

Malaysian
Medical
Council



BIENNIAL REPORT 2011 - 2012

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President's Foreword

It is indeed a great pleasure to be able to present my maiden foreword to this Annual Report. Since taking over as the Director General of Health Malaysia as well as becoming the President of the Malaysian Medical Council, I've encountered many challenges and learning experiences. Many medical professional and practice issues crop up almost daily which sometimes dictate that timely decisions have to be made spontaneously and yet judiciously. The mass media has been increasingly vocal in stimulating many insightful queries and debates into this onerous and challenging portfolio, with their incisive and sometimes persistent questioning on many unfamiliar or unaccustomed topics.

To consolidate my official positions and stance I've had to garner contributions and factual information from dedicated members and secretariat of the Malaysian Medical Council as well as staff of the Health Ministry. This support is critical for me to respond to and encounter our increasingly knowledgeable mass media, which is eager to feed a hungry and information-savvy public. This role has been even more daunting because my predecessors had left behind legacies of iconic performances. I wish to take this opportunity to thank them profusely for their mentorship during their tenures which hold me in good stead to take up this challenging position.

In the past few years the medical profession has become increasingly scrutinized by an increasingly critical public. These include burning issues related to escalating healthcare costs, the widening chasm of care provided by the public and private sectors, failure of insurance companies to provide comprehensive and thorough medical coverage, facing the liberalisation realities of healthcare globalization and other related issues.

The Malaysian Medical Council has tirelessly endeavored to allay many of these unfounded concerns by being proactive and action-oriented. Various fruitful discussions have been organized and held with stakeholders to bring about the devising of appropriate guidelines to address some of these concerns. These guidelines include the recently reviewed Code of Professional Conduct, confidentiality guidelines and other guidelines where proactive initiatives are in several stages of development to ensure that professional, quality, competent and affordable healthcare services are provided to the general public.

Although there has been a surge in public sector supply of medical professionals due to the extension of the housemanship foundational requirements (2 years of multidisciplinary rotation) and the annual growth of fresh medical graduates by the thousands, much needs to be addressed to ensure that adequate training and quality of service can be strengthened and made more consistent. With better perks and incentives in the public sector service, many of these medical officers and some specialists are now opting to remain in public service, in counterpoint to earlier trends of quickly migrating to the so-called greener pastures in the private sector, on completion of their mandatory service. With modern and more updated amenities as well as services, many of the public sector facilities are now directly competing with the previously vaunted and much preferred private sector.

Therefore, the time is ripe for both the public and private sectors to become more competitive and productive, so as to reduce the unhealthy imbalance of perceived services, quality and needs between supply and demand. More competitive cost-effective offers and the 'sharing' of health information, facilities and services between the two sectors may be one of the solutions to help reduce wasteful over-treatment, duplication or costs. However, this approach of expanding and improving the public sector facilities and services has to be carried out with caution so as not to unnecessarily increase the national health care budget which could ultimately burden the ability to pay of our citizens.

Insofar as the role of the Council is concerned it has, with the dedication of its learned members charted the directions of its future role by engaging with as many stakeholders as possible to contribute to a policy of moving away from the mundane chore of disciplinary action and registration, to the more serious business of measuring quality in healthcare and

to instill a greater sense of ethics in the services provided. What more with the ever increasing number of registered medical practitioners being produced both locally as well as from abroad, it has that added duty and responsibility to ensure better training and acclimatizing these newly-minted doctors to suit our local needs.

A big strain is placed on the already stretched schedule of the supervisors to accommodate the needs of the thousands of newly qualified doctors to train and make them proficient to their increasingly demanding future tasks. As the universal trend is to move away from the treatment-oriented care to one of preventive and promotive nature, there is a pressing need to place more emphasis in this aspect. To achieve this noble task requires the wholehearted commitment and dedication of our specialist teachers/supervisors and trainers, most of whom with due respect are doing a commendable job. To make the task more feasible, flexi-hours were introduced for the training of newly graduated house officers which had commenced towards the end of this year and is expected to bear fruit in the coming years ahead.

One disturbing trend is the increasing number of house officers being referred to the Medical Review Panel for mental problems or physical disabilities. Nearly 4,000 housemen undergo training annually. This figure may not be that big but it has to be addressed before it becomes a significant problem to the profession so much so that the public will be of the suspicion that service is being compromised.

The newly amended Medical Act 2012 is awaiting its accompanying Regulations to be ready, and it should be implemented in due time soon. Among the major changes being proposed are greater number of elected members as opposed to nominated ones, the realization of the Council as an independent corporate body, the introduction of a Specialist Register, the mandatory requirement for CPD points and insurance indemnity for the renewal of Annual Practising Certificates, and the streamlining of the conduct of inquiries into complaints against registered practitioners into a two-tier system. This will pave the way for the Council, which had long envisaged becoming a corporate body to realize its full potential, going as far back as the year 1971.

Finally I would like to take this opportunity to thank the dedicated staff of the Secretariat, led by our committed Secretary, for meeting and resolving numerous challenges and producing outstanding results in many areas of administration, despite being handicapped by limitations in staffing figures i.e. 40% of the staff are contracts appointed on quarterly basis. Though there were the usual hiccups and oversights within the Secretariat, these were far and few between, especially with critical input from many well-intended veterans in the Council who are not short in providing constructive criticisms as and when required! Happily, most of these secretarial and administrative problems have been overcome and resolved rapidly and effectively, but of course greater efforts must be made to further strengthen our administrative services.

I would also like to take this opportunity to thank each and everyone who had contributed in whatsoever way to make our respected Council achieved so much.

Yours sincerely,

Datuk Dr. Noor Hisham B. Abdullah

Corporate Information

Introduction

The Malaysian Medical Council is governed by the Medical Act 1971. Over the years, the number of doctors seem to be increasing and this has raised the role of the MMC as one that is just not monitoring but one that has now to play the role of a Regulator.

Now with the approval of the amended Act, the Council is towards being corporatised.

Motto

Safeguarding patients and guiding doctors.

Mission

The principal aim of the MMC is to ensure the highest standards of medical ethics, education and practice, in the interest of patients, public and the profession through the fair and effective administration of the Medical Act.

President

Tan Sri Dato' Seri Dr. Hj. Mohamed Ismail Merican (till 04.03.2011)

Dato' Sri Dr. Hasan bin Abdul Rahman (w.e.f. 11.03.2011)

Datuk Dr. Noor Hisham B. Abdullah (w.e.f. 19.11.2012)

Secretary

Dr. Hj. Wan Mazlan bin Hj. Mohamed Woody

Address:

The Malaysian Medical Council
Block B, Ministry of Health Malaysia
Jalan Cenderasari
50590 Kuala Lumpur

Tel. No : 03-22628480, 03-22628481, 03-22628482 (Hunting Line)

Fax. No : 03-26912937, 03-26938569

Email : admin.mmc@moh.gov.my
adminmail.mmc@gmail.com

Facts at a Glance

	2011	2012
1. Provisional Registration	3,710	4,086
2. Full registration without condition	3045	3206
3. Full registration with condition (Section 14(3))	312	916
4. Temporary practising certificate	223	163
5. Annual practising certificate	24,782	27,214
6. Letter of Good Standing	620	675
7. Total number of complaints	95	66

Number and Types of Disciplinary Punishment Imposed in 2011 & 2012

Types of Punishment	2011	2012
a. Charge dismissed and practitioner found not guilty	9	11
b. Name of Practitioner Struck off from the Medical Register	1	2
c. Name suspended from the Medical Register	3	2
d. Reprimanded	5	5
e. Suspended suspension	5	7
TOTAL	23	27

CHAPTER 1: The Malaysian Medical Council

The Malaysian Medical Council (MMC) was established under the provision of section 3 of the Medical Act 1971. The Principal aim of the Council is to ensure the highest standards of medical Ethics, education and practice, in the interest of patients, the public and the profession through the fair and effective administration of the said Act.

Since its inception, the Council has experienced many challenges. Being a statutory body carrying out its noble regulatory duties and functions, undeniably, with strong support from the President, the Council was able to discharge its duties well whilst meeting stakeholders' expectations and demands.

The Council looks forward in continuing to provide excellent services for both its registered practitioners and public. It is the Council's sincere hope that the noble profession strive to excel and each and every one of its registered practitioners continues to practice medicine not only professionally and also ethically both locally and globally.

The Malaysian Medical Council is a corporate body established under Section 3 of the Medical Act 1971. The Act was gazetted on 30th September 1971. Paragraphs 3(1)(a) to 3(1)(g) of the Act provide that the Council shall consist of the Director General of Health as the President and registered Malaysian practitioners as members either by election or nomination and appointment by the Minister of Health. The members shall hold office for a period of not more than three years and maybe be re-nominated and reappointed.

COMPOSITION OF THE COUNCIL:

The total membership of the Council is **33**.

President:



Tan Sri Dato' Seri Dr. Hj. Mohamed Ismail
Merican (till 04.03.2011)



Dato' Sri Dr. Hasan bin Abdul Rahman
(w.e.f. 11.03.2011)



Datuk Dr. Noor Hisham bin Abdullah
(w.e.f. 19.11.2012)

Appointed Members: Public Services



Datuk Dr. Noor Hisham bin
Abdullah (till 18.11.2012)



Dr. Mohd Yusof Bin Hj.
Ibrahim



Dr. Zulkifli Bin Jantan

Appointed Members: Universities - University Malaya



Prof. Dato' Dr. Mohd Amin
Bin Jalaludin



Prof. Dr. Azad Hassan Abdul
Razack



Prof. Dr. Lim Chin Theam

Appointed Members: Universities – Universiti Kebangsaan Malaysia



Prof. Dr. Nor Azmi
Kamarudin



Prof. Dr. Zainul Rashid Mohd
Razi (w.e.f. 27.10.11)



Prof. Dr. Noor Hassim Bin
Ismail (w.e.f. 27.10.2011)

Appointed Members: Universities – Universiti Sains Malaysia



Prof. Dato' Dr. Mafauzy bin
Mohamed



Prof. Dr. Aziz bin Baba



Prof. Dato' Dr. Wan
Mohamed Wan Bebakar

Appointed Members: Universities – Universiti Putra Malaysia



Prof. Dr. Lim Thiam Aun



Prof. Dr. Norlijah Binti
Othman (w.e.f. 01.04.2012)

Previous Members:

- Prof. Madya Dr. Nazri Bin Yazid (till 31.03.2012);
- Prof. Dr. Azhar Bin Md. Zain (till 31.03.2012);
- Dr. Zaiton Binti Ahmad (w.e.f. 01.04.2012 till 11.09.12).

Appointed Members: Universities – Universiti Malaysia Sarawak



Prof. Madya Dr. Awi Idi



Prof. Madya Dr. Ahmad Hata
Rasit



Prof. Madya Dr. Thomas
Kana @ Kamarudin Bin Kana
(w.e.f. 29.07.2011)

Appointed Members: Universities – Universiti Malaysia Sarawak



Prof. Madya Dr. D.
Kamarudin D. Mudin



Prof. Madya Dr. Shahril
Yusof



Prof. Madya Dr. Muhamad
Taufik Mohd. Noor

Elected Members: Peninsular Malaysia



Prof. Dato' Dr Megat
Burhainuddin Megat Abdul
Rahman



Prof. Dato' Dr. Haji Abu
Hassan Asaari Abdullah



Prof. Datuk Dr. Abdul Razzak
Bin Mohd Said



Prof. Dato' Dr. Abdul Hamid
Bin Abdul Kadir



Prof. Dato' Dr. Anuar Zaini
Bin Md. Zain



Dato' Dr. Zaki Morad Bin
Mohd Zaher



Dato' Dr. Lee Yan San



Dr. Milton Lum Siew Wah



Dr. David Quek Kwang Leng

Elected Member: Sabah



Dr. Hajjah Suzain binti Datuk Hj. Suhaimi

Elected Member: Sarawak



Dr. Chew Chee Ming

Functions of the Council:

- a. To register all eligible medical practitioners.
- b. To maintain a Register of medical practitioners.
- c. To accredit medical institutions; both locally and abroad.
- d. To regulate the conduct and ethics of registered medical practitioners.
- e. To empanel a Medical Review Panel to consider cases of mental illness or physical disabilities.
- f. To evaluate and register foreign medical practitioners.
- g. To publish and update relevant guidelines on the practice of medicine in the country.
- h. To advise and make recommendations to the Minister of Health on matters relating to the practice of medicine in Malaysia
- i. To carry out such other acts so as to give effect to the Medical Act 1971.

Meetings of the Malaysian Medical Council

Subpara 2(1) of the First Schedule of the Medical Act 1971 mandates the Council to meet at least twice in a year whereas subpara 2(2) stipulates that the quorum for a meeting shall be nine and the decision shall be by a simple majority.

In 2011 and 2012, the Council convened every third Tuesday of the month.

Committees of the Council

Provisions under certain sections of the Act and the First Schedule of the Medical Act 1971 allow the Council to establish one or more committees, and may delegate to them some of the Council's function as the Council thinks fit. The committees currently established by the Council are:

- a. The Evaluation Committee
- b. The Ethics Committee
- c. The Medical Act and Regulations Amendments/Revision Committee
- d. The Medical Review Panel
- e. The Medical Review Panel (Appeal)
- f. The Charge Committee
- g. The Editorial Committee
- h. The Medical Qualifying Board
- i. The Joint Technical Committee for the Accreditation of Medical Programmes
- j. The various Ad Hoc Committees :-
 - i. MMC Corporatization.
 - ii. Proposal for Policy on Establishment of Guidelines on Competency and Practice and to Establish Monitoring Mechanism for Highly Specialized Procedures.
 - iii. Guidelines for Audio and Visual Recordings.
 - iv. Guideline for Medical Practice by Doctor Beyond the Age of 70.
 - v. Review and Update Guideline on Confidentiality.
 - vi. Stem Cell Research & Stem Cell Therapy Guidelines.
 - vii. Review and Update Good Medical Practice Guidelines.
 - viii. Preparation of Guidelines on Consent.
 - ix. Review Standing Orders for Conduct of Inquiries by the Preliminary Investigation Committee and the Malaysian Medical Council.
 - x. Managing Impaired Registered Medical Practitioners.

The Evaluation Committee

Chairman: Tan Sri Dato' Seri Dr. Hj. Mohamed Ismail Merican (till 10.03.2011)
Dato' Sri Dr. Hasan bin Abdul Rahman (from 11.03.2011 to September 2011)
Datuk Dr Noor Hisham Bin Abdullah (w.e.f. September 2011)

Members: Prof. Dato' Dr. Abdul Hamid bin Abdul Kadir
Prof. Dato' Sri Dr. Abu Hassan Asaari Abdullah
Prof. Datuk Dr. Abdul Razzak Bin Mohd Said
Prof. Dato' Dr. Anuar Zaini Bin Md. Zain
Prof. Dr. Lim Chin Theam
Prof. Dr. Nor Azmi Kamarudin
Dato' Dr. Zaki Morad Mohd Zaher
Dr. Milton Lum Siew Wah

Secretariat: Dr Hj Wan Mazlan bin Hj Mohamed Woojdy
Dr Karen Sharmini / Dr. Mathyvani Umapathy
Cik Lina Marlina

Terms of Reference:

- a. To consider application from Malaysian practitioners who graduate and complete their housemanship training overseas for full registration under section 14(1).
- b. To consider application from Malaysian specialists from overseas for full registration under section 14(1).
- c. To consider application from foreigners and spouses of Malaysian citizens for full registration under section 14(3).

- a. To consider application from foreign specialists for full registration under section 14(3).
- b. To consider application from foreigners and spouses of Malaysian citizens for provisional registration under section 12.
- c. To consider application from foreign practitioners for temporary practicing certificate under Section 16(1).
- d. To consider application from graduates of medical schools not listed in the Second Schedule to sit for the Medical Qualifying Examination under Section 12(1)(aa) of Medical Act 1971.

Outcome:

The Evaluation Committee met every month for both 2011 and 2012 as planned. The outcomes of the Committee will be discussed in the registration chapter.

The Ethics Committee

Chairman	Prof. Dato' Dr. Abdul Hamid Abdul Kadir
Members	Dr. Irfan Ngu Lock Hock Dr. Gunasekaran s/o V.J. Balasundram Puan Sharon Kaur d/o Gurmukh Singh Prof. Dr. Abdul Rahman Bin Abdul Jamal Prof. Dr. Zabidi Azhar Bin Mohd Hussin Prof. Dr. Looi Lai Meng
Secretariat	Dr. Karen Sharmini/ Dr. Mohd Normazlan/ Mr Perumal Chinaya (2011) Dr. Shireen Mahalingam/Dr. Cheah Xian Nian/Dr. Muhammad Yazuran Sallij (2012)

Terms of Reference:

- a. To deliberate and make recommendations on ethical issues related to policy raised by members of the MMC, registered practitioners or public.
- b. To identify prevailing ethical issues relating to public health, medical practice and research and the influence of commercial interests with a view to provide guidelines for medical practitioners and to periodically review such guidelines.
- c. To advise the Council on the potential ethical issues influenced by changing or new trends in medical practice in other countries; and
- d. To provide guidelines and publications pertaining to medical ethics.

Outcome:

There were no meetings held in both 2011 and 2012.

The Medical Act and Regulations Amendments/Revision Committee

Chairman	Dato' Dr. Abdul Hamid bin Abdul Kadir
Members	Dr. Milton Lum Siew Wah Dato' Dr. Zaki Morad Bin Mohd Zaher Prof. Dato' Dr. Mafauzy Bin Mohamed Datuk Dr. Megat Burhainudin B. Megat Abdul Rahman Prof. Dato' Dr. Anuar Zaini Bin Md. Zain Prof. Datuk Dr. Abdul Razzak Bin Mohd Said Prof. Dato' Sri Dr. Abu Hassan Asaari Bin Abdullah
Secretariat	Dr Hj Wan Mazlan bin Hj Mohamed Woody Dr Karen Sharmini/Dr. Mohd Normazlan/Mr Perumal Chinaya (2011) Dr. Shireen Mahalingam/Dr. Cheah Xian Nian/Dr. Muhammad Yazuran Sallij (2012)

Terms of Reference:

- a. To deliberate on the proposed amendments to the law.
- b. To review draft amendments to the law and regulations.
- c. To recommend to the Council of such amendments.

Outcome:

There were 7 meetings held in 2011 and 9 in 2012.

The amended Medical Act was approved by the Parliament and upon conferment of the Royal assent on 5 September 2012, the Medical (Amendment) Act 2012, as it is being labelled, was officially gazetted on 20 September 2012. Currently, it is in the process of gazettelement in order for it to be enforced.

The Committee is currently drafting the Regulations

Medical Review Panel

Pursuant to section 19 and 24 of the Medical Act 1971, members of the Medical Review Panel (MRP) are appointed from time to time by the Council to assess applications for registration from practitioners who are unable to perform their professional duties by reason of their mental or physical condition.

Terms of Reference:

- a. To review appeals by practitioners on the decision made by the Council on practitioners found to be unfit to perform their professional duties by reason of their mental or physical condition.
- b. To make recommendations to the Council.

