

**APPENDIX A - Applicable to candidates who commence their Intensive Care training after 1 May 2015**

**Training and Training Centres and Competency Examination**

**1. Training Requirements:**

The total duration of supervised (under an intensivist trainer/s) training in Intensive Care is 24 months in Intensive Care Units (ICU) accredited for training (Refer to section on training centres). During the training period, the trainee is required to assume direct patient care of the critically ill. These 24 months must be spent full-time in Intensive Care.

For trainees whose primary specialty is Anaesthesiology, an additional 3 months of posting in Cardiology, Nephrology, Infectious disease or Respiratory Medicine (before, during or after Intensive Care training) is required. For trainees whose primary specialty is Internal Medicine, a 3 months' posting in Anaesthesiology is required before commencement of training. For trainees whose primary specialty is neither Anaesthesiology nor Internal Medicine, an additional 3 + 3 months of posting in Anaesthesiology (before commencement of training) and Internal Medicine (before, during or after Intensive Care training) is required. Exemption from postings in Anaesthesiology / Internal Medicine may be considered for trainees who have completed a minimum of 1 year of continuous training in the above disciplines.

A summary of training requirements:

Base specialty	Duration of posting		
	Intensive Care	Anaesthesiology	Internal medicine
Anaesthesiology	24 months	-	3 months
Internal Medicine	24 months	3 months	-
Others	24 months	3 months	3 months

Only 6 out of 24 months of Intensive Care training may be spent in an organ specific ICU (e.g. Cardiothoracic ICU, Neurosurgical ICU, etc) of a major tertiary or referral hospital. The organ specific ICU should have at least 500 ICU admissions per year with an intensivist trainer.

The 24 months of Intensive Care training and all additional training must be completed within 4 years of commencement of Intensive Care training.

## **2. Training centres:**

### **(a) 12 months recognised training**

Intensive Care Units shall meet the following criteria:

- i. Level 3 ICU
- ii. Functioning as a closed ICU
- iii. Total admissions of at least 1000 per year with a diverse case mix
- iv. At least 1 intensivist-trainer with more than 8 years working as a full time intensivist in a closed ICU

### **(b) 6 months recognised training**

Intensive Care Units shall meet the following criteria:

- i. Level 3 ICU
- ii. Functioning as a closed ICU
- iii. Total admissions of at least 750 per year with a diverse case mix
- iv. At least one intensivist-trainer

**The training centre should conduct the following activities and facilities:**

- i. regular clinical audits and quality improvement programmes
- ii. continuous medical educational programmes including bedside teachings, journal clubs and grand rounds
- iii. adequate educational facilities, which include medical library and computerised search system

## **3. Competency examination**

Trainees need to pass a competency examination which is equivalent to an exit examination under the Fellowship programme of the Ministry of Health.

## **Appendix B – - Applicable to candidates who commence their Intensive Care training after 1 May 2015**

### **Definitions**

#### **1. Definition of Level 3 ICU:**

The unit shall be able to provide care to complicated, critically ill patients for an indefinite period. It shall have sophisticated equipment for multiple organ support provided by health care professionals trained in the care of the critically ill. The facilities in the unit shall include, but not limited to, the following:

- i. Advanced hemodynamic, respiratory and neurological monitoring system
- ii. Advanced mechanical ventilation
- iii. Continuous renal replacement therapy
- iv. Imaging facilities including ultrasound, CT scan and MRI

#### **Definition of a Closed ICU:**

A Closed ICU is defined as an **intensivist led** ICU with the following characteristics:

- i. The intensivist takes on the principal role while the patient's primary clinician acts as a consultant for the period of the patient's stay in the ICU
- ii. Full time coverage (including weekends and public holidays) by an intensivist
- iii. The intensivist is primarily responsible for ICU admission or refusal
- iv. The intensivist is primarily responsible for any treatment or intervention for the patient e.g. antibiotics, inotropes and vasopressors, fluids, ventilation, renal replacement therapies, limitation of therapy etc.
- v. The unit shall have its own multi-professional team consisting of pharmacists, dietitians, physiotherapists and preferably occupational therapists and social workers

#### **Definition of an intensivist-trainer:**

An intensivist-trainer is defined as an intensivist who:

- i. Works full time in a Closed ICU
- ii. Has been working as an intensivist for at least 3 years

**Maximum ratio of trainer to trainee will be 1 trainer to 2 trainees**

## **Appendix C– Application to be training centres and intensivist-trainers**

### **(a) Application as training centres**

A hospital has to apply to the NSR for recognition as a training centre. The application has to be submitted together with a completely filled checklist on accreditation of training centres.

