



The Quality Assurance Initiative Adjudicating Committee

DH Circular 4/2026
DH/315/2026

27th January 2026

Medical/Physician Superintendents
Heads of Branches

MERIT AWARD SCHEME - CALL FOR PROPOSALS 2026

To:

- 1. Clinical Chairpersons (Scale 3)**
- 2. Directors (Scale 4)**
- 3. Consultants & Principal General Practitioners (Scale 4)**
- 4. Resident Specialists/Acting Consultants & Senior General Practitioners (Scale 5)**
- 5. General Practitioners (Scale 6)**
- 6. Medical Officers at Foundation for Social Welfare Services**

The Quality Assurance Initiative Adjudicating Committee (QAIAC) invites you to submit proposals in accordance with the requirements of the Merit Award Scheme as per Government-MAM Agreement of May 2017 and previous agreements.

According to the above agreement you are invited to submit to QAIAC your proposal for an initiative “which you plan to undertake during the course of this year for the committee’s approval”.

Medical Officers on Contract A are not eligible to apply.

Medical Officers on Contract B cannot include as their proposal any activity which is already a part of their duties or included in their job plan and for which they are already being remunerated. This refers particularly to duties related to post-graduate training which is paid as part of their salary.

Medical Officers working on a 40 hour **(full time or contract)** week who plan to convert from Contract A to Contract B or vice versa during the year, may be eligible for the Merit Award on a **pro rata basis** according to the date when they change contract. Applications **always** need to be submitted before the closing date of the call. These officers need to submit to the Secretary, QAIAC a copy of the contract or confirmation from Human Resources when they have changed contract.

To this effect, the Committee invites submission as follows:-

1. **Clinical Chairpersons/Directors: maximum of two (2) proposals**
2. **Consultants and Principal General Practitioners: maximum of two (2) proposals.**
3. **Resident Specialists/Acting Consultants and Senior General Practitioners: maximum of two (2) proposals**
4. **General Practitioners: maximum of two (2) proposals**
5. **Medical Officers at Foundation for Social Welfare Services: maximum of (2) proposals**

Processing of applications for the Merit Award Scheme is a very laborious and time-intensive exercise and therefore your full co-operation is being solicited. To this effect strictly no proposals will be processed or considered by the committee unless the following general and specific criteria are fully met by the applicants.

Preamble

The spirit of the Merit Award Scheme is that of rewarding good practice as stated in the Government-MAM agreement which “recognizes the need for specialists to keep abreast of the rapid progress made in the various fields of medical and health specialization and the effort it takes for such specialists to keep themselves abreast of developments, to improve professional standards and to provide quality assurance in the health system.”

A) General Criteria:

1. **The aim behind the Merit Award is to improve the quality of health care delivery within the public service. No work carried out in the private sector will be considered.**
2. The number of proposals sent must be in accordance with that stipulated above.
3. Applications must be submitted on the official proposal form. No other documentation should be submitted at this stage.
4. The official proposal form must be **type written**. To facilitate the filling in of these forms, an electronic version can be downloaded from the following web address: <https://superintendencepublichealth.gov.mt/en/administration-and-communication/merit-award-scheme/>
5. Each proposal must be submitted on a separate proposal form. Applications bearing two initiatives on a single proposal form will not be accepted.
6. **One (1) paper copy** of each proposal must be submitted, bearing the original signature/s. A **soft copy**, not signed, is also to be sent on e-mail address merit-awards.sph@gov.mt either as a Microsoft Word Version or as a scanned copy. **Both hard and soft copies have to be sent by the closing date.**
7. A submission for a joint initiative shall be made by one applicant on behalf of all participants, provided that their respective details are registered in the appropriate part of the Proposal Form.
8. The deadline specified in the call for applications must be adhered to. The onus for proposals reaching the office of the Secretary of the QAIAC by the deadline i.e. **noon, Friday 27th February 2026** rests solely with the applicant.
9. Doctors who may be in doubt regarding their eligibility for inclusion in the scheme are advised to consult with the pertinent authorities.