For each Medical Review Panel Meeting, not more than 5 members will be selected from the names listed below:

- a. Dr. Muhaini Binti Osman
- b. Dr. Ajit Kumar Mukherjee
- c. Dato' Dr Thambiah Selvapragasam
- d. Dr. Gunavathy a/p Muthusamy
- e. Dr. Salina Binti Abdul Aziz
- f. Dr. Uma a/p Visvasingam
- g. Dr. Azizul bin Awaluddin
- h. Dr. Zulkifli bin Ghaus
- i. Dr. Norliza binti Chemi
- j. Dr. Wan Ahmad bin Wan Ghazali
- k. Dr. Azlan bin Sulaiman
- l. Dr. Norhayati binti Ali
- m. Dr. Noraihan binti M. Nordin
- n. Dr Basir bin Towil
- o. Dr. Umi Adzlin binti Silim
- p. Dr. Sarfraz Manzoor Hussain
- q. Dr. Kumaraguru V.K.Pillay
- r. Dr. Fuziah binti Md. Zain
- s. Dr. Muralitharan Ganesalingam
- t. Dr. Sharifah Suziah binti Syed Mokhtar
- u. Dr. Azmillah binti Rosman

Secretariat: Dr. Mathyvani Umapathy
Dr. Cheah Xian – Nian
Dr. Shireen Sumita Mahalingam
Dr. Mohamed Hafiz bin Ab Razak
Mr Perumal Chinaya
Cik Lina Marlina

Outcome:

A total of 12 MRP meetings each were held for the year 2011 and 2012. 54 cases were reviewed in 2011 and 77 cases in 2012 as compared to 30 in 2010 and 49 in 2009. Table 1.1. below shows the number of MRP cases reviewed during the last 4 years:

Year	2009	2010	2011	2012
Number of Cases	49	30	54	77

Table 1.1: Number of MRP cases, 2009-2012.

The outcome of the interview-meeting was forwarded to the Council with their recommendations for sanction. Please refer to **Appendix I** for details.

The Charge Committee

Chairman Prof. Dato' Dr. Abdul Hamid Bin Abdul Kadir
Members Prof. Dato' Sri Dr. Abu Hassan Asaari bin Abdullah
Prof. Dr. Lim Chin Theam
Dr. Milton Lum Siew Wah
Puan Harjinder Kaur
Secretariat Dr Karen Sharmini/ Dr. Mohd Normazlan/ Mr Perumal Chinaya (2011)
Dr. Shireen Mahalingam/Dr. Cheah Xian Nian/Dr. Muhammad Yazuran Sallij (2012)

Terms of Reference:

- To review draft charges against practitioners recommended by the Preliminary Investigation Committees for Council inquiry;
- To draft charges against practitioners decided by the Council for inquiry; and
- To make recommendations to the Council.

The Charge committee communicates through e-mails to discuss the charges put forth by the PIC and Council.

Outcome:

The Committee revised/formulated 21 charges in 2011 and 24 in 2012.

The Bulletin Editorial Committee

Chairman Dr. Milton Lum Siew Wah
Members Dr. David Quek Kwan Ling,
Prof. Dr. Azhar Md. Zain
Prof. Dr. Lim Thiam Aun
Prof. Madya Dr. Ahmad Hata Rasit
Dr. Chew Chee Ming

Secretariat Dato' Dr. Lee Yan San
Dr Karen Sharmini/ Dr. Mohd Normazlan/ Mr Perumal Chinaya (2011)
Dr. Shireen Mahalingam/Dr. Cheah Xian Nian/Dr. Muhammad
Yazuran Sallij (2012)

Terms of Reference: To prepare the MMC Quarterly Bulletin.

Outcome:

The Committee revised/formulated 3 bulletins in 2011 and 3 in 2012.

Accreditation Committee

The Committee was established in December 2011 and had its first meeting in January 2012.

Chairman Datuk Dr. Noor Hisham bin Abdullah

Members Prof. Dato' Dr. Mohd Amin bin Jalaludin
Prof. Dr. Lim Thiam Aun
Dr. David Quek Kwan Ling,
Prof. Datuk Dr. Abdul Razzak bin Mohd Said
Prof. Dato' Dr. Anuar Zaini bin Md. Zain
Dr. Chew Chee Ming

Secretariat Dr. Wan Mazlan bin Mohd Woody
Dr. Mohd Normazlan bin Husain @ Muhammad

Terms of Reference:

- a. to coordinate accreditation of medical activities Malaysia.
- b. to manage Trust Fund for accreditation activities.
- c. to look into complaints and appeals related to medical training institutions.
- d. to recommend to the Joint Technical Committee (aka J/K Teknikal Pengiktirafan Pengajian Perubatan (JTPPP)) and the Malaysian Medical Council on accreditation procedures and processes.
- e. To nominate panel of visitors and observers for accreditation visits to local and foreign medical training institutions.
- f. to establish and maintain a list of all medical training institutions approved and/or accredited with expected visitation dates.
- g. to inform medical training institutions with regards to accreditation status and anticipated visits;
- h. to update the Second Schedule.

Outcome:

The Committee had 8 meetings in 2012. Further details will be discussed in the chapter on accreditation.

The Joint Technical Committee for the Accreditation of Medical Programmes

The functions and outcome of this Committee will be discussed separately in the ensuing chapter.

Continuing Professional Development Committee:

Chairman Prof Dato' Dr. Abdul Hamid bin Abdul Kadir
Members Dato' Dr. Zaki Morad bin Mohd Zaher

Secretariat

Puan Sri Suraiya Hani binti Hussein
Prof. Dr. Saw Aik
Dr. Hj. Rohaizat Hj. Yon
Dr Karen Sharmini/ Dr. Mohd Normazlan/ Mr Perumal Chinaya (2011)
Dr. Shireen Mahalingam/ Dr. Cheah Xian Nian/ Dr. Muhammad Yazuran Sallij (2012)

Terms of Reference:

- a. To coordinate and discuss with the Malaysian Medical Association, Academy of Medicine Malaysia, Ministry of Health and other Medical Professional Bodies in the preparation & use of a unified Continuous Professional Development (CPD) system.
- b. To coordinate the development and administration of the CPD system throughout the country
- c. The accreditation of CPD providers
- d. To discuss other issues related to CPD

Outcome:

There were no meetings held in 2011 and 2 in 2012. There were also 3 meetings held in 2012 by Ministry of Health's CPD unit in which the Council was involved.

The committee is now harmonizing the CPD points system between the various CPD monitoring bodies.

The Ad Hoc Committees of the Council:-

i. Corporatization of MMC:

An Ad Hoc Committee on Corporatisation was appointed by the Council in 2008 to prepare the ground work for the corporatisation of the Council with the impending amendments to the Medical Act 1971 and the Regulations enacted thereunder.

Chairman

Datuk Dr. Megat Burhainudin bin Megat Abdul Rahman

Members

Dato' Dr. Abdul Hamid Bin Abdul Kadir

Dr. Milton Lum Siew Wah

Dato' Dr. Zaki Morad Mohd Zaher

Secretariat

Dr. Hj. Wan Mazlan bin Mohamed Woojdy

Dr. Karen Sharmini/ Dr. Mathyvani Umapathy/ Dr. Mohd Normazlan/ Mr Perumal Chinaya (2011)

Dr. Shireen Mahalingam/ Dr. Cheah Xian Nian/ Dr. Muhammad Yazuran Sallij (2012)

Terms of Reference:

- a. To study relevant sections in the Medical Act 1971 and its Regulations with regards to corporatization and make recommendations to the Council for amendment.
- b. To study appropriate policies regarding corporate structure and governance and make recommendations to the Council.

Outcome:

There were 3 meetings held in 2011 and 5 in 2012.

Several meetings of this Committee were held throughout the year and the final Draft on Corporatization of the Malaysian medical Council was adopted by the Council. It is in the process of gradual implementation.

Application for the required staff had been forwarded to the relevant agencies. Block B and part of Block C within the MOH Complex in KL which has been allocated to MMC for its corporate office is currently in the planning stages of renovations.
The Amendments to the Medical is in its penultimate stage.

ii. **Ad Hoc Committee for the Formulation of the Managed Care Organisation (MCO) Regulations**

Chairman	Dr. Milton Lum Siew Wah
Members	Prof. Dato' Dr. Abdul Hamid Bin Abd Kadir Dr. David Quek Kwang Leng Dr. Lim Kuan Joo
Secretariat	Dr. Muhammad Yazuran Sallij Dr. Shireen Mahalingam Dr. Cheah Xian Nian

Terms of Reference:

- a. To formulate the Council's stand on Managed Care.
- b. To draft Regulations for Part XV of the Private Healthcare Facilities and Service Act 1998 on behalf of the Director General of Health.

(Note: The Council has no jurisdiction over MCOs however, it has been requested by the Director General of Health to draft the regulations)

Outcome:

The Committee has formulated the "Malaysian Medical Council's Position on Managed Care" and it was adopted by the Council on 16 January 2012. The MCO Regulations are being studied by the Ministry of Health.

iii. **Ad Hoc Committee to Study Performance Measurement in Healthcare**

Chairman	Dato' Dr. Zaki Morad Mohd Zaher
Members	Datuk Dr. Noor Hisham Abdullah Dr. Milton Lum Siew Wah Prof. Dr. Azad Hassan Abdul Razack Prof. Dr. Lim Thiam Aun Prof. Madya Dr. Muhammad Tauffik Mohd Noor
Secretariat	Dr. Muhammad Yazuran Sallij Dr. Shireen Mahalingam Dr. Cheah Xian Nian

Terms of Reference:

- a. To review the quality of healthcare provision in Malaysia and other suggestions below: -
 - The MMC can monitor standards in hospitals and obtain outcome-based data with the help of various experts / disciplines
 - The Clinical Research Centre (CRC) may be requested to re-activate similar studies conducted previously
 - To increase competency standards of practitioners in Malaysia as the government's liberalization measures will allow the entry of foreign practitioners which is expected to give competition in this aspect
 - The MMC Secretariat should be strengthened and specialized units formed to oversee undergraduate and postgraduate medical studies

- b. To review the Private Healthcare Facilities and Services Act to determine whether Quality Assurance may be associated with the registration of medical practitioners.

Outcome:

The Workshop on Performance Measurement in Healthcare was conducted on 21-24 April 2012 with various stakeholders. The study is in ongoing.

iv. Ad Hoc Committee to Study on Quality of Healthcare

Chairman	Dato' Dr. Zaki Morad Mohd Zaher
Members	Datuk Dr. Noor Hisham Abdullah Dr. Milton Lum Siew Wah Prof. Dr. Azad Hassan Abdul Razack Prof. Dr. Lim Thiam Aun Prof. Madya Dr. Muhammad Tauffik Mohd Noor
Secretariat	Dr. Hj Muhammad Yazuran Sallij Dr. Shireen Mahalingam Dr. Cheah Xian Nian

Terms of Reference: To study on healthcare quality in Malaysia and reports to the Council with recommendations.

Outcome:

The study is in ongoing.

v. Review Guideline on Consent

Chairman	Prof. Dato' Dr. Abdul Hamid Abdul Kadir
Members	Datuk Dr. Megat Burhainudin bin Megat Abdul Rahman Prof Dato' Sri Dr. Abu Hassan Asaari Abdullah Dr. David Quek Kwang Leng Dr. Milton Lum Siew Wah
Secretariat	Dr Hj Wan Mazlan bin Mohamed Woojdy Dr. Mohd Normazlan Mr Perumal Chinaya

Terms of Reference:

- a. Identify areas concerned
- b. Ascertain problems faced
- c. Study stand adopted by other Councils
- d. Prepare broad principles allowing for the relevant professional bodies to customize to their needs

Outcome:

There was a meeting held with all the national advisor's and various stakeholders in 2010. Based on the feedback received, the final draft of the guideline is now being prepared.

vi. Ad Hoc Committee to Revise Advertisement by Registered Medical Practitioner

Chairman	Dr. David Quek Kwang Leng
Members	Prof. Dato' Dr. Abdul Hamid Abdul Kadir Datuk Dr. Megat Burhainudin bin Megat Abdul Rahman Prof. Dr. Lim Thiam Aun

Secretariat Prof. Dato' Dr Anuar Zaini bin Md Zain
Dr. Milton Lum Siew Wah
Dr. Shireen Mahalingam
Dr. Cheah Xian Nian
Dr. Muhammad Yazuran Sallij

Terms of Reference:

- a. To review current statutes and guidelines
- b. To identify weaknesses
- c. To look into practice by other Councils
- d. To formulate contemporaneous guidelines

Outcome:

A workshop to discuss and review the current guidelines on healthcare advertising was held on 22 September 2012 with various stakeholders. It is currently in the process of being revised.

vii. Review Standing Orders for Conduct of Inquiries at the Preliminary Investigation Committee and Council Level

Chairman Datuk Dr. Megat Burhainuddin bin Megat Abdul Rahman
Members Mej. Gen. Dato' Pahlawan Dr. R. Mohanadas
Brig. Gen. (B) Dato' Dr Samsudin bin Hussain
Prof. Madya Dato' Dr Sirajoon Noor bin S.M Abd Ghani
Prof. Dr. Abdul Latiff Mohamed
Prof. Dr. Lim Thiam Aun
Prof. Dr. Lim Chin Theam
Dato' Dr. Abdul Hamid bin Abdul Kadir
Dato' Dr. Mahmud bin Mohd Nor
Dr. Milton Lum Siew Wah
Secretariat Dr. Karen Sharmini / Dr. Mohd Normazlan
Mr Perumal Chinaya

Terms of Reference:

- a. To study current standing orders
- b. To identify weaknesses
- c. To amend guidelines

Outcome:

The review is ongoing.

viii. Review and update Good Medical Practice Guidelines Ad Hoc Committee

Chairman Prof. Dato' Dr. Abdul Hamid Abdul Kadir
Members Dato' Dr. Mahmud bin Mohd Nor
Datuk Dr. N. Arumugam
Datuk Dr. Johan Tambu Malek
Dr. Chong Su Lin
Dr. Hjh. Suzain bt Datuk Suhaimi
Dr. Chang Keng Wee
Secretariat Dr. Mohd Normazlan
Mr Perumal Chinaya

Terms of Reference:

- a. To review current guideline
- b. To identify weaknesses
- c. To look into practice by other Councils
- d. To formulate contemporaneous guidelines

Outcome:

The review is ongoing.

ix. Ad Hoc Committee to Formulate SOP for Accreditation of Medical Teaching Institutions and Criteria of Visiting Panel Selection

Chairman	Prof Dato' Sri Dr. Abu Hassan Asaari Abdullah
Members	Prof. Dato' Dr. Abdul Hamid Abdul Kadir Prof. Datuk Dr. Abdul Razzak Bin Mohd Said Datuk Dr. Megat Burhainudin bin Megat Abdul Rahman Prof. Dato' Dr Anuar Zaini bin Md Zain Dr. Milton Lum Siew Wah Dr. David Quek Kwang Leng Prof. Dato' Dr. Mafauzy Bin Mohamed Prof. Dato' Dr. Wan Mohamad Wan Bebakar
Secretariat	Dr. Shireen Mahalingam Dr. Cheah Xian Nian Dr. Muhammad Yazuran Sallij

Terms of Reference:

- a. To look into practice by other Councils
- b. To formulate a guideline.

Outcome:

A guideline was formulated and adopted by the Council and an Accreditation Committee was established.

x. Committee of Review of Court Cases

Chairman	Dr. Milton Lum Siew Wah
Members	Prof. Dato' Sri Dr. Abu Hassan Assari Bin Abdullah Prof. Datuk Dr. Abdul Razzak Bin Mohd Said Datuk Dr. Megat Burhainuddin Bin Megat Abdul Rahman Dr. David Quek Kwang Leng
Secretariat	Dr. Shireen Mahalingam Dr. Cheah Xian Nian Dr. Muhammad Yazuran Sallij

Term of Reference:

- a. To review the Grounds of Judgment of the cases lost in the Court.
- b. To identify any improvements that can be done especially during the hearing process to avoid recurrence of similar incidents.

Outcome:

A Seminar on Review of Court Cases was successfully organised on 18 November 2012.

Other Achievements:

1. Workshop on Dissemination of Information

A Workshop on Dissemination of Information was successfully organised on 22 September 2012 at the Institute for Health Management, Bangsar.

The workshop reached a consensus that there is a need to further discuss and where possible, make medical practices regarding medical information dissemination more consistent and fair, while adhering as closely to ethical guidelines as possible.

2. Seminar on Review of Court Cases

A Seminar on Review of Court Cases was successfully organised on 18 November 2012 at the Institute for Health Management, Bangsar.

Amongst the consensus reached were:

- a. One of the main cause of the Council's losses in court is the failure of the PIC and MMC to comply to the Standing Orders.
- b. There is a need for an audiovisual recording system which will document proceedings much better compared to the verbatim records currently used, which has many weaknesses.



Registration



Case Presentation



Panel Discussion



Questions from the Participants

CHAPTER 2: Registration of Medical Practitioners

INTRODUCTION:

Preamble

By way of registration, the Council ensures that only eligible persons based on knowledge, skill and experience and has met the required standards of competence to practice safely, are allowed to practice medicine in Malaysia.

Pursuant to the Medical Act 1971 in force, in order to practice medicine legally in Malaysia, all practitioners are required to register with the Council. There are 3 categories of registration undertaken by MMC:

- a. Provisional Registration (Section 12 and 13)
- b. Full registration (without conditions) – section 14(1)
- c. Full registration with conditions (section 14(3)); and
- d. Temporary Practising Certificate (section 16).

Provisional Registration

Section 13(2) of the Medical Act 1971 states that fresh medical graduates shall undergo further training for the purpose of obtaining experience as a house officer. Provisional registration allows newly qualified practitioners to undertake the general clinical training needed for full registration. A medical practitioner who is provisionally registered is entitled to work only in a house officer posts in hospitals that are approved for the purpose of internship training by the Medical Qualifying Board.

Sections 12 and 13 of the Medical Act 1971 states that a person shall be entitled to be provisionally registered as a medical practitioner solely for the purpose of obtaining experience as a house officer if he holds a qualification recognized by the Council. If he holds a medical qualification which is not recognized by the Council, he has to sit and pass the Medical Qualifying Examination in accordance to Section 13(1) of the Medical Act 1971.

Table 2.1. below shows the provisional registration certificates processed by the Council throughout the year from graduates trained locally and abroad.

YEAR	2009	2010	2011	2012
No. of Certificates Issued	3,138	3,261	3,673	4,033
Increment (%)	24.5%	3.9%	12.6%	9.8%

Note: in 2008, 2,520 certificates were issued.

