

Internal Medicine Postgraduate Training in Malaysia



GUIDE FOR APPLICANTS

VERSION 1, 2020

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Majlis Dekan Fakulti Perubatan Universiti Awam Malaysia
MERDU, Fakulti Perubatan, Universiti Malaya, 50603 Kuala Lumpur, Malaysia
npmcmym@gmail.com

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Preface

Document Purpose

This document is a guide for those applying to enter postgraduate training in Internal Medicine in 2020 and beyond. It informs potential applicants of the entry requirements and highlights key sections from the National Postgraduate Curriculum Internal Medicine document.

The National Postgraduate Medical Curriculum (NPMC) for Internal Medicine is the culmination of a collaboration between the Jawatankuasa Pakar Bersama Perubatan Dalam Institut Pengajian Tinggi Awam (JKBPD IPTA) or known as 'Internal Medicine Conjoint Board', Ministry of Higher Education (MOHE) and the Ministry of Health Malaysia, (MOH). It provides a structured and unified curriculum for the training of Internal Medicine specialists throughout the country aligned with the national strategy for healthcare. This standardisation of Internal Medicine specialist training for Malaysia will drive forward high quality, effective and safe patient care. The core modules of the NPMC will guide trainees in the development of expertise and professionalism in all aspects of clinical practice at the specialist level in Malaysia. The curriculum content provides broad training in Internal Medicine and prepares the trainees for future subspecialty training.

The curriculum has been designed to facilitate the attainment of knowledge in clinical skills and the professional values and conduct required to practice with a holistic approach to medicine. This curriculum provides a framework for all trainees undertaking postgraduate training in Internal Medicine in Malaysia.

The Authors

The development of this comprehensive curriculum for Internal Medicine has involved a collaboration of over 70 expert clinicians from multiple subspecialties from the universities and the Ministry of Health. The authors were selected and supported by the Conjoint Board for Internal Medicine (JKKPD), and the core

team of authors are acknowledged below.

Professor Dato' Dr Adeeba Kamarulzaman (MOE)
Dr Letchuman A/L Ramanathan (MOH)

Core writing/editing team

Professor Dr Shahrul Bahyah Kamaruzzaman (UM)
Dr Alwi Muhd Besari (USM)
Dr Nor Fadhlina Zakaria (UPM)
Dr Lam Chee Loong (UM)
Dr Nor Izzati Saedon (UM)

MOH editing team

Dr Yoon Chee Kin (MOH)
Dr Tharmalingam Palanivelu (MOH)
Datuk Dr Paras Doshi (MOH)

Curriculum Writers/ Contributors

Professor Dr Roslina Abdul Manap (UKM)
Professor Dr Abdul Halim Abdul Gafor (UKM)
Professor Datin Dr Norlinah Ibrahim (UKM)
AP Dr Rozita Mohd (UKM)
Professor Dr Rohana Abd Ghani (UiTM)
AP Dr Ahmad Marzuki Omar (UIA)
Dr Hazlyna Baharuddin (UiTM)
Dr Mohd Arif Mohd Zim (UiTM)
Dr Muhammad Iqbal Abdul Hafiz (UiTM)
Dr Nor Ashikin Md Sari (UM)

External Editors

Professor Simon Frostick
International Curriculum Development Institute
Mr David Pitts
International Curriculum Development Institute

Introduction

The Purpose of this Guide

This guide is for prospective candidates looking to pursue a career in the dynamic and exciting field of Internal Medicine and outlines the training structure and focus. The document gives a summary of the key aspects of Internal Medicine training (entry requirements, training structure, assessments and exit criteria) and provides a guide to the application process.

What is Internal Medicine?

An Internal Medicine Physician provides care across the vastly diverse and complex field of adult medicine; ranging from critically ill emergency and acute illness to the long-term management of chronic medical conditions. This field requires a comprehensive knowledge of medicine, including its recognised subspecialties.

Internal Medicine (IM) specialists provide a service that is essential for the safe and optimum delivery of health care. Furthermore, Internal Medicine forms the basis for future entry into more than 13 subspecialties, e.g. cardiology, neurology geriatric medicine, etc. Conditions managed by Internal Medicine specialists and its subspecialties represent a very high proportion of patients seen daily. Regardless of what specialty a patient is admitted, it is not uncommon that input from the Internal Medicine specialist is required from diagnosis to recovery. Internal Medicine specialists must be skilled diagnosticians and be interested in solving problems which are often complex. They play a central role in establishing connections between symptoms, signs and available data, while considering the person with the illness; to formulate a tailored holistic management plan as part of person-centred care.

Size of the Specialty

Internal medicine is the largest medical specialty in Malaysia, with more than 2000 specialists and over 800 trainees. Training takes place

in accredited centres across the country, overseen by the Jawatankuasa Kepakaran Bersama Perubatan Dalam Institut Pengajian Tinggi Awam (JKBPD IPTA), Jawatankuasa Teknikal Bersama Penilaian Program Kepakaran Perubatan (JTBPPKP) and the Postgraduate Medical Specialist and Subspecialisation (PGMSS) Unit, Medical Development Division, Ministry of Health. (1)

Unique Features of Internal Medicine

Internal Medicine deals with a myriad of diseases in adults which may include complex and multiple diagnoses and clinical management. These features make Internal Medicine both stimulating and challenging, especially as the field continuously evolves through evidence and best clinical practices globally. Internal Medicine provides a range of opportunities that promote multidisciplinary engagement across the different areas of expertise in medicine. Working collaboratively with other health care professionals with a focus on the holistic care of patients creates a rewarding training environment.

Why Choose Internal Medicine as a Career?

Internal Medicine is a specialty covering many disciplines and offers a wide range of opportunities to:

- Diagnose and deliver comprehensive care in managing complex and multisystem disorders.
- Collaborate in the multidisciplinary management of patients with a diverse range of medical diseases.
- Learn technical non-surgical procedures and interventions as part of patient management.
- Develop effective communication skills through regular interactions with patients, families and colleagues.

-
- Become immersed in a rapidly evolving field at the cutting edge of scientific advancements and technological change.
 - Establish a foundation for a further career in a large group of subspecialties while retaining a sound fundamental basis as a general physician.

If you are a creative thinker and enjoy the challenges of being a clinical detective and strategist, a career in Internal Medicine is for you!

