



MMC STANDARDS

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HOUSEMANSHIP TRAINING

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1 INTRODUCTION

The purpose of this document is to outline standards for housemanship training in Malaysia.

The Malaysian Standards for Housemanship Training was developed in compliance with the requirements of the Medical Act 1971 [Act 50] and its regulations. These standards govern the implementation and management of the housemanship training in all clinical postings at approved training facilities.

These standards cover the following areas:

- Area 1: Program Development and Delivery
- Area 2: Assessment of Trainee Learning
- Area 3: Trainee Selection and Support Services
- Area 4: Trainer
- Area 5: Educational Resources
- Area 6: Programme Management
- Area 7: Programme Monitoring, Review and Continual Quality Improvement

These standards will be reviewed periodically as determined by the Malaysian Medical Council.

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2 GLOSSARY

Definition of terms used in Malaysian Standards for Housemanship Training

1.	Hospital Committee	A committee to manage the implementation and management of housemanship training at hospital level.
2.	Housemanship training	As defined under Section 2 of the Medical Act 1971, means the period of training in resident medical practice for the purpose of becoming a fully registered medical practitioner.
3.	House Officer (HO)	A person who is provisionally registered as a medical practitioner to obtain experience as provided in subsection 13 (2) of the Medical Act 1971 [Act 50] and appointed to practice and undergo housemanship training in approved training facilities.
4.	Medical Education Committee	A committee established under Subsection 22(1) of the Medical Regulation 2017.
5.	Medical Qualifying Committee	A committee established under Subsection 13 (1A) of the Medical Act 1971 [Act 50].
6.	Approved training facility	Hospital or institution approved by the Medical Qualifying Committee (MQC) to provide housemanship training.
7.	Specialist	A fully registered medical practitioner under Section 14C.
8.	State Committee	A committee to manage the implementation and management of housemanship training at the level of State Health Departments.

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3 AREAS

3.1 Area 1: Program Development and Delivery

- 3.1.1 The Medical Education Committee established under Subsection 22(1) of the Medical Regulation 2017 shall be the main governing body for matters related to standards and monitoring of the implementation of housemanship training. Programme development shall conform to the Malaysian Standards for Housemanship Training.
- 3.1.2 Development of the housemanship training programme shall take consideration and involvement of stakeholders that are deemed related to the housemanship training programme including the Hospital Committee and the State Committee.
- 3.1.3 The training programme must state its training outcomes, training experiences and methods of assessment.
- 3.1.4 The training programme must demonstrate its relevance and applicability in meeting the changing healthcare needs of the Malaysian population.
- 3.1.5 Modules and content of the housemanship training programme must fulfil the following characteristics:
- 3.1.5.1 Be relevant and in line with the country's vision and planning;
 - 3.1.5.2 Give emphasis to clinical training rather than academic training;
 - 3.1.5.3 Be structured with standardized framework and domains for all clinical postings;
 - 3.1.5.4 Give emphasis to training on basic competencies including basic clinical procedures with the primary intention of preparing house officers to practice independently and safely in rural areas or areas with limited resources.
- 3.1.6 The training module must cover the achievement of competency in the following domains of professional development.
- 3.1.6.1 Knowledge and understanding;
 - 3.1.6.2 Cognitive skills;
 - 3.1.6.3 Functional work skills with focus on:
 - a. practical skills



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- b. interpersonal skills
- c. communication skills
- d. digital skills
- e. leadership, autonomy and responsibility
- f. personal skills

3.1.6.4 Ethics and professionalism

3.1.7 Development of the housemanship training programme must align with the Medical Act 1971 [Act 50] and other relevant statutory requirements, which include, but is not limited to the following:

3.1.7.1 Duration of not less than one year of housemanship training;
and

3.1.7.2 Compulsory clinical postings which consist of medical, surgical and obstetric & gynaecological postings with a duration of at least four months in each of these postings.

3.1.8 Guidelines and modules of the training programme must be clear and be readily accessible either through a printed or digital version.

