

# Primary Care Medicine Postgraduate Training in Malaysia



GUIDE FOR APPLICANTS

VERSION 1, 2020

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Published by:

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First Publication, 2021

Perpustakaan Negara Malaysia

Cataloguing-in-Publication Data

Primary Care Medicine Postgraduate Training in Malaysia : GUIDE FOR APPLICANTS.

VERSION 1, 2020.

Mode of access: Internet

eISBN 978-967-19546-7-6

1. Medical education--Curricula--Malaysia.

2. Medical personnel--Training of.

3. Primary care (Medicine).

4. Government publications--Malaysia.

5. Electronic books.

610.7155

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# Acknowledgements

The steering group of the National Postgraduate Medical Curriculum Project would like to express their thanks to the following:

1. Professor Dr. Simon Frostick and Mr. David Pitts for the overall design of the curriculum templates, development of the Essential Learning Activities, editing of curriculum modules, consultation and coaching for writing groups.
2. Ministry of Higher Education for their funding support.
3. The Development Division, Ministry of Health for their valuable support and practical insights.
4. Members of the Medical Deans Council for their unequivocal support for the project.
5. Members of Specialty/Conjoint Boards who have facilitated the work of individual specialties.

# Table of Contents

ACKNOWLEDGEMENTS	3
PREFACE	5
What is this document?	5
The National Postgraduate Medical Curriculum	5
The writers	5
INTRODUCTION	6
The Purpose of this Guide	6
What is Primary Care?	6
Size of the specialty	6
Unique features of Primary Care	6
Why choose Primary Care as a career?	7
1. THE PRIMARY CARE MEDICINE PROGRAMME	8
Three Phases of training	8
2. ENTRY REQUIREMENTS	9
Essential Learning Activities (ELA)	11
Personal Qualities	11
3. ENTRY PROCESS	13
Universities pathway	13
Advanced Training in Family Medicine Pathway	13
Ministry of Health Scholarships	14
University Entrance Examination and Interview	14
Induction Process (for all pathways)	14
4. SYLLABUS	15
The Primary Care syllabus	15
Eight ongoing themes	15
5. ASSESSMENT TOOLS	16
6. APPENDICES	18
References	18
Formative Assessment Description	18
Entry ELAs	19
Glossary of terms	31

# Preface

## What is this document?

This document is a guide for those applying to enter Postgraduate training in Primary Care Medicine. It contains information on the entry requirements for the specialty training programme, the selection process and what the training entails. It is an extract from the National Postgraduate Curriculum for Primary Care Medicine, and provides key summaries about the training, structure, syllabus and assessments.

## The National Postgraduate Medical Curriculum

The Primary Care Medicine curriculum is a part of the National Postgraduate Medical Curriculum. It is the product of a collaborative effort by members of the Curriculum Committee that consists of Primary Care Physicians from the Ministry of Education (MOE), and the Ministry of Health (MOH) as well as the Academy of Family Physicians Malaysia (AFPM).

This will be the common curriculum for training in Primary Care Medicine and trainees have the option to train either through a Master's Degree programme and take the university examinations or through the Academy of Family Medicine Programme which is run by the Academy of Family Physicians of Malaysia. This single curriculum sets the standard for all postgraduate Primary Care Medicine training so as to deliver high quality, effective, safe and specialised care across the whole of Malaysia.

## The writers

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# Introduction

## The Purpose of this Guide

The purpose of this guide is to inform prospective applicants wishing to pursue a career in Primary Care. It summarises the key aspects of the Primary Care curriculum (entry requirements, process, training structure, assessments, some documentation and exit criteria), and provides a guide as to how to prepare and proceed with the application.

## What is Primary Care?

Primary Care (also known as Family Medicine in Malaysia), is the first point of contact that a patient has with healthcare provision. Primary Care doctors are also known as family doctors, general practitioners or family physicians. Those with recognised postgraduate qualifications in Family Medicine as listed in the National Specialist Register (NSR) are known as Family Medicine Specialists (FMS).

Primary Care practice is guided by the principles of the discipline. This comprises of care that is primary contact, personalised, patient centred, preventive, comprehensive, continuous, coordinated and community based. (Allen et al 2011)

Malaysia has both a private and public sector healthcare system. In the public sector, the MOH is the main healthcare provider through a network of primary care clinics comprising of rural clinics and Health Clinics in larger towns and urban areas. In the private sector these are usually solo or group practices. The public sector is government funded whereas in the private sector, payment is by fee for service, and the service delivery and practice management will have different emphases due to differences in these sectors. Maternal, child health and chronic disease cases are seen primarily in the public sector (Lim HM et al, 2017) whereas business management will be more relevant to the private sector.

Primary Care is the foundation of the healthcare system and more than in most specialties,

there is an urgent need to increase the number of trained postgraduate doctors to meet the shortfall in Malaysia.

## Size of the specialty

There are 642 primary care doctors registered as Family Medicine Specialists (FMS) in the Malaysian National Specialist Register (NSR), as of September 2020. The aim is to have at least 3 FMS per health clinic and there are 970 public health clinics that require specialists. The target ratio for Malaysia is to have about six doctors with the postgraduate qualification per 10,000 population, the current population being approximately 33 million (2020). This equates to the MOH recommendation of 20,000 FMS. Approximately 200 trainees per year are enrolled onto postgraduate programme in Primary Care Medicine.