NPIMC

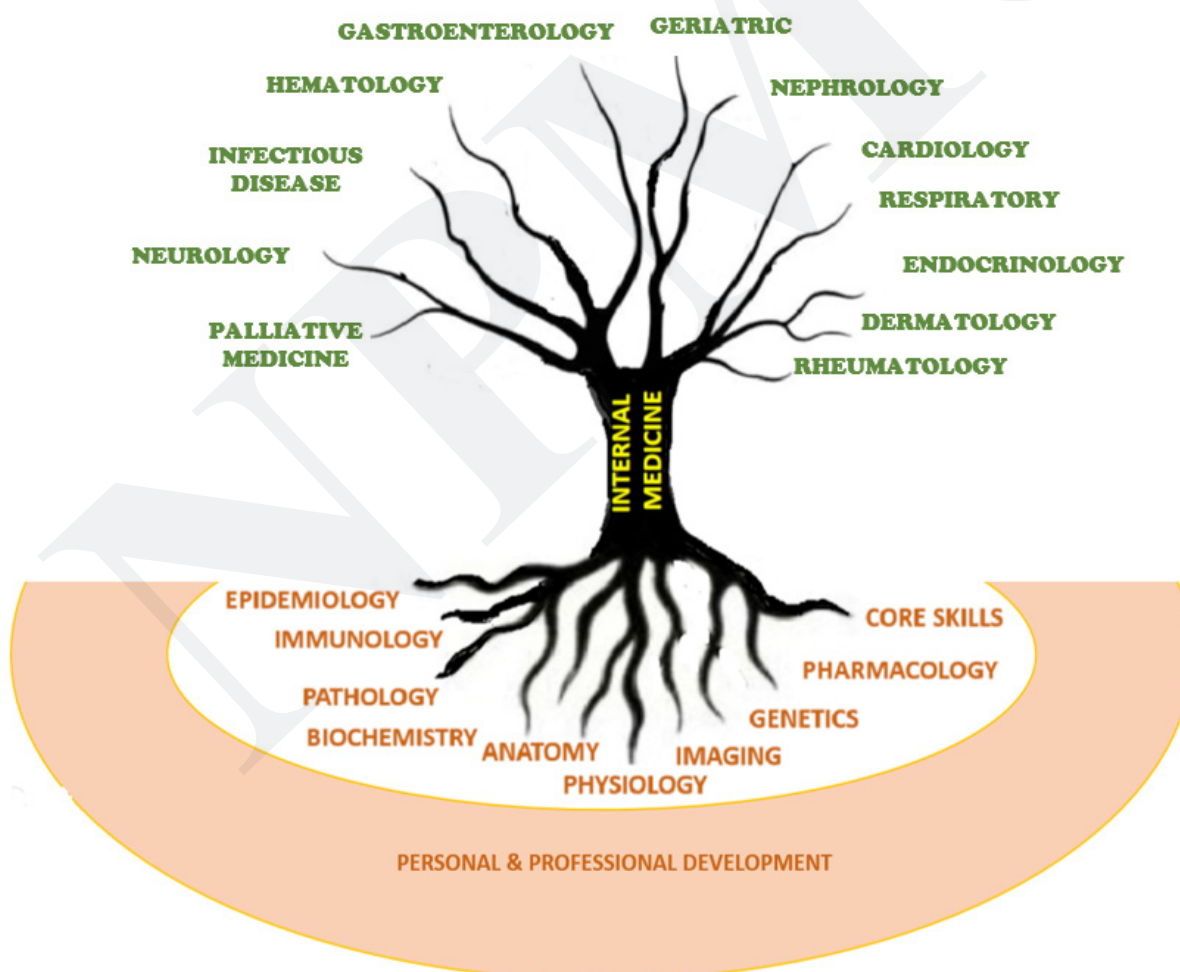
1. Training In Internal Medicine

The main aim of Internal Medicine training is to produce Internal Medicine specialists who will:

- deliver highly competent person-centred care by applying state-of-the-art medical knowledge and excellent clinical skills.
- demonstrate ethical conduct, professionalism, and commitment towards personal development and lifelong learning

- be leaders in the field contributing to education, research and the promotion and improvement of health in local, national and international settings

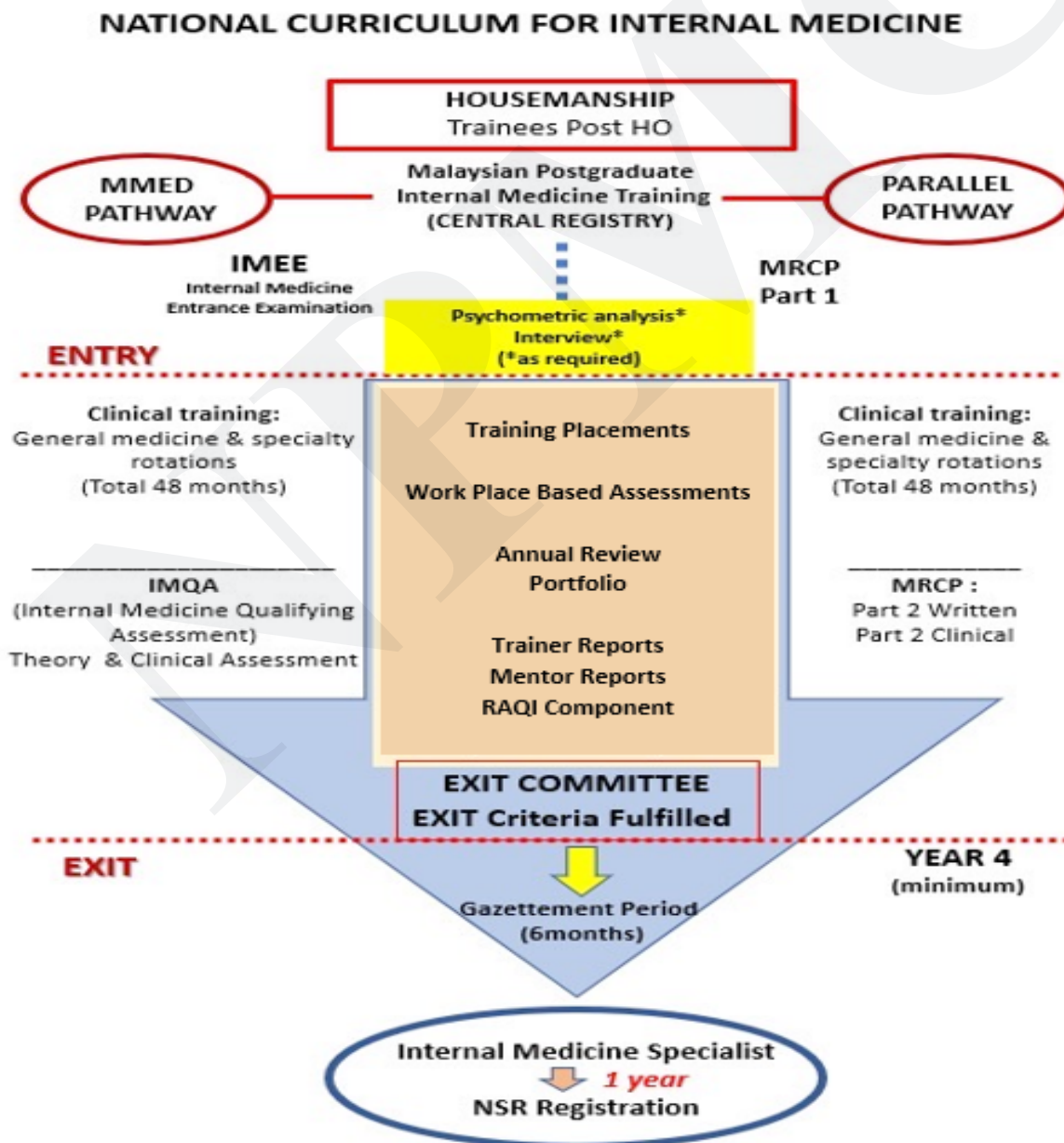
All trainees will undergo a structured training programme through a series of placements of varying length in general internal medicine and its subspecialties.



