Medical Council - Malta

Annual Report 2009

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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 require 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 (2009) has witnessed two resignations: that of Rev Fr Charles Tabone O.P., lay member on the Council; and that of Ms Mary Scicluna, Registrar.

Fr Tabone was unfortunately unable to stay on the Council due to his commitments and responsibilities within the Archdiocese. During his short stay, we have appreciated his efforts to attend meetings and enquiries in spite of his tight agenda and hence our gratitude for his service to the Council. Fr Charles Tabone was replaced by Mr Charles Messina, appointed on the 4th February 2009. Mr Messina instantly showed enthusiasm in the Council's work and is of great practical help due to his vast past experience with the Department of Health.

The Council has also undergone a change in Registrar with the resignation of Ms Mary Scicluna MBA, Dip.Pub.Admin., and the appointment of Ms Svetlana Cachia B.Com. (Hons) (Public Policy). I would like thank Ms Scicluna who proved to be a supporting pillar to the undersigned and to all Council members, showing great dedication and enthusiasm in her role. Her sterling contribution has left its mark even in the smooth hand-over to Ms Cachia, who was appointed on the 7th September 2009. On her part, in these past months, Ms Cachia has very keenly taken up her role and in the name of the Council members, I would like to thank her publicly for her valuable work and encourage her to keep up the challenge for this new job.

During this year the Council has endeavoured to keep to its agenda, that is, tackling complaints, holding enquiries and concluding as many pending cases as possible. The number of complaints has notably increased since it appears that the general public has

become more aware of its rights and of the existence of the Council to which complaints regarding alleged unethical behaviour of a medical / dental professional can be referred. The Council has increased the frequency of its meetings and enquires to ensure that it functions to the full. Members have also participated in conferences abroad with the aim of broadening the horizons of our Council and acquiring experiences of colleagues overseas. Among other matters being handled by this Council are the amendments to the Standing Orders, the update to the Code of Ethics, and the drawing up of Ethics for Medical and Dental Students. The Council is also represented by two members who are to provide Quality Assurance of the Malta Foundation Programme, which started operating in July 2009 at the Mater Dei Hospital, while another member represents it on the Clinical Postgraduate Training Coordinating Committee (CPTCC). At this point I would like to thank all the members for their respective contributions within the several Sub-committees of the Council. Heartfelt thanks also goes to various medical and dental professionals, who have willingly accepted to give their expert advice to the Council when the need arose.

The length of this Report proves that during the year under review, the Council has worked earnestly and untiringly and its aim is to continue to do so in spite of its ever-increasing work load. I can assuredly state that I am satisfied with the good team work and I am confident that this current year will be a fruitful one too since I am sure that the aim of every member is that of rendering the Council efficient and just in its role. Therefore, once more, I would like to express appreciation and gratitude 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

2 Composition of the Medical Council:

I would like to take this opportunity to thank the President Dr. Josella Farrugia and all the Council Members for their continuous commitment to the Medical Council and its regulatory role, and for the service they rendered to its operations during their appointment.

On behalf of the Council, I also take this opportunity to thank Ms Mary Scicluna, the previous Registrar, for her constant and ongoing dedicated work and commitment to ensure continuity of the Medical Council's proceedings. Moreover, I would like to show her my gratitude for her assistance, guidance and tuition provided during the hand over period.

Members appointed by the Prime Minister

Dr Josella Farrugia LL.D. as the President
Dr. John Felice B.Ch.D
Dr. Alex Magri M.D.

Members appointed by the Council of the University of Malta

Prof. Godfrey Laferla M.D.,MRCS.,LRCP.,FRCS.,FRCSRCPS.,FRCS(Edin).,Ph.D.

Members elected by the Registered Medical Practitioners

Dr. Doreen Cassar M.D., M.M.C.F.D., Dip W.H. (ICGP), Dip P.C.&G.P. (Ulster)
Dr .Bryan Flores Martin M.D., M.M.C.F.D.
Dr. Alex Portelli M.D., M.M.C.F.D.
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 M.D., M.R.C.P.

Members elected by the Registered Dental Surgeons

Dr. James Galea B.Ch.D.

Dr. Anthony Charles B.Ch.D.

Members representing the Public – appointed by the Prime Minister

Ms Anna Abela

Mr Charles Messina[1]

Registrar (as at September 2009)

Ms Mary Scicluna MBA ; Dip. Pub. Adm[2]

Registrar (to date)

Ms Svetlana Cachia BCom Hons (Public Policy)[3]

[1] Mr Charles Messina replaced Fr Charles Tabone. He was appointed on 4th February 2009.
[2] On the 7th September 2009, a new Registrar, Ms Svetlana Cachia Bcom Hons (Public Policy) was engaged, replacing Ms Mary Scicluna MBA ; Dip. Pub. Adm.
[3] The Malta Government Gazette, No. 18,490 dated Tuesday 6th October 2009, page 12,495 *http://www.doi.gov.mt/EN/gazetteonline/2009/10/gazts/GG%206.10.pdf* accessed 20th March 2010

3 Key Aims of the Medical Council

The Medical Council's purpose is to protect, promote and maintain the health of the general public by ensuring proper standards in the practice of Medicine. The Council's statutory functions are defined in the Health Care Professions Act (HCP Act) Cap.464 (2003), which abides by the EU Directive 2005/36, as:

- Administering the systems for the registration and recommend to the President of Malta the granting of licences to medical practitioners and dental surgeons to practice their profession:
- To keep, update and publish the registers[4] 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 medical and dental practitioners, 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 / dental practitioners, for initial registration and yearly retention fees thereafter; as stipulated in the Legal Notice 330/2006

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] The Medical Practitioners: Principal Register; the Medical Practitioners: Temporary Register; the Medical Practitioners: Provisional Register; the Dental Surgeons Register and the Specialist Accreditation Register.

4 Principal Tasks for the year 2009:

- Finalising pending inquiries from previous years, tackling new inquiries and ensure to abide by the parameters set within the HCP Act 2003 and Legal Notice 38/2009

- Continue with the development and refinement of the new database, for all medical / dental practitioners, thus ensuring data protection and maintenance.

- Maintain the registers, listed above, and regularly uploading them on the Medical Council online website[5].

- Collecting payment of the first time registration fee and the annual retention fee due by medical / dental practitioners according to Legal Notice 330/2006.

- Consistently providing effective and efficient professional regulation so as to ensure and maintain the importance of the Medical Council and its role in society.

- 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.

- Providing assistance and guidance to national and international parties that request statistical information and other data.

[5] *https://ehealth.gov.mt/HealthPortal/others/regulatory_councils/medical_council/medical_council.aspx*

5 Meetings and Attendances

In the year 2009 the Medical Council held 20 meetings.

	Present	Excused	Absent
Dr. Josella Farrugia	20	-	-
Dr. John Felice	16	3	1
Dr. Alex Magri	13	6	1
Prof. Godfrey Laferla	4	5	11
Dr. Doreen Cassar	17	3	-
Dr. Bryan Flores Martin	19	1	-
Dr. Alex Portelli	8	10	2
Dr. Michael Boffa	16	4	-
Dr. Paul Soler	17	1	2
Dr. James Galea	6	11	3
Dr. Anthony Charles	19	1	-
Ms Anna Abela	13	6	1
Mr Charles Messina	17	-	-

6 Sub-Committees of the Medical Council and Representatives of the Medical Council on other Committees

The Sub-Committees 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, Dr. Josella Farrugia as chairperson, while Dr. Anthony Charles, Dr. Alex Portelli, Dr. Paul Soler, Mr Charles Messina and Ms 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, and for the approval of qualification certificates submitted for recognition.

- **Sub-Committee for Registration of the Dental Surgeons**

This committee is composed of Dr. Anthony Charles, Dr. James Galea and Dr. John Felice. This committee is responsible for reviewing all new applications of Dental Surgeons for registration with the Medical Council, and for the approval of qualification certificates submitted for recognition.

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

This committee is composed of Dr. Josella Farrugia, Dr. Bryan Flores Martin, Dr Anthony Charles 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.

- **Subcommittee for the Foundation Programme**

The Medical Council has appointed Dr Doreen Cassar and Dr Bryan Flores Martin to be the Medical Council's Quality Assurance Committee for the Malta Foundation Programme. It was unanimously agreed that they will have a fixed appointment so that if they will not remain on the Medical Council after the election in April 2010 they will still remain representing the Medical Council to ensure continuity as Quality Assurance Assessors.

- **Representative on the Specialist Accreditation Committee (SAC)**

Dr Paul Soler and Dr Michael Boffa (substitute) represented the Medical Council on the Medical SAC.

Dr John Felice and Dr James Galea (substitute) represented the Medical Council on the Dental SAC.

- **Representative on the Clinical Postgraduate Training Coordinating Committee (CPTCC)**

Dr Michael Boffa represents the Medical Council on the Post Graduate Advisory Committee

7 Participation in Conferences

- **Duty Visit to CODE spring Meeting, Luxembourg, 27th March 2009**

Dr Anthony Charles represented the Medical Council during this conference.

Annex 1: 'Spring Meeting Luxembourg, 27 March 2009 Report', General Secretariat, C.O.D.E, 2009

Annex 2: Report presented to the Council by Dr Anthony Charles

- **Forum on End of Life Treatment and Care Information for Delegates, London office of the General Medical Council (GMC), 2nd June 2009**

Dr Doreen Cassar represented the Medical Council during this forum.

