

The National Postgraduate Medical Training Project Medical Deans' Council



Vision

- To establish a National Malaysian Medical Curriculum to ensure that all junior doctors are trained to the highest standard thus ensuring patient safety and quality of care.

Training of Medical Specialists (Prior to local programmes)

- Overseas qualifications
 - Diplomas
 - Master of Science/Medicine
 - MD
 - Membership of Royal Colleges of UK & Australasia
 - Board certification (USA & Canada)
- Problems with overseas qualifications
 - Expensive (??)
 - Unable to produce enough specialists for National needs
 - Variable training and supervision
 - Lack of “local” relevance

Clinical Masters Program

- UM - 1973
- Clinical Masters Programs
 - Master of Pathology
 - Master of Psychological Medicine
 - Master of Public Health
- Faculty of Medicine (UM) continued as exam centre for Royal Colleges:
 - General Medicine
 - Paediatrics
 - General Surgery
 - Obstetrics & Gynaecology
 - Anaesthesiology

1980s - onwards

- Master of Anaesthesiology
- Master of Internal Medicine
- Master of Obstetrics & Gynaecology
- Master of Paediatrics
- Master of Family Medicine
- Master of Surgery
- Master of Orthopaedic Surgery
- Master of Otorhinolaryngology
- Master of Ophthalmology
- Master of Radiology
- Master of Rehabilitation Medicine
- Master of Sports Medicine
- Master of Clinical Oncology
- **MINISTRY OF HEALTH PARALLEL PROGRAM**

Challenges

- Criteria for selection of trainees
- Criteria for supervisors
- Quality and variability of training provision and training sites
- Inadequate assessment of practical skills/competence throughout training.
- Clash between University senate “sovereignty” and conjoint exams
- Conduct of conjoint exams
- Research projects
- High failure rate with some programmes

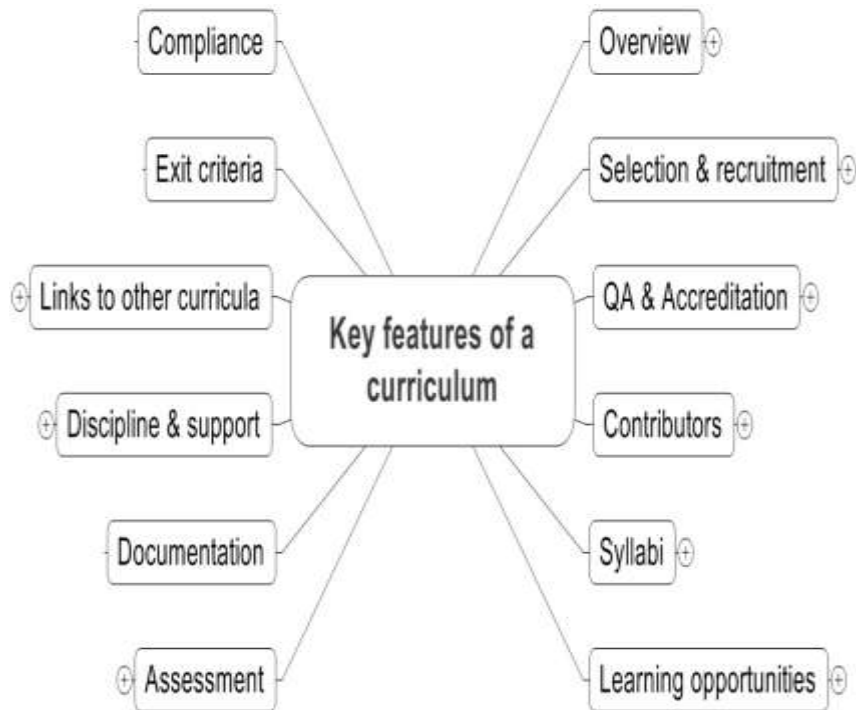
Why a national curriculum?

- The national curriculum will allow:
 - A structure that is recognisable and easy to approve
 - Trainees and trainers will be familiar with the structure
 - Regulatory authorities have a smaller burden
 - Identification of cross over between specialties
 - Allow evolution of the curriculum as modules / components can be changed with ease

What are we trying to achieve?