Throughout the placements, the trainees will build their knowledge and clinical skills through a variety of learning opportunities. A sound foundation of personal and professional development will be established not just for the postgraduate programme but also for future practice as a specialist.

Training may take place through the Master of Internal Medicine programme provided by

a university, (MMed pathway), or the Ministry of Health, (Parallel pathway). The training contents and requirements of both pathways are identical, coming from one curriculum with similar assessment strategies and exit criteria. The main distinguishing factor between the pathways is the key summative examinations at key points in the programme. An illustration of the structure of the training is shown below.



2. Entry Requirements

This chapter is a summary of the entry requirements. There are mandatory core requirements that all applicants for training in Internal Medicine must meet. If applicants are unable to show that they have met these criteria, the application will not be considered or accepted. Additionally, there are desirable

criteria, which may increase an applicant's chance of success in the selection process.

Other requirements refer to additional criteria that are applicable for specific groups, for example, private or overseas candidates.

Entry Requirement	MMed pathway	Parallel pathway	Evidence
CORE REQUIREMENTS			
MBBS or other medical qualification recognised* by MMC	Mandatory	Mandatory	Original certificate
Registration with MMC (Temporary or Full Registration)	Mandatory	Mandatory	Current certificate of registration
Basic Life Support certification	Mandatory	Mandatory	Original certificate/ Proof of qualification
Passed Internal Medicine Entrance Examination (IMEE)	Mandatory (exempted for those with MRCP Part 1)	Not applicable	Proof of qualification
Passed MRCP Part 1 examination	Desirable	Mandatory	Proof of qualification
Equivalent examination	Subject to approval by the Joint Training Committee)	Not applicable	Proof of qualification
<p>*Local and international applicants with unrecognised primary qualifications would be expected to have passed the EPR (Examination for Professional Registration) for MMC registration.</p> <p>- refer to https://mmc.gov.my/registration/#epr</p>			

Entry Requirement	MMed pathway	Parallel pathway	Evidence
CORE REQUIREMENTS			
Portfolio of Clinical Experience	<p>Mandatory: (completion of HO training)</p> <p>Desirable: (exposure to Internal Medicine and related subspecialties in MO training for consideration of credit consideration)</p>	Mandatory	<p>Mentor reports from previous training and portfolio.</p> <p>Both pathways must have fulfilled the entry Essential Learning Activities (ELA)** (see section ELA below) and associated Workplace Based Assessment (WPBA)</p>
Advanced Life Support	Desirable	Desirable	Original certificate
Other Qualification/ Certification (attendance at courses, workshop or conferences relevant to IM)	Desirable	Desirable	Original certificate of attendance
Proceedings (publications, poster or oral presentation)	Desirable	Desirable	Meeting abstract, proof or publications
**The HO/MO logbooks will demonstrate evidence of ELAs.			

OTHERS			
Overseas applicants*	<p>Mandatory:</p> <p>In addition to the requirements for local applicants, overseas candidates must have achieved an acceptable level in an English language assessment.</p> <p>IELTS: 7 is desirable</p> <p>Some universities require a period of pre-programme attachment.</p>	Not applicable	
Private applicants	<p>Mandatory: A private candidate will be required to fulfil all the criteria as outlined above</p>	Not applicable	
<p>* International applicants with unrecognised primary qualifications would be expected to have passed the EPR (Examination for Professional Registration) for MMC registration.</p> <p>- refer to https://mmc.gov.my/registration/#epr</p>			

Important:

- Any falsification of documents, (mandatory or desirable), will result in the application being rejected and the applicant is reported to the MMC.
- Any adverse reports such as an investigation by the MMC must be declared to the Selection Committee.

"An ELA is the identification and description of a clinical task in such a way that the trainee is fully aware of the Knowledge, Skills and Attitudes 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."

*Pitts & Frostick,
Residential Curriculum Workshop 2017 (2)*

Essential Learning Activities (ELA)

Trainees wishing to enter Internal Medicine training must have the mandatory/desirable professional experience listed in the previous table. The evidence that this experience has resulted in appropriate learning must be demonstrated through Essential Learning Activities (ELA) and any other relevant supporting evidence.

Upon entering the postgraduate training in Internal Medicine, trainees are expected to be able to take a comprehensive patient medical history, conduct a good physical examination, generate a differential diagnosis and develop a plan of management to promote optimal care and patient safety.