### **(b) Application as intensivist-trainer**

An intensivist has to apply to the NSR to become a trainer. The following documents are required for application as an intensivist-trainer:

- i. NSR certificate as an intensivist
- ii. Letter from the Head of Department re current position and time spent in intensive care unit and duration of full time practice in the intensive care unit
- iii. Copy of Malaysian Medical Council Certificate
- iv. Curriculum vitae

## **Sample Letter for Application as a Trainer in Intensive Care Subspecialty**

Date:

To:  
The Chairperson,  
Specialty Subcommittee of Intensive Care,  
National Specialist Register,  
Suite 2-4, 2<sup>nd</sup> Floor,  
Medical Academies of Malaysia,  
210, Jalan Tun Razak,  
50400 Kuala Lumpur, Malaysia

via:  
Hospital Director & Head of Department / Unit

Dear.....

### **Application to become a Trainer in Intensive Care Subspecialty**

May I refer to the above matter.

I herewith attach the documents required to be recognized as a trainer in the Intensive Care Subspecialty.

I look forward to your positive reply.

Yours sincerely

Signed/Chop/Dated

## Application form as an Intensivist-Trainer

Name: \_\_\_\_\_ NRIC no: \_\_\_\_\_

Hospital/ Institution: \_\_\_\_\_ Department / Unit: \_\_\_\_\_

Is the Hospital/Institution Accredited as a Training Centre: Yes / No

Checklist of documents required for application (certified true copies where applicable):

No	Documents	Yes	No
1.	Application letter on Letterhead via Hospital Director / Dean where applicable		
2.	Letter from Head of Department stating your current position, time spent in intensive care unit and the duration of full time practice in intensive care		
2.	Copy of NSR Registration Certificate as Intensivist		
3.	Copy of Malaysian Medical Council (MMC) Registration Certificate		
4.	Copy of curriculum vitae		
5.	Name of 2 referees		

Name of referees	Position	Contact Address	Email Address	Mobile no

*Please take note that the referee must meet the following criteria:*

1. Referee must have a postgraduate qualification recognized in Malaysia
2. Referee must be a peer or senior to the applicant
3. Referee must have qualified as a specialist in the specialty for a minimum of 5 years
4. Referee must have worked with/had the opportunity to observe the applicant professionally

All documents are to be submitted on an A4 size paper and addressed to:

The Chairperson,  
Specialty Subcommittee of Intensive Care,  
National Specialist Register,  
Suite 2-4, 2<sup>nd</sup> Floor, Medical Academies of Malaysia,  
210, Jalan Tun Razak,  
50400 Kuala Lumpur, Malaysia

Email: Athirah@nsr.org.my (Attention: Cik Nur Athirah binti Mohamed)

**Sample Letter for Application to be accredited as a Trainer Centre in Intensive Care Subspecialty**

Date:

To:  
The Chairperson,  
Specialty Subcommittee of Intensive Care,  
National Specialist Register,  
Suite 2-4, 2<sup>nd</sup> Floor,  
Medical Academies of Malaysia,  
210, Jalan Tun Razak,  
50400 Kuala Lumpur, Malaysia

via:  
Hospital Director & Head of Department / Unit

Dear.....

**Application to be accredited as a training centre in Intensive Care Subspecialty**

May I refer to the above matter.

I herewith attach the completed checklist for your attention.

I look forward to your positive reply.

Yours sincerely

Signed/Chop/Dated

# CHECKLIST FOR ACCREDITATION OF INTENSIVE CARE UNIT (ICU) AS TRAINING CENTRE FOR INTENSIVIST TRAINING

**HOSPITAL/INSTITUTION:** \_\_\_\_\_

## A. ICU WORKLOAD AND SERVICES

Type of ICU ( Medical, Surgical, Neurosurgical, Cardiothoracic or Mixed)	
List down examples of case mix	
Number of ICU beds last 2 years	/
Number of ICU admissions last 2 years	/
Number of patients invasively ventilated last 2 years	/
Number of patients non-invasively ventilated last 2 years	/
Provides advanced hemodynamic monitoring system	YES / NO
Provides respiratory monitoring system	YES / NO
Provides neurological monitoring system	YES / NO
Provides renal replacement therapies	YES / NO
Provides liver support services	YES / NO
Provides ECMO services	YES / NO
Provides point-of-care laboratory services	YES / NO
Ready access to imaging facilities including ultrasound, CT scan and MRI	YES / NO
Availability of an ID physician	YES / NO
Availability of a medical microbiologist	YES / NO
On-going ICU audits and QA programmes	YES / NO

## B. TRAINING FACILITIES FOR INTENSIVE CARE

Number of full time intensivists > 3 years experience as intensivists	
Number of full time intensivists > 8 years experience as intensivists	
Number of calls per month for ICU trainee	
Functioning as a closed ICU	
Meeting room with audiovisual aids	YES / NO
A medical library on site (virtual and non-virtual)	YES / NO
Access to on-line journals and periodicals	YES / NO

## C. EDUCATIONAL ACTIVITIES PERTAINING TO INTENSIVE CARE

Number of journal clubs held per month	
Number of CME activities held per month	

This checklist has been filled up by:

Name : \_\_\_\_\_ Signature: \_\_\_\_\_  
 Official Stamp : \_\_\_\_\_ Date: \_\_\_\_\_