



A GUIDEBOOK FOR HOUSE OFFICERS



**MALAYSIAN MEDICAL COUNCIL
MAJLIS PERUBATAN MALAYSIA**

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FOREWORD

The prospect of commencing any new career is always stressful and daunting. This is especially so in medicine where delicate human lives are at stake and the practice has no room for mistake and negligence. To that effect, a period of supervised training known as 'internship', where interns undergo a structured training to enable them to consolidate and extend theoretical clinical knowledge and technical skills, is provided for.

In certain countries, undergraduate medical education ends with internship. However, in Malaysia, pursuant to the Medical Act 1971, internship is only imposed upon after graduation. The two-year internship combines service and training roles. It is formulated in such a way to ensure medical practitioners like you gain appropriate knowledge, skill and experience as well as correct attitude rather than merely employment and provision of services.

Whilst your contributions to patient care as a member of professional team are sought after, you should never regard yourselves as extra pair of hands. Though you undertake responsibility for patient management, it is aimed at providing you with sound knowledge and competency as a basis for professional development. Your active role in caring for your patients will be your greatest source of learning. In the process, it is hoped that the noble training aims not only to produce safe and competent practitioners, but also caring and compassionate professionals.

Inevitably, you will face many new challenges during the internship rotations. Most of these will be exciting and positive. You will be working with people who understand that you are undergoing the learning process. If in doubt, ask them for advice and assistance. It is also always helpful to develop a good working relationship and be courteous and respectful at all times to other members of staff whom you work with. Before you start any rotation you should seek more specific information about your new unit and job especially the manuals and protocols that can help in your rotation.

As an intern, most often you will be in the frontline and your competence, care, courtesy and concern is thus of vital importance. Notwithstanding any circumstances, you are strongly advised to maintain and uphold your professional conduct at all times. To ensure that your practice comply with all legal requirements of our beloved and noble profession, I would like to advise all practitioners not only to be aware of the Medical Act 1971 but more importantly to comply with all its requirements.

Though the internship training was in place even before the Medical Act 1971 came into force, however, no guidebook to provide information pertaining to such training was ever issued. Hence, the publication of this Guidebook, entitled A Guidebook for House Officers is not only timely but more importantly appropriate. This Guidebook was adapted from various sources as listed in the References with suitable adjustments made to suit our needs.

This Guidebook aims to inform fresh graduates like you of what to expect during internship training, the training programmes which you should abide, so as to meet the legal requirements, and eventually what is expected of us as professionals. It is fervently hoped that this Guidebook will allay fears and anxiety whilst undergoing this very important period in your professional career.

As the information contain here in may change, you are advise to regularly check for updates from the Ministry of Health Malaysia and the Malaysian Medical Council.

Finally, on behalf of the Malaysian Medical Council and the Ministry of Health Malaysia, I wish you a purposeful and a rewarding training.

Yours sincerely,



TAN SRI DATUK DR. HS. MOHD ISMAIL MERICAN

Director General of Health,
Ministry of Health Malaysia

Dated : 23 April 2008

1. Interpretation:

In this Guidebook, unless the context otherwise requires:

- 1.1. 'Act' or 'Medical Act' means the Medical Act 1971, unless stated otherwise;
- 1.2. 'Board' means the Medical Qualifying Board established under the Medical Act 1971;
- 1.3. 'Code' means the Code of Professional Conduct of the Malaysian Medical Council and its various ethical guidelines, unless stated otherwise;
- 1.4. 'Committee' means the Committee for the Houseman Training, unless stated otherwise;
- 1.5. 'Council' means the Malaysian Medical Council established under the Medical Act 1971;
- 1.6. 'Director General' means the Director General of Health, Malaysia;
- 1.7. 'Fully registered' means fully registered under the Medical Act 1971;
- 1.8. 'House officer' means a medical practitioner undergoing internship training under the Medical Act 1971;
- 1.9. 'Housemanship' or 'Internship' is the period of resident medical practice before full registration as stipulated under the Medical Act 1971;
- 1.10. 'Registered' means registered under the Medical Act 1971;
- 1.11. 'Provisionally registered' means provisionally registered under the Medical Act 1971;
- 1.12. 'Practitioner' means a medical practitioner;
- 1.13. 'President' means the President of the Malaysian Medical Council;
- 1.14. 'Public services' has the meaning assigned to it in Article 132 of

the Constitution and, in addition, it also means the service of any local authority or the service of any statutory authority exercising powers vested in it by federal or State law, and the expression 'public service' shall be construed accordingly;

- 1.15. 'Qualification' means any diploma, degree, fellowship, membership, license, authority to practise, letters, testimonial, certificate, or other status or document granted by any university, corporation, college, or other body, or by any department of, or persons acting under the authority of, the government of any country or place in or outside Malaysia;
- 1.16. 'Register' means the Medical Register required to be maintained by the Malaysian Medical Council under the Medical Act 1971;
- 1.17. 'Registrar' means the Registrar of Medical Practitioners referred to in the Medical Act 1971;
- 1.18. 'Secretary' means the Secretary of the Malaysian Medical Council appointed under the Medical Act 1971.
- 1.19. 'Training hospitals' means hospitals approved for the purpose of internship training.



2. Introduction:

2.1. The Goals of Internship:

The noble aim of internship training is to provide you with an educationally sound experience that professionalizes new medical graduates not only with appropriate knowledge, skills and experience but above all attitudes.

2.2. The Learning Objectives:

Basically, the internship period should be a time when you:

- consolidate and build on the theoretical knowledge you gained as an undergraduate and learn to apply it in caring for patients;
- develop the technical, clinical, personal, and professional skills that form the basis of medical practice;
- take increasing responsibility for patient care, as your experience and understanding allow;
- start to develop professional judgment in the appropriate care of patients and the use of diagnostic and consultant services;
- work within the ethical and legal framework taught at medical schools;
- contribute to a multidisciplinary health care team;
- explore personal career goals and expectations; and
- encounter and develop strategies to deal with the professional and personal pressures associated with being a medical practitioner.

Underpinning these objectives, the internship-training programme was developed. To a large extent the benefits that you derive from your internship will depend on how you manage and perceive it. There will be many learning opportunities but they may be lost

unless you recognize them and actively engage in them. As such, one of the most powerful, but simple tools to ensure you gain the most from your internship is to be clear about what you want to achieve. It is important to note that the benefits and values you derive from your internship depend much upon you.

