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
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Tan (Kuala Lumpur Hospital), Dr Jason Chin
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acknowledges the contribution of Dr Damian Wong
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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
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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