



MALAYSIAN MEDICAL COUNCIL

SPECIALTY-SPECIFIC REQUIREMENTS (SSR)

(INTERNAL MEDICINE)

1ST REVISION

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.
3. These Specialty-Specific Requirements (SSR) are an update from the first edition, incorporating improvements in structure of training, specialty competencies, which are compiled as the First Revision.

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	The programme entails training in 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.

Training
rotation and
case mix

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 internal medicine, work exposure will be of a general 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:

Field	Details	Time
Internal Medicine	Training in Internal Medicine encompasses training in Internal Medicine and/or subspecialties as listed below: • Cardiology • Clinical Haematology • Dermatology • Endocrinology • Gastroenterology/Hepatology • Geriatrics • Infectious diseases • Nephrology • Neurology • Palliative Medicine • Respiratory Medicine • Rheumatology The training in subspecialties can be by rotation in the subspecialty or exposure to the subspecialty. A minimum of 2 rotations in subspecialty is mandatory and each of this rotation period cannot be more than 12 months.	Minimum 48 months

*Duration of training per year is 48 weeks

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.

4) Assessments (Standard 2.2.1)	Assessments should - 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. - Include formative and summative assessments throughout each rotation, semester, or year of study. - Include clear criteria for progression to next year of study. - Include an exit evaluation/assessment.
5) Additional requirements for completion of training (Standard 1.2.4)	Completion of graduate-level research or clinical audit project
6) List of competencies to be acquired upon completion of training (Standard 1.1.4)	<u>Specific specialty competencies</u> Able to: Clinical Care - Perform comprehensive and holistic clinical assessments - Select appropriate investigations & management in different clinical settings - Manage acute care cases and medical emergencies confidently and competently - Deliver longitudinal care for long term conditions in partnership with multidisciplinary providers - Prescribe pharmacological and non-pharmacological treatments bearing in mind the potential for interactions, cost, and risk/benefits balances - 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 Personal and Professional Development 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 Leadership and Management 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
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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.

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)	i. Registered with National Specialist Register ii. Completed training-of-trainer course/equivalent							
6	Minimum requirements for educational resource (Standard 5.1.1)	Training centres must collectively provide services, equipment and a case mix as follows: i. Physical Facilities <table><tr><th>Physical Facilities</th></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><tr><td>Offices/meeting areas for formal supervision</td></tr><tr><td>Designated work and study areas/space</td></tr><tr><td>On-call rooms and catering facilities during on-call duties</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	Offices/meeting areas for formal supervision	Designated work and study areas/space	On-call rooms and catering facilities during on-call duties
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		ii. Services Areas <table><tr><td>Services Areas</td></tr><tr><td>Medical Department inpatient and outpatient services</td></tr><tr><td>Emergency Department,</td></tr><tr><td>Radiology Department(including ultrasound services)</td></tr><tr><td>Surgery Department</td></tr><tr><td>Anaesthesiology & Critical Care Department</td></tr><tr><td>Supporting clinical services</td></tr><tr><td>Nursing services</td></tr><tr><td>Allied health services</td></tr><tr><td>Supporting non-clinical services including Laboratory - Pharmacy,</td></tr><tr><td>Pathology, Microbiology, Bioclinical chemistry</td></tr><tr><td>Haematology</td></tr><tr><td>Blood bank (desirable)</td></tr><tr><td>Access to tertiary care services for more complex case transfer when needed</td></tr></table> iii. Equipment <table><tr><td>Equipment</td></tr><tr><td>Inpatient beds for Internal medicine patients</td></tr><tr><td>Outpatient rooms for consultations</td></tr><tr><td>Resuscitation facilities including defibrillators and emergency medications, intubation equipment and ALS medications</td></tr><tr><td>Equipment for basic medical diagnostics, procedures and treatments - blood testing, lumbar puncture, paracentesis, chest drains, skin scrapings, external pacing, paracentesis, etc</td></tr><tr><td>Computed Tomography (CT)/Magnetic Resonance Imaging (MRI) facilities, endoscopy, stress test,</td></tr></table>	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	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,
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	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. The cases will be reflected in the portfolio/ logbooks of training The case load of the programme training centres must collectively be able to accommodate the minimum requirements. <table><tr><th>Types of Cases</th><th>Quantity (patients/trainee/ year)</th></tr><tr><td>Acute medical admission/presentati ons</td><td>400</td></tr><tr><td>Medical inpatients</td><td>1600</td></tr><tr><td>Outpatient medical cases</td><td>400</td></tr></table> Acute medical admissions/presentations are fresh presentations, directly seen when on- call. Medical inpatients refer to daily inpatient caseloads per trainee excluding referrals. Outpatient cases are new and follow up cases in an outpatient or daycare setting.	Types of Cases	Quantity (patients/trainee/ year)	Acute medical admission/presentati ons	400	Medical inpatients	1600	Outpatient medical cases	400
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7	Minimum qualifications and experience of Head of Programme (Standard 6.2.2)	1. 5 years of working experience after national specialist registration 2. Experience in administration and/or academic management
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ACKNOWLEDGEMENT

Authors:

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

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

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

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5. Prof. Dr. Fahd Adeeb Bin Mohamed Ashraf
6. Dr. Marzilawati binti Abdul Rahman
7. Dr. Noor Hidayah binti Yahya
8. Dr. Victoria Kok Shing Ling

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