Table 2.1: Number of Provisional Registration Certificate Issued from 2009 to 2012

Provisional registration is available only to practitioners with the following nationality, rights and qualifications:

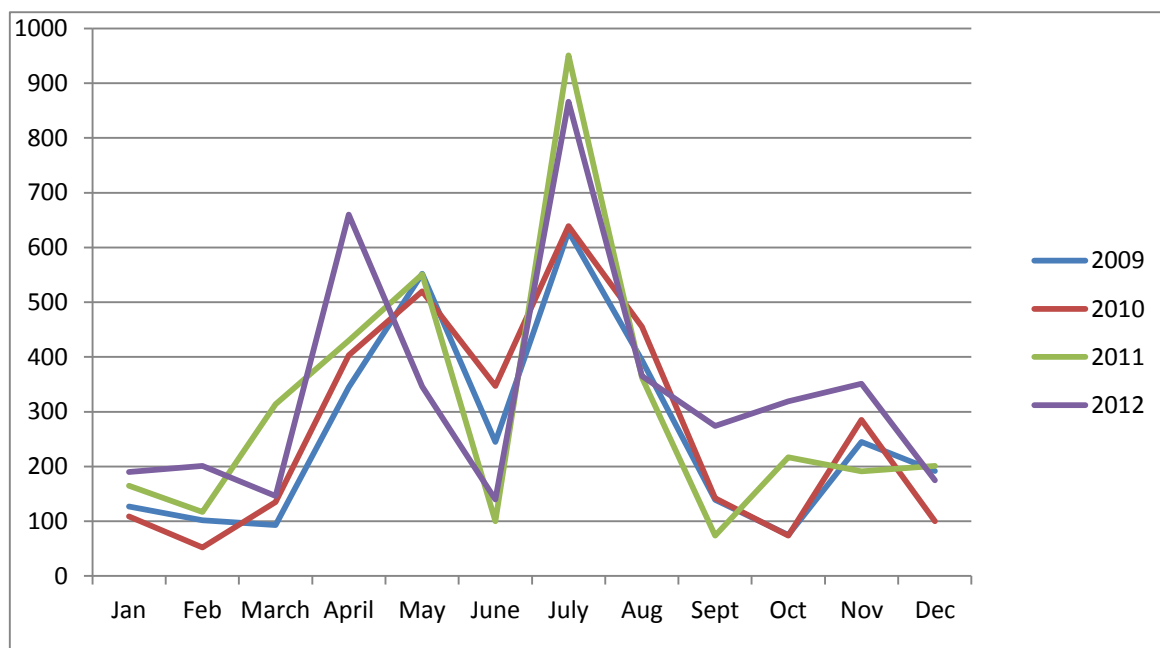
- i. Holding a basic medical degree from a recognised institution (as per the Second Schedule () of the Medical Act 1971);
- ii. Malaysian citizens;
- iii. For non-citizens, exemption is given only to local graduates or those related or married to Malaysians.

Based on those criteria, the number of provisional registration certificates issued according to citizenship status are as tabulated in Table 2.2.

CITIZENSHIP	2009	2010	2011	2012
Citizens	3,130	3,245	3,693	4,067
Non- citizens and permanent resident	16	10	14	16
TOTAL	3,146	3,255	3,707	4,083

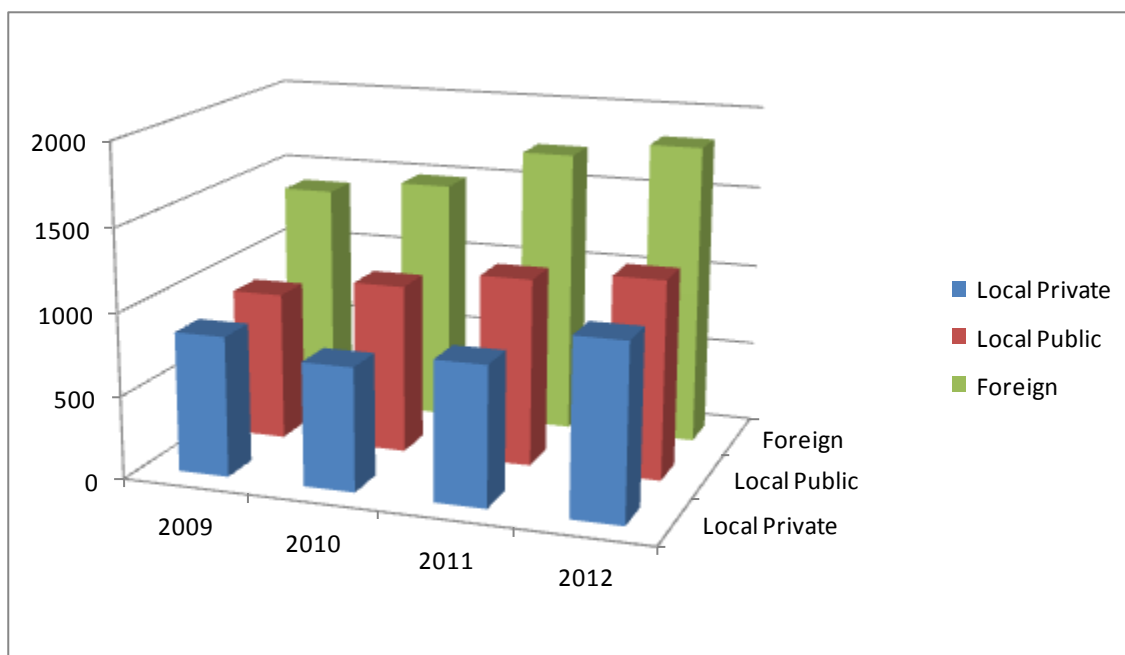
Table 2.2: Number of provisional registration certificates issued according to citizenship.

As illustrated in Graph 2.1, there were surge of applications received between July and August when most medical schools finishes their academic years and graduates awarded the qualification.



Graph 2.1: Number of Provisional Registration Issued by Month from 2009 to 2012.

The number of provisional registration certificates issued according to institutions awarding the degrees is shown in Graph 1.2 below. (For details, please refer to **Appendix II**)



Graph 2. 2: Number of Provisional Registration Certificates Issued According to Institutions Awarding the Degree from 2009 to 2012

In accordance with the impending corporatization of the Council, with effect from 1st September 2012, certificates were issued within one day for complete application received. This measure has fastened the appointment of the practitioner into service as well as their induction course.

Full Registration

A medical practitioner need to be fully registered before he is allowed to practise independently. To qualify for a full registration, a person need to complete 5 major postings during internship training in hospitals that are approved for the purpose of internship training by the Medical Qualifying Board.

Apart from the statutory requirements, the Council applicants need to abide to the Ministry of Health and the Council's criteria. These criteria are made available in the Council's website: http://mmc.gov.my/v1/index.php?option=com_frontpage&Itemid=1

Full registration will be approved under two different circumstances, namely section 14(1) and 14(3). Under section 14(1), no restrictions and conditions are imposed as compared to section 14(3) where practitioners are registered to practise subject to restrictions and conditions as stipulated by the Health Minister, after consulting the Council. They are restricted to practice only at the approved institution within a certain scope of practice for a certain period.

The Council also considers applications from Permanent Residents to be registered under Section 14(1).



Graph 2.3 : Number of Full Registration Certificate Issued from 2009 to 2012

CITIZENSHIP	2009	2010	2011	2012
Citizens	459	2,411	3,045	3,206
Non- citizens and permanent resident	175	288	312	196
Total	634	2,699	3,357	3,402
Increment (%)	-72.6%	16.28%	44.6%	46.7%

Note: In 2008, 2,321 certificates were issued.

Table 2.3: Number of Full Registration Certificate Issued from 2009 to 2012 according to citizenship.

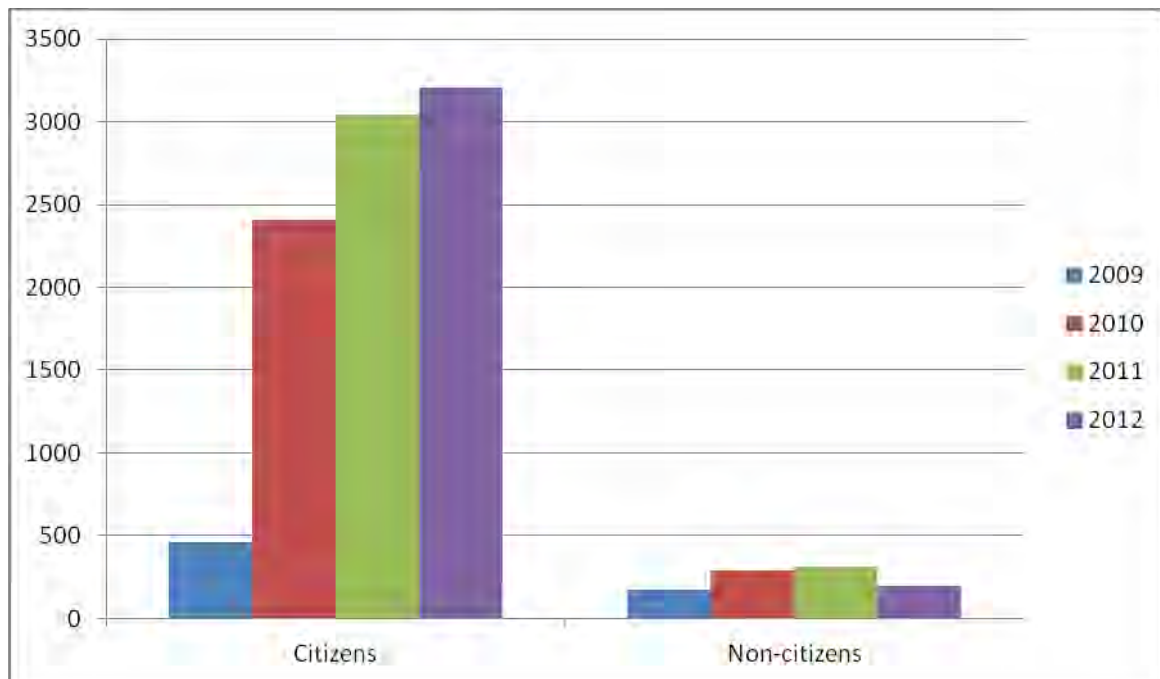
The Council received applications for full registrations both from practitioners who completed their internship locally as well as abroad. (Please refer to separate chapter for details on internship training.)

The number of full registration issued according to citizenship and place of internship training for 2011 and 2012 are as in Table 23. below.

FULL REGISTRATION	2011	2012
a. Registered According to Section 14:		
• Malaysians - Completing Housemanship Locally	2898	3076
• Malaysians - Completing Housemanship Overseas	147	130
TOTAL	3045	3206
b. Registered According to Section 14(3):		
• Foreigners - Completing Housemanship Overseas	25	10
• Foreigners - Completing Housemanship Locally	287	186
TOTAL	312	196
GRAND TOTAL CERTIFICATE ISSUED	3357	3402

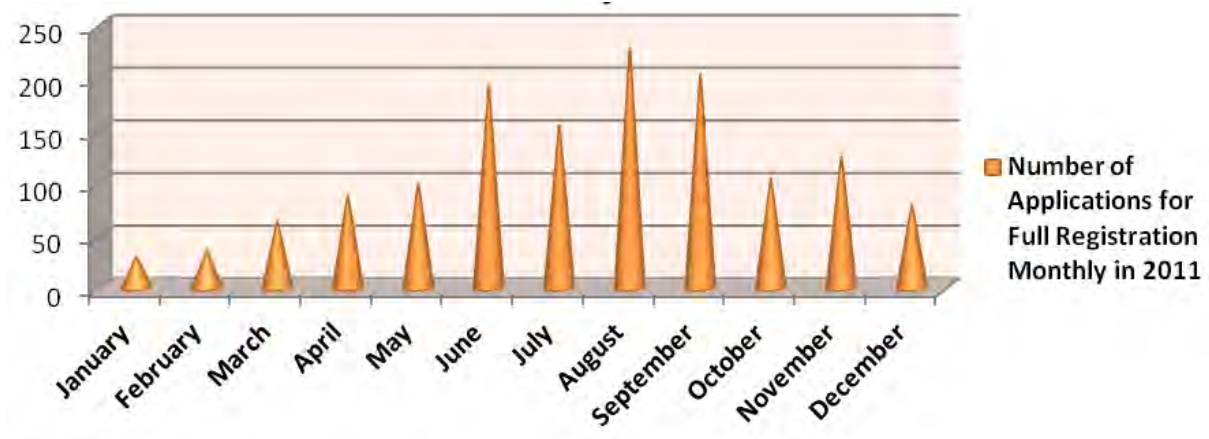
Table 2.4.: The number of full registration certificate issued according to citizenship and place of internship training for 2011 and 2012

These data are best reflected in bar chart as per Graph 1.3.

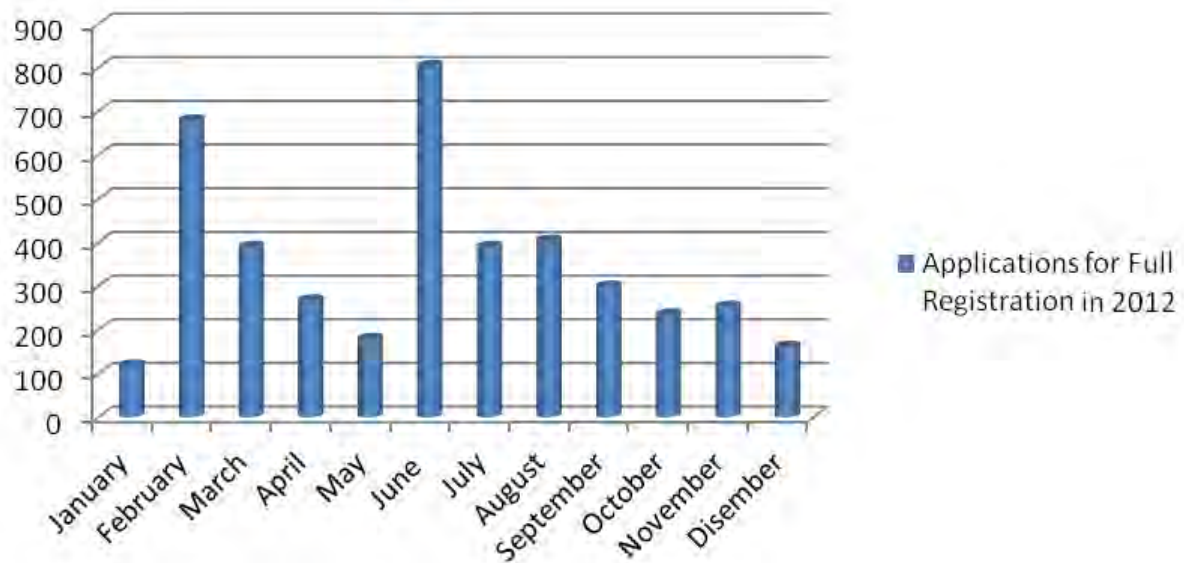


Graph 2.4: Number of Applications for Full Registration from 2009 to 2012

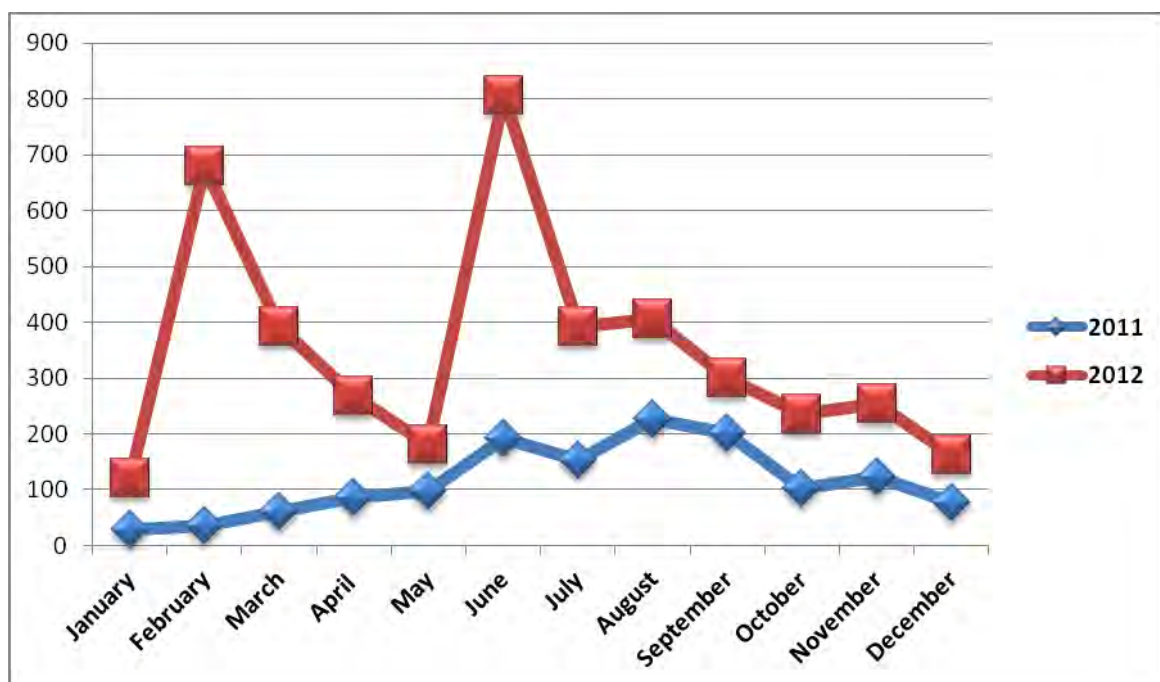
As illustrated in Graph 2.4 below, two surges were noted in February and June for applications for full registration received in 2012.



Graph 2.5: Number of Applications for Full Registration Monthly in 2011



Graph 2.6: Surges of applications for Full Registration in 2012



Graph 2.7 : Comparison for Full Registration Applications between 2011 and 2012

The number of applications received and approved according to hospitals and institutions are as per **Appendices III, IV and V**.

Temporary Practising Certificate

Section 16 of Medical Act 1971 provides for the issuance of Temporary Practising Certificate (TPC) to practitioners registered outside Malaysia who intend to practice medicine in Malaysia either for the purpose of undergoing post-graduate courses at local institutions,

training local practitioners during workshops/conferences or research as well as for clinical attachment. The certificate is renewable for 3 monthly.

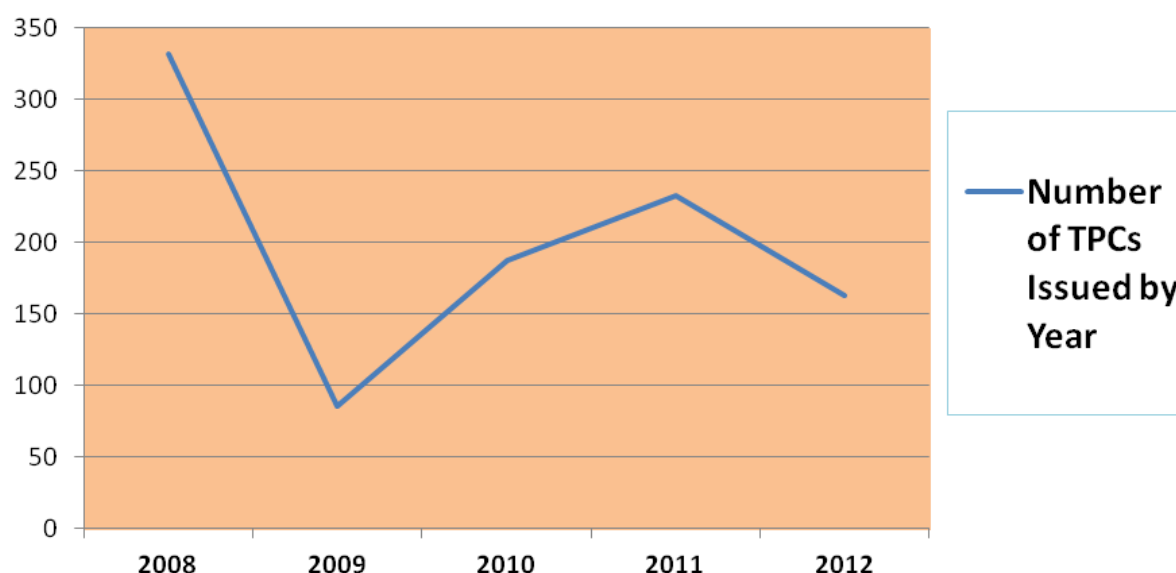
Applications for TPCs must be submitted by a medical body, hospitals or institutions which sponsors the applicant and provides proof of their good standing with their respective Medical Councils and possess valid international medical protective insurance.

