

Medical Council - Malta

Annual Report 2008



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Medical Council - Malta

Annual Report 2008



TABLE OF CONTENTS

1	Preface by the President of the Medical Council	3
2	Composition of the Medical Council:	3
3	Key Aims	6
4	Principal Task for the year 2007:	7
5	Meetings and Attendances	8
6	Sub-Committees of the Medical Council	9
7	Participation in conferences	10
8	Important Events	11-17
9	Examinations for Non – EU Doctors/Dentist for registration in Malta	18
10	Registrations in 2008	18
11	Publications in 2008	18
12	Complaints and Inquiries	19-33
13	Annex	34-52

Medical Council - Malta

Annual Report 2008

1 Preface by the President of the Medical Council

This report is being published in terms of the provisions of the *Health Care Professions Act (Cap 464)*, which requires the Medical Council to publish an annual activity report containing a statement of the activities carried out or pursued by the Council during the year.

The year under review has witnessed substantial changes in the composition of the Council in the members appointed by the Prime Minister, including the appointment of the undersigned as President in succession to Judge Albert Manche, whom I thank on behalf of the Council for the dedicated service he rendered during his year in office. The new members appointed by the Prime Minister for the term 2008 – 2011 are Dr Alex Magri M.D., Mr John Felice B.Ch.D., Reverend Dr Charles Tabone O.P. S.Th.L & Lic., Sc.Soc.D.(Ang), and Mrs Anna Abela who replace Dr Denis Soler M.D., FRCGP, MSc., Dr David Muscat B.Ch.D., Reverend Joe Borg MOM, BSTh., MSTh., Dip.Comm.Studies and Mrs Claudia Taylor East. In the name of the Council, I thank these members for their sterling work within the Council. The member appointed by the University of Malta, members elected by the registered medical practitioners and members elected by the registered dental surgeons in 2007 will be in office till 2010.

This Council, with four new members and under new chairmanship, has inherited the issues which were being tackled by the previous Council, including the matter on the urgency of new premises of the Council and the matter of the autonomy of the Council in administering its funds collected by the Annual Retention Fees payable to it by the medical practitioners and dental surgeons. These issues have been prioritised and discussed with the authorities concerned, in the hope of positive outcomes. Other matters being handled by this Council are the amendments to the Standing Orders, the update to the Code of Ethics, the amendments to the Social Services Medical Certificates and the very important and urgent amendment to the Penalties Regulations in the HCPA Article 32 (1) (iii), which, once officially approved, would be published as a Legal Notice referring to the disciplinary proceedings against members of the medical

Medical Council - Malta

Annual Report 2008

and dental professions.¹ This is one of the important functions of the Council, assigned to it by law, namely that to prescribe and maintain professional and ethical standards for the two professions.

This year the Council has been assigned a new responsibility by the Minister responsible for Health who is setting up the Foundation Course for new medical graduates, which will be formed in 2009, whereby Maltese junior doctors will get official and organised post-graduate training which is assessed and the certificate will be at par with the UK certificate. The Council has been appointed as an overseer and has been given supervisory powers over this Course. Besides, the Council has been asked to appoint a member to represent it on the Clinical Postgraduate Training Co-Ordinating Committee (CPTCC).

But the main aim of the Council will still be that of protecting the medical profession and the patient and so this Council has taken very much at heart the pending and new cases and inquiries which it has to tackle and is resolute to dissolve the backlog of cases which have accumulated in the past years. The Council has increased the frequency of the meetings and inquires to ensure its efficiency in its judiciary capacity.

It is earnestly hoped that during the current year the Council will find the necessary support and cooperation to reach its goals. I am honoured to have been assigned such a task and I am glad to have been given the opportunity to work with such a good team. I would like to express my heartfelt gratitude to Ms Mary Scicluna MBA Dip.Pub.Adm, our Registrar, whose sterling work, support and dedication to the Council and personally towards the undersigned, are greatly appreciated and noted. Appreciation and gratitude are likewise expressed to all the Council members, without whose participation and involvement, the Council would not be able to function satisfactorily.

Dr Josella Farrugia LL.D., Dip.Trib.Eccl.Melit.

President of the Medical Council

¹ This was published by Legal Notice LN 38/2009 on 3rd February 2009

Medical Council - Malta

Annual Report 2008

2 Composition of the Medical Council:

This year **2008** there were the General Elections and those members appointed by the Prime Minister sent a letter of resignation on the advice of the OPM. It would not be amiss if I were to take this opportunity to thank them all for the sterling service they rendered to the Council during their appointment.

Members appointed by the Prime Minister

Judge Albert Manche' LL.D. - President

Dr.Denis A.Soler MD.,FRCGP.,MSc.

Dr. David Muscat BDS (Lond)

Reverend Joseph Borg MOM.,B.S.Th.MSTh.Dip.Comm.Studies (Concordia Univ)

Mrs. Claudia Taylor East

Member appointed by the University of Malta

Prof.Godfrey Laferla

MD.,MRCS.,LRCP.,FRCS.,FRCSRCPS.,FRCS(Edin),Ph.D.

Members elected by the registered medical practitioners

Dr.Michael J.Boffa M.D.,M.R.C.P.(UK), D.Derm. (Lond); M.Sc. (Derm) (Lond)

C.C.S.T. (Derm) (UK) ,F.R.C.P.(Edin) F.R.C.P.(Glas) F.R.C.P (Lond)

Dr.Paul Soler MD.,M.R.C.P.

Dr. Doreen Cassar M.D., MMCFD., Dip W.H. (ICGP),Dip PC&GP (Ulster)

Dr Bryan Flores Martin M.D., MMCFD

Dr Alex Portelli M.D., MMCFD

Members elected by the registered dental surgeons

Dr Anthony Charles BChD

Dr James Galea BChD

Medical Council - Malta

Annual Report 2008

The new members appointed by the Prime Minister had their appointment on the 12th September 2008.

Judge Josella Farrugia LL.D – President

Dr John Felice BChD

Dr Alex Magri M.D

Rev. Carmel Tabone

Mrs Anna Abela

3 Key Aims

The Medical Council's purpose is to protect, promote and maintain the health of the public by ensuring proper standards in the practice of medicine. Some of the Council's statutory functions are defined in the Health Care Professions Act Cap.464 (2003) as:

- To keep, publish and update registers in respect of the medical and dental professions, and also specialist registers of the medical and dental professions as may be prescribed;
- To enhance the role of the Medical Register as the single authoritative source of information on doctors, and as a national resource for patients, employers and the profession;
- To prescribe and maintain professional and ethical standards for the medical and dental professions;
- To levy such fees, from its registered medical practitioners and dental surgeons, for initial registration and yearly retention fees thereafter;

Medical Council - Malta

Annual Report 2008

- 
- Administering the systems for the registration and recommend to the President of Malta the granting of licences to medical practitioners and dental surgeons to practise their profession:

The Medical Council strives to safeguard the highest standards of medical ethics, education and practice, in the interest of patients, the public and the profession.

4 Principal Tasks for the year 2008:

- Finalizing pending inquiries
- Introducing a new database for all medical practitioners and dental surgeons
- Collecting payment of the annual retention fee due by medical practitioners and dental surgeons according to Legal Notice 330/2006
- Providing effective and efficient professional regulation so that those who deal with the Medical Council will appreciate better its role.
- Taking a leading role in the future development of health care by engaging proactively with the Minister responsible for Health, the devolved administration, institutions within the EU and others on issues affecting regulation in this country.

Medical Council - Malta

Annual Report 2008

5 Meetings and Attendances

In the year 2008 the Medical Council held 20 meetings.

Sixteen meetings were held with the former Council Members and four meetings were held with the new Council Members as from September 2008.

