



Career Pathways for Medical Graduates

International Medical University
Sesama Centre,
Plaza Komanwel, Bukit Jalil,
57000 Kuala Lumpur,
Malaysia

Table of Contents

| | |
|---|----|
| <i>Family Medicine Specialisation in Malaysia</i> _____ | 3 |
| <i>Specialising in Paediatrics and Paediatric Sub-specialties in Malaysia</i> _____ | 11 |
| <i>Surgical Specialisation in Malaysia</i> _____ | 13 |
| <i>Training for Orthopaedics</i> _____ | 21 |
| <i>A Career in Otorhinolaryngology</i> _____ | 23 |
| <i>Further Training in Various Sub-specialities in Otolaryngology</i> __ | 24 |
| <i>A Career in Obstetrics and Gynaecology</i> _____ | 25 |

Family Medicine Specialisation in Malaysia

By: Assoc Prof Dr Kwa Siew Kim

Designation: Head of Department Family Medicine

Background

Development of Family Medicine as a Specialty in Malaysia

Family Medicine trainees at present have the opportunity to select one of the following programmes to qualify as a Family Physician:

- I. Masters of Family Medicine offered by three local public universities.
- II. The Conjoint MAFP/FRACGP (Member of Academy of Family Physician of Malaysia/Fellow of Royal Australian College of General Practitioners) Vocational Training Programme (VTP) run by the Academy of Family Physicians of Malaysia (AFPM) which was previously known as College of General Practitioners of Malaysia.

I. Masters of Family Medicine in Public Universities

The Primary Care Department was first established in University Malaya (UM) in 1987 on the initiative of Council Members from the Malaysian College of General Practitioners. However its training in Master of Family Medicine was only recognised by the Ministry of Health when it conjoined with National University of Malaysia (Universiti Kebangsaan Malaysia, UKM). UKM started their postgraduate Family Medicine training programme in 1993 followed by Universiti Sains Malaysia (USM) in 1995. Currently three public universities offer this programme, i.e. UM, UKM and USM.

It is a four-year structured programme and the candidates must pass Part 1, Part 2 and Part 3 examination. Part 1 is at the end of first year, Part 2 at the end of third year and Part 3 is at the end of fourth year. Part 1 is a theory paper based on questions from Obstetrics and Gynaecology, Internal Medicine and Paediatrics. Part 2 includes theory and clinical examination on all the above subjects including other specialities. On passing, candidates can proceed to conduct a

research thesis project. The Part 3 examination consists of satisfactory completion of the research project, practice diaries, case summaries and exit viva.

All the examinations are conducted conjointly with the three universities. There is a component of continuous assessment which is incorporated into the final marks. On fulfilment of all the requirements at the end of the fourth year, the trainee will be conferred the postgraduate degree of Master of Medicine (Family Medicine) and qualify as a Family Medicine Specialist (FMS). They will then work in the public Health Clinics and be gazetted by the government. They will enjoy salaries comparable with other clinical specialists in government service. Following post-graduation, the Ministry of Health grants awards for further training in areas like geriatrics, adolescent medicine, etc.

The programmes for the three different universities differ slightly in their course curriculum delivery but all students undergo the same Parts 1-3 conjoint examination.

Subjects taught include the principles of Family Medicine, Internal Medicine, Obstetric & Gynaecology, Paediatrics, Emergency Medicine, Surgery, Psychiatry, Orthopaedics, Anaesthesiology, Pathology, Geriatrics, Dermatology, Radiology, Ophthalmology and ENT. The clinical skills taught will enable them to make accurate diagnosis and implement relevant management including performing minor surgical procedures.

In addition, students are taught managerial skills to manage family medicine at the community level and carry out suitable intervention.

THEORY AND PRACTICE OF FAMILY MEDICINE (adapted from USM MSc FM Handbook)

Principles of Family Medicine

The graduate should be able to demonstrate:

1. The ability to make diagnoses which take into consideration the physical and psychosocial aspect of the illness using a problem-oriented approach.
2. Understanding in the different stages of human development and how they impact on the different tasks and health at each stage of life, e.g. childhood, adolescence, old age.
3. Understanding of normal and abnormal behaviour, in health and in sickness, in the family & community e.g. be able to cope with manipulative patients.
4. Understanding of the effects of the culture and class among the population e.g. awareness of traditional medicine, culture, religious proscriptions and prescriptions.
5. Ability to work in a healthcare team, as a member or leader, in rural or urban setting, serving patients of all ages and social strata.

The Consultation

The graduate should be able to demonstrate:

1. Understanding of various approaches to the consultation.
2. Understanding of the tasks of the consultation; e.g. to include opportunistic health promotion.
3. Ability to use different styles of consulting appropriately e.g. sometimes an authoritative style, sometimes a counselling style.

Approach to Clinical Care

The graduate should be able to:

1. Recognise early, treat and/or manage emergencies, i.e. acute and life-threatening diseases.

2. Detect and treat diseases early so as to prevent and reduce complications.
3. Recognise and treat a wide range of common conditions.
4. Recognise in chronic conditions the important factors requiring continuing care.

TEACHING AND LEARNING SKILLS

The graduate will be:

- Committed to lifelong learning, able to use a variety of media, journals, meetings and audio-visual materials.
- Able to transfer skills and knowledge about health to students, colleagues and the community, especially to women, children and the elderly.
- Able to use adult education methods in health education, including working with the media.

HEALTHCARE MANAGEMENT

The graduate should be able to show knowledge of:

- The concept of health systems, specifically as applied to Malaysia.
- The variety of systems in Malaysia e.g. Government, private, traditional and other community health services.
- The health programmes in Malaysia e.g. Factories and Machinery Act, 1967.

The graduate should also be able to demonstrate application of principles of **medical ethics and professionalism** in his work.

