

MEMO FOR CABINET
by the
PRIME MINISTER AND MINISTER OF HEALTH

The Reorganisation of the Medical and Health Department

Consideration has recently been given to the reorganisation of the Medical and Health Department in view of the increasing demands made upon it. The co-operation of the medical profession as represented by the Advisory and Executive Board and the Medical Association of Malta has been solicited towards this end. The constant aim of all concerned has been the improvement of the health services for the community. This can best be achieved through the integration of the administration of these services, thus ensuring a progressive improvement as a result of greater flexibility. This Memorandum embodies the collective views of both Ministries, which views are shared by the medical profession.

At the moment, the medical and health divisions are virtually separate from each other, a situation which is not only against the accepted practice elsewhere of combining the functions of curative and preventive medicine, but which also tends to create friction between the two divisions. The need for uniting curative and preventive medicine effectively was stressed by the Medical Services Commission in 1956, and, since then, has often been underlined in submissions to the Ministry of Health by the Advisory and Executive Board and the Medical Association of Malta.

It is desirable, therefore, to reorganise the department in the upper levels to ensure that the three most senior administrative medical officers be relieved of as much executive work as possible and so leave them free to assist the Minister of Health in shaping policies in general and to cope with international health commitments and the formulation of the necessary legislation. Furthermore, there seems to be no doubt that a redesignation of certain senior posts would tend to rationalise the structure existing in the department. The titles now in being are often contradictory and do not reflect the status and responsibilities of each officer. On the one hand, there exist Senior Consultants with the title "senior" as a prefix before their speciality, i.e. Senior Pathologist and Senior Bacteriologist, and on the other hand the two chief Medical Officers with administrative responsibility, who are both at a higher level, have also the prefix "senior" before their titles, i.e. Senior Medical Officer and Senior Health Officer.

The ultimate objective of the reorganisation is to bring about a greater degree of decentralization by dividing Malta and Gozo into health administrative regions, each headed by a Senior Medical Officer with responsibility for the conduct, co-ordination and development of all activities, i.e. personal and environmental health services; occupational health services (including radiological protection and air pollution control); and medical administrative services. The obvious advantages of this set-up would be to enable the Minister of Health to exercise central leadership and guidance, whilst it leaves the execution of departmental policy to the initiative and enterprise of the decentralised regions. Such a scheme, based on the concept of regionalisation as outlined above, has been the common fundamental issue in all submissions made by the Advisory and Executive Board and the Medical Association of Malta.

Hon. Ministers will readily appreciate that any organisational changes must stem from the foregoing considerations. It is, therefore, proposed to effect the following changes:

- a) the redesignation of the Senior Medical Officer and the Senior Health Officer as Principal Medical Officers at the existing salary (£1,600 plus 4%);
- b) the redesignation of the Senior Occupational Health Officer as Senior Medical Officer at the existing salary (£1,500 plus 4%); the redesignation and upgrading of the Deputy Senior Medical Officer (now £1,400 plus 4%) as Senior Medical Officer; and the creation of a third post of Senior Medical Officer; each Senior Medical Officer, apart from his regional executive duties, would also have functional responsibilities in one of the main activities mentioned in the previous paragraph.

Implementation of these proposals would involve an immediate increase in expenditure of £1,664 a year but would go a long way towards meeting the requirements of the Ministry of Health and, at the same time, the aspirations of the medical profession.

Apart from the change in the designation of the S.O.H.O. and the upgrading and change of designation of the Deputy Senior Medical Officer, a third post of Senior Medical Officer requires to be created. As the present cadre of consultant medical officers in the department is barely sufficient to meet existing requirements there is no possibility that this post be offset by the suppression of a post of Medical Officer of Health or an Occupational Health Officer. In this connection, the attention of Hon. Ministers is drawn to the growing requests for medical boards and examinations, the expansion in housing projects and tourist and catering establishments, the industrialisation of these islands, air pollution control and radiological protection, as well as to the new tasks imposed upon the Ministry of Health by the proposed passage of the Income Tax (Amendment) Bill and the recent enactment of the Disabled Persons (Employment) Act.

In the interests of rationalisation, it is felt that a change in the title of the Principal Laboratory Officer is indicated. This post is at the £1,500 level and the prefix "Principal" may give rise later on to claims for salary parity with the Principal Medical Officer to whom he would be responsible for functional purposes. It is proposed to redesignate him as Senior Public Health Laboratory Officer, thus bringing him into line with other Senior Consultants without private practice. In view of what has been stated earlier on in respect of the Senior Occupational Health Officer, it would also be necessary to redesignate the Occupational Health Officers as Medical Officers of Health. Medical Officers of Health and Medical Superintendents would then be considered as being in one grade with a common seniority list for promotion purposes. This development emerges from the overall plan which aims at increasing facilities for the interchange of staff and at improving the career structure of these officers from whom the highest posts in the Ministry of Health would normally be filled.

The Advisory and Executive Board and the Medical Association of Malta are fully in agreement with these proposals and unconditionally endorse their early adoption.

Honourable Ministers are asked to give their formal approval of the reorganisation of the Medical and Health Department as set out in this Memorandum and of the consequential amendments to the Medical and Health (Constitution) Ordinance which the proposed changes entail.

15th April, 1969.

MH 129/69.