	Present	Excused	Absent
Judge Albert Manche'	15	1	-
Judge Josella Farrugia	4	-	-
Dr Denis A. Soler	10	6	-
Dr John Felice	3	1	-
Dr Alex Magri	4	-	-
Dr Michael J. Boffa	19	1	-
Dr Anthony Charles	19	1	-
Prof. Godfrey Laferla	4	12	4
Dr Paul Soler	14	5	1
Dr James Galea	5	11	4
Rev. Fr. Joe Borg	12	4	-
Ms Claudia Taylor East	10	6	-
Rev. Fr Carmel Tabone	1	1	2
Dr David Muscat	15	1	-
Dr Doreen Cassar	18	2	-
Dr Bryan Flores Martin	18	2	-
Dr Alex Portelli	12	8	-
Mrs Anna Abela	3	1	-

Medical Council - Malta

Annual Report 2008

6 Sub-Committees of the Medical Council

There are four sub-committees, which do preliminary work on behalf of the Council. All sub-committees act under powers delegated to them by the Council.

- Sub-Committee for the hearing of Inquiries

This committee is composed of the President of the Medical Council, Judge Albert Manche' as the chairman and Dr David Muscat; Dr. Alex Portelli, Dr. Paul Soler, Rev. Fr Joe Borg , Mrs Claudia Taylor East as members. The purpose of this sub-committee is to hear the proceedings of the inquiries and report back to the Council.

In September there was a change in members and this committee is now composed of the President of the Medical Council, Judge Josella Farrugia as chairperson and Dr Anthony Charles, Dr Alex Portelli, Dr Paul Soler, Rev Carmel Tabone, Mrs Anna Abela as members.

- Sub-Committee for Registration of the Medical Practitioners

This committee is composed of Dr Michael Boffa, Dr Doreen Cassar, Dr Bryan Flores Martin and Dr. Paul Soler. This committee is responsible for reviewing all new applications of Medical Professionals for registration with the Medical Council.

- Sub-Committee for Registration of the Dental Surgeons

This committee is composed of Dr Anthony Charles, Dr James Galea and Dr David Muscat. This committee is responsible for reviewing all new applications of Dental Surgeons for registration with the Medical Council. In September Dr John Felice substituted Dr David Muscat.

Medical Council - Malta

Annual Report 2008

- Sub-Committee to upgrade the Standing Orders and Erasure Procedures

This committee is composed of Judge Josella Farrugia, Dr Bryan Flores Martin and the Registrar. The responsibility of this committee is to upgrade the Standing Orders and Erasure Procedures in line with the HCP Act and the EU Directives.

- Code of Ethics

The Medical Council appointed Prof Pierre Mallia M.D.,MPhil; MA(law) PhD FRCGP MRCP Dip Therapeutics(ICGP) CBIol and Dr Michael Asiak M.D.; MPhil to work on the Code of Ethics mainly updating the Standards of Professional Conduct and Medical Ethics. The purpose of the Standards and Ethics is to foster excellence in Medical/Dental practice by formulating guidance to doctors and dentists on the principles of good medical practice and ethics.

7 Participation in conferences

- Healthcare Professionals Crossing Borders
Spring Meeting 30th June 2008 The Hague, Netherlands
Dr David Muscat B.Ch.D and the registrar Ms Mary Scicluna represented the Medical Council during this conference. Report on Annex 1
- CODE – Conference of Orders and Assimilated Bodies of Dental Practitioners in Europe - Rome Meeting 23rd & 24th May 2008
Dr Anthony Charles B.Ch.D represented the Medical Council at this conference.
Report on Annex 2
- Study Visits for Registrars of the Regulatory Councils in the Netherlands.
The registrar attended a study visit in Maastricht.

Medical Council - Malta

Annual Report 2008

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- The Registrar Ms Mary Scicluna was nominated by the Ministry for Social Policy to represent the Medical Council for the Internal Market Information System in Brussels on the 25th November 2008. Report on Annex 3
 - CODE – Conference of Orders and Assimilated Bodies of Dental Practitioners in Europe Paris 27th November 2008
Dr Anthony Charles represented the Medical Council for this conference. Report On Annex 4
 - The 3rd Designated Authorities Conference 10th December 2008
Dr John Felice B.Ch.D represented the Medical Council at this conference. Report on Annex 5
 - General Medical Council: Regulating doctors and Ensuring good Medical Practice – Visit by the registrar to the General Medical Council – Manchester - 11th December 2008. Report on Annex 6

8 Important Events

- **Twinning Light – Project**

Project Leader (Malta):

Dr Mariella Borg Buontempo

Office of Director General(Public Health Regulation)

Project Leader (the Netherlands):

Mr Frits Tjadens

Brief Outline of Twinning Light Project

Project Title: Free Movement of Health Care Professionals

Medical Council - Malta

Annual Report 2008



The main aim of the project was training and capacity building of the Regulatory Councils in line with the European Union Directive 2005/36 “Mutual Recognition of Professional Qualifications”. The project was launched on 29 May 2008 and will run till the end of January 2009. The twinning partner is Vilans, a mandated organisation from the Netherlands, in co-operation with the Ministry of Health, Welfare and Sports, the Netherlands.

BACKGROUND

There are five Regulatory Councils dealing with healthcare professionals in Malta. These were formed or significantly changed when the Healthcare Professions Act came into force on 21 November 2003. This Act sets up and defines the roles of the Regulatory Councils:

The Medical Council

The Medical Council grants licences to medical practitioners and dental surgeons to practice their profession; keeps and publishes registers and specialist registers, prescribes and maintains professional and ethical standards.

The five Regulatory Councils are presently supported by the Ministry for Social Policy. Each Council comprises 8 to 15 members, aided by a full time Registrar responsible for all the administrative work of the Council. Their premises, staff and resources are currently funded from the budget of the Director General (Public Health Regulation).

Medical Council - Malta

Annual Report 2008

DESCRIPTION OF THE PROJECT

- **Overall Objective**

To assist in the capacity building and technical assistance to implement the EU *acquis* in relation to the regulation of the free movement of health care professionals.

- **Project Purpose**

To provide training and technical expertise to establish the human resource capacity to implement the relevant Directives.

To assist in developing the necessary procedures and systems in order to allow efficient implementation of the Directives.

To inform and educate health care professionals on the results of implementation of the relevant Directives.

To ensure that any domestic legal and administrative implications are adequately addressed.

- **Project Tasks**

The project has been subdivided into the following tasks:

- Task A: to deliver a series of seminars to train Maltese officials on relevant *acquis* in the field of free movement of health care professionals, together with its implementation within the national health system.
- Task B: to review current and proposed Maltese administrative structures in relation to EU best practice in the area of mutual recognition of health care professionals. The review is to be based on

Medical Council - Malta

Annual Report 2008

a comparative analysis between the national administrative structures of Malta and two other EU Member States.

- Task C: on the basis of the above review, to make recommendations on the setting up of an efficient structure to manage requests for certificates and information from EU nationals.
- Task D: to assist in the elaboration of a Manual setting out detailed procedures concerning implementation of both general system and sectoral recognition.:
- Task E: to assist in the implementation of the requirements of the relevant Directives for the mutual recognition of qualifications for healthcare professionals in the following professions: medical doctor, dentist, pharmacist, general care nurse and midwife. This will include the setting up of an Information Centre for use by EU nationals on the free movement of healthcare professionals. This is to be manned by the Registrars having gained adequate expertise through appropriate training. It will be supported by information leaflets and a regularly updated, comprehensive website.
- Task F: to help the Maltese authorities and interested professionals understand the changes that the implementation of the new systems of recognition of qualifications for healthcare professions will bring about, in comparison with the system in place.
- Task G: to discuss in detail the requirements emanating from the new Directive and the new structures and administrative procedures required by the Maltese institutions.
- Task H: a seminar for all stakeholders for health care professionals under the general system will be organised.

Medical Council - Malta

Annual Report 2008

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- Task I: a seminar for health care professionals under the specific directives will be held for all stakeholders in this area.