The number of the TPCs issued by the Council has been decreased from year to year except for 2010 and 2011 about 54.2 and 15.7% respectively.

The TPC issued by the Council is summarised in Table 2.4. whilst the details are tabulated in **Appendix VI**.

Year	2009	2010	2011	2012
Total TPCs issued	86	188	223	163

Table 2.5: The number of Temporary Practising Certificates issued from 2009 to 2012



Graph 2.8 : Number of Temporary Practising Certificate (TPCs) Issued By Year.

Other Documents:

Letter of good standing

A total of 620 letter of good standings were issued for the year 2011 and 675 in 2012.

CHAPTER 3: Annual Practising Certificates

Introduction

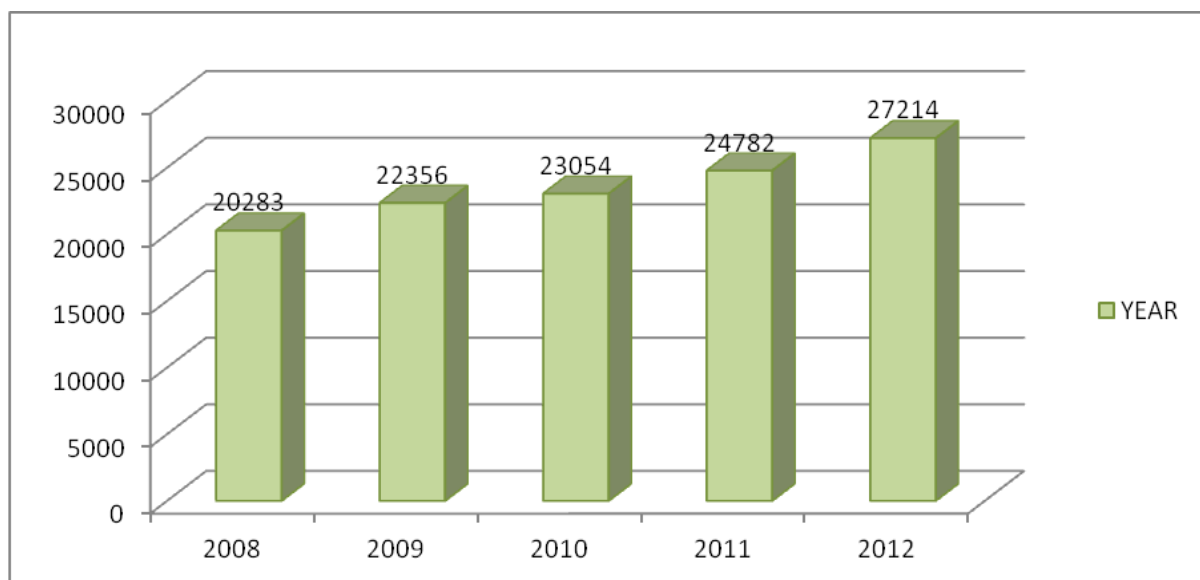
Pursuant to Section 20 of the Medical Act 1971, medical practitioners with full registration who desires to practice in Malaysia are required to apply for Annual Practising Certificates (APC) annually. The onus is on the practitioners to ensure that they have their APCs to practice.

The application form (Form 11) are downloadable from the Council's Website (www.mmc.gov.my). All practitioners are required to apply for the ensuing year's APC before the 1st of December of that year. At present, the fee for an APC is RM50. An additional penalty of RM50 is levied on those whose application is received after the 1st of December of the preceding year for which the APC is applied. Pursuant to Regulations 25 (3) of the Medical Regulations 1974, medical practitioners working in the public sector are exempted from payment.

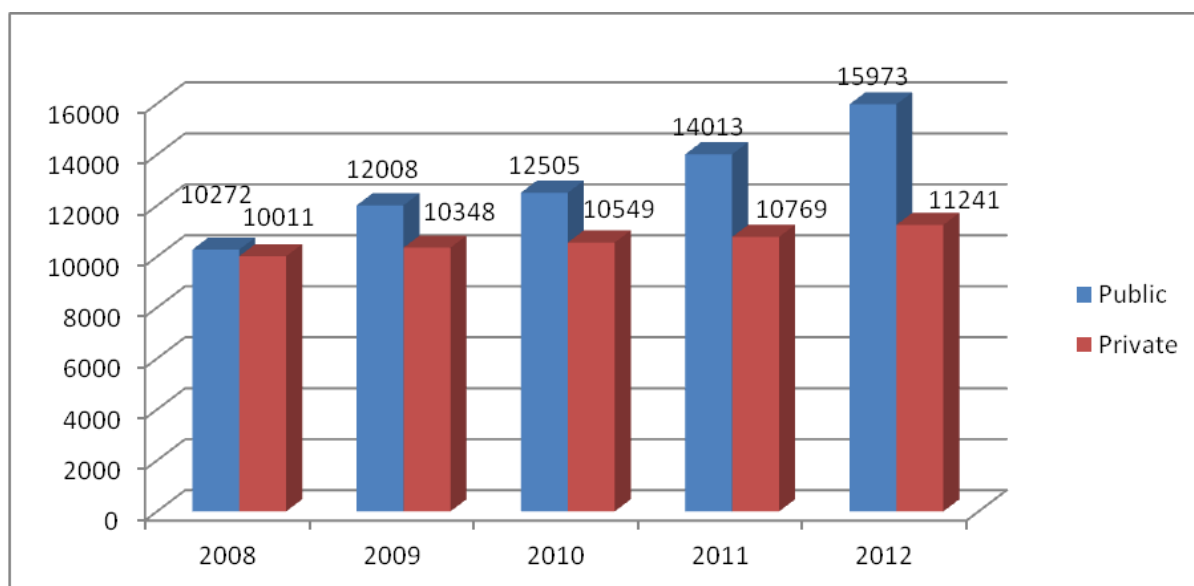
To serve registered practitioners better, the Council has embarked on an APC online payment system as of 11th January 2011 where transactions are concluded online. In the first phase, only Malaysian practitioners who are fully registered and practising in the private sector are eligible. With they allotted usernames and passwords, they will have access to the system. By this method, they need not submit their applications manually. A total of 1,750 medical practitioners were documented to have used this electronic services in 2011 and another 2,420 medical practitioners benefited in 2012.

The total numbers of APCs issues in 2012 were 27,214 compared to 24,782 in 2011. It is noted there is an increase in the number of APCs issued from year to year.

Graph 3.1. below illustrates the number of APCs issued from 2008-2012.



Graph 3.1. Number of APCs issued from 2008-2012.



Graph 3.2. The number of APCs issued from 2008-2012 according to sector.

Table 3.1. illustrates the increment of the number of APCs issued according to states and sectors between 2010 and 2011.

State	2010		2011	
	Public Sector	Private Sector	Public Sector	Private sector
Federal Territory of Kuala Lumpur	2856	1958	2987	1967
Federal Territory of Labuan	21	16	16	16
Federal Territory of Putrajaya	364	13	398	14
Johor	957	1085	1075	1135
Kedah	646	482	729	484
Kelantan	1005	222	1117	228
Melaka	364	408	417	419
Negeri Sembilan	524	398	675	402
Pahang	587	350	699	292
Pulau Pinang	702	975	785	982
Perak	903	871	1092	885
Perlis	142	37	149	37
Selangor	1791	2738	1962	2883
Terengganu	357	204	357	195
Sabah	690	390	867	405
Sarawak	596	403	681	418
Total	12505	10550	14018	10764
Grand Total	23055		24782	

Table 3.1. The number of APCs issued according to states and sectors in 2010 and 2011.

CHAPTER 4: Accreditation & Recognition of Medical Institutions

Introduction:

The Medical Act 1971 confers the Council the authority to ensure that only qualified persons are allowed to practice the noble profession of medicine. Consequently, medical practitioners wishing to practice in Malaysia must first be licensed by the Council which first ascertains that the practitioner is a graduate of an accredited or recognized medical institution as listed in the Second Schedule of the Medical Act, or has passed the Medical Qualifying Examination. This practice assures the highest standards of medical professionalism and care received by the public in Malaysia.

The Council currently recognises 375 institutions, approximately 17% of the world's 2,218 medical schools listed by the *International Medical Education Directory* (IMED). Graduates of these 375 institutions are eligible for registration with the Council.

The Council evaluates medical teaching institutions based on standards contained in the "Guidelines on Standards and Criteria in the Accreditation of Basic Medical Education Programme", for the purpose of licensing their graduates to practice in Malaysia. The guideline was formulated based on the criteria set by the *World Federation of Medical Education* (WFME), and conforms to national norms of preparation for practice and further training. This guideline is regularly reviewed with the last revision endorsed by the Council in April 2011.

In Malaysia, a quality assurance mechanism of regular appraisals of the recognition of institutions (better known as accreditation) is practised to ensure the maintenance and continuous betterment of the quality and standards of medical education. Under this programme, accredited institutions are evaluated regularly every 1 to 5 years based on their compliance to the standards set by the Council. This practice assists medical institutions in the attainment of structures and functions as well as the performance of graduates in compliance with national norms of preparation for practice and further training.

For institutions in other countries, the recognition exercise concentrates on the evaluation of the suitability of the institution in providing quality medical education to Malaysians rather than its administration and governance, as it is believed that the Medical Council or Board of that country would have already dealt with these aspects. Due to geographical and monetary constraints, recognition is usually a one-off exercise.

The Joint Technical Committee for the Accreditation of Medical Programmes, comprising of five government agencies i.e. the Malaysian Medical Council, the Malaysian Qualifications Agency (MQA), the Ministry of Health, the Ministry of Higher Education and the Public Services Department was formed for this purpose. The Committee members are appointed by the President of the Council. (Table 4.1.)

No.	Representing	Name	Tenure of appointment
1.	Chairman/Malaysian Medical Council	Tan Sri Dato' Seri Dr. Hj. Mohd. Ismail Merican	Ex-officio, till 4/3/2011
		Dato' Dr. Hassan Bin Abdul Rahman	Ex-officio, commencing 11/3/2011
2.	Malaysian Medical Council	Dr. Milton Lum Siew Wah	1/9/2010 – 31/8/2013
3.		Prof. Dato' Dr. Mafauzy Mohamed	1/9/2010 – 31/8/2013
4.	Ministry of Health	Datuk Dr. Noor Hisham Bin Abdullah	29/1/2008 – 31/3/2014 (reappointed on 1/4/11)
5.		Dato' Dr. Jeyaindran a/l	1/3/2009 – 28/2/2012

		Tan Sri Dr. Sinnadurai	
		Datuk Dr. Lokman Hakim b. Sulaiman	14/8/2012 - 13/8/2014
6.	Ministry of Higher Education	Prof. Madya Dr. Zarida Bt. Hambali	22/05/09 – 21/05/11
		Dr. Aishah Binti Abu Bakar	14/8/2012 - 13/8/2014
7.		Pn. Zainon Binti Mustaffa	14/8/2012 - 13/8/2014
8.		Prof. Dato' Dr. Md. Tahir bin Azhar	1/1/2009 – 31/12/2011
		Prof. Dato' Dr. Khalid Yusoff	21/2/2012 – 20/2/2014
9.		Prof. Dato' Dr. Wan Mohamad Wan Bebakar	1/1/2009 – 31/12/2011
		Prof. Dato' Dr. Mohammad Abdul Razak	14/8/2012 - 13/8/2014
10.	Malaysian Qualification Agency	Prof. Dato' Dr. Syed Ahmad Hussein	1/1/2009 – to date
11.	Public Services Department	Puan Zuraini Abidin	18/4/2011 – 23/11/2012
		En. Syahrul Idzuan Bin Mohamad	23/11/2012 – to date

Table 4.1.: The Joint Technical Committee Members in 2011-2012.

The terms of reference of the Committee are as follows:

- To determine standards and criteria for the establishment and approval of medical training programs and institutions and make recommendations to the Ministry of Higher Education.
- To prepare and regularly update guidelines and standards for accreditation and recognition of medical training programs and institutions for the purpose of licensing under the Medical Act 1971.
- To conduct visits to evaluate and accredit medical training programs and institutions for the purpose of licensing under the Medical Act 1971.
- To appoint panel of visitors for accreditation and recognition purposes to medical training institutions both locally and abroad.
- To study reports of accrediting teams and make recommendations to the Malaysian Medical Council for ratification.
- To monitor and regulate standards of medical program and make recommendations to the Malaysian Medical Council to withdraw the recognition of any institutions flouting the standards.
- To monitor, evaluate and make recommendations to the Malaysian Medical Council pertaining to changes in name, curriculum and affiliation of recognized institutions.

Evaluation visits are made to medical schools where a panel of external auditors, appointed by the Joint Technical Committee, conducts site inspections as well as interviews with students, staff and administrators. If it is satisfied that the program conforms to the standard set, the MMC, as empowered by the Medical Act 1971, sanctions the report and forwards it to the Minister of Health for his approval and is subsequently gazetted and included in the Second Schedule of the Medical Act 1971.

Even after granting recognition or accreditation, the Council is authorized to withdraw the recognition or accreditation from any institution that fails to conform to the requirements set forthwith. This is explicitly stated in section 12(3) of the Medical Act, where the Health Minister *'may from time to time, after consulting the Council, add to, delete from or amend*

the Second Schedule by order published in the Gazette'. All medical training institutions is accorded recognition or accreditation under this proviso.

The list of accredited local undergraduate medical schools as of 31 December 2012 are as per **Appendix VII** whilst **Appendix VIII** highlights the list of approved local undergraduate medical schools awaiting accreditation.

The visits conducted to local medical training institutions and its outcome between 2011 and 2012 are tabulated in **Appendix IX**.

Between 2011 and 2012, two foreign medical schools were given a full 5-year recognition. Gulf Medical University was given the recognition w.e.f. 31 January 2011 and S. S. Institute of Medical Sciences and Research Centre (SSIMS&RC), Davangere, Karnataka, India w.e.f. 12 July 2012.

Activity:

Two seminars entitled Accreditation of Medical Programmes were held on the 1st October 2011 and the 23rd June 2012. Both seminars were officiated by Prof. Dato' Dr. Mafauzy Mohamed on behalf of Dato' Sri Dr. Hasan Bin Abdul Rahman, the Director General of Health in his capacity as the President of the Malaysian Medical Council.



Prof. Dato' Dr. Mafauzy Mohamed giving the inaugural speech.

The participants comprised representatives from public and private institutions of higher learning, the Ministry of Health, the Ministry of Higher Education and various other government agencies as well as members of the Council.

Similar seminars have been conducted every 2 to 4 yearly since 1999. The purpose of conducting this seminar is threefold, firstly to discuss the Accreditation Guidelines and obtain valuable feedback which will help further improving it. Secondly to expose participants, especially those from institutions of higher learning to the accreditation process and its importance, and thirdly to train new accreditors to be included in future evaluation visits.



Seminar Participants.

Based on the feedbacks received, and realizing the urgent need for new accreditors in view of the sizeable number of medical schools in Malaysia, the Council has concurred to increase the frequency of the seminars to twice annually.



Seminar Participants.

CHAPTER 5: Medical Qualifying Examination

Pursuant to the Act in force, only individuals possessing recognized basic medical degrees listed in the Second Schedule are eligible to register and practise medicine in Malaysia whilst graduates from unrecognized institutions need to sit and pass the Medical Qualifying Examination in three local universities or examining bodies before their registrations are accepted.

Section 12(1) of the Medical Act 1971 states:

- 1) *Subject to the provisions of this Act and the regulations thereunder, a person shall be entitled to be provisionally registered as a medical practitioner, Solely for the purpose of obtaining the experience specified in section 13, upon application to the Registrar in the prescribed form if –*
 - a) *he holds –*
 - i) *any of the qualifications specified in the third column of the Second Schedule granted by an institution specified in relation to that qualification in the second column of that Schedule; or*
 - ii) *a qualification in medicine and surgery other than the qualifications referred to in subparagraph (i), deemed suitable for registration by the Minister after consulting the Council;*
 - aa) *in the case of a person who holds a qualification referred to in subparagraph (ii) of paragraph (a), he has passed such examination as may be prescribed or set for the purpose of this paragraph by a body approved by the Minister.*

Section 12(1) (aa) of the Act prescribes provisions for the Minister to approve bodies to conduct examination for medical undergraduates from institutions not listed in the Second Schedule of the Act. Successful candidates are then eligible for provisional registration with the Council.

The principal aim of the Medical Qualifying Examination is to determine whether an individual has the necessary basic knowledge and skills to practise safe medicine. Hence, graduates from unrecognized institutions will be assessed at par with final year medical undergraduates of the three local examining bodies.

The examinations are held at Universiti Kebangsaan Malaysia, University of Malaya and Universiti Sains Malaysia twice a year in March and October. The candidates are subjected to the rules and the regulations of those examining bodies with regards to the examination, the re-sitting of any examination and the imposition of any fee. The candidates will be balloted to the university where they will be trained and sit for the examination. The outcomes for the year 2011 and 2012 are tabulated in **Appendix X**.

In 2012, the *Medical (Setting of Examination For Provisional Registration) Regulations 1993* was repealed and replaced with the *Medical (Setting of Examination For Provisional Registration) Regulations 2012*. Under the new Regulations, graduates were allowed to choose their own examination centres.

CHAPTER 6: Housemanship Training

The Medical Act 1971 stipulates that a person shall be entitled to be provisionally registered as a medical practitioner solely for the purpose of obtaining experience as a house officer if he/she holds a qualification recognized by the Council vide Section 13(2) of Medical Act 1971 which states that:

“The provisionally registered person shall, immediately upon being provisionally registered, engage in employment in a resident medical capacity to the satisfaction of the Medical Qualifying Board for a period of not less than one year in any hospital or institution in Malaysia which is approved by the said Board for the purpose of such employment; four months of such period shall be spent in a resident surgical post, four months in a resident medical post and four months in a resident obstetrical and gynaecological post; at the conclusion of satisfactory service, as certified by the Medical Qualifying Board, under this paragraph, the provisionally registered person shall be entitled to a certificate issued by the Council in the prescribed form as evidence thereof.”