You will encounter many opportunities for learning, but relatively few of them will be presented to you formally. The extents to which you learn from your experience significantly depend on:

- how clear you are about what you want and expect to learn
- how assertive you are in seeking your learning by, for example, asking questions,
- asking to be taught procedures, reading and discussing issues with others
- by reflecting on your experience and its implications
- being organised to take advantage of learning opportunities
- your attitude towards learning and being open to feedback.

Though internship emphasizes more on training rather than merely employment, in a busy unit, inevitably, your learning needs may be overlooked from time to time. This is more likely to occur if they have not been explicitly discussed and agreed. In considering your learning objectives for a rotation, think about:

- your strengths and weaknesses, including gaps in your knowledge and skills base. Give priority to addressing your weak areas
- the opportunities within the rotation. These may not be immediately obvious but could derive from the nature of the unit or the hospital and its patients, other staff and their particular interests, and special projects being undertaken
- the opportunities you are likely to encounter in other rotations. Take advantage of opportunities that are unique to each

rotation. Consider how your skills and knowledge will develop over the year

- the medium and long-term goals. Your internship should be a time when you gain as broad an experience as possible. Although you may have a strong preference for your long-term career direction, exposing yourself to other aspects of medical practice can provide insights into patient care that will be valuable in the long term. If you don't have a strong career preference, your early postgraduate years can provide experience to help you choose.

2.3. The Organisational Structure:

- a. The Medical Qualifying Board was established under the Act to advise the Director-General of Health in matters pertaining to houseman training which include *inter alia*:
 - To evaluate and approve hospitals as houseman training centers;
 - To decide on standards and criteria of houseman training module; and
 - To approve application for full registration based on training experience.
- b. To that effect, as an internist or house officer, you shall be under the administrative control of the head of an institution to which you are posted, i.e. the hospital director;
- c. At the hospital level, the Committee for the Houseman Training will oversee your training needs which include *inter alia*:
 - To decide on your placements;
 - To study reports by your supervisors and to determine further training needs;
 - To decide on evaluation mechanisms during training; and

- To recommend your application for full registration to the Council.
- d. At the departmental or discipline level, your respective head of departments shall determine that your learning needs and training progress are met through ongoing informal appraisal and communication and subsequently formal assessment towards the end of each attachment. This process is geared to:
- develop competence alongside confidence
 - develop new skills
 - identify and address weaknesses
 - help with career counselling

2.4. The Structure of the Internship Training:

- a. 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. This is explicitly stated as follows:

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 a hospital or institution in Malaysia which is approved by the said Board for the purpose of such employment; 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.

- b. Pursuant to the Medical Act 1971, the Medical Qualifying Board has determined that:
- The Committee for the Houseman Training has the right to determine your discipline placement and the duration of your extension;
 - You will only be allowed to proceed to the next discipline if your supervisor is satisfied with your knowledge, skills, competency and attitude in that particular discipline;
 - There should not be a gap of more than 4 (FOUR) months between postings. Otherwise you may need to repeat the entire internship training;
 - You are not allowed to move to another training hospital either to complete or repeat similar discipline. Only in exceptional circumstances, you may be allowed to continue internship in a new discipline in another training hospital.
 - The total duration of each discipline should not exceed 12 (TWELVE) months;
 - The total duration of your internship training should not exceed 6 (SIX) years;
 - If you do not satisfactorily complete any or all of the internship training requirements within the stipulated period, your training shall be discontinued and you will not be eligible for full registration;
- c. Whilst under guidance and supervision, the designated supervisors will arrange your access to educational packages in consultation, prescribing skills, personal development, career guidance, project work and occasionally didactic teaching. His subordinates includes medical officers, registrars, senior registrars and specialists in that particular unit who will be assisting him. They will be held responsible for supervising you and should be available for discussion, guidance and

counseling when required. As interns, you should seek their guidance and assistance at all times.

- d. At the hospital level, the House Officer Implementation Committee will monitor your progress.
- e. As an intern, you will undertake four-monthly postings in medicine, paediatrics, surgery, orthopaedic, obstetrics & gynaecology and emergency medicine.
- f. The postings in the six disciplines should provide opportunities for you to participate in:
 - assessment and admission of patients with acute medical problems;
 - management of in-patients with a range of general medical conditions;
 - discharge planning, including preparation of a discharge summary and other components of handover to a general practitioner or a subacute or chronic care facility; and
 - ambulatory care.
- g. Each posting will provide you with abundant experience in managing patients who exhibit the broad general principles of the discipline illnesses. This includes managing cases (simple and common, acute and subacute as well as emergencies) and performing simple procedures under appropriate supervision. You should be supervised when performing procedural skills until you demonstrate proficiency. You will not be expected to manage complex cases without support.
- h. Under the guidance and supervision of peer seniors, you are reasonably expected to have prime responsibility for the episode of patient care during a period of hospital admission. This includes:
 - Taking and/or checking the detailed medical history and examination.

- Ordering and coordinating investigations.
 - Communicating with the referring medical practitioner in writing at least once during the period of admission.
 - Liaison with all members of the health care team to facilitate effective and efficient patient management.
 - Daily review of all patients under your care.
 - Documenting clinical history, physical examination and management plan in the medical record at the time of admission.
 - Maintaining an ongoing record of the patient's progress, investigations and results.
 - Discussing discharge plans with the patient's general practitioner and other healthcare professionals responsible for ongoing care.
 - Writing a summary on discharge.
- i. To achieve proficiency and competency, you are expected to attend ward rounds and regular ward meetings. Daily ward rounds with the registrar and regular grand ward rounds with consulting physician are the norms. In addition, certain disciplines may require you to attend various regular meetings such as diagnostic imaging meetings and unit clinical presentations and review meetings.
- j. During the training, you will be assigned logbooks prescribed by the Board. The logbook will provide vital evidence of varied and balanced clinical activities and educational experiences. The logbook is to contain feedback on your performance and experience pertaining to each discipline. The logbook forms part of the documents required for registration with the Malaysia Medical Council;
- k. The activities carried out should be recorded as and when is necessary in the logbook. The onus is on you to keep the logbook

safely and to submit it to your supervisor for endorsement from time to time and not merely at the end of the posting;

