Ministry of Health Malaysia

Dermatology Services

Operational Policy

MOH/P/PAK/317.16(BP)

DERMATOLOGY SERVICES OPERATIONAL POLICY

MEDICAL DEVELOPMENT DIVISION

MINISTRY OF HEALTH MALAYSIA

This policy was developed by the Medical Services Unit, Medical Services Development Section of the Medical Development Division, Ministry of Health Malaysia and the Drafting Committee for the Dermatology Services Operational Policy.

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FOREWORD

Director General Of Health Malaysia

National Head For Dermatology Service

ARTICLES

APPENDICES

REFERENCES

ABBREVIATIONS

DRAFTING COMMITTEE

FOREWORD


Klinik Dermatologi
Klinik Perubatan Genito-Urinari & Har
KLINIK DERMATOLOGI

DIRECTOR GENERAL OF HEALTH

Dermatology is one of the oldest specialties in medicine. The first scientific work dedicated to dermatology was written in 1572 and the first texbook on modern dermatology was published in 1799.

In Malaysia, dermatology departments in public hospitals were first set up in 1972 and now almost all states have dermatologists. The care of sexually transmitted infections and leprosy are also under the care of dermatologists. However when HIV and AIDS became more prevalent, the medical and infectious disease clinicians had to play a bigger role and care was later extended to primary health clinics.

The prevalence of skin diseases in Malaysia cannot be accurately captured as the care is distributed among the private and government facilities. However we acknowledge the fact that there are various types of skin diseases throughout the world and most of them are quite similar in every country. Malaysia achieved elimination of leprosy in the year 1994 (0.9/10000 population). The prevalence of leprosy in Malaysia is now 0.1 for every 10,000 population with 341 patients still receiving treatment at the end of 2015. Sexually transmitted infections are a challenge in all countries as countries are now borderless. The increasing number of MSM and HIV patients with syphilis, mandates a different approach in tackling a potentially growing problem.

Therefore, it is very important that dermatology services in Malaysia are comparable to other developed countries. The minimum requirements to provide good service is clearly stated in this operational policy and it will assist all parties in the planning of new services and in the upgrading of existing services.

Congratulations to the Medical Development Division and all the dermatologists who have contributed to the preparation of this policy which will serve as the reference for future development of dermatology services.

Datuk Dr. Noor Hisham Bin Abdullah

Director-General Of Health Malaysia

NATIONAL HEAD OF DERMATOLOGY SERVICE

Dermatology service is part of the secondary and tertiary clinical services provided by the Ministry of Health (MOH) at various hospitals in the country. The three main services include General Dermatology, Leprosy and Sexually Transmitted Infections.

The Departments of Dermatology in Malaysia had its humble beginnings in history with concern over infectious skin diseases; hence it started with Seamen's clinic in Penang for Venereal diseases and the Leprosarium in Sungai Buloh. General practitioners, physicians and surgeons were managing the other skin diseases.

The Department of Dermatology in Hospital Kuala Lumpur was founded in 1969 by the first head of department, Dr Lee Kwok Ching. Similar establishments were then extended to Johor Baru, Ipoh and Penang Hospital by 1972. Every state in Malaysia has a Department of Dermatology but due to constraints in the number of dermatologists, some were led by contract dermatologists. Upon their retirement, the dermatologists post in some states (Perlis, Kedah and Kelantan) were vacant for 1-2 years in 2012 - 2013. Pahang had no resident dermatologists for almost 1 year (mid 2012-mid 2013) when the outgoing dermatologist retired and Sabah had no Malaysian resident dermatologists for more than 10 years. By the end of 2015 only Terengganu has no dermatologist for almost 2 years.

Subspeciality development within dermatology services began in 1989 in the field of Phototherapy, Infectious diseases including Sexually Transmitted Diseases, Dermatosurgery, Contact dermatitis and Pediatric dermatology. By 1989, the treatment of leprosy was decentralised and incorporated into the various Departments of Dermatology in Malaysia. In October 1995, the sexually transmitted disease clinic, also known as the social hygiene clinic (established in 1930) came under the care of the Department of Dermatology, Hospital Kuala Lumpur which then came to be known as Department of Dermatology and Genitourinary Medicine. Henceforth the Sexually Transmitted Infections (STIs) services in Malaysia came officially under the Department of Dermatology in every state. In 2001, Allergy subspeciality services commenced followed by diagnostic tests for Immunobullous diseases in 2004, Connective Tissue Disease subspecialty in 2006 and Dermato-oncology subspecialty in 2012.