3.1.9 The housemanship training programme shall be delivered through the following:

3.1.9.1 Orientation programme, which shall include basic clinical simulation training;

3.1.9.2 Ward rounds and bed side teachings;

3.1.9.3 Inpatient management of cases;

3.1.9.4 Night duties;

3.1.9.5 Hands-on experience in performing and/or assisting basic clinical procedures and surgeries;

3.1.9.6 Outpatient encounters in clinics;

3.1.9.7 Mentoring by medical officers, specialists and other healthcare professionals;

3.1.9.8 Continuing medical education (CME) activities;

3.1.9.9 Relevant courses and simulation based training modules.



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3.2 Area 2: Assessment of Trainee Learning

- 3.2.1 Assessment in housemanship training shall be done as continuous work-based assessment.
- 3.2.2 Assessments shall be aligned with the training outcomes as specified in 3.1.6.
- 3.2.3 There shall be proper documentation of house officer progress and performance during the training, which shall include the following:
 - 3.2.3.1 Log of cases;
 - 3.2.3.2 Participation and/or presentations at Continuing Medical Education (CME) activities;
 - 3.2.3.3 Workplace-based assessment of clinical knowledge and skill; and
 - 3.2.3.4 Assessment of professionalism, attitude, leadership and clinical practice.
- 3.2.4 The house officer shall be made aware of the process and methods of assessment.
- 3.2.5 Methods and domains of assessment shall be standardised in all clinical postings.
- 3.2.6 Assessment shall be made by clinical supervisors or specialists appointed by the Hospital Committee.
- 3.2.7 There shall be clear criteria or requirements for successful completion of a clinical posting and the overall housemanship training. Such criteria or requirements shall be made clear to all house officers.
- 3.2.8 Any dispute on assessment shall be discussed in the Hospital Committee.

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3.3 Area 3: Trainee Selection and Support Services

3.3.1 Trainees shall fulfil the following criteria before they begin housemanship training:

- 3.3.1.1 hold a valid provisional registration certificate by the Malaysian Medical Council;
- 3.3.1.2 a Malaysian citizen or spouse of a Malaysian citizen or a permanent resident; and
- 3.3.1.3 appointed to undergo housemanship training at approved training facilities.

3.3.2 There shall be a clear mechanism at facility level for house officers to get access to psychological or counselling support.

3.3.3 There shall be mechanisms for House Officers to give feedback or lodge a complaint without fear of punitive action to hospital management on matters related to housemanship training. The house officer shall also be made aware of these mechanisms.

3.3.4 The house officer shall be formally briefed or orientated at the commencement of training on the following matters:

- 3.3.4.1 basic roles of a medical practitioner;
- 3.3.4.2 career pathways;
- 3.3.4.3 administrative matters related to their employment;
- 3.3.4.4 introduction to hospital facilities;
- 3.3.4.5 introduction to department related to housemanship training;
- 3.3.4.6 clinical documentation;
- 3.3.4.7 introduction to hospital information management;
- 3.3.4.8 basic competency training and general procedures;
- 3.3.4.9 code of professional conduct;
- 3.3.4.10 basics of medical jurisprudence;
- 3.3.4.11 health screening and immunization;
- 3.3.4.12 occupational health and risk management;
- 3.3.4.13 patient safety including patient safety concept, safe surgery, effective communication for patient safety, infection prevention and control; antimicrobial resistance, medication safety and incident reporting;

3.3.5 The support system for house officers shall be evaluated regularly to ensure their adequacy and effectiveness.

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3.4 Area 4: Trainer

- 3.4.1 Clinical supervisors shall be identified at each clinical department by the head of department and shall be appointed formally by the Hospital Committee. All clinical supervisors must be specialists.
- 3.4.2 Each house officer must be assigned to one clinical supervisor in every clinical posting.
- 3.4.3 All clinical supervisors shall be formally trained on the supervision of housemanship training.
- 3.4.4 House officers may undergo clinical training with other specialists or other medical officers in the department and there shall be a clear mechanism on giving feedback or appraisal to the clinical supervisor on house officer performance in the training.
- 3.4.5 There must be a clear mechanism at the department level for house officers to give feedback or appraisal to the hospital committee on any clinical supervisor.
- 3.4.6 There must be a clear mechanism to support clinical supervisor in distress and get access to psychological or counselling support.