 - Task J: Study Visits for Registrars to Regulatory Councils in the Netherlands.

Editor Dr M. Borg Buontempo MD

- **The Malta Foundation Programme**

The Department of Health has committed itself to establishing a foundation programme in Malta for medical graduates. This programme covers the first two years after completion of undergraduate training in medicine and surgery. The main aims of setting up this programme are for the medical graduates to:

- i) Develop and gain confidence in their clinical skills, particularly when they are treating acutely ill patients, so that they can regularly and reliably diagnose and care for seriously ill patients
- ii) Display professional attitudes and behaviour in their clinical practice
- iii) Demonstrate their competence in these areas through a thorough and reliable system of assessment
- iv) Have the opportunity to explore a range of career opportunities in different settings and in different areas of medicine
- v) Achieve a certificate of completion of foundation training that is equivalent to the UK foundation programme completion certificate

The foundation programme is built on four basic principles:

Outcome based: Outcome based training and learning will be a new direction for postgraduate training in Malta. Foundation doctors must achieve set standards at every stage before progression to the next stage.

Defined competences: These outcomes are defined in terms of competences that are the specific skills that a doctor needs

Medical Council - Malta

Annual Report 2008

Assessed: Doctors should demonstrate that they have achieved the set competences in the work place using structured assessment tools

Professional development and lifelong learning: Doctors should be nurtured to develop the skills of lifelong learning and career development.

The training within the foundation years will be within a structured programme of training that is based on experience, but within a clear training framework. The learning environment for the foundation programme will be centred on trainees, assessed against specific competences, based on providing a service, of a high quality, flexible, supervised and structured.

In order to achieve recognition of equivalence for the Malta foundation programme by the relevant UK authorities, the curriculum being used is the one developed for the UK foundation programme by The Academy of Medical Royal Colleges (AoMRC) Foundation Programme Committee. The current curriculum was written in 2007 and a revision of this curriculum is due in 2009 with a plan of implementation in 2010.

In order to set up the programme in Malta, the Department of Health has requested and been allocated appropriate funding. Training for educational supervisors and assessors is planned for February, March and April 2009. The required number of supervisors will be trained in preparation for the launch of the programme in July 2009. In order to ensure recognition of equivalence of the Malta foundation programme to the UK foundation programme, visits by representatives of the UK GMC (General Medical Council) are planned in May and October 2009. These visits will serve to ensure that the required standard of training and assessment is achieved.

All doctors who join the foundation programme will be required to complete a number of assessments during each of the two years of the programme. 18 assessments will be performed in each of the two years. Trained assessors using four different validated assessment tools will conduct these assessments. These are:

- i) Mini-CEX (mini clinical examination)
- ii) DOCS (Direct Observation of clinical skills)

Medical Council - Malta

Annual Report 2008

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- iii) CbD (Case based Discussion)
 - iv) MSF (Multisource feedback)

A record of these assessments will be maintained on an electronic portfolio, which is managed and run by NES (NHS education Scotland). The Malta Foundation programme will be purchasing the services provided by NES. NES trainers will be visiting Malta in March to train clinical supervisors, educational supervisors, administrators, programme directors and doctors in the use of the web based e-portfolio.

The e portfolio is a useful tool both for ascertaining completion of required assessments at the appropriate time by each of the doctors in the programme as well as ensuring that the required meetings between the doctor and the educational supervisor have taken place. It also ensures that the doctor has a record of the competences acquired and evidence of completion of assessments. The e portfolio also includes a personal development plan to allow doctors to plan the next steps in their career.

As a result of the planned introduction of the foundation programme in Malta in July 2009, the process through which the Malta Medical Council awards registration and therefore licence to practice will need to be revised. The curriculum for the Malta foundation programme is the same as that for the UK foundation programme. Quality assurance of the programme itself will occur both through internal audit and through regular visits by the UK GMC to ensure that the Malta programme reaches the same standards as that in UK foundation schools. As from July 2011, a medical doctor would be considered for full registration after the Malta Foundation Office informs the Malta Medical Council that the doctor has successfully completed the foundation programme. A legal notice will need to be issued to effect the necessary changes. Similarly evidence of successful completion of the foundation programme would be required for a doctor to apply for a specialist training post.

Editors Dr Kevin Cassar MD; F.R.C.S. & Dr Tonio Piscopo MD; M.R.C.P. ;D.T.M. & H

Medical Council - Malta

Annual Report 2008

9 Examinations for Non – EU Doctors/Dentist for registration in Malta

The Examination of Medical Professionals was held on 11th September 2008. There were six candidates who sat for the examination. Unfortunately no one was successful. However there was a candidate who failed only in one subject and she will do resit in the said subject in the March 2009 exams.

The Examination of Dental Surgeons was not conducted this year. The Council is working very hard to be in a position to conduct the Dental Surgeons Examination in March 2009.

10 Registrations in 2008

The Medical Council registered:

- 85 Permanent registrations and licence to practice to EU Nationals Medical Professions
- 9 Permanent registrations and licence to practice to EU Nationals Dental Professions
- 9 Temporary registrations and licence to practice to NON EU Nationals Medical Professions

11 Publications in 2008

Legal Notice . 140 ta' l-2008

ATT DWAR IL-PROFESSJONIJIET TAS-SAHHA

(KAP. 464)

Regolamenti ta' l-2008 dwar l-Att dwar il-Professjonijiet tas-Sahha (Emenda tar-Raba' Skeda)

Medical Council - Malta

Annual Report 2008

11 Complaints and Inquiries

The Medical Council often gets to know by chance of disciplinary decisions taken against medical practitioners and dental surgeons by other entities, as well as judgments delivered by the law courts relating to medical practitioners or dental surgeons. A letter was sent to the Department of Social Security, the Police, the Education Department and the Registrar of the Law courts requesting them to inform the Medical Council of any reports of misconduct or inter departmental corrective measures or complaints in relation to medical practitioners/dental surgeons.

Notwithstanding any measure taken by other entities with respect to medical / dental practitioners, the Medical Council is bound by the provisions of the HCP Act Cap (Art. 32 (1) (b)., to investigate after due inquiry. Complaints are discussed during council meetings and a decision is taken whether to hold an inquiry or not. If a decision is taken to hold an inquiry the relative sub-committee is entrusted with the task of hearing the case and reporting to the Council. The present Council inherited three decisions that had been taken during the Council meetings of 17/01/2001, 18/07/2001 and 15/05/2002 from the previous Council.

COMPLAINTS RECEIVED

MC/76/2007

A father raised a complaint, on behalf of his daughter, against a medical practitioner.

However from the transcripts provided it resulted that the case was time barred.

Case considered closed.

Medical Council - Malta

Annual Report 2008

MC/46/2008

A complaint was received about adverts which appeared in a magazine of a company which was set up to 'help patients' find best prices for private operations. The Medical Council could not take any action because this does not fall under the competence of the Medical Council.

Case considered closed.

MC/10/2008

A complaint was raised about a Medical Practitioner who delayed to issue a Medical Report which a patient had to present to an insurance company. The Medical Council after carrying out a detailed examination of the circumstances of the case, and after having reviewed all the information available, found no case to pursue the matter further.

Case considered closed.

MC/77/2007

The Medical Council received a complaint about unethical professional behaviour by a Medical Professional. The Medical Council asked permission from the complainant to view the medical file so as to enable the Medical Council to perform its investigation. After carrying out a detailed examination of the circumstances of the case and after having reviewed all information available, the Medical Council found that there was no case for further investigations.

Case considered closed.

Medical Council - Malta

Annual Report 2008

MC/01/2008

A complaint was raised in front of the Medical Council about 3 Medical Practitioners forming part of a Recommendation Board appointed by the Department of Health. The complainant accused that these members dismissed her from her work due to invalidity. Form the investigation the Medical Council found that the members of the board made only recommendations and it was not a Medical Board. The Medical Council found that there was no case for further investigations.