Annex 3: Report on the End of Life Conference

- **Quality Assurance of the Foundation Programme Malta, GMC London, 2nd June 2009**

Dr Doreen Cassar represented the Medical Council during this information meeting between the GMC and Medical Council Malta

Annex 4: Meeting with the GMC June 2009

- **8th EPSO Conference, Stockholm, 15th -16th September 2009**

Dr John Felice represented the Medical Council during this Conference Meeting

Annex 5: Report on the EPSO Conference Visit[6]

- **Visit to CODE , Paris, November 2009**

Dr Anthony Charles represented the Medical Council during this conference.

Annex 6: Report by Dr Anthony Charles

[6] **Decision by the Medical Council on EPSO membership**
The EPSO Working Group on Individual Complaints Questionnaire was forwarded to the Medical Council. The Medical Council discussed this matter and decided that this does not fall under the Council's remit. Dr. John Felice thus identified the Division within the Ministry of Health for this task and to liaise with EPSO. The Registrar informed EPSO of the decision taken by the Council.

- **HPRO Card Meeting, Athens, 12th October 2009**

Dr Anthony Charles represented the Medical Council during this conference.

Annex 7: Report by Dr Anthony Charles

- **Quality Assurance of the Foundation Programme, Duty Visit, Manchester**

Dr Doreen Cassar represented the Medical Council during this visit.

Annex 8: Report on Quality Assurance for the Foundation Programme following observation visits of the GMC / PMETB in the UK

- **Quality Assurance of the Foundation Programme, Duty Visit, Oxford**

Dr Brian Flores Martin represented the Medical Council during this duty visit

Annex 8: Report on Quality Assurance for the Foundation Programme following observation visits of the GMC / PMETB in the UK

8 Important Events

8.1 The Malta Foundation Programme

The Malta Foundation Programme, officially launched in July 2009, is an affiliate Programme to the United Kingdom Foundation Programme. This is managed by the Malta Foundation School at Mater Dei Hospital. During its first year, it proved to be a total success.

Following negotiations between the Division of Health Care Services of the Ministry of Social Policy, Health, the Elderly and Community Care of Malta and the United Kingdom Foundation Programme Office, it has been agreed that the Foundation Programme Malta will be the same as the UK Foundation Programme. This will enable trainees who successfully complete the Malta Foundation Programme to compete on the same level as those who are successful in the UK Foundation Programme for specialty posts.

This new two-year Foundation Programme is beneficial in more ways than one. It will benefit patients by providing high quality care delivered by doctors well trained in core clinical skills. For doctors, training will be structured and streamlined, trainee-centred, competency-based and flexible. For the health service, doctors should be able to progress more quickly and in a more structured way.

The Curriculum of the FP Malta and the Operational framework are the same as those of UK Foundation Programme. Trainees document their assessments and competences in an e-portfolio provided by NHS Education for Scotland (NES).

8.1.1 Key Objectives:

The representatives of the Medical Council as Quality Assurance Assessors are responsible to develop and support the organisational framework within which the two-year Foundation Programmes and where appropriate F1 or F2 appointments are delivered:

- To ensure that systems are in place to train and develop the skills of the Foundation School Faculty including foundation training programme directors, educational supervisors and clinical supervisors;

- To develop and manage the recruitment process to foundation training in accordance with recommended recruitment processes;

- To ensure that fair systems are in place for the allocation of entrants to the School's Foundation Training Programmes;

- To ensure that a core programme of education is delivered;

- To ensure that the School provides appropriate career guidance;
- To ensure that the systems are in place for the collection, entry and analysis of assessment data to support applications for full registration with the Medical Council Malta (MCM);

- To ensure that the systems are in place to identify and help trainees who may be failing to progress satisfactorily.

The Malta Foundation School and Foundation Programme are quality-assured by the Medical Council Malta.

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

9.1 Medical Practitioners Examination

The Examination of Medical Professionals was held on Tuesday 24th March 2009 and on Friday 2nd November 2009. The table hereunder illustrates the number of applications in both occasions and the results obtained:

Date	Number of Applicants	Results
24-03-2009	1 candidate sat for whole examination	FAIL
	1 candidate sat for resit in Medicine	FAIL
02-11-2009	3 candidates sat for whole examination	FAIL

9.2 Dental Surgeons Examination

During this year, the Medical Council worked hard in order to set up the Examination of Dental Surgeons. Dr John Felice (representative Medical Council) held various meetings with Dr Simon Camilleri (Dean, Faculty of Dental Surgery, University of Malta and Dr Alexander Azzopardi (Department of Dental Surgery, Faculty of Dental Surgery, University of Malta). Unfortunately, discussions have not been concluded and thus this examination was not held in 2009. The Council aims at conducting the Dental Surgeons examination during year 2010.

10 Registrations in 2009

In year 2009 the Medical Council registered[7]:

Register	Gender		Total
	Female	Male	
Medical Practitioners: Principal Register	27	41	**68**
Medical Practitioners: Temporary Register	2	4	**6**
Dental Surgeons Register	4	6	**10**

Total Number of registered Medical Practitioners and Dental Surgeons as at 31st December 2009[8]:

Register	Gender		Total
	Female	Male	
Medical Practitioners: Principal Register	409	987	**1396**
Medical Practitioners: Temporary Register	6	25	**31**
Dental Surgeons Register	62	138	**200**

[7] Taken from the Medical Council Registers database
[8] Taken from the Medical Council Registers database

11 Publications in 2009

11.1 Legal Notice

- **L.N. 38 of 2009: HEALTHCARE PROFESSIONS ACT (CAP. 464)**

Medical Council (Penalties) Regulations, 2009
Government Gazette of Malta No. 18,374 - 03.02.2009

- **L.N. 375 of 2009**: HEALTHCARE PROFESSIONS ACT (CAP. 464)

Medical Council (Standing Orders) Regulations, 2009
Government Gazette of Malta No. 18,526 - 29.12.2009

11.2 Other documentation

- **Ethical Guidelines for Advertisement: Advertising by Medical Practitioners and Dental Surgeons**

The purpose of the Standards and Ethics regarding Advertisement is to foster excellence in Medical/Dental practice by formulating guidance to doctors and dentists on the principles of good medical practice and ethics.

The Medical Council discussed and reviewed this report during various Council Meetings. This document was still at the final stages by end 2009, but it will be published in the third quarter of the year 2010.

- **Ethics for Medical and Dental Students: Guidelines**

Dr John Felice has been delegated with the task of drafting a set of guidelines on the Ethics for Medical and Dental Students, with the aim of outlining professional values and fitness to practice. This document was forwarded to the Council for discussion. Feedback was also sought from Prof Godfrey Laferla (Dean, Faculty of Medicine and Surgery, University of Malta) and Prof Simon Camilleri (Dean, Faculty of Dental Surgery, University of Malta).

By the end of year 2009, this document was at its final stage of completion. The Registrar received the draft booklet version of this document from the Government Printing Press, and this was forwarded to all members for proof reading.

The 'Ethics for Medical and Dental Students' are guidelines by the Medical Council, for the use of various parties. Thus the Council agreed that this document merits a formal presentation and launching, where the following parties shall be invited:

- Rector of the University of Malta, or his delegate;
- Dean for the Faculty of Dental Surgery, or his representative
- Dean for the for the Faculty of Medicine and Surgery, or his representative
- Student Affairs Committee
- Medical Students Association
- Dental Students Association

The launching of the 'Ethics for Medical and Dental Students' shall be organised for the third quarter of year 2010.

12 Complaints, Inquires and Criminal Proceedings

Notwithstanding any measures taken by other entities with respect to Medical / Dental Practitioners, the Medical Council is bound by the provisions of the HCPA Chap Art. 32(1)(b) to initiate any Inquiry it deems necessary.

Complaints are discussed during Council Meetings and a decision is taken whether further action is deemed necessary, that is 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 for its final decision. The decision is communicated to the parties during a Council meeting.

12.1 Complaints Submitted

- **MC/118/2008**

Complaint was raised by a lawyer on behalf of her client complaining about the unprofessional and unethical behaviour of a Medical Practitioner. After conducting its examination of the case, the Medical Council decided that the case merited no further investigation.
Case status: closed.

- **MC/01/2009**

A complaint was raised from a patient about the unprofessional behaviour of a Medical Practitioner. The Medical Council carried out an extensive examination of the circumstances of the case and found that there was no case for further investigation.
Case status: closed.

- **MC/02/2009**

A complaint was raised in front of the Medical Council about a Medical Practitioner who was advertising his profession on a company website. The Council is still discussing this item and is working on a policy about web advertising.
Case status: pending.

- **MC/08/2009**

The Medical Council received a complaint by a Medical Practitioner through the office of Fair Trading about allegedly unfair practices by other medical/dental professionals and commercial entities (the latter providing services in tour operations, travel, holiday and tourism). The Council met with all medial/dental professionals for their clarification. However the Medical Council is still discussing this matter and it is working on a clear position.
Case status: pending.

- **MC/11/2009**

It has been brought to the attention of the Medical Council that various medical/dental practitioners are allegedly in breech of professional misconduct by their unfair practices. The Council met with all medial/dental professionals for their clarification. However the Medical Council is still discussing this matter and it is working on a clear position.
Case status: pending.

- **MC/12/2009**

It was brought to the attention of the Medical Council that a Dental Surgeon was claiming the title of a consultant. The Medical Council did its investigation and after carrying out a detailed examination of the case found no case of misconduct by the Dental Surgeon.
Case status: closed

- **MC/16/2009**

A patient filed a complaint against the way she was treated by the Company Doctor in question for alleged unprofessional and unacceptable behaviour as regards to sick leave verification. After conducting its analysis and discussing the reply from the said Medical Practitioner the members of the Council agreed that in the present circumstances this case merits an Inquiry so as to be in a better position to take its decision.

