



MALAYSIAN MEDICAL COUNCIL

SPECIALTY-SPECIFIC REQUIREMENTS (SSR)

(FAMILY 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) - Family Medicine	
Specialty-Specific Requirements (Reference Standard)	Criteria
1) Minimum entry requirements for postgraduate training (Standard 3.1.)	i. Fully registered with the Malaysian Medical Council with a current annual practising certificate ii. Successful entry evaluation to programme
2) Minimum duration of training programme (Standard 1.2.4 - Table 2)	Completion of a minimum of 48 months of specialised training in the specialty programme.
3) Structure of training (rotation/modules) (Standard 1.2.4 - Table 3 & Table 4)	
Training overview	The program should have a clear pathway encompassing phases of training which shall include <i>the fundamentals of primary care</i>

Training rotation/
modules and case
mix

(4Ps and 4Cs) in an ambulatory care setting:

4 Ps	4 Cs
i. Primary contact	i. Continuing of care
ii. Patient-centred	ii. Coordination of care
iii. Preventive care	iii. Comprehensive
iv. Personalised care	iv. Community focused

Working and training primarily in a primary care environment with sufficient case mix that includes the following rotations:

Areas	Minimum Duration
General Medicine	16 weeks
Neurology	
Cardiovascular	
Respiratory	
Gastrointestinal	
Nephrology & genitourinary	
Haematology	
Infectious Diseases	
Metabolic & Endocrine	
Rheumatology	
Geriatric	
Dermatology	
Palliative care	
Rehabilitative care	

	Paediatrics	
	General Paediatrics & Adolescent Health	12 weeks
	Obstetrics & Gynaecology	12 weeks
	Obstetrics	
	Gynaecology	
	Sexual & Reproductive Health (including Women's Health & Men's Health)	
	Ear Nose & Throat	4 weeks
	Ophthalmology	4 weeks
	Psychiatry & Mental Health	4 weeks
	General Surgery	4 weeks
	Office Surgery	
	Procedural skills	
	Orthopaedics	4 weeks
	Emergency Medicine	8 weeks
	Cardiopulmonary resuscitation	
	Neonatal resuscitation	

	Paediatric resuscitation	
	Ethics & Medical Jurisprudence	2 weeks
	Public Health & Community Medicine	12 weeks
	Rural Health	
	Wellness & Preventive Health	
	Special populations	
	Community Health	
	Outpatient Services in Health Clinic	102 weeks
	Field work for research project / courses (clinical/management/leadership)/ conferences / study leave/ sick leave	8 weeks
	TOTAL	192 weeks
4) Assessments (Standard 2.2.1)	Assessments should 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, formative assessment, communication skills including methods appropriate to assess ethics and professionalism. ii. Include formative and summative assessments throughout each rotation, semester, or year of study. iii. Include clear criteria for progression to next year of study. iv. Include an exit exam.	

5) Additional requirements for completion of training (Standard 1.2.4)	i. Completion of graduate-level research or clinical audit project ii. Completion of a community outreach project iii. Minimum of three (3) months of practice management duties iv. Basic Life Support Certification
6) List of competencies to be acquired upon completion of training (Standard 1.1.4)	i. Diagnosis and management a. Elicit an accurate and comprehensive patient history appropriate to the presenting complaint. b. Perform appropriate diagnostic and therapeutic procedures, including the physical examination. c. Develop and prioritise differential diagnoses. d. Demonstrate good knowledge of common medications used in primary care and to prescribe rationally. e. Evaluate and implement an efficient, cost-effective, logical plan and to treat common problems in family practice in a holistic and patient-centred manner. f. Recognize and initiate management of patients requiring urgent care and to promptly refer emergency cases requiring specialised care in hospital. g. Recognize the need for referral to hospital for more complex cases requiring further investigations. h. Able to provide important elements of patient care in primary care settings: health promotion & preventive care, screening, curative and rehabilitative. i. Able to provide continuous care j. Demonstrate skills to manage multisystem diagnosis ii. Evidence-based practice a. Demonstrate ability to access, appraise and apply appropriate and evidence-based medical knowledge in patient care. b. Use data to optimize the care of individuals, families and populations. iii. Communication skills a. Demonstrate the ability to communicate effectively and sensitively with patients and carers from diverse socio-cultural backgrounds, and to work efficiently as a team with other healthcare professionals. iv. Preventive care a. Incorporate appropriate health screening and