## Unique features of Primary Care

### Primary contact

Primary Care is usually the first point of medical contact in a healthcare system. Physicians are trained to manage illnesses which may present in an undifferentiated manner at an early stage. Medical care is provided to all regardless of age, gender, condition or any other factor.

### Person-centred care

The Primary Care physician manages a patient's conditions taking into account the individual's physical, psychological, social and cultural factors. It is a person-centred approach that is orientated towards the individual, their family and community and embraces patient empowerment.

### Preventive

Many doctors work in Primary Care because they want to work in a preventative capacity. Doctors have the opportunity to work with patients to reduce risk factors and triggers through lifestyle changes and treatments for the promotion of health and well-being.



### Professional and competent

Doctors must be professional and competent in their care for patients. Primary Care can be frustrating with long hours and crowded clinics. Interactions with patients can also be tense especially when they are in pain or distress. Consultations are the specialty tool, and throughout the programme doctors are taught communication, consultation and practice management skills to equip them to handle any challenges.

### Continuing care

Primary care has a unique consultation process where care is provided as and when required over long periods of time and potentially a patient's lifetime. This establishes a strong and often long-term relationship between the doctor and patient.

### Coordinated care

Primary Care physicians coordinate care for the patient, working with other professionals and managing the interactions with other specialties when needed. They are the focal point for the patient during any treatment.

### Comprehensive

Care is provided not only to those who are ill but to all as it includes the promotion of health and well-being. Both acute and chronic health problems of patients are managed holistically.

### Community focused care

Working with a community on a long-term basis enables Primary Care physicians to identify patterns of diseases and effective treatment through the direct observation of the prevalence and incidence of illnesses in that community. The Primary Care physician also works with family members and community resources to support patients' needs. Doctors have a specific responsibility for the health of the entire community in which they work.

### Why choose Primary Care as a career?

Primary Care is a specialty that interacts with patients and their families, and physicians

enjoy strong and often long-term relationships with their patients as a result of the continuity of care. They see patients through many important events in their lives such as premarital screening, care for chronic diseases and the birth of their children. Primary Care is a vocation, the physician is often regarded as the family doctor and patients often say that they do not want to see anyone else but their family doctor. Physicians have the opportunity to provide preventive and promotive care at a personalised and community level and they should be good and empathetic communicators.

Working in Primary Care can be challenging with clinics that are sometimes overcrowded and have limited resources. However, it can be exciting; we see a wide variety of cases ranging from anaphylactic emergencies to managing pain in a palliative patient during a home visit. It is about caring for people and not just treating illness. Physicians treat a wide array of undifferentiated illnesses, not limited to specific diseases or organs, and deal with a wide range of health issues. Primary Care physicians need to manage and coordinate patient care across other medical specialties when required.

Primary Care is suited to applicants who enjoy patient interaction, like dealing with a wide range of health issues, and are interested in working holistically with patients and the community. If you have these skills and dedication then a career in Primary Care is for you.

# 1. The Primary Care Medicine Programme

There are two main pathways for Postgraduate training in Primary Care Medicine:

1. The **Universities' Masters Programme**. This is a four-year (to seven years maximum) programme in which trainees are registered to one of the six universities in the Conjoint Board of Family Medicine namely, University of Malaya, Universiti Kebangsaan Malaysia, Universiti Sains Malaysia, Universiti Putra Malaysia, Universiti Teknologi MARA and Universiti Islam Antarabangsa. It is divided into hospital rotations and clinic postings. The rotations cover 22 clinical blocks, followed by clinic postings where the trainee is trained in the skills relevant to Primary Care. This is followed by a period of shadowing a Family Medicine Specialist in order to learn practice management and leadership skills.
2. The **Academy of Family Medicine Programme** is a four-year programme. It is run by the Academy of Family Physicians of Malaysia and divided into the Graduate Certificate in Family Medicine, (two years duration), followed by the Advanced Training in Family Medicine which is a further two years.

Family Medicine postgraduate training is a three phase programme.

## Three Phases of training

All pathways cover all of the elements in the curriculum's three Phases of training:

**Phase 1:** Knowledge and clinical skills blocks which form the foundation of postgraduate primary care training.

**Phase 2:** Clinical practice skills, which are particularly relevant to primary care. These skills include consultation, prevention, counseling, multi-morbidity, clinical acumen and holistic care.

**Phase 3:** Development as practice leaders with an emphasis on leadership and managerial

skills. These include practice management, administration, audits, community involvement, inter-agency relations and human resource management.

**Figure1: Three Phases of Training**



Throughout the programme trainees will develop their clinical knowledge, skills, attitudes, behaviours as well as their competencies in the key areas of practice. These are shown in the Syllabus section of this document.



## 2. Entry Requirements

Candidates are expected to meet the essential entry requirements of the training programme which are grouped into Academic and Professional requirements, and Personal qualities. This document provides a summary of these requirements and the full description can be found in Curriculum Document.