Case status: Pending

- **MC/20/2009**

A lawyer raised a complaint in front of the Medical Council referring to alleged violation of medical ethics on behalf of his client by a Medical Practitioner. After a full investigation of the matter, the Medical Council informed the lawyer that it has no jurisdiction over technical competency and thus it transpired that there was no unethical behaviour. The Council did not pursue the matter further.

Case status: closed

- **MC/39/2009**

The Medical Council has been informed that a Dental Surgeon was sending letters to people in a particular town in Malta to inform them about the reopening of a clinic. The Medical Council investigated these claims and requested the Dental Surgeon to provide further clarification during a Council Meeting. Since this letter has been interpreted as advertising, the Dental Surgeon has been instructed to refrain from repeating such exercises in the future.

Case status: closed

- **MC/40/2009**

The Medical Council received a complaint against a Dental Surgeon for unprofessional misconduct. The Medical Council carried out an extensive examination of the circumstances of the case and found there is no case for further investigation.

Case status: closed

- **MC/41/2009**

The Medical Council received a complaint by a lawyer on behalf of his client on the alleged unethical behaviour of two Medical Practitioners. From the Medical Council's investigations, it resulted that different clinicians may arrive at different diagnosis and from the clarifications made by the Medical Practitioners the Medical Council found no malpractice in their regard.

Case status: closed

- **MC/45/2009**

It was brought to the attention of the Medical Council that a Medical Practitioner claimed the title of Professor in various instances. The Council requested this doctor to provide further information on this matter, and referred to independent bodies, including the University of Malta, so as to be in a position of taking an informed decision.

During its extensive examination of the case, the Council identified the fact that this was common practice for other Medical Practitioners. The Council was after an official document on which it can act; so that it can contact all doctors in breach of this ethical issue. It is in everybody's interest to be aware of the correct title held by the practitioners.

Case status: pending

- **MC/49/2009**

A newspaper article was forwarded to the Medical Council so as to conduct its investigation on whether a Medical Practitioner was abiding with Legal Notice 105/2006, such stating that one cannot practice more then one profession. Clarification was also needed on whether the said professional was practicing as a Medical Practitioner or as a Pharmaceutical representative. Having conducted its investigations, and ensured that the said individual was working only as a Medical Practitioner, the Council decided that this case needed no further action.

Case status: closed

The Medical Council was also notified of various write-ups on the Times of Malta, where the said Medical Practitioner's articles were accompanied by a photograph. Since this maybe interpreted as advertising, the doctor was instructed to refrain from using the photograph in future.
Case status: closed

- **MC/56/2009**

A formal complaint was filed by a patient's relative against a Medical Practitioner with respect to the professional fees and the cost of medicines, during a consultation. This complaint was primarily addressed to the Malta Tourism Authority and the Department of Health. Having conducted its preliminary investigations, the Medical Council decided that this case merits an Inquiry.
Case status: pending

- **MC/61/2009**

A complaint was brought in front of the Medical Council alleging the mismanagement of a particular section at the Mater Dei Hospital. The Medical Council informed the complainant that his complaint doesn't fall under the jurisdiction of the Medical Council. It also informed him that the Medical Council will pass on his complaint to the Director General, Health Care Services.
Case status: closed

- **MC/66/2009**

It was brought to the attention of the Medical Council that a Medical Practitioner was claiming the title Obstetrics & Gynaecology Ultrasound Specialist in a local private hospital information booklet. The Medical Council requested the doctor to clarify this position so as to proceed with its investigation and examination of the case.
Case status: pending

- **MC/84/2009**

The Medical Council received anonymous reports that drug abusers are seeking the services of unnamed doctors who issue prescriptions of drugs in professionally unethical amounts. The Council deemed necessary to investigate this case so that action is taken if necessary.
Case status: pending

- **MC/90/2009**

A patient filed in a formal complaint against a Medical Practitioner regarding a statement about the patient's accident, and against the Department of Health for lacking to abide by the Data Protection Act. During this year the Council started its investigation and requesting further information deemed necessary.
Case status: pending

- **MC/104/2009**

The Medical Council received a complaint from a patient's parent against the Medical Practitioner who treated the patient after an accident. This complainant accused the Medical Practitioner of not conducting the requested medical tests indicated before issuing the medical certificate. The Council is still conducting its investigations.
Case status: pending

- **MC/105/2009**

A formal compliant was filed against a Medical Practitioner for alleged professional misconduct during a consultation in a private hospital in Malta. The Medical Council proceeded with its investigations and decided that this case merits an Inquiry.
Case status: pending

- **MC/106/2009**

The Medical Council received a complaint from a Medical Practitioner who in various occasions encountered a card, targeting tourists, offering free medical service during a set time range; and in one instance the complainant was not paid for the service. This

card also illustrated a mobile contact number, and thus the Medical Council was able to proceed with its investigation.
Case status: pending

12.2 Inquiries

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.

12.2.1 Decisions Delivered

- **MC/77/2008**

This was one of the most serious cases encountered by the Medical Council. A patient was to undergo an operation by two surgeons, one of them being Dr Johanna vant' Verlaat M.D., Ph.D., here being accused of failing to go to the operating theatre. It was agreed that this behaviour was ethically and professionally unacceptable. The doctor/patient trust had been broken.

The members of the sub-committees issued a report and presented it to the Council for its decision. All members of the sub-committee were present during the decision.

Decision by the Medical Council: The Medical Council found that Dr vant' Verlaat was found guilty of professional misconduct and will be suspended from the register for three (3) months and fined €10,000 and that the suspension will start a month after the sentence was read by the President of the Medical Council. The penalty was approved nine votes in favour, two against and one abstention.

Current Status of the case: Dr. vant' Verlaat is contesting the Medical Council's decision in the Civil Courts of Malta. This case is presently being heard in Court.

- **MC/D/262**

This case illustrates a circumstance where Dr. Frank Portelli M.D., F.R.C.S., unethically acted on another Medical Practitioner (the complainant) leading to a series of conflicts. Dr. Portelli was found guilty of professional misconduct.

Dr. Portelli did not attend the hearing during which the sentence was delivered, and then personally collected the decision from the Medical Council's office. Various correspondences were also published on the local newspapers regarding the decision taken by the Council.

Decision by the Medical Council: Dr. Portelli was fined 10,000 Euros. If failing to pay within three (3) months, he was to be struck off the register.

Current Status of the case: Dr. Portelli filed an appeal in the Court of Appeal Malta contesting the Council's decision. This case is presently being heard in Court.

12.2.2 Criminal Proceedings

- **MC/07/2009**

The Medical Council received a letter from the Department of Health requesting the Council to state whether the criminal proceedings brought before the Court against a Medical Practitioner would lead to the withholding of the Licence to practice, issued by the Council. The Department of Health had previously referred the matter to the police who charged the Medical Practitioner before the Criminal Court.

The Medical Council decided to hold an Inquiry. During the hearings, the Medical Council, assisted its legal adviser, heard the Medical Practitioner's submissions. The Medical Practitioner was also assisted by his lawyer.

Case Status: the Medical Council will give its decision during the first quarter of the year 2010.

12.2.3 Pending Inquires from previous years

- **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 a letter from the complainant was from an overseas address.

Case status: pending

- **MC/D/290(a)**

The Medical Council is still investigating a Medical Practitioner who allegedly obtained a post-graduate degree by untruthful and deceptive declarations.

Case status: pending

- **MC/D/290(b)**

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

Case status: pending

- **MC/D/295/2006**

The Medical Council is holding an inquiry on a Medical Practitioner who claimed to be a specialist without holding the specialisation certificate.

Case status: pending

- **MC/43/2007**

An advocate from a legal firm reported a case to the Medial 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 asked the police to keep it posted of any decisions by the Law Courts.

Case status: pending for decision 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 for alleged unethical and unprofessional conduct. By the end of the year 2009, the inquiry was at its final hearings.
Case status: pending

- **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 this case.
Case status: pending

- **MC/52/2008**

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 by the end of the year the Medical Council held the final hearings before its decision.
Case status: pending

- **MC/79/2008**

A complaint was raised by a foreign patient in front of the Medical Council complaining about the unprofessional and unethical behaviour of a Medical Practitioner. The Medical Council continues with its Inquiry and by the end of the year the Medical Council held the final hearings before its decision.
Case status: pending

- **MC/124/2008**

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.
Case status: pending

12.2.4 Inquires started during the year 2009

- **MC/16/2009**

Refer to section 12.1 above.

Case status: pending

- **MC/27/2009 (MC/78/2008 – Case considered closed)**

In view of the correspondence received from the complainant party, the Medical Council agreed to open the case for inquiry after the lapse of six months as stipulated in the standing orders. The subcommittee for this case was appointed. The first hearing was held in October 2009.

Case status: pending

- **MC/56/2009**

Refer to section 12.1 above.

Case status: pending

- **MC/105/2009**

Refer to section 12.1 above.

Case status: pending

13. The Way Forward

- **Guidelines of Penalties**

The Medical Council, with unanimous agreement, decided that there needs to be a set of guidelines on the penalties to be imposed during Inquiries. Dr. Farrugia and the Medical Council's legal adviser are working on the guidelines and will present them to the Council.

