



MALAYSIAN MEDICAL COUNCIL
GUIDELINES FOR RECOGNITION OF NEW OVERSEAS MEDICAL SCHOOLS FOR THE
SECOND SCHEDULE

Background

The Second Schedule of the Medical Act 1971 (Amendment 2012) serves as the statutory listing of recognised medical qualifications that entitle graduates to obtain provisional registration with the Malaysian Medical Council (MMC). Inclusion in the Second Schedule is therefore a critical regulatory mechanism to ensure that medical programmes producing future medical practitioners meet the safety, quality, and professional competence standards expected of medical practice in Malaysia.

The landscape of medical education—locally and internationally—has evolved significantly in recent years, driven by the adoption of outcome-based curricula, strengthened quality assurance systems, and alignment with global accreditation benchmarks. As Malaysia continues to harmonise its medical education standards with international expectations, including those set by bodies such as the World Federation for Medical Education (WFME), a robust and transparent process for evaluating medical schools seeking recognition has become increasingly essential.

The purpose of this document is to provide clear guidance to institutions seeking inclusion of their medical programmes in the Second Schedule. It outlines the standards, requirements, procedures, and evaluation principles applied by the Malaysian Medical Council in determining whether a medical school meets the criteria for recognition. The medical programme will be benchmarked against the MMC Standards for Undergraduate Medical Education.

Glossary

Definition of terms used in the Guidelines for Recognition of New Overseas Medical Schools for the Second Schedule

1.	Academic staff workload	The average teaching hours per staff member should not exceed 18 hours/week.
2.	Affirmations	Proposed improvements by the medical school on aspects of the programme, which the panel believes are significant and which it welcomes.
3.	Appropriate student conduct	A written code of conduct.
4.	Aptitude test	An assessment to test a candidate's abilities through a variety of different testing formats. Aptitude tests will assess the candidate's ability to perform tasks and respond to work-related situations, including problem-solving, prioritisation, and numerical skills, among other things.
5.	Areas of concern	Aspects of the programmes that are below the standards and require improvement.
6.	Assessment blueprint	The assessment blueprint, also known as a table of specifications, is a two-way grid outlining the major course content or learning outcomes (which specify the learning domain and competency level) versus the assessment tools.
7.	Assessment: Summative	Summative Assessment is the Assessment of learning, which summarises the progress of the learner at a particular time and is used to assign the learner a course grade.
8.	Assessment: Continuous	Continuous Assessment is a data-collection process conducted throughout the duration of a course/module or programme to gather evidence of learning for the purpose of improving learning, modifying teaching, and adjusting the curriculum design. It also includes data gathering used to assess how well the programme's courses support the attainment of the programme's learning outcomes.

9.	Assessment: Formative	Formative Assessment is a form of low-stakes assessment for learning and is part of the instructional process. It is about continuously collecting data as learning is in progress. When incorporated into classroom practice, it provides the information needed to adjust teaching and learning in real time. In this sense, formative Assessment informs both teachers and students about student understanding at a point when timely adjustments can be made. These adjustments help to ensure students achieve the targeted learning outcomes within a set time frame.
10.	Basic biomedical sciences	Include anatomy, biochemistry, biophysics, cell biology, genetics, immunology, microbiology (including bacteriology, parasitology, and virology), molecular biology, pathology, pharmacology, and physiology.
11.	Clinical sciences	The clinical sciences include anaesthetics, dermatology, radiology, emergency medicine, general practice/family medicine, internal medicine, geriatrics, gynaecology & obstetrics, ophthalmology, orthopaedics surgery, otorhinolaryngology, paediatrics, palliative care, psychiatry, and surgery.
12.	Commendation	Aspects of the provision of the programme that are considered worthy of praise.
13.	Competency	A student's knowledge, skills, and abilities enable the student to successfully and meaningfully complete a given task or role.
14.	Condition	A mandatory requirement that the medical school must comply with within a stipulated time period.
15.	Dean (Programme leader)	The chief official of the medical school, who usually holds the title 'Dean', must have ready access to the Vice Chancellor, President, or other official in charge with final responsibility for the school, and to other university officials as are necessary to fulfil the responsibilities of the dean's office.
16.	Educational Expertise	Educational experts and specialists who are available and used to plan programmes such as designing and reviewing the curriculum, selecting relevant content, developing teaching and learning methods, advising on the assessment modes, building staff capacity,