Entry-level ELAs define activities that a trainee is expected to perform at the commencement of training. The ELAs illustrate the knowledge, skills, attitudes and values that a trainee is expected to have and highlight the desired positive and undesired negative or passive behaviours for this stage of training. Evidence of satisfactory performance of all ELAs will be expected at entry.

The Entry ELAs in Internal Medicine are:

1. Management of acute chest pain
2. Management of acute shortness of breath
3. Management of shock
4. Management of an unconscious/comatose patient
5. Management of the febrile patient

A full description of the Entry ELAs is included in Appendix A.

Personal Qualities

Trainees in Internal Medicine are required to develop and demonstrate a set of personal qualities that are critical to good practice. Although not all of the professional qualities are assessed at entry to the programme, it needs to be fostered throughout training and professional career through feedback and review. These attributes include (but are not limited to):

1. **Curiosity** - an internal medicine specialist is inquisitive. They should not readily accept issues at face value and be open to other possibilities by questioning inconsistencies. Initial diagnoses may sometimes need revising as further information comes to light.
2. **Critical thinking** – the appraisal and application of evidence-based medicine is central to the practice of medicine, as is the use of the scientific approach in conducting research and quality improvement.
3. **Communication** – excellent communication is the foundation of good practice. Effective communication establishes rapport

and improves patient satisfaction and compliance. It also minimises complaints and reduces medico-legal risk.

4. **Motivation** – Internal Medicine is always demanding due to the high number of patients. Motivation and hard work are essential not only in clinical practice but also for life-long learning, through the identification of growth areas and learning needs for individuals, groups and organisations. Internal Medicine trainees must always be motivated to improve care delivery and contribute to service improvement.
5. **Teamwork and collaboration** – modern medicine demands a close working relationship between multiple specialities and other health care professionals in order to deliver the highest standards of care. Valuing others and the skills, they serve to enhance care through teamwork.
6. **Openness** – a degree of humility and insight is essential for learning. Constructive feedback encourages positive behaviours while critical feedback, though sometimes hard to accept, enables trainees to identify inappropriate or unhelpful behaviour that may be improved.
7. **Reflection** – a reflection on events is a prerequisite of learning. Change can be effected by managing situations differently and identifying skill deficiencies through reflective practice and self-awareness.
8. **Resilience and self-care** – caring for patients can be challenging. A physician will be faced by many uncontrollable factors and demands at work. The ability to cope with the volume of work, interpersonal relationships and time constraints requires a commitment to self-care and the skill to develop coping strategies. Caring for others would be incredibly challenging if specialists are unable to care for them

3. Entry Process

Choosing a Pathway?

To apply for Internal Medicine postgraduate training, first and foremost, candidates have to select the preferred pathway of training. The National Training Programme aims to provide

unified training guided by a single nationally approved curriculum. The main differences between the MMed and Parallel pathway are only in the qualifying examinations and the qualifications awarded. Some opportunities and challenges of the pathways are outlined below.

	Opportunities	Challenges	Similarities
MMed pathway	<p>A structured 48-month (minimum) training programme</p> <p>Training time at an established academic health centre</p> <p>Established series of rotational placements through the majority of medical subspecialties giving a broad exposure in all institutions</p> <p>Training and assessments are tailored to the local healthcare needs/ environment</p>	<p>Seven-year time limit to completion</p> <p>Potential relocation for a period of training</p>	<p>Identical outcomes of training required</p> <p>Identical workplace-based assessment demands</p> <p>Supervisor and Trainer reporting for monitoring</p> <p>Annual Reviews for progress</p> <p>Research-Audit -Quality-Improvement (RAQI) project</p> <p>Portfolio maintenance</p>
Parallel pathway	<p>Can be pursued at one's usual place of work with added postings as needed/available</p> <p>Complete MRCP examination at one's own pace, subject to the examination regulations of the college concerned</p> <p>No bond</p>	<p>Depending on locality, exposure to the range of subspecialty postings may be limited</p> <p>MRCP examination is designed for the UK health setting</p> <p>Expensive examinations, pre-examination courses and travel borne at personal cost</p>	

MMed (University) Pathway:

Entrance Examination

Gaining entry into the MMed (Master of Internal Medicine) programme, applicants will be required to pass the Internal Medicine

Entrance Examination (IMEE) successfully. The examination is conducted at least once a year and can be taken as early as 6-months into housemanship. A pass in the entrance examination is valid for three years. Alternatively, applicants who pass the MRCP part 1 will also

be accepted into the programme. Candidates may only enter the programme after completing housemanship subject to fulfilling the entry criteria.

The entrance examination consists of 200 questions using a 4-option single best answer format and the pass mark will be determined through a standard-setting exercise.

Scholarships (for Ministry of Health employees ONLY)

Eligible trainees may apply for a scholarship from the MOH Postgraduate Training Division. Applications are open every year and advertised through print media and the official government portals of the MOH and MOE from May until July. Further information on the terms and conditions of the scholarship and the application process can be found at ehlp.moh.gov.my. Following a screening process, (usually completed in October/November), successful candidates will be notified of the award of the scholarship in March/April. The award of a scholarship does not guarantee a place on the programme; the full application process must be followed. (see below)

Application Process

MOH candidates – while the Ministry of Health scholarship is being processed, candidates **must also apply directly** to the Ministry of Education (at <https://online.mohe.gov.my>) to enter the Master's programme before the scholarship closing date.

On successful receipt of the MOH scholarship and following a screening process, (in which the application form and other documents are reviewed), candidates may be invited to a formal interview conducted by the Conjoint Board for Internal Medicine Training. This interview will be conducted if there is scope to recognise past training, or if the selection committee decides to meet candidates in person. Formal offers are usually sent out in April or May with the commencement of training in June. Please note that the final placement of candidates will be determined by the Ministry of Health and Conjoint Board for Internal Medicine

Training depending on preferences, availability of places and national needs. The decision of the committee is final.

Private/Self-funding candidates – local and international candidates may apply directly to their university of choice. Applications may be made to multiple universities. The process of entry and admission to the programme is subject to individual university guidelines. Please enquire at individual organisations. Applicants with primary qualifications from unscheduled universities must pass the Examination for Provisional Registration conducted by the Malaysian Medical Council in addition to the IMEE. Refer to the Malaysian Medical Council for the latest regulations. For further information, refer to <https://mmc.gov.my/registration/#epr>

Parallel Pathway

Candidates seeking to pursue training in the Parallel Pathway may apply from placements to which they have been posted. If an applicant applies to join the programme from a post that is recognised for training, that placement may be counted towards the 48 months of total training required.

