PUBLIC HEALTH MEDICINE SPECIALIST TRAINING FRAMEWORK

For use by trainees commencing the
Public Health Medicine Specialist Training Programme
after 1st August 2012

Public Health Medicine Specialist Training Committee 4th September 2013

Malta Association of Public Health Medicine 11th September 2013

Accredited by Medical Specialist Accreditation Committee 22nd October 2013
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1. INTRODUCTION

This document, updated in 2013, sets down the Training Framework for Specialist Training in Public Health Medicine in Malta. It was formulated by the Public Health Medicine Specialist Training Committee, approved by the Malta Association of Public Health Medicine and accredited by the Specialist Accreditation Committee as established by Article 30 of the Health Care Professions Act 2003 Part VI (Chap. 464).

The Framework identifies aims and objectives and the principles that underpin Specialist Training in Public Health Medicine; it defines the curriculum and the training process; establishes the roles and responsibilities of trainees and trainers; describes a procedure of performance review during training and outlines a quality assurance and an appeals mechanism.
2. The Scope of Public Health Medicine

Public Health Medicine is an area of specialisation in the branch of medical practice that specialises in public health. Public Health has been defined as the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society.

The principal aims of Public Health Medicine are:
- To provide leadership and advocacy for health in all policies
- To identify, define and describe the health needs of populations with due consideration to vulnerable groups
- To prioritise and plan for the provision of optimal, evidence-based preventive and health care services to the population and particular target groups within
- To monitor and evaluate the quality and effectiveness of such services

There are several operational areas in specialisation within Public Health Medicine, which include the following:
- Development and management of health information systems
- Surveillance and control of communicable and non-communicable diseases
- Epidemiology and research
- Health promotion and disease prevention
- Environmental health policy, surveillance and control of environmental health hazards
- Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services
- Health care planning and health services research
- Health care services standards setting, monitoring and evaluation
- Health care management
- Health policy and strategy development and implementation
- Strategic leadership and advocacy for healthy public policy
- Collaborative working for health, including International Public Health
3. AIMS AND OBJECTIVES OF TRAINING IN PUBLIC HEALTH MEDICINE

The Malta Association of Public Health Medicine is the body responsible for promoting and upholding high standards in education and training for the speciality in the Maltese Islands.

The philosophy of training in Public Health Medicine is one based on objectivity, integrity, ethics, transparency, accountability and explicitness at all stages.

The aims of training are to foster this philosophy through the development of the knowledge, skills and attitudes required to practice competently, independently and responsibly as an accredited Specialist in Public Health Medicine.

The objectives of training are:
a. To acquire a sound knowledge base and the necessary skills in Public Health Medicine;
b. To develop the attitudes, skills and behaviour necessary for good professional practice, including a commitment towards lifelong medical education, and continued personal, social and professional development in line with the philosophy and aims of training;
c. To identify and develop areas of special interest.
4. ENTRY REQUIREMENTS TO THE TRAINING PROGRAMME

Entry into the Training Programme is by means of a selection interview following a call for applications\(^1\).

The minimum requirement is a medical qualification recognised and registered by the Medical Council of Malta. Registered doctors will have completed a pre-registration period supported by Foundation Achievement of Competence Document (FACD)\(^2\) or equivalent. Unless in possession of, or already reading for a recognised Master of Science in Public Health, candidates must formally declare on the Declaration Form (Annex 1) that they are willing to undertake this academic course at the earliest opportunity; and that they intend to pursue the necessary training as outlined in this framework document, leading to Specialist Registration in Public Health Medicine within the stipulated time period\(^3\).

Requests for unpaid training attachments may be considered by the PHTC, subject to availability of posts within the Ministry for Health and endorsement by the Chief Medical Officer.

\(^1\) Application forms related to a call for applications may either be downloaded from the following website: http://www.doi.gov.mt/EN/employment_opp/recruitenglish.pdf or obtained from the Ministry for Health, Personnel Section.

\(^2\) http://www.fpdoctors.info

\(^3\) As stipulated in the currently applicable Government – MAM Agreement
5. PUBLIC HEALTH MEDICINE SPECIALIST TRAINING PROGRAMME

5.1 TRAINING CURRICULUM

The Public Health Medicine Specialist Training Programme includes both an academic and a practical component.

The practical component is of forty-eight (48) months full-time duration\(^4\) and consists of periods of supervised training attachments within approved training locations (c.f. Table 1).

The academic component consists of the attainment of a Masters Degree in Public Health, or equivalent (as recognised by Malta Qualifications Recognition Information Centre (MQRIC). Locally, this Course\(^5\) is currently offered by the Department of Public Health within the Faculty of Medicine and Surgery in the University of Malta as a part-time course over two (2) years, which may be followed concurrently with the practical component.

5.2 PUBLIC HEALTH MEDICINE SPECIALIST TRAINING COMPETENCIES

By the end of the training programme the trainee will be required to demonstrate the attainment of specialist level in all the competencies outlined in the Public Health Training Portfolio.

Trainees are required to attain the skills and knowledge in the following competency areas:

1. Surveillance and assessment of the population’s health and well-being, identification of health and social determinants and identification of inequalities;
2. Promoting and protecting the population’s health and well-being;
3. Assessing the evidence of effectiveness of health and healthcare interventions, programmes and services and developing quality and risk management within an evaluative culture;
4. Collaborative working for health, working with and for communities
5. Developing health programmes and services and reducing inequalities
6. Policy and strategy development and implementation
7. Strategic leadership and advocacy for health
8. Research and development
9. Ethically managing self, people and resources
10. Academic Public Health

\(^4\) The 48 months training time does not include periods of maternity leave beyond the one-time only maternity leave of 13 weeks duration (as stipulated by the SAC Framework), parental leave, unpaid leave, unpaid sick leave or responsibility leave

\(^5\) http://home.um.edu.mt/publichealth/msccurriculum.html
5.3 Training Attachments

Doctors-in-training will be assigned placements at approved training locations. A rotation plan outlined by the Training Coordinator and approved by the Public Health Training Committee allows all trainees to be exposed to the various operational and competency areas of training throughout the forty-eight (48) months of full-time training practice. Training attachments include fixed placements as indicated in Table 1 below as well as a three (3) month* elective period.

* Full time equivalent (FTE)

*Elective attachments may be organized in any of the above placement areas or in other areas depending on the interest of the trainee and the available opportunities and exigencies of the service. Other areas of training which may be considered include attachments at the Office of the Commissioner for Mental Health and Older Persons, Primary Health Care including National Screening Programme, and any other locations that may be considered suitable for training by the PHTC, such as Hospital Management, Elderly, Occupational Health and Safety Authority.

The taking up of training attachments/placements abroad in approved locations will follow the Department’s Training Abroad Policy for Doctors; and although not compulsory is highly encouraged.

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6 The 48 months FTE training time does not include periods of maternity leave beyond the one-time only maternity leave of 13 weeks (as stipulated by the SAC Framework at time of publication of document), parental leave, unpaid leave, unpaid sick leave or responsibility leave. Part time trainees will have their training recognised pro-rata. The minimum number of hours worked must not be less than half time (SAC Framework).
6. INSTITUTIONAL SET-UP, ROLES AND RESPONSIBILITIES

The Postgraduate Public Health Medicine Specialist Training Programme is delivered in the context of the following institutional framework.

6.1 MEDICAL SPECIALIST ACCREDITATION COMMITTEE
A Specialist Accreditation Committee for medical practitioners has been set up as established by the Health Care Professions Act. Laws of Malta Cap 464, Article 30. The Medical Specialist Accreditation Committee (SAC) includes representation by the Malta Medical Council, Faculty of Medicine and Surgery (University of Malta), Superintendent of Public Health together with members appointed by each of the relevant professional associations.

