

SPECIALIST ACCREDITATION COMMITTEE



Application for Recommendation For Inclusion in the Specialist Medical Registers under Acquired Rights Provisions

(For the purpose of trainees who are extending their training after 2010 the Grandfathering clause will still be a valid and accepted way to apply for inclusion into the specialist register)

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. Each applicant should fill in the Identity Card Number. If this is not available, please supply 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.

Data Protection Statement: All Data collected is processed in accordance with legal provisions, the Data Protection Act (Cap. 586) and the EU Regulation 2016/679 General Data Protection Regulation. Personal Data is not disclosed to third parties if not required by Maltese Law or by other EU obligations.

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Surname*	
Name*	
Title	Prof./Dr./ Mr./Ms.
Identity Card Number (where applicable)	
Passport Number including the date when issued and the country (where Identity Card is not available)	
Sex	Female/Male/Other
Date of Birth (DD/MM/YY)	
Nationality	
Address: Number/ House Name	
Street	
Town/ City	
Postal Code	
Country	
Home telephone Number(s)	
Work Telephone Number(s)	
Mobile phone Number	
Fax Number	
E-Mail Address	

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

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Section B: Information about Qualifications and Employment with the Public Service:

1. This section should be filled according to which fields apply for your situation;

(#) Please attach a copy of the letter of appointment.

Medical Council Number*	
Date of Registration with the Medical Council	
Qualifications: including the year and Authority/Institution *	
Grade (if you are employed with the Public Service)	Consultant/Senior Registrar/Principal Medical Officer/ any other Position: _____
Date of appointment in the current position(#)	
If you no longer work with the Public Service, give the dates when you were last employed with the Public Service and the last Position held	Date: From: _____ till _____ Position held: _____

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Section C: The Speciality being applied for:

+ Please refer to the 'Speciality List' attached to this application form.

Please indicate below under which category you are applying:

- A) Grade of Consultant[¶]: _____
- B) Grade of Senior Registrar/ Principal Medical Officer: _____
- C) Other: _____

[¶]Only applicable if have held a post of Consultant, Senior Registrar or a Principal Medical Officer in the Maltese Public Service before 21st November 2003 and you are applying for a speciality according to your letter of appointment or in the respective call for applications.

Those applying under Category C should also fill in page 5.

Speciality according to the Health Care Professions Act (HCPA) (2003)

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

Please indicate here under what basis you consider yourself eligible for entry to the Specialist Register:

Qualifications:

Formal Training:

Work experience within the speciality:

Through the submission of this application, the applicant, concedes and acknowledges that for the processing of the same application, confidential references on the same applicant may be requested and obtained by the SAC. The applicant agrees and accepts not to request/be granted access and disclosure to the contents of such references given their confidential nature.

Date: _____

Signature: _____

For Official Use:

Receipt Number: _____

Fee Paid: _____

¹ Details which have an asterix (*) will be published in the Specialist Register

NOTES - The Registrar is available during office hours from Monday to Friday by appointment

1. Please fill in an application form for each speciality you are applying for.
2. The application form should reach our offices at the Medical Specialist Accreditation Committee, Office of the Superintendence of Public Health, Department for Health Regulation, Triq il-Kappillan Mifsud, Sta Venera, SVR 1851 together with:
 1. A fee of €100 for each application **
 2. Original Certificates and copies (in the case these are not registered with the Medical Council). If the Certificates are neither in English nor in Maltese, please supply a certified translation into Maltese or English;
 3. Curriculum Vitae (if you are applying under Category C).
3. Applications from the same individual for different specialities: each specialization will be considered separately.
4. If you have held a post of Consultant, Senior Registrar or a Principal Medical Officer in the Maltese Public Service before 21st November 2003 and you are applying for a speciality according to your letter of appointment or in the respective call for applications, there is no need to fill in Section C, Part C, Page 5.

For other applicants, applications will be processed more efficiently if you provide evidence and information to support your application. You are also expected to provide a Curriculum Vitae, details of previous employments and the name of two referees to support your application.

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. Applicants whose applications 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 are going to be published in the Specialist Register.

**Specialist Accreditation Committee (Fees) Regulations - Subsidiary Legislation 464.07

APPENDIX II

HEALTH CARE PROFESSIONS ACT (2003)

CHAPTER 464

Fifth Schedule (Article 31)

Specialist Registers

A. MEDICAL PRACTITIONERS

The specialities in respect of which the Specialist Accreditation Committee for medical practitioners shall issue certificates of completion of specialist training shall be the following:

1. Anaesthetics and Intensive Care Medicine
2. Audiology/Phoniatry
3. Baromedicine
4. Cardio-thoracic Surgery
5. Cardiology
6. Chemical Pathology
7. Clinical Neurophysiology
8. Clinical/Medical Genetics
9. Clinical Pharmacology and Therapeutics
10. Dermato – Venereology
11. Dermatology
12. Emergency Medicine
13. Endocrinology and Diabetes
14. Family Medicine
15. Forensic Medicine
16. Gastroenterology
17. General/Internal Medicine
18. General Surgery

19. Genito-Urinary Medicine
20. Geriatrics
21. Haematology
22. Histopathology including Cytopathology
23. Immunology
24. Infectious Disease
25. Microbiology/Bacteriology
26. Neonatology
27. Nephrology
28. Neurology
29. Neurosurgery
30. Nuclear Medicine
31. Obstetrics and Gynaecology
32. Occupational Medicine
33. Oncology and radiotherapy
34. Ophthalmology
35. Oral and Maxillo-facial Surgery
36. Orthopaedic Surgery
37. Otorhinolaryngology – Head and Neck Surgery
38. Paediatric Surgery
39. Paediatrics
 - i. Community Paediatrics
 - ii. Paediatric Cardiology
 - iii. Paediatric Endocrinology and Diabetes
 - iv. Paediatric Gastroenterology, Hepatology and Nutrition
 - v. Paediatric Infectious Diseases and Immunology
 - vi. Paediatric Nephrology
 - vii. Paediatric Neurology
 - viii. Paediatric Oncology
 - ix. Paediatric Respiratory Medicine
40. Palliative Medicine
41. Plastic Surgery

- 42. Psychiatry
- 43. Public Health Medicine
- 44. Radiology
- 45. Rehabilitation Medicine
- 46. Respiratory Medicine
- 47. Rheumatology
- 48. Sports and Exercise Medicine
- 49. Urology
- 50. Vascular Surgery
- 51. Virology
- 52. Medical Oncology