

Retrieving clinical guidelines from international sources and adapting them to the national context and practices



TYPE	Oncological guidelines	LAST UPDATE	August 2021	MALTA • NATIONAL
STATUS	Fully implemented and ongoing			Clinical guidelines

PROBLEM & OBJECTIVE

PROBLEM There are many challenges keeping abreast of international guidelines and clinical trials for oncology. Furthermore, adapting guidance and findings to the Maltese context, which may differ considerably from the context for which the guidelines were originally intended or in which the trials were conducted, presents additional challenges.

OBJECTIVE To ensure local practice is continuously up-to-date and in line with established international guidelines and best practices.

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KEY COMPONENTS / STEPS

- International guidelines such as the National Comprehensive Cancer Network, European Society of Medical Oncology, European Society for Radiotherapy and Oncology and National Institute for Health and Care Excellence are regularly scrutinized to identify updated guidelines.
- Monitoring for completed phase three clinical trials is used to identify innovative practices.
- Physicians contribute to continuing professional development by attending international conferences.
- Local physicians focus on a selection of cancer sites and regularly review available guidance from international sources to inform updates to local practice.
- Skills sets that are not yet fully established within the local community, such as for new radiotherapy techniques, are identified so that upcoming specialist trainees are directed to focus their overseas attachment, usually in the United Kingdom, on the new technique and subsequently establish it locally and train other physicians (same applies for fellowship/post-specialization opportunities).
- Oncologists utilize local multidisciplinary tumor boards to discuss international guidance and adapt practices within other disciplines such as pathology, radiology, and surgery.
- Protocols are written and shared amongst physicians and trainees to ensure international standards of care are disseminated, widely implemented and maintained within the local community.

KEY CONTEXTUAL FACTORS

- Malta has a small population with a corresponding small patient pool. The number of oncologists per population on the other hand is low resulting in a high clinical and patient burden per specialist.
- There is to date no capacity to be able to generate clinical guidelines in this specialty de novo.

MAIN IMPACTS / ADDED VALUE

- Text Local physicians maintain contact with international peers (typically those who they trained with in a foreign training environment), thus maintaining and generating ongoing discussion with a wider network of clinical experts beyond Malta's shores.
- Dividing responsibility among local physicians for different cancer sites allows for increased sensitization to updates and emerging innovation for specific areas. This practice is also being utilized in the division of clinical work whereby patients are often channeled to be cared for by the specialists developing the focused expertise into their areas of special interest.

LESSONS LEARNED

- Implementation of new practices takes time, funding, and human resources, which are all limiting factors.
- Recruitment into oncology is slow resulting into a perpetually small overall work force, which leads to challenges implementing changes to clinical practice at a faster pace.
- Funding for new medicines or equipment is another limiting factor, which requires better synchronization with plans to introduce new technology, techniques, and treatment.

REFERENCES & DOCUMENTATION

N/A

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