

Volume 23 Number 2, April 2024

## Postgraduate Clinical Specialist Training in Malaysia: At A Crossroads

Postgraduate clinical specialist training in Malaysia was initiated in 1973 by the Faculty of Medicine, University Malaya. Prior to this, there was no structured programme locally, and as such, specialists recruited to Universities and Ministry of Health (MOH) hospitals were trained overseas. Since then, vast progress has been made, and currently, 11 public universities and a single private university offer training.

At the outset, only the three major Universities ventured into Clinical Specialist training. The country's rapid economic transformation led to an increased demand for specialists to fill the vacancies in the newly established Universities and hospitals. Although other universities commenced the training programmes over the years, the demand for specialists could not be met, especially in the subspecialties. The Ministry of Health (MOH) was compelled to explore other avenues to address this predicament. Eventually, the “parallel pathway” was introduced to fill the shortage in the public sector.

In 2016, MOH, with the support of the Malaysian Association for Thoracic and Cardiovascular Surgery (MATCVS), commenced the Cardiothoracic surgery programme in the country to produce more heart specialists. International benchmarking was attained by collaborating with Royal College of Surgeons of Edinburgh (RCSEd). This was followed by the Board of Urology, in association with the Royal College of Physicians and Surgeons of Glasgow (RCPSG), which introduced the FRCS (Urology) programme in 2018. The board ensured quality by designing a robust curriculum and signing an MOU with the RCPSG. Since both endeavours were successful and productive for the nation, other specialities and subspecialties emulated them.

The last two decades have seen a significant increase in the number of Postgraduate programmes in our universities and currently there are 25 different specialist

training programmes offered by both public universities and a single private university. Malaysia still needs specialists despite these efforts. Based on 2020 data, the specialist-to-population ratio is at a distressing 4:10,000, while the average for the OECD (Organization for Economic Co-operation Development) countries is 14.3:10,000.

According to information from MOH, it is proposed that the public sector will need approximately 30% of total doctors to be specialists by 2030, meaning the country require approximately 24,000 specialists. However, the present number is only 8953. With the current training rate, the MOH will achieve only 19% instead of the estimated 30%. The attrition rate from the MOH to the private sector is about 10%. The universities, too, face a similar situation. Hence, there is a dire need for more specialists. It is the inherent duty of all stakeholders in the country's health system to address this issue, and the ultimate decision should be based on a broad consensus ensuring quality.

The British-based system of training has been the benchmark for most former colonies. It has served us for more than a century. Since gaining independence, countries have slowly developed their own postgraduate clinical training programmes to cater to their individual needs, akin to the universities in Malaysia. Although the original local training programme was British system based, it has progressed over the years with the establishment of the National Conjoint Board (now known as Jawatankuasa Bersama Ijazah Lanjutan Perubatan) and the respective Specialty Conjoint Boards (now known as Specialty Committee). The membership of these comprises of all the stakeholders of the respective programmes, including MOH, Academy of Medicine and relevant private universities. Furthermore the government established the Malaysian Qualifications Agency (MQA) in 2007, to ensure quality assurance. Since 2013, they have been mandated to register the accreditation status of all

Malaysian Public Universities postgraduate programmes in the Malaysian Qualifications Register (MQR).

Another significant landmark in postgraduate clinical training in Malaysia is the introduction of the National Postgraduate Medical Curriculum (NPMC) in 2021. It has made a remarkable impact on the postgraduate training landscape. NPMC is a Medical Deans Council's project involving all relevant stakeholders, namely the MOH, Ministry of Higher Education, Malaysian Medical Council, MQA, Academy of Medicine and all speciality groups in the country, to create and deliver a unified and structured curriculum for training specialists. The curricula, clinical training and assessments were enhanced and consolidated to ensure high-quality and a standard structured programme. It is proper that all current Specialist training programmes, including the parallel pathways, adopt NPMC as the template. It includes detailed descriptions of the competencies that should be achieved and the framework for delivering training throughout the programme, which provides a benchmark for national regulatory authorities.

Emphasis on continuing professional development must also evolve, to cope with medical specialists' changing and increasingly interchangeable roles. Although the fundamental principles of practice are usually the same in all hospitals nationwide, logistic and economic factors often influence the delivery of care in individual hospitals. As such, not all hospitals can be accepted as training centres, as some have suggested. Training centres should adhere to the criteria set by their respective Specialty Committee.

The MMA and other groups need to move away from their entrenched position on this matter and collaborate with the Medical Deans's Council to ensure that Medical specialist training encompasses the evolving atmosphere in the country. I concur with the Chairman of the Medical Deans's Council of Public Universities in a recent letter to a leading newspaper, where he emphasizes that specialist training in this country should be based on comprehensive, unbiased and sound scientific evidence involving all stakeholders, and not driven by populist

measures. It was reassuring to note the Health Minister alluding to this issue at a meeting a few weeks ago. He cautions very appropriately by quoting the old adage 'never lose sight of the forest for the trees' and ensuring quality is not compromised even if the need is dire.

Remarkable measures has been taken by our local stakeholders to ensure quality and standard in Postgraduate clinical specialist training. It is second to none and our task is to consolidate it. The current environment is the best opportunity for all, to throw off the shackles of the past, and embrace your own. Merging the Master's degree and the 'Fellow' offered by the parallel programme is a daunting task but should be pursued with vigour.

## REFERENCES

1. Ismail H. How many doctors do we need in the public sector?: a guide to human resource planning and specialist training. *Malays J Med Sci.* 2023;30(2):1–7. <https://doi.org/10.21315/mjms2023.30.2.1>
2. CodeBlue. Attempts To Dismantle MOH's Parallel Pathway Programme Will Worsen Brain Drain MMA CodeBlue. 2024 Jan 31. Available from: <https://codeblue.galencentre.org/2024/01/31/attempts-to-dismantle-mohs-parallel-pathway-programme-will-worsen-brain-drain-mma/>
3. National Postgraduate Medical Curriculum. Training Curriculum Ver.1, 2021. MERDU. Available from: [npmcmy@gmail.com](mailto:npmcmy@gmail.com)
4. Rahman J A, Stance in Specialist training. *The Star, Opinion.* 2024 Feb 24. Available from: <https://www.thestar.com.my/opinion/letters/2024/02/07/stance-in-specialist-training>
5. Dr Dzul pledges to resolve specialist training issues. *The Star* 2024 Jan 29. Available from: <https://www.thestar.com.my/news/nation/2024/01/29/dr-dzul-pledges-to-resolve-specialist-training-issues>

**Prof. Dr. Nasser M. Amjad**

Department of Surgery

International Islamic University Malaysia