B) Specific Criteria:

Specific criteria shall apply in respect of the following categories of initiatives. These initiatives must conform to the particular criteria for eligibility of the award as follows hereunder:-

- *PUBLICATIONS*

For publications to be eligible for the award they must have been published (or accepted for publication) in a peer reviewed journal in **2025** or **2026**.

In the event of multi-authorship (2 or more authors), the final submission by the applicant/s should also include a short summary of their individual contribution to the said publication. However the Committee reserves the right to request endorsement or confirmation of this from the author listed for correspondence in the said publication.

- *REVIEWS FOR PEER REVIEWED JOURNALS*

Medical Officers reviewing an accumulation of 3 papers for any peer reviewed Medical Journal (local or international) are also eligible for the Merit Award. Three reviews will be considered as one proposal for any one given year. Only one such proposal per year will be accepted. The three reviews need not be carried out in one specific year and are cumulative. Proof of such reviews will be required. **Only reviews carried out since 2022 will be accepted.**

- *CLINICAL AUDITS*

You are reminded that clinical audit is not simply the process of collecting data. The aim of clinical audit is to review own clinical practice, to assess it against an acceptable standard, to identify shortcomings and to implement the necessary action to correct such shortcomings. The audit loop is said to be closed when the situation is re-audited at a later stage.

The Committee may therefore not accept proposals for re-audits unless it is satisfied that efforts have been made to complete the audit cycle.

A register of events e.g. procedures done or a list diagnoses, is not an audit and hence, is not acceptable for the Merit Award purposes.

An audit on at least 50 patients per investigator and the data sheet is required.

- *STUDIES*

A Study should be approximately 50 patients per investigator as a minimum. Studies which include a questionnaire should include the questionnaire with the proposal. Moreover, a Study reporting only descriptions of clinical services or patients seen will not be accepted. Methodology, conclusions and recommendations are required.

- *QUALITY IMPROVEMENT INITIATIVES*

A quality improvement initiative is one that focuses on a clinical or non-clinical area with the aim of improving health outcomes. It is suggested that the Plan Do Study Act (PDSA) methodology is used, a clearly defined SMART aim identified, and measure/s to be used, the change/s to be made, followed by evaluation of the change made and modification of the change plan.

Tasks that fall within the applicants' work plan or part of their normal work schedule cannot be considered for the Merit Award Scheme.

- *PROTOCOLS & GUIDELINES*

You are reminded that protocols and guidelines must be evidence-based, be referenced and graded according to strength of evidence (if possible). Documented evidence regarding whether the protocol or guideline has been published, disseminated among colleagues and stakeholders or put into first use in **2026** will be required. Guidelines must be departmental and the respective Head of Department and colleagues must be involved when drawing up such protocol or guideline.

Blatant plagiarism is not acceptable. Guidelines from an international source must be adapted to the local scenario and referenced. Audits of established guidelines are welcome.

- *CONTINUING PROFESSIONAL DEVELOPMENT*

Activities claimed should take place **outside working hours** and should involve substantial amount of work (approximately) **equivalent to ten sessions**, which should include reasonable time to prepare such activities. Activities such as organization of conferences, management of projects may also be eligible. A detailed description of the activity proposed, including preparatory work, must be supplied to the Committee and evidence of completion included with the eventual submission.

Substantial contribution to international examinations, such as setting examination questions, will also be considered.

Any presentation given for the purpose of promoting or launching a new product or procedure sponsored by a commercial company does not qualify for consideration of the award.

- *EDUCATIONAL SUPERVISORS*

Clinical Chairpersons/Directors, Consultants, Resident Specialists/Acting Consultants and General Practitioners are eligible to submit as ONE of their merit award proposals, their commitment to act as educational supervisors for ONE Foundation Doctor, Higher Specialist Trainee or Basic Specialist Trainee. The applicants will be informed of the standards to be met when acting as Educational Supervisors.

Medical Officers at the Foundation for Social Welfare Services are eligible to participate if they are on a specialist register.