Case considered closed.

MC/66a/2006

A complaint was brought to the attention of the Medical Council alleging improper behaviour by a member of a Medical Board. The Council decided that there was no case for further investigations.

Case considered closed.

MC/08/2008

A complaint was raised from a patient about the unprofessional behaviour of a dental surgeon. The Medical Council carried out an extensive examination of the circumstances of the case and found there is no case for further investigation.

Case considered closed.

MC/119/0/8

A complaint was raised from a patient complaining that an insurance company advised the doctor not to communicate the result with his patient. The Medical Council informed the complainant that his complaint must be taken with the insurance company itself since the Medical Council does

Medical Council - Malta

Annual Report 2008

not regulate insurance companies. However the Council issued a circular to all doctors to remind them of their obligation that *'doctor's first responsibility is to the patient.'*

Case considered closed.

MC/130/08

A Medical Practitioner complained about having to pay the annual Medical Registration fee. He objected that the Medical Council acts as a tax collector to the Department of Health. He also mentioned that the fee is unjust, unconstitutional and discriminatory. The Medical Council informed the complainant that the fees are stipulated by the law. Legal Notice 330/2006.

Case considered closed.

MC/120/08

A complaint was raised by a Medical Practitioner saying that his patient required two reports from two Medical Practitioners on his patient's state of health for legal reasons. After carrying out a detailed examination of the circumstances of the case, and after having reviewed all the information available, the Council found no case for further investigation.

Case considered closed.

MC/78/08

Complaint was raised by a lawyer on behalf of a family who complained that their father was given medication by their Family Practitioner that was doing harm to his liver. The Medical Council did its investigation and after carrying out a detailed examination of the case found no case of misconduct by the Medical Practitioner. Case considered closed.

Medical Council - Malta

Annual Report 2008

MC/97/08

A complaint was raised by a family on behalf of their 7 year old son saying that a dentist was unethical in his behaviour when seeing their son. The medical Council did its investigation and after carrying out a detailed examination of the case found that the dentist was not guilty of any unethical behaviour.

Case considered closed.

MC/48/08

The Medical Council was informed by the Criminal Courts and Tribunals that a Dental Practitioner was found guilty and fined 300 Maltese Lira on the 30th August 2007 because was in breach of Art 5 (1) Cap 480 of the Laws of Malta and Art 27 (2) of the same act. The Medical Council decided to inform the Dental Practitioner that it received a copy of the court sentence and has taken a note of the judgment.

Case considered closed.

MC/78/07

A complaint was raised by a person on behalf of his late wife about a medical practitioner. He suspected that the treatment that was given to his wife was the cause of her death. The Medical Council did its investigation and after carrying out a detailed examination of the case found no case of misconduct by the Medical Practitioner.

Case considered closed.

Medical Council - Malta

Annual Report 2008

MC/30/08

A lawyer filed a complaint on behalf of his client. The patient did cosmetic surgery and after some time complained that it was not done properly. The lawyer asked the council to ask the surgeon to compensate the patient. After its investigation the Medical Council informed the lawyer that the Medical Council is not the competent authority to act as a mediator between his client and the medical practitioner (surgeon).

Case considered closed.

MC/85/08

A complaint was raised by a patient against a Medical Professional for unethical behaviour. The Medical Council did its investigation of the case and found that there was no evidence for unethical behaviour from the Medical Professional.

Case considered closed.

MC/89/08

It was brought to the attention of the Medical Council that a Medical Practitioner appeared on an advert shown on the Public Broadcasting Service repeatedly starting from the 27th May 2008. The Medical Council reviewed the explanation made by the medical practitioner and decided that it will not be perusing the matter further. However it highly recommended the practitioner to observe the Ethics and Guidelines of the Medical Profession.

Case considered closed.

Medical Council - Malta

Annual Report 2008

MC/53/08

Complaint was raised against two medical practitioners. The Medical Council informed the complainant that as the alleged misconduct was barred in terms of the provisions of article 32(2) of the Health Care Professions Act (Cap 464), which lays down that any inquiry under sub article (1) into the misconduct or other failure in terms of article 32(1)(b) and (c) shall be barred by the lapse of two (2) years, which shall run from the day from which the complainant became aware of the facts or incidents that give rise to the complaint.

INQUIRIES DECIDED

The Council worked very hard to give out decisions about pending cases that it inherited from the previous Council as stated earlier in this report.

MC/D/234

A Medical Practitioner was accused of unprofessional and unethical behaviour because on the 11th June 1999 he prescribed and sold 'drugs' to a 19 year old man when these 'drugs' were to be given to patients after the age of 40 years. During the proceedings of the inquiry it was brought up that the allegations made against the Medical Practitioner were not proven and the Council found the Medical Practitioner not guilty.

On the 23rd January 2008 the president of the Council gave out the decision to the Medical Practitioner.

Medical Council - Malta

Annual Report 2008

MC/D/226

Mr Alberto Vella was accused of unprofessional and unethical behaviour as referred in Art 32 (1) (c) (iv) of the Health Care Professions Act (Cap 464) by a report issued by the Department of Health on the 31st July 1998. The Medical Council nominated experts to help in this inquiry. The Council decided that Mr Vella's professional conduct in the management of this case was below the standards expected from a medical doctor of his qualifications and experience. On the 23rd January 2008 the President of the Medical Council gave the decision and gave Mr Alberto Vella an admonition.

MC/D/241

The Medical Council held an inquiry on the unprofessional and unethical behaviour as referred in Art 32(1) (c) (iv) of the Health Care Professions Act (Cap 464) by a report from the Director General Health. Dr Mario Gixti was accused of

1. keeping the appointment in an irregular way
2. as a Registrar he followed the patient without regularly consulting with her specialist

During the inquiry the Medical Council found Dr Mario Gixti guilty of unethical behaviour and gave him an admonition. However he was not found guilty that as a Registrar he did not consult with the patient specialist because during the investigation there was no evidence of this behaviour.

On the 27th February 2008 the President of the Medical Council delivered the decision to Dr Mario Gixti.

Medical Council - Malta

Annual Report 2008

MC/14/2007

Complaint was raised about Dr Adrian Vassallo MD who was accused of issuing medical certificates to a 14year old girl without the consent of her parents.

The Medical Council started an inquiry on the 12th February 2008 and after its investigation found the medical practitioner guilty of not conforming to the Medical Professional Standards and Ethics as stipulated in the Health Care Professions Act (Cap 464) Art. 32 (1) (c) and after seeing Art 32 (1) (iv) of the same Act issued a warning Rule. The Warning was given in writing on the 28th May 2008.

MC/D/ 293

Dr. Franco Mercieca. B.Ch.D.; Dental surgeon was fined Lm1000 for adding false qualifications to his original degree. The fine was settled on the 24th June 2008.

MC/49/2007

A Medical Practitioner was found guilty by the Criminal Court of issuing false sick leave certificates. The court's decision has been referred to Medical Council in accordance with the provisions of Art. 32 of the Health Care Professions Act. The Medical Council held an inquiry 5th February 2008. From the evidence provided and the circumstances of the case the Medical Council however found that the Medical Practitioner is not guilty. On the 13th June 2008 the President delivered the decision of the Council.

Medical Council - Malta

Annual Report 2008

MC/272/2004

Complaint made by Mr Vincent Piccinino, Director, Finance & Administration, Education Division against a psychiatrist who issued medical certificates both back dated and also in advance to his patient that suffers from chronic paranoid schizophrenia. The Medical Council held an inquiry on the 19th February 2008 because it transpired that the said doctor was in breach of Art 32 (1) (b)(c) of the Health Care Professions Act Cap 464. From the evidence provided and the circumstances of the case the Medical council did not find the psychiatrist guilty of any breach. On the 28th May 2008 the President delivered the decision of the Council.

