

## **Criteria to Register in Emergency Medicine (NSR)**

Any doctor can apply to be registered as an Emergency Physician if he/she fulfils ALL the following:

1. Fully registered with the Malaysian Medical Council with current Annual Practising Certificate (APC) and,
2. Holds any of the recognized postgraduate qualification in Emergency Medicine :

### 2.1 Structured programmes in Emergency Medicine

- i Master of Medicine (Emergency Medicine), USM
- ii Master of Emergency Medicine, UM
- iii Master of Emergency Medicine, UKM
- iv Doctor of Emergency Medicine, UKM (starting from June, 2013)
- v Fellow of Royal College of Surgeons (Accident & Emergency) UK (up to year 2000)
- vi Fellow of the College of Emergency Medicine, UK
- vii Fellow of the Australasian College of Emergency Medicine (FACEM)

2.2 Any other postgraduate qualifications in Emergency Medicine deemed to be equivalent to the postgraduate programme in Emergency Medicine of the local universities on a case-to-case basis.

2.3 Have had at least 3 years of full-time supervised training in Emergency Medicine in recognized centres AFTER acquisition of a recognized postgraduate qualification in any of the following base specialty :

- i Anaesthesia
- ii Internal Medicine
- iii Orthopaedics
- iv Surgery

**\*Criteria listed under 2.3 will be VALID for those who completed training by December, 2011**

3. Completed required postgraduate training in recognized centres

### 3.1 Holders of qualifications in 2.1 must

- i Have completed a minimum of 4 years supervised training in an accredited A&E centres
- ii Have at least 6 months of supervised experience in Emergency Medicine AFTER the qualification

**(Supervision should be done in a recognised accredited centres by the Specialty Subcommittee (SSC) of Emergency Medicine and also supervised by an individual approved by NSR)**

### **3.2 Evidence of satisfactory postgraduate training as supported by :**

- 3.2.1 Logbook of core procedures (refer Appendix); or
- 3.2.2 Satisfactory supervisors report on clinical core competency (Refer Appendix)

4. Applications from any doctor with training and experience from local or overseas must be substantiated by documents relating to qualification, training and experience. The Specialty Subcommittee for Emergency Medicine may consider such application on a case to case basis and reserves the right to stipulate any conditions which may include additional training or experience.

***Last update:  
The Specialty Subcommittee (SSC) of Emergency Medicine  
National Specialist Register (NSR)  
10<sup>th</sup> June, 2016***

## EMERGENCY CARE PHYSICIAN CORE PRIVILEGES AND CREDENTIALS PROCEDURES

### Core Competencies

1. Emergency resuscitation procedures of
  - 1.1 Cardiopulmonary resuscitation
  - 1.2 Trauma resuscitation
  - 1.3 Neonatal resuscitation
  - 1.4 Team leader of each categories above
  
2. Emergency Airway and breathing procedures:
  - 2.1 Endotracheal intubation
  - 2.2 Supraglottic airway intubation
  - 2.3 Cricothyroidotomy (Needle & Open)
  - 2.4 Mechanical ventilation (Invasive & Non-Invasive)
  - 2.5 Thoracostomy
  - 2.6 Thoracocentesis
  - 2.7 Difficult airway management
  
3. Emergency Circulation stabilising procedures
  - 3.1 Hemorrhage control
  - 3.2 Intraosseous cannulation – Including on manikin
  - 3.3 Central vein cannulation
  - 3.4 Venous – including UVC (Intravenous cannulation – including UVC)
  - 3.5 Arterial cannulation
  - 3.6 Cardiac pacing – transcutaneous
  
4. Emergency Anaesthesia procedure
  - 4.1 Procedural sedation & analgesia
  - 4.2 Rapid sequence intubation
  - 4.3 Regional & local anaesthesia – digital, wrist, ankle, femoral
  
5. Mass Casualty Management & Pre-Hospital Care
  - 5.1 Mass casualty incident triage
  - 5.2 Mass incident management – including mock-up training
  - 5.3 Emergency communication
  - 5.4 Medical Directive
  - 5.5 On scene management
  - 5.6 Critical care transfer & Medevac

6. Emergency Surgical Procedure (Trauma & Diagnostic):
  - 6.1 Close manipulation & reduction (CMR)
  - 6.2 Joint aspiration
  - 6.3 Focused Assessment Sonography in Trauma (FAST), and extended region
  - 6.4 Diagnostic peritoneal lavage (DPL) – including on manikin
  - 6.5 Pericardiocentesis – including on manikin
  - 6.6 Suprapubic catheterization – including on manikin
  - 6.7 Plaster of Paris (POP) application
  - 6.8 Epistaxis control
  - 6.9 Paracentesis
  - 6.10 Pelvic stabilization
  - 6.11 Emergency circumcision
  - 6.12 Skeletal traction
  
7. Others
  - 7.1 Thrombolytic therapy
  - 7.2 Triage

**Specialize Procedures:**

1. Damage control orthopaedic surgery (DCOS)
  - Pelvic Stabilization
  - Open Reduction External Fixation (OREF)
  - Open Reduction Internal Fixation (ORIF) – intramedullary device, plating
2. Ultrasound-guided procedure
3. Emergency Fasciotomy
4. Tracheostomy
5. Fiberoptic procedure
6. Regional Anaesthesia – interscalene, axillary, intercostals, intrapleural
7. ICP Monitoring
8. Burr hole
9. Transvenous pacing
10. Hyperbaric therapy
11. Lumbar puncture