

Criteria for Registration as a Rehabilitation Physician

Any doctor can apply to be registered as a Rehabilitation Physician if he/she fulfils ALL the following requirements:

1. A recognised basic medical degree

1.1. A basic medical degree recognised and registered by the Malaysian Medical Council

2. A recognised postgraduate qualification

2.1. Holds any of the following postgraduate qualification registrable under the National Specialist Register:

2.1.1 Master of Rehabilitation Medicine, Universiti Malaya

2.1.2 American Board of Physical Medicine and Rehabilitation

2.1.3 Fellow of the Australasian Faculty of Rehabilitation Medicine

2.1.4 Diploma in Medical Rehabilitation (RCP London) obtained before 1997

2.2. Any other post-graduate qualifications deemed to be equivalent to the local Master of Rehabilitation Medicine programme shall be considered on a case by case basis, based on the following guidelines:

a) Total period of training shall be equivalent to that of a 4-year structured course.

b) Evidence of satisfactory training:

i. Curriculum of the training programme

ii. Evidence of completion of the training programme

iii. Supervisors/Trainers' reports on Clinical Core Competency

iv. Provision of Referees

v. Log book

3. Evidence of satisfactory postgraduate training as supported by

3.1 Logbook of core procedures

3.2 Portfolio with supporting documents where relevant

3.3 Satisfactory referees' reports on Clinical Core Competency and core procedures

4. Work experience

4.1 Holders of qualifications listed under 2.1.1, 2.1.2 and 2.1.3 are required to undergo at least 6 months of working experience under supervision of accredited trainers in accredited centres.

4.2 Holders of qualifications listed under 2.1.4 are required to undergo at least 18 months of supervised work experience in accredited centres after obtaining the postgraduate qualification.

Appendix 1

1. Background

- 1.1. On January 2, 2009, the following persons were appointed by Deputy Director General of Health (Medical), Ministry of Health Malaysia to the Specialty Sub-committee: Rehabilitation Medicine and Sports Medicine:
 - i. Dato' Dr. Zaliha Omar (Chairman)
Sunway Medical Centre
 - ii. Associate Professor Mohamed Razif bin Hj. Mohamed Ali
University of Malaya Medical Centre
 - iii. Dr. Saini Jeffery bin Freddy Abdullah @ Jeffery Song
University of Malaya Medical Centre
 - iv. Dato' Dr. Ramlan bin Abd. Aziz
National Sports Institute of Malaysia
 - v. Dr William Chan Liang Wah
Klinik Pakar Sukan, Subang Jaya
 - vi. Dr Theva Raj a/l Ponnudurai
Hospital Tuanku Ja'afar, Seremban

- 1.2. The specialty sub-committee of Rehabilitation Medicine and Sports Medicine was set up to assist the National Credentialing Committee (NCC) in the credentialing process for medical practitioners for these two specialties. The above appointment is for a period of one year.

- 1.3. The main functions of the sub-committee, as stated in the letter of appointment are as follows:
 - g) Will look into the credentialing requirements in their specialty areas.
 - h) Is responsible for determining the 'core clinical activities' within the specialty.
 - i) Identify those procedures requiring additional training and experience, in particular:
 - g) Invasive procedures requiring skill and knowledge
 - h) High risk procedures
 - i) New technologies/techniques
 - j) Complex procedures
 - k) Procedures where the appropriateness of indications for use are open to abuse
 - j) Responsible for the identification of training requirements for subspecialties and the organization of training courses and workshops.
 - k) Will also look into the accreditation of hospitals and trainers for the training programs

- 1.4. Terms of reference as stated in the letter of appointment mentioned above are as follows:
 - i. Recommend credentialing of specialists upon application
 - ii. Identify the list of procedures required for credentialing
 - iii. Develop guidelines for clinical competence in terms of:

- a) Training requirements for specialized procedures
 - b) Minimum criteria for competency in performing of specific procedures
 - iv. Establish performance monitoring and review mechanisms
 - v. Meetings shall be held at least 5 times a year
- 1.5. Modus Operandi of the Rehabilitation Medicine and Sport Medicine specialty sub-committee:

The sub-committee realized from the outset that it is responsible for the formulation of standards for two specialty medical practices, each of which is a distinct specialty in its own right as has been established in many parts of the world, i.e.

- i. Rehabilitation Medicine
- ii. Sports Medicine

The main reason that these two specialties were placed under one sub-committee is because for each of them, the number of specialists currently practicing in Malaysia is less than 15 for each specialty, which is the minimum number set by the NCC needed to form a specialty subcommittee. This will remain so until such time that the number of specialists practicing in the country for each specialty reaches that set by the National Credentialing Committee and each can stand alone.

