



MALAYSIAN MEDICAL COUNCIL

SPECIALTY-SPECIFIC REQUIREMENTS (SSR)

(INTERNAL MEDICINE)

Prepared By:

Specialty Education Subcommittee (SEC)
of the Medical Education Committee (MEC),
Malaysian Medical Council

Approved by the Malaysian Medical Council:

25TH June 2024

Preface

1. The Specialty-Specific Requirements (SSR) pertain to requirements within each specialty and specify the minimum requirements pertaining to the training curriculum, trainers, educational resources and head of programme.
2. The Specialty-Specific Requirements (SSR) are intricately linked to the MMC Malaysian Standards for Medical Specialist Training 2019, and the Standards and SSR must be read and applied together.

Specialty-Specific Minimum Requirements for Training Curriculum (Based on Area 1.2.4 of Malaysian Standards for Medical Specialist Training) - Internal Medicine	
Specialty-Specific Requirements (Reference Standard)	Criteria
1) Minimum entry requirements for postgraduate training (Standard 3.1.)	1. Fully registered with the Malaysian Medical Council with a current annual practicing certificate 2. Successful entry evaluation into the programme
2) Minimum duration of training programme (Standard 1.2.4 - Table 2)	Completion of a minimum of 48 months of specialized training in a specialty programme
3) Structure of training (rotation/modules) (Standard 1.2.4 - Table 3 & Table 4) Training overview	<p>The programme entails training in general internal medicine and its related subspecialties with progressively escalating levels of responsibility in care delivery. The acquisition of knowledge, and application of clinical and soft skills should culminate in the leadership of clinical teams at the latter stages. Training focuses on developing competencies in practice as a specialist and is assessed accordingly.</p> <p>Internal medicine training entails working under supervision in a hospital environment with sufficient case mix that includes exposure and management of the breadth of medical cases. As training is primarily focused on general internal medicine, work exposure will be of a general</p>

nature whilst experience and exposure within medical subspecialty units is valuable to enhance development in special interest areas.

Workloads must entail the acute assessment and management of unselected emergencies, acute and chronic care including on-call duties, as well as outpatients, daycare and hospital consultations (referrals).

Recognized fields are listed in the table below:

Training rotation
and case mix

Field	Details	Time
General Internal Medicine		Minimum 48 months
	Postings in medical subspecialty units listed below will also be counted towards training time A minimum of 2 subspecialty rotations is required with a maximum of 6 months only in any subspecialty rotation will be counted towards the total 48 months of training. General Medicine postings will be counted in their entirety.	
	Cardiology	
	Clinical Haematology	
	Dermatology	
	Endocrinology	
	Gastroenterology/Hepatology	
	Geriatrics	
	Infectious diseases	
	Nephrology	
	Neurology	
	Palliative Medicine	
	Respiratory Medicine	

	<table border="1" data-bbox="515 91 1457 165"> <tr> <td data-bbox="515 91 710 165"></td> <td data-bbox="710 91 1260 165">Rheumatology</td> <td data-bbox="1260 91 1457 165"></td> </tr> </table> <p data-bbox="515 237 1066 271">*Duration of training per year is 48 weeks</p> <p data-bbox="515 383 1414 591">It is incumbent on trainees and training providers to ensure that learning opportunities across the breadth of Internal Medicine cases are met, and this must be accounted for with evidence in training portfolios, logbooks, assessments and supervisor reports in the disciplines stated above.</p>		Rheumatology	
	Rheumatology			
<p data-bbox="178 645 408 869">4) Assessments (Standard 2.2.1)</p>	<p data-bbox="515 633 780 667">Assessments should</p> <ul style="list-style-type: none"> <li data-bbox="528 707 1426 947">i. Employ appropriate methods and levels that are well-aligned with learning outcomes. These include a variety of methods and tools such as written assessments, clinical assessments, supervisor’s report, logbook, attendance, training attended, practice diary, research report, communication skills including methods appropriate to assess ethics and professionalism. <li data-bbox="528 981 1374 1055">ii. Include formative and summative assessments throughout each rotation, semester, or year of study. <li data-bbox="528 1088 1362 1122">iii. Include clear criteria for progression to next year of study. <li data-bbox="528 1155 1110 1189">iv. Include an exit evaluation/assessment. 			
<p data-bbox="178 1227 392 1391">5) Additional requirements for completion of training (Standard 1.2.4)</p>	<ul style="list-style-type: none"> <li data-bbox="515 1216 1390 1249">i. Completion of graduate-level research or clinical audit project 			
<p data-bbox="178 1637 408 1883">6) List of competencies to be acquired upon completion of training (Standard 1.1.4)</p>	<p data-bbox="515 1626 938 1659"><u>Specific specialty competencies</u></p> <p data-bbox="515 1760 624 1794">Able to:</p> <p data-bbox="515 1827 683 1861">Clinical Care</p> <ul style="list-style-type: none"> <li data-bbox="560 1906 1353 1939">1. Perform comprehensive and holistic clinical assessments <li data-bbox="560 1973 1410 2047">2. Select appropriate investigations & management in different clinical settings <li data-bbox="560 2080 1437 2154">3. Manage acute care cases and medical emergencies confidently and competently 			