The functions of the Medical Specialist Accreditation Committee include the following:
(i) to issue certificates of completion of specialist training in the specialities (including Public Health Medicine) listed in the relevant part of the Fifth Schedule of the Health Care Professions Act, upon the fulfilment of criteria recommended by the relevant professional associations listed in the Fourth Schedule (including the Malta Association of Public Health Medicine) within three months form the date of receipt of the application or from the day any documentation which the Committee may request, whichever is the later;
(ii) to advise the responsible Minister and the Malta Medical Council on issues concerning specialist training and registration, and any other matter that may be referred to it;
(iii) to act as the advisory body for training in any of the special areas of practice;
(iv) to accredit post-graduate training programmes.

Where a citizen of a Member State, who wishes to acquire a specialist qualification, is required to fulfil such conditions of training that may be prescribed, the Specialist Accreditation Committee shall take into account, in whole or in part, periods of training completed by that person and attested by a qualification awarded by the state of which that person is a citizen, as well as any professional experience, additional training and continuing education which such person possesses.

The Specialist Accreditation Committee Framework provides a general framework for Medical Specialist Training in Malta.
6.2 Postgraduate Medical Training Centre

The Postgraduate Medical Training Centre (PMTC) was launched on the 1st June 2008. The aim of the PMTC is to provide training, career pathways and professional support for medical trainees and their trainers in the various specialities in order to achieve and maintain high standards of practice.

The PMTC is involved in improving the methods of training and introducing new appraisal and assessment methods, which are competence based. The PMTC recognises the challenges faced in speciality training in a small country like ours with limited resources, and encourages international affiliations, networking and communications aided by the use of advanced technologies such as videoconferencing, telemedicine, virtual reality, e-learning and e-library, some of which are already in use, others in the pipeline. The PMTC encourages doctors in training to widen their horizons by training abroad for a period which varies according to the speciality.

The functions of the PMTC include the following:

i. To supervise training of medical doctors;
ii. To provide educational and practical workshops;
iii. To provide competence based, formative and summative appraisals and assessments;
iv. To provide support and advice for trainees in all stages of their training until they are certified as specialists;
v. To act as advisory body on medical training to government;
vi. To collaborate with other professional institutions and bodies locally and internationally;
vii. To assure feedback from all stakeholders in medical training.
6.3 The Public Health Medicine Specialist Training Committee

(i) The Public Health Medicine Specialist Training Committee (PHTC) has been entrusted with the responsibility to determine, monitor and review the training framework and curriculum for specialist training in Public Health Medicine in Malta and shall institute systems of quality assurance of the Public Health Medicine Specialist Training Programme, hereafter to be referred to throughout this document as ‘the Training Programme’.

(ii) The PHTC, is composed of

- The Post-graduate Training Coordinator for Public Health Medicine (TC), who chairs the Committee;
- Two (2) members nominated by the Malta Association of Public Health Medicine (MAPHM);
- Two (2) members nominated by the University of Malta (UoM), Department of Public Health;
- The Clinical Chair/s Public Health Medicine\(^4\) or their delegate/s and/or alternates.

In addition, a doctor-in-training who shall be elected by and from amongst the trainees, shall be invited to attend meetings at the discretion of the PHTC. When in attendance, the trainee shall hold a participative observer status but no voting rights.

(iii) a) The term of office of the members of the PHTC shall be for a maximum period of three years with the possibility of re-nomination. Resignation from the PHTC shall be done in writing to the relevant nominating body (as in (ii) above), copied to the Chair, and giving at least one month’s notice.

(b) The nominating body shall have the right to replace its representatives at any time.

(iv) Meetings of the PHTC are to be held at least four (4) times a year but as often as required.

(v) A quorum shall consist of a representative of each constituent party and the chair. If this quorum is not reached within thirty (30) minutes, the meeting shall not take place.

(vi) Decisions of the PHTC shall be taken by consensus, and only where this fails by majority vote. Each of the PHTC members present (including the Chair) shall have

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\(^4\) The Clinical Chairs in Public Health Medicine are currently the Chief Medical Officer and the Superintendent of Public Health.
the right to vote. In the case of parity of votes or an impasse, the Chair shall also have an additional casting vote.

(vii) The functions of the PHTC shall be as follows:

(a) To advise and recommend on the competencies and content of the Training Programme;
(b) To co-ordinate the delivery of the Training Programme, including the selection, monitoring and evaluation of training attachments and locations;
(c) To advise on matters related to training requirements;
(d) To approve trainers and assessors for the Training Programme;
(e) To co-ordinate training for trainers;
(f) To ensure regular assessment of trainees’ progress;
(g) To recommend to the MAPHM, at the end of the training period, on the eligibility or otherwise of the trainee for Specialist Registration in Public Health Medicine;
(h) To advise on the suitability or otherwise of applicants outside the local Training Programme, for Specialist Registration in Public Health Medicine;
(i) The PHTC may make proposals or give feedback regarding the Master of Science in Public Health to the Faculty at least annually to ensure that it is responsive to evaluation of the course, changes in overall objectives of training in Public Health Medicine, current public health priorities and assessment of the needs of new trainees;
(j) To submit an annual report to all parties represented;
(k) To deal with any other matter relating to Public Health Medicine Specialist Training.

Members of the Public Health Training Committee who do not attend at least half of the meetings held within one year should be earmarked for replacement.
6.4 POSTGRADUATE TRAINING COORDINATOR

The Training Programme shall be organised and run by the Training Coordinator (TC) who is directly accountable to the Public Health Medicine Specialist Training Committee (PHTC) and ultimately to the Chief Medical Officer, who has overall responsibility for the Specialist Training Programmes. The Postgraduate Training Coordinator (TC) is recruited for three years through an open application process. The TC shall be a Registered Specialist in Public Health Medicine (on the Malta Medical Council Specialist Register) for at least five (5) years, and shall be in the grade of Consultant, Designate Consultant or Resident Specialist in the Malta Public Service.

The TC chairs the PHTC and is responsible for the organisation, management and day-to-day administration of the Training Programme, co-ordinated through the PHTC. The TC is supported and supervised by the Head, Training Programme/Lead Training Coordinator and works in close collaboration with the Clinical Chair/s and MAPHM. The TC shall devote the equivalent of at least one session per week (4 hours) to perform the duties of Post-graduate Training Co-ordinator.

Duties of the TC also include contributing to training strategy and policy development, and the co-ordination and chairing of assessment panels for annual trainee appraisal and final (exit) assessment. The TC liaises with the appropriate authorities on human resource planning relating to trainee numbers and appropriate rotation of trainees so as to ensure the achievement of a quality standard of post-graduate training. The TC will work with trainers (Training Supervisors (TSs), Lead Location Trainers (LLTs), Location Trainers (LTs)) within the speciality of Public Health Medicine, the Head, Post-graduate Training/Lead Training Coordinator and Post-graduate Training Coordinators from other relevant specialities in the organisation towards the optimum delivery of specialist training.

The TC shall co-ordinate the assignment of Training Supervisors (TS) to trainees at the start of training. The TC shall request the trainees to provide in writing (or by email) and in confidence three names in order of preference from the approved list of Training Supervisors. The TC shall respect the trainee’s order of preference in so far as this is possible. The selected TS shall declare any conflict of interest and have the right of refusal for valid reasons to be discussed with the TC.

The TC shall co-ordinate and shall supervise the timely assignment of training locations and location trainers to trainees. The TC shall be kept informed by the LLT of any changes pertaining to location trainers. The TC shall be responsible for ensuring that induction is provided for all new entrants to the Training Programme at the start of their training. Together with the PHTC, the TC shall ensure the establishment of appropriate mechanisms to ensure quality assurance of the training programme.
6.5 Training Supervisor

The Training Supervisor (TS) shall be a registered Specialist in Public Health Medicine on the Malta Medical Council Specialist Register, in accordance with the Health Care Professions Act (2003) for a minimum of three (3) years, currently active in public health practice and endorsed by the PHTC. The PHTC shall revise an approved list of TS from time to time, an updated copy of which may be obtained from the TC.

