



MALAYSIAN MEDICAL COUNCIL

GUIDELINES FOR INCLUSION OF NEW MEDICAL SPECIALTY AND SUBSPECIALTY IN THE NATIONAL SPECIALIST REGISTER (NSR)

Background

The Medical (Amendment) Act 2012 requires the Malaysian Medical Council (MMC) to establish and maintain a Specialist Register through Medical Education Committee (MEC). Medical practitioners intending to practice as specialists are required to have their names entered in the Specialist Register, the database of specialist medical practitioners in the country. Only medical practitioners on the Specialist Register can practice in the registered specialty. Specialist registration can only be granted in a specialty that has been approved by the Council. The list of Specialties and Subspecialties recognised by Council is displayed on the website of the Specialist Register.

With advances in medical knowledge and technology, specialization and sub-specializations in the practice of medicine is inevitable. Medical practitioners will differentiate into specific areas of expertise and devote their time to more and narrower fields of practice. However, in a hurry to specialise in specific areas of expertise it is important to take into consideration of the needs of the community and the resources of the country. Excessive specialization should not be at the expense of Generalists for this can have a deleterious on the Health Care System of the country. The Medical Council has the responsibility to ensure the quality medical care being provided to the people is of the highest standards. The purpose of this document is to provide guidance to those seeking to apply for recognition of a new specialty/subspecialty.

The purpose of the document:

This document describes the process for dealing with applications for recognition of a new Specialty or Subspecialty to the Specialist Register.

Definition of Specialty and Subspecialty:

The terms 'Specialty' and 'Subspecialty' has caused much confusion to the public and the profession and often used interchangeably.

Specialty in medicine is a branch of medical practice. After completing medical school, medical graduates usually further their medical education in a specific specialty of medicine by completing several years in residency to become a medical specialist.

The Royal College of Physicians and Surgeons of Canada defines Specialty as an area of medicine with a broad-based body of knowledge that is relevant in both community and tertiary settings and is a foundation for additional competencies (such as Subspecialties).

Subspecialty is a narrow field within a Specialty; an area of medicine with a more focused or advanced scope that builds upon the broad-based body of knowledge defined in a parent Specialty.

The Royal College of Physicians and Surgeons of Canada defines Subspecialty as an area of medicine with a more focused or advanced scope that builds upon the broad-based body of knowledge defined in a parent Specialty.

The process for inclusion of a new Specialty or Subspecialty in the Specialist Register

Stage 1: Application for the inclusion of a new Specialty or Subspecialty in the Specialist Register

- i. The application for inclusion of a new Specialty may be made by a medical body/organisation/institution, taking into consideration the needs of the community.
- ii. The application for the recognition of a new Subspecialty must be made by the relevant (parent) Specialty.
- iii. Application for inclusion of a new Specialty or Subspecialty must provide a letter of intent, explaining the reasons for the request as per **Appendix A**.
- iv. Application for recognition of a new Specialty or Subspecialty shall submit the information as per **Appendix B**.

Stage 2: Initial Assessment of the proposal

- i. Application for the proposal for the recognition of a new Specialty or Subspecialty shall be submitted to the MEC for an initial assessment.
- ii. At this stage, MEC shall decide if there may be a case for recognition of a new Specialty or Subspecialty.
- iii. If MEC decides there is a case for the application for the establishment of a new Specialty or Subspecialty, the application shall be submitted for a detailed assessment.
- iv. If the MEC decides there is no case for the recognition of the proposed Specialty or Subspecialty, the applicant will be informed. The applicant may decide not to proceed further or resubmit application with additional information.

Stage 3: Detailed assessment of the proposal

- i. Where MEC decides there may be a case for recognition for new Specialty or Subspecialty, it shall establish a 'task force' specific for Specialty or Subspecialty for detailed assessment. MEC shall determine the composition and terms of reference of the task force.
- ii. The 'task force' shall conduct a detailed assessment of the request. The task force may request for additional information and interview the applicant if warranted.
- iii. If the 'task force' concludes that there is a case for the specialty or subspecialty to be included in the Specialist Register, it will convey the recommendation to MEC.
- iv. The task force may suggest conditions for the inclusion of the new Specialty or Subspecialty.

Stage 4: MEC recommends the application for the inclusion of a new Specialty or Subspecialty in the Specialist Register

- i. MEC shall prepare a detailed report to support the inclusion of the Specialty or Subspecialty for Council's consideration.

Stage 5: Establishment of the new Specialty or Subspecialty Education Subcommittee by MEC**Stage 6: New Specialty or Subspecialty Education Subcommittee to develop specific standards for the programme****Stage 7: MEC to recommend the approval of the new Specialty or Subspecialty training programme to Council****Stage 8: Approval of the new Specialty or Subspecialty training programme by Council**

Appendix A

1. The inclusion of a new medical Specialty or Subspecialty must be based on a substantial advancement in medical science and represent a distinct and well-defined field of medical practice.
2. In the case of a new Specialty, it has distinct medical knowledge, skills and competencies and typically requires 4 to 5 years to acquire them.
3. In the case of a new Subspecialty, it has distinct medical knowledge, skills and competencies and typically requires 3 to 4 years to acquire them in the case a new Subspecialty.
4. The training required of the new Specialty or Subspecialty must be distinctly different from the training required for other medical specialties, and it is not feasible for it to be included in other established training.
5. Clinical services in the Specialty or Subspecialty will play a beneficial role in patient care.
6. There must be adequate infrastructure to sustain the Specialty or Subspecialty, including a professional organization and recognition in other jurisdictions.
7. Inclusion of the Specialty or Subspecialty of medicine will enhance and strengthen the ability to provide effective care and not lead to significant fragmentation of patient care.
8. Creation of new field of Specialty or Subspecialty must not threaten the long-term viability of Specialty practices.

Appendix B

The application for inclusion of new Specialty or Subspecialty shall include the following information:

1. Name of the proposed Specialty or Subspecialty;
2. The scope of practice of the proposed Specialty or Subspecialty;
3. Evidence that proposed Specialty or Subspecialty is a well-defined with distinct set of competencies (knowledge/technical skills);
4. Evidence to support that the proposed field of practice is currently is not being provided by any other Specialty or Subspecialty;
5. Supporting evidence that inclusion of the Specialty or Subspecialty will have a positive impact on the health of the community;
6. Supporting evidence that inclusion of the proposed Specialty or Subspecialty will not adversely affect any other field of Medicine;
7. Provide the specialists number who are currently involved/practicing in the proposed field of practice and the expected increase in the number of specialists in the proposed Specialty or Subspecialty in the next decade;
8. Provide information of the practice of the proposed Specialty or Subspecialty in other countries;
9. Provide information on the resources available for education and training in the proposed Specialty or Subspecialty including names of training providers, trainers, resources available; and
10. Duration of the training and its curriculum.

[Approved by Council on 20th October 2020]