The following Table summarises the Academic and Professional requirements for entry into Family Medicine training:

Entry requirement	Universities	ATFM	Evidence
MBBS/MD or other medical qualification recognised by MMC	Mandatory	Mandatory	Original Certificate
Full registration with MMC	Mandatory	Mandatory	Current Certificate of Registration
Post full registration clinical experience	Mandatory 1 year: UM; UKM; UiTM, UIA 2 years: USM 3 years UPM	Mandatory 1 year post full registration	Reports from clinical attachments.  Gaps in training to be identified and accounted for
Clinical experience	Mandatory: Completion of major postings in either housemanship or medical officer level (Internal Medicine, Paediatrics, Obstetrics and Gynaecology)  Desirable: Family medicine; General Surgery, Psychiatry etc.	Mandatory: 4 years of general practice / primary care experience or full time equivalent prior to sitting Part 1 MAFP / icFRACGP.  Trainees must remain in full time General Practice / Primary Care until the successful completion of Part II Conjoint MAFP/icFRACGP Examination	Reports from clinical postings  For AFPM applicants a notarised certificate from the Senior Practice Doctor  All pathways: completion of the entry <b>Essential Learning Activities</b> (ELAs; see below and Appendix 1) and associated workplace-based assessments (CDB, DOPS etc.) and a piece of reflective writing for each ELA.
Personal qualities	Mandatory	Mandatory	Reflective notes on specified personal qualities to be presented at interview

Entry requirement	Universities	ATFM	Evidence
Other qualifications		Mandatory Graduate Certificate in Family Medicine Programme	Original certificate
Other requirements		Mandatory Ordinary member in good standing AFPM. Application approved by the Board of Censors.	Current membership certificate.
Desirable	Attendance at courses, workshops and conferences relevant to Family Medicine  Completion of a closed audit loop in an area relevant to Family Medicine  Presentations / posters/ publications in relevant topics	Attendance at courses, workshops and conferences relevant to Family Medicine  Completion of a closed audit loop in an area relevant to Family Medicine  Presentations / posters/ publications in relevant topics	Certificates of attendance  Full audit report  Meeting abstracts; Publication front page and including DOI number
Overseas applicants	Mandatory  In addition to the requirements for home applicants, Overseas candidates must have achieved the acceptable level in an English language assessment:  IELTS level: minimum Band 6  TOEFL level: minimum 600		Certificate from the awarding institution. The date of the certificate must be within the time limitation of the exam
Private applicants	Mandatory  A private candidate will be required to fulfil all the criteria as outlined above.		

## Essential Learning Activities (ELA)

As part of the professional requirements for entry into any of the three pathways all applicants must provide evidence that they are able to perform a series of **Entry Essential Learning Activities (ELAs)**. ELAs are a tool by which a trainee can demonstrate an acceptable level of competency in a number of clinical scenarios. The scenarios are chosen in a way that all trainees should have the opportunity to complete them whilst progressing through Medical Officer placements or working in general practice. Applicants must submit an appropriate workplace assessment (Case Based Discussion), and a short reflective note on each ELA before the interview.

Entry ELAs are professional activities which a trainee must be able to perform competently and in a trustworthy manner by the time they enter the specialty training programme in Primary Care. The inability to perform such activities on day 1 may result in a trainee being asked to leave the programme.

The Entry ELAs listed below must be completed before application for specialty training. They may form the basis for interview questions or other assessments used as part of the selection process.

There are 11 Entry ELAs for Primary Care:

<b>ELA 1</b>	Take a focused history
<b>ELA 2</b>	Perform a good physical examination
<b>ELA 3</b>	Generate differential diagnoses and the probable diagnosis
<b>ELA 4</b>	Recommend and interpret common diagnostic investigations
<b>ELA 5</b>	Manage common conditions by lifestyle and pharmacological measures
<b>ELA 6</b>	Properly document the clinical encounter in the patient record
<b>ELA 7</b>	Able to use evidence in clinical practice
<b>ELA 8</b>	Refer patients appropriately

<b>ELA 9</b>	Recognise and initiate management of a patient requiring urgent care
<b>ELA 10</b>	Obtain informed consent for test/procedures
<b>ELA 11</b>	Show an understanding of primary care

It is essential that all trainees are able to demonstrate the relevant knowledge, skills, attitudes and values, as well as other behaviours, as detailed in the Entry ELA's. The language used throughout the ELA's is intended to be understood by a house officer, medical officer (and some patients). The 11 Entry ELAs are detailed in the Appendices of this document.

## Personal Qualities

On entry to the Primary Care postgraduate programme the trainee must be able to demonstrate a range of personal qualities, including good behaviours, and evidence this as part of the entry requirements. It is understood that applicants may have had different opportunities to show these qualities and an exhaustive list is therefore not required, however some examples must be provided. All physicians may experience challenges and potentially receive some unfavourable feedback during their careers, and how the trainee handles criticism and shows resulting positive behaviour changes will be assessed.

Trainees must provide a short reflective piece (up to one page), for each of the areas listed below. For Medical Officers the scenario should be discussed with a senior colleague and the reflective report signed by the senior doctor. For General Practitioners there should be a discussion with a colleague and the colleague must sign the completed report. As a part of the interview, applicants will be asked to discuss one of these reports.

The following are examples of the personal qualities that will help in delivering a quality service to the patients.