The assignment of TSs to trainees shall be co-ordinated by the TC at the start of the Training Programme of each trainee. Each trainee is requested to provide the TC in writing or by email and in confidence three names in order of preference from the approved list of TSs. As far as is possible the trainee’s preference of TS shall be respected. The assigned TS shall have the right of refusal on submission of valid reasons, endorsed by the TC.

The TS is responsible for following the progress and supporting the trainee throughout the whole Training Programme. The TS is to liaise regularly with the trainee, Lead Location Trainer (LLT)/Location Trainer (LT)s and the TC. In the absence of formally appointed mentors, the TS may also take on a mentoring role.

**Formal meetings**

The TS shall ensure that at least, the following trainee-initiated meetings are held as follows:

(i) an Initial Meeting, to be held within three weeks of the date of commencement of the Training programme and prior to each new attachment (may be carried out at the same time as the End of Placement meeting);
(ii) a Mid-Placement Review Meeting, during the longer attachments;
(iii) an End of Placement meeting at the end of every attachment;
(iv) prior to the Annual appraisals and/or final (Exit) assessment.

If these commitments are not honoured within two weeks of the stipulated timeframes for no valid reason, the TC is to be informed. Meeting requests are to be made formally and documented preferably through email, and copies kept in the trainee’s portfolio. Content of meetings should be documented, dated and signed by both TS and trainee on the appropriate Meeting Log Form (Annex 2A).
During the End of Placement meeting with the trainee, the TS shall discuss the outcomes of the End of Placement Competence Appraisal and countersign the completed form *End of Placement Competence Appraisal Form (Annex 3)*. During this meeting the TS and trainee shall also discuss training needs and identify competencies to be covered during the next attachment.

If at any time during the training programme the TS is of the opinion that the trainee is not making satisfactory progress and the matter is not resolved in a timely manner, the TC should be informed.

Prior to each annual assessment the TS shall submit an *annual report* on every trainee under his/her supervision to the PHTC using the *Annual Report Template at Annex 5*. In addition the *Final Report Template at Annex 6* is to be completed prior to the final/exit assessment.

The TS, at the request of the trainee, may also be present at the trainee’s *annual and exit assessments*. The TS will be provided with a copy of the assessment panel’s report which is to be discussed with the trainee at the subsequent TS meeting.
6.6 Lead Location Trainer (LLT)

A Lead Location Trainer (LLT) shall be a registered Specialist in Public Health Medicine on the Malta Medical Council Specialist Register, in accordance with the Health Care Professions Act (2003), in the grade of Resident Specialist or above in the Malta Public Service, who is nominated by the Clinical Chair/s\(^7\) and endorsed by the PHTC. The LLT assumes overall responsibility as primary location trainer and coordinator of training attachments within a designated area of training.

The LLT shall be responsible for ensuring each trainee’s achievement of the agreed competencies within approved areas of training under his/her responsibility, by adequately identifying location trainers, delegating training duties, monitoring the training process, and ensuring that work responsibilities are adequately matched to training requirements and commitments. The LLT will ensure that the trainee receives adequate induction at the start of a new attachment.

At the start of training in a particular location, the LLT together with the LT/s shall hold an **Initial meeting** with the trainee to discuss and agree on a training plan for that location. Where possible, this plan shall include a list of initial tasks matched to specific competencies to be achieved during the attachment. This should be documented in the **Meeting Log Form (Annex 2B)** for the Initial Meeting, which is to be signed by the LLT. Additional tasks may be added to the list during the course of the attachment. These may relate to opportunities to cover in full or in part other competencies. The trainee will then complete a **Task Form (Annex 4)** for each task generated.

The LLT is to ensure that doctors-in-training avail themselves of their 4 hours protected time per week to attend CPD events, MSc Course lectures, conduct research or other activities related to Continued Professional Development in Public Health Medicine. The LLT shall liaise and co-operate with the TS as appropriate.

\(^7\) The Clinical Chairs in Public Health Medicine are currently the Chief Medical Officer (CMO)/Director General Health Policy and the Superintendent of Public Health (SPH)/Director General Health Regulation, and Director General Health Care Services (10.01.2013)
6.7 **Location Trainer (LT)**

A Location Trainer (LT) shall be a registered Specialist in Public Health Medicine on the [Malta Medical Council Specialist Register](#), in accordance with the [Health Care Professions Act (2003)](#). Location trainers shall be nominated by the LLT in agreement with the Clinical Chair/s\(^7\) and endorsed by the PHTC. The LT shall be responsible for ensuring the assigned trainee’s achievement of agreed tasks, competencies and skills within the specific area and location of training as appropriate. The PHTC shall revise an approved list of LTs from time to time.

For each location, one or more location trainer/s shall be assigned by the LLT to the trainee at the commencement of training and during the training period\(^8\).

The LT shall supervise the trainee in performing specific tasks during particular attachments.

Any issues that may arise regarding the training location are to be taken up with the LLT or if need be with the TS and/or the TC. Any location trainer issues may also be channelled to the LLT, TS, and/or the TC. If the LT considers that the trainee is not making satisfactory progress, this should be brought to the early attention of the LLT and the TS, and if necessary the TC, unless the matter is resolved in a timely manner.

**Formal meetings**

Besides the day-to-day contact with the trainee, the LT shall also meet formally with the doctor-in-training:

- At an *initial* meeting at the start of training in a particular location, together with the Lead Location Trainer (LLT) to discuss and agree on a **location training plan**;
- At least *mid-way* through the training attachment to discuss training progress and address any difficulties related to training at the particular location;
- At the *end* of the attachment to assess whether the required competencies have been achieved in an **End of Placement Competence Appraisal**.

Content of all formal meetings should be documented, dated and signed by LLT, LT/s and trainee on the appropriate forms ([Annexes 2B and 3](#)). Completed forms are to be endorsed by the TS.

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\(^7\)Currently the [Chief Medical Officer (CMO)](#) and [Superintendent of Public Health (SPH)](#)

\(^8\)In certain instances, **location training duties** or project supervision may be delegated by the LLT and as approved by the PHTC to (a) doctors who are not registered specialists in Public Health Medicine, and/or (b) non-medical practitioners in specific areas of competence, as approved by the PHTC]
6.8 COMMON RESPONSIBILITIES OF TS, LLT AND LT:

All Trainers within the Training Programme shall be committed to providing high quality training and shall be readily accessible to the trainees assigned to their responsibility.

Trainers shall be familiar with curricular and training requirements, their specific roles and responsibilities, and other aspects of training as outlined in the various documents related to the Public Health Medicine Specialist Training Programme. Trainers should also keep abreast of any relevant developments and agreements (such as the Government-Medical Association of Malta (MAM) agreement) which may be in force from time to time.

All trainers are to maintain a high standard of training by being committed to their own continuing professional development, including the development of knowledge and skills for training through regular attendance and participation in CPD and trainer development events.

[11] Currently these documents include this document (Public Health Medicine Training Framework), the Public Health Training Portfolio and the MSc Public Health Curriculum.
6.9 Trainee Expectations

Trainees can expect their trainers to assess their previous experience as part of a process of jointly determining their current and future training needs, agree with them the details of training, provide adequate induction at the start of new attachments; and encourage, support and offer constructive criticism, as part of an ongoing assessment of progress.

At the start of training, each trainee will be assigned a Training Supervisor (TS). Trainees can expect their TS to be committed to following their progress throughout the duration of training. They can expect to rely on the TS as a point of reference or mentor at any point in their training.

At each placement the trainee will be supervised by a Lead Location Trainer, who is the primary location trainer and coordinator of training attachments within a designated area of training.