- 1.6. The original purpose of the Rehabilitation Medicine and Sports Medicine specialty credentialing committee was to formulate recommendations for harmonizing standards for the two mentioned specialties in Malaysia
- i. Aims
 - a) To ensure that applicants applying for registration as Rehabilitation Medicine specialist have met the training requirements and experience required.
 - b) The Rehabilitation Medicine and Sports Medicine specialty credentialing committee must remain aware of and respect the national laws and regulations.
 - c) No Rehabilitation Medicine and Sports Medicine specialty committee rule should contradict the statutes of the medical act.
 - ii. Objectives
 - a) Will recommend the minimum requirements for the practice of Rehabilitation Medicine for the country in terms of training and experience.
 - b) Will evaluate applications and recommend to the NCC to grant credentials to candidates who, in their opinion, have met the criteria set.
 - c) Will review programmes proposed for special training in Rehabilitation Medicine and Sports Medicine specialties.

2. Rehabilitation Medicine and Sports Medicine Specialty Sub-committee Composition

The NCC will be kept informed of the proposals of the Rehabilitation Medicine and Sports Medicine specialty sub-committee

The chairman of the committee will re-examine any unresolved issues with the chairman of the NCC. The final conclusions will be reported to the committee during the next meeting or during an extraordinary session, if deemed necessary by two third majority of the committee.

Composition of the Rehabilitation Medicine and Sports Medicine specialty sub committee shall be determined by the NCC. However the subcommittee recommends that

- 2.1. There should be a minimum of six (three from each specialty) members in the committee, represented by the Ministry of Health, University and Private Sector, such as the following:
 - i. Pioneer specialist of good standing in Rehabilitation Medicine
 - ii. Pioneer specialist of good standing in Sports Medicine
 - iii. Credentialed consultant Rehabilitation physician from Ministry of Health
 - iv. Credentialed consultant Sports Physician from Ministry of Health
 - v. Head of Department of Rehabilitation Medicine of Institutions other than the MOH e.g. Universities
 - vi. Head of Department of Sports Medicine of Institutions other than the MOH e.g. Universities
 - vii. Member(s) of Good standing of a Malaysian Rehabilitation Medicine Association
 - viii. Member(s) of Good standing of a Malaysian Sports Medicine Association
 - ix. Consultant Rehabilitation Physician of good standing from private sector
 - x. Consultant Sports Physician of good standing from private sector

3. Requirements for Training Institutions in Rehabilitation Medicine

- 3.1. The minimum requirement of training institution is as follows:
 - a. Must be recognized as a comprehensive rehabilitation medicine service provider
 - b. Department must be directed by a doctor who is a specialist in rehabilitation medicine ie. a Rehabilitation Physician
- 3.2. The Rehabilitation Physician must be responsible for a team or have access to such services provided by them and show evidence of team-work with them, comprising of:
 - i. Rehabilitation Physicians
 - ii. Allied Health Professionals – A core team of physiotherapist(s), occupational therapist(s), nurse(s), medical social worker(s), speech pathologist(s)/therapist(s).
- 3.2.3 Access to prosthetist(s) and orthotist(s) services must be available.
- 3.3. A fully equipped outpatient department for patients requiring rehabilitation treatment.

- 3.4. In-patient intensive rehabilitation treatment programme.
- 3.5. Comprehensive in-patient care for patients with complex disabling conditions and complications.
- 3.6. The site / department must contain facilities to perform diagnostic evaluation, functional investigation and measurement, and treatments relevant to the rehabilitation medicine discipline. Facilities should be available for investigation and treatment procedures for a wide range of disabilities.
- 3.7. Basic Allied Health facilities must be available or easily accessible.
- 3.8. Wound management should be available or easily accessible.
- 3.9. Technical service facilities should be available or easily accessible.
- 3.10. Easy access to community rehabilitation and continuity of care services in the community.
- 3.11. The site / department must maintain a network of contacts among clinical colleagues and professionals allied to medicine in hospital and community settings as well as services which can be helpful in assisting the discharge of patients into community.
- 3.12. The training institution should have at least 100 in-hospital, day admissions and 500 outpatient load for disability-related conditions per year.
- 3.13. Facilities for rehabilitation medicine management of acute conditions.
- 3.14. The following training activities should be in place:
 - i. Clinical domains through organising of case presentations, grand rounds interdisciplinary management, interdisciplinary conference, journal club meetings etc..
 - ii. Research work by trainee participation in research activities of the unit
 - iii. Domain of teaching with availability of the requisite educational tools, particularly a library sufficiently stocked with rehabilitation medicine journals, texts and works, which are kept up to date, as well as audio-visual teaching aids .
 - iv. Adequate access to computers and internet facilities.
- 3.15. The site / department must provide detailed description of staffing, service and resources including links to health and community services.
- 3.16. The site / department must provide description of responsibilities and working schedule of all trainers in the department.
- 3.17. The site / department must provide description of responsibilities and the formal training schedule of all trainees in the department.
- 3.18. The site / department must ensure trainees get a balance of exposures of different types of clinical services in rehabilitation medicine.
- 3.19. It is recommended that the ratio of number of trainer to number of trainees in any one training department does not exceed 1:2.
- 3.20. There must be easy access and availability of other related disciplines, which may need referral to.
- 3.21. Laboratory facilities should be available.
- 3.22. There should be access to well-equipped radiological services providing diagnostic and if possible interventional radiological services.
- 3.23. Access to seminar and conference facilities should be available.
- 3.24. The site / department must provide description of computer, library, research and quality assurance activities available to trainees.