- **Ethical Guidelines for Advertisement: Advertising by Medical Practitioners and Dental Surgeons**

Refer to Section 11.2 on page 19

- **Ethics for Medical and Dental Students: Guidelines**

Refer to Section 11.2 on page 19

- **Code of Ethics**

The Medical Council intends to continuously update the Code of Ethics, with the aim of addressing the dynamic environment in which professionals operate.

- **Ethics on the Foundation Programme**

The Medical Council will draft a set of guidelines: Ethics on the Foundation Programme currently, in line with 'The New Doctor' UKFP Guidelines for the F1 and F2 doctors.

- **Examination for Non-EU Medical Practitioners and Dental Surgeons**

There needs to be a more and transparent procedure for the conduct of both the Medical Practitioners examination and the Dental Surgeons Examination. The Medical Council will appoint a sub-committee so as to draft the new regulations and procedures for the said examinations.

14. CONCLUDING NOTE

As can be noted the Medical Council devotes a good part of its time to deal with complaints. In today's dynamic Medical regulatory environment, the Medical Council occupies a central and very significant role in the Maltese Society. This requires continuous dedication and commitment towards making medical regulation closer to citizens' needs, thus ensuring a regulatory system which is sensitive to local contexts and which meets the demands that a modern society places on it.

Svetlana Cachia
Registrar
Medical Council – Malta

Annex 1

CODE Spring Meeting Luxembourg, 27 March 2009 Report

15 countries were represented at the Spring CODE meeting organised in Luxembourg on 27 March. Participants had the chance to be officially welcomed by the Grand Duke Henri. The Luxembourg Health Ministry participated also in the meeting. CODE Members adopted a common resolution on the exchange of information on disciplinary sanctions.

Friday 27 March 2009

1. Welcome addresses and presentation of participants

Welcome by Dr Felten, President of the College Medical. The College Medical was created in 1941. The dental art was represented from 1995. In 1932: the first dentist established in Luxembourg.
There are 400 dentists called “Medecins-dentistes” in Luxembourg. European mobility flows are significant.

- Dr Paul Nilles welcomes participants and gives an overview of the meeting programme. Organizations from 15 different countries are represented.
- New Member: the application for membership of the Belgium Conseil de l’Art Dentaire represented by Toon Hazaert is officially accepted by CODE members.
- There is no “ordre” for dentists in Belgium: the role of regulator being played by the legislator and government. However, the Conseil de l’Art Dentaire is a consultative body for the health ministry and has a scientific dimension.
- The competent authority for Hungary should join the association soon.

2. Disciplinary sanctions and the free circulation of practitioners

During the meeting, participants finalized and adopted a resolution on disciplinary proceedings requesting that the national authorities of EU Member States make sure that disciplinary proceedings instigated in one country can brought to a conclusion in that country. This would prevent practitioners accused of professional, ethical or criminal misconduct from moving their activities to another member state, thereby avoiding or pre-empting disciplinary actions.
The resolution is available here:
http://code-europe.eu/IMG/pdf_RESOLUTION_MARCH_2009.pdf

3. Audience at the Grand-Ducal Palace by the Head of State, Grand-Duke Henri

Participants have had an audience with the Grand Duke Henri at the Grand-Ducal Palace.

4. Bilateral agreements on the recognition of professional qualifications concluded between a European Union Member State and a third country: case of the France-Quebec agreement presented by Ms Sylvie GERMANY, legal officer at the "Conseil national de l'Ordre des chirurgiens-dentistes"

Mrs Germany, legal officer at the French Chamber of Dentists made a presentation about bilateral agreements for the mutual recognition of professional qualifications. There are countries that have concluded bilateral agreements with non EU countries on the recognition of diplomas. However, this is not equivalent to the automatic recognition granted by the 2005/36/EC directive.

5. Free data transmission and the problem of protecting the practitioners' personal data. Exchange according to national laws with participation of Mr. Gérard LOMMEL, President of the Luxembourg national committee for data protection

Dr José Antonio Zafra Anta introduced the debate underlining the necessity to rapidly exchange information on professionals from a Member State to the other. A contact person should be identified to facilitate the communication. In Spain, it is forbidden to send personal data.
Mr Lommel gave an overview of the legal context of data protection, both at National and European level.
There is a European directive that provides rules on data protection. The principle is that data should circulate freely inside the EU and that any distortion between Member States must be avoided. The directive applies to the EEA and some of the Council of Europe countries.
Public freedoms and fundamental rights must be protected: data must be accurate, updated. Only necessary data must be transmitted and recorded in security.
As far as the exchange of information on sanctions is concerned, the Luxembourg committee position is the following:

- Authorization of the Competent Authority to inform about the disciplinary sanctions
- Information given on final decisions only- not on pending cases
- Proportionality rule: is it necessary to send this information and on which extend? What will be the impact? Only when this concerns serious offenses with at least a temporary suspension, and only to concerned authorities
- Confidentiality of data must be ensured
- A negative list of dental practitioners fit to practice can be made public online (if the practitioner is erased, he does not appear on the database). The practitioner has the right to refuse to appear on a website, but this right is very limited.

The idea to publish online the decision of sanction is not considered to be proportionate. In case of internet publication, the decisions must be anonymised.

Differences in the interpretation can occur between the Luxembourg Health Ministry (which is the competent authority) and the committee. For the Health Ministry, there can

be some extreme cases where the exchange of information on pending cases can be accepted.

The College Médical can confirm the information that an enquiries is under way, but no details about the case should be given.

5. Speech from the Health Ministry, M. Mars DI BARTOLOMEO

Dr Nilles informed the Minister about the adoption by CODE of a resolution on disciplinary proceedings.
In his speech, the Minister insisted on the benefits of European cooperation. He underlined also the specificity of healthcare that cannot be considered as normal services.
Also, patients mobility about which we should have a directive soon, will only impact a minority of the European population.

Minutes of the discussions on Saturday 28 March 2009

1. Specialities in dental art: QUO VADIS?

Dr Dominique Champeval introduced the subject by evoking the legal European context and the definition of the notion of specialist. There is yet no Luxembourgian law governing the use of the professional title. However, the practitioner should not use a wording that might be misleading and make all believe that he has a specialist qualification.
The mutual recognition of medical specialties is possible if they 3/5th of the Member States agree on that. A recognition mechanism of new dental specialties is lacking. Nevertheless, two individual Member States can always agree to recognize medical and dental specialties according to their own laws.
Two European specialties are officially recognized at the European level:
- Orthodontics
- Oral surgery

Dentistry studies encompass compulsory common chapters according to the directive. Some countries recognize a large number of specialties such as the United Kingdom which has dental specialties. Is there a need for a dental medicine specialization at the European level?

<u>Delegations round table</u>

Belgium
There are two specialties recognized in Belgium, periodontology and orthodontics. A tendency to go further is in action since December 2008: a new working group was created within the Dental Art Council which will study the question and think of possibilities to create new specialties. The members of this working group met once and during the discussions, mentioned the possibility that pedodontics becomes a speciality in five years.

Graduates in dental science can practice their art after their five-year study, nonetheless, an additional one-year internship is required to be able to benefit from the INAMI national insurance system (which conditions the reimbursement of the treatments). During the last two years, 99.99 per cent of the graduates in dental science did an additional year.

Germany
The Bologna Model is problematic in Germany as it is not compatible with the German system. That's the reason why Germany does not yet fully comply with the requirement of the Bologna Model. Periodontology has been recognized in only one Bundesland. Both medical C.O.D.E. and dental formations are valid to form dentists. A medical formation is a condition to maxillofacial surgery specialty.

Luxembourg
The introduction of a new specialty is not foreseen in Luxembourg. The Chairman of the Medical College has asked for the official recognition of both oral surgery and orthodontics.
The AMMD is opposed to the introduction of any specialties.

Estonia
There are three specialties in Estonia: Orthodontics, Maxillofacial Surgery and Restorative Dentistry. Formation lasts five years. The introduction of new specialties is currently not foreseen.

Ireland
There are two specialties recognized in Ireland: Orthodontics and oral surgery. The Irish Dental Council promoted the introduction of two additional specialties to the Health Ministry: Dental Public Health and Special Care Dentistry. However, so far, no concrete measure has been taken in this respect. Specialists are allowed to practice general dentistry.

Italy
There are two specialties recognized in Italy: orthodontics and oral surgery. Discussions are under way concerning the introduction of pedodontics and general dentistry as new professional specialties.

Slovakia
There are three specialties recognized in Slovakia since 1 January 2005: Orthodontics, Pediatric Dentistry and Maxillofacial Surgery. A new professional formation has been implemented in 2009: it sets to 6 years the general formation and to three years the specialization formation. Specialists are allowed to practice general dentistry.

Albania (Observer country)
There are two specialties recognized in Albania: oral surgery and restorative dentistry. There is currently a debate about the introduction of orthodontics and pediatric Dentistry as additional specialties. Formation in dental science lasts five years in Albania. Specialists are allowed to practice general dentistry.

Malta
There are two specialties recognized in Malta: oral surgery and orthodontics. Training in dental art lasts five years in Malta and specialists are allowed to practice general dentistry.

Hungary
There are two specialties recognized: oral surgery and orthodontics. The formation in dental art is currently undergoing changes in Hungary. Specialists are allowed to practice general dentistry.

Croatia
Training in general dental art lasts six years and specialization lasts three years. There are eight specialities: Child dentistry, Endodontic & restorative dentistry, family dentistry, oral surgery, oral medicine, orthodontics, periodonthology, dental prosthetics. Specialists are allowed to practice general dentistry.