The Medical Qualifying Board consist of the Director General of Health as the Chairman with equal number of representatives from each of the Faculties of Medicine of the Universities established under the University College Act 1971 to be determined and appointed by Minister of Health.

The Board Members throughout 2011-2012 are as follows:

Name	Representing
Tan Sri Dato' Seri Dr. Hj. Mohamed Ismail Merican (till 04.03.2011) Dato' Sri Dr. Hasan bin Abdul Rahman (w.e.f. 11.03.2011)	Ministry of Health
Prof. Dr. Wan Azman bin Wan Ahmad	Universiti Malaya
Prof. Dr. Shaiful Bahari Ismail	Universiti Sains Malaysia
Prof. Dr. Abdullah Sani bin Mohamad	Universiti Kebangsaan Malaysia
Prof. Dr. Zainal Ariffin Mustapha	Universiti Malaysia Sabah
Prof. Madya Dr. Mohd Shahrir bin Mohamed Said	Universiti Sains Islam Malaysia
Prof. Dato' Dr. Ahmad Zubaidi bin Abdul Latif	Universiti Sultan Zainal Abidin
Mej. Jen. Prof. Dato' Dr. Mohd. Zin bin Bidin	Universiti Pertahanan Nasional Malaysia
Prof. Dr. Henry Rantai Gudum	Universiti Malaysia Sarawak
Prof. Dr Norlijah Othman	Universiti Putra Malaysia

The terms of reference are:

1. To evaluate and approve local hospital as training centres for housemen;
2. To decide standards and criteria of housemen training module in Malaysia;
3. To approve application for full registration upon satisfactory completion of housemanship in Malaysia; and
4. To advise the Director General of Health in matters pertaining to housemen training in Malaysia.

In mid 2012, 6 more hospitals were approved for houseman training making a total of 47 training centres. The newly approved hospitals are:

- a. Hospital Kluang;
- b. Hospital Segamat;
- c. Hospital Keningau;
- d. Hospital Kuala Lipis;
- e. Hospital Bintulu; and

f. Hospital Sarikei.

The minimum duration of housemen training is 20 months in 5 basic but major disciplines for a minimum of 4 months for each posting. A houseman can only be extended in one posting for a maximum of only a year. Hence, the maximum duration of housemanship training should not exceed 5 years.

The training can be extended due to attitude problem, lack of knowledge, incompetence, insubordination, or other disciplinary problem, mental illness or physical disabilities.

Tabulated below is the numbers of house officer whose training period were extended and the reasons (Table 5.1).

Reason For Extension	2009	2010	2011	2012
Poor Work Performance	367	356	154	18
Sick leave and exceeded leave entitlement	85	174	138	27
Maternity leave	58	75	69	11
Unpaid leave	9	30	26	8
Others	241	518	721	275
No information	67	54	39	15
Total	827	1,208	1145	354

Table 6.1. : Numbers of house officers whose training period were extended and the reasons from 2009 to 2012

A total of 14 house officers each were terminated in 2010 and 2012 for incompetency and exceeding the allowed the training period.

CHAPTER 7: Professional Conduct and Discipline

The membership of the five Preliminary Investigation Committees (PICs) and their respective legal advisors are as per **Appendix XI**. The legal advisor to the Council is from the M/S Shahrizat Rashid & Lee firm.

A total of 95 and 66 complaints were received in 2011 and 2012 respectively. The status of inquiry into complaints or information by PIC and the Council for the Year 2011 & 2012 are as follows in Table 8.1. and 8.2.

The status of cases for the years 2010, 2011 & 2012 at the PIC & MMC levels are shown in Table 7.2.

	2010		2011		2012	
	Completed	Outstanding	Completed	Outstanding	Completed	Outstanding
PIC I	14	41	16	41	34	33
PIC II	19	38	16	38	28	28
PIC III	14	41	11	41	16	40
PIC IV	14	41	20	41	19	36
PIC V	16	41	14	41	13	39
TOTAL (for PIC)	77	202	77	202	110	176
MMC Inquiry	15	0	23	19	27	27

Table 7.1. The Status of Cases at the PIC & MMC Levels for the Years 2010, 2011 & 2012

Outcome *	PIC I		PIC II		PIC III		PIC IV		PIC V		TOTAL	
	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012	2011	2012
News cases forwarded to PIC	18	24	21	13	14	12	22	12	20	5	95	66
Cases summarily dismissed [Reg.28]	-	6	2	5	5	2	3	5	4	5	14	23
Not sufficient grounds to support the allegation [Reg.29 (4)(a)]	6	6	4	13	-	3	4	4	3	1	17	27
Dismissal [Reg.29 (3)]	6	4	2	3	3	6	3	3	6	6	20	22
Not sufficient grounds to support the charge [Reg.29(7)(a)]	1	5	1	5	-	-	2	1	-	-	4	11
Council inquiry held as recommended by the PIC [Reg.29(7)(b)]	2	10	5	1	3	2	5	2	1	1	16	16
Council inquiry held though not recommended by PIC [Reg.29(5)]	1	3	2	1	-	3	3	4	-	-	6	11
TOTAL	34	34	37	28	25	16	42	19	34	13	172	110

Table 7.2. Outcome of Investigation of cases by PICs for the Years 2011 & 2012

Appendix XII illustrates the types of ethical offences and disciplinary punishment meted out by the Council in 2011 and 2012.

The cases which appeal to the High Court for the year 2011 & 2012 are summarised in **Appendix XIII**.

Activity:

Two meetings were held between the Legal Advisors, PIC members, Council members with the President of the Council and stake holders on 6 October 2011 and 9 January 2012 to streamline complaints amongst various enforcement agencies.



CHAPTER 8: Compulsory Service

The compulsory national service was enacted to overcome the shortage of medical officers in the public sector and other critical sectors and to ensure fair distributions of the medical officers throughout the nation as well as to further enhance experience and skills.

Under sections 40 & 41 of the Act, every medical practitioner has to serve a period of up to 3 (THREE) years in the public service upon being accorded full registration. The Director-General of Health determines the placements of all practitioners – within or outside the Ministry of Health Malaysia.

The compulsory service is considered complete if the medical practitioner:

- i. Serves the compulsory service for 3 (THREES) or 2 (TWO) years accordingly;
- ii. Within the public service as determined by the Director-General of Health;
- iii. Done continuously within the specified period; and
- iv. At the discretion of the Director-General of Health

Nevertheless, the Honourable Health Minister has agreed to reduce the duration of the compulsory service from 3 (THREE) years to 2 (TWO) years, effective 01/01/2010. This is in conjunction with the implementation of the two-year housemanship training since 2008.

As an incentive to attract more Malaysian specialists abroad to come back and serve the country, the Cabinet has agreed to a consideration or exclusion of the compulsory service for the returning Malaysian specialists and medical officers. According to *Surat Pekeliling Ketua Pengarah Kesihatan Bil. 12/04*, applications will be considered based on their age, expertise and experience.

As of 1 September 2004, the Cabinet agreed to the new revised compulsory service directives as approved by the Honourable Health Minister to grant exemption to returning Malaysians who fulfil these criteria:

- i. Aged 45 years old and above;
- ii. Has expertise in any specialty of needs in Malaysia, as determined by the Committee;
- iii. To serve in public or private universities or military hospitals for a period of 2 (TWO) years.
- iv. Those who completed the training abroad at their own expenses.
- v. Has experience working overseas in clinical areas not less than 10 years.

Application for the exemption of the compulsory service can be made in writing to the Director-General of Health or by using the respective form, accessible at MMC's web page, www.mmc.gov.my

Those who have benefitted from the incentives are as in Table 8.1. below

Type of consideration	2007	2008	2009	2010	2011	2012
a. Postponement	82	55	10	40	20	8
b. Consideration	12	55	20	24	49	55
c. Reduced	12	55	19	44	25	21
d. Exemption	6	55	10	10	63	71
Total	188	220	59	118	157	155

Table 8.1. Number of practitioners benefitting from the Compulsory Service Waiver incentives.

CHAPTER 9: Budget and Expenditure

1. FINANCIAL PERFORMANCE:

For the year ending 2011, the Council revenue collection was RM0.754 million. The majority of revenues was derived from the Annual Practising Certificate, Provisional Registration and Full Registration which compromised 86% (RM0.648 Million) of revenues collected. See Table 8.1.

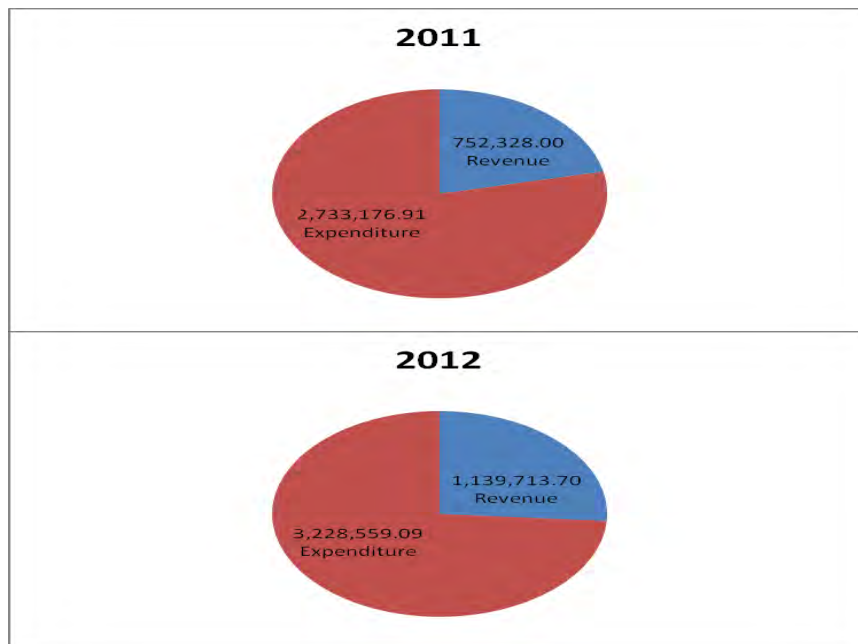
BIL.	DETAIL	2011	2012
1.	Annual Practising Certificate, Provisional Registration, Full Registration from Malaysians	648,585.00	1,010,213.70
2.	Temporary Practising Certificate, Full Registration) from Foreign Citizens	92,932.00	74,500.00
3.	Court Fines/Award	10,811.00	55,000.00
	TOTAL	752,328.00	1,139,713.70

Table 9.1. The Council Revenue for 2011 and 2012

On the other hand, the actual operating expenditure was RM2.7 million. 52% (RM1.44 Million) of operating expenditures was related to staff salaries.

No.	Details	2011	2012
1.	Staff Salaries:		
	a. Permanent	1,314,733.02	1,433,099.82
	b. Temporary Staff	127,933.89	374,096.00
2.	Travelling Expenses	260,000.00	305,013.23
3.	Touch n Go	2,000.00	1,734.00
4.	Overtime Claims	104,710.00	140,263.00
5.	Utilities – Telephones and Faxes	1,500.00	1,497.22
6.	Legal Advisor	400,000.00	392,011.00
7.	Computer Rental	16,800.00	-
8.	Gateway Payment	-	10,000.00
9.	Maintenance	20,000.00	16,806.00
10.	Printing Cost	100,000.00	116,100.00
11.	Interpreter	10,000.00	11,055.52
12.	Meeting Allowance	144,000.00	186,150.00
13.	Photostat	132,000.00	60,000.00
14.	Refreshment	50,000.00	17,463.30
15.	Office Equipment	-	25,000.00
16.	Apc Online System	49,500.00	-
17.	New Office Ceremony		14,750.00
18.	Mover for new office		104,560.00
19.	Access Door System		19,000.00
TOTAL		2,733,176.91	3,228,559.09

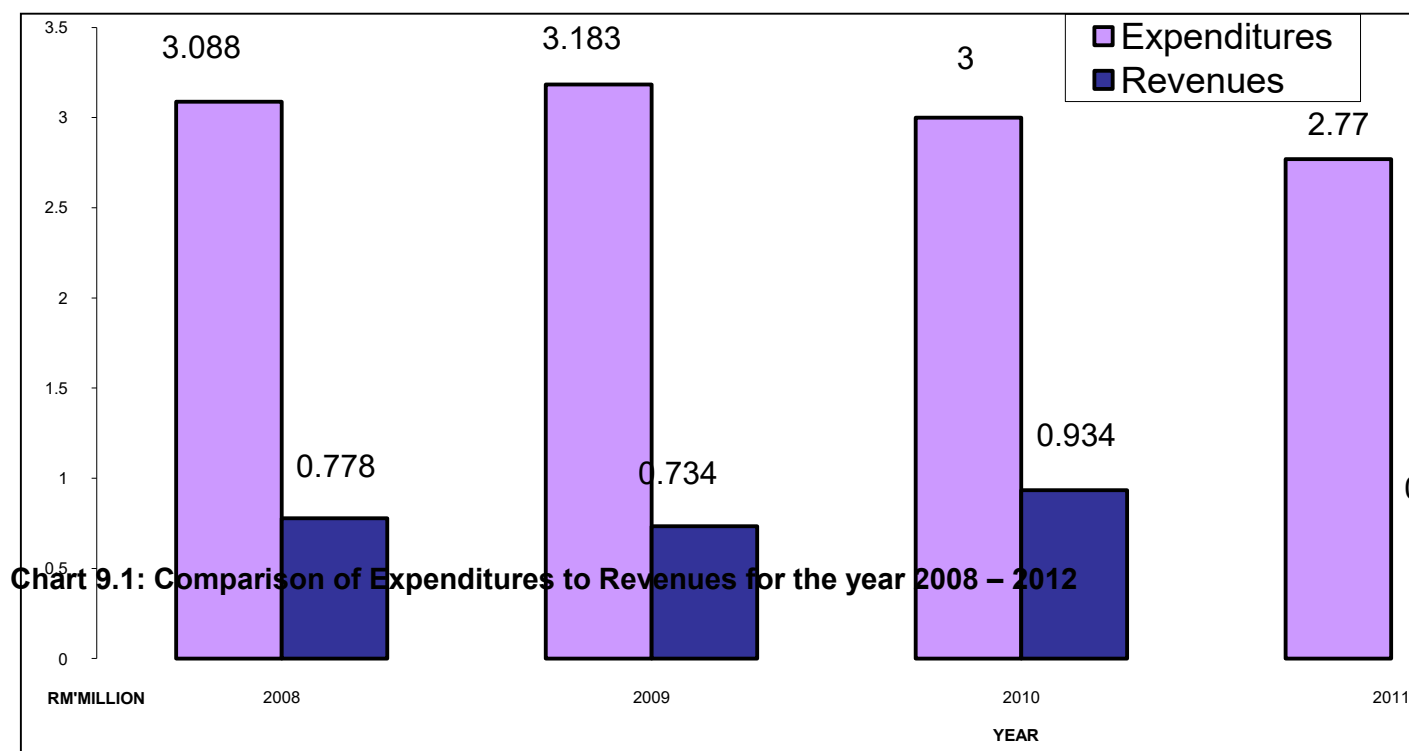
Table 9.2. Statements of Council Operating Expenditures for 2011 and 2012



Graph 9.1: Comparison of Revenus to Expenditures for the Years 2011 and 2012

2. FINANCIAL ANALYSIS FOR THE PERIOD 2008 TO 2011

TYPE	Amount (RM)				
	2008	2009	2010	2011	2012
EXPENDITURES	3,088,369.00	3,183,635.99	3,000,691.10	2,770,816.80	2,934,599.09
REVENUES	778,871.00	734,726.70	934,210.90	752,328.00	1,139,713.70



CHAPTER 10: The Secretariat

The Secretariat is headed by a Secretary who is responsible for the day-to-day administration and operations of the Council. The Secretary of the Council is Dr. Hj. Wan Mazlan bin Hj. Mohamed Woody who was appointed by the President as stipulated under Para 4 of the First Schedule 1 under the Medical Act 1971 .

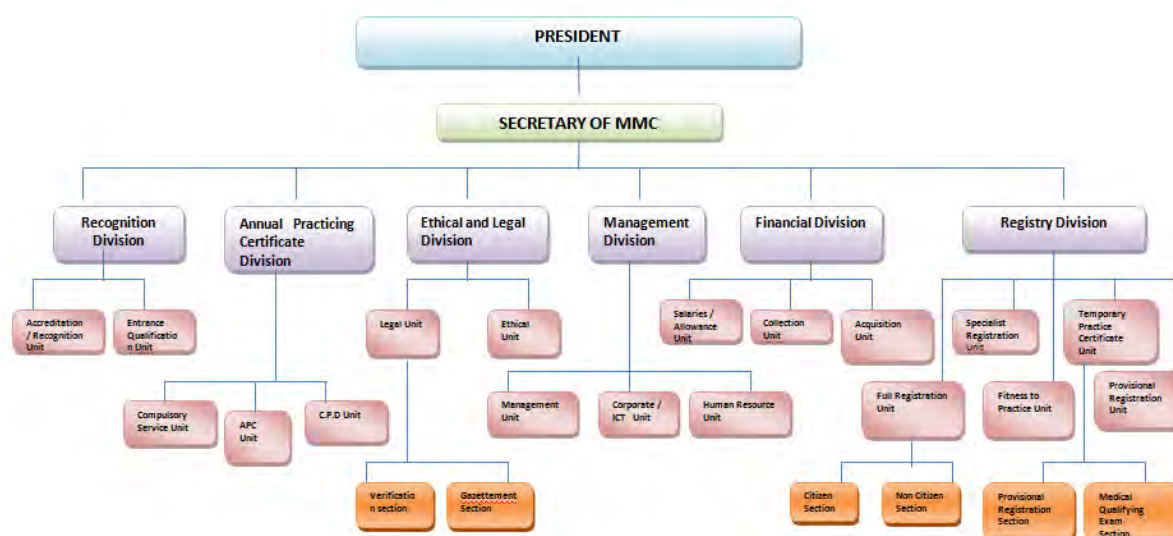
The inhouse legal officer is Mr. Perumal Chinnaya who assists and advises the Secretariat and the Council on its day to day judicial role as well as coordinates the activities of the legal advisors. The Council has engaged the services of 6 firms of legal Advisors, one for each Preliminary Investigation Committee and the Council. The list of the legal advisors are mentioned in the chapter for Ethics and Discipline.

Prior to March 2012, the Main Office of the Council was located at Level 2, Blok E1, Parcel E, Precint 1, Federal Government Administrative Complex, Putrajaya whilst the branch office which deals with disciplinary matters, was located at 3rd Floor, Blok D, Ministry of Health Complex, Jalan Cenderasari, Kuala Lumpur. Due to increase in staffing, workload and limited workspace, the two sections moved to Block B and C, Ministry of Health Complex, Jalan Cenderasari, Kuala Lumpur.

Amongst the services provided by the Council and executed by the secretariat are :

- Processing applications for registration and annual practicing certificate;
- Issuing certificates of good standing;
- Processing applications for compulsory services waiver;
- Disseminating information about the standards expected of medical professionals in Malaysia;
- Advising public and practitioners on what to do if they have any concerns about treatment;
- Providing information on the list of recognized medical schools;
- Assisting in continuous professional development (CPD) for practitioners;
- Handling of public complaints against practitioners and meeting out punishment against those found guilty.