- l. You will be formally evaluated encompassing a viva session at the end of 4 (four) months posting of each discipline. You have the right to be informed of the result of the evaluation;
- m. In addition to the formal evaluation at the end of the first posting, you will also be assessed using the rating system as in **Appendix A**. The result shall be made available to the university that awards your medical degree.
- n. Upon receipt of a satisfactory report on the evaluation, the Committee may allow you to proceed to the next discipline. However, if the report is unsatisfactory, the Committee may consider additional period of supervised training as may deem fit.
- o. At the end of each posting, you should be able to:
 - Take a comprehensive history, elicit relevant clinical findings, and formulate a detailed management plan for your patients.
 - Document the clinical history, physical examination and management plan in the hospital unit record as a detailed, accurate and legible record of the patient's status;
 - Write suitable progress notes identifying changes in principal clinical problems, results of investigations and procedures performed and their interpretation.
 - Develop an appropriate professional rapport with patients, their families, carers and other members of the managing health care team, which will facilitate patient management.
 - Perform (under appropriate supervision) and demonstrate competency in procedures as listed in the logbook. Develop expertise in assessing and managing common potentially life-threatening problems, and be able to communicate

effectively with patients, relatives and multidisciplinary team members.

- Communicate clearly and precisely, with your professional colleagues, the salient features of the clinical history and examination with an appropriate problem list, summary and management plan outline.
- Formulate an appropriate strategy for investigation and be able to interpret results of commonly ordered investigations with reworking of the clinical problem list and management plan, as required.
- Develop a therapeutic plan that shows knowledge of the common therapeutic agents, their clinical uses and dosages, adverse effects and potential drug interactions, when applied to each of your patients.
- Understand the interactive roles of the various healthcare professionals in the management of each patient and play an active role in the multidisciplinary healthcare team.
- Gain access to both relevant and current literature to assist in understanding clinical problems and for formulating the best possible management plans.
- Show due sensitivity to the special needs of an individual patient such as might arise in relation to palliative care, emotional distress, psychosocial disorder, communication difficulties or ethnic beliefs.
- Write a concise discharge summary.
- Design a discharge plan containing goals that are clearly identified and attainable and addressing strategies for maintaining optimal health.
- Conduct a complete admission and be able to follow the patient through their continuum of care until discharge, including preparation of the discharge summary and other

requirements of handover, to a general practitioner, a subacute or chronic care facility.

- Demonstrate safe prescribing of medications.

2.5. The Non-Clinical Skills to be Attained:

Apart from clinical skills, as professionals, the following generic skills are expected to be developed by you throughout the two-year training:

a. Communication Skills:

- Your communication skills are particularly important because of your central role in coordinating patient management. During the term, you will be expected to communicate effectively with patients, their relatives, peers, supervising medical staff, nursing and allied health colleagues, departments where investigations are being conducted, referring doctors, medical records staff and other staff.
- You can expect to be instructed and supported in situations in which you are not familiar or in dealing with a patient with diminished responsibility, such as cognitive impairment or breaking bad news to a patient or requesting an autopsy from relatives.
- At all times you should be kind and courteous to patients and their relatives and families. Any complaint of discourtesy or harassment would be viewed seriously and is liable for disciplinary action. You should keep the patient informed of his condition and answer all his queries.

b. Presentation Skills:

- During your internship you should have the opportunity to practise and improve your presentation skills. You will probably be expected to present patients case histories and clinical details at their bedside during regular ward

rounds concisely, and with due sensitivity to each patient's condition, needs and wishes. You may also be required to present at unit and other meetings as well as to other clinical staff when requesting consultations from or transfer to other units.

c. Ethical Skills:

- During your internship you should have the opportunity to be aware and identify medico-legal problems and avoiding unethical practices;
- Procedures such as consent, prescription writing, death certification, incident reports and other medic legal issues should always be considered before giving advice or carrying out any procedures.



3. STATUTORY REQUIREMENT:

3.1. Registration:

a. General:

As the practice of medicine revolves around delicate human lives, where even minor mistakes are fatal, such practise must not leave any room for slip-ups. Therefore, only individuals possessing the knowledge, skills and experience of that particular art should be allowed to profess. Hence, it is the responsibility of the Council as the custodian of the medical profession in Malaysia to ensure that its registered practitioners practice as expected. Pursuant to the Medical Act 1971, all persons are required to register with the Council before they can practise medicine legally. Hence, **application must be lodged and registration granted before commencement of practice.**

To that effect, there are three categories of registration undertaken by the Council:

- i. Provisional Registration;
- ii. Full Registration; and
- iii. Temporary Registration.

b. Provisional Registration:

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

12. Persons entitled to provisional registration:

- (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...'*

Sections 13(1), 13(2), 13(4) and 13(7) of the Medical Act 1971 state:

13. Experience which a provisionally registered person shall be required to obtain

- (1) Subject to the provisions of this Act and the regulations thereunder, a person who is provisionally registered shall be required to obtain experience as provided in subsection (2) in order to be entitled to apply for full registration under section 14.*
- (2) 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 a hospital or institution in Malaysia which is approved by the said Board for the purpose of such employment; 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.*
- (4) Where, on application in that behalf, a person satisfies the Council that by reason of lasting physical disability he will be or has been prevented from embarking on, or completing, any period of experience of the practice of surgery or obstetrics and gynecology required for the purpose of subsection (2), the Council may, if it thinks fit, direct that the applicant may for those purpose count in lieu thereof experience of the practice of medicine (in addition to what would otherwise be required in his case for those purpose) acquired in the like manner and*

for the like period, or, as the case may be, for so much of that period as will have remained uncompleted.

- (7) *A provisionally registered person shall be deemed to be fully registered under this Act so far as is necessary :*
- (a) *to enable him to enter upon and engage in the employment and service mentioned in subsection (2); and*
 - (b) *for the purpose of any such written law or such other purpose, as the Minister may direct by order published in the Gazette, but not further.*

Thus, pursuant to the Act, the Council grants provisional registration to medical undergraduates to pursue internship legally. As provisionally registered practitioners, you are only allowed to practice as house officers within the training hospitals approved by the Medical Qualifying Board. Please refer to the Council's website for further details with regards to the list of training hospitals.

