

GP TRAINER APPLICATION & INFORMATION FORM

May 2024

Name & Surname: _____

ID Number: _____

Address & Tel.: _____

A. Training practice clinical onsite work:

- 1) Full-time clinical onsite work: Yes No
 Reduced hrs/part-time clinical onsite work (at least 20 hrs/wk): Yes No
- 2) Schedule of clinical onsite work (if yes to one of the above):

Days of week	Times	Clinic name

Note: If clinical onsite work is performed on a roster basis, kindly outline the roster that should amount to at least 20 hours clinical onsite work per week.

- 3) Training practice address & telephone number (if yes to one option in point 1 above):

B. Trainer and Training Practice Criteria

<i>CRITERIA OF TRAINER #</i>	<i>Yes</i>	<i>No</i>
A personal commitment to teaching and to keep updated on educational methodology by attending appropriate lectures and courses		
Practical teaching skills acquired through appropriate preparation, and certification as trainer by a recognised European College of Family Doctors		
Registered in the speciality of family medicine for at least 4 years		
Practising (if answered 'Yes' to point A1 above) in the speciality of family medicine for at least 4 years		
A high professional qualification or equivalent as approved by the Malta College of Family Doctors (e.g. listing in the Family Medicine section of the Specialist Accreditation Doctor Register kept by the Medical Council of Malta)		
Through active participation in CME, full accreditation in the speciality with a recognised European College of Family Doctors		
A commitment to quality assurance		
Presently active in family practice (if answered 'Yes' to point A1 above)		
<i>Recommended:</i> Audit, research activities		

<i>CRITERIA OF TRAINING PRACTICE</i> # (if answered 'Yes' to point A1 above)					
Type of practice (please tick one): solo <input type="checkbox"/> group <input type="checkbox"/>					
<u>Mandatory</u> <small>(Primary HealthCare maintains the right to confirm these criteria by spot checks as deemed necessary as per STCFM decision taken on 4th of April 2017)</small>	Yes	No	<u>Recommended</u>	Yes	No
Good quality premises and equipment			Good quality health care team		
Continuity of care, with well organised medical records			Effective practice management		
Practice with adequate number of patients and workload to ensure the gaining of comprehensive experience for trainee (as evidenced by various sources including medical records)			Access to library, IT facilities and other teaching aids		
Availability within practice of a clinic where the trainee can undertake the recommended hours of independent practice per week <u>under</u> the trainer's supervision, i.e. the availability of 2 separate well equipped consulting rooms (3 rooms if two GP trainees are assigned to the GP trainer unless GP trainees are rostered to work in different hours that do not clash).			Audit, research activities		
Access to a range of laboratory and imaging investigations					
Further comments:					

#Adapted from:

- Sammut MR et al. (2011). *Specialist Training Programme in Family Medicine – Malta*. Malta College of Family Doctors.
- Abela G and Sammut MR (2017). *Form to be completed by the Postgraduate Training Coordinators during Routine Practice Visits (approved by the Specialist Training Committee in Family Medicine on the 4th of April 2017)*

C. Declaration

I wish to put my name forward for the position of GP Trainer in the Specialist Training Programme in Family Medicine and I invite the GP Trainee for a practice visit (*if answered 'Yes' to point A1 above*) and mutual interview. I confirm that I have been/will be registered for 4 years as a specialist in family medicine by January 2025, am presently active in family practice (*if answered 'Yes' to point A1 above*), am a fully accredited member of the Malta College of Family Doctors (MCFD) and have undergone training as a teacher in family medicine with consequent accreditation by the MCFD.

This application is for (*tick/complete one of the following options*):

- a first GP trainee as a solo GP trainer;
- a first GP trainee as a joint GP trainer with Dr _____;
- a second GP trainee as a solo GP trainer;
- a second GP trainee as a joint GP trainer with Dr _____;
- two GP trainees as a solo GP trainer;
- a first GP trainee as a sole GP trainer and a second GP trainee as a joint GP trainer with Dr _____;
- a first GP trainee as a joint GP trainer with Dr _____ and a second GP trainee as a joint GP trainer with Dr _____.

I enclose my curriculum vitae (CV) with this information form for forwarding to the trainees.

Signature: _____

Date: _____