

# MALAYSIAN MEDICAL COUNCIL SPECIALTY-SPECIFIC REQUIREMENTS (SSR) (PUBLIC HEALTH MEDICINE)

# 1ST REVISION

Prepared By:

Specialty Education Subcommittee (SEC) of the Medical Education Committee (MEC),

Malaysian Medical Council

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### **Preface**

- 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) -

## **Public Health Medicine**

Specialty-Specific Requirements	Criteria
(Reference Standard)	
Minimum entry     requirements for     postgraduate training	<ol> <li>Fully registered with the Malaysian Medical Council with a current annual practicing certificate</li> <li>Successful entry evaluation to programme</li> </ol>
(Standard 3.1.)	2. Successful entry evaluation to programme
2) Minimum duration of training programme	Completion of a minimum of 48 months of specialized training in the specialty programme. This includes a minimum of 12 months for part 1 and 36 months for part 2
(Standard 1.2.4 - Table 2)	
3) Structure of training (rotation/modules)	The structure of training is divided into a Part 1 and Part 2 of training.  Part 1 training is at least 12 months of training. This training must be delivered via coursework mode.
(Standard 1.2.4 - Table 3 & Table 4)	Part 1 training must include a minimum learning time equivalent to a total of 40 credit hours. The training must include the following compulsory core discipline areas of public health:
	1) Epidemiology.
	2) Biostatistics.
Training overview	3) Environmental Health Science (Environmental and/or Occupational Health).
	4) Family (Population) Health and/or Social Behavioural Sciences.

Training rotation and case	5) Health Policy and Health Services Management.	
mix	The training in each core discipline area must include courses that cumulatively equals to a three credit hours module. (MQF equivalent*)	
	Part 2: includes 36 months of training and covers the following public health domains:	
	<ul> <li>a) Applied Clinical Practice In Public Health</li> <li>b) Monitoring and assessing population's health</li> <li>c) Public Health Policy Consultation</li> <li>d) Investigating and Mitigating Immediate risk to human health</li> <li>e) Policy, Advocacy, Planning and Program Development</li> <li>f) Communication, Collaboration and Advocacy for Public Health</li> <li>g) Professional Practice</li> </ul>	
	*The total maximum duration of training for Part 1 and Part 2 is 10 years.	
	Reference: Malaysian Qualifications Agency (2017), Malaysian Qualifications Framework. Malaysia.	
4) Assessments		
	Assessments must	
(Standard 2.2.1)	<ul> <li>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.</li> <li>ii. Include formative and summative assessments throughout each rotation, semester, or year of study.</li> <li>iii. Include clear criteria for progression to next year of study.</li> <li>iv. Include an exit assessment/criteria.</li> </ul>	
5) Additional requirements for completion of training	No additional requirement	
(Standard 1.2.4)		

6) List of competencies to be acquired upon completion of training	At the completion of training, the successful candidate is exp	ected to:
	List and levels of competencies to be acquired upon complet training.	ion of
(Standard 1.1.4)	**Definitions for level of competencies are:	
	**Definitions for level of competencies are:	
	<ul><li>1: Able to recall and describe a core competency;</li><li>2: Able to analyse and apply a core competency in different situations;</li></ul>	
	3: Able to evaluate or synthesize using core competency	·_
	Domain 1: Applied Clinical Practice in Public Health	Part 2
	Evaluate the functions, structures, and roles of various health system components	3
	2. Investigate and manage communicable and non- communicable diseases of public health importance	2
	3. Discuss health care routine and transmission-based infection control measures	1
	4. Evaluate the provision of immunizations and management of associated adverse events	3
	5. Appraise effectiveness of clinical preventive interventions including primary, secondary, and tertiary preventions	3
	6. Manage conditions of environmental and occupational origin	2

7. Assess the interactions between basic medical science, people and their environment utilizing knowledge in molecular biology, human anatomy, pathophysiology, pharmacology and other basic medical sciences.

**Domain 2: Monitoring and assessing population's health** Analyse a population's health status, the determinants

of significant health problems and their distributions.