1. **Motivation:** All doctors need to have a high level of motivation. This should be an example of what motivates the applicant in the workplace.
2. **Self-learning:** Primary Care Medicine requires the ability to learn independently. The trainee should provide a short reflective report on what was learnt from reading a particular book or journal article.
3. **Reflection:** A lot of patients are seen in day-to-day practice. The applicant must provide an example of learning from the management of a particular case and how it has changed their practice.
4. **Critical analysis:** The candidate's evidence of offering care to patients needs to be shown. The applicant should write a short review of an article that has been read with its implications for practice.
5. **Working in a team:** All healthcare professionals work within a team. The applicant is required to describe a clinical scenario where they have been part of a team, the role played in the team and what was learnt from the situation.
6. **Communication skills:** Communication with patients can sometimes be challenging. The applicant must give an example of where the communication with a patient resulted in a problem and what was done to rectify the situation.
7. **Working under stress:** Doctors are often subjected to severe stress in the workplace. The applicant must give an example of a stressful clinical scenario and what was done to handle the situation.

### 3. Entry Process

#### Universities pathway

Applicants from the Ministry of Health need to apply through the 'Sistem Permohonan Hadiah Latihan Persekutuan, (HLP)'s website at [ehlp.moh.gov.my](http://ehlp.moh.gov.my). Applications must be submitted by July of the year prior to training.

Applicants who are not from the Ministry of Health are required to apply to the university of their choice directly.

Applications will be screened and the results will be available in October of each year. The shortlisted applicants will be called for an interview and assessment conducted jointly by the universities and Ministry of Health in January of the following year. They will be required to sit for an entrance examination. The results of the applications will be known in April. Successful applicants are required to attend a briefing in

May and report to the university in June. Unsuccessful applicants are allowed to appeal and the results will be known by the end of May.

#### Advanced Training in Family Medicine Pathway

To apply for the ATFM Programme of the Academy of Family Physicians of Malaysia, applicants can download the application forms from the Academy's website at [www.afpm.org.my](http://www.afpm.org.my) and submit the hardcopy of the application form by the 30<sup>th</sup> June of each year. Applications will be screened and final approval is following a review by the Board of Censors of the Academy of Family Physicians of Malaysia. Successful applicants will be required to commence the Programme in August.

The following Table summarises the timetable for the entry process:

**Table 2: Entry process**

	Universities	AFPM Programme
MOH applicants	Applications are made online at <a href="http://ehlp.moh.gov.my">ehlp.moh.gov.my</a> The application is to be completed by July of each year	Applications (hardcopy) submitted by the 30 <sup>th</sup> June each year
Overseas and Private applicants	On-Line application via the appropriate web link for postgraduate studies at each University By July of each year	All applicants provide their own funding, no scholarships By the 30 <sup>th</sup> June each year
Screening of applications (Eligibility; completion of mandatory requirements; evaluation of other documents).	Completed by end of October	Screening by the Board of Censors
Entrance examination and interview	January each year	Not required
Outcome of process	April each year	August each year
Briefing	May each year. Report to the University in the month of June each year.	

**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 will 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 result in the application being rejected.
6. Falsification of documents will result in rejection of the application and a report being sent to MMC.

### Ministry of Health Scholarships

Some trainees may apply for a scholarship from the Ministry of Health to support their registration for the Universities Masters programme.

Details on the application for these scholarships can be found at this website <http://ehlp.moh.gov.my/>

### University Entrance Examination and Interview

To gain entry into the University Masters programme applicants will be required to sit an entrance examination and attend an interview.

Following the successful evaluation of the application and submitted documents, applicants will attend a national selection venue. They will be informed of the site of the venue and asked to attend the examination and interview components.

### Induction Process (for all pathways)

The induction process is in place to ensure that trainees are familiar with all aspects of the curriculum including the following:

- The programme of study that they will be following

- The requirements for registration into the programme
- The payment of fees
- The learning opportunities that will be provided
- The assessments that will be used and their purpose
- The systems for supporting a trainee in difficulty
- The healthcare facilities in which the training will take place
- Rotas and the duties of a trainee
- Guidelines and protocols in the workplace
- The support provided in the workplace
- The role of trainees and trainers
- CPD requirements and attendance at teaching sessions
- Disciplinary processes and the processes to report concerns about training
- The university / ATFM structures and processes

***Attendance at 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 the Primary Care Medicine training programmes looks forward to welcoming successful applicants into training.



## 4. Syllabus

The syllabus defines what will be taught or learned throughout training in Primary Care. It is an outline of the required subjects, knowledge and depth, competencies and skills that to be achieved by the trainee during each phase of the programme. The syllabus helps to set the expectations for both trainer and trainee as to what should be achieved during each phase.