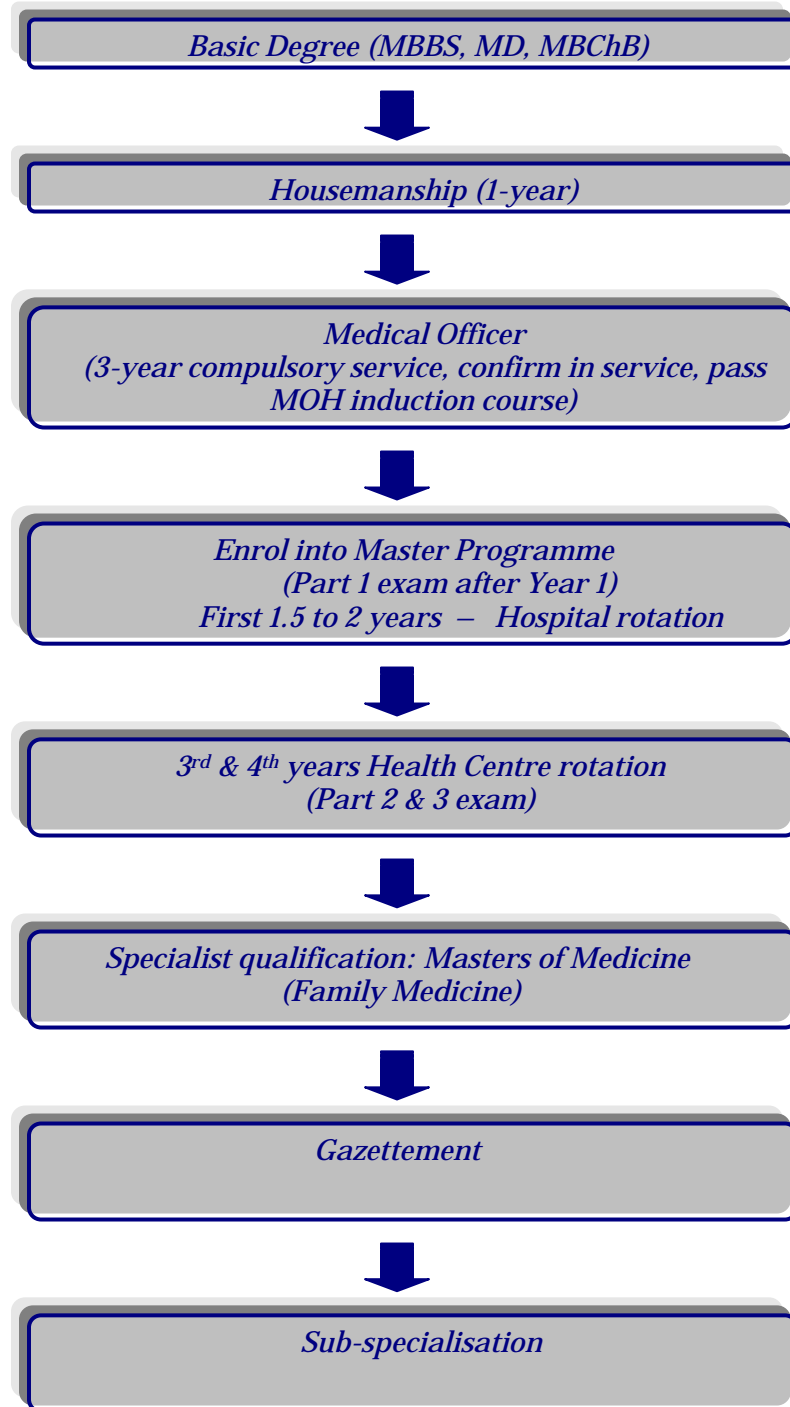
PRACTICE MANAGEMENT

The graduate needs to demonstrate knowledge of:

- Setting up and managing a practice: finance, organisation, selection and training of personnel, legal aspects.
- Medical records and appointment systems.

- Use of age, sex and disease register.
- Use of the computer in family medicine

Diagram 1: Pathway to Family Medicine Specialist



II. Postgraduate training in Family Medicine offered by the Academy of Family Physician of Malaysia (AFPM)

The AFPM is a professional medical organisation established initially as the College of GPs with the main aims of promoting and maintaining high standards of medical practice in Family Medicine among Malaysian general practitioners.

A committee was appointed by the Board of Censors in 1974 to study how this could be achieved. A year later, the Committee presented a paper entitled “Curriculum for General Practice” which recommends that an examination be held for entry as a member of the College. In 1978, Council of the College with the approval of the Board of Censors appointed the same committee to determine the content of vocational training and the conduct of this Postgraduate Diplomate examination. A report entitled “Specialisation in Primary Healthcare training for the new General Practice in Malaysia” was published in 1979 and reprinted with corrections in 1986.

The first Diplomate examination was conducted in 1979 with the help of examiners from the Royal Australian College of GPs, local GPs and specialists.

In 1982, the AFPM collaborated with the Royal Australian College of General Practitioners (RACGP) to offer certification examinations leading to the joint Membership of Academy of Family Physicians of Malaysia (MAFP) and the Fellowship of Royal Australian College of General Practitioners (FRACGP). These examinations consist of two Parts (Parts 1 and 2) and are held once yearly in Malaysia with external examiners from the Australian College. The FRACGP is an internationally recognised degree for work in Australia and other countries. It is also recognised by WONCA-the World Organisation of Family Doctors. Unfortunately to date, it has yet to be officially recognised in Malaysia.

To prepare candidates for the examinations, the AFPM offers a structured course called **The Vocational Training Programme in Family Practice**. This is designed to upgrade standards of care in Family Practice and to increase awareness of global trend towards the provision of continuing and comprehensive care by the family doctor.