United-Kingdom
There are 13 specialties in the United-Kingdom. Special Pathology has been recently recognized as a professional specialty. Training in general dental science lasts five years and specialization lasts three years. Specialists are allowed to practice general dentistry but in 2011 a certificate will be required from specialists who would like to practice general dentistry.

Monaco
There is one specialty: orthodontics. There is no dental school in Monaco, students generally qualified in France or in the United-States. The diploma is then checked and if approved, they are allowed to practice in their home country.

Spain
General training in dental art lasts five years in Spain. There is no speciality in Spain but the Dental Council is in favor of the introduction of new specialities such as oral surgery, orthodontics, maxillofacial surgery and pediatric surgery.

France
There is only one specialty: orthodontics. A specialist cannot practice general dentistry. Oral surgery may be soon added as a new speciality.

2. Dental mercury amalgam: state of play in the different European countries

Luxembourg
There is no legislation concerning the use or non-use of dental mercury amalgam in Luxembourg. Numerous organizations promote the use of dental mercury amalgam.

Ireland
The use of dental amalgam is authorized in Ireland.

Estonia
The use of dental amalgam is authorized in Estonia, yet very rare. There is currently a debate about the implementation of a new law on the waste treatment.

Belgium
The use of dental amalgam is authorized in Belgium, the compliance and enforcement of the relevant law is ensured by the Federal Agency for Medicines and Health Products. A law on waste treatment exists in Flanders.

Italy
The use of dental amalgam is authorized in Italy but tends to decrease at the expense of composites.

Slovakia
There is no legislation governing the use of dental amalgam in Slovakia but debates, initiated by dental companies are underway to set up a law authorizing the use of dental amalgam.

Albania
The use of dental mercury amalgam is on the decrease.

Croatia
The use of dental amalgam is authorized in Croatia but under tight conditions.

Hungary
The use of dental amalgam is authorized in Hungary but is steadily decreasing.

Malta
There is no legislation concerning the use or non-use of dental mercury amalgam in Malta. The major problem is a financial one: mercury amalgam is much cheaper than composites.

Spain
There is no national legislation prohibiting or restricting the use of dental mercury amalgam in Spain.

Monaco
The use of dental mercury amalgam is authorized in Monaco but practitioners are encouraged to use filters while manipulating them.

United-Kingdom
There is no national legislation prohibiting or restricting the use of dental mercury amalgam in the United-Kingdom. There is a national law governing the waste treatment.

France
There is no national legislation prohibiting or restricting the use of dental mercury amalgam in France excepting cases of pregnant women. There is also a law on the waste treatment.

To be noticed: Sweden has recently condemned the use of dental mercury amalgam but to date, no law has been implemented.

3. Presentation on the Green Paper on EU health workforce
Gilbert Bouteille summarized the content of the Green Paper on health workforce in the EU.

There is currently a gap between the rising demand of health and dental services and the offer that remains stable. There are numerous challenges: to adopt the healthcare systems to the ageing population, to manage new technologies and new health threats that bring with them growing health expenditure. 70 per cent of the health expenditure is dedicated to the professionals' salaries.

The Green Paper aims to describe the challenges faced by the EU health workforce such as living longer, migratory fluxes, increasing health expenditure, unequal professionals' mobility, and to engage stakeholders in the debate so as to address these problems effectively. The deadline to react to the Green Paper on EU health workforce is 30 March 2009.
Important issues raised in the Green Paper include dealing with ageing population, increasing health capacities, investing in training, addressing professionals' mobility and international migrations, gathering relevant information necessary to political decision-making.

The Green paper also underlines the key role played by entrepreneurs in encouraging business leaders to invest in the heath care area to improve the forward planning of health services and to generate employment. The importance of the cohesion policy is raised as well by the Green Paper, the European Commission promoting an increasing use of the structural funds in the early formation and continuing education. In the Green Paper, the European Commission favors a better approach to managing the structural funds in order to develop the human resources and infrastructure in the health sector and therefore, to improve the working conditions of the EU health workforce.

4. Presentation on age limit for dental practitioners

France
There is no age limit for health professionals in France.

Belgium
There is no age limit for health professionals in Belgium. However, a practitioner can be banned from practice for unprofessional conduct. It is up to the ten commissions composed by doctors and midwifes to take this decision.

Estonia
There is no age limit for health professionals in Estonia.

Ireland
There is no age limit in Ireland but in reality, discriminatory practices remain. A law prohibiting public dentists from practicing after 65 years old has recently been modified because it was seen as discriminatory. From now on, only the managers of the public sector to decide whether practitioners who are more than 65 years old are allowed to practice.

Italy
There is no age limit for health professionals in Italy excepting for public dentists who must comply with the age limit of 77 years old. However, the majority of the dentists work independently in Italy.

Slovakia
There is no age limit for health professionals in Slovakia. However, dentists over 65 years old must register each year at the General Medical Examination.

Albania
There is no age limit for health professionals in Albania excepting for public dentists who are not allowed to work after 60 years old for women and 65 year old for men.

Malta
No age limit, but Health professionals can be banned from practicing for physical or mental incompetence.

Hungary
Health practitioners must register every five years to be allowed to practice. They can be banned from practicing for physical or mental incompetence.

Croatia
There is no age limit for health professionals in Croatia except for public dentists who are not allowed to practice over the age of 65 years old.

Spain
There is no age limit for health professionals in Spain except for public dentists who are not allowed to practice over the age of 65 years old. Health professional must take an annual exam in order to demonstrate their both their physical and professional skills.

Monaco
There is no age limit for health professionals in Monaco.

United-Kingdom
There is no age limit for health professionals in the United-Kingdom.

Luxembourg
There is no age limit for the private health professionals. The age limit for public dentists is 65 years old but it can be prolonged up to 68 years old.

5. Presentation on the CODE internal activities by Mr Gilbert Bouteille

- **Review of CODE status**

Gilbert Bouteille called for the creation of a working group aimed to discuss the potential CODE status modification necessary.
Mr Bouteille expressed his regrets for the absence of the principles of both independence and neutrality in the common ethical principles.
Advertising is another issue that should, according to Mr Bouteille, be mentioned in the CODE common ethical principles.

- **CODE visibility to European policy-makers**

In the future, CODE will reinforce the dialog with EU decision makers.

- **HProCard and HPCB**

The European Commission has granted funds to the HProCard project that aims at studying feasibility of professional cards in the EU and how to ensure their interoperability.
Gilbert Bouteille encouraged also the participants to participate in the initiatives launched by the Healthcare Professionals Crossing Borders.

Next meeting

The next CODE meeting will take place in Paris on 27 November 2009.
Issues to include on the agenda:

- Review of CODE Statutes
- Dental assistants
- Dental Specialities: follow up
- Relationships between dentists-surgeons and stomatologists

CODE
General Secretariat

Annex 2

C.O.D.E. 2009 Spring Meeting
Luxembourg
27th and 28th March 2009

I had the honour again to represent the Medical Council at the Meeting of C.O.D.E which was organised by the College Médical du Gran Duché de Luxembourg. It was attended by 34 participants from 15 regulating orders in Europe. Some of the participants, such as Croatia and Albania, use these Meetings as a launch pad for there future integration into the EU.

The first and most important issue discussed was **Disciplinary measures and free migration of practitioners.** The introduction was made by the 2009 President of CODE, Dr. Paul Nilles of Luxembourg. The objective of this resolution was that in every country, a practitioner who is subject of disciplinary investigations will not be able to move his/her activity to another EU MS until all the procedures are exhausted. For example, a dental practitioner (could be equally valid for medical practitioners) who committed a misdemeanour in one MS cannot work in another MS until such time that the investigations and judgements are bought to conclusion. All the information must be transmitted to all other Member States. The General Dental Council of the UK (procedure used also by the General Medical Council) does not allow a dental practitioner to auto-remove oneself so that GDC or law courts cannot be able to take recognisance of the impeding investigation and procedures. The resolution goes further by saying that national authorities responsible for individual data protection do not oppose communicating these rulings.

This resolution was adopted by all participating members of the Meeting and signed. This was presented to the Minister of Health of Luxembourg during the Meeting who, in turn, will be presenting it to the European Commission. I am enclosing the resolution with this report.

Free data transmission and the problem of protecting the practitioners' data was the next item on the agenda. This was presented by the President of the Luxembourg National Committee for Data Protection. A questionnaire on national policies and workings of Data Protection in Member States will be circulated in the near future for the Autumn Meeting,

A paper was read on the recognition of professional qualifications concluded by means of bilateral agreements between a European Union Member state and third countries. According to Ms. Sylvie Germany, legal advisor to the "Conseil National de l'Ordre des Chirurgiens-dentists" of France these treaties are not binding to other MS. France has a bilateral agreement with Quebec, Canada, Spain with Spanish South American countries, Portugal with Brazil and Italy with Syria. I explained that we had two/three requests for registration from Syrians who work as dentists in Italy who cited an April 1958 treaty. MC did not accept their request for registration thus proving that the Council was in the right. Even after working for more than 5 years in EU due to such a

bilateral agreement, the practitioner does not have the right to register in another EU MS, unless he/she has undergone a specialist course of more than 4 years.

The subject of specialities in dentistry in Europe showed marked differences among EU member states. Whilst the majority had orthodontics and oral surgery as the only two specialities as decreed by EU laws, some MS do not have specialist lists. The UK had the biggest number of specialities (13) resulting in cumbersome dilemmas when only a few dental surgeons are registered in that speciality as keeping ones name on the register results in heavy expenses and bureaucracy. These British specialities were made on the insistence of the National Health Services. In fact, the number of specialities which can be recognised is directly influenced by local scenarios and the EU is not about to change actual legislation.