Location Trainers (LT)\(^{[13]}\) will be assigned to each trainee by the Lead Location Trainer (LLT) at the various placements. The LT will impart skills and technical knowledge to the trainee in his/her area of work/expertise pertaining to the various competencies to be achieved.

An academic supervisor provides an academic perspective to the work of the trainee during the MSc dissertation. This function falls solely within the remit of the University of Malta.

\(^{[13]}\) In this context, this may include a person/persons who has/have been delegated project supervision or location training duties. In certain instances, location training duties or project supervision may be delegated by the LLT and as approved by the PHTC to (a) doctors who are not registered specialists in Public Health Medicine, and/or (b) non-medical practitioners in specific areas of competence, as approved by the PHTC
6.10 Trainee Responsibilities

The success of training depends as much on trainees as on trainers and training opportunities. All trainees are expected to align themselves with the scope of Public Health Medicine, the aims and objectives of Training and other requirements of this Training Framework. Doctors-in-training shall internalise professional ethics and public health values; and make maximum use of the opportunities afforded by training.

[14] Trainees should be prepared to:

- Be committed to the Training Programme and accept responsibility for the work which has been delegated;
- Read for a recognised Masters in Public Health course at the earliest available opportunity;
- Establish a relationship of honesty and trust with their trainers;
- Ensure that the trainer is fully aware of relevant previous experience and skills and make known at an early stage any problems which may impede the attainment of training objectives;
- Co-operate in the various forms of performance assessment and evaluation, and be willing to accept guidance arising from this;
- Familiarise themselves with the Public Health Medicine Training Portfolio;
- Understand the different roles and responsibilities of the various trainers in order to maximise the benefits from training opportunities;
- Keep up-to-date with recent developments in the specialty, including attendance at meetings and regular reading of relevant journals and periodicals;
- Keep abreast of employment related developments e.g. with respect to codes of practice (Public Service Management Code), employment terms and conditions (Government-MAM agreement), training opportunities etc
- Work to develop skills in communication, diplomacy, management and leadership, and inter-sectoral collaboration.
- Initiate and lead regular meetings with TS, LLT, LT as required.

[14] Adapted from UK Faculty of Public Health
7. Practical Points for New Trainees

At the start of training:

- All trainees are to register as trainees with the Medical Specialist Accreditation Committee (SAC) by completing the relevant Registration Form for Postgraduate Medical Training (Annex 7) and are to take note of their SAC registration number.

- Trainees are to register with the Postgraduate Medical Training Centre (PMTC) at Mater Dei Hospital (MDH) by completing and submitting the relevant registration form (Annex 7), copied to the TC, in order to be able to receive updates and avail themselves of the opportunities and facilities offered by the PMTC.

- Trainees are to indicate their preference for a TS from an approved list by indicating three (3) preferences in order, sent in writing or by email in confidence to the TC. The TC shall respect the trainee’s order of preference in so far as this is possible.

- Once a TS is assigned to the trainee, the trainee is to request a meeting with the TS by email and a copy of the meeting request filed. The meeting is to be held within three weeks of the start of the Training Programme. This Initial Meeting is to be held within three weeks of the start of the Training Programme and within three weeks of the start of every subsequent placement; content of all meetings are to be documented on a separate form for each meeting using the Meeting Log Form template (Annex 2A).

An Initial Meeting is also to be held with the LLT and assigned LT/s at the start of every attachment. During this meeting the trainers and trainee will discuss and agree on a Location Training Plan for that location. This Plan shall match tasks to relevant competencies to be achieved during that time-frame and is to be documented in the relevant part of Meeting Log Form (Annex 2B) used to document the initial meeting. A Task Form (Annex 4) is then completed for each task generated.

- A formal Mid-Placement Review Meeting should also be held between the trainee and location trainer to discuss progress and any matters arising. The trainee should also meet the TS mid-way during longer attachments. Contents of the meeting are to be documented on a Meeting Log Form (Annex 2B).

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9 Updated list will be made available to new trainees by TC at induction.
10 Currently corresponds to Task Form in Part B of Training Portfolio
- At the **End of placement meeting**, to be held at the end of each attachment, the LT shall meet with the trainee, to discuss and assess achievement of competencies through the agreed tasks, and reflect this in completing and signing the *End of Placement Competence Appraisal Form* (Annex3). This form is also to be signed by the LLT and then presented by the trainee to the TS at the End of Placement meeting with the TS. The meeting with the TS is to be documented using *Meeting Log Form (Annex 2A)*.

- A Placement **Report** should be prepared by the trainee as a draft at the end of each placement, and presented to the Location Trainer at the End of Placement Meeting. The LT should review the Report, and after amending it as necessary, this should be signed by the trainee, LT and LLT. This report is then to be made available to the TS together with the End of Placement Competence Appraisal Form (see above) at the End of Placement Meeting with the TS.

- The trainee should meet the TS prior to the Annual Assessment and the Final/Exit Assessment.

- Trainees should seek to make the necessary arrangements with their superiors to avail themselves of their 4 hours protected time per week¹¹ to attend CPD events, MSc Course lectures, research or other activities related to Continued Professional Development in Public Health Medicine, subject to exigencies of the service.

- Any problems encountered by the trainee during training are to be brought to the attention of the respective LT, LLT or TS as required. Any issues that cannot be resolved are to be communicated TC.

- Trainees are encouraged to become associate members of the *Malta Association of Public Health Medicine* (MAPHM) and to elect a representative from amongst the associate members on the Executive Committee of the MAPHM with observer status.

- Trainees may also elect a trainee representative from amongst themselves to attend PHTC meetings with observer status by invitation and at the discretion of the PHTC.

¹¹ Or/as determined by currently applicable Govt-MAM Agreement
8. IDENTIFICATION OF TRAINING NEEDS

The identification of training needs and the formulation of personal training objectives will occur before the commencement of training in general and before the commencement of training in a new location. This regular assessment of training needs will ensure that each trainee achieves the required competencies and builds up the necessary skills to be able to fulfil his/her role as a generic Public Health Medicine Specialist. This will also assist trainees to identify and develop specialist interests within the Speciality.

Trainers are required to be equipped with the appropriate skills, attitudes and knowledge to fulfil their responsibilities in a competent manner. The identification of training needs by trainers in collaboration with the PHTC will allow for the design and co-ordination of regular and tailor-made train the trainers sessions.

Trainers and trainees are encouraged to make use of opportunities to attend for relevant training courses made available to public officers, such as those organised by the Government training organisation.

At the beginning of each attachment, a training plan for that location should be agreed upon between the Trainee, Lead Location Trainer and Location trainer/s on initial tasks (where this is possible) and competencies to be covered during the attachment. This will include a number of tasks ideally matched to specific competencies to be achieved during the attachment; these are to be documented in the appropriate part of the Meeting Form 2B used for the initial meeting. The trainee will then complete a more detailed Task Form (Annex 4) for each task generated.

The competence appraisal at the end of the placement is reflected in the completion of an End of Placement Competence Appraisal Form (Annex 3), to be signed by both LT and trainee. The completed form is to be endorsed by the LLT and later by the TS at the End of Placement meeting between the doctor-in-training and the TS. A copy of the completed, signed End of Placement Competence Appraisal forms is to be sent to the TC.

All meetings are to be documented on the relevant meeting log forms

All the signed forms are to be kept in the trainee’s portfolio. It is recommended that TSs also keep copies of these forms. This will be useful when compiling the Annual and Final Reports (Annex 5 & Annex 6).

---

12 Currently the Centre for Development, Research and Training (CDRT)
9. Training Locations

At the start of the Training Programme the TC, taking into account the specific training and service needs and availability, will submit to the PHTC a preliminary schedule of attachments for the whole training period. Trainees will rotate between these locations to ensure exposure to the different operational areas. It is recommended that each training location will not have more than two trainees during the same time period.