		conducting educational research, and providing consultancy services.
17.	e-Learning	Learning is facilitated and supported through the use of information and communications technology.
18.	Evidence-based medicine	Medicine is founded on documentation, trials, and accepted scientific results.
19.	Full-time Equivalent	A measure to convert part-time staff workload to a full-time equivalent using a normal full-time staff workload. The conversion is used only to compute part-time-to-full-time academic staff, with the part-time staff not exceeding 40%.
20.	Full-time Staff	Staff with a permanent appointment or contract appointment (minimum one year) who work exclusively for a Higher Education Provider.
21.	Health sector	The health sector would include the health care delivery system, whether public or private, as well as medical research institutions.
22.	Higher Education Provider (HEP)	A higher education provider is a body corporate, organisation, or other body of persons that conducts higher education or training programmes leading to the award of a higher education qualification.
23.	Institutional autonomy	Institutional autonomy would include appropriate independence from government and other counterparts (regional and local authorities, religious communities, private corporations, the professions, unions, and other interest groups) to be able to make decisions about key areas such as design of curriculum, assessments, student admission, staff recruitment/selection and employment conditions, research, and resource allocation.
24.	Interprofessional Education (IPE)	The occurrence of two or more health or social professions learning interactively about, from, and with each other, all with the common goal of enabling effective collaboration and improving patient health outcomes.

25.	Interprofessional Collaborative Practice (IPP)	Interprofessional practice in health care occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers, and communities to deliver the highest quality of care across settings.
26.	Learning Outcomes	Learning outcomes are statements of what a learner should know, understand, and be able to do upon the completion of a period of study.
27.	Malaysian Qualifications Framework (MQF)	The Malaysian Qualifications Framework is an instrument that classifies qualifications according to a set of criteria approved nationally and benchmarked against international best practices.
28.	Medical Ethics	Medical ethics concerns the moral issues in medical practice, including values, rights, and responsibilities related to physician behaviour and decision-making.
29.	Medical Law	Medical law is the branch of law that concerns the prerogatives and responsibilities of medical professionals, as well as the rights of patients.
30.	Medical Research	Medical research encompasses scientific research in basic biomedical, clinical, behavioural, and social sciences.
31.	Medical School	The educational organisation providing a basic (undergraduate) programme in medicine is synonymous with a medical faculty, medical college, medical academy, or medical university. The medical school can be part of or affiliated with a university, or an independent institution at an equal level.
32.	Mission	The overarching frame to which all other aspects of the educational institution and its programme have to be related. The mission statement would include general and specific issues relevant to institutional, national, regional, and global policy and needs. The mission in this document includes the institution's vision.
33.	MQF Level	MQF level, as described in the Malaysian Qualification Framework, is an award level characterised by generic

		learning outcomes and qualification descriptors that describe a typical qualification.
34.	Postgraduate Medical Education	Postgraduate medical education would include post-registration education, comprising vocational/professional education, specialist/subspecialist education, and other formalised education programmes for defined expert functions.
35.	Programme	A programme is an arrangement of modules structured for a specified duration and learning volume to achieve the stated learning outcomes, which usually leads to the award of a qualification.
36.	Programme Accreditation	<p>An assessment exercise to determine whether a programme has met the quality standards and is in compliance with the Malaysian Qualifications Framework. There are two stages of programme accreditation:</p> <p>Provisional Accreditation is an accreditation exercise to determine whether a proposed programme meets the minimum quality standards prior to its launch.</p> <p>Full Accreditation is an accreditation exercise to ascertain that the teaching, learning, and all other related activities of a provisionally accredited programme meet the quality standards.</p>
37.	Programme Aims	The programme's aims are an overarching statement of its purpose, philosophy, and rationale for offering the programme.
38.	Programme Objectives	Broad statements that describe the career and professional accomplishments that the programme is preparing graduates to achieve after graduation.
39.	Programme Learning Outcomes	Statements that describe the specific and general knowledge, skills, attitude, and abilities that the programme graduates should demonstrate upon graduation.
40.	Quality Assurance	Quality assurance comprises planned and systematic actions (policies, strategies, attitudes, procedures, and activities) to provide adequate evidence that quality is being achieved, maintained, and enhanced, and that it meets the specified standards of teaching, scholarship,

		and research, as well as the student learning experience.
41.	Quality Enhancement	Quality enhancement is the set of steps taken to achieve continual quality improvement.
42.	Self-Review Report (SRR)	Self-Review Report is a report submitted by a higher education provider that demonstrates whether it has achieved the quality standards for a full programme accreditation. (Incorporated in the Evaluation Instrument).
43.	Stakeholders	A person, group, or organization that has an interest or concern in an organization. They include all parties that are directly affected by the success or failure of an educational system, as well as those indirectly affected.
44.	Stakeholders: Principal Stakeholders	Include the dean, the faculty board/council, the curriculum committee, representatives of staff and students, alumni, the university leadership and administration, relevant governmental authorities, and regulatory bodies.
45.	Stakeholders: Other Stakeholders	Include representatives of other health professions, patients, the community, and the public (e.g., users of the health care delivery systems, including patient organisations). Other stakeholders include representatives of academic and administrative staff, education and health care authorities, professional organisations, medical scientific societies, and postgraduate medical educators.