	<ol style="list-style-type: none"> 4. Deliver longitudinal care for long term conditions in partnership with multidisciplinary providers 5. Prescribe pharmacological and non-pharmacological treatments bearing in mind the potential for interactions, cost, and risk/benefits balances 6. Communicate sensitively and effectively with patients, family members and other health service providers (including documentation) 7. Co-ordinate care between the community, secondary and tertiary care including discharge planning and transitions between these settings 8. Execute clinical procedures appropriately, proficiently, and safely 9. Deliver end of life care compassionately and cost effectively <p>Personal and Professional Development</p> <ol style="list-style-type: none"> 10. Be committed to lifelong learning and continuous professional development in delivering evidence based care 11. Engage in training, teaching and supervision of students and trainee doctors of all levels 12. Practice ethically and professionally in compliance with the standards of Good Medical Practice <p>Leadership and Management</p> <ol style="list-style-type: none"> 13. Provide leadership to the clinical team in conjunction with organizational management 14. Demonstrate proficiency in critical appraisal, and planning for quality improvement & research for practice 15. Work in partnership with administration & management to advocate and develop services in accordance with local and national needs 16. Prioritize patient safety in all aspects of care 17. Develop an entrepreneurial mindset for risk management and creative problem solving
--	--

Note : These criteria represent the minimum standards. Each educational programme provider may exercise their autonomy to state criteria above and beyond these minimum standards.

Specialty-Specific Minimum Requirements for Training Centres and Head Programme (Based on Areas 3-6 of Malaysian Standards for Medical Specialist Training) - Internal Medicine						
Item no	Specialty-Specific Requirements (Reference standard)	Criteria				
4	Trainer-to-trainee ratio. (Standard 3.1.3)	1:4				
5	Minimum qualifications and experience of trainers (Standard 4.1.2)	<ul style="list-style-type: none"> i. Registered with National Specialist Register ii. Completed training-of-trainer course/equivalent 				
6	Minimum requirements for educational resource (Standard 5.1.1)	<p>Training centres must collectively provide services, equipment and a case mix as follows:</p> <ul style="list-style-type: none"> i. Physical Facilities <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Physical Facilities</td> </tr> <tr> <td>Library or electronic resource platforms</td> </tr> <tr> <td>Seminar rooms (or virtual platforms) for regular scheduled educational activities (eg journal club, clinical conferences, mortality and morbidity reviews, audit meetings, radiology MDT, etc)</td> </tr> <tr> <td>Internet access</td> </tr> </table>	Physical Facilities	Library or electronic resource platforms	Seminar rooms (or virtual platforms) for regular scheduled educational activities (eg journal club, clinical conferences, mortality and morbidity reviews, audit meetings, radiology MDT, etc)	Internet access
Physical Facilities						
Library or electronic resource platforms						
Seminar rooms (or virtual platforms) for regular scheduled educational activities (eg journal club, clinical conferences, mortality and morbidity reviews, audit meetings, radiology MDT, etc)						
Internet access						

Offices/meeting areas for formal supervision
Designated work and study areas/space
On-call rooms and catering facilities during on-call duties

ii. Services Areas

Services Areas
Medical Department inpatient and outpatient services
Emergency Department,
Radiology Department(including ultrasound services)
Surgery Department
Anaesthesiology & Critical Care Department
Supporting clinical services
Nursing services
Allied health services
Supporting non-clinical services including Laboratory - Pharmacy,
Pathology, Microbiology, Bioclinical chemistry
Haematology
Blood bank (desirable)

Access to tertiary care services for more complex case transfer when needed

iii. Equipment

Equipment
Inpatient beds for Internal medicine patients
Outpatient rooms for consultations
Resuscitation facilities including defibrillators and emergency medications, intubation equipment and ALS medications
Equipment for basic medical diagnostics, procedures and treatments - blood testing, lumbar puncture, paracentesis, chest drains, skin scrapings, external pacing, paracentesis, etc
Computed Tomography (CT)/Magnetic Resonance Imaging (MRI) facilities, endoscopy, stress test, bronchoscopy, echocardiography (on or off site)

iv. Case Load (Case Mix)

An adequate volume and mixture of cases suitable for assessment and management for specialty training in Internal Medicine.