The duration of the programme is four years with exemption given if posting requirements are met; but a minimum duration of two years of Vocational Training Programme (VTP) is a must. The final two years of the programme comprise of 20 modules delivered by distance learning, tutorials and mentorship, weekend workshops on various topics to fulfil designated requirements. A logbook has to be maintained to show clinical experience.

Candidates may appear for Part 1 theory examination after completion of this duration. Completion of the VTP is a prerequisite for candidates taking the conjoint MAFP/FACGP examination. On passing Part 1, candidates then proceed to do the Part 2 clinical examination. Examiners consist of local Family Physicians and external examiners appointed by the Royal Australian College of GPs.

At the moment, there is no entry standard into general practice and GPs with Family Medicine training may not charge higher in the fee-for-service payment system in Malaysia. However, it can be anticipated that with National Health Financing, GPs with postgraduate training will possibly receive a higher remuneration compared to those without further training. In addition, entry standards including accreditation which stipulate further training may be introduced for new entrants into General Practice. Finally re-accreditation may be introduced. Hence it is important for GPs to acquire further training in Family Medicine.

Post Specialisation Programmes

Postgraduate Diploma in Reproductive Medicine, Dermatology, STD including HIV and Ophthalmology are conducted by the AFPM in collaboration with other higher institutes of learning. More courses are anticipated and information can be obtained from their website: www.afpm.org.my

Specialising in Paediatrics and Paediatric Sub-specialties in Malaysia

By: Prof Boo Nem Yun

Designation: Professor (Department of Paediatrics)

Pre-requisites

To qualify as a Paediatrician in Malaysia, one must have a basic medical degree recognised by the Malaysian Medical Council, and after completing the housemanship year, enter into one of the following paediatric training programmes.

Recognised Training in General Paediatrics

There are two possible pathways to be trained in general paediatrics in Malaysia.

1. To join the four-year Master of Paediatrics training programme offered by one of the three local universities (Universiti Malaya (UM), Universiti Kebangsaan Malaysia (UKM) and Universiti Sains Malaysia (USM)).
2. To undergo four-year of rotation recognised paediatric training in the departments of paediatrics in one of the Ministry of Health Hospitals. This four-year training may be obtained before or after obtaining the postgraduate degree of MRCPCH (see below).

Recognised Postgraduate Degrees

The doctor must have obtained one of the following postgraduate degrees or its equivalent recognised by the Malaysian Paediatric Specialty Board:

- A degree in Master of Paediatrics conferred by the UM, UKM or USM.
- Member of Royal College of Child Health (MRCPCH) of United Kingdom.

Criteria for Registering as a Paediatrician in the Malaysian Specialist Register include:

1. Has a recognised postgraduate degrees listed above or its equivalent.
2. Has completed four-year of training in Paediatrics recognised by the Malaysian Paediatric Specialty Board based on specified criteria.
3. Has a satisfactory report from the various supervisors during the training period, stating successful acquisition of core clinical competency and core clinical procedures in paediatrics.

Further Training in Various Sub-specialties in Paediatrics

After being trained as a Paediatrician, one can proceed to sub-specialise in various fields in Malaysia: Neonatology, Paediatric Cardiology, Paediatric Nephrology, Paediatric Gastroenterology, Paediatric Neurology, Paediatric Pulmonology and others.

The sub-specialty training programmes (each lasting three years) are currently offered either by the Universiti Malaya, Universiti Kebangsaan Malaysia or some of the general hospitals in the Ministry of Health. For further enquiries, please contact the College of Paediatrics, Academy of Medicine of Malaysia.

Surgical Specialisation in Malaysia

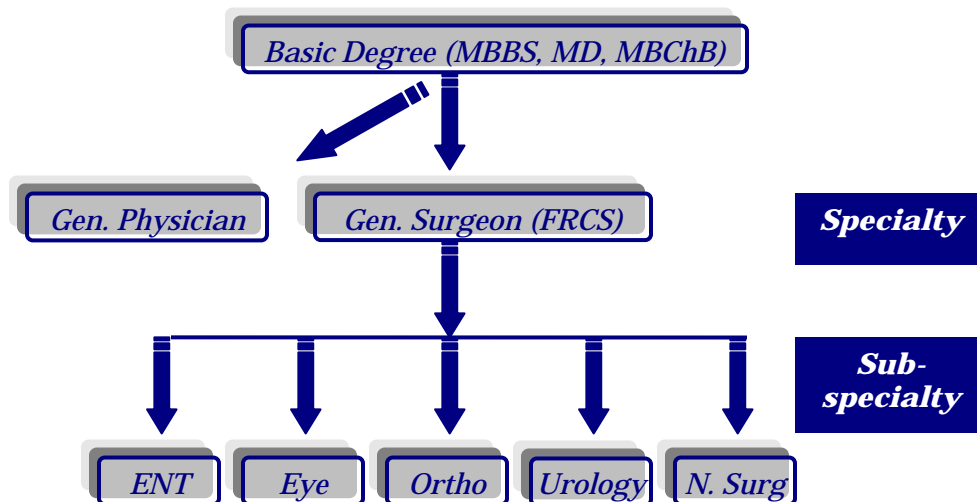
By: YBhg Prof Dato' Dr P Kandasami

Designation: Dean, Clinical School (Administration)