MC/80/2007

Complaint was raised by a patient against a dental surgeon. The patient complained that the dentist used an acrylic replacement instead of a ceramic replacement as per his report. The Medical Council held an inquiry on the 4th March 2008 because the dentist has given false information. The Medical Council considered all information given during the inquiry and found that the dental surgeon was not guilty. However during the decision that was given on the 23rd July 2008 the Council recommended that the dental surgeon will compensate the patient with 350 Euros.

MC/D/307/07

The Medical Council held an inquiry on the 10th October 2007 because a Medical Practitioner showed himself on a bill board which is in breach to the Code of Ethics. However during the process of the inquiry it was brought to the attention of the Medical Council that it was an advert as an

Medical Council - Malta

Annual Report 2008

entrepreneur and not a Medical Practitioner. The Council was satisfied with the clarification and found that the Medical Practitioner was not in breach. On the 5th November 2008 the President of the Council gave the decision.

MC/D/310/2007

A Medical Practitioner was found guilty of drug abuse by the Criminal Court. Case was referred to Medical Council in accordance with the provisions of Art. 32 of the HCP Act. The Medical Council started an inquiry and found Dr Richard Coleiro guilty for unethical behaviour as referred in Art 32(1)(b) and (ii) of the Health Care Professions Act (cap 464). The decision was delivered on the 28th of May 2008.

1. His name was to be removed from the Medical Register for a period of six months as from the 28/05/2008.
2. Before the end of this period Dr Coleiro has to provide to the Council two medical certificates from competent specialists confirming that Dr Coleiro is in a good standing to perform his duty.
3. Every three months for a period of five years from this date (28/5/2008) he has to provide the Medical Council two medical certificates as stated in 2.

Dr Coleiro was re instated on the Medical Register on the 28th November 2008.

MC/D/285

A dental surgeon was found guilty by a Criminal Court of obtaining money from patients to speed up the process for new dentures.

Case was referred to Medical Council by Director General – Health in accordance with Art 32 of the HCP Act. Inquiry by Medical Council was

Medical Council - Malta

Annual Report 2008

appointed. On the 3rd December 2008 Dr Henry Diacono was found guilty for his unethical behaviour.

1. his name will be removed from the Dental Register
2. he will only be reinstated if he will produce a certificate that he has done fifty (50) hours of postgraduate training.

PENDING INQUIRIES

MC/D/268

The preliminary queries have been concluded. Complainant could not be contacted and inquiry had to be postponed several times. The last time the Council received from the complainant was from an address from abroad. Case is still pending.

MC/D/262

A complaint was raised by a medical practitioner querying breach of code of Ethics by another medical practitioner. Case is pending for a final decision.

MC/D/ 290 (a)

The Medical Council is still investigating a medical practitioner who allegedly obtained a post-graduate diploma by untruthful and deceptive declarations.

MC/D/290 (b)

The Medical Council is still investigating a Professor allegedly having supported an application from a Medical Practitioner to sit for a post-graduate examination by producing untruthful and deceptive testimonials.

Medical Council - Malta

Annual Report 2008

MC/D/295/06

The Medical Council is holding an inquiry on a medical practitioner who claimed to be a specialist without holding the specialization certificate. The case is still pending for further hearings.

MC/42/2007

The name of a dental surgeon was produced on an advertisement in a local band club publication. Since the same dental surgeon was found guilty of misconduct in a similar publication, the Medical Council decided to hold an inquiry. Inquiry is still pending.

MC/43/2007

An advocate from a legal firm reported a case to the Medical Council wherein two house physicians (with temporary licence) were involved in a quarrel between them. This case was also reported to the police who took the matter to court. Medical council informed the police to keep it posted of any decisions by the law courts.

MC/79/2007

A complaint was raised to the Medical Council by a patient on a dental surgeon. The Medical Council started an inquiry. Case is still pending for further hearing.

MC/89/2007

A court case on a medical practitioner was brought to the attention of the Medical Council. Council is waiting for further information from the courts on the case

Medical Council - Malta

Annual Report 2008

MC/52/08

A complaint was raised in front of the Medical Council on a Medical Practitioner with regards to actions that constitute breach of ethics. The Council started an inquiry and the case is still pending for further hearings.

MC/77/08

A complaint was raised in front of the Medical Council by the Director General (Health Care Services) against unprofessional and unethical behavior of a Medical Practitioner. The Medical Council is holding an inquiry and the case is pending for decision.

MC/79/08

A complaint was raised by a foreign patient in front of the Medical Council complaining about the unprofessional and unethical behavior of a Medical Practitioner. The Medical Council started an inquiry and the case is still pending for further hearings.

MC/118/08

Complaint was raised by a lawyer on behalf of her client complaining about the unprofessional and unethical behaviour of a Medical Practitioner. The Medical Council is still discussing the case.

MC/124/08

Alleged Forged Degrees in Dental Surgery used by Italian Nationals.

The Medical Council was informed by the Italian Health Department that five dentists had submitted false qualifications with the logo of the University of Malta. The Medical Council informed the Commissioner of Police and also the Dean of the Faculty for Dentistry at the University of Malta. The case is being investigated by the Italian Fraud Police Section.

Medical Council - Malta

Annual Report 2008



CONCLUSION

Medical regulation must be dynamic and adapt to the changing needs and expectations of society. We look forward to work constructively to ensure a regulatory system which is sensitive to local contexts and which meets the demands that a modern society places on it.

Mary Scicluna. MBA, Dip.Pub.Adm
Registrar
Medical Council – Malta

Medical Council - Malta

Annual Report 2008

ANNEX 1

Healthcare Professionals Crossing Borders
Spring Meeting
30th June 2008
The Hague, Netherlands

Dr David Muscat B.Ch.D and the registrar Ms Mary Scicluna represented the Medical Council during this conference. The key issues on the agenda included :

- Shared principles of regulation
- Third-country qualifications and recognition of professional qualifications legislation
- Competence assurance of healthcare professionals and
- Transparent and accessible healthcare regulation

The objective of the meeting was to implement the Lisbon Agreement.

The main thrust of the meeting was to have a common ground in tackling the 'bad apples' in the health professions so that patient safety is safeguarded. One EU country would advise the other about any professional misconduct.

The 23 EU countries discussed how to handle degrees from non EU countries. One has to exercise caution because, if one EU country recognises the degree, then automatically the other member states has to recognise it as well. The professional may seek to first register in a 'soft' country and then use it as a stepping stone to another EU country.

It was clear that the Medical Councils of Britain and Ireland are the most pro- active. The General Medical Council of the UK will in a few years be splitting the doctors into two groups;

- a. REGISTERED ONLY –eg doctors with administrative positions,
- b. REGISTERED AND ALSO LICENSED to treat patients

There will be very strict rules re continuing education and fitness to practice. The General Medical Council of UK currently has an up to date on line website where the registered professional has details of any cautions listed near his name including

Medical Council - Malta

Annual Report 2008

ongoing investigations. A doctor may have an interim suspension if he is deemed dangerous to the public while the investigation is underway.

The full report of the UK delegates lecture will be published in due course.

In the UK a working group has been appointed (reporting Dec 2008) to set up the regulatory bodies for different professions.

All the EU delegates agreed on competence assurance as being mandatory. Competence assurance has many stakeholders eg. Government, insurance companies, etc.

Regulation is there primarily for:-

1. the safety of the patients
2. quality within the health service
3. trust in both health workers and the health service
4. legal protection of the professionals.

Estonia has only recently formulated a medical professional's register. In Italy and Germany it is very difficult to keep track of doctors who have complaints lodged against them due to the several provinces. In Holland the doctor may be registered under the University he qualified in or under his home town address. In Holland the doctor must be included in the BIG register .Qualifications must first be recognized after which there is a stiff assessment procedure testing the knowledge of Dutch and English . Only then will the professional assessment be done.