Lead location trainers are to ensure that arrangements are in place at each training location so that the trainee has access to a desk, telephone and computer/laptop and internet and e-mail facilities. Trainees are advised to contact their LLT a couple of weeks in advance of their next rotation to coordinate this.

Training Locations will be subject to satisfactory inspection visits by the TC as well as external reviewers of the Training Programme invited/appointed by the PHTC. Overseas locations in accredited centres may also be recognised as Training Locations, provided prior approval is obtained from the PHTC in consultation with the PMTC.
Table 2 below cross tabulates the nine competencies with the workplace Training Locations where the competencies may be best achieved and indicates the minimum attachment period for each of the training areas. This table provides guidance. Other possibilities are not excluded. The 3 month elective period is not included in the table.

<table>
<thead>
<tr>
<th>Area of Competence</th>
<th>CMO Office/Health Policy (18 months min)</th>
<th>Health Care Services (9 months min)</th>
<th>SPH (18 months min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Surveillance and assessment of population health information</td>
<td>✓ DHIR</td>
<td>✓ DHIR</td>
<td>✓ IDCU</td>
</tr>
<tr>
<td>2. Promoting and protecting the population’s health and wellbeing</td>
<td>✓</td>
<td>✓</td>
<td>✓ HPDPD (IDCU, HPCU); EHD</td>
</tr>
<tr>
<td>3. Develop quality &amp; risk management evaluation culture</td>
<td>✓</td>
<td>✓</td>
<td>✓ HCSSD</td>
</tr>
<tr>
<td>4. Collaborative working for health, working with &amp; for communities,</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5. Developing health programmes &amp; services and reducing inequalities</td>
<td>✓</td>
<td>✓</td>
<td>✓ HPDPD</td>
</tr>
<tr>
<td>6. Policy &amp; strategy development &amp; implementation</td>
<td>✓</td>
<td>✓</td>
<td>✓ HPDPD</td>
</tr>
<tr>
<td>7. Strategic leadership and advocacy for health</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>8. Research &amp; development</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>9. Ethically managing self, people &amp; resources</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Note: Competencies 4, 6, 7, 8, 9 are horizontal competences which can be acquired during work placements in all Directorates. Some of the competencies may also be acquired in part or in full during the MSc Public Health course together with the tenth competency area Academic Public Health.

Abbreviations:  
CMO Chief Medical Officer  
SPH Superintendence of Public Health  
EHD Environmental Health Directorate  
HCSSD Health Care Services Standards Directorate  
DHIR Health Information and Research Directorate  
HPDPD Health Promotion and Disease Prevention Directorate  
DPDEU Policy Development and EU Affairs Directorate  
HPCU Health Promotion and Chronic Disease Prevention Unit  
IDCU Infectious Disease Prevention and Control Unit
9.1 INDUCTION

This shall be carried out at the start of the Training Programme and at the start of each attachment for each trainee. Induction may take the form of a formal session, however, may extend throughout the first week or more of a new attachment; designed to make the trainee familiar with the location, staff and work practices of the training location.

Induction should include:

✓ an explanation of the organisational structure and functions of the directorate, the roles and designations of staff, lines of accountability and communication, standard operation procedures, protocols or guidelines, departmental reports and policy documents;

✓ practical information such as office hours, attendance sheets and temporary absences, utilisation of the various forms of leave including study leave, dress codes, transport arrangements, internal telephone directories, IT equipment and access to shared folders, internal circulars; updating of email address & signature, stationery, identification cards, and any other general facilities
### 9.2 Additional Training

During the 48 months of Specialist training, the trainee may be asked to undergo specific additional training as required, to ensure competence in the following areas:

**Information technology skills:** word processing, spreadsheet and database, statistical package use

**Communication skills:** writing, report writing, speech writing, speech making, media, publishing and presentation skills

**Leadership and management courses:** time management, project management, change management, conflict resolution, interpersonal skills.

**Others such as** EU legislation, working in a team, critical thinking, emotional intelligence and any other courses as may be specified by the PHTC.

These courses may incorporate training sessions organised by the [Postgraduate Medical Training Centre](#), the [Government training organisation](#), the [University of Malta](#) or may include other courses, including technical and other online courses relevant to the curriculum which may be specifically bought in from other training agencies (e.g. *Health impact assessment online training*, *Risk assessment*), or identified by the trainee himself/herself and approved by the PHTC.

The necessary permissions and approvals (including study leave) to attend training sessions are to be sought from the Director responsible for the trainee’s current Training Location.
10. **Training Progression**

Basic Specialist Training (BST) progression from BST1 to BST2 is effective following a minimum of 12 months full-time equivalent (FTE) practical experience in Public Health Medicine with favourable assessment/s and positive recommendation at annual assessment. Following issue of the recommendation by the TC (Template at Annex 11), BSTs are to complete the relevant form (Annex 9) and submit this together with proof of qualification to the TC. The TC shall sign the form, which shall then be forwarded for endorsement by the Clinical Chair before submission to HR. Progression from BST2 to Higher Specialist Trainee (HST) is currently through a call for application and selection interview. Eligibility for HST includes the attainment of the Certificate of Completion of Basic Specialist Training (CCBST), which includes successful completion of the MSc Public Health and a minimum of 24 months FTE of successful basic specialist training in Public Health Medicine with favourable assessments and positive recommendation at annual assessments.

<table>
<thead>
<tr>
<th>Level of Training</th>
<th>Entry Requirements</th>
<th>Duration</th>
<th>Eligibility for Progression to next Level</th>
<th>Next Grade * following successful completion of this Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Training Phase 1</td>
<td>Recognised first degree in Medicine, Full Registration with Medical Council of Malta</td>
<td>Minimum of 12 months FTE</td>
<td>Minimum of 12 months FTE practical experience in PHM with favourable assessment and positive recommendation at annual assessment</td>
<td>Basic Specialist Trainee (BST) 2</td>
</tr>
<tr>
<td>Basic Training Phase 2</td>
<td>Minimum of 12 months FTE practical experience in PHM with favourable assessment and positive recommendation at annual assessment</td>
<td>Variable - minimum of 12 months FTE</td>
<td>Certificate of Completion of Basic Specialist Training (obtained after successful completion of MSc PH) and a minimum of 24 months FTE practical training in PHM with favourable assessment/s and positive recommendation at annual assessment/s.</td>
<td>Higher Specialist Trainee (HST)</td>
</tr>
<tr>
<td>Higher Training</td>
<td>Certificate of Completion of Basic Specialist Training, Additional months to complete a total of 48 months FTE of PHM training</td>
<td>Certificate of Completion of Specialist Training (CCST).</td>
<td>Resident Specialist (RS)</td>
<td></td>
</tr>
</tbody>
</table>

[*] As determined by currently applicable Gov-MAM Agreement
11. COMPLETION OF TRAINING

Basic specialist training is to be completed within 4 calendar years from entry into the training programme and this does not include periods of maternity, parental, sick or responsibility leave. In addition, a total limit of 10 calendar years from entry into the training programme is given to complete specialist training, excluding maternity, parental, sick or responsibility leave\(^\text{13}\).

Any suspension of training for any reasons other than the above is to be discussed with the Training Coordinator and approved by the Public Health Training Committee prior to the period of absence.

On successful completion of Basic Specialist Training (at least 24 months FTE of approved training together with attainment of MSc Public Health), the PHTC will request the MAPHM to recommend to SAC for issue of the Certificate of Completion of Basic Specialist Training.

On successful completion of Higher Specialist Training (at least 48 months FTE of approved training together with attainment of MSc Public Health, together with the attainment of successful annual and final assessments) the PHTC will request the MAPHM to recommend to SAC for issue of the Certificate of Completion of Specialist Training.