### The Primary Care syllabus

The Primary Care syllabus defines the knowledge and skills required at entry, throughout the key stages and at the end of training. It has three major sections:

- Clinical knowledge
- Clinical skills and procedures
- Practice management

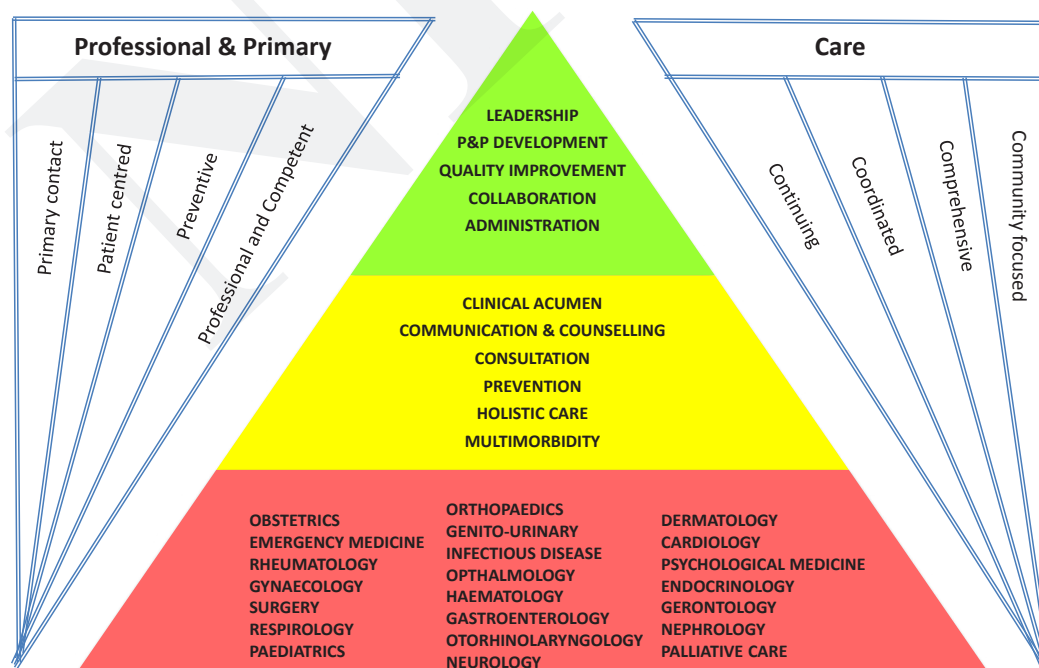
### Eight ongoing themes

Throughout the programme trainees will be developing their competencies in eight key areas, or themes:

- Primary contact
- Patient centred
- Preventive care
- Professionalism
- Continuing
- Coordinated
- Comprehensive
- Community focused

The following diagram gives an overview of the Clinical Areas, Competencies, Patient and Practice management as well as the personal and behavioural skills that will be taught and learned on the programme. This is to ensure that doctors are fully equipped to practice and find it a rewarding and enjoyable career. The themes and clinical areas are linked together in the Primary Care Syllabus model and shown in the diagram below:

Primary Care Medicine Syllabus Overview



## 5. Assessment Tools

Assessment is an essential part of training and reflects the clinical and non-clinical activities that the trainee will perform as a Primary Care specialist. These include clinical activities relating to the care of individual patients, behavioural and communication aspects, and non-clinical activities relating to administrative and organisational tasks, and academic skills. Trainees will be assessed regularly throughout the duration of the programme using both formative and summative tools.

The assessment focus in Primary Care has three key stages:

1. **Entry:** To assess the suitability of potential trainees for selection to enter the program.
2. **In-training:** To assess the learning and monitor the progress of the trainee and ensure that they are getting the help or support they need for their development. Additionally, to subsequently evaluate whether the trainee is ready to progress to the next stage of the programme.
3. **Exit:** To assess the suitability of the trainee to qualify and practice as a Family Medicine Specialist and that they are equipped with the knowledge and skills to care for patients in a safe and effective way.

### Assessment Timeline by Pathway

MMed	AFPM
<b>Part 1</b> End of Year 1 - hospital-based rotations	<b>Part 1</b> End of Year 2 (modular blended training)
<b>Part 2</b> End of Year 3 - clinical	<b>Part 2</b> In Year 4 (advanced training program)
<b>Part 3</b> End of Year 4 - shadowing the FMS at the primary care clinic	

Every candidate must have a personal file containing the following documents:

1. Supervisor's report
2. Logbook
3. Attendance
4. Training attended
5. Formative assessment results
6. Communications

### Assessment Strategy by Stage

ENTRY – applicable to <u>MMed ONLY</u>	IN-TRAINING and Exit
<b>Pre-Entrance Exam</b> <p>Centralised examination of SBA questions on all primary care topics and disease management. This examination allows for ranking of the scores and there is no passing mark.</p>	<b>Formative Assessment</b> <ul style="list-style-type: none"> <li>• Logbooks</li> <li>• Supervisors Reports</li> <li>• Basic Life Support Skill</li> <li>• Case Based Discussions</li> <li>• Work Based Assessment</li> <li>• Family Case Studies</li> <li>• See Appendices for a description</li> </ul>
<b>One Page Reflection</b> <p>Should show the candidates understanding of Family Medicine and why they chose it as a specialty</p>	<b>Research Report</b> <p>The assessment of the trainee's understanding and skills in appraising, conducting and analysing research and evidence.</p>
<b>Letters of Reference</b> <p>Letters of reference from two referees are also used to check suitability of the potential trainee.</p>	<b>Summative Assessment</b> <p><i>Theory Examinations:</i></p> <ul style="list-style-type: none"> <li>• Single Best Answer (SBA)</li> <li>• Key Feature Questions (KFQ)</li> </ul> <p><i>Clinical Examinations:</i></p> <ul style="list-style-type: none"> <li>• Objective Structured Clinical Examination (OSCE)</li> <li>• Long Objective Structured Clinical Examination (LOSCE)</li> </ul>
<b>Interview</b> <p>Candidate should express their knowledge, interest and passion for the discipline. Assessment of the candidate's attitude, aptitude, thoughts, ideas and communication skills. The opportunity to clarify issues and discuss personal circumstances that may be taken into consideration in deciding placement for training</p>	<b>Practice Diary</b> <p>Assessment of the knowledge, attitude and skills in areas relevant to family practice, both clinically and managerially based on the candidate's experience in the clinic</p> <p><i>Made up of 2 components;</i></p> <p>The practice management section with sections on the candidate's work and learning experience, clinic setting, resources available and workload.</p> <p>Short summaries of cases seen in the past 1 month prior to submission.</p> <p>Assessed by panels of examiners through an interview covering: Practice Management, Short term conditions, Prescribing, Prevention, Long term conditions, Investigations and Ethics.</p>