The organisational chart of the Council secretariat:



The staffing for 2010 to 2012 are as per Table 9.1. below.

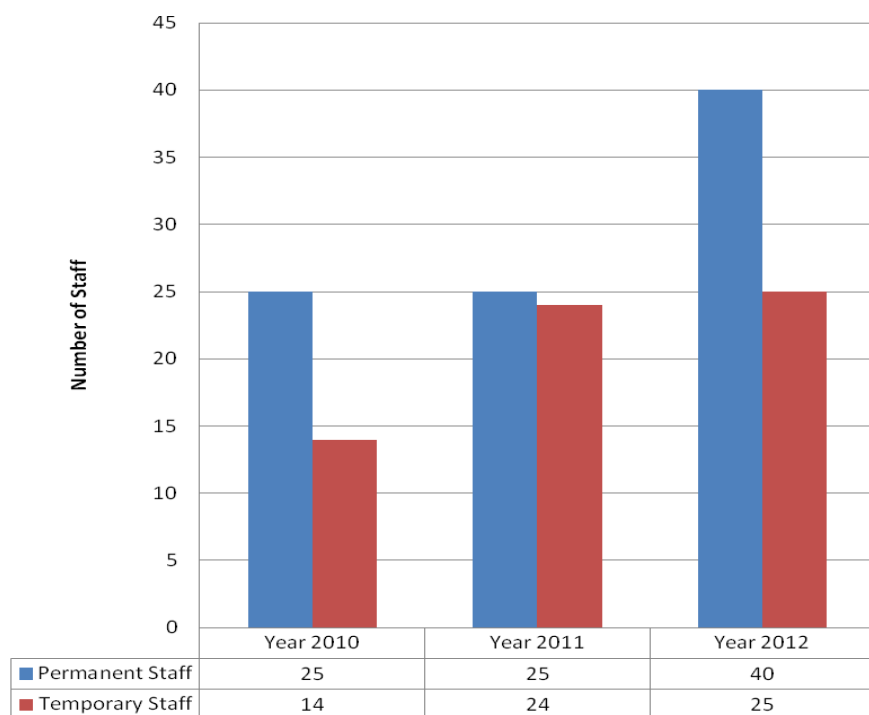


Table 10.1. The secretariat staffing for 2010 to 2012.



Secretariat Officers

Seated from left to right: Dr. Munirah binti Ismail, Dr. Mohamed Hafiz Bin Ab Razak, Dr. Muhammad Yazuran Sallij Muhd Yasin, Dr. Wan Mazlan bin Mohamed Woojdy (Secretary), En. Badrul Halim bin Mohamad, Dr. Mohd Normazlan Bin Husain @ Muhammad, Dr. Fahrurrazi Bin Hamid.

Standing from left to right: Cik Fadhilah binti Mohd Salleh, Cik Syazana binti Ramli, Dr. Lillian Lim Kim Lan, En. Zulkifli Bin Sulaiman, Dr. Cheah Xian-Nian, En. Mohamed bin Mat Zin, Dr. Shireen Sumita Mahalingam, Pn. Afiza Nurul Ain binti Mohd Arshad, Cik Rozaidah binti Sa'id.

APPENDICES

APPENDIX I: THE OUTCOME OF THE INTERVIEW-MEETING FORWARDED TO THE COUNCIL BY THE MEDICAL REVIEW PANEL WITH RECOMMENDATIONS

a. For 2011:

No.	Case	Outcome
1.	Stable Depression with no treatment	Full registration with condition was granted whereby the practitioner will be evaluated after a year from the date of registration.
2.	Panic Disorder with Depression	Full registration with condition was granted whereby the practitioner will be evaluated after a year from the date of registration with performance appraisal every 6 months.
3.	Major Depressive Disorder with no treatment	Full registration with condition was granted whereby the practitioner will be evaluated after a year from the date of registration.
4.	Generalized Anxiety Disorder with treatment	The practitioner is allowed to continue the housemanship training and to be assessed again after completed housemanship training.
5.	Depression not stable with treatment	The practitioner to undergo tagging period for 1 month and to reassess whether the practitioner can continue housemanship or not.
6.	Schizophrenia stable with treatment	The decision to be put on hold as the practitioner needs to hand in his log book for reassessment.
7.	Hepatitis B stable with no treatment	The practitioner is allowed to continue the housemanship training to practice medicine under supervision and practitioner should fulfill the Universal Precaution.
8.	Schizophrenia not stable with comprehensive treatment	The practitioner is not be allowed to continue housemanship training.
9.	Depression stable with treatment	Full Registration was granted without condition.
10.	Depression Stable with treatment and has left Iliac Fosca issues	The practitioner was not be allowed to continue housemanship and need to be referred to a psychologist and also a psychiatrist for assessment.
11.	Bipolar II Disorder stable with no treatment	The practitioner was allowed to continue housemanship training to practice medicine and proceed with transfer application to another hospital.
12.	Schizophrenia stable with treatment	Full Registration without condition was granted
13.	Depression	Full Registration without condition was granted
14.	Depression stable without treatment	Full Registration without condition was granted
15.	Depression with Immature Personality	The practitioner was not given full registration and not allowed to do clinical practice and to be reassessed after 6 months.
16.	Major Depression and not stable with	The practitioner was not allowed to continue the housemanship training. He can appeal with

	treatment	a comprehensive and favorable report from a psychiatrist.
17.	Anxiety Disorder	The practitioner was was allowed to practice without assessment.
18.	Psychological Disturbance	Full Registration without condition was granted
19.	Panic Attacks Palpitations and Tremors	The practitioner was allowed to continue housemanship training and will be assessed after finishing housemanship training.
20.	Hepatitis B Positif Stable with Treatment	The practitioner was allowed to continue his Masters in Women Health Field and will be assesed with the latest medical report.
21.	Depression	The practitioner was allowed to continue practising without condition
22.	No Psychiatric Diagnosis	The practitioner was allowed to continue housemanship training to practice medicine at another hospital and to be assesed after a year with the latest medical report.
23.	No Psychiatric Diagnosis	Full Registration without condition was granted
24.	Major Depression stable with treatment	The practitioner was allowed to continue the housemanship training to practice medicine at another hospital and to be assesed after a year
25.	Depression stable without Treatment	The practitioner was allowed to continue practising without condition
26.	Hepatitis B Positif stable with treatment	The practitioner was allowed to continue the housemanship training. He has to be under close supervision of infectious disease physicians and to be assessed after obtaining latest medical report.
27.	Emotional Disturbance	The practitioner was allowed to continue practising without condition
28.	Mixed Anxiety with Depression stable with treatment	The practitioner was allowed to continue the housemanship training, to continue treatment from his treating psychiatrist and to be assessed after 6 months.
29.	Schizophreniform Disorder stable with treatment	The practitioner was allowed to continue the housemanship training and has to be assessed after a year with the latest medical reports.
30.	Depression	Full Registration without condition was granted
31.	Road Traffic Accident	The practitioner was given full registration without condition
32.	Major Depression and Allergy to Latex Gloves	Full Registration without condition was granted
33.	Eczema and Depression stable with treatment	The practitioner was granted provisional registration and allowed to continue housemanship training and will be assessed after 6 months.
34.	No Psychiatric Diagnosis	Full Registration without condition was granted
35.	Depression	Full Registration without condition was granted
36.	Depression	The practitioner was allowed to continue housemanship training to practice medicine and has to be assessed after one year.
37.	Post Traumatic Stress Disorder	The practitioner was allowed to continue practising without condition
38.	Schizophreniform Disorder	The practitioner was not be given full registration and to refer to the Medical Qualifying

		Board (MQB).
39.	Depression stable with treatment	The practitioner was allowed to continue practising without condition
40.	Major Depression with Anxiety Disorder	The practitioner was allowed to continue practising without condition
41.	Work Related Stress Stable with treatment	The practitioner was allowed to continue practising without condition
42.	Major Depression recurrent Episode	The practitioner was allowed to continue practising without condition
43.	Obsessive-Compulsive Disorder	The practitioner was allowed to continue practising without condition
44.	Major Depression stable with treatment	The practitioner was allowed to continue practising without condition
45.	Chronic Hepatitis B	The practitioner was allowed to continue the housemanship training whilst under follow-up treatment as well as regular blood testing to confirm that he is safe to do clinical works. The Director of Hospital has to inform every Head of Department of each posting regarding the practitioner's current health status. No need for review again.
46.	Major Depression	The practitioner's application for Full Registration was deferred. He will be assessed after 6 months with performance appraisal and latest psychiatric report from another psychiatrist for second opinion.
47.	Panic Disorder with Agoraphobia	The practitioner was allowed to continue the housemanship training and to be assessed after 6 months with latest performance appraisal and medical report.
48.	Major Depression Disorder with Anxiety Symptoms	The practitioner was allowed to continue practising without condition
49.	Adjustment Disorder with Depress Mood	The practitioner was allowed to continue practising without condition
50.	Hypersensitive Type of Myoclonus	Full Registration without condition was granted
51.	ICB with Polytrauma: Major Depression with Psychosis	The practitioner was allowed to continue the housemanship training to practice medicine and assessed after 6 month's.
52.	Undifferentiated Schizophrenia	The practitioner was allowed to continue practising and assessed after 6 month's.
53.	Adjustment Disorder with Depress Mood	Full Registration without condition was granted
54.	Major Depression Disorder	The practitioner was allowed to continue practising and assessed after one year.

b. For 2012:

No.	Case	Outcome
1.	Retinitis Pigmentosa and High Myopia	Case need to be brought to the medical board to be more comprehensive
2.	Schizo affective Disorder	Continue housemanship with condition need to be reviewed after 1 year with appraisal letter and psychiatrist medical report
3.	Complex Partial Seizures	Full registration granted
4.	Acute Tranverse Myelitis	Full registration granted
5.	Major Depression	Continue housemanship with condition need to be reviewed after 1 year with appraisal letter and

		psychiatrist medical report. Suggest to transfer to other hospital.
6.	Stroke and Beyond the age of 70 years	Full registration granted
7.	Schizophrenia - Paranoid Type	Full registration granted
8.	Bipolar mood disorder in remission	Full registration granted
9.	Idiopathic Generalized Epilepsy	Continue housemanship and will be reviewed after full registration application sent to MMC.
10.	Borderline Personality Disorder	Continue housemanship with condition need to be reviewed after 1 year with appraisal letter and psychiatrist medical report
11.	Anxiety Disorder with Comorbid Depression	Full registration granted
12.	Major Depressive Disorder	Full registration granted
13.	Schizophrenia	Continue housemanship with condition need to be reviewed after 1 year with appraisal letter and psychiatrist medical report .
14.	Anxiety Disorder	Full registration granted
15.	HIV and Major Depressive Episode	Continue housemanship and referring to HIV and Blood Borne Virus Infections Guidelines and need to be reviewed after 6 months.
16.	Depression	Continue housemanship without review.
17.	Major Depression	Cannot practice and will be reviewed after 3 months. Suggest to be treated under Pakar Psikiatri Dato' Dr. Suarn Singh s/o Jasmit Singh, Consultant Psychiatrist Hosp. Bhgia Ulu Kinta.
18.	Schizophrenia	Cannot practice and will be reviewed after 6 months with latest psychiatric medical report. Suggest to transfer to other hospital.
19.	Depression with Immature Personality	Continue housemanship with condition need to be reviewed after 6 months with appraisal letter and psychiatrist medical report
20.	Major Depressive Disorder	Continue housemanship and will be reviewed after full registration application sent to MMC.
21.	Depression	Full registration granted
22.	Schizophreniform Disorder	Continue housemanship and will be reviewed after full registration application sent to MMC.
23.	Adjustment Disorder with Depressed mood	Full registration granted
24.	Adjustment Disorder with Depressed mood	Full registration granted
25.	Schizophrenia in remission	Continue housemanship and will be reviewed after finished 2nd posting.
26.	Hepatitis B	Continue housemanship and referring to HIV and Blood Borne Virus Infections Guidelines without review and suggest to pursue non-clinical.
27.	Schizophrenia	Full registration granted and will be reviewed if any relapsed.
28.	Schizophrenia	Continue housemanship with condition need to be reviewed after 6 months with appraisal letter and psychiatrist medical report
29.	Major Depression	Full registration granted and will be reviewed if any relapsed.
30.	Schizophrenia	Full registration granted with supervision
31.	Bipolar Affective Disorder	Continue housemanship with condition need to be reviewed after 1 year with appraisal letter and psychiatrist medical report .

32.	Schizophrenia, undifferentiated with good Prognosis	Continue housemanship with condition need to be reviewed after 1 year with appraisal letter and psychiatrist medical report .
33.	Major Depression with Borderline Personality Disorder	Continue housemanship with condition need to be reviewed after 6 months with appraisal letter and psychiatrist medical report .
34.	Major Depression (now fully recovered)	Full registration granted
35.	Adjustment Disorder with Depressed mood	Full registration granted
36.	Adjustment Disorder	Full registration granted and will be reviewed after 6 months
37.	Moderate Depressive illness complicating Grief	Full registration granted
38.	Major Depressive Disorder	Full registration granted and will be reviewed after 6 months
39.	Bipolar Disorder with Co-Morbid Panic Disorder	Continue housemanship with condition need to be reviewed after 6 months with appraisal letter and psychiatrist medical report .
40.	Acute Adjustment Disorder with Anxiety-Depressive mood	Continue housemanship with condition need to be reviewed after 6 months with appraisal letter and psychiatrist medical report .
41.	Mixed Anxiety Depression	Continue housemanship with condition need to be reviewed after 6 months with appraisal letter and psychiatrist medical report .
42.	Major Depressive Mood	Full registration granted
43.	Fracture of the Right 4th Metacarpal	Full registration granted
44.	Retinitis Pigmentosa and High Myopia	Suggest to be brought to the Medical Board or retired or become a lecturer.
45.	Dysthymia with superimposed Major Depressive Disorder with Comorbid Panic Attacks	Can practice and will be reviewed after 6 months
46.	No overt Psychiatric Disorder	Cannot continue housemanship. Suggest to repeat at local medical school in final year and will be reviewed after 1 year.
47.	Obsessive Compulsive Disorder and Depressed Mood	Can practice and will be reviewed after 6 months
48.	Bipolar Affective Disorder	Continue housemanship with condition need to be reviewed after 6 months with appraisal letter and psychiatrist medical report
49.	Adjustment Disorder with Depressed mood	Full registration granted
50.	Adjustment Disorder-mixed Depression and Anxiety	Full registration granted
51.	Bipolar II Disorder	Continue housemanship with condition need to be reviewed after 6 months with appraisal letter and psychiatrist medical report
52.	Right Patella Alta with Subluxation	Continue housemanship with condition need to be reviewed after 6 months with appraisal letter and psychiatrist medical report
53.	No Psychiatric Diagnosis Currently	Full registration granted
54.	Major Depression with Psychotic Features	Continue housemanship with condition need to be reviewed after 6 months with appraisal letter and psychiatrist medical report
55.	Major Depression	Full registration granted

56.	Generalized Anxiety Disorder	Certification of training from Hospital Selayang.
57.	Dysthymic Disorder Double Depression	Full registration granted and will be reviewed after 1 year
58.	Depression with Panic Attacks	Continue housemanship with condition need to be reviewed after 1 year with appraisal letter and psychiatrist medical report
59.	Major Depressive Disorder	Full registration granted
60.	Adjustment Disorder	Full registration granted
61.	Major Depressive Disorder	Full registration granted and will be reviewed after 1 year
62.	Schizophrenia	Continue housemanship and suggest to transfer to other hospital.
63.	Chronic Kidney Disease stage 3-4 with secondary Depression (in remission) with Hypertension and IHD	Full registration granted without review
64.	Major Depressive Disorder	Continue housemanship with condition need to be reviewed after 6 months with appraisal letter and psychiatrist medical report
65.	Panic Disorder with Depression	Full registration granted
66.	Adjustment Disorder	Full registration granted
67.	Adjustment Disorder with Depressed mood	Full registration granted
68.	Mixed Anxiety and Depressive Disorder & Hepatitis B	Will be reviewed after 6 months and continue working at Blood Bank
69.	Major Depressive Disorder	Full registration granted and will be reviewed after 6 months
70.	Major Depression	Full registration granted
71.	Adjustment Disorder / Social Phobia	Continue housemanship and will be reviewed after full registration application sent to MMC.
72.	Generalized Anxiety Disorder, recurrent-currently in remission	Full registration granted
73.	Major Depression	Repeat housemanship and suggest to see Psychiatrist in Hospital Tuanku Jaafar, Seremban
74.	Adjustment Disorder with Depressed mood	Full registration granted
75.	Adjustment Disorder with Depressed mood	Full registration granted
76.	Schizophrenia	Not eligible for Provisional Registration and will be reviewed after 6 months with psychiatric medical report.

APPENDIX II: NUMBER OF MEDICAL GRADUATES PROVISIONALLY REGISTERED UNDER SECTION 13(2) ACCORDING TO INSTITUTIONS AWARDING THE DEGREE, 2011 AND 2012

SOURCES OF PERSON	2011	2012
LOCAL PUBLIC INSTITUTIONS		
Royal College of Medicine Perak (Universiti Malaya)	10	58
Universiti Islam Antarabangsa Malaysia (UIAM)	118	107
Universiti Kebangsaan Malaysia (UKM)	225	251
Universiti Malaya (UM)	194	187
Universiti Malaysia Sabah (UMS)	80	73
Universiti Malaysia Sarawak (UNIMAS)	68	84
Universiti Putra Malaysia (UPM)	126	112
Universiti Sains Malaysia (USM)	180	195
Universiti Teknologi MARA (UITM)	118	155
Universiti Sains Islam Malaysia (USIM)	29	39
TOTAL	1,148	1,261
LOCAL PRIVATE INSTITUTIONS		
AIMST University	113	113
International Medical University (IMU)	122	129
Manipal Academy of Higher Education - Melaka-Manipal Medical College, Malaysia.	22	7
Manipal university - Melaka-Manipal Medical College	214	236
Monash University Sunway Campus, Tan Sri Jeffrey Cheah School of Medicine	20	66
National University of Ireland (Penang Medical College)	93	98
UCSI University	43	40
Cyberjaya University College of Medical Sciences (CUCMS)	145	147
Management & Science University: International Medical School (Bangalore Campus)	59	108
TOTAL	831	944
FOREIGN INSTITUTIONS	1,735	1,827
GRAND TOTAL	3,714	4,032

**APPENDIX III: APPLICATION FOR FULL REGISTRATION AFTER HOUSEMANSHIP
ACCORDING TO APPROVED TRAINING CENTRES FOR 2011 AND 2012:**

No.	Hospitals	2011	2012
1.	Hospital Sg. Buloh	38	31
2.	Hospital Ampang	22	26
3.	Hospital Tengku Ampuan Rahimah	165	17
4.	Hospital Kajang	10	66
5.	Hospital Serdang	19	83
6.	Hospital Selayang	37	76
7.	Hospital Putrajaya	13	42
8.	Hospital Kuala Lumpur	45	150
9.	Pusat Perubatan Universiti Kebangsaan Malaysia	21	142
10.	Pusat Perubatan Universiti Malaya	20	263
11.	Hospital Tengku Ampuan Najihah	17	31
12.	Hospital Tuanku Jaafar	47	132
13.	Hospital Melaka	16	16
14.	Hospital Sultan Ismail	28	12
15.	Hospital Batu Pahat	18	10
16.	Hospital Sultanah Aminah	66	21
17.	Hospital Pakar Sultanah Fatimah	35	15
18.	Hospital Sultan Haji Ahmad Shah	40	17
19.	Hospital Tengku Ampuan Afzan	45	15
20.	Hospital Sultanah Nur Zahirah	56	87
21.	Hospital Kemaman	0	17
22.	Hospital Raja Perempuan Zainab II	42	14
23.	Hospital Kuala Krai	0	0
24.	Hospital Tanah Merah	0	0
25.	Hospital Universiti Sains Malaysia	9	247
26.	Hospital Tuanku Fauziah	1	1
27.	Hospital Sultanah Bahiyah	54	80
28.	Hospital Sultan Abdul Halim	2	56
29.	Hospital Kulim	0	7
30.	Hospital Pulau Pinang	39	20
31.	Hospital Seberang Jaya	33	5
32.	Hospital Teluk Intan	38	31
33.	Hospital Raja Permaisuri Bainun	62	66
34.	Hospital Seri Manjung	36	29
35.	Hospital Taiping	49	29
36.	Hospital Umum Sarawak	49	160
37.	Hospital Miri	12	18
38.	Hospital Sibul	22	1
39.	Hospital Queen Elizabeth	52	27
40.	Hospital Tawau	6	26
41.	Hospital Duchess of Kent	4	23
TOTAL		1,268	2,112

APPENDIX IV: NUMBER OF APPLICATIONS FOR FULL REGISTRATION RECEIVED AND APPROVED ACCORDING TO INSTITUTIONS IN 2010 AND 2012.