- Internationally recognised training that is locally relevant
- A curriculum which has for all specialties:
 - A common governance structure
 - A similar structure
 - A common entry and exit strategy
 - A common structured syllabus
 - A common system of progression
 - A common assessment strategy
 - Open and transparent

Collaboration through curriculum



- All aspects of medical training will need to be coordinated through a detailed, planned curriculum that brings together every element of a doctor's educational journey in a detailed, agreed plan.

Compelling local relevance

- Fits local needs
- Obvious local advantages
- Not borrowed or licensed from somewhere else

- Numbers of trainees
- Numbers of trainers
- Training Facilities
- Clinical experience



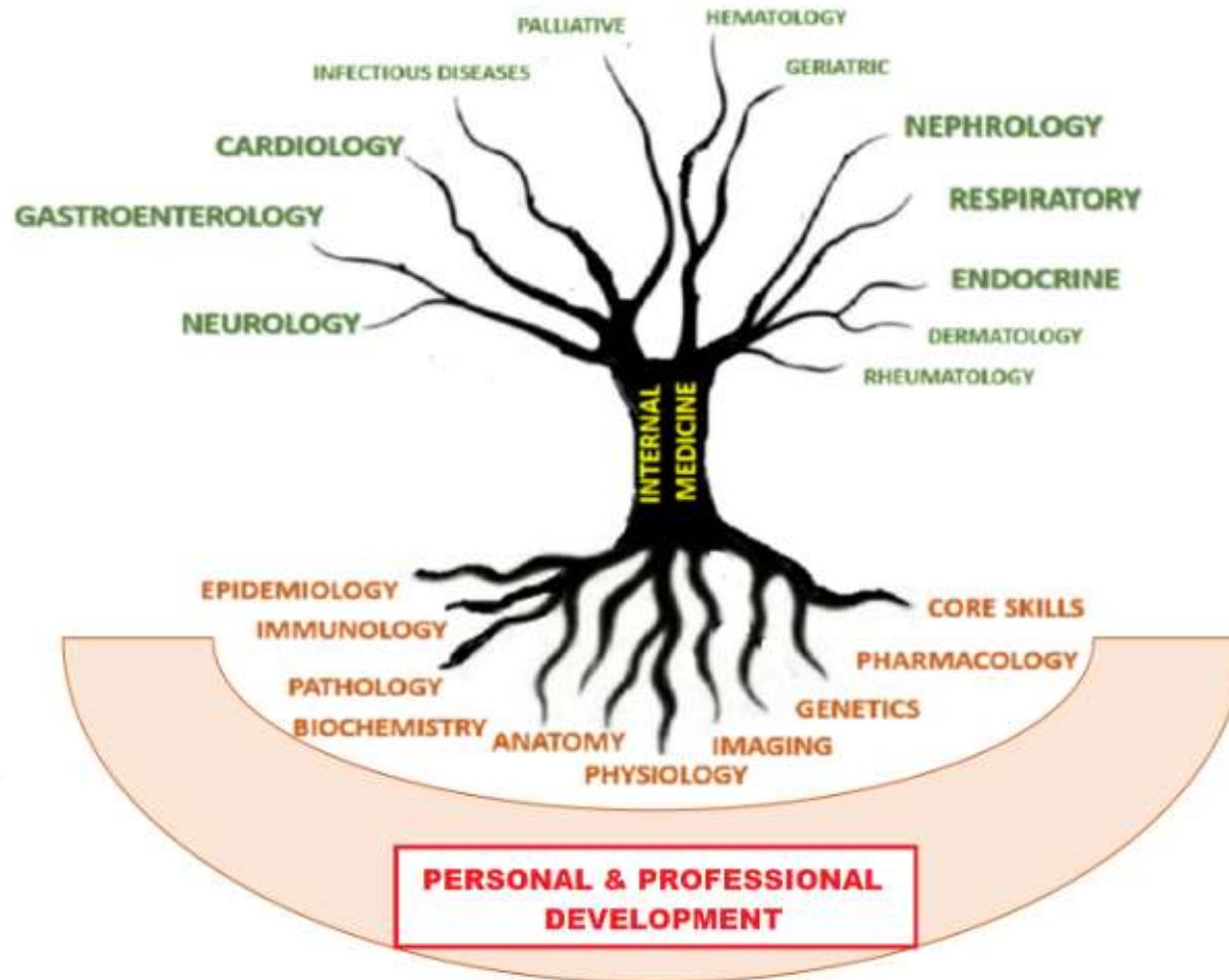
Postgraduate Medical Education From Apprenticeship to Competency-Based Training