	preventive strategies into the management plan and promote wellness. v. Family and community perspective a. Demonstrate a bio-psycho-socio-cultural approach in the management of patients in the context of the community. vi. Ethics and Medical Jurisprudence a. Demonstrate teamwork and mutual respect in therapeutic and ethically sound professional relationships. b. Demonstrate adherence to principles of confidentiality, scientific/academic integrity, informed consent, and ethical practice. vii. Research skills and quality improvement a. Demonstrate understanding of basic research methodology. b. Develop a quality assurance project within family practice. viii. Leadership skills a. Demonstrates leadership abilities in clinical governance b. Demonstrates abilities to advocate for patients, their families and community in health-related matters c. Develop networking with health care providers in secondary and tertiary care especially for shared care and capacity building. ix. Procedural skills The trainee must undergo training to develop their competency in performing office-based procedures using techniques that are safe, feasible and relevant to their patients and clinical environment and to refer appropriately when a procedure is beyond their level of competence. The minimum list of procedures is as follows:
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	Anterior nasal packing	
	Application of burn dressings	
	Application of eye patch	
	Application of wound dressings	
	Avulsion of a toenail	
	Cardiopulmonary resuscitation	
	Defibrillation	
	Digital nerve block	
	Drainage acute paronychia	
	Drainage of subungual haematoma	
	Endotracheal intubation (adult)	
	Epley manoeuvre for benign positional vertigo	
	Evacuation of haematoma	
	Excision of lipoma	
	Excision of sebaceous cyst	
	Excision of superficial skin lesions	
	Fungal scraping	
	Gluing of superficial lacerations	
	Incision and drainage of abscess	
	Infiltration of local anaesthetic	
	Injection (intramuscular, subcutaneous, intradermal)	
	Insertion of oral airway	
	Intravenous access	
	Irrigation of eye	

	Nasogastric tube insertion	
	Nebulization therapy	
	Orogastric tube insertion	
	Pap smear	
	Pare skin callus	
	Partial toenail removal	
	Perform peak flow measurement	
	Post-nasal swab	
	Proctoscopy	
	Removal of corneal foreign body	
	Removal of ear wax	
	Removal of foreign body from external auditory canal	
	Removal of foreign body from nose	
	Removal of intrauterine device	
	Removal of subcutaneous foreign body	
	Removal of sub-tarsal foreign body	
	Set up, record and interpret 12-lead electrocardiogram	
	Soft tissue injury strapping	
	Suture of deep skin lacerations	
	Suture of superficial skin lacerations	
	Syringe external auditory canal	
	Taking high vaginal swab	
	Taking urethral swab	
	Throat swab	

	Toilet & suturing	
	Urethral catheterisation (male and female)	
	Ultrasonography (minimum: obstetric ultrasonography)	
	Venepuncture	
	Wedge excision for ingrown toenail	
	Wound care (debridement, swab, dressing)	

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 of Programme (Based on Areas 3-6 of Malaysian Standards for Medical Specialist Training) - Family 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)	i. Registered with National Specialist Register ii. Attended Training-of-Trainer course
6	Minimum requirements for educational resources (Standard 5.1.1)	i. Physical facilities: Training centres must provide services, equipment and a case mix as follows: a. Outpatient services for acute, chronic, and preventive care cases b. Maternal and child health services c. Basic emergency services d. Laboratory support e. Pharmacy services f. Access to educational resources

ii. Equipment:

The training facilities must **collectively** have the following equipment that are available to the trainees throughout their training:

Blood glucose monitoring equipment/glucometer

Clinical waste disposal bin

DDA locker

Disposable syringes (1ml, 3ml, 5ml and 10ml) and needles for injection and venepuncture

Suture materials (catgut, silk, nylon, Dacron) for suturing

Drip stand

Electrocardiogram machine

Emergency medicines/trolley

Equipment for cardiopulmonary resuscitation

Examination couch

Examination light

Eye examination equipment (eg fluorescein staining)

Gloves (sterile and non-sterile)

Height measurement device

Intravenous access

Ishihara chart

Magnifying glass

		Measuring tape	
		Medical examination light	
		Monofilament	
		Nebuliser machine	
		Ophthalmoscope	
		Otoscope	
		Oxygen supply	
		Patella hammer	
		Peak flow meter	
		Personal protection equipment	
		Pulse oximeter	
		Record keeping facilities (digital and / or hardcopy)	
		Spacer for inhaler	
		Specimen collection equipment	
		Sphygmomanometer (with small, medium and large cuffs)	
		Sterilizer machine/autoclave	
		Stethoscope	
		Surgical masks	
		Thermometer	
		Thermometer/ thermoscan	
		Thudichum nasal speculum	
		Torch	
		Tourniquet	
		Tuning fork	