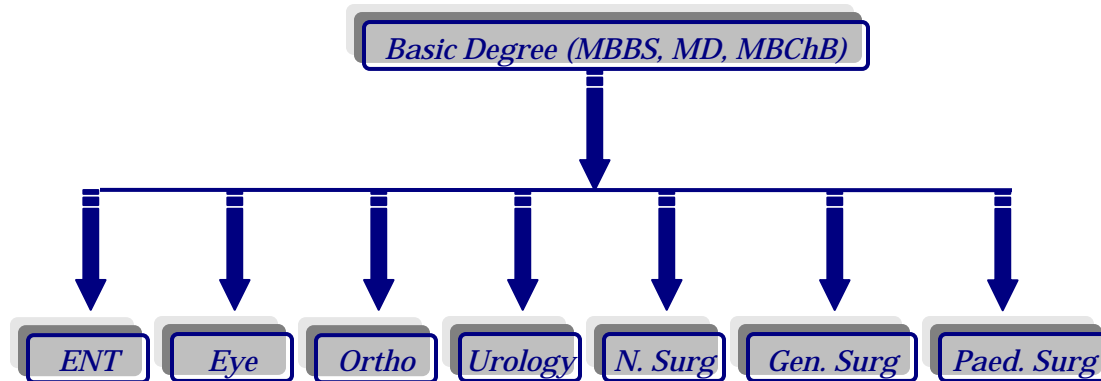
Background

The scientific and technological advances witnessed in the last two decades are unparalleled in all medical history, resulting in enormous change in the practice of medicine. Of these the fragmentation of 'General Surgery' into various specialties and sub-specialties are significant developments that have made major impact in the practice of surgery. Specialisation and sub-specialisation are and will be part of the natural evolution of all surgical disciplines as knowledge increases and new techniques are introduced. At the beginning surgery was all-inclusive. The review of surgical literature does not offer a clear definition of the terms specialisation and sub-specialisation. As 'General Surgery' was considered the parent discipline in surgery and preliminary training in the field was considered mandatory in the preparation of individuals who choose to focus in a surgical specialty. 'General Surgery' was considered the basic specialty and surgeons who received additional training were called sub-specialist.

The flowchart below illustrates this concept:



In the 1920s, the scope of the parent discipline contracted with the emergence of ophthalmology and ENT and later orthopaedic surgery as independent specialties. Neurosurgery, urology and thoracic surgery broke away in the 1950s. Finally cardiac and paediatric surgery became independent disciplines in the 1960s. The structure of the programmes and the duration of training of each of these specialties are different and are usually determined by the relevant Specialty Board. The chart below shows the new specialties in surgery.



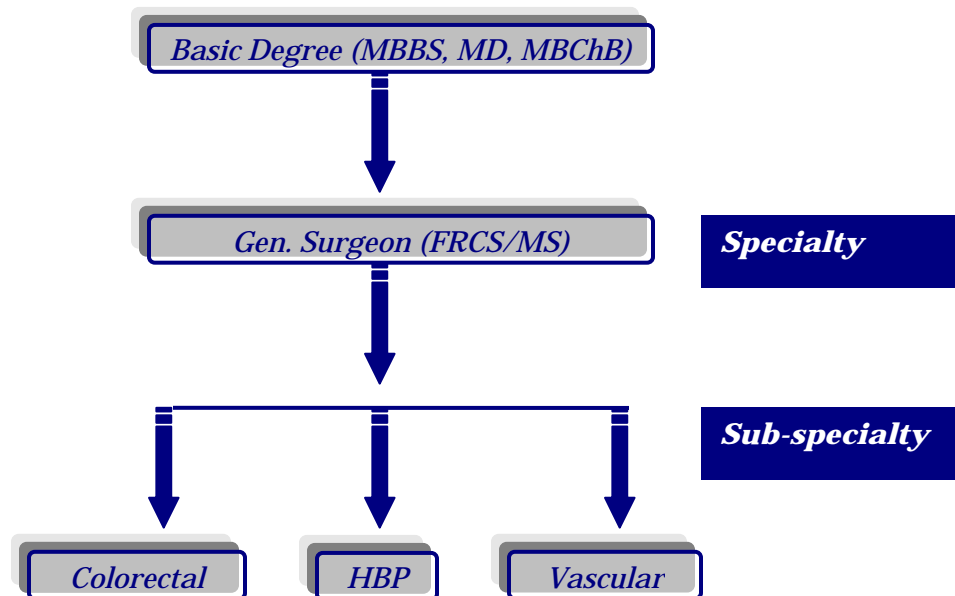
The following are basic specialty training programmes offered by the Royal Colleges of the UK.

- Cardiothoracic Surgery
- General Surgery
- Neurosurgery
- Oral & Maxillofacial Surgery
- Otolaryngology
- Paediatric Surgery
- Plastic Surgery
- Trauma & Orthopaedic Surgery
- Urology

The specialty training programmes of Australia are as follows:

- General Surgery
- Cardiothoracic Surgery
- Neurosurgery
- Orthopaedic Surgery
- Otolaryngology
- Paediatric Surgery
- Plastic and Reconstructive Surgery
- Urology
- Vascular Surgery

Further **sub-specialisation** evolved within these disciplines. For example, colorectal, upper gastrointestinal and hepato-biliary surgery became sub-specialties of General Surgery.



Development of Surgical Specialisation in Malaysia

In 1922, two surgical specialist posts were established in the Federated Malay States. Mr. C.B Paisley FRCSI, the Chief Surgeon of Perak and Mr. T.W.H. Burne was Chief Surgeon at Selangor. In 1947, a thoracic unit was established at the Malacca General Hospital to treat tuberculosis and in 1955 the Lady Templar Hospital, Kuala Lumpur replaced this unit. Mr. D.R. Gunn established the Orthopedic unit at the General Hospital, Kuala Lumpur in 1954. Following independence, there was a rapid expansion of healthcare in the country and local surgeons were appointed as Head of Disciplines. Mr. Alhady was appointed Chief of Surgery at the Penang General Hospital 1956 and at Kuala Lumpur General Hospital, Mr. A.M. Ismail was the Orthopaedic surgeon and Mr. K.L.Lam was the ENT surgeon. At the Kuala Lumpur General Hospital, new surgical disciplines were established. They included surgical gastroenterology in 1961, neurosurgery in 1963, urology in 1967 and plastic and reconstructive unit in 1970. Subsequently specialised service was planned for the rest of the country. Today, most major hospitals both in the public and private hospitals offer a range of specialist services.