Key Features of the National Curriculum

- Shift towards **competency-based** medical education
 - Move away from time-based apprenticeship programs and reliance on high-stakes examinations with minimal in training assessments
- Outcomes-based training programs with more explicit curriculum standards
- Emphasis on **demonstrated performance** rather than simply the time spent in training
- **Work-based assessments** relevant to the day-to-day practice of physicians
- More **flexible and relevant**
- **Faculty development** through more training for supervisors

5.2 The Syllabus



#core skills - included communications skills, professionalism, procedure skills, basic research knowledge, basic administrative management

Syllabus & Levels Of Competency

The following definitions are used for levels of knowledge:

Examples of assessment for level of competency and skills expected in: Nephrotic Syndrome

| | |
|---------------|--|
| HO | Standard expected of a House Officer at the end Medical posting |
| MO | Standard expected of a MO at entry to MMED training |
| SPECIALIST | Standard expected of a Specialist at the end of MMED (gazettement) |
| SUBSPECIALIST | Standard expected of a subspecialist in the field |

| LEVEL | KNOWLEDGE | Nephrotic syndrome |
|-------|--|---|
| 1 | Knows of / No specific knowledge | Heard of nephrotic syndrome but have little knowledge of it. |
| 2 | Knows basic concepts | Knows nephrotic syndrome but cannot make a diagnosis and uncertain of the features. |
| 3 | Knows generally. | Diagnoses and recognises nephrotic syndrome |
| 4 | Knows specific diagnosis, subtypes and treatment options | Able to generate differential diagnosis and initiate treatment for the disease and complications related to it. |
| 5 | Knows specifically and broadly | Confidently and correctly identify the diagnosis, initiate treatment accordingly and able to manage rare and severe complication and the complexity of the disease. |

Essential Learning Activities

- "An Essential Learning Activity is the identification and description of a clinical task in such a way that the trainee is fully aware of the KSA needed to complete the task and the trainer is fully aware of what needs to be observed to deem the task completed to a professional level"

Key Features of the National Curriculum

- Emphasis on Professional Values & Attitude



| Essential Learning Activity PVB ELA 1: Informed Consent |
|---|
| House officer: |
| Specialty trainee: |
| Specialist: |
| Consultant: |

All items on the tables below are examples, they do not constitute an exhaustive list in any aspect.

| Knowledge | Skills | Attitude + Values |
|--|---|--|
| <i>Know, Facts, Information</i> | <i>Do, Practical, Psychomotor, Techniques</i> | <i>Feel, behaviours displaying underlying values or emotions</i> |
| Informed consent is an activity undertaken by all doctors. At any grade informed consent should only be obtained for procedures which the doctor has been involved either as the primary physician or as an assistant. All the Knowledge, skills and attitudes and behaviours are the same for all procedures. | | |
| Legal framework | Communication | Patient centred |
| Medical ethics | Time Management | Maintains and respects patient's autonomy |
| Condition | Selection and management of physical setting | Thorough |
| Procedure and its options | | Expert |
| Complications | | Honesty |
| Mental capacity | | Confidentiality |

Faculty Development

Training the Trainers Workshop

19th August 2015, 8.30am – 4.30pm, IIUM



Mr David Pitts with the workshop participants

Modern principles of assessment for health professionals

WBAs: principles and uses

University of
Malaya
June 2018



Standards in Medical Training Workshop

4 Apr 2017, Medical Academies of Malaysia Building, KL



- A National Postgraduate Medical Curriculum (NPMC) workshop collaborated with Malaysian Medical Council (MMC) and Academy of Medicine (AMM).
- To develop overarching standards for Malaysian Postgraduate Medical Training.
- Five representatives were nominated from MMC, AMM, Ministry of Health (MOH) and Universities respectively to participate.
- Participants drafted a set of standards for Trainers, and listed down elements and sub-elements of the following domains: CPD, Experience, Qualification, Training Needs etc.
- MMC will select the members to attend future meetings and working on assigned tasks.