Trainees may consider themselves a candidate for training once they have evidence that they have met the entry requirements, (see Chapter 2: Entry Requirements). They should apply to the Royal College of Physicians on an individual basis through the college website <http://www.mrcpuk.org>. Once they have passed the MRCP Part 1 examination, they should notify the Training Management Division of the MOH and register for the Parallel Pathway training program via their website on <http://www.moh.gov.my>. The registration form should be filled and emailed to urusetiaparallel@moh.gov.my, who will then notify the candidates of their acceptance. Following the notification of acceptance into the programme, they will be provided with a commencement date and further details of training. Trainees will need to satisfy the annual training requirements stipulated within the curriculum to ensure that their time in training is formally acknowledged.

The following Table summarises the timetable for the entry process:

	MMed Pathway	Parallel Pathway
Entrance examination	A pass in IMEE. OR a pass in MRCP Part 1	A pass in MRCP Part 1
Ministry of Health Candidates		
Scholarship application and screening	Applications are made online at ehlp.moh.gov.my before the closing date (usually July/August) and completed by the end of October/November	Not applicable
Interview	January of each year (if required)	Not applicable
The outcome of the process/Scholarship offer	April of each year	Not applicable
Start of programme	June of each year	Upon approval by the Medical Development Division, MOH
Private (self-funding) and Overseas Candidates		
Application for programme	Direct to the university through the Office for Postgraduate Studies	Not applicable
Interview/selection	May entail an interview, clinical assessment or a period of observation to determine the suitability and for purposes of Malaysian Medical Council registration	Not applicable
Start	Twice a year in June and December	Not applicable

Important:

1. All applications must be complete, and all supporting documentation submitted in the appropriate format by the date indicated.
2. Only the documents listed should be submitted.
3. Late applications will not be accepted.
4. If supporting documents are not submitted as required, the application will be rejected.
5. Unsolicited letters, telephone calls, emails etc. supporting an applicant will not be entertained.
6. Falsification of documents will result in rejection of the application and a report being sent to MMC.

Induction Process (for both pathways)

A formal induction process will be conducted to familiarise trainees with the policies and procedures in the place of work. This process allows for introductions to key members of staff in the training site and ensures trainees start on the right footing. This process will include:

- the programme of study
- formal registration
- the payment of fees (if applicable)
- expectations of the trainers and trainees
- key personnel introductions

- the learning opportunities available
- the assessments used
- the healthcare institution where training will take place and facilities
- rotas and the duties of a trainee
- documentation and internal operating systems
- guidelines, procedures and protocols in the workplace
- the support provided in the workplace
- the systems for supporting a trainee in difficulty
- the role of trainers
- CPD requirements and attendance at teaching sessions
- disciplinary processes and the processes to report concerns about training
- the university / MOH structures and processes

Attendance and participation in the induction process are compulsory. Failure to attend will result in the trainee not being able to commence their training.

The faculty for Internal Medicine training programmes look forward to welcoming successful applicants into training.

4. Syllabus

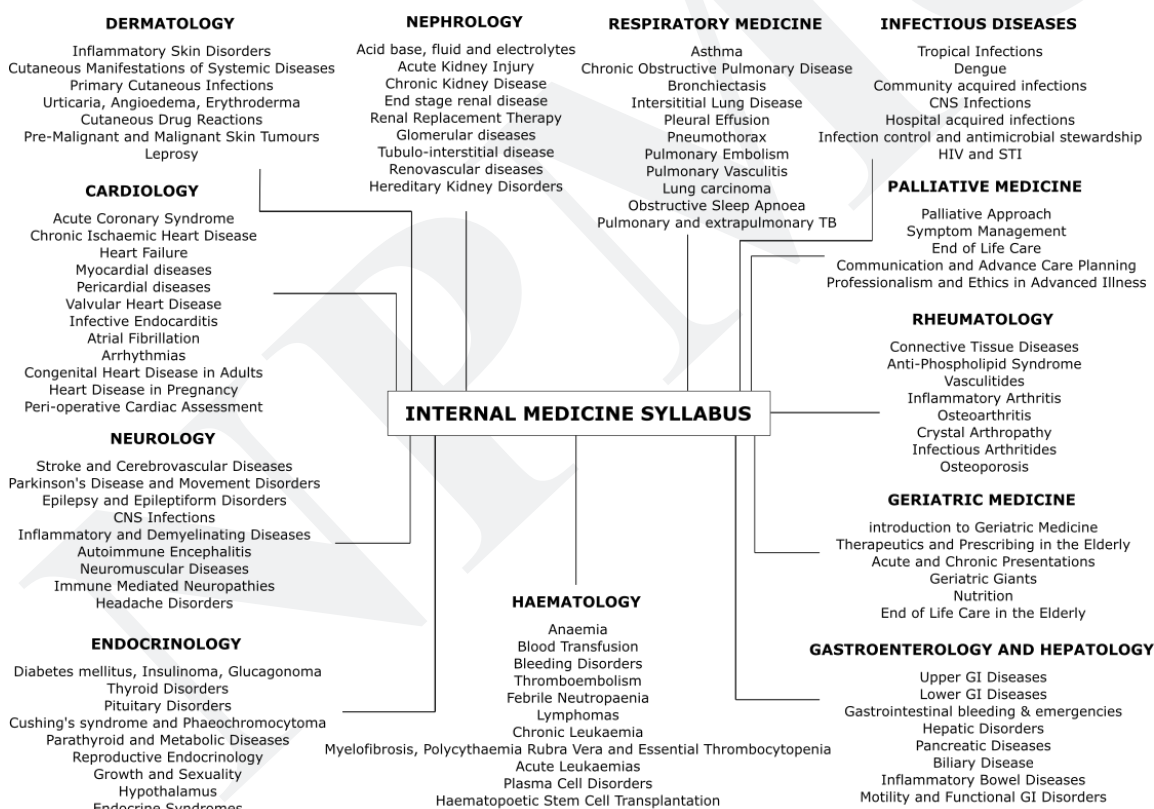
The syllabus defines the learning opportunities and competencies required at entry and by the end of the training. It is divided into three major sections:

- Clinical knowledge
- Clinical skills and procedures
- Professional qualities and attitudes

As the syllabus is extensive, it is not possible

to include the entire syllabus in this section. An overview of the key topic headings is included for each subspecialty can be found below.