SURGICAL TRAINING

Surgical trainees presently select one or more of the following programmes to qualify as a specialist surgeon.

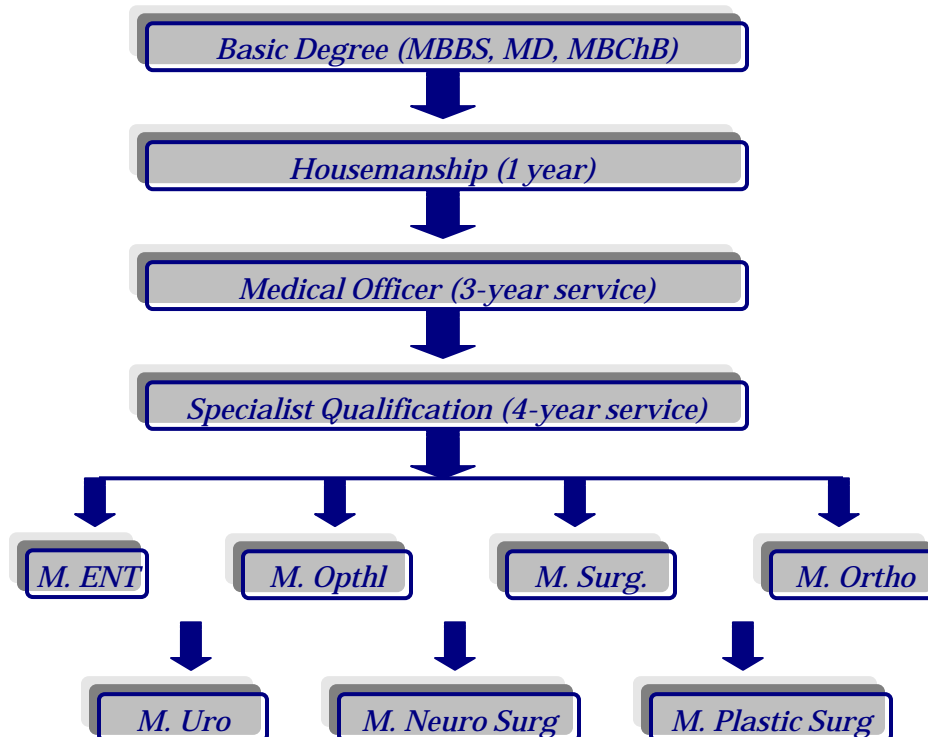
1. Masters in Surgery programme of the local Universities
2. The FRCS programme of the Royal Colleges of the UK, Ireland or Australia

Masters in Surgery Programme of the Local Universities

Postgraduate training in surgery was introduced locally in 1981 and presently Universiti of Malaya, Universiti Kebangsaan Malaysia and Universiti Sains Malaysia offer the programme. Masters in Surgery is available for General

Surgery, Orthopaedics, ENT and Ophthalmology. It is a four-year structured programme and is considered an exit examination and the trainees are deemed competent for independent surgical practice on successful completion of the programme.

Recently, Masters in Plastic Surgery, Masters in Neuro-surgery and Urology have been introduced. The flow chart below illustrates the pathway for the local Masters programme.



The FRCS Programme of the Royal Colleges of the UK, Ireland or Australia

In the past it was a norm for surgeons to obtain their qualification from the Royal Colleges of the United Kingdom, Ireland. Major changes have taken place in the surgical training programmes with the introduction of the Calman Report in 1993

(Hospital Doctors: Training for the Future: The Report of the Working Group on Specialist Medical Training' - Department of Health). The old FRCS Examination will cease from the year 2002 and the format of the new training programmes is divided into two parts:

1. Basic Surgical Training
2. Higher Surgical Training

Basic Surgical Training

This is a two-year training period commencing immediately after Internship. During this period the trainee gains exposure to applied basic sciences fundamental to surgery, basic surgical skills, principles of surgical critical care, basic experience with pre-operative and post-operative patient care. On completion of the programme the trainee appears for an examination and if successful, is awarded the MRCS diploma. The trainee is now eligible to enter the higher surgical training.

The aim of basic surgical training is to provide a common trunk of training in the principles of surgery-in-general and to equip a trainee surgeon for higher surgical training and a career in one of the surgical specialties.

Higher Surgical Training

On completion of basic surgical training, the trainee takes up a specialist registrar job, where trainees expand their clinical experience, take on increasing responsibilities and develop a specialist interest. Higher training takes four to five years, depending on the specialty. Higher surgical training is offered in the following surgical specialties:

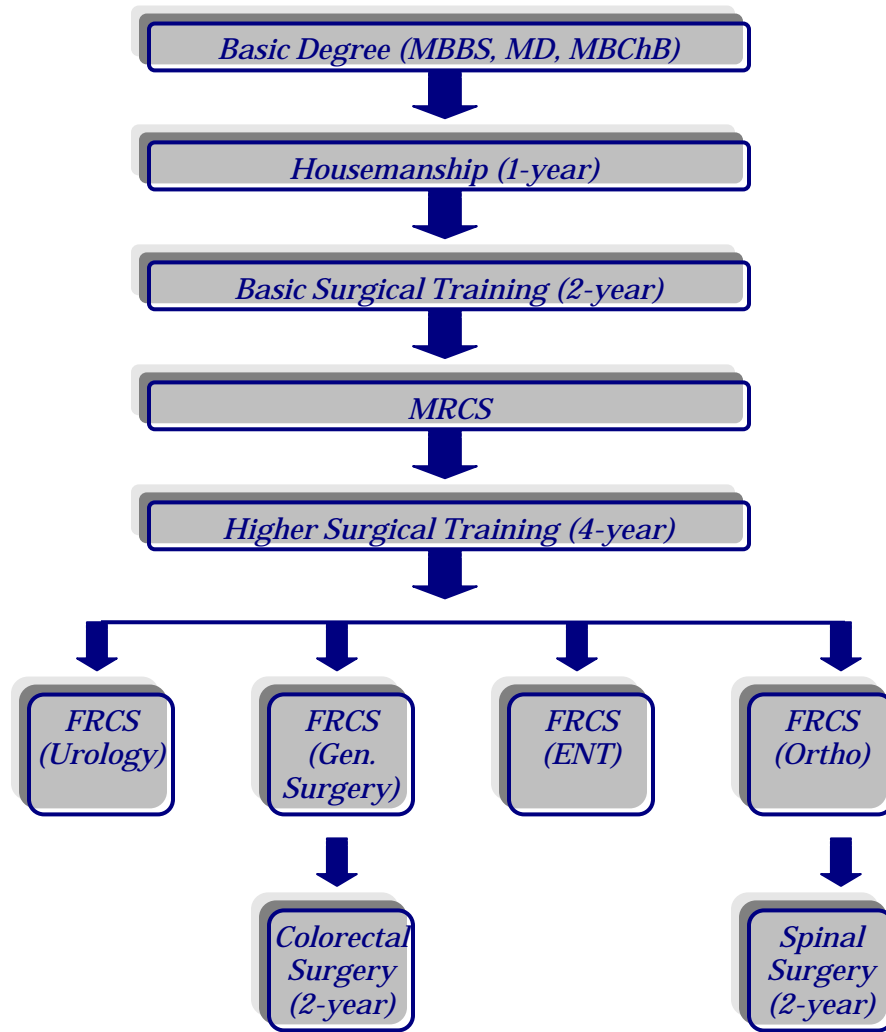
- Cardiothoracic Surgery
- General Surgery

- Neurosurgery
- Oral & Maxillofacial Surgery
- Otolaryngology
- Paediatric Surgery
- Plastic Surgery
- Trauma & Orthopaedic Surgery
- Urology

At the end of the training the trainee appears for the Intercollegiate Examination in the Specialty and if successful is awarded the Fellowship (Specialty).

The trainee usually spends a further two-year developing a sub-specialty within his specialty for example, colorectal, upper gastrointestinal, hepato-biliary surgery and vascular surgery within general surgery, spinal surgery within orthopaedic surgery, etc.

The flow chart below illustrates the specialty and sub-specialty training in the United Kingdom.



The major impediment of this new programme is the lack of training opportunities for higher surgical training in the United Kingdom and Ireland for Malaysian trainees. Although, the MRCS examination is offered locally, higher surgical training trainees are required to complete the higher surgical training in the United Kingdom or Ireland. Places for higher surgical training are difficult to secure.

Training for Orthopaedics

By: Prof Harwant Singh

Designation: Professor (Department of Orthopaedics)

Orthopaedics these days is synonymous with musculoskeletal disorders, however; in the general context it is taken to be the surgical treatment of musculoskeletal disorders. This has to be differentiated from the medical treatment of musculoskeletal disorders which are traditionally handled by the rheumatologists. The physical treatment of musculoskeletal disorders is handled by physiotherapists, occupational therapists and in some countries; chiropractics and osteopaths also.

As most of the musculoskeletal disorders are as a consequence to trauma, orthopaedics usually is together with trauma, hence the term Trauma and Orthopaedics or vice-versa; Orthopaedics and Trauma.

To qualify as an Orthopaedic Surgeon in Malaysia, one has to first complete the house job; and subsequently at least 3 years of service before one can apply to join the training programme. The programme is currently run by 3 Universities and is overseen by the Conjoint Board in Orthopaedic Surgery. There are 2 types of candidates; the internal candidate and the external candidate. The programme is for a total of 4 years; and upon successful completion of training, a period of gazettelement of 6 months duration is required before one can practice independently as an Orthopaedic Surgeon. Most usually join the Ministry of Health for varying periods of time before settling into private practice at a place of their choice.

The supply of training places in Orthopaedics is severely limited, not only in Malaysia; but elsewhere also. If one is unable to secure a training place in Malaysia, it is very unlikely that place can be obtained abroad. However, if a Malaysian has qualified from outside he may practice as an Orthopaedic Surgeon

if his qualifications are acceptable. Currently, the Ministry of Health recognises the Orthopaedic qualifications of all the English speaking Orthopaedic Societies (UK, USA, Canada, South Africa, Australia and New Zealand) and some other countries.

What happens after the basic Orthopaedic qualification? One can practice as a general Orthopaedic Surgeon; and historically this was what was done. However in recent times, there has been an explosion of sub- (or super-) specialty areas in orthopaedics. The training in these disciplines require 2 further years after at least 3 years of basic specialist practice. This is called the Fellowship training and the Ministry of Health oversees this. The first year is spent at a specialised institute in Malaysia, and the subsequent year is spent abroad at an Institute which is renowned for the specialty. The sub-specialties currently available are: Children's Orthopaedics, Spinal Surgery, Joint Reconstructive Surgery, Trauma and Musculoskeletal Oncology.

What if I qualified in Malaysia and want to train abroad? The only available options though extremely limited; are securing places in the programmes in the UK, USA and Australia. Usually these are reserved for local candidates and would require the candidate to attend interviews before a decision can be made.

A Career in Otorhinolaryngology

By: Assoc Prof Dr Sambandam Elango

Designation: Associate Professor (Department of ENT)

To qualify as an Otolaryngologist in Malaysia, one must have a basic medical degree recognised by the Malaysian Medical Council and after housemanship and three years compulsory service before entering into the training programme for Otolaryngology in Malaysia.