\(^{13}\) Or as determined by currently applicable Govt.-MAM Agreement
12. Performance Review and Assessment

In addition to the assessments that are carried out by the University of Malta during the academic course, Public Health Medicine Trainees undergo regular review and assessment during the various training attachments, annually and during the final/exit assessment.

The review of performance of trainees is an essential part of training, and is both **formative** and **summative**. The trainee will undergo a series of regular appraisals, as well as a formal *Annual Assessment* and the *Final Assessment*.

*Formative assessment* (appraisal) is linked to professional development and growth, and is educational in nature. It is based on a cycle with objectives being set in a training plan, progress being monitored and reviewed through mid-placement reviews and competence appraisals; and objectives redefined in the light of this review, and so on.

*Competence Appraisal* involves the assessment of skill areas/competencies in terms of knowledge, skills and attitudes within the opportunities available for the trainee to practice these skills.

- **Mid-Placement Reviews** are carried out during a meeting between the trainee and LT/LLT mid-way during the training placements.
- An **End of Placement Competence Appraisal** is conducted by the respective location and Lead location trainers and trainee at the end of each placement. Each assigned task\(^{14}\) is assessed and graded as having been *Highly Achieved (1)*, *Achieved (2)* *Partly Achieved (3)*, or *Not Achieved (4)*.

Summative assessment measures whether predetermined levels required for career progression have been achieved.

\(^{14}\) A completed task does not necessarily reflect full achievement of a competence, which may require a number of related tasks to be completed over the length of the Specialist Training Programme to reach the requisite level.
12.1 **Annual Assessment**

At the completion of each year of training each trainee will be assessed by an Annual Assessment Panel. This is the speciality based panel operating on behalf of the PHTC. The panel will assess the trainees’ progress based on performance and competencies achieved according to the annual training plan, and will make recommendations for further training. The trainee will be informed in writing of the outcome of the assessment.

**Submissions for consideration at annual assessment**

During the Annual Assessment, the following submissions will be considered:

i. Report by Trainee on Activity of Previous Year;

ii. Training Supervisor’s Annual report (*Annex 5*) and Good Medical/Public Health Practice completed forms (see Public Health Training Portfolio)

iii. Updated logbook (including End of Placement Competence Appraisal Forms) and accompanying signed report/s;

iv. Leave record;

v. Updated cv.

The TS, at the request of the trainee, may also be present at the trainee’s Annual and Exit Assessments. The TS will be provided with a copy of the assessment panel’s report which is to be discussed with the trainee at the next TS meeting.

Annual assessments are usually held in September, subject to change as may be required from time to time.
12.2 Final (Exit) Assessment

Each trainee completing their final year will be assessed by an Exit Assessment Panel, operating on behalf of the PHTC to conduct the Final Assessment. The panel will assess the trainees’ progress and level of competencies achieved according to the final annual training plan and will make recommendations for further training or specialist registration. The trainee will be informed in writing of the outcome of the assessment.

During the Final Assessment, the following submissions will be considered:

i. Report by Trainee on Activity of Previous Year (see Training Portfolio); Training Supervisor’s Annual (Annex 5) and Final (Annex 6) reports and Good Medical/Public Health Practice completed forms

ii. Updated logbook (including End of Placement Competence Appraisal Forms) and accompanying report/s;

iii. Leave record;

iv. Updated cv

For satisfactory completion of training, a trainee must successfully conclude the training programme with satisfactory progress through the formative/summative assessment process towards the award of the Certificate of Completion of Specialist Training (CCST) in Public Health Medicine.
12.3 COMPOSITION OF ASSESSMENT PANELS

The composition of the Annual and Exit (Final) Assessment panel/s should be agreed upon by the PHTC taking into account the requirements of the MAPHM:

It is recommended that the Annual and Final Assessment Panel/s should consist of:

- Chair of PHTC or delegate
- Head, Department of Public Health, University of Malta (UoM) or delegate
- President, Malta Association of Public Health Medicine (MAPHM) or delegate
- External assessor

Members of the Assessment Panel/s shall be registered Specialists in Public Health Medicine or equivalent (on the Malta Medical Council Specialist Register or equivalent register) for at least 3 years and who are not/have not been Training Supervisors to the trainees undergoing assessment. The members of the Assessment panel, including the external assessor are to be approved by the PHTC. Any conflict of interest is to be declared to the PHTC in writing prior to accepting the invitation to sit on the Assessment Panel.
12.4 Certificate of Completion of Specialist Training

On successful completion of the final summative assessment, the PHTC will make its recommendation to MAPHM. Candidates will then be recommended by the MAPHM to the SAC for certification and inclusion in the Malta Medical Council Specialist Register as a Specialist in Public Health Medicine.

Successful candidates are required to apply to the Medical Specialist Accreditation Committee to register as a specialist in accordance with the Healthcare Professions Act (2003) by completing and submitting the Application Form CCST (Annex 10). A Certificate of Completion of Specialist Training (CCST) will be issued by the SAC on the final recommendation of the MAPHM.
13. Appeals

Appeals Procedure following Annual and Final Assessments
If the trainee is dissatisfied or aggrieved with the composition of the assessment panel, or the conduct or outcome of the annual or final assessment, s/he will have the right to appeal. A complaint in writing is to reach the Lead Training Coordinator, within 10 working days of the receipt of the outcome of the assessment.

The Appeals Panel shall be a subcommittee appointed by the Lead TC and will consist of three (3) Registered Specialists in Public Health Medicine on the Malta Medical Council Specialist Register, in accordance with the Health Care Professions Act (2003) for a minimum of five (5) years, currently active in public health practice, who have not otherwise been involved in the annual or final assessment process or have been the Training Supervisor (TS – as defined in this document) of the trainee making the appeal. Any conflict of interest is to be declared in writing to the Lead TC prior to accepting the invitation to sit on the Appeals Panel.

The Appeals Panel will review the evidence including papers submitted by the Assessment Panel and the trainee and will submit a report to the Lead Training Coordinator within a stipulated time-frame.

The Lead Training Coordinator will inform the trainee in writing of the outcome within two months of the date of the appeal.
14. Quality Assurance

The PHTC is responsible for assuring the quality of training including requirements for trainer and trainee commitment and engagement. The PHTC is committed to supporting the Specialist Training programme and providing opportunities for trainer development and training.

External reviewers may be invited by the PHTC from time to time, to review the Training Programme.

The PHTC will request feedback from trainers and trainees on quality of training on a regular basis and will evaluate trainer commitment to the Specialist Training Programme, towards the trainee and their own CPD.

Training locations will also be regularly assessed by the PHTC to ensure that the required standards are being maintained.
ANNEXES
UNDEARTAKING OF SPECIALIST TRAINING IN PUBLIC HEALTH MEDICINE — DECLARATION FORM

I, the undersigned, declare that I am willing to undertake the Specialist Training Programme in Public Health Medicine leading to Specialist Registration within the stipulated time period as specified in the current Government-MAM Agreement.

In so doing I commit myself to read for a recognised Masters in Public Health course at the earliest available opportunity.

Signed:

______________________________________________
Name and Surname: __________________________________
Medical Registration number: ________________________

______________________________________________
Post-graduate Training Coordinator

Date: __________________________
**MEETING LOG FORM (TS)**

This form is to be completed jointly by the Doctor-in-Training and the Training Supervisor, for each of the 3 monthly meetings as stipulated in the Public Health Medicine Specialist Training Framework document, and kept in the trainee’s logbook.