It is expected that trainees achieve the minimum level of expertise that has been defined above, but learning should be extended beyond the written curriculum. Opportunities to learn and develop in other fields and domains are encouraged.



5. Assessment Tools

In addition to supervision and feedback to guide learning, trainees will be regularly assessed to determine their suitability to progress through the course.

The following table is a summary of the assessment strategy for Internal Medicine trainees.

Element	Details	End of attachment	End of year	End of training	Comments
Workplace-based assessments	CBD Mini-CEX DOPS MSF Discharge summaries & referral letters	Minimum 1 Mini-CEX and CBD A CBD must be completed every four months	Minimum 4 of each Mini-CEX and DOPS (years 1-3) and minimum 2 in year 4. Minimum 3 CBDs per year 1 MSF must be completed in Years 1 & 3	Minimum of 14 of Mini-CEX and DOPS, and 12 CBDs in total. The end of the training, trainees must also complete a minimum of 2 MSFs Satisfactory discharge summaries and referral letters	WBAs provide an opportunity for feedback and reflection. They will also form part of the end of the year/training portfolio review.
Portfolio	Record of professional learning, reflection and development activities	Satisfactory completion of attachment.	Satisfactory completion of year	Satisfactory completion of training	The portfolio is a record of all training activities and forms an integral part of the evidence to demonstrate professional development.
Trainer reports	Summary of progress through an attachment	Satisfactory completion of attachment	Satisfactory completion of year	Satisfactory completion of training	Part of the portfolio review
Mentor reports	Summary of progress through a year		Satisfactory progress and engagement with the learning process, goal setting and achievement	Satisfactory progress through entire training duration	Part of portfolio review

Element	Details	End of attachment	End of year	End of training	Comments
Courses, Workshops and Conferences	Developing knowledge, skills and professionalism				Part of the portfolio review
Annual Review	Central review of progress suitability for progression and exit from the programme		End of each year of training	Prior to exit	Review by the training committee in the universities or MOH regarding progress. May recommend further training or termination of training if progress is unsatisfactory
Research/ Audit/ Quality Improvement (RAQI)	Evidence of project completion	N/A	Can be conducted throughout years 1-4.	Submitted as fulfilment of training	Application of a scientific approach including formulating an idea, literature reviewing, interpretation and analysis OR an audit/ quality improvement exercise with standards set, measured and re-audited
Examinations		When	Components	Occurrence	
MMed pathway	Internal Medicine Qualifying Assessment (IMQA)	After a minimum of 24 months training	Written papers; clinical case; OSCEs	Twice per year in March-May and September-November	Must be completed within seven years from MMed enrolment
Parallel pathway	MRCP – Part 2 and PACES components	Must be completed during the training duration according to the MRCP regulations	Written paper and PACES stations	see www.MRCPUK.org	Maximum 6 attempts any part. Part 1 valid for seven years.

6. Appendices

Appendix A: Entry Level ELAs

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

Entry Level Essential Learning Activity 1: Management of Acute Chest pain

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
Causes of acute chest pain and the characteristic features in history and examination distinguishing between them Pathophysiology, risk factors and complications for the different causes and relation to symptoms Appropriate investigations and interpretation of findings Management of different chest pain causes	Perform physical examination for relevant clinical signs Select appropriate investigations or procedures Effectively communicate the diagnosis and management Initiate appropriate treatment for the common underlying causes	Recognises limitations and seeks help appropriately Open to revisiting diagnosis A meticulous approach to the diagnosis, examination and management to recognise inconsistencies Advocate for patients and team working with peers and senior colleagues
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Considers common and life-threatening differentials Good and comprehensive assessment, and basic management of the case Manages the patient as a person Regular review and handover	Failing to recognise the urgency of the more life-threatening conditions and complications Continuing an already prescribed treatment or jumping to conclusions too early. Following a previous assessment by another doctor without conducting one's reasonable assessment Endangering patients with unsuitable management based on the case	Failing to identify inconsistencies Continuing to manage the patient despite the lack of competency Failing to consider other co-morbidities and focusing solely on the chest pain
Assessment / Evidence		
Portfolio – mentors' report Internal Medicine Entrance Examination (IMEE)		

Entry Level Essential Learning Activity 2: Management of Acute Shortness of Breath

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
<p>Possess knowledge of different causes of acute SOB</p> <p>Able to characterise features in the history and examination that distinguish between causes</p> <p>Outline pathophysiology of common causes of SOB</p> <p>Outline the investigations required and interpret them based on underlying causes</p> <p>Describe appropriate acute management for the different possible causes</p>	<p>Perform the relevant history taking and physical examination</p> <p>Perform relevant investigations or procedures</p> <p>Synthesise a diagnosis based on the information attained from the above</p> <p>Communicate the diagnosis and management to the patient and coherently present the findings to the team</p>	<p>Recognise own limitations and seek help when necessary</p> <p>Be open and mindful to the possibility of other differential diagnoses</p> <p>Demonstrate a thoroughness in approach to assessing and managing patients</p> <p>Advocate for patients when patient care is compromised/ suboptimal by informing senior colleagues</p>
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
<p>Considers all differentials and acts on inconsistencies</p> <p>Good and comprehensive assessment, and management of the case</p> <p>Manages the patient empathetically</p> <p>Regular review and handover</p>	<p>Failing to recognise the life-threatening conditions and complications</p> <p>Continuing a previous assessment/treatment by another doctor without conducting own assessment and evaluation</p> <p>Endangering patients by not reviewing, and improper documentation</p> <p>Indiscriminate investigating and overuse of limited resources</p>	<p>Failing to act on abnormal findings</p> <p>Continuing to manage the patient despite the lack of competency</p> <p>Ignoring other co-morbidities warranting attention</p> <p>Ignoring psychosocial concerns and impact of care on patients</p>
Assessment / Evidence		
<p>Portfolio – Mentors' report</p> <p>IMEE</p>		

