The coming of age of family practice has been evident in the last half of the past century. Whilst the history of medicine shows that the family or community doctor was the traditional doctor, the last century showed a surge in the number of specialities and sub-specialities which shifted the 'GP' from the center stage. In Britain the formation of the Royal College of General Practitioners led to the establishment of group practices by previously hospital-based doctors. This created anxiety among family practitioners but the Royal College played an important role in establishing this sector of the National Health Service of the United Kingdom. Recently a UK council member commented regarding the internal battles within the Royal College which temporarily delayed the attainment of a number of goals. In the United States the setting up of the American Academy of Family Physicians as well confirmed the family doctor is a specialist. It is the Academy itself which sets standards and defines the roles of family physicians.

The philosophy of the Malta College of Family Doctors should be not to wage battle with other specialities but of course to adopt standards of practice which our foreign colleagues already embrace. This means adapting as well to our system in Malta. This *is an internal exercise* and the SAC is setting the right scene for this. Only family doctors will establish what it entails to be registered as a specialist in family medicine. Of course, a grandfather clause will be included in the regulations which will exempt established practitioners from re-training. College membership cannot be tied, at least initially, to inclusion in this register – even because there are no standards of excellence as yet established by the college except for accreditation for attending talks and lectures.

Vocational training for new doctors and College membership are now on our agenda. With the consent of the College Council, membership will at first be granted to established family

* Reputed to be an ancient Chinese saying

practitioners under the grandfather clause. Eventually it will be a recognized qualification of standard of practice. The Royal College of General Practitioners (RCGP) is a recognized body both in the UK and internationally and works to promote standards of excellence both locally and in other countries. In Malta, medical education is oriented towards the attainment of membership of the different Colleges. Our aim should be to bring our own membership to the standard of the MRCGP – the membership of the Royal College which the latter contend is at par, with respect to adherence to medical standards, with the MRCP and FRCS. This we can do with the help of the RCGP. Once they accept our membership assessment to be of the same standard of their MRCGP, they can award our candidates an MRCGP(INT) – an international MRCGP. This is equivalent in academic rigour to the MRCGP. There will be common ground of academic performance, but part of the curriculum will have to conform to the needs of the country.

If vocational training can be of a sufficiently high standard, the Royal College of General Practitioners have confirmed that this may indeed be enough for their awarding, through the Malta College, the MRCGP(INT). This would mean that we would have to link awarding membership of the Malta College of Family Doctors to passing the assessments in vocational training.This pathway is for new doctors but what about those who are awarded membership of the college through the grandfather clause? Unfortunately there seems to be no room for bargaining with the Royal College on this issue. There is the possibility however of an Assessment by Performance (also known as MAP) which the RCGP exercised for its own "clause" members. Older established doctors will still have the opportunity to obtain this recognized qualification.

On the other hand, the Malta College has also established ties now with the Irish College of General Practitioners. We have already hosted two diploma courses[1] against payment by participants and it is envisaged that in future, the College will organize its own diploma course in family health with both foreign and local tutors. This will be a course organized by GPs for GPs, will be intended to satisfy the needs of *Maltese* family doctors, and therefore needs to be developed in consultation with practitioners. Continuous assessment will eventually give the opportunity to establish a high standard of care amongst our GPs. We hope therefore to establish a portfolio which GPs will be able to utilise in order to obtain higher qualifications of excellence in the practice in family medicine.

Our aim is to see what GPs want and to reach goals which are satisfactory to all. We have a solid foundation thanks to founder members of the College and we hope with their help to build an academic future for those GPs who wish to reach goals that our foreign colleagues have created for themselves. Co-operation between the College and the Department of Family Practice would help prevent wasting of resources and lead to the availability of both postgraduate certificates, diplomas and degree courses.

Recently, I hosted a bioethics series of programmes on Campus FM radio. One guest of mine estimated that about one third of new patients seen yearly at St. Luke's Hospital Out-Patients Department could easily be dealt with in primary care. The college intends to analyse the local situation with the aim of convincing the relevant authorities that health care needs to have its roots in the proper place – the primary contact. We need to empower our health centers and private doctors as well as establish our direction. Do we want the status quo? Do we want merely more cooperation within our dual system of primary care (health centers and private GPs)? Alternatively we could establish a dialogue regarding where we want primary care to be. Like our counterparts from Colleges overseas, we can play an important role in this dialogue with government, utilizing material from studies and statistical analyses, what we believe the face of primary care should be. Otherwise it will continue to be the other way round. Indeed, as a visiting tutor from the Royal College recently remarked to me 'we live in interesting times'.

1 Our gratitude goes to Dr. Anthony Azzopardi and Dr. Mario Scerri who respectively coordinated these courses; also to Dr. Mario Sammut for his support and who has also organised another day-course in conjunction with the Irish College.