Based on satisfactory endorsement by respective supervisors and the Committee, the Hospital Director of your training hospital is required to forward details of your rotations to the Council. After being certified by the Board that you have fulfilled the training criteria, you shall be entitled to a full registration certificate issued by the Council.

Generally speaking, if you hold provisional registration, you will be eligible for full registration once you have satisfactorily completed the internship training. Most interns will proceed to full registration at this point on time. Unfortunately, few doctors, however, remain on provisional registration to complete their internship training for various reasons.

The period of supervised training is required to ensure practitioners are able to practise competently within

the Malaysian healthcare system before being granted full registration. However, if you have already possess a registration with a foreign Medical Council, you may apply for a waiver from supervised training in certain disciplines. The decision will be based on a case per case basis.

There is currently no time limit on the period for which provisional registration may be held. However, if you remain on provisional registration (i.e. you do not move to full registration) you will continue to be restricted to only the types of professional practices that provisional registration allows as prescribed under the Act. This is explicitly mentioned in sections 27 and 28 as follows:

27. Medical certificate

No certificate or other document required by any written law to be signed by a duly qualified medical practitioner given after the commencement of this Act shall be valid unless signed by a fully registered medical practitioner.

28. Definition

The words "legally qualified medical practitioner" or "dully qualified medical practitioner" or any words importing a person recognized by law as a medical practitioner or member of the medical profession, when used in any written law with reference to such persons, shall be construed to mean a fully registered medical practitioner.

For information on provisional registration application please refer to the Council's website.

c. Full Registration:

Under specific provisions of the Act, the law demarcates the practice of a practitioner based on his registration. A fully registered practitioner, for instance, need not be subject to direct supervision of a consultant whilst a provisionally registered practitioner is not allowed to endorse medical

certificates or other documents, conduct post-mortem, recover any fee, reward, disbursement or cost incurred, amongst others. Please refer to sections 27 and 28 of the Medical Act 1971.

As a result, it is an offence under the Act for a provisionally registered practitioner to practice or even to falsely represent himself as a fully registered practitioner when he is not yet accorded as such. Not only is he exposing himself to legal as well as ethical entanglements, he may also involve his employer as well as other practitioners in this liability. Hence, it is pertinent for hospital directors to submit application for full registration within ONE month of you completing the housemanship.

Whilst immediate registration is pertinent, as far as the law is concerned, delays do occur. The two most common reasons are late submissions as well as incomplete documentations. To that effect, the Director-General of Health as the ex-officio President of the Council has informed all training hospitals to submit applications of eligible practitioners within a month of finishing such training through a circular entitled 'Surat Pekeliling Ketua Pengarah Kesihatan Bil. 2/2006 : Pendaftaran Pengamal Perubatan Selepas Tamat Menjalani Latihan Siswazah Di Bawah Akta Perubatan 1971' (For further details, please refer to the Ministry of Health's website). Under the said circular, if the delay is due to the employer or his supervisors, appropriate disciplinary action may be taken againsts them. If the fault lies with you, apart from disciplinary action, your compulsory services under the Act will commence on the date your application is received by the Council.

It is noted that, whilst the responsibility for preparing the paperwork lies with the hospital, however, the onus to ensure such task is being executed timely is also partly yours. Hence, to avoid legal and ethical entanglements as well as frustrations, upon finishing houseman training, you are strongly recommended:

- To submit all documents necessary for the hospital to process your applications in due course;
- To ensure all documents are in order before submission;
- To ascertain that the hospital or the houseman training centre has submitted your application to the Council within the one month time frame;
- To practice only according to the status of your registration with the Council at that point in time;
- To ensure the Council has received your application;
- Your application fulfils all the registration requirement;
- To take immediate action on whatever shortcomings as informed by the Council;
- To follow-up when the registration certificate is ready for collection and if it has been posted, whether the address is correct; and
- To notify the Council of any change to your postal address.

Whilst every effort is made by the Council to speed up your application, you are advised to cooperate with the council regarding the above recommendations.

Some practitioners are granted restricted registration as prescribed under section 14(3) of the Act as follows:

14. Persons entitled to full registration

- (3) *Notwithstanding anything to the contrary contained in this Act, any person may fully registered under this section **subject to such restrictions and conditions as may be stipulated by the Minister**, provided that the person seeking registration under this subsection possesses a qualification with respect to which the Minister, after consulting the Council, is satisfied that it is adequate.*

Under the stipulated restrictions and conditions, practitioners registered under this section are only allowed to practice at approved places during the specified period. They are not allowed to apply for a change in both the restrictions and the conditions until the present registrations lapse. Under the Act, the Council has every right to take stern action against any practitioner registered under this provision for not complying with the above-mentioned restrictions and conditions.

Information on full registration is also available from the Council's website.

d. Temporary Registration:

Temporary registration is only applicable to foreign registered practitioners who wish to practice in Malaysia on a short term basis.

Further details are available from the Council's website.

3.2. Compulsory services:

Under section 40 of the Medical Act 1971, every practitioner has to serve a **continuous total period of not less than three years within the public services** upon being given full registration. As defined under Article 132 of the Federal Constitution, this service may be completed in a government healthcare facility namely the Ministry of Health or other government agencies.

Though the public services are generally interpreted as any government agencies, section 41 of the Medical Act, however, empowers the Director-General of Health to determine services "in such public services" as completing the compulsory services. Due to shortage of medical practitioners within the Ministry of Health, the Director-General usually considers only services within the Ministry of Health as fulfilling such legal requirement.

It is an offence under the Act for any practitioner not to complete his compulsory service within the public services as determined by the Director-General. If found guilty, such offence is punishable under section 40(3) where 'the registration of such person under section 14 shall be deemed to be revoked, and the Registrar shall accordingly strike off from the Register the name of such person'.

Those who do not wish to continue their compulsory services within the Ministry of Health are advised to apply directly to the Director General. The application form is available from the Council's website.

Whilst completing your compulsory service, you are only allowed to take leave as stipulated in the Government General Order. However, if you are deemed not to be in service for whatever reasons (eg. taking unpaid leave, leave without permission, etc) during the period, pursuant to the Medical Act 1971, you need to commence your compulsory service again.

