

performed prior to certification and even then subject to a report of satisfactory performance from the trainer. Expertise in endoscopy is clearly something which requires considerable experience. While this document outlines the guidelines for credentialling, the ultimate responsibility for granting endoscopic privileges would rest with the individual institutions whether private or public who would have to bear together with the practitioner the responsibility and liability for the procedures performed.

Post-Script

These recommendations were drawn up by the executive committee of the Malaysian Society of Gastroenterology

and Hepatology after a consultative process with the wider membership of the society. The Executive Committee members comprised of: Assoc Prof. S. Mahendra Raj (School of Medical Sciences, Universiti Sains Malaysia), Prof Mazlam Zawawi (Faculty of Medicine Universiti Kebangsaan Malaysia), Prof K. L. Goh, Assoc Prof Rosmawati Mohd., Dr K. T Ong (Faculty of Medicine Universiti Malaya), Dato' Dr P. Kandasami (Ipoh Hospital), Dato' Dr S. T. Kew, Dr S. S. Tan (Kuala Lumpur Hospital), Dr Jason Chin (Gleneagles Hospital Kuala Lumpur) and Dr Andrew Chua (Gastro Centre, Ipoh). The committee gratefully acknowledges the contribution of Dr Damian Wong (Loh Guan Lye Specialist Centre, Penang) in the preparation of this document.

Training Programme in Medical Gastroenterology and Hepatology: Recommendations of the Malaysian Society of Gastroenterology and Hepatology

Dear Sir - In line with efforts to formalise the training structure in the various sub-specialties, the Malaysian Society of Gastroenterology and Hepatology convened a working party to draw up the recommendations of the Society with regard to training in medical gastroenterology and hepatology. In formulating the recommendations, the working party was aware of the acute national shortage of trained practitioners in this subspecialty and cognisant of the existing resources in terms of training centres and qualified trainers. The key elements of the recommendations are outlined below:

- Four years of prior training in internal medicine and possession of a recognised post-graduate qualification in internal medicine should be a pre-requisite for acceptance into a training programme.

- Training should be undertaken under the supervision of accredited trainers who are practitioners who have either attained peer recognition by virtue of long experience in the field or have at least 2 years of experience after completing an approved gastroenterology training programme.

- Accreditation of a training centre should be subject to the availability of accredited trainers, an adequately equipped endoscopy unit, surgical, radiological and pathology services; and a minimum capacity of 500 beds.

- The training programme should run over a period of 3 years. The first 2 years should be spent acquiring knowledge, clinical experience, and clinical skills in the core areas of gastroenterology and hepatology. In

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the third year the trainee should acquire in-depth experience and skill in a particular area by pursuing one of a number of option modules such as advanced endoscopy, advanced hepatology, nutrition, or diagnostic gastrointestinal physiological testing.

- Endoscopy should clearly be an integral part of the training programme and endoscopic training should proceed in a graded fashion over the 3 year period. In this respect, it is recognised that certain procedures such as gastroduodenoscopy, colonoscopy, and techniques of endoscopic homeostasis should be considered core procedures which all trainees should be competent in by the end of the training period. Other procedures such as therapeutic ERCP, endoscopic ultrasound and tumour ablation should fall in the category of advanced endoscopy which should be an option the trainee could pursue.
- Training should be a dynamic process encompassing active patient care and regular interaction with colleagues from other disciplines, in particular surgery, diagnostic imaging and pathology. Active participation in continuing medical education and teaching activities is considered an essential part of the training process. The trainee should also acquire some experience in research and learn the skills of critically appraising the medical literature.
- On going documentation of the experience gained during training by means of a log book should be encouraged.
- In view of the increasingly technological approach to the practice of medicine in general and gastroenterology in particular, the importance of inculcating compassion, communication skills and awareness of bioethical issues cannot be over emphasised.
- The trainee should be evaluated at the end of the programme by means of a viva-voce. Accreditation should be subject to the agreement of the supervisor that the trainee has acquired a satisfactory level of professional competence.
- It is recommended that a training committee comprising of senior gastroenterologists in the country be established to oversee the training programme.

The recommendations stated above have been endorsed by the executive committee of the Society. The full text of the recommendations is available for reference at the Secretariat of the Malaysian Society of Gastroenterology and Hepatology at the Academy House, 19 Jalan Folly Barat, Kuala Lumpur.

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