## 6. Appendices

### References

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### Formative Assessment Description

Formative Assessment Tools	Description
Log books	Checklist of knowledge topics and procedural skills that trainees are required to have performed or observed during their training. The aim of this is to ensure that the trainees will have covered the breadth and depth of knowledge and skills required for their training.
Supervisors' reports	Assessment on the candidate's performance; knowledge, skills, patient care, attitudes, self-directed learning. An unsatisfactory report may result in the candidate not being allowed to progress to the next phase.
Basic life support skill	Trainees must attend the basic life support workshop for certification. A valid life support certificate is required before the trainee is permitted to sit for the examinations.
Case based discussions	Conducted at least twice a year in the last 2 years of study to assess the candidate's progress based on cases seen in the clinic. Assessment of the candidates' diagnostic, management skills and comprehensiveness in management as well as record keeping.
Work based assessment	Direct observation of the trainee performing consultations in clinic. Performed at least twice a year in the last two years of training. Assessment of the candidates on history taking, examination, diagnostic, management, communication, consultation and organisation skills.
Family Case Studies	Report of a case that is seen and managed by the trainee as the primary care doctor. It offers an in-depth clinical assessment, diagnosis and management of a patient and an opportunity for the trainee to discuss and reflect on the case.

## Entry ELAs

Entry ELA-1		
<b>Activity</b>	Take a focused history	
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>Basic undergraduate medical knowledge. Know symptoms and signs of common conditions/presentations in order to formulate a diagnosis. Examples are as follows:</p> <p>Acute symptoms such as cough, fever, headache, low back pain, chest pain, fatigue, dizziness, diarrhoea, rash</p> <p>Chronic diseases such as diabetes, hypertension</p>	<p>Communication – verbal and non-verbal (the use of appropriate body language, facial expressions etc.)</p> <p>Critical thinking/reasoning</p>	<p>Professionalism</p> <p>Non-judgmental</p> <p>Empathy</p> <p>Motivated</p> <p>Culturally sensitive</p>
Behavioural Markers		
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>Good doctor patient relationship</p> <p>Time efficient</p>	<p>Doctor-centred</p> <p>Judgmental</p> <p>Self-centred</p> <p>Arrogant</p> <p>Use of medical jargon</p>	<p>Explore patient's ideas, concerns and expectations</p>

Entry ELA-2		
<b>Activity</b>	Perform a basic physical examination appropriate to the complaint	
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>Basic undergraduate medical knowledge on good technique of physical examination on the following systems:</p> <p>Cardiovascular system</p> <p>Respiratory system</p> <p>Gastrointestinal system</p> <p>Nervous system</p> <p>Examination of a child including developmental and growth assessment</p> <p>Antenatal examination</p> <p>Know the signs of common conditions</p> <p>Know which relevant system to examine for a complaint</p>	<p>Ability to obtain verbal consent for examination</p> <p>Communication – ability to explain to patient regarding the examination to be performed and findings</p> <p>Ability to perform physical examination using correct technique systematically</p> <p>Recognise the relevant positive and negative signs in diagnosing a condition</p> <p>Recognise red flag signs</p>	<p>Respect patients</p> <p>Professionalism</p> <p>Holistic approach</p> <p>Culturally sensitive</p>
Behavioural Markers		
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>Establish a good rapport with patients</p> <p>Adequate exposure during examination</p> <p>Respectful of patient's privacy</p> <p>Correct and relevant physical examination</p> <p>Chaperone is needed when necessary</p> <p>Hand washing and hygiene</p>	<p>Rough and causing pain or distress to patient – inconsiderate and disrespectful</p> <p>Does not communicate with patient</p> <p>Incomplete assessment</p> <p>Incorrect technique</p>	<p>Failure to recognise key signs for life-threatening conditions</p>



<b>Entry ELA-3</b>	
<b>Activity</b>	Generate differential/probable diagnosis AND communicate this appropriately to the patient