3.24. Audit

- i. It is expected that the trainers and training facilities be subjected to periodic reviews by a body consisting of members which comprise the elements of representation of the credentialing specialty subcommittee for rehabilitation medicine.
- ii. Accreditation is given for 5 years.
- iii. If there are recommendations to be made, conditional accreditation may be considered for the facility by the Committee for next of two years. During this time, the required recommendations are expected to be implemented. Facilities which are not credentialed will be required to institute the recommended changes and can only apply for assessment after one year.

4. Requirements for Trainers within Rehabilitation Medicine

- 4.1. The trainer must have access to the previously mentioned facilities.
- 4.2. For head of programme he/she should have been practicing the specialty for at least 5 years.
- 4.3. For other trainers of the programme he/she should have been practicing the specialty for at least 2 years.
- 4.4. He/she should be a suitably qualified specialist who is NSR-credentialed and with a commitment to training.
- 4.5. Trainers are credentialed for 5 years and must apply for re-credentialing afterwards.
- 4.6. Exemption Clause - Exemption to the above may applied and considered on case to case basis.
- 4.7. The NCC reserves the right to withdraw credentialing of trainers if deemed necessary.

5. Components of Training in Rehabilitation Medicine

- 5.1. The minimum duration for training is four years.
- 5.2. Prerequisite for training must include rotational postings in Internal Medicine (preferably including neurology, rheumatology, diabetology and cardiology), Orthopaedics, Paediatrics.
- 5.3. Course Content
 - i. Clinical foundation for Rehabilitation Medicine
 - ii. Basic sciences foundation for Rehabilitation Medicine
 - iii. Basic medical rehabilitation foundation for Rehabilitation Medicine
 - iv. Core rotational postings of Spinal Cord Injury Rehabilitation, Neurological Rehabilitation, Amputee Rehabilitation, Musculoskeletal Rehabilitation, Paediatric Rehabilitation and Community-based-rehabilitation
 - v. Rehabilitation Medicine Research project
 - vi. Elective posting relevant to Rehabilitation Medicine practice
- 5.4 Continuing Professional Development training – Time dedicated regular seminars, tutorials, clinical meetings, journal clubs, morbidity conferences, mortality conferences, adjunct and allied health multidisciplinary conferences, community-based-rehabilitation programmes, presentation at conferences (including international and national), etc.

- 5.5 Clinical Audit
- 5.6 Procedures to be performed by the trainee herself/himself are listed in 10.4 (minimum required numbers). For these procedures, the trainee will be responsible for performing the procedure, interpreting the results and giving a report under supervision of an experienced rehabilitation physician.
- 5.7 The trainee should also gain experience and knowledge with regards to indications, contraindications, awareness of the complications and how to treat them and therapeutic implication of procedures performed.
- 5.8 The evaluation of trainees for both clinical and specialized technical skills must be documented carefully. The trainee must keep a logbook to record the number of relevant procedures performed and assisted.
- 5.9 Rehabilitation Medicine program directors must establish procedures for the regular evaluation of the clinical competence of trainees. This evaluation must include (i) intellectual abilities, manual skills, attitudes, and interpersonal relations, (ii) specific tasks of patient management, clinical skills (including decision-making skills), and the critical analysis of clinical situations and (iii) team management skills including organizing interdisciplinary team meetings, drawing up multi-disciplinary team composition, resourcing community adjunct and support services (iv) professional development activities and (iv) research project.
- 5.10 There must be provision for appropriate feedback of this information to the trainee at regular intervals.
- 5.11 Records must be maintained of all evaluations and of the number and type of all procedures performed by each trainee.

