



MInTFM Trainee Recruitment Instructions to Applicant

Contents

Application Process.....	2
Confirmation	2
Personal Details	3
Eligibility Requirements	3
1. Registration with Malaysian Medical Council	3
2. English Language Competency Requirements	3
SECTION 1 - Academic Qualifications	4
Undergraduate Medical Education.....	4
Non-Medical Undergraduate Degree	5
Postgraduate Education- Higher Qualifications/Degree/Diploma.....	6
Where Am I Now	7
SECTION 2- Hospital Experience.....	7
Internship/Foundation Posts	7
Medical Officer Posts (MO).....	7
Gaps in Career/Training	8
SECTION 3- Family Medicine Experience.....	8
Undergraduate Family Medicine Experience	8
Postgraduate Family Medicine Experience	8
SECTION 4 - Research Achievement/Quality Assurance	9
Publications.....	9

Audits	10
Presentations at National or International Conference Only	10
SECTION 5 - Professional Development.....	10
SECTION 6- Personal Development.....	11
Referees	11
Declarations	12
Declaration One - MInTFM PERSON SPECIFICATION	12
Declaration Two - POLICE Statement.....	12
Declaration Three - TRAINING ORGANISATION / SCHEME	12
Declaration Four - MEDICAL COUNCIL/LICENSING BODY	13
Scheme Selection	13
Application Summary	13

Application Process

All required supporting documentation must be submitted by the closing date

Confirmation

Applicants will be asked to confirm the following:

I, the applicant, understand that I am personally responsible for ensuring that all submitted data and supporting documentation is accurate, legible and attached to the application form by the closing date. Failure to do so may result in the rejection of my application. **I understand that marks are awarded for submission of a fully completed application (including all required supporting documentation) by the agreed closing date.**

I confirm that I have read and understand fully the terms & conditions in making my application for Family Medicine training.

Personal Details

Applicants will be asked to confirm:

- Name
- Surname
- Medical Council Registration Details

Applicants will be required to provide the following:

Passport or National Identify Card (*To confirm your citizenship, you are required to upload a scanned copy of passport. It must be in colour, legible, and where applicable, include the passport identify page.*)* (PDF files only)

Upload Passport photo * (JPEG or PNG files only)

Eligibility Requirements

1. Registration with Malaysian Medical Council

Malaysian Medical Council Registration Number

Date of Registration with the Malaysian Medical Council - (DD/MM/YYYY)

Annual Practicing Certificate* (*to confirm Medical Council registration you must upload a valid Annual Practicing Certificate (APC)*) (PDF files only)

2. English Language Competency Requirements

Applicants must provide supporting documentation of meeting English Language eligibility criteria below. MInTFM will not process applications that are lacking in the appropriate supporting documentation.

Applicant must confirm they are eligible by selecting the appropriate option and submitting supporting documentation for the option selected.

- A. Completed entirety of under-graduate medical training in English

Supporting documentation required: Primary Medical Qualification (PMQ) from Ireland, UK, Australia, Canada, New Zealand, or the United States. PMQ from other countries with evidence that course taught wholly in English.

- B. Submitting International English Language Testing System Academic Test (IELTS) Certificate

Supporting documentation required: IELTS (valid within two years of application)

Submitting Occupational English Test (OET) Certificate **Supporting documentation required:** OET (valid within two years of application)

Please upload appropriate supporting documentation confirming this eligibility criterion* (PDF files only)

SECTION 1 - Academic Qualifications

Please note . Marks will only be awarded where supporting evidence is provided. Supporting evidence must be submitted at the time of application.

Undergraduate Medical Education

University/Medical School Name* . *Formal name as appears on graduation*

certificate **Country of Graduation***

Date of entry to Medical School* - (format . dd/mm/yyyy)

Entry Level . (*Specify 'Graduate Entry' or 'Undergraduate'*)

Date of graduation* - (format . dd/mm/yyyy)

Primary medical qualification*

Overall grade achieved* - (*including 'Pass', 'First Class Honours', 'Second*

Class Honours', 'cGPA' or 'Other')

Supporting Evidence required Transcript of exam results from Medical School/University* (PDF files only)

If other please specify e.g. pass with commendation, pass with honours etc.

This section is for applicants that have achieved grades other than Pass, First/Second Class Honours e.g. an applicant that has achieved Pass with commendation etc. Applicants will be required to indicate the grade they have achieved and there will be a limited free text section to allow explanation of the grade.