<b>Knowledge</b> <u>Know</u> , Facts, Information	<b>Skills</b> <u>Do</u> , Practical, Psychomotor, techniques	<b>Attitudes &amp; Values</b> <u>Feel</u> , behaviours displaying underlying values or emotions
Know symptoms, signs and investigations of common conditions in order to formulate a diagnosis and important differentials	Critical thinking/reasoning Ability to formulate diagnosis from the history and physical examination	Professionalism Non-judgmental Empathy Culturally sensitive
<b>Behavioural Markers</b>		
<b>Positive</b> Things that should be done, correct techniques or practices, things a trainee might do right	<b>Negative</b> Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	<b>Negative Passive</b> Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Able to diagnose common and serious conditions	Doctor-centred Judgmental Self-centred Arrogant Use of medical jargon Missing serious conditions	Does not explore patient's ideas, concerns and expectations

Entry ELA-4		
<b>Activity</b>	Recommend and interpret common diagnostic investigation	
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>Indication/contraindication of the investigation</p> <p>Possible harms/benefits of the test/procedure</p> <p>Normal values for basic investigations e.g. FBC, RP, RBS, FSL</p> <p>Basic understanding of cost-effectiveness of tests and procedures</p>	<p>Basic skills in performing and interpreting common procedures e.g. blood taking, ECG</p> <p>Good communication</p> <p>Critical thinking/reasoning</p> <p>Informed consent</p>	<p>Professionalism</p> <p>Non-judgmental</p> <p>Empathy</p> <p>Culturally and gender sensitive</p>
Behavioural Markers		
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>Know the indications of the investigation</p> <p>Able to interpret basic investigations</p>	<p>Doctor-centred</p> <p>Judgmental</p> <p>Unnecessary tests</p> <p>Wrong interpretation</p> <p>Does not apply critical thinking</p> <p>Medical jargon</p>	<p>Informed consent</p> <p>Explain result to patient</p>

Entry ELA-5	
<b>Activity</b>	Manage common conditions by lifestyle and pharmacological measures

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>Lifestyle measure</p> <p>Basic knowledge on lifestyle intervention (diet, physical activity, smoking cessation, alcohol intake etc.)</p> <p>Examples of conditions where this is important are as follows:</p> <p>Diabetes, ischaemic heart disease, hypertension, dyslipidemia</p> <p>Asthma, COPD</p> <p>Stroke</p> <p>Chronic back pain</p> <p>Pharmacological measure</p> <p>Basic knowledge on drugs for common conditions</p>	<p>Demonstrate an understanding of the patient's current condition, and coping with their conditions</p> <p>Understanding patient's ideas, concerns and expectations and formulate management based on these</p> <p>Discuss the planned orders and prescriptions (e.g., indications, risks) with patients.</p> <p>Able to address issues on compliance</p>	<p>Professionalism</p> <p>Non-judgmental</p> <p>Empathy</p> <p>Motivated</p> <p>Culturally sensitive</p>

Behavioural Markers		
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>Appropriate dietary, physical activity and other lifestyle behaviour assessments.</p> <p>Possess basic knowledge and understanding of availability of healthcare services such as dietician, diabetes nurse educator etc.</p> <p>Recognise and avoid errors by using safety alerts (e.g., drug-drug interactions) and information resources</p> <p>Attend to patient-specific factors such as age, weight, allergies, pharmacogenetics, and co-morbid conditions when writing or entering prescriptions or orders</p>	<p>Doctor-centred</p> <p>Judgmental</p> <p>Self-centred</p> <p>Arrogant</p> <p>Use of medical jargon</p>	<p>Does not explore patient's ideas, concerns and expectations</p> <p>Does not fully assess patient's physical limitations such as not assessing patient's dentition</p>

Entry ELA-6	
Activity	Properly document the clinical encounter in the patients' records

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>Knows the pertinent information of patient's sociodemographic profile</p> <p>Knows the important and salient point of patient's history, findings &amp; progress including the past and present illnesses, examination, tests, treatments and outcomes</p> <p>Knows the right information to be documented e.g. consent, AOR form, patient's decision after informed consent</p>	<p>Good legible handwriting/ documentation</p> <p>Systematic documentation</p> <p>Appropriate use of medical terms</p>	<p>Professionalism</p> <p>Non-judgmental</p> <p>Empathy</p> <p>Culturally sensitive</p> <p>Respects patients' confidentiality and privacy</p>
Behavioural Markers		
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>Proper documentation of all visits and encounters</p>	<p>Judgmental – labelling patients (example: MC seeker, to designate aggressive or difficult patient)</p> <p>Dishonest – falsification of records (i.e. doctor makes up symptoms to justify MC.)</p> <p>Illegible</p> <p>Used abbreviations, only standard/ acceptable abbreviations are permitted (i.e. PID- can be Prolapsed Intervertebral disc or Pelvic inflammatory diseases; NKMI – not known medical illness)</p> <p>Corrections by using white-outs – corrections need to be crossed out and initialed</p>	<p>Documents forgot to be signed and stamped</p> <p>Missed important information</p> <p>Example: drugs/foods allergy</p>

Entry ELA-7		
<b>Activity</b>	Able to use evidence in clinical practice	
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>Knows the basic use of software such as Word document</p> <p>Knows reliable sources of information for EBM (i.e. books or Malaysian CPGs , appropriate websites such as MOH &amp; Academy of Medicine or apps)</p>	<p>IT literate</p> <p>Good command of written language</p> <p>Critical thinking</p>	<p>Motivated</p> <p>Professionalism</p> <p>Inquisitive</p>
Behavioural Markers		
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
Understanding the uncertainty in medicine and able to formulate questions to address the issue	<p>Non critical in appraising information</p> <p>Rigid, inflexible</p> <p>Resistant to change</p> <p>Prescribes a non-active agent just to end the consultation</p>	Continuing non-proven interventions without question