Recognised Training Programme in Malaysia

Four-year Master of Surgery (Otolaryngology) programme offered by one of the three local universities (Universiti Malaya (UM), Universiti Kebangsaan Malaysia (UKM) and Universiti Sains Malaysia (USM)). Of the four years, most of the students work for two years in regional teaching hospitals and come back to their university for the last two years training. The candidates should pass Part 1 taken during the first year of training and Part 2 at the end of the four years training.

Overseas Training in United Kingdom

The candidates should pass the basic surgical training MRCS – two years programme, before they can be admitted for higher surgical training in Otolaryngology. The higher surgical training in Otolaryngology is a six years postgraduate intensive and structured training programme.

Recognised Otolaryngology postgraduate degrees:

The candidate must have obtained one of the following postgraduate degrees or equivalent, recognised by the Malaysian Surgical Speciality Board:

1. A degree in Master of Surgery conferred by UM, UKM or USM
2. FRCS of UK or FRACS of Australia.

Gazettement as a Specialist:

A candidate with recognised postgraduate degree in Otolaryngology is eligible to be considered to practice as a specialist after obtaining a favourable report from the assigned consultant under whom a 6 months training has been obtained.

Further Training in Various Sub-specialities in Otolaryngology

There are many sub-specialities in Otolaryngology - Otology, Rhinology, Paediatric, Laryngology, Base of Skull etc. The sub-speciality programmes are for three years. The first two years normally is being spent locally and the last year of training overseas.

A Career in Obstetrics and Gynaecology

By: Prof Dato' Dr N Sivalingam

Designation: Professor (Department of Obstetrics and Gynaecology)

The field of Obstetrics and Gynaecology (OBGYN) has traditionally been combined into a common discipline where several elements of midwifery, surgical principles, care of the newborn and issues related to reproductive health have been incorporated. With advancement in technology and understanding of the endocrine system, OBGYN has been in the forefront in utilising such innovations and understand to improve reproductive and perinatal medicine. Considering the extensive coverage in several aspects of health and wellbeing, OBGYN appeals to many doctors.

The discipline involves a certain period of training and learning as most training schemes expect OBGYN doctors to cover the breadth and depth of life itself. It would indeed be useful to gain knowledge in related fields like Family Planning, Medical Ethics, Neonatology, Intensive Care and Pelvic Surgery/Urology before moving into the formal training programme.

Specialisation in OBGYN

Training in OBGYN in Malaysia is largely done in public hospitals in Malaysia. Currently the Masters in O&G (MOG) is conducted within a closed system by the three universities i.e. Universiti Malaya (UM), Universiti Kebangsaan Malaysia (UKM) and Universiti Sains Malaysia (USM). In line with the other specialties a uniform period of four-year is required before being eligible to sit for the Part 2 examinations of the MOG. The curriculum is based on the MRCOG curriculum (Royal College of Obstetricians and Gynaecologists UK). Although the regulations of the latter have changed slightly to accommodate the needs of the UK and the European Union, the MOG curriculum has remained the same.

Entry Qualifications

A basic medical degree recognised by the Malaysian Medical Council followed by internship and three-year of compulsory service in the Ministry of Health (MOH) is generally required. The MOH usually vets applications to the three universities because of the closed system of examination and the need to be released from the MOH services to undertake the four-year programme.

I. Part I Examinations

A successful attempt at the Part 1 exams of MOG is required before proceeding to Part 2. This examination is conducted by the respective universities when one is already admitted into the programme.

Exemption

One can seek exemption from the Part 1 exams if there is a pass in the Part 1 MRCOG. The Part 1 exams tests background knowledge of basic sciences as it applies to OBGYN.

II. Case Summaries and Research

There is a need to critically appraise ten cases in Obstetrics and ten cases in Gynaecology with appropriate discussion as part of the training.

Together with above, the candidate is also required to conduct two research studies (one each in Obstetrics and Gynaecology) to demonstrate an understanding of research methods and application of scientific statistics. The Case Summary Book is to be completed six months before being eligible to sit for the Part 2 examinations.

A supervisor would usually be assigned to the candidate. The case discussion should be related to the case chosen so as to reflect on personal involvement and demonstrate knowledge and clinical skills in the management.

The 'Book' would be sent to an External Assessor for evaluation and acceptance.

III. Elective Posting

During the four-year programme the candidate is expected to do a years stint in an elective posting to broaden his knowledge and skills. They are encouraged to do six months posting in Surgery, Urology, Neonatology Anaesthesia or a related field which they will find useful to the practice of OBGYN.

IV. Part 2 Examinations

The Part 2 Examinations are conducted by the respective universities mentioned through a CONJOINT BOARD. The Board now conducts a common examination consisting of Theory (Short Answer Questions and MCQ's), OSCE, Clinical Examination (Short and Long Cases) and Viva Voce.

A pass in all the components will enable the candidate to practice as an OBGYN specialist.

V. Gazettement as A Specialist

A candidate is eligible to be considered to practice as a specialist after obtaining a favourable report from an assigned consultant under whom a further period of six months training (after the MOG has been obtained).

A similar system is followed in the private universities.

VI. Further Training

Experience in OBGYN comes with further exposure to the field. The specialist is expected to function independently after being admitted into the Specialist Register (minimum six months after MOG). Generally a Consultant status is

acceptable after being in active practice for a period of two-year after obtaining the MOG.

The specialist is expected to demonstrate leadership and be able to govern his own unit. He is expected to train nurses, interns and medical officers in the field. He would be required to effectively manage an entire unit and be involved in quality assurance programmes, quality improvement activities and total quality management. Audit activities should be an ongoing activity. Collection of statistical data and involvement in perioperative mortality reviews, perinatal morbidity/mortality reviews and maternal morbidity/mortality reviews are expected of the specialist.