<table>
<thead>
<tr>
<th>Trainee:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>BST1 ☑ BST2 ☑ HST1 ☑ HST2 ☑</td>
</tr>
<tr>
<td>Year of Training</td>
<td>1 ☑ 2 ☑ 3 ☑ 4 ☑ 5 ☑ Other (specify) ........</td>
</tr>
<tr>
<td>Training Supervisor</td>
<td></td>
</tr>
<tr>
<td>Meeting Request By</td>
<td>Trainee ☑ Training Supervisor ☐</td>
</tr>
<tr>
<td></td>
<td>Date/s of Request ........................................</td>
</tr>
<tr>
<td>Meeting Date</td>
<td></td>
</tr>
<tr>
<td>Meeting Type</td>
<td>Initial meeting ☑ Mid-Placement Meeting ☑</td>
</tr>
<tr>
<td></td>
<td>End of Placement Meeting ☑</td>
</tr>
<tr>
<td></td>
<td>Other ☑ ......................</td>
</tr>
<tr>
<td>Current Attachment: Location:</td>
<td>........................................</td>
</tr>
<tr>
<td>Location Trainer/Task Supervisor/s:</td>
<td>........................................................................</td>
</tr>
<tr>
<td>Start Date:</td>
<td>..............................  End Date: .................................</td>
</tr>
<tr>
<td>Next Attachment:</td>
<td></td>
</tr>
<tr>
<td>Location:</td>
<td>........................................</td>
</tr>
<tr>
<td>Lead Location Trainer:</td>
<td>........................................</td>
</tr>
<tr>
<td>Start Date:</td>
<td>..............................  End Date: .................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discussion points</th>
<th>Recommendations/Action points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed by</td>
<td></td>
</tr>
<tr>
<td>Training Supervisor</td>
<td>Doctor-in-Training</td>
</tr>
<tr>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Date signed</td>
<td>Date signed</td>
</tr>
</tbody>
</table>
### MEETING LOG FORM - TRAINING LOCATION

This form is to be completed jointly by the Doctor-in-Training and the Lead Location Trainer (LLT) /Location trainer (LT)/s/Task Supervisor, for each of the 3 monthly meetings as stipulated in the Public Health Medicine Specialist Training Framework document, and kept in the trainee’s logbook.

<table>
<thead>
<tr>
<th>TRAINEE:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GRADE:</td>
<td>BST1 ☐ BST2 ☐ HST1 ☐ HST2 ☐</td>
</tr>
<tr>
<td>YEAR OF TRAINING</td>
<td>1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ OTHER (SPECIFY) ..........</td>
</tr>
<tr>
<td>TRAINING SUPERVISOR</td>
<td></td>
</tr>
<tr>
<td>MEETING REQUEST BY</td>
<td>TRAINEE ☐ DATE/S OF REQUEST ..................................</td>
</tr>
<tr>
<td>LLT ☐/LT ☐ DATE/S OF REQUEST ..................................</td>
<td></td>
</tr>
<tr>
<td>MEETING DATE</td>
<td></td>
</tr>
<tr>
<td>MEETING TYPE</td>
<td>INITIAL MEETING ☐ MID-PLACEMENT MEETING ☐</td>
</tr>
<tr>
<td>END OF PLACEMENT MEETING ☐ OTHER ☐ .........................</td>
<td></td>
</tr>
<tr>
<td>CURRENT ATTACHMENT:</td>
<td></td>
</tr>
<tr>
<td>LOCATION: .................</td>
<td></td>
</tr>
<tr>
<td>LOCATION TRAINER/TASK SUPERVISOR/s: .................................................................</td>
<td></td>
</tr>
<tr>
<td>START DATE: ................................ END DATE:.........................................................</td>
<td></td>
</tr>
<tr>
<td>NEXT ATTACHMENT:</td>
<td></td>
</tr>
<tr>
<td>LOCATION: ................................ LEAD LOCATION TRAINER: .................................</td>
<td></td>
</tr>
<tr>
<td>START DATE: ................................ END DATE:.........................................................</td>
<td></td>
</tr>
<tr>
<td>DISCUSSION POINTS</td>
<td></td>
</tr>
</tbody>
</table>

**SIGNATURE**

<table>
<thead>
<tr>
<th>Lead Location Trainer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>........................</td>
</tr>
<tr>
<td>Date signed:...............</td>
</tr>
<tr>
<td>Location Trainer/Task Supervisor/s: .................................</td>
</tr>
<tr>
<td>Date signed:...............</td>
</tr>
<tr>
<td>Training Supervisor</td>
</tr>
<tr>
<td>Signature: ........................</td>
</tr>
<tr>
<td>Date endorsed:...............</td>
</tr>
<tr>
<td>Doctor-in-Training</td>
</tr>
<tr>
<td>Signature: ........................</td>
</tr>
<tr>
<td>Date signed:...............</td>
</tr>
</tbody>
</table>
**END OF PLACEMENT COMPETENCE APPRAISAL FORM**

Task-based Competences covered by trainee placement, within area/s (1-9) of Specialist Public Health Practice as indicated in Part A of Public Health Training Portfolio

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>RELATED TASK DETAILS</th>
<th>LEVEL OF ACHIEVEMENT[^23]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1  2  3  4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1  2  3  4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1  2  3  4</td>
</tr>
</tbody>
</table>

Comments /recommendations:

<table>
<thead>
<tr>
<th>Location Trainer/Task Supervisor/s:</th>
<th>Lead Location Trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name/s: __________________________</td>
<td>Name: __________________________</td>
</tr>
<tr>
<td>Signature/s: _____________________</td>
<td>Signature: _____________________</td>
</tr>
<tr>
<td>Date: ___________________________</td>
<td>Date: ___________________________</td>
</tr>
</tbody>
</table>

Trainee Signature: __________________ Date: __________________

Endorsement by Training Supervisor
Signature: __________________ Date: __________________

[^22]: This form should be completed by the lead location trainer in discussion with the trainee and location trainer/s.

[^23]: Circle the correct: 1= Highly Achieved; 2- Achieved; 3-Partly Achieved; 4-Not Achieved
# TASK FORM (USE ONE SHEET PER TASK)

<table>
<thead>
<tr>
<th><strong>To be completed at outset or as required</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of task:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Task generated by:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Deadline:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Intended benefits to trainee in terms of competences:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Intended benefits to the Department/Directorate:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sources of help and guidance:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Trainee Signature:</strong></td>
<td><strong>Date of completion of Task:</strong></td>
</tr>
<tr>
<td><strong>Location Trainer/Task Supervisor Signature:</strong></td>
<td><strong>Lead Location Trainer Signature:</strong></td>
</tr>
</tbody>
</table>
# Template for Training Supervisor’s Annual Report

This form is to be completed by the Training Supervisor, for each trainee prior to each annual assessment.

<table>
<thead>
<tr>
<th>Trainee:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>BST1 ☐ BST2 ☐ HST1 ☐ HST2 ☐</td>
</tr>
<tr>
<td>Year of Training</td>
<td>1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ Other (Specify) .......</td>
</tr>
</tbody>
</table>

**Summary of Training Attachments Covered During This Period:**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Training Location</th>
<th>Area of Public Health Practice and Competencies Covered - Indicate whether fully (F) or partially (P) achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
</tr>
</tbody>
</table>

**Training Comments:**

**General:**

**Strengths:**

**Areas for Improvement:**

**Recommendations** (state where special attention should be given in future)

**Training Supervisor’s Signature:**

**Date:**

I have read the training supervisor’s report above:

**Trainee Signature:** ________________________________ **Date:** ________________________________
**TEMPLATE FOR TRAINING SUPERVISOR’S FINAL REPORT**

This form is to be completed by the Training Supervisor, for each trainee prior to the final/exit assessment.