Entry Level Essential Learning Activity 3: Management of Shock

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
<p>Recognise that shock is an acute medical emergency warranting immediate attention</p> <p>Possess knowledge of the different causes of shock</p> <p>Able to characterise features in the history and examination that distinguish between causes</p> <p>State the urgent investigations required and interpret them based on underlying causes</p> <p>Describe appropriate acute management for the different possible causes</p>	<p>Apply the ABC of resuscitation to a patient in shock</p> <p>Stabilise a patient in shock based on the underlying cause</p> <p>Make a working diagnosis of the type of shock encountered</p> <p>Recognise the urgency and prioritise investigations and management accordingly</p> <p>Obtain a collateral history from a relative</p> <p>Perform a focussed physical examination</p> <p>Communicate the diagnosis and management to the patient/family and coherently present the findings to the team</p> <p>Involve the relevant specialist early</p>	<p>Recognise own limitations and seek help when necessary</p> <p>Be open and mindful to the possibility of other differential diagnoses</p> <p>Demonstrate an urgency for care of patients in shock</p>
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
<p>Considers all differentials and acts on inconsistencies</p> <p>Good and comprehensive assessment, and management of the case</p> <p>Manages the patient empathetically</p> <p>Regular review and handover of complex cases to responsible teams</p> <p>Urgency and appropriate prioritising of ill patients according to caseloads</p>	<p>Failing to recognise the life-threatening conditions and complications</p> <p>Continuing a previous assessment/treatment by another doctor without conducting own assessment and evaluation</p> <p>Endangering patients by not reviewing and improper documentation</p> <p>Indiscriminate investigating and overuse of limited resources</p>	<p>Failing to act on abnormal findings</p> <p>Continuing to manage the patient despite the lack of competency</p> <p>Ignoring other co-morbidities warranting attention</p> <p>Ignoring psychosocial concerns and impact of care on patients</p> <p>Lack of ownership/ responsibility of patients under care (especially after referral to other teams)</p>
Assessment / Evidence		
<p>Portfolio – Mentors' report</p> <p>IMEE</p>		

Entry Level Essential Learning Activity 4: Management of the Unconscious / Comatose Patient

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
<p>Recognise that coma is an acute medical emergency warranting immediate attention</p> <p>Possess knowledge of different causes of unconsciousness</p> <p>Able to characterise features in the history and examination that distinguish between causes</p> <p>State the urgent investigations required and interpret them based on underlying causes</p> <p>Describe appropriate acute management for the different possible causes</p>	<p>Apply the ABC of resuscitation to an unconscious patient</p> <p>Stabilise a comatose patient based on possible underlying causes and take immediate action to treat reversible causes</p> <p>Make a working diagnosis of the cause of coma</p> <p>Recognise the urgency and prioritise investigations and individualise management accordingly</p> <p>Obtain a collateral history from a relative</p> <p>Perform a thorough physical examination</p> <p>Communicate the diagnosis and management to the family and coherently present the findings to the team</p> <p>Involve the relevant specialist early</p>	<p>Recognise that coma is an acute medical emergency warranting immediate attention</p> <p>Possess knowledge of different causes of unconsciousness</p> <p>Able to characterise features in the history and examination that distinguish between causes</p> <p>State the urgent investigations required and interpret them based on underlying causes</p> <p>Describe appropriate acute management for the different possible causes</p>

Example Behaviours		
Positive	Negative	Negative Passive
Things that should be done, correct techniques or practices, things a trainee might do right	Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
<p>Considers all differentials and acts on inconsistencies</p> <p>Good and comprehensive assessment, and management of the case</p> <p>Manages the patient empathetically</p> <p>Regular review and handover of complex cases to responsible teams</p> <p>Urgency and appropriate prioritising of ill patients according to caseloads</p>	<p>Failing to recognise the life-threatening conditions and complications</p> <p>Continuing a previous assessment/treatment by another doctor without conducting own assessment and evaluation</p> <p>Endangering patients by not reviewing and improper documentation</p> <p>Indiscriminate use of investigations and limited resources</p>	<p>Failing to act on abnormal findings</p> <p>Continuing to manage the patient despite the lack of competency</p> <p>Ignoring other co-morbidities warranting attention</p> <p>Ignoring psychosocial concerns and impact of care on families</p> <p>Lack of ownership/ responsibility of patients under care (especially after referral to other teams)</p>
Assessment / Evidence		
Portfolio – Mentors' report IMEE		

Entry Level Essential Learning Activity 5: Management of the Febrile Patient

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
<p>Different causes of fever</p> <p>Characteristic features in the history and examination that distinguishes between causes</p> <p>Relevant investigations and interpretation of tests</p> <p>Appropriate management for different causes of fever</p> <p>Infection control procedures</p>	<p>Perform the relevant history taking and physical examination to localise the site/ source of fever</p> <p>Perform relevant investigations or procedures e.g. blood cultures</p> <p>Synthesise a diagnosis based on the information attained from the above</p> <p>Communicate the diagnosis and management to the patient and coherently present the findings to the team</p> <p>Recognise septic shock (link to shock ELA) and manage it appropriately</p>	<p>Recognise own limitations and seek help when necessary</p> <p>Be open and mindful to the possibility of other differential diagnoses</p> <p>Demonstrate an urgency for care of patients in shock</p>
Example Behaviours		
Positive	Negative	Negative Passive
<p>Things that should be done, correct techniques or practices, things a trainee might do right</p>	<p>Things that should not be done, incorrect techniques or practices, things a trainee might do wrong</p>	<p>Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do</p>
<p>Considers all differentials and acts on inconsistencies</p> <p>Good and comprehensive assessment, and management of the case</p> <p>Manages the patient empathetically</p> <p>Regular review and pursue the results of investigations e.g. cultures</p> <p>Review of antibiotics post culture including de-escalation of therapy</p>	<p>Failing to recognise the life-threatening conditions and complications</p> <p>Continuing a previous assessment/treatment by another doctor without conducting own assessment and evaluation</p> <p>Endangering patients by not reviewing and improper documentation</p> <p>Indiscriminate investigating and overuse of limited resources</p> <p>Indiscriminate use of antibiotics</p>	<p>Failing to act on abnormal findings</p> <p>Continuing to manage the patient despite the lack of competency</p> <p>Ignoring other co-morbidities warranting attention</p> <p>Ignoring psychosocial concerns and impact of care on patients</p> <p>Lack of ownership/ responsibility of patients under care (especially after referral to other teams)</p> <p>Continuing antibiotics without re-evaluating its indication</p>
Assessment / Evidence		
<p>Portfolio – supervisors' report</p> <p>IMEE</p>		

References

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2. Frostick SPF, Pitts D. Essential Learning Activities (ELA). Residential Curriculum Workshop, Putrajaya, February 2017

Authors

In addition to members of the core writing/ editing team, additional members of the writing team who contributed to the specialty overview and syllabus of all the subspecialties of Internal Medicine are acknowledged below.