Regarding the divulgence of information with regards to procedures against professionals, the French and Italians were reluctant to give citizens any information. All Councils agreed however that it was vital to co-operate with one another and the importance to start using the IMI (Internal Market Information System).

Medical Council - Malta

Annual Report 2008

SYSTEMS OF REGULATION SHOULD BE

Transparent, accountable, proportional, consistent

Regulation should be done this way:

1. prepare each case properly
2. treat professionals fairly
3. decision should be predictable
4. Civil servants objective and neutral
5. decision impartial
6. decision made by competent persons
7. decision should take care of personal integrity, be discreet and considerate
8. decision should not be arbitrary
9. equal matters should be treated similarly
10. decision should not be based on irrelevant facts
11. professional should have the right to contradiction
12. the decision should be made without undue delay
13. civil servants should be incorruptible and available
14. citizens should not feel minor
15. decisions can be appealed
16. decisions can be tried in the Court of Justice

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In Finland the onus of language is on the employer. The applicant is registered but at the yearly inspection, the inspector will check if the doctor can converse properly in Finnish and Swedish.

Editor – Dr David Muscat B.Ch.D

Medical Council - Malta

Annual Report 2008

ANNEX 2

- CODE – Conference of Orders and Assimilated Bodies of Dental Practitioners in Europe
Rome Meeting 23rd & 24th May 2008

Dr Anthony Charles B.Ch.D represented the Medical Council at this conference.

The CODE general secretary, Gilbert Bouteille, talked about the Internal Market Initiative (IMI) The IMI system is an internet based tool to facilitate information exchange between competent authorities across the EEA. The system is a database that allows any competent authority to securely request and respond to information from another competent authority elsewhere in the EEA.

IMI is currently in a 'pilot' phase. It is being used by the competent authorities of four regulated professions across the EEA (doctors, pharmacists, physiotherapists and accountants) to fulfil the information exchange obligations of the Directive on the recognition of professional qualifications (2005/36/EC). In due course other professions within the scope of this Directive will also be able to use IMI.

In 2009 the IMI system will be further rolled out to encompass other professions and services in order to fulfil the information exchange requirements of the Services Directive (2006/123/EC).

The item on the exchange on fitness to practice questionnaire gave very similar results to the Maltese situation. However, certain orders such as that of Norway have a different set up to ours I; one Council to register and the other to control and discipline the professions and advise the authorities.

One statistic which was presented was the mobility of dentists in the EU. The Medical Council presented the figures for Malta and these were kindly forwarded by Dr. Paula Vassallo, Head of Primary Dental Health Unit. Malta saw the migration of only two

Medical Council - Malta

Annual Report 2008

dentists. Malta, had a dentist population of 174 for the year 2007. This statistic can be very misleading as Maltese dentists tend to retain their Registration.

The language issue in the EU was raised and the final conclusion was that EU legislation does not allow language barriers as a way for health professionals to practice in other EU countries. France, UK and Romania ask for knowledge of the spoken language. Luxembourg was taken to the European Court of Justice and the dentist won the case because she knew two of the three spoken languages. Denmark demands that the professional is competent to read and write Danish on the history charts unless he/she has a Dental Surgery Assistant (DSA) who is able to translate. Spain allows German dentists to work in Costa Brava even though they do not know Spanish. In this area there is a very large community of Germans. The same happens in Ireland where there is a large community of Polish workers.

The majority of the Orders/Councils have a controlling hand on the paramedical/paradental professions; e.g. The General Dental Council of UK controls the registration of dental technicians and DSAs. This came about because one item we discussed was denturists, or dental technicians who provide full upper and lower prosthesis. These exist in a limited form in the UK, but are banned in the majority of EU countries. In Malta, I explained that we have a Council for Professions Complementary to Medicine that regulates Dental Technicians (apart from many more professions) and it falls under the Health Care Professions Act.

The continuous training of dental practitioners in EU was raised because in the very near future, this is bound to become compulsory. Every country represented in this meeting was given the opportunity for a very wide discussion on CPE. It is compulsory in the UK, Ireland, France, Scandinavian countries and Italy. The others have no legislation in place to make CPE compulsory. I explained that in Malta, though not obligatory, existed CPE programmes, for the past ten years, which are held jointly by the Dental Association of Malta and the Faculty of Dental Surgery of the University of Malta. The General Dental Council of the UK recognises these certificates when presented by registered dentists as part of their annual total of hours to be undertaken.

Medical Council - Malta

Annual Report 2008

To facilitate the movement of medical and dental professionals in the EU, a special identification card is to be issued by the countries through their respective Councils. This is a very complicated and delicate undertaking and it is expected that the French Presidency of the EU for the period July – December 2008, this issue will be pushed forward with increased energy. More information can be acquired from the CODE website.

An issue which was discussed was how much publicity can be used by dental professionals. This is a very vast issue, fraught with ethical considerations. One participant said that sometimes when publicity rules are relaxed, dental and medical practitioners tend to see people as customers and not patients. Work is also being done in the EU on publicity using the internet and its repercussions. The Medical Council will be receiving a questionnaire with regards to publicity allowed to be used by practitioners and any reforms which may be deemed necessary.

Editor Dr Anthony Charles B.Ch.D

Medical Council - Malta

Annual Report 2008



ANNEX 3

- The Registrar Ms Mary Scicluna was nominated by the Ministry for Social Policy to represent the Medical Council for the Internal Market Information System in Brussels on the 25th November 2008.

The Internal Market Information system (IMI) is an electronic tool that provides a system for the exchange of information so that Member States can engage in more effective day-to-day co-operation in the implementation of Internal Market Legislation. IMI supports competent authorities in Member States by helping them overcome important practical barriers to communication such as differences in administrative and working cultures, different languages and a lack of clarity identified partners in other Member States. Its aim is to increase efficiency and effectiveness in day-to-day co-operation between Member States.

Key Principles

The development of IMI is based on three key principles

- It does not impose additional administrative cooperation obligations on Member States beyond those already contained in the relevant Internal Market legislation
- It provides the flexibility to respect the diverse administrative structures and cultures in Europe
- It is a single system based on reusable building blocks. It is designed to be able to support many pieces of Internal Market legislation and will thus avoid a proliferation of information systems.

Benefits

IMI helps to deliver the benefits of the single market through enhanced administrative cooperation in the following ways:

Medical Council - Malta

Annual Report 2008

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- Member States manage a single relationship with a network instead of 29 bilateral relationships
 - Member States communicate using a clear, transparent and agreed working method
 - Member States can locate the relevant discussion partner in another Member State
 - Language problems are reduced through structured and pre-translated screen information combined with informal assistance through automatic translation of free text
 - Areas of administrative cooperation which were previously impossible now become feasible
 - Resources and time are saved in exchanging information with other Member States
 - Service quality is improved through increased transparency and predictability

Editor Ms Mary Scicluna

Medical Council - Malta

Annual Report 2008

ANNEX 4

- CODE – Conference of Orders and Assimilated Bodies of Dental Practitioners in Europe
Paris 27th November 2008

Dr Anthony Charles represented the Medical Council for this conference.

CODE (Conference of Orders and Assimilated Bodies of Dental Practitioners in Europe) held its meeting in Paris. Its objectives were:

- To promote patient safety across Europe
- To promote high standard of dental care in Europe
- To contribute to the safe facilitation of dental professional mobility within the EU.

Sixteen European countries were represented including Croatia which has applied to join the European Union and Albania which is aiming to increase its contacts with the EU.

After the opening welcome speeches by Christian Couzinou, the President of CNOCD, the CODE President, Massimo Ferrero, FNOMCeO, (*Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri*) and Gilbert Bouteille, General Secretary CODE, the meeting got down to business.