2. Analyse information on health issues, existing services,

3. Evaluate the effectiveness of surveillance systems to

4. Apply information technology systems in monitoring

5. Design and conduct public health research utilising

and evidence of effective interventions to identify

population health needs

monitor the health of the public.

and assessing the health of the public.

appropriate epidemiological methods

2

2

3

2

3

6. Apply appropriate biostatistical analyses in public health research	2	
7. Evaluate health services, health technologies, and public health programs		
Domain 3: Public Health Consultation		
1. Provide Public Health expertise to address public health issues	2	
2. Apply current relevant evidence in the development and implementation of public health policies and programs	2	
Domain 4: Investigating and Mitigating Immediate risk to human health		
Discuss the use of legislative responsibilities and authorities to promote and protect the health of the public.	1	
2. Develop an organizational plan to prepare for, respond to and recover from public health emergency.	1	
3. Assess and control situations of potential	2	
communicable diseases risk to human health. This		
includes the investigation and management of infectious disease outbreaks		
4. Evaluate surveillance system to support prevention and control of diseases	3	
5. Assess and control potential non-communicable diseases risk to human health	3	
6. Assess and control potential environmental hazard to human health	3	
7. Provide direction to public health staff in the investigation and control of potential risks to human health.	2	
8. Develop a health promotion program at the community-level.	3	
Domeio E. Boliov. Blooming and Broomers Development		
Domain 5: Policy, Planning and Program Development  1. Systematically assess the feasibility and social,	3	
economic, environmental, legal, and ethical implication of policy options based on analysis of diverse forms of evidence.	3	
2. Prioritize population health needs using situational analysis and priority setting.	2	
3. Develop and recommend public health policies in support of improved health.	2	
4. Design program evaluation plans to assess a public health program and interpret findings to make improvements.	3	
5. Apply effective management principles to public health and other relevant organisations	2	
6. Explain strategic and business planning	1	

Domain 6: Communication, Collaboration and Advocacy for Public Health	
Mobilize individuals and communities by using appropriate media, community resources and social marketing techniques	1
2. Collaborate with multiple agencies to improve and protect the population's health	1
3. Prepare an advocacy strategy to influence public policy based on evidence of effective interventions to address the problems and on evidence for effective public health advocacy.	2
4. Effectively communicate public health issues	2
Domain 7: Professional Practice	
1. Establish and maintain career direction and motivation	2
2. Support professional development of colleagues and junior public health professionals	1
3. Evaluate evidence as the basis for public health practice	3
4. Practise medicine in a safe manner	2
5. Work in an ethically sound manner	2
6. Provide effective first aid in emergency situations	2
7. Optimise one's personal health	1
8. Communicate effectively using written and electronic media	2
9. Communicate effectively through oral discussion and presentations	2

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

Attachment 4

# Specialty-Specific Minimum Requirements for Training Centres and Head Programme (Based on Areas 3-6 of Malaysian Standards for Medical Specialist Training) -Public Health Medicine

Item no	Specialty-Specific Requirements	Criteria
	(Reference standard)	
4	Trainer-to-trainee ratio	A trainer: trainee ratio of 1:6 is proposed
		based on the specialty requirement.
	(Standard 3.1.3)	
5	Minimum qualifications and experience of trainers	<ul> <li>i. Registered with National Specialist</li> <li>Register</li> <li>ii. Attended Training-of-Trainer course</li> </ul>
	(Standard 4.1.2)	
6	Minimum requirements for educational resource	Education Training Provider must include the following minimum education resources:
	(Standard 5.1.1)	<ol> <li>Seminar rooms or virtual platform for regular schedule educational activities</li> <li>Offices or meeting areas for formal supervision</li> <li>Computer and public health lab</li> <li>Designated work and study areas for trainees</li> <li>Access to library or electronic resource platform</li> <li>Internet access must be available</li> <li>Experiential Learning Centres (For example: District Health Centre, Health Office, WHO, etc) must offer a variety of public health services, functions, and a population mix that include:</li> <li>Communicable diseases prevention</li> </ol>

		<ol> <li>Non communicable disease prevention</li> <li>Maternal and child health care services</li> <li>Primary health care services</li> <li>Occupational and environmental related services</li> <li>Food safety and quality services</li> <li>Health management</li> <li>Policy Development and implementation</li> </ol> Public Health manages the health of communities and populations rather than individual patients. The minimum population covered by an ELC is 50,000.
7	Minimum qualifications and experience of Head of Programme	i. 5 years or more 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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