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3.5 Area 5: Educational Resources

- 3.5.1 Educational resources and any other form of relevant resources (for example training modules and guidelines) shall be made accessible to all house officers in all training facilities.
- 3.5.2 The inclusion of online learning and simulation-based training of various modalities such as simulation lab, self-instructional demonstration videos on clinical procedures, screen-based simulation, etc should be aimed for as essential learning tools for all house officers.

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3.6 Area 6: Programme Management

3.6.1 There shall be a clear governance structure for the implementation and management of housemanship training at national, state and facility level. This includes:

3.6.1.1 a committee to manage the implementation and management of housemanship training at hospital level ("Hospital Committee"), headed by the Hospital Director or relevant appointed representative with membership consisting of an appointed representative from each department;

3.6.1.2 a committee to manage the implementation and management of housemanship training at the level of State Health Departments ("State Committee"), chaired by the Director of the State Health or relevant appointed representative with membership consisting of the chairpersons of the hospital committees;

3.6.1.3 a unit within the Ministry of Health that plans, support, coordinates and strategizes the implementation and management of housemanship training within the public sector in accordance with the standards.

3.6.2 There shall be administrative staff and officers assigned at facility level to implement and manage the housemanship training programme.

3.6.3 There shall be clear documentation on terms of reference of all committees involved in the implementation of the housemanship training.

3.6.4 Housemanship training shall be implemented only at training facilities approved by the Medical Qualifying Committee.

3.6.5 There shall be clear criteria and norms to be used for approval of facilities that can provide housemanship training. The criteria shall take into consideration the following aspects:



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- 3.6.5.1 Number of operational hospitals beds;
- 3.6.5.2 Availability of medical, surgical and obstetric & gynaecology specialty;
- 3.6.5.3 Number of resident specialists;
- 3.6.5.4 Adequacy of the number of cases and case-mix; and
- 3.6.5.5 Availability of administrative staff.

3.6.6 There shall be a clear policy and procedures for extension, deferment, and termination of training. The process of extension and termination shall be fair and transparent.

3.6.7 All cases for termination of training shall be discussed and endorsed by the Medical Qualifying Committee. There shall be a clear policy and procedures for appeal.

3.6.8 There must be a clear mechanism for anyone to lodge a complaint or make a suggestion for improvement of housemanship training.

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3.7 Area 7: Programme Monitoring, Review and Continual Quality Improvement

- 3.7.1 The implementation of the housemanship training programme shall be continuously monitored and regularly reviewed for quality assurance.
- 3.7.2 There shall be a clear mechanism of feedback from the Hospital Committee to the State Committee and to the Medical Qualifying Committee on quality improvement of the training programme.
- 3.7.3 There shall be regular audits on the implementation and management of the housemanship training programme at approved training facilities by relevant stakeholders. Findings of the audit shall be formally reported to the Malaysian Medical Council.
- 3.7.4 The housemanship training programme shall be reviewed at least every five years. Any revision of the programme shall require endorsement by the Malaysian Medical Council.

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4 AMENDMENT RECORDS

REVISION NO.	DATE	DESCRIPTION	AMENDED BY
1	24 February 2026	First edition of MMC Standards released	Prof. Dr. Sharifah Sulaiha binti Syed Aznal (C)

5 APPENDIX

NO.	ATTACHMENT TYPE	APPENDIX
5.1	Acknowledgement	A

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SPECIAL THANKS TO EX-HOUSEMANSHIP EDUCATION SUBCOMMITTEE (2022-2023):

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