Specialty Progress

Specialty Work Progress

| No. | Specialty | Last meeting date | Progress | | | | | | | | | Comments |
|-----|--------------------------|-------------------------|--------------------|--------------|-------------------------|---------------|---------|------------|------------------------|--------------|---------------|-----------------------------|
| | | | Specialty Overview | Introduction | Selection & Recruitment | Exit Criteria | Syllabi | Assessment | Learning Opportunities | Contributors | Documentation | |
| 1 | Medicine (Internal) | 01/04/2019 Workshop | | | | | | | | | | Lead group |
| 2 | Orthopaedic Surgery | 01/04/2019 Workshop | | | | | | | | | | Lead group |
| 3 | Radiology | 01/04/2019 Workshop | | | | | | | | | | Lead group |
| 4 | Psychiatry | 01/04/2019 Workshop | | | | | | | | | | Lead group |
| 5 | Paediatrics | 15/01/2018 – Workshop | | | | | | | | | | Second group for completion |
| 6 | Surgery (General) | 02/04/2019 – Review | | | | | | | | | | Second group for completion |
| 7 | Oncology (Clinical) | 02/04/2019 – Review | | | | | | | | | | Second group for completion |
| 8 | Rehabilitation Medicine | 12/02/2019 – Review | | | | | | | | | | Second group for completion |
| 9 | Family Medicine | 03/04/2019 – Review | | | | | | | | | | Second group for completion |
| 10 | Anaesthesiology | 04/04/2019 – Review | | | | | | | | | | |
| 11 | Emergency Medicine | 04/04/2019 – Review | | | | | | | | | | |
| 12 | Obstetrics & Gynaecology | 05/12/2018 – Review | | | | | | | | | | |
| 13 | Sports Medicine | 09/08/2018 – Review | | | | | | | | | | |
| 14 | Pathology | 15/02/2019 – Review | | | | | | | | | | |
| 15 | Ophthalmology | 02/04/2019 – Review | | | | | | | | | | |
| 16 | Otorhinolaryngology | 27/06/2018 – Discussion | | | | | | | | | | |
| 17 | Nuclear Medicine | 17/01/2018 – Workshop | | | | | | | | | | |
| 18 | Paediatric Surgery | 07/12/2018 – Review | | | | | | | | | | |
| 19 | Urology | 14/01/2018 – Workshop | | | | | | | | | | |
| 20 | Neurosurgery | 05/12/2018 – Review | | | | | | | | | | |
| 21 | Cardiothoracic | 30/11/2016 - Discussion | | | | | | | | | | |
| 22 | Plastic Surgery | | | | | | | | | | | |

Completed

Not yet completed



Partnerships

Patient Safety - Quality of Care



1)

PG Medical Curriculum Review

8 – 10 Dec 2014, Faculty of Medicine, UM



2)

Meeting with Health Minister

17 Aug 2015, MOH Putrajaya



3)

Training the Trainers Workshop

19 Aug 2015, IIUM



4)

Meeting with Malaysian Medical Council (MMC)

20 Aug 2015, Bilik Persidangan RMC, UM



ACCREDITATION & REGULATIONS

Development of Standards

- MMC Education Committee, MQA

Challenges

- Governance
 - MOH, MOE, University Senates, MMC, Conjoint Board, Academy of Medicine
- Structure
- Funding
- Human Resource

- I believe the local training schemes are now mature & robust, and there is little to be gained by returning to a system where trainees look to fellowships with external countries. Mutual recognition agreements with ASEAN countries offer the potential of a truly well trained local workforce, able to provide health care across the region. Overseas countries can best assist by offering Fellowship positions to complement local training.
- Dr Graeme Campbell. Royal Australasian College of Surgeons. Travelling Fellowship Malaysia – Berita CSAMM July 2016

Training is the key



Training is more than:

passing an exam

completing “X” years at different levels

sitting at the feet of a self proclaimed master for a prescribed period



Just the Beginning

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