As already stated the Orders have a primary objective to protect patients, amalgam use in dentistry was raised and every representative gave their countries actual policies as some of the EU MS are banning its use. The Nordic countries are the first to ban amalgam after legislation was pushed on national agenda by the Greens. The WHO and the FDI-World Dental Council had adopted the stand which states that there is no scientific proof that amalgam had or has deleterious effect on people and that it is still the most economically available restorative material. The EU adopts the same reasoning. The EU advises the MS to make the use of amalgam separators compulsory so that mercury does not trickle into the aquifers. Some MS believe that the sale of compulsory amalgam separators is a form of commercial enterprise.

The agenda for the next meeting of CODE which is to take place in Paris has advertising and internet sites among the issues to be discussed and I am proud to say that these two issues were raised by me as in the Medical Council these are continually cropping up for discussion.

More information on CODE can be found on www.code-europe.eu.

Dr Anthony Charles

Encl: Resolution – Disciplinary measures and free migration of practitioners

Annex 3

Supporting good quality end of life treatment and care' Forum, Tuesday 2 June 2009, London

The theme of this forum was 'Supporting good quality end of life treatment and care'. This forum aimed at bringing together European standards-setting and regulatory bodies to share knowledge about common challenges in practice and exploring their role in supporting clinicians. It discussed the broader issues and challenges in providing good end of life care from different perspectives and considering how the GMC should address these issues as the regulatory body for doctors.

During the first hours of this forum UK and France gave a presentation on the End of Life Treatment practiced in their country. This forum aimed at clarifying the ethical and legal framework that governs treatment limitation, promoting good professional practice in areas of known difficulty and thus improving patient and public understanding of the issues.

- **End of Life Decisions in the UK - Overview**[9]

Ms Jane O'Brien, Head of Standards & Ethics, gave a brief outline of the law and regulations presently enacted in UK. In UK treatment to be given is discussed and ultimately a decision is taken between the Medical Practitioner and the patient, or else, the legal attorney and court appointed representatives.

The GMC's role is '…to give advice to the profession on standards of professional conduct, professional performance and on medical ethics, as the Council think fit.'[10] Even though its primary role is to advise individual Medical Practitioner, it also performs the following:

- Tells patients, the public, employers, the courts, what is expected of doctors;
- Informs the medical curriculum and is taught in undergraduate and postgraduate courses;
- Provides a 'benchmark' to consider doctors' fitness to practise when complaints are made to the GMC;
- Provides the framework for 'revalidation', NHS and other appraisal systems.

A Medical Practitioner to act in 'best interest' and thus start from a presumption in favour of prolonging life. This is not an absolute obligation. Medical Practitioners have also the duty to offer those treatments where the benefits outweigh any burdens, risks or harms associated with treatment; and to avoid those treatments which will not work;

[9] 'Supporting good quality end of life treatment and care' Forum, Tuesday 2nd June 2009, London Speech and presentation by Ms Jane O'Brien, Head of Standards & Ethics on 'End of Life Decisions in the UK'

[10] Medical Act 1983 (as amended)

or provide no overall benefit to the patient; or have been refused by a patient with capacity to make their own choice.

The GMC has recently issue a publication for consultation (closes 13 July 2009), 'End of life treatment and care: Good practice in decision-making. Draft guidance for doctors'[11]

- **French Law Regarding the End of Life CEOM – 15 May 2009[12]**

This presentation was conducted by Dr Philippe Biclet, National Board Member, who referred to the following texts:

- The law of 3 March 2002
- The law of 22 April 2005
- Article 37 of the code of ethics (amended in 2006)
- Recommendations of the Léonetti Commission leading to the proposal of a new version of article 37.

These gave rise to a set of principles through which medical professions must act. The physician does not have the right to deliberately cause the death of a patient. The criminal code and the ethics code prohibit euthanasia and prohibit assisted suicide. The parliamentary debates and hearings put medical humanism first placing emphasis on the intention behind the medical act that must be to allay pain and not take away life.

A Medical profession has to respect the autonomy of the patient who must consent to treatments and is free to refuse care. Unreasonable obstinency and the possibility to renounce to maintain or administer a useless and disproportionate treatment are also prohibited. Physicians must take into account the non assessable suffering of the patient (in the case of brain damaged and new born patients). Duties towards the patients' family circle are also to be remembered.

If the patient is conscious Medical Practitioners are bound to reiterate the patient's decision to refuse care. If the patient is unconscious there needs to be consultation with the person they have designated to express their wishes is required and consultation of the living wills when there are some.

It was also outlined that there needs to be guarantees to validate the medical decision. Thus the collegial procedure and the traceability of this procedure allowing later checks must be ensured.

However better information needs to be given to professionals.

[11] www.gmc-uk.org/end_of_life_care
[12] Supporting good quality end of life treatment and care' Forum, Tuesday 2nd June 2009, London
Speech by Dr Philille Biclet, National Board Member, 'French Law Regarding the End of Life CEOM – 15 May 2009'

- **Improving patient and public understanding of the**[13]

Mr Stephen Whittle, GMC Council Member, who conducted the discussion on 'Improving patient and public understanding of the issues', introduced this subject by stating that 'It's always worth remembering about principles that ethics is rarely a conflict between right and wrong but between two rights. That is what makes it both interesting and difficult. But also remember the observation of a French professor of ethics that ethics is what you do when no one else is watching….'

Mr Whittle also quoted some important words found in the GMC consultation document: 'dignity, respect, compassion, support', values which are usually sought be citizens at their end of their life. But people are a mixture of competing emotions and feelings: some also have beliefs about what is right and wrong when it comes to the matter of life and to what extent should one intervene to maintain it or to end it.

The majority of patient aim at living as long as possible, still being a burden on others and to oneself is unethical. People are not to be forces to be encouraged to death based on someone else's idea of what might be good or not.

Thus a Medical Practitioner may favour of maintaining life but must equally ensure that a patient's views are known in advance care planning. This is Mr Whittle recognised the fact that this is an argument for education health care workers of all sorts about the sensitivities of end of life care. There are challenges in all of this about how Medical Practitioners weigh these difficult issues and how they communicate both with patients and clinicians. The GMC guidance is a great first step as it works equally well for patients as well as doctors. But doctors, too, need to come forward more and engage with society about what they can achieve in end of life care to start to break down the fear factor.

Talking from a patients perspective, Mr Whittle stated that it would be interesting to know how doctors find a route between the temptation to omnipotence because science makes it possible to achieve so much beyond the point of dignity and compassion, and the omnipotence of some who think they know when a life should end and lack both respect and support.

This forum aimed at analysing how these issues are addressed in different countries: how patients and doctors work together on providing and experiencing the best quality end of life care which puts the patient at the centre, and how ethical dilemmas that are at the heart of the matter are resolved.

[13] 'Supporting good quality end of life treatment and care' Forum, Tuesday 2nd June 2009, London
Speech and presentation by Mr Stephen Whittle, GMC Council Member on 'Improving patient and public understanding of the issues'

- **Interface between Human Rights: the Law and Ethics in End of Life decision making**[14]

Ms Monica Carss-Frisk outlined that the Human Rights Act governs the conduct of public authorities by providing that they must not act incompatibly with the Convention rights scheduled to the Act. Everyone's right to life shall be protected by law. No one shall be deprived of life intentionally, except in the case of the death penalty, sentenced by Courts following the conviction of a crime for which this penalty is provided by law.

The State has a positive obligation to compel hospitals, whether private or public, to adopt appropriate measures for the protection of their patients' lives, and thus decisions to withhold or withdraw treatment from an incompetent patient should be governed by what is in the best interests of the patient.

Ms Carss-Frisk also outlined that unjustifiable discrimination in relation to Convention rights in prohibited. This enforces equal treatment of patients, for example, the life of a disable individual cannot be treated of less value than that of a patient without disability. The Human Rights Act reinforces the importance of well-established ethical principles and good practice.

- **End-of-life Care: Culture/Faith perspectives (Organ-failure case study)** [15]

Professor Gurch Randhawa, Director, Institute for Health Research, University of Bedfordshire conducted the speech on 'Culture/Faith perspectives'. Statistics outline that although over 3,000 people in the UK received an organ transplant in 2007/08, another 1,000 died after having waited in vain on the waiting list, which currently numbers over 8,000 people. Data relating to organ donor waiting lists and organ donors highlights significant disparities between ethnic groups. UK Potential Donor Audit shows a 32% family refusal rate for White families and 74% refusal rate among non-White families.

Empirical studies have shown that cultural issues are important influencing factors when making a decision about organ donation. The influence of belief and faith systems is less clear.

Professor emphasised that 'There is an urgent requirement to identify and implement the most effective methods through which organ donation and the "gift of life" can be promoted to the general public and specifically to the BME population…."[16]

[14] 'Supporting good quality end of life treatment and care' Forum, Tuesday 2nd June 2009, London
Speech and presentation by Mr Monica Carss-Frisk on 'Interface between Human Rights: the Law and Ethics in End of Life decision making'
[15] 'Supporting good quality end of life treatment and care' Forum, Tuesday 2nd June 2009, London
Speech and presentation by Mr Professor Gurch Randhawa on 'End of Life Care: Culture/Faith perspective (organ-failure case study)
[16] Organs for Transplants, Organ Donation Taskforce, 2008, Recommendation 13, quoted by Professor Randhawa

The Organ Donation Taskforce commissioned one-to-one interviews with senior representatives of faith and belief groups. A total of 17 interviews were conducted by Professor Randhawa. This study highlighted the major barriers to organ donation among minority ethnic communities. Some include: mistrust or lack of confidence in medical profession; reluctance to discuss death; and assumed cultural and religious objections to organ donation. Current provision of end-of-life care services to minority ethnic groups may be regarded as 'culturally insensitive'.