Public Sector		2010	2011	2012
1.	Ministry of Health	78	68	68
2.	Universiti Kebangsaan Malaysia	1	6	8
3.	University of Malaya	7	3	2
4.	Universiti Sains Malaysia	16	15	8
5.	Universiti Malaysia Sabah	28	32	33
6.	Universiti Putra Malaysia	3	3	2
7.	Universiti Islam Antarabangsa Malaysia	8	10	8
8.	Universiti Malaysia Sarawak	10	17	16
9.	Universiti Teknologi Mara	17	5	5
10.	Universiti Malaysia Perlis	0	1	2
11.	Hospital Universiti Kebangsaan Malaysia	11	0	0
12.	Pusat Perubatan Universiti Malaysia	21	12	21
13.	Kementerian Kemajuan Luar Bandar dan Wilayah	1	0	0
14.	Universiti Darul Iman	1	0	0

B. Private Sector				
Private Medical Colleges		2010	2011	2012
1.	International Medical University	7	12	11
2.	Melaka-Manipal Medical College	26	19	29
3.	Perak Medical College / RCMP	0	0	3
4.	AIMST University	2	18	8
5.	Penang Medical College	0	1	2
6.	Monash University	1	11	7
7.	UCSI University	15	14	8
8.	Alliance University College of Medical Sciences (AUCMS)	0	1	1

Private Healthcare Facilities		2010	2011	2012
1.	A.M Medical Care & Services Sdn Bhd	1	2	1
2.	Berjaya Tioman Resort	1	0	0
3.	KPJ Healthcare Bhd	1	1	1
4.	Dewan Bandaraya Kuala Lumpur	1	2	0
5.	Gribbles Pathology (M) Sdn. Bhd.	1	2	0
6.	Hospital Lam Wah Ee	0	1	1
7.	Mahkota Medical Centre	1	1	0
8.	Hospital Pantai Mutiara	0	2	0
9.	National Heart Institute	3	7	7
10.	Sime Darby Medical Centre	0	1	0
11.	Regency Medical Centre	1	2	0
12.	Mount Miriam Hospital	0	1	0
13.	Nilai Cancer Institute	0	1	1
14.	Nilai Medical Centre	0	0	0
15.	Normah Specialist Medical Centre	0	1	1
16.	Penang Adventist Hospital	2	0	0
17.	Prince Court Medical Centre/Petronas	0	0	1
18.	Putra Specialist Hospital	0	1	0
19.	Putra Medical Centre	2	1	0
TOTAL		15	26	13

APPENDIX V: NUMBER OF REGISTRATIONS UNDER 14 (3) ACCORDING TO INSTITUTIONS, 2011 AND 2012

INSTITUTIONS/INDIVIDUALS	2011	2012
A. Universities/Colleges		
Pusat Perubatan University Malaya	12	21
AIMST University	18	8
International Medical University	12	11
Melaka Manipal Medical College	19	29
Monash University	11	7
UCSI	14	8
University Islam Antarabangsa	10	8
Universiti Teknologi MARA	5	5
Universiti Kebangsaan Malaysia	6	8
Universiti Malaya	3	2
Universiti Malaysia Sabah	32	33
Universiti Malaysia Perlis	1	2
Universiti Malaysia Sarawak	17	16
Universiti Putra Malaysia	3	2
Universiti Sains Malaysia	15	8
Royal College of Malaysia Perak	0	3
Allianze University College of Medical Sciences	1	1
Penang Medical College	1	2
Ministry of Health	68	68
B. Healthcare Facilities		
AM Medical Care	2	1
Hospital Pantai Mutiara	2	0
Dewan Bandaraya Kuala Lumpur	2	0
Gribbles Pathology (M) Sdn Bhd	2	0
Mount Miriam Hospital	1	0
Hospital Lam Wah Ee	1	1
KPJ Healthcare	1	1
Mahkota Medical Centre	1	0
National Heart Institute	7	7
Prince Court Medical Centre	0	1
Putra Specialist Hospital	1	0
Sime Darby Medical Center	1	0
Nilai Cancer Institute	1	1
Normah Specialist Medical Center	1	1
Putra Medical Center	1	0
Regency Medical Center	2	0
TOTAL	274	255

**APPENDIX VI: NUMBER OF TEMPORARY PRACTICING CERTIFICATES 16(1) ISSUED
ACCORDING TO INSTITUTIONS, 2011 AND 2012**

INSTITUTIONS/INDIVIDUALS	2011	2012
A. Universities/Colleges		
Pusat Perubatan Universiti Malaya	87	74
Pusat Perubatan Universiti Kebangsaan Malaysia	60	31
Hospital Universiti Sains Malaysia	24	36
Melaka-Manipal Medical College	0	1
Monash University	2	1
UCSI University	2	0
University Islam Antarabangsa	2	1
Universiti Putra Malaysia	1	0
B. Healthcare Facilities		
AM Medical Care	0	1
Ampang Puteri Medical Centre	3	2
Hospital Assunta	0	1
Hospital Kuala Lumpur	2	1
Gleneagles Medical Centre	10	15
Hospital Pulau Pinang	10	3
Hospital Serdang	0	1
Damansara Specialist Hospital	2	2
Hospital Queen Elizabeth	1	4
Hospital Sg Buloh	0	1
Kluang Utama Specialist	0	1
National Heart Institute	22	13
Pantai Medical Centre	1	1
Penang Adventist Hospital	10	10
Sri Kota Medical Centre	1	3
Prince Court Medical Centre	8	12
Tun Hussein Onn National Eye Hospital	1	2
HSC Medical Centre	0	3
Loh Guan Lye Hospital	1	1
Tropicana Medical Centre	0	1
Sime Darby Medical Center	0	1
Regency Medical Center	1	0
Klinik Re Plastik Surgery	0	1
Hospital Umum Sarawak	1	2
Hospital Pekan	1	0
Malaysia Paediatric Association	0	1
Hospital Seberang Jaya	0	1
Hospital Putrajaya	0	1
LAFA Medical Centre	0	1
Malaysia Aesthetic Clinic	0	1
TOTAL	253	231

**APPENDIX VII: LIST OF ACCREDITED LOCAL UNDERGRADUATE MEDICAL SCHOOLS
TILL 31 DECEMBER 2012:**

Public Institutions	Year Accredited
Universiti Malaya	1971
Universiti Kebangsaan Malaysia	1979
Universiti Sains Malaysia	1986
Universiti Malaysia Sarawak	2000
Universiti Putra Malaysia	2001
Universiti Islam Antarabangsa Malaysia	2002
Universiti Teknologi MARA	2008
Universiti Malaysia Sabah	2008
Universiti Sains Islam Malaysia	2011

Private Institutions	Year Accredited
Penang Medical College	2001
International Medical University	2002
Melaka-Manipal Medical College	2003
Royal College of Medicine, Perak (University of Sheffield Programme)	2002
Royal College of Medicine, Perak (MBBS Malaya Programme)	2006
AIMST University	2007
Alliance College of Medical (Universitas Sumatera Utara – International Class Programme)	2009
Monash University Sunway Campus	2010
UCSI University	2010
Cyberjaya University College of Medical Sciences	2010 (Till 31 Dec 2011)
Management & Science University - International Medical School, Bangalore	2011
Universiti Kebangsaan Malaysia - Universitas Padjadjaran, Indonesia	2011
UniKL Royal College of Medicine Perak	2012

**APPENDIX VIII: LIST OF APPROVED LOCAL UNDERGRADUATE MEDICAL SCHOOLS
AWAITING ACCREDITATION AS OF 31 DECEMBER 2012**

Institutions	Degree/ Programme	Year Established	Year Expected to be Accredited
Management & Science University, Shah Alam Campus	Own/ Own	2008	2013
Universiti Sultan Zainal Abidin	Own/ Own	2009	2014
Allianze University College of Medical Sciences – Universiti Kebangsaan Malaysia (AUCMS-UKM)	Own/ Own	2009	2014
UniKL Royal College of Medicine Perak – Vinayaka Mission's University, India	Own/ Own	2009	2014
Universiti Sains Malaysia - KLE Belgaum, India	Own/ Own	2009	2014
Allianze University College of Medical Sciences - National University Of Ireland, Galway (NUI)	NUI/ NUI	2009	2014
Allianze University College of Medical Sciences - University College Cork, Ireland (UCC)	UCC/ UCC	2009	2014
Newcastle University Medicine Malaysia	Own/ Own	2009	2014
MAHSA University College	Own/ Own	2009	2014
Taylor's University College	Own/ Own	2010	2015
Melaka-Manipal Medical College Extension Programme	Own/ Own	2010	2015
Universiti Tunku Abdul Rahman	Own/ Own	2010	2015
SEGI University College	Own/ Own	2010	2015
ASIA Metropolitan University (formerly Masterskill University College of Health Sciences)	Own/ Own	2010	2015
Perdana University – Johns Hopkins Graduate School of Medicine (PUGSOM)	Own/ Own	2010	2015
Perdana University – Royal College of Surgeons, Ireland	Own/ Own	2010	2015
Universiti Pertahanan Nasional Malaysia	Own/ Own	2010	2015
Kolej Universiti Insaniah	Own/ Own	2011	2016
Quest International University Perak (QIUP)	Own/ Own	2012	2017
Kolej Universiti Shahputra	Own/ Own	2012	2017

APPENDIX IX: VISITS CONDUCTED TO LOCAL MEDICAL TRAINING INSTITUTIONS AND OUTCOME, 2011 TO 2012:

No.	Training Institution	Degree/ Programme	Visit Date/ Purpose	Outcome
1.	Universiti Kebangsaan Malaysia (UKM)	Own/Own	8-9/12/2011 (Monitoring)	Programme allowed to continue.
2.	UKM – Universitas Padjadjaran, Indonesia	Own/ Own	5-9 Dec 2011 (1 st Accreditation)	1 year accreditation period given commencing 5/12/2011
3.	Universiti Sains Malaysia (USM)	Own/ Own	28/6/2011 (Monitoring)	Programme allowed to continue.
4.	USM - KLE Belgaum, India Offshore Programme	Own/ Own	30/6 – 1/7/2011	Allowed to increase its intake to 70 students per intake
			14/7/2012 (Monitoring)	Allowed to increase its intake to 100 students per intake
5.	Universiti Malaysia Sarawak (UniMAS)	Own/ Own	16-20/5/2011 (Accreditation renewal)	Granted a 3-year accreditation commencing 16/5/2011
			8/8/2012 (Monitoring)	Programme allowed to continue.
6.	Universiti Sains Islam Malaysia (USIM)	Own/ Own	11-14/1/2011 (1 st Accreditation)	Granted a 3-year accreditation commencing 11/1/2011
			26/6/2012 (Monitoring)	Programme allowed to continue.
7.	Universiti Sultan Zainal Abidin (UniSZA)	Own/ Own	23-24 /11/2011 (Monitoring)	Programme allowed to continue.
			9/7/2012 (Monitoring)	
8.	Universiti Pertahanan Nasional Malaysia (UPNM)	Own/ Own	13/7/2011 (Pre-enrollment)	Allowed to receive 1 st cohort intake.
			15/10/2012 (Monitoring)	Pending Joint Technical Committee meeting.
9.	UCSI University	Own/ Own	13-16/8/2011 (Monitoring)	Programme allowed to continue.
			13-16/8/2011 (Survey to increase student intake)	Allowed to increase its intake from 50 to up to 75 students for the 2012 intake ONLY.
10.	Allianze University College of Medical Science (AUCMS) – Universiti Sumatera Utara, Indonesia (USU)	USU/ USU	25-29/7/2011 (Monitoring)	Programme allowed to continue.
			16-19/7/2012 (Monitoring)	Awaiting finalised report from panel.
11.	AUCMS – MD Programme	Own/ Own	25-29/7/2011 (Pre-enrollment)	Allowed to receive 1 st cohort intake.
12.	AUCMS - National University of Ireland, Galway (NUI)	NUI/ NUI	8-13/11/2011 (Pre-enrollment)	Allowed to receive 1 st cohort intake.
13.	AUCMS - University College, Cork	UCC/ UCC	8-13/11/2011 (Pre-enrollment)	Allowed to receive 1 st cohort intake.

No.	Training Institution	Degree/ Programme	Visit Date/ Purpose	Outcome
	Ireland (UCC)			
14.	Cyberjaya University College of Medical Sciences (CUCMS)	Own/ Own	<ul style="list-style-type: none"> 24/5/2011 (Monitoring) 27-30/12/11 (Monitoring) 	<ul style="list-style-type: none"> Accreditation period extended to 31/12/2011. 3 year accreditation period given commencing 27/12/2011
15.	Management & Science University (MSU) – Bangalore Campus (Offshore Programme)	Own/ Own	23-29/4/2011 (1 st Accreditation)	5 year accreditation period given commencing 23/4/2011
			5&21/1/2011 (Monitoring)	Programme allowed to continue.
16.	MSU – Shah Alam Campus	Own/ Own	6-7/1/2011 (Monitoring)	Programme allowed to continue.
17.	Newcastle University Medicine Malaysia (NUMed)	Own/ Own	18/7/2011 (Monitoring)	Programme allowed to continue.
18.	Universiti Tunku Abdul Rahman (UTAR)	Own/ Own	<ul style="list-style-type: none"> 21/2/2011 (Monitoring) 3-4/4/2012 (Monitoring) 	Programme allowed to continue.
19.	Kolej Universiti Insaniah (KUIN)	Own/ Own	13-14/12/2011 (Pre-enrollment)	Allowed to receive 1 st cohort intake.
20.	Perdana University – Johns Hopkins Graduate School of Medicine (PUGSOM)	Own/ Own	28/6 & 7/9/2011 (Pre-enrollment)	Allowed to receive 1 st cohort intake.
			18/5/2012 (Monitoring)	Programme allowed to continue.
21.	Perdana University – Royal College of Surgeons, Ireland	RCSI/ RCSI	28/6 & 7/9/2011 (Pre-enrollment)	Allowed to receive 1 st cohort intake.
			18/5/2012 (Monitoring)	Programme allowed to continue.
22.	Lincoln University College	Own/ Own	13 & 27/5/2011 (Pre-enrollment)	Allowed to receive 1 st cohort intake.
23.	Quest International University Perak (QIUP)	Own/ Own	7-8/1/2012 (Pre-enrollment)	Allowed to receive 1 st cohort intake.
24.	Universiti Malaysia Sabah	Own/ Own	11-13/1/2012 (Monitoring)	
25.	AIMST University	Own/ Own	18/1/2012 (Monitoring)	Programme allowed to continue.
26.	Universiti Teknologi MARA	Own/ Own	30/1/2012 (Monitoring)	Programme allowed to continue.
27.	Universiti Malaya	Own/ Own	18/2/2012 (Monitoring)	Programme allowed to continue.
			16-20/5/2011 (Accreditation renewal)	Awaiting finalised report from panel.
28.	Universiti Putra Malaysia	Own/ Own	27/2/2012 (Monitoring)	Programme allowed to continue.
29.	SEGI University College	Own/ Own	19/4/2012 (Monitoring)	Programme allowed to continue.
30.	Taylor's University	Own/ Own	23/4/2012 &	Programme allowed to continue.

No.	Training Institution	Degree/ Programme	Visit Date/ Purpose	Outcome
	College		24/9/2012 (Monitoring)	
31.	UniKL Royal College of Medicine Perak	Own/ Own	10/6/2012 & 27/7/2012 (1 st Accreditation)	1 year accreditation period given commencing 10/6/2012
32.	Kolej Universiti Shahputra	Own/ Own	11-12&18-20/7/2012 (Pre-enrollment)	Allowed to receive 1 st cohort intake.
33.	ASIA Metropolitan University (formerly Masterskill University College of Health Sciences)	Own/ Own	15/9/2012 & 24/10/2012	Pending Joint Technical Committee meeting.
34.	Universiti Islam Antarabangsa Malaysia	Own/ Own	1-3/10/2012 (Accreditation renewal)	Awaiting finalised report from panel.
35.	Alliance University College of Medical Sciences – Universiti Kebangsaan Malaysia (AUCMS-UKM)	Own/ Own	17-19/12/2012 (Monitoring)	Awaiting finalised report from panel.