		Urine testing strips, including pregnancy testing kits																																									
		Ultrasound machine																																									
		Vaginal specula																																									
		Visual acuity charts																																									
		Weighing scale mechanical or digital (standing, sitting and for babies)																																									
		Wheel chair																																									
		X-ray viewer box/facilities																																									
		iii. Case Mix Medical conditions that must be available to the trainee within the training period:																																									
		<table> <tr> <th>Acute</th><th>Chronic</th><th>Emergency & trauma</th><th>Preventive</th></tr> <tr> <td>Acute asthma</td><td>Arthritis</td><td>Acute abdomen</td><td>Alcoholism</td></tr> <tr> <td>Acute headache</td><td>Asthma</td><td>Acute airway obstruction</td><td>Cancer prevention</td></tr> <tr> <td>AGE</td><td>COPD</td><td>Acute coronary syndromes</td><td>Immunisation</td></tr> <tr> <td>Bronchiolitis</td><td>Dementia</td><td>Acute exacerbation of COPD</td><td>Malnutrition</td></tr> <tr> <td>Eyelid swellings</td><td>Diabetes</td><td>acute gastrointestinal bleed</td><td>Sedentary lifestyle</td></tr> <tr> <td>Febrile seizures</td><td>Gout</td><td>Acute glaucoma</td><td>Smoking</td></tr> <tr> <td>Gastritis</td><td>Hyperlipidaemia</td><td></td><td></td></tr> <tr> <td>GERD</td><td>Hypertension</td><td></td><td></td></tr> <tr> <td></td><td>Obesity</td><td></td><td></td></tr> </table>	Acute	Chronic	Emergency & trauma	Preventive	Acute asthma	Arthritis	Acute abdomen	Alcoholism	Acute headache	Asthma	Acute airway obstruction	Cancer prevention	AGE	COPD	Acute coronary syndromes	Immunisation	Bronchiolitis	Dementia	Acute exacerbation of COPD	Malnutrition	Eyelid swellings	Diabetes	acute gastrointestinal bleed	Sedentary lifestyle	Febrile seizures	Gout	Acute glaucoma	Smoking	Gastritis	Hyperlipidaemia			GERD	Hypertension				Obesity			
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		Haematuria		Acute hypoglycaemia	Ante-natal care
		Mastoiditis			
		Otitis externa		Acute pancreatitis	Child health
		Otitis media		Acute psychosis	
		Pelvic inflammatory disease		Acute pulmonary oedema	
		Pharyngitis		Acute respiratory distress syndrome	
		Red eyes			
		Renal colic		Acute suicidal ideation	
		Rhinitis & sinusitis		Acute visual loss	
		Skin rash		Addisonian crisis	
		Soft tissue injuries		Anaphylaxis/ angio-oedema	
		Sexually transmitted disease		Appendicitis	
		Tonsillitis		Bowel obstruction	
		Ureteric colic		Bronchiolitis	
		Urinary tract infection		Cerebrovascular accident	
		Vertigo		Delirium	
		Viral exanthems		Diabetic ketoacidosis	
				Drowning	
				Ectopic pregnancy	
				Electrocution	

				ENT foreign body	
				Envenomation	
				Epistaxis	
				Fever with signs of shock	
				Flashes/floaters with reduced vision or visual changes	
				Fractures/Dislocation	
				Hyperosmolar coma	
				Head injuries	
				Infantile apnoea	
				Life-threatening arrhythmias	
				Malignant hypertension	
				Multi-trauma	
				Ocular trauma	
				Overdose and poisoning	
				Periorbital/orbital cellulitis	
				Peritonsillar abscess	
				Pneumothorax	

				Pulmonary embolism Red eye with impaired vision Retinal detachment Seizure Severe asthma with status asthmaticus Shock Thyrotoxic crisis Vascular occlusion	
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iv. Case Load

The case load of the programme training centres must **collectively** be able to accommodate the following minimum requirements for each trainee:

Areas (per year)	Minimum Quantity (cases/trainee/year)
New cases or new visits	1000
Chronic diseases / follow-up cases	600
Emergency conditions	50
Maternal health	200
Child health	200

7	Minimum qualifications and experience of Head of Programme (Standard 6.2.2)	i. 5 years of working experience after national specialist registration ii. Experience in administration and/or academic management
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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

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