7. Training Centers for Rehabilitation Medicine

Training Center for Specialty training shall be approved by NSR subcommittee as in Appendix A

8.1 Scope of Rehabilitation Medicine

- i. Lead a multidisciplinary team in managing disabling conditions
- ii. Possesses optimum communication skills to facilitate multidisciplinary team management
- iii. Utilize **a holistic** interdisciplinary approach in managing patients with complex disabling situations
- iv. Counselling including patient and care-giver education
- v. Develop rehabilitation programmes including condition-specific ones using the above approach. Examples are as follows:
 - i. Amputee Rehabilitation
 - ii. Brain Injury Rehabilitation
 - iii. Burn Rehabilitation
 - iv. Cancer Rehabilitation

- v. Cardiac Rehabilitation
- vi. Chronic Wound Rehabilitation
- vii. Community Rehabilitation
- viii. Deconditioning Rehabilitation
- ix. Dry Needling e.g Medical Acupuncture
- x. Foot Rehabilitation
- xi. Geriatric Rehabilitation
- xii. Hand Rehabilitation
- xiii. Musculoskeletal Rehabilitation
- xiv. Neuro Rehabilitation (Neuromuscular Rehabilitation, Neurosurgical Rehabilitation, Neuromedical Rehabilitation)
- xv. Neurogenic Bladder Rehabilitation
- xvi. Neurogenic Bowel Rehabilitation
- xvii. Paediatric Rehabilitation (incl. Neurodevelopmental Rehabilitation)
- xviii. Pulmonary Rehabilitation
- xix. Return-to-home Rehabilitation
- xx. Return-to-school Programme
- xxi. Return-to-work Rehabilitation
- xxii. Rheumatological Rehabilitation
- xxiii. Spinal Cord Injury Rehabilitation
- xxiv. Sports and Fitness Rehabilitation
- xxv. Vestibular Rehabilitation

8.2 Procedures by Rehabilitation Medicine Physicians include but not limited to the following:

A) CORE Procedures

- i. Assessment, Prescription and Check Out for the following:
 - a) Ambulation
 - b) Assisting Device include Wheelchair & Walking Aids
 - c) Orthotic
 - d) Pedorthics
 - e) Prosthetic
 - f) Seating
- ii. Botulinium Toxin Injection for Spasticity Management
- iii. Casting for Contracture
- iv. Diabetic Foot Rehabilitation
- v. Disability Assessment
- vi. Disability Certification
- vii. Disability Driving Assessment and Prescription
- viii. Exercise Prescription
- ix. Family Rehabilitation Conferences
- x. Gait Analysis and Training
- xi. Home Visit Assessment and Management
- xii. Interdisciplinary Rounds/Conference

- xiii. Kidney, Ureters & Bladders (KUB) Ultrasound
- xiv. Musculoskeletal Ultrasound
- xv. Return-to-work Assessment and Management
- xvi. School Visit Assessment and Management
- xvii. Sexuality Counselling for Patients with Disabilities
- xviii. Tracheotomy Care in Patients with Disabilities
- xix. Urinary System Ultrasound Assessment of Residual Urine
- xx. Visual Rehabilitation
- xxi. Work Visit Assessment and Management
- xxii. Wound Care, Assessment and Overall Management

B) Special/Privileges Procedures

- i. Acupuncture
- ii. Alcohol/phenol Injection for Spasticity Management
- iii. Alternative and Augmentative Communication and Checkout Prescription of Adaptive Equipment
- iv. Injection into Muscles (Dry Needling) for Painful Trigger Points
- v. Intra-Articular Injections without Radiological Control
- vi. Intracavernosal Penile Injections
- vii. Intra-Lesional Injections Including Trigger Points without Radiological Control
- viii. Nerve Conduction Study and Electromyography Assessment and Reporting
- ix. Therapeutic Assessment for Intrathecal Baclofen Injection & Intrathecal Baclofen Pumps Refill
- x. Transmagnetic Stimulation
- xi. Urodynamics

9. Exemption Clause

A doctor who has ten years or more full-time working experience in Rehabilitation Medicine may apply to be credentialed as a Rehabilitation Physician and be exempted from clauses 2.1, 2.2 and 3.2 if he/she fulfils the following criteria and applies before 23rd August 2009:

- 9.1. Has been gazetted or appointed as a Rehabilitation Physician by the Ministry of Health Malaysia
- 9.2. A report from an NSR-credentialed Rehabilitation Physician on his/her competency may be required
- 9.3. All applications for the above exemptions must be submitted by 23rd August 2009

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