It was always pointed out that the professional councils and orders had a prime target to protect patients and therefore some items of the agenda may be alien to the Medical Council but make sense in the long run. One item which cropped up, tooth whitening materials can have drastic effect on the oral health of patients and therefore CODE was of the opinion that teeth bleaching with more than 0.1% hydrogen peroxide must never be sold over the counter and must be applied by the dental practitioner or under the supervision of a registered dentist. This is in accordance with the Scientific Committee on Consumer Products of the EU published in January 2008.

Medical Council - Malta

Annual Report 2008

Another item, raised by the General Dental Council of UK, was the use of botox injections by dentists to improve the aesthetics of patients. It was stated that this treatment is not dentistry, can have side-effects and is very prone to litigation in court. In Malta we have dental practitioners who are giving this treatment and in the future we might be seeing some patients who are not satisfied with the result.

CODE Ethical Principles:

- In the context of increased mobility of practitioners, general principles are necessary both for professionals and patients crossing borders.
- The European Commission is promoting the development of codes of conduct at European level.
- CODE members represent European authorities that are responsible for implementing **national code of ethics**. They consider that they have a role to play in the process of establishing common principles of good conduct for dental practitioners at European level.

However, the objective of this CODE initiative is **not to harmonise national rules** or to replace national ethics codes. CODE Members must commit themselves to respect the core ethical principles, as listed below, and ensure that their national Codes of Ethics do not conflict with these common principles.

Suggestions for core principles: The practitioner must:

- Put patients' interests first and act to protect them.
- Respect patients' dignity.
- Give appropriate information to patients and respect their choices.
- Protect confidentiality.
- Cooperate with appropriate authorities and other healthcare colleagues in the interest of patients.
- Maintain professional knowledge and competence.
- Be trustworthy.
- Inform the competent authorities if one intends to treat patients in another Member State.

Medical Council - Malta

Annual Report 2008

The next stage in the discussion is the item trustworthy and a document is to be presented in the Spring CODE meeting in Luxembourg.

A detailed report on European developments by Julie Jeanne Regnault, European and International affairs officer of CNOCD and lecturer on European Law at the Sorbonne at Masters level, gave an overview at what is happening in the EU parliament.

The salient points are:

- Proposal for a directive on patients' rights was adopted in July 2008 where it focuses mainly on patients' mobility and not professional mobility.
- Patients have the right to seek healthcare abroad and be reimbursed up to the amount which they would have received at home.
- Good medical practices must be monitored to achieve quality and safety standards and these are achieved by means of reference networks and e-Health.
- NIMIC (National IMI Coordinator) must be put in place as registrations of professions (Accountants, Doctors, Physiotherapists, Pharmacists, Dentists, Midwives, Veterinary Surgeons and Architects) will be coming into force not later than February 2009.

The whole programme in the field of health for 2009 in the EU can be found on the internet: http://ec.europa.eu/atwork/programmes/docs/clwp2009_en.pdf

Ms. Elizabeth Kidd, DG of SANCO 5 (Health Consumers) talked about the Green Paper on the EU Workforce for Health. This GP is aimed at developing effective and efficient health care systems for the treatment and prevention of disease throughout the EU Member States. She stated that health workers constitute 1 in 10 of the EU workforce, using up of 70% of healthcare budgets such as salaries. One of the main challenges facing our health systems are the ever increasing ageing population together

Medical Council - Malta

Annual Report 2008

with ever rising expectations by patients for new treatments and technologies. She talked about professional mobility which can result in deficiencies in certain disciplines and in some regions. She said that the USA is a big recipient of migrating health professionals from the Member State.

Dr. Hew Mathewson, president of the GDC UK clarified the issue of temporary registration for non-EU citizens. Temporary registration is EU law and this registration does not allow the dentist to work in private practice but can work under supervision in a teaching hospital or registered dental surgeries. The dentist is not entitled to any remuneration and can only stay in the UK for a maximum of 3 years

The use of "Doctor" by dental surgeons was raised by the European Commission against France by professionals who have a doctorate and teach and do research in a University. The Commission found that the title "Docteur" used by French "Chirurgiens-dentistes" must be allowed as it is a civil/usage title. This brings to mind a similar situation in Malta when sometime in the past the MC decided that dental surgeons can make use of the word "doctor" as a courtesy title.

Luxembourg, France Germany and Spain are to be brought before the European Commission because an application for registering medical and dental practitioners can only be done by means of an interview in the language of the state besides presenting the required documents. In Malta, the Medical Council only requires the documents requested.

Bilateral agreements between a MS and a non-EU country do not bind other MS. This was stated by the French lawyer Sylvie Germany who works for the CNOCD as a legal advisor on European law. The MC had requests from Syrian citizens who work as dental surgeons in Italy to be registered in Malta on the strength of a bilateral treaty between the two countries (Italy and Syria) which date back from April 1958. MC did not register these dental surgeons.

Editor Dr Anthony Charles B.Ch.D

Medical Council - Malta

Annual Report 2008

ANNEX 5

- The 3rd Designated Authorities Conference 10th December 2008

Dr John Felice B.Ch.D represented the Medical Council at this conference.

EU Directive 2005/36 (Mutual Recognition) 2005/36 and the Services Directive 123/2006.

The speakers have agreed that the differences between the two directives are so complex that to support the local market the Malta Qualification Council is expanding its services.

Dr James Calleja reported the need to make use of the MQC and stressed that an annual meeting is not sufficient to address the increasing demand. The new premises in Sta Venera makes parking very easy and there is no reason why their services should not be sought. Dr Calleja also indicated that the MQC will be asking the relevant local Designated Authorities for more frequent meetings on a one-to-one basis.

The National Qualification Framework for Life-Long Learning was discussed and also the need to bring in line with the European Qualification Framework by 2012.

The use of the IMI (International Market Information) was greatly encouraged. To date nobody has made use of the tool but now that a NIMIC (local IMI Co-Ordinator) is appointed, this should further facilitate their operational efficiency.

The possibility of IMI overlapping with the 'Health Professions Crossing Borders' programme was discussed albeit very briefly as the relevant speaker needed to consult further.

Editor Dr John Felice B.Ch.D

Medical Council - Malta

Annual Report 2008

ANNEX 6

- General Medical Council: Regulating Doctors and Ensuring Good Medical Practice – Visit by the registrar to the General Medical Council – Manchester 11th December 2008.

After a brief introduction about the organisation and the functions of the General Medical Council which has about 500 employees between Manchester and London offices I was introduced to the section where Good Standing Certificates/Current Professional Status are prepared.

The GMC have an agreement between EU Member States whereby the other competent authorities have agreed to set up an Electronic CGS/CCPS Agreement, the purpose of which is to facilitate the mutual exchange of Certificates of Good Standing as provided for by art 11 of the Council Directive 2005/36/EC.

Pre-authorisation from applicant for registration

- The applicant for registration will request a CGS/CCPS from the regulator and pay any fee required and the regulator will send the certificate automatically to the other regulator, or
- The regulator will make the request directly to the other regulator, in this case the medical regulator will be responsible for obtaining the prior authorisation (from the applicant for registration) to obtain a Certificate of Good Standing and the applicant for registration will be advised to pay the fee for the CGS/CCPS. The CSG/CCPS will be released to the other regulator when the fee is received.

For the General Medical Council a CGS/CCPS indicates that:

- The applicant for registration is not the subject of any pending or open complaint or charge before the GMC
- The applicant for registration has not been found guilty of any current or open unprofessional conduct or discipline

Medical Council - Malta

Annual Report 2008

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- The applicant for registration is not subject to any current order of discipline involving revocation, suspension or probation the GMC is aware of
 - The applicant for registration has not been found guilty of any criminal act which may be relevant to a licensing decision
 - The GMC is not aware of any record of malpractice judgement, award or settlement involving the applicant for registration
 - The GMC is not aware of this applicant for registration having had hospital privileges revoked or suspended
 - The applicant for registration is not currently subject to competence or health review or monitoring by the GMC
 - The applicant for registration is not the subject of any declaration of pending or open complaints to the GMC

Fitness to Practise reforms

Old procedures

- Conduct
- Health
- Performance

New procedures

- Holistic approach
- Professional decision making
- Separation of functions
 - Investigation
 - Adjudication

Investigation of complaints

Initial assessment -

- are there issues for the GMC to investigate?