Foreign Institutions (**All criteria must be met**):

- Qualification must be recognised or registrable by the regulatory/professional authority in both the awarding country and the country where the programme is conducted.
- The medium of instruction must be English. The institution must be listed and active in the World Directory of Medical Schools (WDOMS).
- The entry requirements for Malaysians must follow the current Minimum Qualifications for Entry into Medical Programme, as prescribed in the Standards for Undergraduate Medical Education.

The Process for Application for Recognition of New Overseas Medical School for the Second Schedule

There are four phases for the application process for recognition of a New Overseas Medical School for the Second Schedule.

Phase 1: Submission of application,

Phase 2: Vetting of application,

Phase 3: Evaluation of the application and

Phase 4: Decision making (recognition or no recognition).

Phase One (1): Submission of Application

- i. A medical school may apply for recognition as a new medical school.
- ii. The applicant must provide a letter of intent and submit information.
- iii. An application for the recognition of a new medical school shall be submitted to the President of the Malaysian Medical Council (MMC).
- iv. The applicant shall submit evidence of current accreditation by the national accrediting authority.
- v. Initial payment for recognition process: RM 10,000 (non-refundable)
- vi. The medical school is required to respond to requests for any enquiry within one (1) month. Failure to respond will result in termination of the application, and the initial processing fee shall be forfeited. The medical school may submit a new, fresh application afterwards.

Incomplete submissions will not proceed to Phase 2.

Phase Two (2): Vetting of Application

- i. The MMC Secretariat shall conduct an initial vetting of the documents to ensure completeness and compliance with MMC's requirements.
- ii. Applications that meet basic submission requirements will be forwarded to the Medical Education Committee for Primary Medical Qualifications (MEC 1) for preliminary review.
- iii. The MEC 1 may:
 - a) Request additional documents or clarification,
 - b) Recommend that the application proceed to the next phase for complete evaluation.
- iv. Once the application is considered complete, to proceed to the evaluation, a further payment of RM 40,000 is required before the start of the evaluation.

- v. Payments made are non-refundable.
- vi. This payment excludes all travel and logistical expenses related to the site visit to the medical school.

Phase Three (3): Evaluation of Application

- i. The evaluation shall be conducted by a **Panel of Assessors (POA)** appointed by the MMC.
- ii. Evaluation by (POA):
 - a. **Desktop Review:** A comprehensive check of the Evaluation Instrument and supporting documents.
 - b. **Pre-visit Meeting:** A preparatory meeting between the POA and the medical school institution (conducted virtually).
 - c. Pre-visit coordination meeting.
 - d. Visit to the medical school (A physical or hybrid site visit to the medical school premises and its associated clinical training facilities).
 - e. Submission of the draft visit report for factual correction by the medical school
 - f. **Report Submission:** Preparation and submission of the visit report by the POA to the MEC 1 and MMC.
 - g. If there are areas of concern (AOCs), the medical school/institution must address them within 1 month; failure to do so results in the application not being approved for recognition.

*Costs of Evaluation:

In addition to the standard Evaluation Fee, **all costs associated with the site visit**, including but not limited to return airfare, accommodation, and ground transport for the POA members and the MMC Secretariat, **shall be borne entirely by the applicant.**

Phase Four (4): Decision on Recognition

- i. MMC shall endeavour to decide within six (6) months upon receipt of complete documentation.
- ii. MMC may decide to:
 - a) Grant recognition and include the qualification in the Second Schedule.
 - b) Reject the application with valid reasons.

If approved:

The recognised qualification will be forwarded to the Minister of Health for endorsement as per Medical Act 1971 and subsequently will be published on the MMC website and in the Second Schedule.

If rejected:

- i. The applicant shall be formally informed of the decision and the reasons for rejection.
- ii. The Council's decision is final.
- iii. The medical school may submit a new application after one (1) year from the date of the rejection letter.

4. LIST OF DOCUMENTS FOR SUBMISSION

- 1) Letter of intent
- 2) MQA-02 Recognition form
- 3) **Proof of Recognition Status** from the national authority of the country of origin.
- 4) *Evaluation Instrument* (EI)

5. FEES AND PAYMENTS

1. **Processing Fee (Phase 1):** RM 10,000.
 - o This fee is payable upon submission of the application and is **non-refundable**.
2. **Evaluation Fee (Phase 3):** RM 40,000.
 - o Once the application is deemed complete and eligible for evaluation, this fee is required before the evaluation commences.
3. **Visit Expenses:**
 - o As stipulated in Phase 3(*), all travel, accommodation, and ground transport expenses are to be borne by the applicant.
4. **General Condition:**
 - o All payments made are **non-refundable** regardless of the outcome of the application.
 - o The Council reserves the right to review and amend the fee structure from time to time.

Disclaimer:

The Minister of Health upon recommendation by the Council reserves the right to derecognise and remove any medical school from the Second Schedule for valid reasons.