

MALAYSIAN MEDICAL COUNCIL SPECIALTY-SPECIFIC REQUIREMENTS (SSR) (OPHTHALMOLOGY)

Prepared By:

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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) –

Ophthalmology

| Specialty-Specific Requirements (Reference Standard) | | Criteria | |
|--|---|--|---------------------------------|
| Minimum entry requirements for postgraduate training | with a curre | red with the Malaysian Month of the mail of the median med | cate |
| (Standard 3.1.) | ii. Minimum o housemansl | f 1-year clinical experience nip | post |
| | iii. Successful e | ntry evaluation to prograr | nme |
| Minimum duration of training programme | Completion of a minimum of 48 months of specialised training in the specialty programme | | |
| (Standard 1.2.4 - Table 2) | | | |
| 3) Structure of training (rotation/modules) | | | |
| (Standard 1.2.4 - Table 3 & Table 4) | | | |
| Training overview | | ould have a clear pathwa which shall include the basi thalmology. | - |
| Training rotation and | Rotations should in | clude the following rotation | ons as follows: |
| case mix | Areas | Details | Minimum Duration (Months) |
| | General Ophthalmology | | 12 |
| | Ophthalmology related subspecialties | | 34 |

| | | Glaucoma | 4 |
|--------------------|--|------------------------------|-------------------|
| | | Paediatric | 4 |
| | | Ophthalmology | |
| | | Cornea and Anterior | 4 |
| | | Segment | |
| | | Surgical Retina | 4 |
| | | Medical Retina | 4 |
| | | Orbit and Oculoplasty | 4 |
| | | Cataract | 4 |
| | | Any rotation as listed | 6 |
| | | above/Neuro- | |
| | | ophthalmology/ other | |
| | | relevant ophthalmology: | |
| | Non- | | |
| | Ophthalmology | Endocrinology and or | 2 |
| | related | Neuromedical | |
| | subspecialties | | |
| | *Duration of training | ng per year is 48 weeks | |
| | | | |
| 4) Assessments | Assessments should | d | |
| 1,710000011101100 | i. Employ appro | priate methods and levels | that are well- |
| | aligned with | learning outcomes. The | se include a |
| (Standard 2.2.1) | variety of n | nethods and tools such | as written |
| | assessments, | clinical skills assessments, | , supervisor's |
| | report, logb | ook, attendance, trainin | ig attended, |
| | practice diary | , and research report. | |
| | | ethods appropriate | to assess |
| | communication skills, ethics and professionalism. iii. Include formative and summative assessments | | |
| | | | |
| | _ | ach rotation, semester, or y | = |
| | | criteria for progression to | next year of |
| | study. | | |
| | | it evaluation/assessment. | |
| 5) Additional | · • | f graduate-level research o | or ciinical audit |
| requirements for | project. | | |
| completion of | - | empletion of required cours | ses/worksnops: |
| training | a. Good Clinical Practice b. Basic Phacoemulsification | | |
| | | | |
| (Standard 1.2.4) | c. Billianess av | vareness programme | |
| | Generic competen | ries | |
| 6) List of | Able to: | uic3 | |
| competencies to be | | ntly manage common | onhthalmology |
| acquired upon | · · | stically, including compli | , |
| completion of | | social, health economics | |
| training | aspects | | • |
| | | ompetently and profession | nally in a team- |
| (Standard 1.1.4) | based envir | | المناجعة المناطعة |
| , , | iii. Maintain a in practice | high level of integrity and | etnical conduct |
| | | fective communication | with patients, |
| | iv. Elibare el | .com communication | The patients, |

- colleagues and other healthcare-adjacent providers
- v. Advance the evidence-based practice of surgery through research, audit and scientific writing
- vi. Exemplify life-long learning through continual professional development, including acquisition of new skills and competencies
- vii. Demonstrate exemplary leadership qualities, including setting and maintaining standards, supporting others and having the resilience to cope with pressure
- viii. Cultivate an entrepreneurial mindset, balancing risks and benefits, for creative problem-solving

Specialty Specific Competencies

The candidates on completion should have acquired the following competency/skills:

- 1. Able to diagnose and treat common to complex ophthalmic diseases
- 2. Able to critically evaluate and discuss diagnostic ophthalmic findings with healthcare providers involved in patient care.
- 3. Able to perform procedures:
 - Incision and curettage of chalazion
 - Syringing and probing of the nasolacrimal system
 - Laser procedures in general ophthalmology
 - Vitreous tap and intravitreal injection
- 4. The minimum number of adult cataract surgeries to be done in 4 years is 50 competent cases per trainee that are objectively assessed, using the OSCAR rubrics or equivalent 200 cases for non-OSCAR rubrics.
- 5. Able to perform simple ophthalmic surgeries:
 - Excision of pterygium and conjunctival mass
 - Toilet and suturing of cornea and sclera
 - Toilet and suturing of eyelid

*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 (Items 4-7) for Training Centres (Based on Areas 3-6 of Malaysian Standards for Medical Specialist Training) -

Ophthalmology

| Item no | Specialty-Specific Requirements | Criteria | |
|------------|---|--|--|
| | (Reference standard) | | |
| 4 | Trainer-to-trainee ratio | 1:4 | |
| | (Standard 3.1.3) | | |
| 5 | Minimum qualifications and experience of trainers | i. Registered with National Specialist Register ii. Completed Training-of-Trainer course/equivalent | |
| | (Standard 4.1.2) | | |
| 6 | Minimum requirements for educational resource (Standard 5.1.1) | The diagnostic facilities and equipment requirement of the training centres must collectively be able to accommodate the following minimum requirements: i. Facilities | |
| | | Facilites | |
| | | Seminar/tutorial rooms | |
| | | Trainee workspace | |
| | | Library of reference books and journals (physical and/or virtual) | |
| | | ii. Services | |
| | | Services | |
| | | Ophthalmology clinic | |
| | | Ophthalmology operating theatre | |
| | | Ophthalmology in-patient services Ocular Emergency services | |
| | | Microbiology services | |
| | | Diagnostic Imaging services | |
| | | Anaesthetic services | |
| | | General Medical services | |

iii. Equipment

| Equipment | | |
|--|--|--|
| Slit lamp | | |
| Operating microscope | | |
| Phacoemulsification machine | | |
| Laser machines [(Yttrium-Aluminium Garnet) YAG and argon lasers] | | |
| Binocular indirect ophthalmoscope | | |
| Intravitreal instrument sets | | |
| Cataract instrument sets | | |
| Automated Visual Field s | | |
| Biometry and B Scan | | |
| Optometry services | | |
| Optical coherence tomography (OCT) scan | | |
| Fundus camera and retinal angiography | | |

iv. Case Mix and Case Load

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

| Cases | Quantity (cases/trainee/year) |
|--------------------------|----------------------------------|
| Outpatient clinic | 400 |
| Emergency cases | 50 |
| Surgeries/ Procedures | Quantity (cases/trainee/year) |
| Cataract surgeries | 20 procedures |

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

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

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