

CodeBlue's Guide for MPs to the Parallel Pathway Issue

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An FAQ on the issue of the parallel pathway for medical specialty training in Malaysia, ahead of the government's plans to table amendments to the Medical Act 1971 (amended 2012). The parallel pathway conflict has split specialist doctors across the Ministries of Health and Higher Education.

No.	Question	Answer
1	What is the parallel pathway?	<p>The Parallel Pathway is a set of Ministry of Health (MOH) training programmes for medical specialties in collaboration with the Academy of Medicine of Malaysia (AMM), local medical associations, and foreign royal colleges, primarily from the UK and Australia. There are currently 18 specialist qualifications from parallel pathway programmes with foreign institution exams in various specialties, 14 of which were recognised by the Malaysian Medical Council (MMC) in 2017.</p> <p>Only four specialist qualifications in the parallel pathway, including the FRCS Edinburgh in Cardiothoracic Surgery, are not recognised by MMC.</p> <p>The parallel pathway is like a twinning programme, where the training and curriculum are conducted locally, and the exam is endorsed by the royal college. But unlike conventional twinning programmes, the parallel pathway is conducted without a local higher education institution counterpart.</p> <p>For the cardiothoracic surgery parallel pathway, training is carried out fully in MOH facilities, while the curriculum was designed and developed by the Malaysian Association for Thoracic and Cardiovascular Surgery (MATCVS) in collaboration with the Royal College of Surgeons of Edinburgh, and assessments carried out by MATCVS.</p> <p>UiTM-IJN's cardiothoracic surgery postgraduate programme is NOT a parallel pathway.</p>
2	What is a local Master's programme?	<p>A local Master's programme, conducted by local universities, offers training in a number of subspecialty areas. Currently, there are 25 Clinical Master's specialist training programmes offered by 11 public universities, and at least four other specialist training programmes offered by a private university.</p>
3	What is the problem?	<p>In December 2023, MMC rejected applications from at least four cardiothoracic surgery parallel pathway graduates to register on the National Specialist Register (NSR), on the basis of not recognising their FRCS Edinburgh in Cardiothoracic Surgery qualification from the Royal College of Surgeons of Edinburgh.</p>
4	Are parallel pathway programmes recognised in their home countries?	<p>The UK General Medical Council told CodeBlue it does not recognise the FRCS Edinburgh in Cardiothoracic Surgery qualification <i>for specialist registration in the UK</i>, as no other exam is considered equivalent to the Intercollegiate exam. But graduates can apply to practise as a medical doctor and seek junior positions in the National Health Service (NHS).</p> <p>No exam is mandated for the Portfolio Pathway for specialist registration in the UK; individuals with or without formal qualifications (from any country) can apply through this route on a case-by-case basis based on their body of work, hence the name "<i>portfolio</i>".</p>
5	Who has legal ownership/ accountability of parallel pathway programmes?	<p>For local Master's programmes, universities can be held legally accountable if issues of medical negligence arise during training. But the responsible party for legal accountability in the case of parallel pathway graduates is ambiguous.</p> <p>The cardiothoracic surgery parallel pathway programme was carried out solely on the basis of memorandums of understanding (MOUs) entered into by RCSEd, AMM, and MATCVS. MOH was not a signatory to any of these MOUs. RCSEd does not have a Malaysian campus.</p> <p>AMM and MATCVS are not education providers or recognised training institutions. MOH also isn't a recognised education provider. AMM, its College of Surgeons, and MATCVS aren't statutory bodies either, but registered societies under the Registrar of Societies (RoS).</p>

6	What does the Medical Act say?	<p>Section 14B of the Medical Act amended 2012 specifies, among other criteria, that individuals seeking specialist registration in the NSR must have completed specialised training in a “recognised training institution”.</p> <p>MMC’s powers, under Section 4A of the Medical Act, grant it authority to recognise and accredit medical qualifications based on recommendations from the Joint Technical Committee established under the Malaysian Qualifications Agency (MQA) Act 2007.</p>
7	Without NSR registration, can parallel pathway graduates still practise as specialists?	<p>Yes, they can – in the public health service. Graduates from four specific parallel pathway programmes, including FRCS Edinburgh in Cardiothoracic Surgery, have been granted gazettement by the MOH. Gazettement allows these doctors to practise as specialists in MOH facilities and receive specialist allowances from MOH.</p> <p>They can begin working immediately without needing NSR registration. NSR registration is only required for doctors intending to engage in private practice.</p>
8	What about MMC rejecting NSR registration applications by USM medical genetics pathology graduates?	<p>Universiti Sains Malaysia’s (USM) case involves a local university programme, not the parallel pathway. But USM’s medical genetics programme in pathology is not the only university programme not recognised by the MMC for specialist registration. MMC also does not recognise subspecialties like clinical immunology, clinical research, or medical doctors with additional non-clinical qualifications like medicolegal or business administration, even though these local university programmes are accredited by MQA.</p> <p>As science develops, universities tend to be faster than regulators in growing new fields in medicine. This situation suggests a need for MMC to adopt a more flexible approach, which should ideally be discussed within the profession, rather than forced through legislation.</p>
9	How structured is the parallel pathway?	<p>Former Health Minister Dr S. Subramaniam, who served from 2013 to 2018, has admitted a “weakness” in the structure of the MOH’s parallel pathway training with royal colleges in the UK, compared to the “very structured” local Master’s programmes. Critics have raised concerns about the alleged lack of close assessment and monitoring in parallel pathway training, which they argue could pose risks to patient safety.</p>
10	What is the proposed amendment to the Medical Act all about?	<p>Advocates of the parallel pathway are pushing for the MQA to be separated or decoupled from the Medical Act. This move would reduce regulatory oversight of medical education. Currently, the Medical Act covers the entire spectrum of doctor registration: medical practitioners with a basic medical degree and specialist doctors. If the government were to heed parallel pathway proponents’ MQA decoupling call, CodeBlue foresees two scenarios:</p> <p>Scenario 1: MQA decoupled solely from specialist registration Why remove MQA purview only from medical specialty training (whether parallel pathway or local universities’ postgraduate programmes) when undergraduate programmes by medical schools remain under MQA regulation? Will local universities themselves also be relieved of MQA accreditation requirements for their postgraduate medical programmes?</p> <p>Scenario 2: MQA completely decoupled from the Medical Act No more MQA oversight over both undergraduate and specialist training in medicine, while university education in all other fields remains regulated by MQA. But MMC isn’t structured to monitor or audit medical education programmes. It relies on MQA first recognising educational programmes to ensure proper quality and standards. MMC serves as the final checkpoint, not primary overseer.</p> <p>The central issue with decoupling MQA from MMC is whether it will disrupt the entire production of medical doctors across all levels in the country — by opening the floodgates to any NGO, society, college or university to create “basic” or “advanced” training programmes for aspiring doctors or specialists.</p> <p>Is the government’s response to non-compliance in the parallel pathway to reduce overall regulation, treating medical training as the “highest form of apprenticeship” akin to TVET? Are doctors capable of “self-regulation” because “we’re all professionals”?</p>