3.3. Annual Practising Certificate (APC):

You are eligible to apply for an APC, which is renewable annually, after the 31st December of the year that you are granted with Full Registration. It is your responsibility to ensure that you apply for the practising certificate, if you need to do so.

It is an offence for any registered practitioner to practice without a valid and current APC or practising at a place which is not listed in the APC. Pursuant to the Act, every place of practice must be inserted in the APC. A practitioner shall apply for such insertion within thirty days. However, in order to comply with the General Orders, public officers need to provide proof in writing such act is permitted by their respective authority whenever submitting application.

3.4. Locum Tenens:

Pursuant to the Act, it is not lawful for provisionally registered practitioners to practice as locum or engage in any form of private practice. Interns found guilty of engaging in such practices would be severely disciplined by both the Council as well as the employer.

A fully registered practitioner, however, may do locum provided there are no restrictions imposed such as the General Orders for public servants or practitioners registered under restricted conditions. Practitioners registered under section 14(3) of the Act are not allowed to practice as locums at all times. Those flouting the Act shall be seriously disciplined.

Before involving in locum practise you must ensure you get the consent of your head of department.

3.5. Fitness to Practise:

Under sections 19 and 24 of the Act, the Council has the right to deny or cease registration to any practitioners having mental or physical health problems.

3.6. Changing Your Registration Particulars:

If you have changed any particulars (including your name upon marriage or your passport number, for instance), you must inform the Council in writing. Please check with the Council on relevant documents that needs to be submitted.

It is important for you to ensure that your registered address continues to be reliable and effective throughout your professional life. You should contact us whenever you wish to change your registered address.

3.7. Professional Conduct:

Section 29 of the Medical Act 1971 states that:

29. (1) *The Council shall have disciplinary jurisdiction over all persons registered under this Act.*
- (2) *The Council may exercise disciplinary jurisdiction over any registered person who:*
- (a) *has been convicted in Malaysia or elsewhere of any offence punishable with imprisonment (whether in itself only or in addition to or in lieu of a fine);*
 - (b) ***has been guilty of infamous conduct in any professional respect;***
 - (c) *has obtained registration by fraud or misrepresentation;*
 - (d) *was not at the time of his registration entitled to be registered; or*
 - (e) *has since been removed from the register of medical practitioners maintained in any place outside Malaysia.*

Pursuant to section 29(2)(b), the Council has codified a code of ethics. The Code of Professional Conduct, as it is called, was adopted on December 1986. The Code gives details of misconduct for which practitioners can be disciplined. They are grouped under four headings:

- a. Neglect or disregard of professional responsibilities;
- b. Abuse of professional privileges and skills;
- c. Conduct derogatory to the reputation of the medical profession; and
- d. Advertising, canvassing and related professional offences.

The purpose of this code is to safeguard the public, ensure propriety in professional practice and to prevent abuse of

professional privileges by registered practitioners. Hence, all practitioners are expected to abide by the ethical codes established by the Council. The Code is made available from the Council's website.

In addition, the Council has also adopted two ethical booklets namely 'Good Medical Practice' and 'Confidentiality' in January 2001 compiled together as 'Duties of a Doctor' to supplement and complement the Code. To give further advice and guidance to its registered practitioners, the Council has also endorsed various Ethical Guidelines on specific areas. Practitioners are strongly advised to check with the Council's webpage from time to time.

Every RMP shall practice within the parametres of current available legislation and rules. It is an offence for any registered practitioner to indulge in any practice beyond the statutory and ethical boundaries. Those flouting the law and ethics shall be subject to harsh punishments as stipulated under section 30 of the Medical Act which states:

30. Disciplinary punishments

The Council may, in the exercise of its disciplinary jurisdiction, impose any of the following punishments –

- (i) order name of such registered person to be struck off from the Register; or
- (ii) order the name of such registered person to be suspended from the Register for such period as it may think fit; or
- (iii) order the registered person to be reprimanded; or
- (iv) make any such order as aforesaid but suspend the application thereof, subject to such conditions as the Council may think fit, for a period, or periods in the aggregate, not exceeding two years;

and may, in any case, make such order as the Council thinks fit with regard to the payment of the costs of the Registrar and any complainant or of the registered person, and any costs awarded may be recovered as a civil debt.'

To streamline its disciplinary enquiry procedures, on 11 January 2005, the Council approved a set of Standing Orders.

In 2006, the Council produced and endorsed a series of ethical guidelines. It is mandatory for all registered practitioners to abide by these rulings. All the above documents are available from the Council's website.



4. Other Important Practice Issues:

The following issues complements, and should be read in conjunction with other publications by the Council, namely Code of Professional Conduct, various Ethical Guidelines and 'Duties of A Doctor' (encompassing 'Good Medical Practice' and 'Confidentiality'). Further details are available from the Council's website.

4.1. Work and Conduct:

As medical practitioners, your work and conduct must be exemplary. You should maintain the dignity of the noble profession to which you belong at all times. Heads of Institutions as well as Consultants will closely supervise your work and conduct. Violations of rules in respect of work and conduct as regulated in **Government General Order (Perintah Am Kerajaan)**, neglect of patient care, duties and responsibilities would be viewed seriously and would make you liable to repeat or extend the internship for varying periods depending on the gravity of the offence. It should be noted that repetition or extension of internship would delay your registration.

You should be well informed of the condition of all patients under your care. You must do a complete ward round in the morning **before** the Consultant's ward round, and enter the patients' clinical notes daily. You should ensure that the investigations ordered are carried out or arranged. All acutely ill patients should be given priority and must also be reexamined in the afternoon and night, and more often as required. Your regular attention is necessary in respect of critically ill patients. The condition of seriously ill patient should be regularly monitored and the superiors kept informed. You should not hesitate to summon your superiors at anytime of the day or night, if the necessity arises. You should discuss with your superiors the need to transfer critically ill patient to intensive care unit.

You should promptly attend on a patient when summoned. Under no circumstances should treatment be prescribed over the telephone. Every patient must be seen before prescribing treatment or advising on management.

In certain hospitals, the work in the wards is based on the Unit System. You should work only in the unit to which you are assigned. In exceptional circumstances, you may be requested to work outside the allocated unit by the Hospital Director with the concurrence of the discipline Consultant, and you should comply. There would be a fixed cadre of interns for each unit and the number would depend on the workload in the unit and shall not exceed the number approved by the Medical Qualifying Board.