APPENDIX X: RESULTS OF EXAMINATION UNDER SECTION 12(1)(AA) ACCORDING TO EXAMINING BODY FOR 2011 AND 2012:

a. Examinations Held Under Medical (Setting of Examination For Provisional Registration) Regulations 1993 (Revoked):

	2011						2012					
	MARCH			OCTOBER			MARCH			DISEMBER		
	UKM	USM	UM	UKM	USM	UM	UKM	USM	UM	UKM	USM	UM
No. of new candidates registered	No examination held.			55	36	18	No examination held.			No examin ation held.	50	No examin -ation held.
Number of repeat candidates				41	9	6					19	
Total number registered												
Number deferring examination						4					-	
Actual number of candidates sat												
Fail (1 st attempt)				16	12	8					20	
Fail (2 nd attempt)				25	8	6					14	
Fail (3 rd attempt)					1	1					5	
Total number of failures												
Passed (1 st attempt)				14	15						11	
Passed (2 nd attempt)												
Passed (3 rd attempt)												
Total number passed				14	15						11	
Percentage Passed				25.45%	41.66%	0%					22%	

b. Examination under *Medical (Setting of Examination For Provisional Registration) Regulations 2012:*

	USM	UCSI	AIMST	UKM	UM
No. of new candidates registered	50	19	26	30	11
Number of repeat candidates	19		11	25	7
Total number registered			37	55	18
Number deferring examination					2
Actual number of candidates sat					
Fail (1 st attempt)	20	5	2	16	9
Fail (2 nd attempt)	14		2	25	6
Fail (3 rd attempt)	5		6		1
Total number of failures			10	41	16
Passed (1 st attempt)	11	14	24	14	
Passed (2 nd attempt)			3		
Passed (3 rd attempt)					
Total number passed	11	14	27	14	-
Percentage Passed	15.94%	73.68%	72.97%	25.45%	0

APPENDIX XI: MEMBERSHIP OF THE FIVE PRELIMINARY INVESTIGATION COMMITTEES (PIC) AND ITS LEGAL ADVISORS:

Preliminary Investigation Committee I:

Chairman: Dato' Dr Mahmud bin Mohd. Nor
Members: Dato' Dr. Ismail Bin Saad
Dato' Dr. T. Selvapragasam
Brig. Gen. (B) Dato' Dr. Samsudin bin Hussain
Dato' Mahathevan Rajadurai (member till April 2012)
Dr. Ng Chuan Wai
Dr. Krishnamurthy Thuraiappah
Legal Advisor: M/S Jasbeer Nur & Lee

Preliminary Investigation Committee II:

Chairman: Datuk Dr. Megat Burhanuddin bin Megat Abdul Rahman
Members: Prof. Dato' Dr. Raja Khuzaiyah binti Raja Abdul Razak
Dato' Dr. Radhakrishnan Menon
Dato' Dr. J.C. Mehta
Dr. A. K. Mukherjee
(The late) Dr. Rahim bin Omar (till June 2012)
Legal Advisor: M/S Ramrais & Partners

Preliminary Investigation Committee III:

Chairman: Dr. Ng Kok Ying – Chairman till Dec 2011
Prof. Madya Dato' Dr. Sirajoon Noor b. S. M Abdul Ghani - w.e.f Jan 2012 to April 2012
Dr. Lim Kuan Joo (w.e.f. June 2012)
Members: Dr. Arlene Francis Fung Ngan
Dr. Tee Lian Kim
Dr. Mohamed Namazie Bin Ibrahim
Dato' Dr. Musa Bin Nordin
Dr. Lim Kuan Joo (w.e.f. May to June 2012)
Legal Advisor: M/S Irmohizam, Gurdev & Co

Preliminary Investigation Committee IV:

Chairman: Prof. Dr. Victor Lim Kok Eow
Members: Prof. Emeritus Datuk Dr. Alexius Ernald Delilkan
Maj. Jen. (R) Dato' Pahlawan Dr. R. Mohanadas
Datuk Dr. P. Krishnan
Prof. Dato' Dr. (Mrs) Kew Siang Tong
Prof. Dr. Kulenthiran Arumugam
Legal Advisor: M/S Jesicca Theiva & Kumari (till 31/12/2011)
M/S Kanesh Sundrum & Co. (w.e.f. 1/1/2012)

Preliminary Investigation Committee V:

Chairman: Dato' Dr. Jeyaindran s/o Tan Sri Sinnadurai
Members: Prof. Dr. Saimy @ Saman Ismail
Prof. Dr. Abdul Latiff B. Mohamed
Dr. MMS Krishnan
Dr. P. Vythilingam
Dr. Kumar Iswaran Kulatratanam
Prof. Dr. Atiya Ab Salam
Legal Advisor: M/S Guna & Associates

APPENDIX XII: TYPES OF ETHICAL OFFENCES AND DISCIPLINARY PUNISHMENT METED OUT IN 2011 AND 2012

No.	Types of Ethical Offence	Disciplinary Punishment	Status
1.	<p>The practitioner had neglected and disregarded his professional responsibilities:</p> <ul style="list-style-type: none"> i. By failing to provide a conscientious assessment of the history, symptoms and signs of the Infant's condition when attending to him at the Hospital on 4.2.2007 in that no examination was conducted thoroughly or at all. ii. By failing to sufficiently provide thorough professional attention, examination and diagnostic investigation when attending to the Infant at the Hospital on 4.2.2007 when you failed to physically examine the Infant and relied solely on the history of Dr Louis' previous diagnosis and treatment. iii. By failing to provide competent and considerate professional management when attending to the Infant at the Hospital on 4.2.2007 in that you have failed to consider that the Infant had exhibited symptoms of pneumonia. iv. By failing to provide the appropriate and prompt action upon evidence suggesting the existence of a condition requiring urgent medical intervention in that you overlooked the fact that the Infant had difficulties in breathing, limp in body and was crying incessantly and in obvious distress. 	Reprimand	Undergoing the punishment
2.	<p>The practitioner had neglected and disregarded his professional responsibilities:</p> <ul style="list-style-type: none"> i. By failing to provide thorough professional attention to the histopathology report, and had thereby caused delay in treatment of a serious breast cancer and anguish to the complainant, ii. By failing to provide a good standard of medical care to your patient contrary to Section 1.1(c) of the Code of Professional Conduct so as to raise a question of infamous conduct in a professional respect 	Reprimand	Undergoing the punishment
3.	<p>The practitioner had neglected and disregarded his professional responsibilities by failing to conduct a professional assessment of the complainant and by the non-conscientious assessment of the history, symptoms and signs of the patient's (the complainant) condition before beginning the therapy sessions for laser treatment, contrary to Section 1.1(a) of the Code of Professional Conduct as adopted by the Malaysian Medical Council</p>	Reprimand	Undergoing the punishment
4.	<p>The practitioner had neglected and disregarded his professional responsibilities:</p> <ul style="list-style-type: none"> i. By failing to provide and maintain a good standard of medical care for the patient as required under Part 1.1(b) and (c) of the Code of Professional Conduct by failing to conduct a sufficiently thorough professional examination of the deceased taking into account her age and high blood pressure to ascertain whether her condition truly warranted an immediate gastro scope examination. ii. By failing to provide and maintain a good standard of medical care for the patient as required under Part 1.1 (b) and (c) of the Code of Professional Conduct by failing to provide a competent and considerate 	Reprimand	<p>The practitioner appealed to the High Court.</p> <p>Pending outcome</p>

	<p>professional management of the deceased by neglecting to give a proper explanation of possible complications and/or risks that may arise from a gastro scope examination.</p> <p>iii. By failing to provide and maintain a good standard of medical care for the patient as required under part 1.1(b) and (c) of the Code of Professional Conduct by failing to ensure that proper consent was obtained from the deceased and/or her family members present before conducting the gastro scope examination.</p> <p>iv. By failing to provide and maintain a good standard of medical care for patient as required under part 1,1(b) and (c) of the Code of Professional Conduct by disregarding your professional responsibility by not giving proper advise to the family members of the deceased on the need to conduct a post-mortem or alternatively by not obtaining any proper documentation or written confirmation that the family members did not want a post-mortem.</p>		
5.	The practitioner had neglected and disregarded professional responsibilities by failing to conduct a proper examination and preparing an honest report as a government pathologist or forensic pathologist entrusted with performing an autopsy on the body of the deceased who died while in custody, as required under item No. 4 of the Guidelines of the Malaysian Medical Council entitled 'Ethical Implications of Doctors in Conflict Situations'.	Reprimand	The practitioner appealed to the High Court against the decision. However the Honorable Judge dismissed the appeal with RM10,000 cost.
6.	<p>The practitioner had neglected and disregarded his professional responsibilities:</p> <p>i. By using a device, namely, "Sunathrone", that was not approved by the Ministry of Health in the mass circumcision program and only for further research,</p> <p>ii. By failing to provide sufficient information to the patient's parent on the procedure to be used in carrying out the circumcision by using the device and thereby endangered the life of the patient.</p> <p>iii. By failing to give adequate time for the patient's parent to study and sign the lengthy consent form to utilize the device for the mass circumcision</p>	Six (6) months suspension and suspend the suspension for one (1) year.	Punishment completed
7.	<p>The practitioner had abused professional privilege and skill, contrary to Part 2.1 of the Code of Professional Conduct by the following acts:</p> <p>i. Purchasing, storing with the purpose of prescribing and supplying psychotropic drugs of dependence and/or dangerous drugs and poisons otherwise than in the course of bona fide treatment, with a view to gratify or sustain the addiction of persons, all of which are in contravention of part 2.1.1 of the Code of Professional Conduct, as adopted by the Malaysian Medical Council.</p> <p>ii. By storing, supplying and offering for sale such drugs in possible contravention of the provisions of the</p>	Deregister	Undergoing the punishment

	Dangerous Drugs Ordinance and Regulations, you have acted contrary to part 2.1.2 of the Code of Professional Conduct, as adopted by the Malaysian Medical Council.		
8.	The practitioner had abused your professional privileges and skills by allowing and/or leaving your unqualified assistants in charge to sell scheduled poisons or preparations containing scheduled poisons to the public, and by virtue thereof, your practice is deemed professionally discreditable and fraught with danger to the public pursuant to part 2.1.3 of the Code of Professional Conduct.	Suspend the practitioner for six (6) months.	Undergoing the punishment
9.	The practitioner had neglected and disregarded his professional responsibilities: i. signed false medical reports pertaining to injuries said to have been sustained by the persons, without at any time having attended to such persons. ii. issued false receipts and medical certificates for persons you had never attended to. iii. falsely represented to the Complainant that such persons had sought treatment at your clinic, when the same was not true.	Suspension of two (2) years and suspend the suspension for two (2) years.	Undergoing the punishment
10.	The practitioner had abused the professional privileges and skills and conducted himself in a manner derogatory to the reputation of the medical profession and violated the Code of Professional Conduct as adopted by the Malaysian Medical Council	Suspend the practitioner for twelve (12) months.	The practitioner appealed to the High Court on 9/06/2011 and on 20/6/2012 the Court allowed the appeal with RM5000 cost.
11.	The practitioner had neglected and disregarded professional responsibilities i. had caused untrue information to be provided in the Advertisement Boards and Articles by stating that you are a specialist in obesity research when you do not have such qualification. ii. had procured, sanctioned and/or acquiesced to the publication of the Articles that commented on or directed attention to your professional skills, capabilities, knowledge, services and qualification. iii. had by such Advertisement Boards and Articles drawn public attention to your capability and skills, which are acts tantamount to disseminating information in an unethical manner. iv. had self-advertised yourself in the Articles and Advertisement Boards, contrary to the Code of Professional Conduct against advertising and canvassing, directly and/or indirectly for the purpose of obtaining patients or promoting your own professional advantage. v. had by the Advertisement Boards and Articles advertised the value of the Herbal Medicine in the treatment of obesity and in the lightening of skin, which is of unproven efficacy and of an undisclosed nature or composition. vi. had by the Advertisement Boards and Articles associated yourself with the distribution and sale of the	Suspend for two (2) years	Undergoing the punishment

	Herbal Medicine, which was a commercial undertaking in which you had a pecuniary interest.		
12.	The practitioner had neglected and disregarded professional responsibilities: By failing to provide sufficiently thorough professional attention and competent and considerate professional management when permitted a nurse to administer intravenous pethidine and metoclopramide to Madam Yap Mei Yee at approximately 5.30 pm on 16th March 2010, and had failed at any time, to explain to Madam Yap Mei Yee the effects, adverse or otherwise, of pethidine and metoclopramide.	Reprimand	Undergoing the punishment
13.	The practitioner had neglected and disregarded professional responsibilities By failing to exercise a conscientious assessment of the history of the Complainant's condition, failed to provide sufficiently thorough professional attention, examination and diagnostic investigation and failed to provide competent and considerate professional management when you prescribed Methotrexate to the Complainant without explaining to the Complainant the possible side effects of the drug, despite having known that he is a diabetic with end stage renal failure and is undergoing hemodialysis.	Reprimand	Undergoing the punishment
14.	The practitioner had neglected or disregarded professional responsibilities by employing a person not qualified nor registered under the Medical Act and permitting such person to attend, treat patients which is in its nature is dangerous to the public contrary to Section 1.1.4 of the Code of Professional Conduct	Reprimand	Undergoing the punishment
15.	The practitioner had neglected and disregarded professional responsibilities in that : i. On the evening of 07.03.2010, you permitted a nurse employed in Y.F. Chew Klinik Sdn Bhd to sign and/or endorse a Medical Certificate No. A 17008 dated 07.03.2010 issued to Mr. Fong Fook Chuen, on your behalf; ii. On the evening of 07.03.2010, you permitted Dr. Lim Shin Boon, who was provisionally registered at the time and employed as a locum in Y.F. Chew Klinik Sdn Bhd, to issue a Medical Certificate No. A 17008 dated 07.03.2010 to Mr. Fong Fook Chuen, in your name.	Reprimand	Undergoing the punishment
16.	The practitioner had abused professional privileges and skills: i. by allowing and/or leaving your unqualified assistants in charge to sell scheduled poisons or preparations containing scheduled poisons to the public, and by virtue thereof, your practice is deemed professionally discreditable and fraught with danger to the public pursuant to part 2.1.3 of the Code of Professional Conduct. ii. Further, by purchasing, supplying and/or offering for sale such scheduled poisons without maintaining proper prescription records of the same, in contravention of the provisions of the Poisons Act 1952 and Poisons (Psychotropic Substances) Regulation 1989, you were convicted in the Malaysian Session Court with offences punishable with imprisonment or in lieu a fine, and subject to disciplinary jurisdiction under Section 29(2)(a) of the Medical Act 1971 and Regulation 27(a) of the Medical Regulations 1974	Suspend for six (6) months.	Punishment completed
17.	The practitioner had neglected and disregarded your professional responsibilities in that :	Suspend for two (2)	The practitioner appeal to the

	<ul style="list-style-type: none"> i. failed to obtain sufficient medical history from the patient prior to the surgical procedure; ii. failed to conduct adequate pre-operative assessment of the deceased who was a high risk patient; iii. taken appropriate consent specific to the procedure and conducting the surgical procedure without appropriate facilities to provide general anesthesia when required, and emergency endotracheal intubation, and other facilities, to resuscitate the patient when he had cardiac arrest during the procedure. 	months.	<p>High Court on 17/10/2012</p> <p>Pending outcome</p>
18.	The practitioner had abused professional privileges and skills pursuant to Section 2.1.4 of the Code of Professional Conduct by giving reports which were untrue, misleading and improper and by not exercising the most scrupulous care in issuing such documents.	Reprimand	Undergoing the punishment

APPENDIX XIII: CASES OF APPEAL IN HIGH COURT FOR THE YEAR 2011 & 2012

NO.	COMPLAINT	CHARGE	PUNISHMENT
1	DR. K VIJAYA BHASKARAN Overlooked the contents of the pathology report	<u>CHARGE:</u> That you, Dr. K. Vijaya Bhaskaran, in relation to your interpretation of the pathology report dated 20/4/2007 you had failed to provide thorough professional attention to the histopathology report, and had thereby caused delay in treatment of a serious breast cancer and causing anguish to the complainant, and therefore had failed to provide a good standard of medical care to your patient contrary to Section 1.1(c) of the Code of Professional Conduct so as to raise a question of infamous conduct in a professional respect.	Date: 07/02/2011 REPRIMANDED 24/01/2011 - Appealed to the High Court 15/05/2011 – The Appellant withdrew the appeal
2	DR. THANALINGAM S/O KASIPILLAY Issued a sick certificate without due care to an accident patient, when the patient was still performing his usual duty and no such accident happened	<u>CHARGE:</u> That you, Dr. Thanalingam s/o Kasipillay, had abused your professional privileges and skills and conducted yourself in a manner derogatory to the reputation of the medical profession and violated the Code of Professional Conduct as adopted by the Malaysian Medical Council in that you have breached your professional responsibilities by way of issuing medical certificates No. 1346, 1352 & 1396 for the period 06.05.1998 to 17.08.1998 containing false and/or inaccurate statements as to the condition of Ramesh s/o Ramasamy (NRIC No: 701022-05-5523).	Date: 09/05/2011 1 YEAR SUSPENSION Appealed to the High Court on 09/06/2011. 20/6/2012 –The Honourable Judge allowed the appeal with RM5000 cost.
3	PROF. DR. ABDUL KARIM BIN HAJI TAJUDIN Complainant's son died in police custody and the contents of a post mortem report carried out by the practitioner at Hospital Serdang is different compared to the second report from UMMC.	<u>CHARGE:</u> That you, Prof. Dr. Abdul Karim Bin Hj. Tajudin had neglected and disregarded your professional responsibilities by failing to conduct a proper examination and preparing an honest report as a government pathologist or forensic pathologist entrusted with performing an autopsy on the body of the deceased who died while in custody, as required under item No. 4 of the Guidelines of the Malaysian Medical Council entitled 'Ethical Implications of Doctors in Conflict Situations'.	Date 12/07/2011 REPRIMANDED Appealed to the High Court on 16/08/2011 23/2/2012 – The Court dismissed the appeal with RM10,000 cost.

4	DR. TAI SHZEE HAU The complainant's grandmother has passed away after receiving an ultrasound investigation from the practitioner and the practitioner had explained to the relatives the cause of death without doing any autopsy	<u>CHARGE:</u> That you, Dr. Tai Shzee Hau had neglected and disregarded your professional responsibilities in that you had failed to provide and maintain a good standard of medical care for the patient as required under part 1.1(b) of the Code of Professional Conduct a sufficiently thorough professional examination of the deceased taking into account her age and high blood pressure to ascertain whether her condition truly warranted an immediate gastro scope examination	Date: 10/10/2011 REPRIMANDED Appealed to the High Court on 21/12/2011 Pending outcome
5.	DR. RAJENDRA A/L NADASON Not conducting proper assessment of the complainant's brother prior to surgery resulting in collapsing on the surgical table immediately after administered a sedative/anesthetic to him. He was pronounced dead 15 minutes later	<u>CHARGES:</u> <p>CHARGE 1: That by reason of the above facts, you had neglected and disregarded your professional responsibilities, and violated the Code of Professional Conduct as adopted by the Malaysian Medical Council by having failed to obtain sufficient medical history from the patient prior to the surgical procedure.</p> <p>CHARGE 2: That you had neglected and disregarded your professional responsibilities and violated the Code of Professional Conduct as adopted by the Malaysian medical Council by having failed to conduct adequate pre-operative of deceased who was a high risk patient</p> <p>CHARGE 3: That you had neglected and disregarded your professional responsibilities and violated the Code of Professional Conduct as adopted by the Malaysian medical Council by conducting the medical procedure without appropriate facilities to provide anesthesia and perform the surgical procedure.</p> <p>CHARGE 4: That you had neglected and disregarded your professional responsibilities and violated the Code of Professional Conduct as adopted by the Malaysian medical Council by Conducting the medical procedure without</p>	14/08/2012 2 YEARS SUSPENSION Appealed to the High Court on 17/10/2012