Placements in subspecialties may provide a wider mixture of cases.

		<p>The cases will be reflected in the portfolio/ logbooks of training</p> <p>The case load of the programme training centres must collectively be able to accommodate the minimum requirements.</p> <table border="1" data-bbox="759 586 1375 1102"> <thead> <tr> <th data-bbox="759 586 1066 748">Types of Cases</th> <th data-bbox="1066 586 1375 748">Quantity (patients/trainee/ year)</th> </tr> </thead> <tbody> <tr> <td data-bbox="759 748 1066 909">Acute medical admission/presentations</td> <td data-bbox="1066 748 1375 909">400</td> </tr> <tr> <td data-bbox="759 909 1066 983">Medical inpatients</td> <td data-bbox="1066 909 1375 983">1600</td> </tr> <tr> <td data-bbox="759 983 1066 1102">Outpatient medical cases</td> <td data-bbox="1066 983 1375 1102">400</td> </tr> </tbody> </table> <p>Acute medical admissions/presentations are fresh presentations, directly seen when on-call.</p> <p>Medical inpatients refer to daily inpatient caseloads per trainee excluding referrals.</p> <p>Outpatient cases are new and follow up cases in an outpatient or daycare setting.</p>	Types of Cases	Quantity (patients/trainee/ year)	Acute medical admission/presentations	400	Medical inpatients	1600	Outpatient medical cases	400
Types of Cases	Quantity (patients/trainee/ year)									
Acute medical admission/presentations	400									
Medical inpatients	1600									
Outpatient medical cases	400									
7	<p>Minimum qualifications and experience of Head of Programme</p> <p>(Standard 6.2.2)</p>	<ol style="list-style-type: none"> 1. 5 years of working experience after national specialist registration 2. Experience in administration and/or academic management 								

Note : These criteria represent the minimum standards. Each educational programme provider may exercise their autonomy to state criteria above and beyond these minimum standards.

ACKNOWLEDGEMENT

Authors:

Specialty Education Subcommittee (SSC) Edu Internal Medicine 2022 – 2024

1. Dr. Lam Chee Loong (Chair)
2. Dr. Tengku Saifudin Tengku Ismail
3. Dr. Sia Koon Ket
4. Dr. Zainura binti Che Isa
5. Datuk Seri Dr. Paras Doshi
6. Prof. Dr. Ahmad Izuanuddin Ismail

Specialty Education Subcommittee (SSC) Edu Internal Medicine 2024 – 2026

1. Dr. Lam Chee Loong
2. Prof. Dr. Christopher Lim Thiam Seong
3. Prof. Dr. Mohammed Fauzi Abdul Rani
4. Prof. Madya Dr. Ahmad Marzuki bin Omar
5. Prof. Dr. Fahd Adeeb Bin Mohamed Ashraf

Editors:

Medical Education Committee (MEC)

1. Prof. Datuk Dr. Rohaizat Bin Yon (Chair)
2. Prof. Dato' Dr. Mafauzy bin Mohamed
3. Prof. Dr. Zaleha Abdullah Mahdy
4. Prof. Datin Dr. Yong Rafidah binti Abdul Rahman
5. Prof. Dr. G. R. Letchuman Ramanathan
6. Dato' Dr. Jiffre bin Din
7. Dato' Dr. Jafri Malin bin Abdullah
8. Prof. Dr. Azad Hassan Bin Abdul Razack
9. Prof. Dato' Dr. Yang Faridah binti Abdul Aziz
10. Dr. Sri Wahyu Binti Taher
11. Prof. Dr. Sharifah Sulaiha Binti Syed Aznal
12. Prof. Dr. Shatriah Binti Ismail
13. Prof. Dr. Lee Way Seah
14. Dr. Rafidah Binti Abdullah

Specialty Education Subcommittee (SEC)

1. Prof. Dr. G. R. Letchuman Ramanathan (Chair)
2. Dr. Hirman bin Ismail
3. Prof. Dr. Jamiyah binti Hassan
4. Prof. Dr. Nazimah Idris
5. Dr. Giri Shan
6. Dr. Hanif Hussein
7. Prof. Madya Dr. Bahiyah Abdullah
8. Datuk Seri Dr. Paras Doshi