

## **MALAYSIAN MEDICAL COUNCIL**

# SPECIALTY-SPECIFIC REQUIREMENTS (SSR) (REHABILITATION MEDICINE)

Prepared By:

Specialty Education Subcommittee (SEC)

of the Medical Education Committee (MEC),

Malaysian Medical Council

Approved by the Malaysian Medical Council:

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### 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) -**Rehabilitation Medicine** Specialty-Specific Requirements Criteria (Reference Standard) 1) Minimum entry requirements for 1. Fully registered with the Malaysian Medical Council with a postgraduate current annual practicing certificate 2. Successful entry evaluation into the programme training (Standard 3.1.) 2) Minimum duration Completion of a minimum of 48 months of specialized training in the of training specialty program. programme (Standard 1.2.4 - Table 2) 3) Structure of The program should have a clear pathway encompassing phases of training which shall include general and specialized Rehabilitation training (rotation/modules) Medicine training. (Standard 1.2.4 - Table Areas **Minimum Duration** 3 & Table 4) (weeks) General Rehabilitation / Medical / 26 Training Surgical overview Neurological rehabilitation 84 Musculoskeletal Rehabilitation 30 Cardiac Rehabilitation 12 Paediatric Rehabilitation 20 Training rotation/modules Others 20 and case mix \*Duration of training per year is 48 weeks Assessment should 4) Assessments (Standard 2.2.1) i. Employs appropriate methods at appropriate training levels that are well-aligned with learning outcomes.

5) Additional requirements for	<ul> <li>ii. Include variety of methods including formative and summative assessments throughout each rotation, semester, or year of study, such as CBD, MiniCEX, DOPS, theory examination, and clinical examination.</li> <li>iii. Include methods appropriate to assess communication skills, ethics and professionalism.</li> <li>iv. Include clear criteria for progression to next level of study.</li> <li>v. Include an exit evaluation/assessment.</li> <li>i. Completion of graduate-level research or clinical audit project.</li> </ul>				
completion of training	ii. Submission of at least one scientific conference abstract.				
(Standard 1.2.4)					
6) List of	Generic competencies				
competencies to					
be acquired upon	Able to				
completion of training	<ul> <li>Diagnose, investigate and manage common Rehabilitation Medicine cases whilst considering social, safety and health economics aspects</li> </ul>				
(Standard 1.1.4)	<ul> <li>ii. Anticipate and manage complications</li> <li>iii. Work independently and in teams competently and professionally</li> <li>iv. Practice good ethical conduct</li> <li>v. Practice good communication skills</li> <li>vi. Perform critical review, plan and conduct scientific research</li> <li>vii. Exemplify self-advancement through continuous academic and/or professional development including digital health</li> <li>viii. Apply evidence-based medicine in the field of rehabilitation medicine</li> <li>ix. Demonstrate exemplary leadership qualities in the multidisciplinary team management of rehabilitation medicine cases</li> <li>x. Demonstrate an entrepreneurial mindset, creative problemsolving and resilience</li> </ul>				
	Specialty Specific competencies				
	Upon completion of training, the trainee must be able to perform independently:				
	<ul> <li>Ultrasound for muscle localisation</li> <li>Botulinum Toxin injection</li> <li>Single Channel Water Cystometry or urodynamic study</li> <li>Total Contact Cast or Serial Casting</li> <li>Exercise Stress Test</li> </ul>				

<ul> <li>Impairment and disability management</li> <li>Return to work/school management</li> <li>Orthosis and prosthesis prescription</li> <li>Swallowing management</li> </ul>
<ul> <li>Exercise prescriptions</li> </ul>

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) –

**Rehabilitation Medicine** 

ltem 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)	i.Registered with National Specialist Register ii.Completed Training-of-Trainer course/equivalent		
6	Minimum requirements for educational resource (Standard 5.1.1)	<ul> <li>The diagnostic facilities and equipment requirement o programme training centres must <b>collectively</b> be able accommodate the following minimum requirements:</li> <li>i. Service Area:</li> </ul>		
		Service area	Details	Minimum Quantity
		Inpatient rehabilitation services	<ul> <li>Neuromedical Rehabilitation</li> <li>Acquired Brain Injury Rehabilitation</li> <li>Spinal Cord Injury Rehabilitation</li> <li>Paediatric Rehabilitation</li> <li>Amputee Rehabilitation</li> </ul>	8 beds
		Outpatient rehabilitation clinics	<ul> <li>Neuromedical Rehabilitation</li> <li>Acquired Brain Injury Rehabilitation</li> <li>Spinal Cord Injury Rehabilitation</li> <li>Paediatric Rehabilitation</li> </ul>	4 rooms

	<ul> <li>Amputee</li> <li>rehabilitation</li> <li>Musculoskeletal</li> <li>Rehabilitation</li> <li>Cardiac</li> <li>Rehabilitation</li> </ul>	
Therapy areas for different allied health services	<ul> <li>Physiotherapy</li> <li>Occupational</li> <li>Therapy</li> <li>Speech and</li> <li>Language Pathology</li> </ul>	1 of each

ii. Physical facilities:

Physical facilities		
Internet access		
Access to a resource centre		
Discussion rooms, lecture rooms, and hall		
Students' workspace		
Hospital with Rehabilitation Medicine Specialist		

iii. Clinical equipment:

	Clinical Equipment
Mu	sculoskeletal ultrasound
Urc	odynamic Study (UDS) Machine
Sin	gle Channel Cystometry (SCC)
Exe	ercise Stress Test
Fib (FE	eroptic Endoscopic Swallowing Evaluation ES)
Per	nile Vibration Stimulation
Nei	rve Conduction and Electromyography (EMG)
ma	chine

iv. Caseload:

The caseload for the programme training centres must **collectively** be able to accommodate the following minimum requirement for each trainee:

Areas	Minimum Quantity (cases/trainee/year)		
Outpatients	200		
Inpatients	60		

	v. Casemix:		
	Areas	Details	Minimum Quantity (cases/trainee/year)
	Outpatient	-	25
	Inpatient	Admission under Rehabilitation Medicine or other wards	30
Minimum qualifications and experience of Head of Programme	i. 5 years or more of working experience af national specialist registration ii. Experience in administration and/or acac management		tration
	Minimum qualifications and experience of Head of	Minimum qualifications and experience of Head of Programme ii. Exp mar	Areas       Details         Outpatient       -         Inpatient       Admission under         Rehabilitation       Medicine or         Medicine or       other wards         Minimum qualifications and       i. 5 years or more of wor         experience of Head of       Programme         Programme       ii. Experience in administ

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#### ACKNOWLEDGEMENT

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