Entry ELA-8	
Activity	Refer patients appropriately

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
Disease and complications Knowledge of limitations Role of other specialties such as therapists, allied health Referral pathway	Good communication skills in writing and verbally First line management skills before referring Skills in clinical assessment	Empathy Respect Humility Confidence Respect for patient's privacy and confidentiality
Behavioural Markers		
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
Good referral letter or consultation that has a complete assessment, diagnosis and expectation. Allows questions and clarifications from patient and receiver	Shows uncertainty due to incomplete assessment or knowledge Poor communication to patient and the receiver of the referral	Sending patient away without referring properly

Entry ELA-9	
<b>Activity</b>	Recognise and initiate management of a patient requiring urgent care

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
Disease severity and complications. Knowledge of signs of ill patients such as deterioration of vital signs Management including resuscitation and basic pharmacotherapeutics for resuscitation	Able to recognise when a patient is ill and requires urgent care Resuscitation skills – MBLS. Able to set up a drip and initiate early management. Communicates with team	Trustworthy, self-confidence, motivated, energetic. Sense of urgency
Behavioural Markers		
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
Able to assess a situation quickly Call for help Stabilise patient	Irresponsible Inappropriate referral Creates harm to the patient	Misdiagnosis Avoids the situation or stays away

Entry ELA-10	
Activity	Taking informed consent

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>Knows the relevant condition and procedure that require informed consent: for examples</p> <p>HIV screening</p> <p>IUCD section</p> <p>Providing care for minors</p> <p>Medical report or release of information to other parties</p> <p>Physical examination especially potentially sensitive ones such as per rectal or vaginal examinations</p> <p>Knows the possible complications or implications that may result from the procedure</p>	<p>Have appropriate communication skills</p> <p>Proper documentation</p>	<p>Professionalism</p> <p>Non-judgmental</p> <p>Empathy</p> <p>Culturally sensitive</p> <p>Ethical</p>
Behavioural Markers		
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>Have good communication skills and use of simple language</p> <p>Make sure the patient understands the explanation given to them prior giving their consent</p>	<p>Use of medical jargon</p> <p>Physician-centred</p> <p>Judgmental</p> <p>Self-centred</p>	<p>Explore the patient's ideas, concerns and expectations</p>

Entry ELA-11		
<b>Activity</b>	Know basic principles and role of primary care	
<b>Knowledge</b> <u>Know</u> , Facts, Information	<b>Skills</b> <u>Do</u> , Practical, Psychomotor, techniques	<b>Attitudes &amp; Values</b> <u>Feel</u> , behaviours displaying underlying values or emotions
<p>Know the basic principles of primary care/family medicine and the role of a family medicine specialist</p> <p>Example: Family Medicine principles and role:</p> <p>Patient centred</p> <p>Personalised care</p> <p>Prevention</p> <p>Primary / First Contact</p> <p>Comprehensive</p> <p>Continuity of Care</p> <p>Community</p> <p>Coordination of care</p>	<p>Ability to learn</p> <p>Observational skills</p> <p>Good communicational skills</p>	<p>Motivated</p> <p>Professionalism</p> <p>Empathy</p> <p>Culturally sensitive</p> <p>Ethical</p> <p>Respectful</p> <p>Passionate</p>
Behavioural Markers		
<b>Positive</b>	<b>Negative</b>	<b>Negative Passive</b>
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>Knows limitations and seek timely help</p> <p>Seeks information about primary care</p>	<p>Disinterest</p> <p>Wrong attitude and reason for joining discipline</p>	<p>Not practicing the principles of primary care</p>

## Glossary of terms

ADR	Adverse Drug Reaction
AFPM	Academy of Family Physicians of Malaysia
ATFM	Advanced Training in Family Medicine
CBD	Case-Based Discussion
CPG	Clinical Practice Guideline
ELA	Essential Learning Activities
FMS	Family Medicine Specialist
IELTS	International English Language Testing System
icFRACGP	International Conjoint Fellowship of the Royal Australian College of General Practitioners
KFQ	Key Feature Questions
LOSCE	Long Objective Structured Clinical Examination,
MBLS	Modified Basic Life Support
MiniCEX	Mini-Clinical Evaluation Exercise
MMC	Malaysian Medical Council
MOE	Ministry of Education
MOH	Ministry of Health
NPMC	National Postgraduate Medical Curriculum
NSR	National Specialist Registry
OSCE	Objective Structured Clinical Examination,
PCM	Primary Care Medicine
SBA	Single Based Answer
ST	Specialty Training
TOEFL	Test of English as a Foreign Language
UIAM	Universiti Islam Antarabangsa Malaysia
UiTM	Universiti Teknologi MARA
UK	United Kingdom
UM	Universiti Malaya
UKM	Universiti Kebangsaan Malaysia
UPM	Universiti Putra Malaysia
USM	Universiti Sains Malaysia
WPBA	Workplace-Based Assessment

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