Writers/ Contributors	
Professor Dr Roslina Abdul Manap	UKM
Professor Dr Abdul Halim Abdul Gafor	UKM
Professor Datin Dr Norlinah Ibrahim	UKM
AP Dr Rozita Mohd	UKM
Professor Dr Rohana Abd Ghani	UITM
Datuk Dr Paras Doshi	MOH
AP Dr Ahmad Marzuki Omar	UIA
Dr Hazlyna Baharuddin	UITM
Dr Mohd Arif Mohd Zim	UiTM
Dr Muhammad Iqbal Abdul Hafiz	UITM
Dr Nor Ashikin Md Sari	UM
Syllabus writers	
Nephrology	
Prof. Dr Abdul Halim Abdul Gafor	UKM
AP Dr Rozita Mohd	UKM
Dr Nor Fadhlin Zakaria	UPM
Dr Muhammad Iqbal Abdul Hafiz	UITM
AP Dr Lim Soo Koon	UM (reviewer)
Prof. Dr Goh Bak Leong	MOH (reviewer)
Cardiology	
Dr Nor Ashikin Md Sari	UM
Ahmad Syadi Mahmood Zuhdi	UM
Muhammad Dzafir Ismail	UM
Prof. Dr Imran Zainal Abidin	UM (reviewer)

Datuk Paduka Prof. Dr Wan Azman Wan Ahmad	UM (reviewer)
Datuk Abd. Kahar Bin Abd Ghapar	MOH (reviewer)
Neurology	
Prof. Datin Dr Norlinah Ibrahim	UKM
Prof. Dr Hamidon Basri	UPM
Prof. Dr Tan Hui Jan	UKM
Prof. Dr Kheng Seang Lim	UM
Prof. Dr Lim Shen Yang	UM
Prof. Dr Nortina Shairizaila	UM
AP Dr Rabani Remli	UKM
Dr Santhi Datuk Puvanarajah	MOH
Dr Shanti Viswanathan	MOH
AP Dr Shuhailah Abdullah	UM
AP Dr Wan Nur Nafisah Wan Yahya	UKM
Prof. Dr Goh Khean Jin	UM
AP Dr Tan Ai Huey	UM
Infectious diseases	
Professor Dato' Dr Adeeba Kamarulzaman	UM
Dr Alwi Muhd Besari	USM
Dr Petrick @ Ramesh K. Periyasamy	UKM
Dr Helmi Sulaiman	UM
Dr Wong Pui Li	UM
Dato' Dr Mahiran Mustafar	MOH (reviewer)
Gastroenterology	
AP Dr Khairul Azhar Jaafar	UIA
Dr Nazri Mustafa	USM
Prof. Dr Lee Yong Yeh	USM
Datuk Muhammad Radzi Abu Hassan	MOH (reviewer)
Respiratory	
Dr Mohd Ariff Mohd Zim	UiTM
AP Dr Ahmad Izwan Norddin Ismail	UITM
Dr Zamzurina Abu Bakar	MOH (reviewer)
Endocrine	
Prof. Dr Rohana Ghani	UITM
AP Dr Wan Mohd Izani Wan Mohamed	USM
AP Dr Nor Laila Mustafa	UKM
AP Dr Alexander Tan Tong Boon	UM

AP Dr Ahmad Marzuki Omar	UIA
Dr Nur Ain Mohd Noh	MOH (reviewer)
Dermatology	
Dr Tarita bt Taib	UITM
AP Dr Adawiyah Jamil	UKM
Dr Ch'ng Chin Chwen	UM
Dr Azura bt Mohd Affandi	MOH (reviewer)
Haematology	
Prof. Dr Gan Gin Gin	UM
Prof. Dr Nicholas Jackson	UM
Prof. Dr Bee Ping Chong	UM
AP Dr Azlan bin Husin	USM
Dr Jameela Sathar	MOH
Rheumatology	
Dr Wan Syamimee bte Wan Ghazali	USM
Dr Hazlyna Baharudin	UITM
Dr Mollyza binti Mohd Zain	MOH (reviewer)
Geriatrics	
Prof. Dr Shahrul Bahyah	UM
Dr Nor I'zzati Saedon	UM
Dr Lee Fatt Soon	MOH
Dr Yau Weng Keong	MOH (reviewer)
Palliative Medicine	
Dr Lam Chee Loong	UM
Dr Richard Lim Boon Leong	MOH
Dr Hayati Yaakup	UKM/Sunway
Dr Aaron Hiew	MOH
Dr Sylvia McCarthy	Hospis Malaysia
Collaborators	
National Conjoint Board of Internal Medicine	
Academy of Medicine	

Abbreviations

NPMC	National Postgraduate Medical Curriculum
MOE	Ministry of Education
MOH	Ministry of Health

MOHE	Ministry of Higher Education
JKBPD IPTA	Jawatankuasa Kepakaran Bersama Perubatan Dalam Institut Pengajian Tinggi Awam
JTBPPKP	Jawatankuasa Teknikal Bersama Penilaian Program Kepakaran Perubatan
PGMSS	the Postgraduate Medical Specialist and Subspecialisation
IM	Internal Medicine
CPD	Continuous Professional Development
MMC	Malaysian Medical Council
MRCP	Membership of the Royal Colleges of Physicians
IMEE	Internal Medicine Entrance Examination
IMQA	Internal Medicine Qualifying Assessment
PACES	Practical Assessment of Clinical Examination Skills
ELA	Essential Learning Activities
HO	House Officer
WPBA	Workplace Base Assessment
MINICEX	Mini-Clinical Evaluation eXercise
CBD	Case Based discussion
DOPS	Direct Observation of Procedural Skills
MSF	Multisource feedback
OSCES	Objective Scoring Clinical examinations
IELTS	International English Language Testing System,
EPR	Examination for Professional Registration
RAQI	Research-Audit -Quality-Improvement

Contact

National Postgraduate Medical Curriculum
npmcmmy@gmail.com