Thus this requires the provision of culturally competent services. These include:

- be aware of taboos and discrimination and of the relevant legislation
- be aware and careful about making assumptions
- get to know the patient and the family; and do not allow relatives as interpreters
- discover the patient's situation within their own culture
- communication skills are invaluable
- be sensitive but not over sensitive
- recognise that attitudes to illness, and grief, vary from culture to culture
- do not stereotype
- balance equality with difference
- recognise complexity and multiple causation of cultural patterns
- keep good records
- have an ethnically diverse staff
- provide a suitable environment/hospitality for all ethnic and faith groups
- provide appropriate literature
- have a knowledge of different faiths and religious practices
- get to know local religious leaders of different faiths
- provide regular staff training
- meet with ethnic groups
- be aware of national organisations related to different ethnic and faith groups
- keep a multi-faith calendar
- train bereavement counsellors in non-western models

Annex 4

Meeting with the GMC June 2009

Dr Doreen Cassar represented the Medical Council Malta at a meeting with Ms Kate Gregory and Ms Patricia Le Rolland from PMETB. The subject was the role of the Medical Council Malta in regard to the quality assurance of the Foundation Programme Malta.

The discussion focused on the possible help the GMC and PMETB could give the Malta Council to quality assure the Foundation Programme Malta so that there will be an acceptance of Malta Foundation Programme.

Dr Cassar informed the members of the invitation from Ms Kate Gregory to allow Medical Council Malta members to observe a GMC/PMETB Quality Assurance of the Foundation Programme (QAFP) .There were to be two visits, one in October and another in December. It was agreed that Dr Doreen Cassar and Dr Flores Martin will go for this visit in October. The registrar is to inform Ms Kate Gregory accordingly.

It was suggested by the GMC that Dr Doreen Cassar visit in October while Dr Flores Martin visit in December 2009.

Annex 5

8th EPSO[17] Conference held in Stockholm between 15th and 6th September 2009

26 participants of whom 7 were lawyers were present at this round-table conference

The Chairman of the conference started by thanking all participants present for their participation during the Stockholm Conference, and also for the previous conference held in Cork, Ireland. It was immediately evident that most of this group were very familiar with each other, even on a personal level.

It was noted that Malta was represented and "surprised" how a Mediterranean country was invited as the group till now was limited to Northern Europe. However plans are in hand to request the participation of more Southern countries like Portugal which was a founding member but has since pulled out. Italy was also considered

The Chairman launched a proposal that EPSO should become ,what he described as a FORMAL organization as at present it is a very informal setup that relies on the financial support of 3 countries mainly Denmark, Finland and the UK. It was suggested that since the Organization was growing and functioning satisfactorily a framework should be set up so as all member countries would contribute depending on an established WHO protocol. It was suggested that 30 members would be the maximum allowed. Summer 2010 must be the deadline for establishing the individual contributions for EPSO not to totally on the donations of DN, UK and FN.

The representative from the EUR inspect gave an updated report of the position of EPSO and touched on the importance of more cross-border co-operation between professionals, and the role of EPSO to stimulate and encourage the adoption of good practices, discuss bad practices and how to facilitate the exchange of experiences in the field of healthcare supervision and control. The detailed report is available with my dossier at the Medical Council.

The Malta Medical Council must contact the Secretariat, based in Bruxelles, if it is willing to participate.

At this point the final text of the 'Terms Of Reference' of EPSO as proposed by the Board was circulated a copy of which is in the dossier returned by me to the Medical Council. It is well worth reading. Among other thing the most salient point is that EPSO is directed towards the "training and assessment of supervisors/inspectors"

A discussion now ensued mainly between Charles Bruneau (FR) and Paul Robben (NL) on the correct terminology to be used that will mean the same in the individual countries. Dr. Bruneau, a Frenchman who spent a lot of time in Canada, also a specialist on Taxonomy, and Dr. Robben agreed to set up a working group to establish

[17] EPSO: European Partnership for Supervisory Organizations in Health Services and Social Care

a glossary of terms as there seems to be disagreement on the interpretation of various words. For instance, whether to use the word “inspection “or was may seem more politically correct “accreditation” It seems that “inspection” may sound offensive so one must search for a more acceptable terminology. So it was agreed to try a rope in a student doing his Masters (preferably) in Linguistics and preferably NOT from an English-speaking country.

Vicki Johansson, an academic, from the Gothenburg school of Public Administration, pointed out the vast investment in regulatory agencies/Inspectorates, touching on the de-professionalization of inspectors and launched a new title of “street-level bureaucrats”. She acknowledged that there are different styles/methods adopted by different countries but insisted on the need to be more uniform. Agreement was voiced that of the Hard/Soft styles, soft styles provided better compliance

Paul Long from the Healthcare Commission, which is the Healthcare Regulator for England, explained the new arrangements and procedures for:

1. risk identification;
2. risk assessment;
3. escalation; and
4. enforcement.

The training programmes help the Commission’s frontline staff (assessors) to evaluate and act on their concerns about local healthcare organizations in an APPROPRIATE and CONSISTANT way. A pocket guidance on handling concerns was handed out a copy of which is in dossier at Medical Council. A guidance on following up concerns proportionately, also published by the Healthcare Commission was also distributed.

The importance of a pan-European approach to classifying indicators of care quality followed. The need to develop a multidimensional approach to classify indicators about care was based on:

5. conceptualisation of quality depending on the parameters. Whether it is purely medical care or is it more holistic, including social and nursing care
6. donabedian or structure, process, outcome definition
7. data type derivable, collectable from routine sources, special collections, samples
8. indicator use benchmarking, risk assessment

The concluding discussion was ICT involvement in healthcare and Information Security, with the scenario of wrong information being transferred to practitioners because of defective software resulting in the wrong treatment being given. Denmark is launching a “common health card”. It was agreed that this could be a potential problem but if successful it may be very “exciting”.

An ICT working group for 2010 was proposed.

Dr John Felice

Annex 6

Report on Quality Assurance for the Foundation Programme following observation visits of the GMC / PMETB in the UK

Preamble

The Medical Council, Malta (as the regulatory body for the medical profession) has been entrusted with the quality assurance of the Malta Foundation Programme which is an affiliate of the UK Foundation Programme.

The Medical Council appointed the authors, Dr Doreen Cassar and Dr Bryan Flores Martin for three years starting from October 2009 with the responsibility to carry out this process.

Both have gone on separate Quality Assurance visits of Foundation Programmes held by the GMC and PMETB in the UK as observers.

This report is based on the information gained through these visits and documentation made available.

Introduction

The Foundation Programme Malta is an affiliate of the UK Foundation School. In principle it follows the same aims, methodologies and assessment processes. As the Maltese health service and context is different to that of the UK, nomenclature and structure of the Malta Foundation School may not always be congruent.

In essence the Malta Foundation School is quality managed by the Clinical Post-graduate Training Co-ordinating Committee (CPTCC) also known as the Foundation Board. The Malta Foundation School Management Committee quality controls the Foundation programme.

The Foundation school falls under the remit of the Post Graduate Director. The directors of the Foundation School are Dr T. Piscopo and Dr K. Cassar. The administrator of the School is Ms Caroline Galea.

The Medical Council's purpose is to quality assure the Foundation Programme such that its graduates are considered well prepared to be fully registered by the Council and to ensure that the Malta Foundation Programme retains its affiliation to the UK Foundation Programme.

Quality Assurance Process

The Medical Council, Malta will take on the competences defined by the GMC's 'The New Doctor' to be the standard required for full registration. The Foundation Programme has to be able to deliver these standards.

Methodology

The Medical Council's Foundation Programme Quality Assurers will advise the CPTCC / Foundation Board, to send all documentation of the operational frameworks and terms of reference of the Foundation School. It also requires the documentation of the quality management processes as it has to see that training is of the required standard.

Documentation needs to be produced for each identified competency. This is to be done at the end of each foundation year unless otherwise communicated.

The Medical Council Quality Assurers will need to visit the Foundation School to conduct interviews with all levels involved in the Foundation Programme. The purpose of these interviews will be to triangulate the documentation received and gain first hand information.

Interview team composition

The Medical Council will be represented by its nominated doctors: Dr D. Cassar and Dr B. Flores Martin. Foreign members may be invited to this process as recommended by the above.

Interviews will be held with:

CPTCC / Foundation Board
Foundation School Management Committee
Foundation School Administrator
Post Graduate Director
Foundation Directors
Carriers Director
Doctors in Difficulty Director
Educational Supervisors
Clinical Supervisors
Foundation Doctors
Hospital Employer
Under Graduate Dean

Outcome

The Quality Assurance Committee will report its findings to the Medical Council. The report will give feedback to the Foundation School with recommendations and /or requirements.
The Medical Council has agreed to forward this report to the GMC. The latter has reserved the right to use these reports (and possible visits by its own teams) to quality assure the Malta Foundation School and decide its future affiliation to the UKFP.