4.2. Credentialing and Privileging:

You should only assume responsibilities which commensurate with your skills, experience and knowledge. In the same vein, it is emphasized that the Director-General of the Ministry of Health Malaysia has issued a circular where a committee shall determine the scope of practice of an individual practitioner based on his skills, knowledge and experience. Please refer to *Surat Pekeliling Ketua Pengarah Kesihatan Bil. 1/2001 : 'Garis panduan Prosidur-Prosedur Dalam Sistem Credentialing dan Privileging di Kementerian Kesihatan Malaysia'* in our website.

4.3. Insurance and Professional Indemnity:

In performing your professional duties, you should abide by the principles set out in the Council's Code of Professional Conduct. Even so, you may become the subject of a complaint or an allegation of negligence during the course of your professional employment. The protection that comes from employment in the public sector is by no means sufficient to cover all situations. This is especially so if you want to practice as locum once you are fully registered.

There are professional organisations which undertake to protect, support and safeguard the welfare and interests of registered practitioners in Malaysia, and elsewhere. Members will receive advice and assistance on legal, ethical and other problems arising from their practice, including problems that may arise with the Council itself as the result of allegations of failure to abide by the principles set out in Code. Members may also receive indemnity for damages and costs arising from judicial decisions or settlements out of court and in medico-legal cases undertaken on their behalf, notably accusations of professional negligence.

You are hereby advised to obtain information about the benefits of membership from relevant organisation before indulging in one.

4.4. Patient Medical Records:

You should clerk all new admissions to the ward and write detailed clinical histories. The importance of eliciting and recording a relevant clinical history cannot be over emphasized. All patients admitted to the ward should be seen with minimum delay. All admissions that are 'stamped' as urgent by the admitting officer must be seen immediately.

It is important to record on the clinical notes, the date and time a patient is first seen. After the initial clerking, provisional or differential diagnosis should be made based on the symptoms and signs, and entered in the clinical notes. When a call is sent, you should enter on the clinical notes the time the call was sent.

Daily record of the condition of your patient should be entered in detail. When a patient is on a regimen of treatment, the response of the patient should be monitored and reviewed and brought to the notice of the superiors. All results of investigations should be

promptly seen by you, relevant information entered in the clinical notes and attached to it on chronological order. Abbreviations used should only be the standard, commonly accepted ones. All entries in the clinical notes should be neat, legible and written in ink. Every sheet of the clinical notes should bear your name, reference number and the number of the ward. All operations and interventional procedures, transfusions and instructions given by the Consultant should be recorded in the clinical notes.

When investigations are completed and the final diagnosis arrived at, or when the patient is discharged, the final diagnosis should be entered in the admission sheet in block capital letters in the space provided. The diagnosis should be according to the International Classification of Diseases (ICD). You should ensure that clinical notes do not accumulate in the ward due to delay in preparing the discharge summaries.

4.5. Dress:

At all times, especially on duty, you should be neatly dressed in keeping with the dignity of the medical profession. The general dress codes for government officers are in following two circulars:

- a. *Pekeliling Perkhidmatan Bil. 2 Tahun 1985 – Pakaian Masa Bekerja Dan Semasa Menghadiri Upacara-Upacara Rasmi bagi Pegawai-Pegawai; and*
- b. *Surat Pekeliling Perkhidmatan Bilangan 1 Tahun 2006 – Fesyen Pakaian Alternatif Sebagai Pakaian Semasa Bekerja dan Menghadiri Upacara Rasmi;*

As practitioners, you are expected to wear a white overcoat while on duty. The overcoat is detailed out in Surat Pekeliling Ketua Pengarah Kesihatan Bil. 4/1989 : 'Kod Pakaian Untuk Doktor'. (Please refer to the Ministry of Health's website.)

The ID issued by the relevant authority should also be worn while on duty.

4.6. Discharge of patients:

When a patient is discharged from the ward, the patient's condition before discharge and the date and time of discharge should be entered in the clinical notes. On discharge, the patient must be given a Discharge Summary with details of investigations, operations performed (with the findings), the diagnosis (preferably according to the ICD-10 classification) and the treatment given. If a patient is required to attend the clinic for follow-up, this should be entered in the Summary.

All patients leaving the ward should have their clinical notes duly completed on the same day and signed by the intern. Wherever possible adequate notice should be given to the patient regarding discharge, so that arrangements could be made for the patient to go home. If a patient had been transferred from another hospital, and requires further care at that hospital, the patient may be transferred. Adequate information should be given in the transfer form regarding the condition of the patient, diagnosis and further management.

For those patients requesting discharge at their own wish, refer to *Surat Pekeliling Ketua Pengarah Kesihatan Bil. 9/1988 : 'Prosedur Mengenai Pesakit Yang Ingin Keluar Dari Hospital Dengan Kemahuan Sendiri'*. (Please refer to the Ministry of Health's website.)

4.7. Referring and Transfer of Patients:

Referring an inpatient to any personnel outside the unit is not your duty, unless instructed to do so by the Consultant. In 'exceptional' circumstances, you may have to use your discretion in this regard.

When transferring a patient from one institution to another, a proper referral letter should be written stating the reason for transfer in addition to a short clinical history, probable diagnosis,

reports of relevant investigations done and the treatment given. If an operation is likely to be performed, a letter of consent should be obtained prior to transfer.

When transferring children or unconscious patients who may need immediate surgical intervention, consent for operation should be obtained in writing from the parent or guardian. All transfer must be recommended and authorized by the Consultant.

4.8. Legal Documents:

Under section 27 of the Act in force, no certificate or other document required by any written law to be signed by a duly qualified medical practitioner shall be valid unless signed by a fully registered medical practitioner.

Hence, you are not allowed to issue sick leaves for patients. Request for leave by patients should be submitted to your superiors for approval if the patient is fit to avail of such leave. When leave is approved, you should state the period, the date and time of commencement of the leave in the clinical notes.

Similarly, you are not allowed to endorse Births and Death Registration documents or carry out post-mortems. The nurse may summon you to certify death of a patient. Extreme care should be taken before pronouncing death, and the body must be seen and examined. Since certification of death is not your responsibility, you have to inform your superiors to determine the cause of death and to issue the Death Certificate as well as Burial Certificate. When the superior declares the cause of death, the patient's medical records have to be filled and the relatives of the patient to be informed. Without a postmortem examination, defining cause of death is based on your professional judgment.