Grades in:

Place in Class

- **Medicine** First Class Honour/Second Class/Pass1st in Class/2nd in class
- **General Practice** First Class Honour/Second Class/Pass1st in Class/2nd in class
- **Surgery** First Class Honour/Second Class/Pass1st in Class/2nd in class
- **Obys/Gynae** First Class Honour/Second Class/Pass1st in Class/2nd in class

- **Paediatrics** First Class Honour/Second Class/Pass1st in Class/2nd in class
- **Psychiatry** First Class Honour/Second Class/Pass1st in Class/2nd in class

- List prizes awarded

Supporting Evidence required from Medical School/University* (PDF files only)

Non-Medical Undergraduate Degree

Name of University/College - *Formal name as appears on graduation*

***certificate* Country of Graduation**

Date of entry to University/College - (format . dd/mm/yyyy)

Year of Exit

Qualification

Upload copy of degree (PDF files only)

Second Non-Medical Undergraduate Degree

Name of University/College - *Formal name as appears on graduation*

***certificate* Country of Graduation**

Date of entry to University/College - (format . dd/mm/yyyy)

Year of Exit

Qualification

Upload copy of degree (PDF files only)

Postgraduate Education: Higher Qualifications/Degree/Diploma

Below are details of the questions under Postgraduate Education:

**Membership of a College of Physicians/Surgeons or other (Ireland or EU) -
(Specify 'Part 1' and 'Part 1 & 2')**

If Yes, please state country and year obtained . *Upload copy of membership*

(PDF files only) Membership of Equivalent College outside EU - (drop down

including 'Part 1' and 'Part 1 & 2') If Yes, please state country and year

obtained - *Upload copy of membership (PDF files only)*

Ph.D.

Yes/No

If Yes, please state subject and year obtained *Upload copy of Ph.D. (PDF files only)*

Master's degree

Yes/No

If Yes, please state subject and year obtained . *Upload copy of degree (PDF files only)*

Where Am I Now

Please confirm your current Medical Post. *(free text field)*

Please confirm (if known to you) your Medical Post(s) for January - June. *(free text box)*

If you are not in a medical post at present, i.e. at the time of application, please briefly outline your current status. *(free text)*

SECTION 2- Hospital Experience

Internship/Foundation Posts

Applications are required to provide details of internship posts.

Start Date (eg: DD/MM/YYYY)

Finish Date (eg: DD/MM/YYYY)

Months in Post Post

Speciality Hospital

Medical Officer Posts (MO)

Applicants are required to provide details of MO posts. This section of the application is in table format. Applicants should add more rows if necessary.

All clinical experience since graduation must be declared.

Start Date (eg:

DD/MM/YYYY) **Finish Date**

(eg: DD/MM/YYYY) **Months**

in Post

Post Speciality

Hospital Name

Educational

Supervisor/Consultant

Recognised Training Post

Yes/No

Recognised Training Post Yes/No

Gaps in Career/Training

Applicants are asked to include dates of gaps in training/career greater than 4 weeks (outside of statutory leave). Applicants should provide reason for the gap e.g. maternity

SECTION 3- Family Medicine Experience

Undergraduate Family Medicine Experience

This section of the application is in table format (4 rows). Applicants should add more rows if necessary.

Start Date (eg: DD/MM/YYYY)

Finish Date (eg: DD/MM/YYYY)

Days/Weeks in Post

Type of Placement . *Medical School/Voluntary*

Elective/Observer/Employed **FP Name**

FP Location

Postgraduate Family Medicine Experience

This section of the application is in table format. Applicants should add more rows if necessary.

Start Date (eg: DD/MM/YYYY)

Finish Date (eg: DD/MM/YYYY)

Days/Weeks in Post

Type of Placement . *Medical School/Voluntary*

Elective/Observer/Employed **FP Name/clinic**

FP Location

At the end of Section 3 is a free text section for completion:

Reflect on the value of the experiences gained in undergraduate and/or postgraduate General Practice posts for a career in General Practice (approx. 50 words)

SECTION 4 - Research Achievement/Quality Assurance

Marks are awarded in this area for published research, published systematic review, published audit, and presentations at international and national meetings, **where the appropriate supporting evidence is provided. It is the applicant's responsibility to ensure that the d.o.i / weblink leads directly to the research outlined in the application. Research that is not accessible directly from the application will not be accredited**

Publications

Applicants that have published research in peer or non-peer journals should provide the following:

Full Title

Full Citation (Max 400 words)

Title of Journal

Provide d.o.i or effective web link to published research or PDF copy of research

Audits

Applicants that have published audits in peer or non-peer journals should provide the following:

Full Title

Title of Journal

Provide d.o.i or effective web link to published audit or PDF copy of audit

Presentations at National or International Conference Only

Marks will not be awarded for local presentations

Applicants that have presented at national or international conferences should provide the following:

Title of Presentation

Conference Name

Authors

Type of Presentation - (*Poster, Oral*)

Provide PDF copy of conference programme confirming the presentation

SECTION 5 - Professional Development

Commitment to your personal learning and that of colleagues is an integral part of Family Medicine life. Outline the development of your knowledge, skills, and attitudes. This may include teaching experience, presentations, additional examinations, and wards. Information provided in the personal statement must be the applicant's own work.