VII. Skills Development

The rapid changes in technology would require special skills training. The specialist would have been exposed to the following during his training:

- a. Obstetrics and Gynaecology Ultrasound
- b. CT/MRI relevant to OBGYN
- c. Antenatal Diagnosis
- d. Colposcopy
- e. Hysteroscopy
- f. Laparoscopy
- g. ART Techniques

The specialist is expected to be credentialed to perform procedures in OBGYN to a level expected of a specialist. Advanced obstetrics ultrasonography, operative hysteroscopy and laparoscopy are skills that need to be learnt through apprenticeship.

VIII. Subspecialty Training

The subspecialty training in Malaysia is developing rapidly although it is still in its infancy. A portion of the training may have to be obtained overseas.

The main subspecialties recognised by the Ministry of Health are:

- a. Maternal and Fetal Medicine
- b. Gynaecologic Oncology
- c. Urogynaecology
- d. Reproductive Medicine
- e. Advanced Obstetrics and Gynaecology

The entry into Sub-specialist Training will be governed by the Ministry of Health. Usually one is expected to acquire the skills of a specialist for about 2 years after obtaining the MOG before being accepted into the Sub-specialty Training.

The Sub-specialty Training takes 3 years

- | | | |
|--------|---|--|
| Year 1 | : | Spent locally under supervision of a consultant in chosen sub-specialty |
| Year 2 | : | Spent either locally or overseas depending on training needs/availability of trainer |
| Year 3 | : | Further practice of the specialty |

Although a consultant with specific training may seek to do sub-specialty work, it is usually required of all consultants to be able to do general obstetrics and gynaecology especially when clinical consultants are short in supply. In centres of excellence, a sub-specialist may spend about 60% of his clinical work in his specialty.

The local scene requires consultants to be well versant in many aspects of the discipline. It is with this view that a sub-specialisation in Advanced Obstetrics and Gynaecology was introduced.

| Basic Degree | MBBS, MD, MBChB | Duration |
|-------------------------|--|--------------------------|
| | ↓ ↓ ↓ ↓ | 3 years |
| Specialist | MOG, MRCOG | Duration |
| | Elective | 1 year |
| | Formal Training | ↓ |
| | In | ↓ |
| | Combined O&G (Part I, Case Book, Part II) | 3 years |
| Specialist Training | Gazettement | Duration |
| General OBGYN | Public Hospital Service | 6 months ↓ 2 years |
| Sub-specialist Training | Local | 1 year |
| | Local/Overseas | 1 year |
| | Local | 1 year |
| Sub-specialist | career | |

MRCOG

The MRCOG (Member of the Royal College of Obstetricians and Gynaecologist) is recognised as equivalent to the MOG. A further period of 6 months supervised

service in a public hospital under a consultant is required to be eligible for registration as a specialist. Unlike the MOG, the Case Commentaries are no longer required. The training curriculum is similar. However you are required to read the examination regulations of the RCOG for details as changes are often made to suit the needs of UK.

Part 1 MRCOG is recognised for the MOG exams and exemption may be applied for. Similarly a pass in Part 1 MOG may be accepted and exemption obtained from the RCOG. Candidate should write to the RCOG for current regulations on this issue.

The training process as practiced in the UK is as below:

Many of the public hospitals in Ministry of Health are recognised for training for MRCOG. Again one needs to write to RCOG for details.

| Time period | Training undertaken |
|--|---|
| Senior House Officer (SHO) 1-2 years OBGYN | One year elective Complete basic logbook Part 1 MRCOG |
| Specialist Registrar years 1-3 | Finish core training logbook Part 2 MRCOG |
| Specialist Registrar years 4-5 | Either general OBGYN or 2 years Sub-specialty in general OBGYN 2 years sub-specialty with special skills One year research |

CCST – Certificate of Completion of Specialist Training

| | |
|---|--|
| Sub-specialty training: 2-3 years after SpR year 3 | - Gynae Oncology - Maternal/Fetal Medicine - Reproductive Medicine - Sexual & Reproductive Health - Urogynaecology |
|---|--|

| | |
|--|---|
| Special skills training SpR years 4-5 | Skills in urodynamics, menopause, ART specialty training in RCOG, Diploma in ultrasound, British Colposcopy Society Certificate |
|--|---|

Career After Having Become a Specialist

Several are open to you

I. Academic Career

Organisation of training and performing research are components that need to be developed. A period of research training leading to a PhD or MD needs to be taken.

II. Research

This is the basis of modern medicine and much can be developed by working in a laboratory setting or by becoming part of a clinical research team.

III. OBGYN for General Practice

The GP takes on responsibility of medical practice working closely with family physicians, health workers etc.

IV. Hospital Practice

Most hospitals have a team of consultants who are responsible for providing obstetric or gynaecological care. They train doctors and nurses in the respective areas of interest. They also provide 24-hour emergency care in OBGYN.

More stringent work regulations and patient expectations place a demand on OBGYN specialists to provide efficient and effective services, in collaboration with Paeditricians, Anaesthetists/Intensivists and management groups. The provision of heavy supervision of trainees will require much commitment.

Career Appointments

Consultants in the Ministry of Health are often through seniority and contributions to good clinical service.

Specialists are those with a higher degree and have completed six months of supervision after specialisation.

Trainee Medical Officers are those who have been recruited into a formal training programme and registered with a clinicians providing MOG training.

Continuing Professional Developments (CPD)

Although revalidation of current hospital practice is not yet a requirement, specialists are encouraged to be involved in CPD activities.

Some useful tips maintained by the RCOG.

STAGOC: Major distance learning programme to support specialist training.

LOGIC: Learning in OBGYN for in-service clinicians.

DIALOG: Distance interactive learning in O&G – self evaluation programme.

TOG: The Obstetricians and Gynaecologist (Journal of review articles).