Medical Records or clinical notes are confidential documents meant for departmental use only. Requests for reports or copies of clinical notes by members of the public should be forwarded to the superiors. You are not allowed to prepare and produce such documents. Please read *Surat Pekeliling Ketua Pengarah Kesihatan Bil. 7/1987 : 'Peraturan-Peraturan Bagi Mengeluarkan Laporan-Laporan Perubatan'*. (Please refer to the Ministry of Health's website.)

4.9. Medico-Legal:

You should carefully record all injuries noted on admission of a patient in the clinical notes, whether they are accidental, self-inflicted or caused by another person. These include burns, near drowning, electrocution, poisoning etc. When there is evidence or a suspicion of an offence being committed, e.g. abortion, rape, child abuse, you should alert your superior. On their instruction, the police should be informed by recording in the clinical notes.

4.10. Prescribing:

Great care should be exercised in prescribing drugs. As far as possible drugs listed in the formulary must be prescribed. Prescription should be by generic name and written legibly to avoid errors. It is important to enter the dose, the number of times the drug needs to be administered during a 24-hour period and the route of administration.

It is advisable for you to inquire from the patient from time to time, as to whether the drugs prescribed have been administered. A drug that is not available in the formulary/hospital but essential for the patient may have to be purchased locally. However, such local purchase of drugs should be kept to a minimum. When a drug needs to be purchased locally, the Consultant's authorization is necessary before the request is sent to the Hospital Director.

You should be aware of the cost of the drugs and avoid excessive use of drugs. The treatment afforded to a patient must be reviewed regularly so as to ascertain the need for continuation of the drugs. Usage of a combination of many drugs or 'polypharmacy' for a single problem must always be avoided.

4.11. Blood Transfusions:

Before transfusing blood or blood products, it is your responsibility to check that not only the blood is screened but of the correct group and compatibility test reports on the pack and the clinical notes tally.

You are strongly advised to read and be familiarized with available protocols and current guidelines on blood transfusion to avoid preventable errors.

4.12. Consent:

As far as human rights are concerned, patients are entitled to:

- an explanation of their condition;
- an explanation of the options available, including an assessment of the expected risks, side effects, benefits, costs of each option and consequences of non-intervention;
- advice of the estimated time within which the services will be provided;
- notification of any proposed participation in teaching or research, including whether the research requires and has received ethical approval;
- any other information required by legal, professional, ethical, and other relevant standards;

- the results of tests;
- the outcomes of procedures; and
- finally and ultimately the right to decision-making.

All information must be conveyed to your patients in a way that they can understand. They must be given the opportunity to consider and discuss the relevant information with you comfortably. You must always ensure that the environment enables your patient to communicate 'openly, honestly, and effectively'. Your patient has the right to refuse services or withdraw consent at any time and also waive the right to discuss details of the treatment. You should always respect such right and write their decisions in the record whilst giving them opportunities to change their minds.

The patient's signature is only an acknowledgement that an interaction has taken place. Where the most junior member of the medical team is expected to obtain the signature, he can be placed in a difficult position that can undermine the relationship with their consultant. Interns have reported feeling 'pressured' on the one hand, wanting to do what is expected, yet on the other, not feeling that they have enough knowledge of the procedure to obtain the consent.

Whilst, the Council believes that obtaining consent is a skill best learned by interns during their training, yet they should not take consent until they are competent to do so. The Council upholds that the responsibility for obtaining consent lies with the practitioner performing the procedure. He is the best person who can ensure that the necessary information is communicated and discussed.

5. SERVICE REQUIREMENT:

It is important to note that this Guidebook emphasises service matters where the Council has jurisdiction as the licensing authority.

Being an employee, you also have to abide by all rules and regulations that form the basis for your employment contract, which include leave, emoluments, etc. You are advised to regularly check with your employer such rules and regulations as prescribed in the Government General Order. Other rules and regulations pertaining to service matters apply and it is incumbent upon all medical practitioners to check from time to time, and this information is made available at the following websites: <http://www.moh.gov.my> and <http://www.mmc.gov.my>

5.1. Leave During Provisional Registration:

As there is no restriction to the number days of leave during the internship training stipulated in the Act, the Council concurs with the period of leave granted by the Ministry of Health which is not more than 10 days for each posting. The rules and regulations pertaining to the leave which has been specified in the Government General Order must be adhered to.

5.2. Leave After Full Registration:

Upon being given full registration, every practitioner has to serve a compulsory service for a period of not less than three years continuously within the public services as determined by the Director General of Health. Hence, the period and types of leave should not exceed the leave normally allowed by the employer.

5.3 Disciplinary Action

As a your servant, disciplinary action can be taken against you for not complying with any part of the Government General Order.

5.4 Termination of Appointment

Pursuant to the Government General Order, your appointment may be terminated if you commit any serious offences.



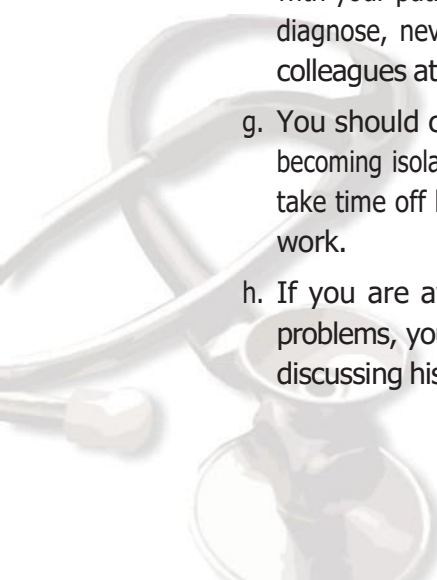
6. LOOKING AFTER YOURSELF:

6.1. Personal and Professional Development:

- a. Academic activities form an important component of continuing medical education of an intern. As such, the Council agrees that ongoing personal and professional development is essential for the balanced practice of medicine. This includes organising work schedules, working with other healthcare professionals, time management, coping with stress, which have been identified by interns as areas where they experience difficulty.
- b. Practitioners should take initiative and organize clinical meetings, clinico-pathological conferences etc. with guidance from their consultants and heads of institutions and you should actively participate in these activities.