Dr Doreen Cassar

Dr Bryan Flores Martin

Annex 7

Autumn Meeting 2009
Paris, 27 November 2009

The CODE Meeting was attended by 16 European countries. Three countries, Albania, Bosnia Herzegovina and Croatia were accepted as observer countries as they had applied to join EU and discussions had already started. The Meeting took place in the offices of ONCD which is the regulating body of French dentists.

After the routine welcome speeches by the President of the "Conceil National de l'Ordre des Chiurgiens-dentistes" Dr. Christian Couzinou and the President of CODE, Dr. Paul Nilles of Luxembourg, the General Secretary of CODE Dr. Gilbert Bouteille gave an overview of the Meeting's objectives.

Discussion and adoption on new CODE Statutes (Paul Nilles):

A working group met in London under the presidency of Dr. Hew Mathewson, president of the General Dental Council UK, on the formation of a Federation of Competent Regulators for Dentists in Europe (FEDCAR). It was discussed and unanimously approved. Its registered office is in Brussels. This is being registered in Belgium because of the favourable conditions afforded to non-profit organisations.

What is of major interest to us is the mission statement which states that the Federation aims to:

Promote the safety of dental patients across Europe by facilitating the sharing of information and good practice on the regulation of dental professionals and by developing shared opinions on and approaches to new initiatives and legislation at European level.

Promote a high standard of dental care in Europe.

Contribute to the safe facilitation of dental professionals' mobility within the EU.

As these statements show, they reflect the actual position of the Medical Council with regards to EU and the HCPA which regulates it.

Only member states of the EU can be full members of FEDCAR with full voting rights. The Medical Council of Malta has been a full member of "CODE" since the spring meeting 2008 in Rome.

A membership fee, still to be decided, will have to be paid annually.

In the roundtable about the recent major developments in the represented countries, I mentioned that the Medical Council was about to tissue guidelines for ethical behaviour

of medical and dental students. I said that that we found valid information from the General Medical Council UK guidelines adapted to a local scenario and context. The President of GDC UK Hew Mathewson said that they had to abort similar initiatives because some of the deans of dental schools were dead against guidelines because the schools would lose state funding which depends directly on the number of graduating students. This has resulted in the GDC not registering newly graduated dentists because of previous criminal convictions such as drunken driving and drug abuse.

Another roundtable was the regulation and legal status of dental assistants. Only the GDC seems to have the ability to regulate para-dental professions such as dental surgery assistants, dental hygienists and dental technicians (in Malta, they are called dental technologists). It seems that in the near future, these professions will be under more stringent control in EU.

Relations between dental practitioners and specialists in maxillo-surgery:

The majority of regulatory bodies place maxillo-facial surgeons under the specialist lists of medical practitioners but as they usually must have a dental primary degree, they are also placed in the dental register.

Using this as an excuse I asked if a medical or dental practitioner could be placed under another healthcare professional register in their respective countries and I was given a resounding ***Yes, of course.*** As we have already discussed, the old MC rule on this issue should be put to rest.

Dental care and conscious sedation – Roundtable

We tend to follow the general rule which is adopted by the majority of regulatory councils in EU and that means that:

- Prohibition of general anaesthesia in dental practice.
- The dental practitioner is in charge of prevention, diagnosis and treatment. Sedation cannot be a solo affair but must be done with the attendance of a registered anaesthesia nurse or another dental or medical practitioner.
- A single drug procedure must be used.
- No drugs which are solely used in hospitals can be used.

Some time ago, the MC issued a list of guidelines for sedation and this should be circulated to all registered dental surgeons-

2005/36/EC: towards a review?

This important legislation which effects both professions regulated by the MC was adopted in 2005 with a deadline for transposition in October 2007. The health authorities must send a report on the implementation to the European Parliament by

2012. However the assessment exercise has already started and this is the opportunity for regulatory bodies to express any concerns which may have arisen. However any potential changes are very limited as the EC will not allow any rewriting of the text. With the Lisbon Meting, the text can be amended by a qualified majority. CODE is to make the following suggestions:

- Update annexes V.III which deals with specific provisions for transnational access facilities. This is easier to change.
- Linguistic requirements. (I have been pushing this issue for the past three meetings). We can send our concerns on linguistic requirements as this is one aspect of patients' safety.
- Introduction of obligatory CPD (Continuing Professional Development).
- Improving exchange of information on disciplinary decisions. The MC seems to be the only regulatory body in EU which adheres to the European law with this regard.

The relationship of CODE with CED (Council of European Dentists) was discussed. Hew Mathewson addressed CED during one of their meetings and made it clear that whilst CED was formed to advance the dental practitioners in their profession, CODE had the obligation of protecting dental patients. CODE got the impression that CED tended to be intransigent and antagonistic towards the former and the latter saw no need for such grouping of regulatory societies.

The next spring meeting will take place in Dublin on the 23rd and 24th April where FEDCAR will be officially launched. I have been asked to ask the MC to host the 2012w spring meeting. I gave a tentative yes as a reply.

Dr. Anthony Charles

Annex 8

HPRO Card Meeting, Athens 12th October 2009

I, Anthony Charles as member of the Medical Council, have attended the HPRO Card Meeting in Athens as representative of the Medical Council which has the responsibility with the management and issuing of this card to medical and dental practitioners.

HPRO Card is a smart card for health professionals' mobility within the EU with patients' safety as the primary scope and will be presented in Brussels to the European Commission on the 18th November 2009.

The Work packages 1 to 5, which are very thorough and extensive, can be seen on the website www.hprocard.eu . I will limit myself to observations *vis a vis* that which can affect the local scene especially the Medical Council which will be the "handler" of this Card.

Let me start immediately by stating that this meeting had 52 delegates from 20 EU Member States, Norway and Switzerland. These delegates were from medical and dental practitioners, midwives and nurses and pharmacists regulating bodies because the HPRO Card is reserved for these healthcare professions, of which there are seven million, as they are classed as regulated professions and fall under Directive 2005/36/EC.

The free movement of persons is one of the four fundamental freedoms of the EU and healthcare is a basic support system. Thus any action taken at a European level cannot be a substitute for national health systems organisation (article 152 of the EU treaty which specifically deals with public health). The automatic recognition of these regulated professions results in mobility which can manifest itself in two ways:

- The health professional can operate permanently in a member state other than the one where he/she qualified or where he/she operates currently.
- The health professional decides to operate temporarily or occasionally in another MS.

The HPRO Card will facilitate the freedom of movement for the regulated health professional without undermining patient safety.

This Smart Card and the information it contains on the health professional will function hand in hand with Internal Market Information System (IMI) which is a project developed by the EU Commission (D-G Internal Markets) and is part relative to recognition of professional qualifications 2005/36/CE and the Directive on Services. It aims to create a **secure internet portal** in order to facilitate communication and the exchange of information on the professionals between Member States, whilst enabling the authorities to exchange information more easily when confronted with movement of the individuals.

The European Commission (D-G Health and Consumers) had adopted a ***green paper*** which amongst many issues involved, relates to mobility of health care personnel in EU. The objectives of the ***green paper*** are:

- To identify the difficulties with which European healthcare professionals are confronted.
- To define the fields in which the Commission deems measures can be taken.
- To open the debate at a European level.

Besides a list of requisites which this ***green paper*** (medical demography, sanitary capacity, management of mobility of healthcare professionals), the HPRO Card will be a valuable instrument so that "the progress made" can be judged and analysed.

There are two other important instruments which make HPRO Card an indispensable tool:

- The Health Professions Crossing Borders (HPCB) project, which is under the secretariat administration of the General Medical Council of the UK and is an informal partnership of European regulating authorities of healthcare professions. http://www.hpcb.eu.

- The **MohPro project,** co-financed by the European Commission, has the objective of studying healthcare professional mobility trends both within and outside the EU. It is a matter of measuring the impact of migration on national health system. http://wwwmohprof.eu/LIVE/index.html.

The European Commission has also a very active policy with regards e-healthcare and this can be seen with the many initiatives which must be integrated into HPRO Card.

These are:

- EPSOS – Electronic prescription services and medical files. http://www.epsos.eu.

- Calliope - exchange of experiences in the field of healthcare among political and institutional policy makers and sector's professionals. http://calliope-network.eu

- STORK – electronic identification and authentication and the associated aspects of interoperability. http://eid-stork.eu

- Netcards – patient cards at the European level. http://netcards.eu

Therefore we can sum up the functions required by the HPRO Card as adopted by the European Parliament (19th February 2009):

1. To facilitate the recognition of qualifications.
2. To promote the mobility of professionals due to administrative simplifications.
3. To guarantee the safety of patients.

With regards the situation at this moment in Malta, I wish to forward these observations.

1. It is strange that only the Medical Council out of the three councils of the regulated professions (Council of Nurses and Midwives and Council of Pharmacists) is attempting to do any work with regards to HPRO Card.
2. Continuing Professional Education legislation must be put in place so that it moves along with HPRO Card legislation.
3. I asked if EU funds and help can be made available and the answer was that we must put in a request at the appropriate time.
4. France and Spain have the best HPRO Cards and they have legislation which is already in place.
5. A photograph of the practitioner is a must on these cards together with an electronic chip.
6. The initial cost of the infrastructure is very high and all practitioners must bear the cost as the Card will be obligatory.
7. The Member States have to work together but the control of the project is to be left in hands of the individual states and must conform to EU legislation and regulations.
8. It will not be amiss if the MC logo is redesigned to give it a more polished look whilst retaining the original concept.
9. A secure and better building is a must for the Medical Council at this stage.
10. The employment of a Manager and staff must be in the pipeline for the success of this ambitious project.

Dr Anthony Charles