The Process of Medical Curriculum Development in Malaysia

V. K. E. Lim, International Medical University, Malaysia

ABSTRACT

The first medical school established in Malaysia was the Faculty of Medicine at the University of Malaya in 1963 (Danaraj, 1988). Today, there are 33 medical schools, both public and private. All medical schools require accreditation by the National Accreditation Board and the Malaysian Medical Council. These two regulatory bodies set the minimum standards for accreditation and they include standards that pertain to curricular issues. Apart from adhering to major broad principles, medical schools generally are given a free hand in designing and developing their own curricula. The faculty members of the school determine the nature of the curriculum with the dean playing a vital role in moderating competing demands from the various academic departments. The influence of the Medical Education Department or Unit varies. The Ministry of Health, as the predominant employer of doctors, gives regular feedback to the deans on the performance of their graduates. There has not been any major initiative to involve other important stakeholders, including the public, in the design and development of medical curricula in the country.

Keywords: Developing Countries, Malaysia, Medical Curriculum, Medical Education, Medical Schools

INTRODUCTION

Malaysia is a developing country situated in Southeast Asia. The first medical school in Malaysia was established at the University of Malaya in Kuala Lumpur in 1963. Today there are more than thirty medical schools both public and private. The primary objective of this paper is to describe the general process of curriculum development in Malaysian medical schools, using the experience of the International Medical University as an example.

The Medical Programme in Malaysia

General Structure of the Medical Course

The vast majority of medical courses in Malaysia are undergraduate medical programmes admitting candidates from the pre-university courses like the Higher Certificate of Education of Malaysia, the A levels and other equivalent courses. The typical duration is five years with the first two years designated as “preclinical” and the later three as “clinical”. The distinction of pre-clinical versus clinical is becoming

DOI: 10.4018/ijudh.2012010105
increasingly blurred as the majority of schools have introduced early clinical exposure using both clinical skills laboratories with simulated patients as well as encounters with real patients in clinics and hospitals. A new graduate medical school was established in 2011 which is the first graduate medical school of the country to have adopted in its entirety the medical curriculum of a leading American medical school for its four-year programme.

Three medical schools in Malaysia are branch campuses of foreign institutions (University of Monash, University of Newcastle and the Royal College of Surgeons of Ireland) and therefore implement the programmes of their respective parent universities. Some schools have business arrangements with other established medical schools to implement the curriculum of the established schools. These schools would therefore not undertake any significant curriculum development activities of their own.

Nearly all schools have adopted an integrated approach with organ-systems based modules or courses. The majority of schools use a variety of methods for delivery of the curriculum. Didactic lectures are retained but in recent years the number of lectures has generally been drastically reduced. There has also been a move towards more student-oriented learning activities like problem-based learning.

Community Oriented Learning

The major clinical rotations are undertaken in large tertiary hospitals. However emphasis is also given to community oriented learning. A review of the curricula in the various established schools (Azila, Rogayah, & Zabidi-Hussin, 2006) showed a variety of delivery strategies for community-oriented learning ranging from community and family case studies (CFCS) to early clinical exposure in primary care. Learning is undertaken in primary care settings like general practitioners’ (GP) clinics and the Ministry of Health’s rural primary care clinics. In addition, many medical schools include a Rural Health Posting in the medical programme, as well as a clinical attachment in a District Hospital. During the Rural Health Posting, students are often required to undertake a survey of the community such as issues related to demography, income, environment and sanitation, and make visits to various sites related to public health, such as water and sewerage treatment plants.

Academic Governance and Management in Malaysian Medical Schools

The academic governance structure in Malaysian medical schools is fairly similar to that in most medical schools around the world. In schools which are part of a university, the highest academic authority is the University Senate and the Senate’s approval is required for all major changes to the academic programme, in particular those that would require an amendment to the rules and regulations pertaining to the programme.

The Curriculum Committee

At the faculty or school, the Faculty Board is the highest body. Issues related to the curriculum including assessments are deliberated upon by the Curriculum Committee which is a committee of Faculty Board. The Curriculum Committee is chaired by the Dean or the Deputy Dean in charge of Academic Affairs. The other members generally comprise the academic departmental heads, senior professors, module coordinators and student representatives. A typical remit of the Curriculum Committee would be:

1. To formulate and develop policies, principles and strategic directions including issues on content, delivery and assessments for the medical curriculum.
2. To develop strategies for excellence in teaching and learning.
3. To monitor and implement policies on curriculum delivery and examination to ensure quality as defined by Senate.
4. To continually review the design of the medical curriculum to ensure both horizon-
5 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the product's webpage:

www.igi-global.com/article/process-medical-curriculum-development-malaysia/64328?camid=4v1

This title is available in InfoSci-Journals, InfoSci-Journal Disciplines Medicine, Healthcare, and Life Science, InfoSci-Healthcare Administration, Clinical Practice, and Bioinformatics eJournal Collection. Recommend this product to your librarian:

www.igi-global.com/e-resources/library-recommendation/?id=2

Related Content

Overview and Analysis of Electronic Health Record Standards
www.igi-global.com/chapter/overview-analysis-electronic-health-record/49875?camid=4v1a

Wireless for Managing Health Care: The Wirhe Framework
www.igi-global.com/article/wireless-managing-health-care/3975?camid=4v1a

The mHealth Stack: Technology Enablers for Patient-Centric Mobile Healthcare
www.igi-global.com/chapter/mhealth-stack-technology-enablers-patient/65699?camid=4v1a
Videogames as Therapy: An Updated Selective Review of the Medical and Psychological Literature
www.igi-global.com/article/videogames-as-therapy/182880?camid=4v1a