<table>
<thead>
<tr>
<th>Trainee:</th>
<th>Grade:</th>
<th>BST2 □</th>
<th>HST □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Supervisor</td>
<td></td>
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</tbody>
</table>

Summary of training attachments covered during this period.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Training Location</th>
<th>Area of Public Health Practice and Competencies covered. Indicate whether fully (F) or partially (P) achieved</th>
</tr>
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</table>

*TS Comments:*

GENERAL:
STRENGTHS:
AREAS FOR IMPROVEMENT:
RECOMMENDATIONS:

I hereby certify that Dr. ___________________________ has achieved all competencies required to complete his/her training.
Date of Completion of Training:

Training Supervisor’s Signature:
Date:

I have read the training supervisor’s report above:
Trainee signature: ___________________________
Date: ___________________________
ANNEX 7

REGISTRATION FORM
FOR POSTGRADUATE MEDICAL TRAINING

MEDICAL DOCTORS WHO ARE ABOUT TO START THEIR TRAINING PROGRAMME OR ARE IN TRAINING PROGRAMME ARE REQUIRED TO REGISTER THEIR PARTICULARS WITH THE SPECIALIST ACCREDITATION COMMITTEE.

Surname ______________ Name ___________ ID no. ______________________

Med.Council Reg. _______ Country & Institution of Primary qualification ________________

Date of Birth _______________ Nationality ___________ Gender __________

Address ______________________

Postal Code _______ Home Tel.No. ___________ Mobile No. ________________

Fax number ___________ E.mail address ______________________

OTHER INFORMATION

Training Programme: ‘GP Trainee’ ______ ‘BST’ ______ ‘HST’ ______

SPECIALTY 1 _______________ SPECIALTY 2 ______________________

Country where Specialized Training is being held (other than Malta) ________________

Date of commencement: ___________ Expected date of completion: ___________

Signature: ______________________

Please return this form in duplicate addressed to:
The Registrar
Specialist Accreditation Committee
Valletta VLT 1000
POSTGRADUATE MEDICAL TRAINING CENTRE REGISTRATION FORM

Name: ______________________________Surname: ____________________________

I.D. Number: ____________________________

Address:_____________________________________________________________

_____________________________________________________________________

Email: __________________________________________

Tel no:______________ Mob no:______________ Pager no:______________

Medical Council Registration no: ____________________________

Specialty: ________________________________

Position: ______________________________

Interest in higher speciality training

Kindly list two specialities: _________________________________________

Registration and Qualifications

Date of Medical Council Registration (DD/MM/YYYY): ______________

Possession of MRCP or MRCS or equivalent qualification: (Yes/No)

If Yes, state date of certification: ________________________________

Additional qualifications (Certificate/Diploma/Degree)

Please specify:

<table>
<thead>
<tr>
<th>Title</th>
<th>Cert/Dip/Deg</th>
<th>Awarding Institution</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Previous job assignments:

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Local/foreign</th>
<th>Full-time/part-time</th>
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</tbody>
</table>
REQUEST FOR PROGRESSION OF BASIC SPECIALIST TRAINEES

Applicant’s Particulars:
Name
Surname
Identity Number
Contact Numbers-(Mobile/Pager)
Department

I am enclosing the following entry requirement documentations to support my application.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Signature of Applicant

I declare that the Doctor is eligible for the progression to Basic Specialist Trainee 2.

Training Coordinator

I recommend this Doctor to be progressed to Basic Specialist Trainee 2.

Clinical Chairperson

Data Protection Statement
All personal data is processed in accordance with the Data Protection Act, and as permitted by law. Further information about your can be obtained on request.
Application for Certificate of Completion of Specialist Training (CCST)

Only doctors who have undergone the bulk of their training within the territory of the Republic of Malta should apply using this form.

Application Number: ___/ ___

For Office Use

Please read the notes on page 6 before filling in the Application Form.

Section A: Demographic Details:

1. Please fill in all this section;

2. Every applicant should fill in the Identity Card Number or, if this is not available, the Passport Number.

It is very important that you inform the Registrar of the Specialist Accreditation Committee of any changes in the information given, because this will allow us to communicate with you when required. Thanking you in advance.
<table>
<thead>
<tr>
<th>Surname*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name*</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Prof./Dr./ Mr./Ms.</td>
</tr>
<tr>
<td>Identity Card Number (where applicable)</td>
<td></td>
</tr>
<tr>
<td>Passport Number including the date when issued and the country (where Identity Card is not available)</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Female/ Male</td>
</tr>
<tr>
<td>Date of Birth (DD/MM/YY)</td>
<td></td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
</tr>
<tr>
<td>Address: Number/ House Name*</td>
<td></td>
</tr>
<tr>
<td>Street*</td>
<td></td>
</tr>
<tr>
<td>Town/ City*</td>
<td></td>
</tr>
<tr>
<td>Postal Code*</td>
<td></td>
</tr>
<tr>
<td>Country*</td>
<td></td>
</tr>
<tr>
<td>Home telephone Number(s)</td>
<td></td>
</tr>
<tr>
<td>Work Telephone Number(s)</td>
<td></td>
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<tr>
<td>Mobile phone Number</td>
<td></td>
</tr>
<tr>
<td>Fax Number</td>
<td></td>
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<tr>
<td>E-Mail Address</td>
<td></td>
</tr>
</tbody>
</table>

Details which have an asterix (*) will be published in the Specialist Register
SPECIALIST ACCREDITATION COMMITTEE

Section B

Malta Medical Council Number ________________

Speciality Applied for_____________________________ ________________________

Date of Certificate of Completion of Basic Specialist Training§____________________

________________________________________________(DD/MM/YYYY)

Date of Entry into Higher Specialist Training in Speciality Applied for (if applicable) ¶

________________________________________________________(DD/MM/YYYY)

Date of Completion or Expected Date of Completion of Training_____________ (DD/MM/YYYY)

Are in a possession of a recommendation by the training committee in the specialty you are
applying for? Y/N

References
In this section, give the full names, postal & email addresses of 2-3 references who have supervised
your training.

1._________________________________________________ _____________________________

___________________________________________________ _____________________________

___________________________________________________ _____

___________________________________________________ _____________________

2._________________________________________________ _____________________

___________________________________________________ _____________________________

___________________________________________________ _____________________________

3._________________________________________________ _____________________

___________________________________________________ _____________________________

___________________________________________________ _____________________________

If there is no common trunk (basic training) in the speciality that you are applying for write “Not
Applicable” here

Date: ___________________.

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NOTES

1. A Certificate of Completion of Specialist Training can only be awarded when the bulk of training has taken place in a recognized training institution/s within the territory of the Republic of Malta.

2. You are advised to apply 3 months before the expected date of completion of training so as to allow time for processing of your application.

3. Please submit a separate application form for each speciality you are applying for.

4. Two copies of the application form should reach our offices by hand together with:
   a) A fee of 23.29 euro for each application;
   b) The following supporting documents:
      • A detailed curriculum vitae, including qualifications, training experience and publications
      • Authenticated copies of any certificates claimed. If the Certificates are neither in Maltese nor in English, please supply a certified translation into Maltese or English
      • Proof of competence in all core competencies listed in the respective training programme.

5. The SAC and the Association which represents the specialization you are applying for, have the right to ask for more information from applicants.

6. Applications which are not approved can appeal to the Appeals Committee according to the Health Care Professions Act (HCPA) (2003); CAP. 464; Part IX.

7. Details which have an asterix (*) near them will be published in the Specialist Register.
CERTIFICATION FORM: COMPLETION OF BASIC/HIGHER SPECIALIST TRAINING

TO WHOM IT MAY CONCERN

This is to certify that Dr. ________________________________ has completed a minimum of 12/24/48 months of practical experience in Public Health Medicine with favourable assessment/s and positive recommendation/s at Annual Assessment/s as required for progression to BST2/ eligibility to apply for CCBST/CCST, with effect from (date) ____________________.

S/he has successfully completed the MSc in Public Health*.  
Date of issue of results: ________________  
Date of graduation: ____________________________.

_________________________________________  ____________________________
Postgraduate Training Coordinator  
Chair, Postgraduate Training Committee

Date: ________________________________

* Not required for progression to BST2.