The active participation as educational supervisors has to be duly certified by the Directors of the Foundation Programme or the Specialty Postgraduate Training Coordinator and such certification will have to be submitted together with their completed final report for the award to be made.

If the applicant is not accepted as an Educational Supervisor by the Foundation Programme, applicant will be allowed to submit another initiative within two (2) weeks of written notification by the Secretary, QAIAC.

- *LITERATURE REVIEWS*

Literature reviews will only be accepted if published in a peer-reviewed journal.

C) Further Considerations:

1. All initiatives claimed must be supported by sufficient evidence at final submission stage, to enable the committee to objectively assess the work done.
2. Joint initiatives are acceptable so long as the extent and nature of the initiative reflects the number of participants and justifiable added value.
3. All submissions involving patients under the care of other consultants will require the signed agreement from the respective consultants at proposal stage.

4. Departmental initiatives will need the endorsement of the respective heads at proposal stage and on submission of completed report.
5. Resident Specialists/Acting Consultants always require the endorsement by the respective Head of Department at proposal stage and on submission of completed report. This also applies to General Practitioners who in this case require the endorsement of the Principal General Practitioner or Senior General Practitioner and Clinical Director in the case of Medical Officers at the Foundation for Social Welfare Services.
6. Projects/Initiatives must be compliant with the current ethics of locally accepted medical practice. The confidentiality of patient and professional must be ensured at all times.
7. Interventional studies always require ethical approval from the Health Ethics Committee as well as endorsement by the respective Head of Department/s. Randomized studies always need ethical approval. In all other cases the Committee reserves the right to request such ethical approval. Evidence of approval must be submitted with the final report.
8. For submissions which include the preparation of patient information leaflets or pamphlets, **one (1)** different leaflet/pamphlet in both Maltese and English needs to be submitted by **one** doctor for each Merit Award proposal. **Leaflet/pamphlet should be a Departmental one where all the clinicians accept its contents. In addition, the detail and quality of this leaflet must be sufficient enough to warrant a Merit Award.**

The leaflet/pamphlet should be well prepared, concise and comprehensive. Leaflets should be written in clear, simple language that patients can quickly understand and act on. Avoid jargon words, avoid complexity and avoid medical technical words. Organise and include clear headings and clear presentation.

The leaflet content, concepts and principles must be approved by the clinical chair.

9. The proposer should ensure that adequate data protection measures are taken.
10. Eligibility for submission of proposals in a particular category/grade shall be restricted to those medical officers whose effective date of current appointment falls on or before the closing date for this call for applications.
11. The abbreviations of medical terms should not be used in the title of the proposal.
12. Training including participation in on-line courses is not suitable for the Merit Award Scheme.
13. Just 2 participants are eligible to claim a Merit Award for Morbidity and Mortality Meetings.
14. Projects/Initiatives where the applicant is to receive financial gain or an honorarium will not be considered.
15. Description of a clinical activity will not be accepted.
16. Acceptance of repeated proposal submissions is at the Committee's discretion.

D) Submission of Proposals & Final Reports

Applications must reach the Secretary, QAIAC (attention Mr Joseph Bartolo), Health Regulation Department, St. Luke's Hospital, OPD (Level 1), St. Luke's Square, Pieta PTA 1010 strictly by **noon, Friday 27th February 2026**.

The onus for meeting this deadline rests solely with the applicant.

Submissions shall be submitted as follows:

Proposal Forms:

A filled in proposal form shall be submitted in word or PDF formats.

Proposal form must be submitted by email for record purposes, for quick action and to have the application as soft copy.

Proposal form must also be printed and submitted as hard copy and sent by post to address '*Health Regulation Department, St. Luke's Hospital, OPD (Level 1), St. Luke's Square, Pieta*'. PTA 1010

Both the soft copy and the hard copy have to be submitted on time before the closing date.

It is imperative that the proposal form is signed by the applicant and by the head of department in the case of **Guidelines** and **Quality Improvement Initiatives**. Proposal forms shall be signed and authorised by the head of departments.