Possible outcomes

- No issue for GMC (50% of complaints are closed within a month of receipt)
- Stream 2 – refer to local procedures (20% of cases)
- Stream 1 – GMC investigation (30%)

Medical Council - Malta

Annual Report 2008

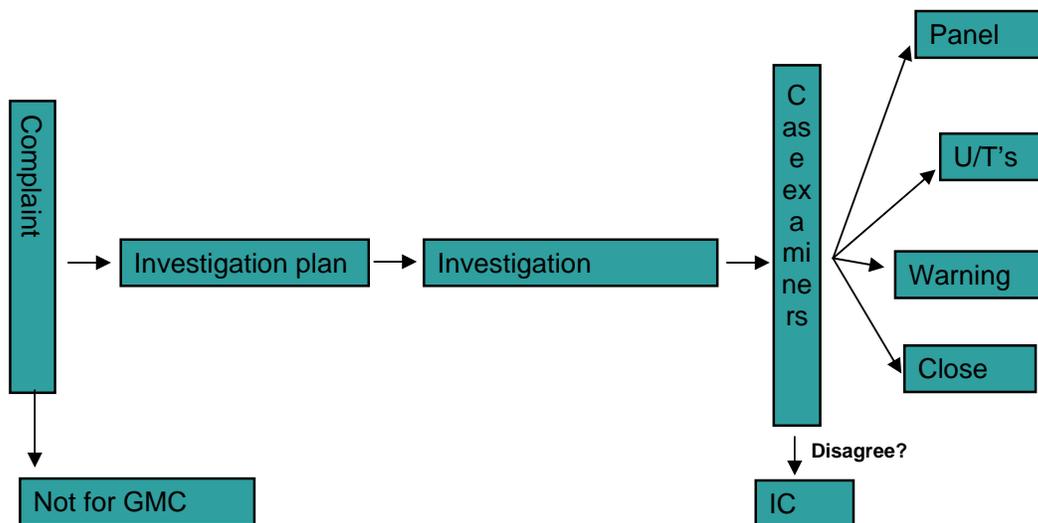
Adjudication

No GMC members involved – trained panellists
Cases heard by Fitness to Practice panels

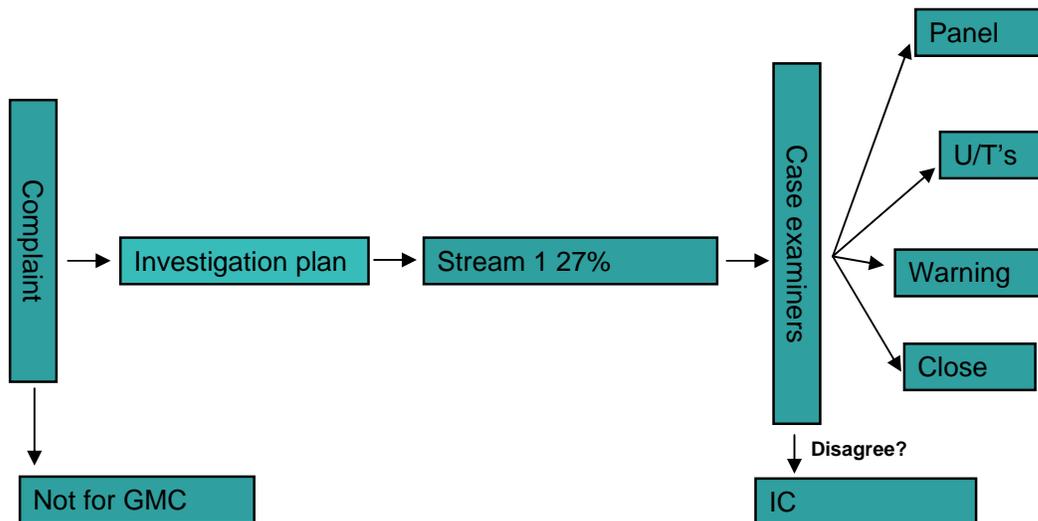
All panels in public except

- Evidence about a doctor's health
- Interim Orders Panel

Fitness to Practise Procedures



Fitness to Practise Procedures



IC – Investigation Committee

Medical Council - Malta

Annual Report 2008

Fitness to practise in context

- Changing attitudes of society
- Impact of Shipman Inquiry and other inquiries
- Sir Liam Donaldson's report
- Government White Paper *Trust, Assurance and Safety - The Regulation of Health Professionals in the 21st Century*

Developments arising from the White Paper

- Tackling Concerns Locally – Piloting GMC Affiliates
- Proposed transfer of GMC's adjudication functions to the Office of the Health Professions Adjudicator (this is the new independent body)
- Merger with PMETB (Post Graduate Medical Education in the UK)
- Revalidation



Registration

The GMC's Professional and Linguistic Assessment Board (PLAB) is responsible for setting the tests for International Medical Graduates.

Medical Council - Malta

Annual Report 2008

One of the GMC's core functions is to maintain the UK's medical register. In order to practise in the UK, International Medical Graduates must be registered with the GMC and this means that the GMC has to ensure that all those who seek registration are of the required standard.

All applicants must possess an acceptable primary medical qualification in order to apply for registration. The GMC currently regards most, but not all, of the primary medical qualifications listed in the World Health Organization directory of medical schools as acceptable for the purposes of registration with the GMC.

Before starting PLAB all candidates must demonstrate their proficiency in English. This is most commonly done by achieving the required score in the International English Language Testing System (IELTS).

The current PLAB test is in two parts. Part 1 is a three-hour, 200-item, computer-markable test of the application of clinical knowledge to the care of patients and can be taken in a number of countries worldwide. Candidates must pass Part 1 before taking Part 2, which is a 14-station, objective structured clinical examination which assesses clinical and communication skills and can only be taken at the GMC's assessment centre in London.

The GMC will introduce the licence to practise and, from that point forwards, the medical register will show whether a doctor is a licensed medical practitioner or holds registration only.

One WILL need a licence to practise if ;

- Wants to write prescriptions, sign death certificates or exercise any of the legal privileges currently reserved for registered practitioners
- Hold a post as a doctor in the NHS or independent sector

Or

Medical Council - Malta

Annual Report 2008

- 
- If the employer or another party places a contractual requirement on you to hold a licence in the future

One will NOT need a licence to practise if one:

- Does not intend to write prescriptions, sign death certificates or exercise any of the legal privileges currently reserved for registered practitioners
- Does not hold a post as a doctor in the NHS or independent sector ward will have no contractual obligation to hold a licence.

The introduction of licence has introduced the link to revalidation

Licences to practise will require periodic renewal. At the end of the first revalidation cycle, the renewal of a licence to practise will signify that the GMC has received positive affirmation that a doctor remains up to date and fit to practice.

Revalidation will require doctors to demonstrate to the GMC, normally every five years that they continue to practice in accordance with the standards set by the GMC and, for those on the Specialist or GP Register, by the relevant Royal College or Faculty. This demonstration will take place in a number of ways, but mainly through an enhanced form of annual appraisal. The GMC has already developed a working framework based on Good Medical Practice to support appraisal and assessment, which will allow doctors to reflect on their practice and their approach to medicine and to identify areas of practice for further professional development.

The full significance of the licence will only be apparent once revalidation begins. When it does, possession of a licence to practice will give patients further assurance that their doctor's knowledge, practice and skills are up to date.

Editor Ms Mary Scicluna