Max 400 words

Applicants will be asked if they have obtained any other diplomas relevant to Family Medicine e.g. D.Obs; DCh; DGM; Diploma in Therapeutics; Diploma in Palliative Care.

Please state any other

Applicants can upload a maximum of 3 additional diplomas, courses,

skills, or quality assurance activity. (PDF files only)

SECTION 6- Personal Development

Please describe your personal experiences and achievements, which you feel are relevant to a future career in Family Medicine.

In approximately 100 words

Referees

Applicants must submit details of two supervising consultants. One of these referees must be your present /most recent supervising consultant; the other must be from a supervising consultant with whom you have worked within the last three years.

Applicants who have completed a rotation in family medicine can include a reference from the Family Physician.

The following will **not be accepted**:

- Two references for same post / time period but different supervising consultants. The references must be for different posts/time periods
- References from consultants you whom you worked prior to graduation or in a supernumerary/clinical attachment capacity
- References from lecturing/tutor posts

Please Note:

The references must be brought to the interview center on interview day. The references will be checked by administration at the center to ensure they are completed in full.

The MInTFM reserve the right to use references to preclude offers being made if the reference submitted is deemed to be unsatisfactory

Declarations

Please read the following four declarations carefully.

Declaration One . MInTFM PERSON SPECIFICATION

Statement

I confirm that I have read and understand the entry criteria as listed in the person specification of the MInTFM for Family Medicine Trainee. I declare that my present experience makes me eligible to commence training with respect to the entry criteria listed in Malaysia. This is a mandatory tick box section.

Declaration Two . POLICE Statement

I declare that I have not at any time been convicted (i.e. probation, fine, sentence, penalty) of a criminal offence (e.g. assault, public order, sexual assault) in Malaysia and/or in any other jurisdiction nor are there any charges relating to criminal offences outstanding or pending. I have never been the subject of a Caution or Bound over order. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

If you answered 'False' to the above statement you will be required to provide the following information:

Date of Investigation - Country

Details - Court Outcome

(PDF files only)

Declaration Three - TRAINING ORGANISATION / SCHEME **Statement**

I declare that I currently am not nor was I the subject of an investigation by any professional medical training body or its equivalent in Malaysia and/or in any other jurisdiction. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

If you answered 'False' to the above statement you will be required to provide the following information.

Investigation date - Organisation

Details - Status/outcome
(PDF files only)

Declaration Four - MEDICAL

COUNCIL/LICENSING BODY **Statement**

I declare that I am not nor have I been the subject of any investigation by a medical registration or licensing body or authority in any jurisdiction with regard to my medical practice or conduct as a practitioner. I have not been suspended from registration, nor had any restrictions on practice nor had my registration or license cancelled or revoked by any medical registration or licensing body or authority in any jurisdiction nor am I the subject of any current suspension or any restrictions on practice. I accept that making a false or misleading declaration may render any offer of a training position and associated employment offers as null and void.

If you answered 'False' to the above statement you will be required to provide the following information.

Investigation date - Country
Medical Council / Licensing Body - Details
Status/outcome
(PDF files only)

Scheme Selection

Prior to entering this step the applicant should have given thought to their preference for Training Schemes. Applicants are required to select only training schemes they would accept if a place was offered. The MInTFM is starting with two schemes: one in Kuala Lumpur area and the other in Penang (serving the Northern Corridor). All 4 years of training will be in the area of the scheme (both hospital and primary care clinics). Preference for a scheme will be given to those scoring highest on the application and interview.

Application Summary

Please check that you have uploaded all relevant documents and that they are legible. A checklist of possible documents to upload is given, but it is your responsibility to ensure that all necessary documentation is uploaded. Marks will be awarded for fully completed applications with all required supporting

document in legible format by closing date.

Please review the details of your application before you click on the 'Finalise Submission' button.

Please note you will not be able to amend your application form once it has been submitted.

Applicants are advised to print a copy of their application form and supporting documentation for their own reference as the MInTFM will not be in a position to provide this information.