In a **joint application** it is essential that section D at the end of the application form, will be filled in and include all information of the participants for administration purposes by Merit Award personnel.

Final Reports:

Final reports shall be prepared, designed and to be submitted in Word or Pdf formats. PowerPoint or any other Microsoft Office program is accepted. Any data, tables or schedules can be submitted in excel format.

Links, hypertext linkage or any other type of interlinking to website or other web sources will not be accepted. Downloading of files shall be performed by the applicants and submitted to Merit Award.

Similarly to proposals, final reports must be submitted by email for record purposes, for quick action and to have the application as a soft copy.

Similarly to proposals, final reports must be printed and submitted as hard copy and sent by post to address '*Health Regulation Department, St. Luke's Hospital, OPD (Level 1), St. Luke's Square, Pieta*'. PTA 1010

Final reports, both the soft copy and the hard copy have to be submitted to the Merit Award on time before the closing date.

Joseph Bartolo
Secretary
QAIAC

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**PLEASE READ THE CALL FOR PROPOSALS 2026 PRIOR TO FILLING IN THIS FORM
 (TO BE TYPED BY THE APPLICANT NAMED FOR CORRESPONDENCE)**

Section A

Title of Initiative:				
Name of other initiative for the applicant named for correspondence, if any				
Name and grade/category of all applicant/s <i>(submitting applicant first)</i>				
Type of Initiative: (Mark as appropriate)	Clinical Audit		Public Health Initiative	
	Educational Supervisor		Continued Professional Development	
	Publication (incl. Literature Review) in a peer reviewed journal		Guideline/Protocol Development	
	Quality Improvement Initiative		Study	
	Reviews of Medical Journal			

Reason for Initiative:	Clinical or Public Health concern regarding current practice	
	High costs of current practice	
	Known variation in practice	
	Need to establish baseline evidence for consensus/guidelines/protocols/standard setting	
	Other, specify	

Section B

Title:	
Reason for initiative:	
Overall Objective of initiative	
Time frame of initiative:	Initiative must be carried out during 2026
Methods: (include the following) Population being studied/ audited/ targeted etc Data source Duration of data collection Data analysis and comparisons Standard used for audit	
Health Ethics Committee Approval available <i>(always required for interventional studies)</i>	Yes / No Not considered relevant for this initiative – state reason
Endorsement by Head of Department/s.	(see clarification on call for applications)
Signatures of all applicants	

Section C:

I, the undersigned hereby submit my proposal for participation in this Quality Assurance/Improvement Initiative in accordance with the criteria in the call for proposals 2026

Submitting applicant's name:	For joint initiatives, all correspondence will go to the person detailed here.
<i>Medical Council Registration number</i>	
<i>ID Number</i>	(to facilitate payment)
<i>Grade/Category</i>	
<i>Date appointed to current grade/category</i>	
<i>Department & Institution where currently employed</i>	(to facilitate payment)
<i>Contact Address</i>	
<i>Phone Numbers</i>	
<i>e-mail</i>	
<i>Signature</i>	

- *SECTION D (TO BE FILLED IN BY CO-PARTICIPANTS)*

I/we the undersigned hereby submit our proposal for participation in this Quality Assurance/Improvement Initiative in accordance with the criteria in the call for proposals 2026.

<i>NAME</i>	ID NUMBER (FOR PAYMENT PURPOSES)	GRADE/ CATEGORY	DATE OF APPOINTMENT	MEDICAL COUNCIL REGISTRATION No.	DEPARTMENT & INSTITUTION <i>where currently</i> EMPLOYED	<i>Signature</i>

ALL THE INFORMATION REQEUSTED IN THIS FORM WILL BE COLLECTED AND USED BY THE MERIT AWARD COMMITTEE FOR THE PURPOSE DESCRIBED IN THIS CALL FOR APPLICATIONS ONLY. IN THIS REGARD, THE DATA SUBJECT ACCEPTS THE PROCESSING OF HIS/HER PERSONAL DATA