6.2. Some Personal Advice:

- a. Most interns find their intern year enjoyable and satisfying but it will also be intellectually, physically and emotionally challenging at times. It is important to remember you are not alone. No one understands your situation as well as your peer interns who are going through the same experiences as you. Share the highs and lows of your experience and concerns with them. Discuss appropriate action with them if a situation needs to be addressed. There are others around you who have been, or are going through similar experiences, and it is often helpful to talk to someone you trust, if you feel under pressure.
- b. Many interns feel pressured by their workload. It can be helpful to sort out priorities, practice some basic stress management and time management techniques, and talk to your supervisor and other team members about their expectations of you.

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- c. During your first year in particular, you can expect things to happen that you will not be emotionally prepared for. You could also have days when you feel overwhelmed or irritable. Expect that you will have bad days, and you could have difficulty coping. Remember, this happens to everyone. Talk to your friends, family and peers about the good and sad experiences – this can be very therapeutic – but remember not to identify patients or families.
 - d. Do not take criticism from your consultants or registrars too personally; reflect and learn from their advice.
 - e. Maintaining good nutrition, ensuring you have enough rest, and exercising and sustaining outside interests and relationships should also help you to maintain insight into your situation and perspective.
 - f. The Council encourages you to identify your health concerns as early as possible and to seek help, assessment, appropriate referral and, where necessary, on-going monitoring. This is particularly important if you have a pre-existing physical or psychological condition or if you are experiencing difficulties with your patients, your peers or with other staff. Do not self-diagnose, never self-prescribe medication and don't ask your colleagues at work for medical advice or for prescriptions.
 - g. You should consider seeking help if you find that you are becoming isolated at work or at home, or if you feel you need to take time off because of the pressures you are dealing with at work.
 - h. If you are aware of another intern who is experiencing problems, you should suggest that he seek help or consider discussing his difficulties with someone whom he can trust.

- i. Depending on the nature of problems, there are a number of sources of help if you need it. They include:
- a. *Your registrar;*
 - b. *Your supervisor;*
 - c. *The Hospital Director*
 - d. *The Officer-in-charge of Intern Training;*
 - e. *The Counselor; and/or*
 - f. *The Council.*



7. HOW TO CONTACT US:

Malaysian Medical Council
Level 2, Block E-1, Complex E,
Federal Government Administrative Complex,
62518 Putrajaya

Telephone : 03-8883 1400-17
Fax : 03-8883 1406
E-mail : admin@mmc.gov.my
Website : <http://mmc.gov.my/v1>

8. REFERENCE:

- 8.1. Medical Act 1971;
- 8.2. A Guide for Interns in Victoria – Issued by the Postgraduate Medical Council of Victoria on behalf of The Medical Practitioners Board of Victoria, December 2005;
- 8.3. Guidelines for the Intern Year – Ireland Medical Council;
- 8.4. Intern Job Description and Logbook – Ireland Medical Council;
- 8.5. Sri Lankan Medical Council – Guidelines for Internship of Medical Practitioners; and
- 8.6. Education, Training and Supervision of New Doctors – Medical Council of New Zealand, July 2003.

APPENDIX A**ASSESSMENT FORM FOR MEDICAL GRADUATES DURING THE FIRST POSTING OF THE INTERNSHIP TRAINING**

Note: Please use this form to assess **EVERY** House Officer's performance/abilities during the **FIRST FOUR MONTHS** of the internship posting using the rating scales provided below.

1. HOUSE OFFICER'S PARTICULARS:

- 1.1. Name : _____
- 1.2. Graduate of : _____
- 1.3. Discipline : Medicine / Paediatrics / Surgery / Orthopaedics /
Obstetrics & Gynaecology.
(Please choose one)
- 1.4. Period : From ____/____/____ to ____/____/____.

2. CONSULTANT'S FEEDBACK:

Instructions: For items 2.1. to 2.4., please the most appropriate score using the rating scale below:

	1	2	3	4	5
	Poor/Bad	Marginal	Satisfactory	Good	Excellent
2.1. Academic:	1	2	3	4	5
a. Core Knowledge					
b. Case Presentation/ Communication Skills					
c. Clinical Appraisal Skills					
d. Medical problem solving					
e. Management of patients					
2.2. Basic Procedural Skills:	1	2	3	4	5
a. Taking Blood					
b. Setting IV Line					
c. Measuring of BP					
d. Urinalysis (urine dipstick)					
e. Funduscopy					

f. ECG – taking and interpreting					
g Blood Sugar Measurement (Glucometer)					
h Basic Life Support including Cardio-Pulmonary Resuscitation					
i Catheterisation					

2.3. Interpersonal Skills:	1	2	3	4	5
Relationship with:					
a. Colleagues					
b. Other health professionals					
c. Patients					
d. Patients' relatives/family/carers					

2.4. Appropriate Personality/Attitudes:	1	2	3	4	5
a. Appropriate dress code					
b. Respect for patients' rights, privacy					
c. Awareness of legal and ethical issues					
d. Safe handling of hazards including the practice of universal precaution					
e. Obtaining consent appropriately					
f. Practice professional work attitude e.g.					
• Know own limitations;					
• Refer when appropriate; and					
• Teamwork					

Instructions: For items 2.5. to 2.7., please the most appropriate score using the rating scale below:

1	2	3	4	5
Not at all	Occasionally	Irregularly	Usually	Always

2.5. Discipline:	1	2	3	4	5
a. Readily available at place of work at appointed time					
b. Easily contactable					
c. Speedy response					

2.6. Continuing Professional Development (CPD):	1	2	3	4	5
a. Participates actively in CPD programs e.g.CPCs, departmental audits, etc.					
2.7. Initiativeness/Leadership Qualities	1	2	3	4	5
a. Readiness to take steps/offer ideas to improve delivery of health care					
b. Readiness to mentor juniors/other health professionals					

3. CONSULTANT'S PARTICULARS:

Signature: _____

Consultant's Name: _____

Designation and Grade: _____ Department: _____

Hospital: _____

4. HOSPITAL DIRECTOR'S COMMENTS:

Signature: _____

Name: _____

Date: ____/____/____



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Chairperson:

Tan Sri Datuk Dr. Hj Mohd. Ismail Merican	Director General of Health, Malaysia.
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