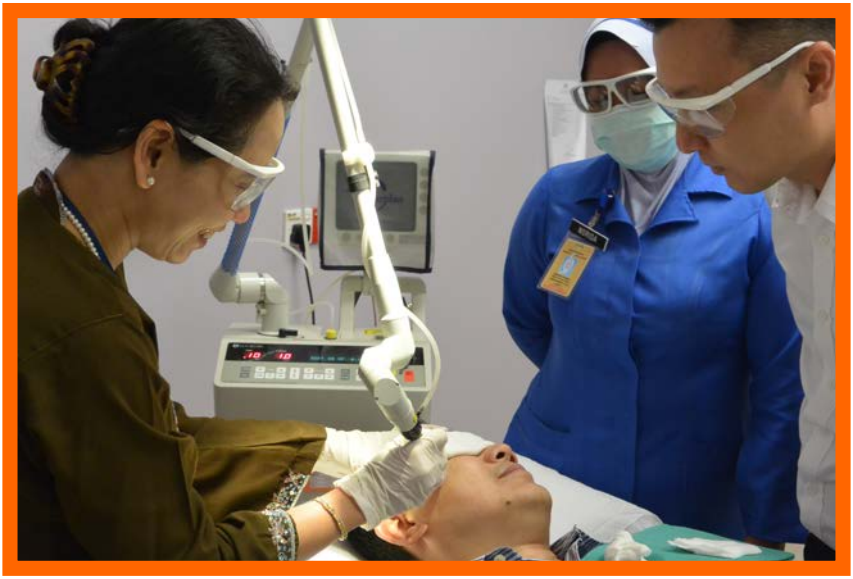
Dermatology also contributes actively to the functions of the Medical Development and Medical Practice Divisions of the Ministry including the training of medical students, medical officers, masters students, Advanced Master of Dermatology, paramedics and allied health. There is active involvement in the development of Clinical Practice Guidelines, development and maintenance of quality standards, review of guidelines
on diagnosis of Occupational Diseases, review of medical criteria for KWSP, sharing of information on skin diseases to the public through Myhealth Portal, review of national Leprosy manual, antibiotic guidelines and STIs guidelines that will enhance the efficiency of Ministry of Health.

I wish to thank all our dermatology colleagues for their participation in preparing this document. Our gratitude to all the pioneers for their vision, determination and perseverance in making Dermatology service a success in Malaysia.

Datin Dr Asmah Johar

National Head of Dermatology
(16th October 2014 till present)

ARTICLES



OPERATIONAL POLICY OF DERMATOLOGY SERVICES

1. INTRODUCTION

Dermatology is one of the major clinical subspecialty services provided by the Ministry of Health (MOH). This service covers all skin diseases including leprosy and sexually transmitted infections. It provides comprehensive care which includes diagnostic, curative and preventive dermatology. Research and training are an integral part of this service.

Skin diseases are common with considerable impact on both physical and psychosocial with varying degree of consequences. This warrants provision of efficient, safe, accessible and cost effective treatment. As the biggest health care provider in the country, the MOH plays a leading role in the development and provision of dermatology services in the country.

This policy document covers key areas of dermatology services such as organization, human resource and asset requirements as well as patient management, ethics and clinical governance. It is intended to guide health care providers, hospital managers and policy makers on the requirement, operation and development of dermatological services in the MOH hospitals. The document outlines the optimal achievable standards in accordance with best practices and guidelines. In hospitals and health centres where these standards are not fully met, necessary steps need to be taken to meet these standards.

The document shall be reviewed and updated every 3 years or as the need arises.

2. OBJECTIVES OF SERVICE

2.1 To provide comprehensive dermatology services encompassing all skin diseases including Leprosy and Sexually Transmitted Infections (STIs). This will reduce the incidence and prevalence of physical and psychosocial morbidity whilst improving health status and productivity

2.2 To increase patients participation in the management of their diseases through health education and counselling

2.3 Monitoring and maintaining standards in dermatology services

2.4 To provide training for all levels of human resources in dermatology, Leprosy and STIs

2.5 To integrate dermatology services with primary care services

2.6 Promoting evidence based practice through continuous medical education, research & publications and Clinical Practice Guidelines

2.7 To promote public awareness on physical and psychosocial impact of skin diseases, Leprosy and STIs at national level

2.8 To collaborate and network with all parties in the MOH, academic institutions, the private sector, Non Governmental Organizations (NGOs) and patients associations to enhance the practice and development of dermatology in the country at national level

2.9 To collaborate with international organisations and overseas centres of excellence in the field of dermatology to further enhance the specialty in the country at national level

3. SCOPE OF SERVICE

3.1 Outpatient services

3.2 Inpatient services

3.3 Daycare services

3.4 Training and continuing education

3.5 Teledermatology in specific centres

3.6 Research and publication

4. COMPONENTS OF SERVICE

The range of services to be provided by dermatology departments/ units in the Ministry of Health shall include:

4.1 Outpatient Services

4.1.1 General Dermatology (for adults and paediatrics)

4.1.2 Special Care for Complex Cases

4.1.3 Leprosy

4.1.4 Sexuallly transmitted infections

4.1.5 Dermatology subspeciality services (in certain centres)

:

- Allergy and Immunology or Contact Dermatitis
- Connective tissue diseases
- Dermato-oncology
- Infectious dermatology
- Photobiology
- Hair and Nail
- Pigmentary disorders
- Paediatric dermatology

4.1.6 Multidisciplinary Combined Clinic (in certain centres)

4.1.7 Patient education

Counseling services for patients with the following:

- Psoriasis
- Atopic eczema
- Sexually transmitted infections and HIV
- Leprosy
- Contact Dermatitis

4.1.8 Patient information leaflets

4.1.9 Educational video

4.2 Inpatient Services

4.2.1 Care of patients with moderate or extensive and severe skin diseases

4.2.2 Care of patients with skin disease complications or treatment complications

4.2.3 Care of patients requiring intensive skin nursing

4.2.4 Care of patients requiring close monitoring

4.2.5 Provision of 24 hour care for discusssion or referral for dermatological emergencies

4.3 Daycare Services

4.3.1 Phototherapy

4.3.2 Allergy Test

4.3.3 Iontophoresis

4.3.4 Cryosurgery and or paring

4.3.5 Intralesional steroid injection

4.3.6 Chemical cautery

4.3.7 Skin biopsy

4.3.8 Electrosurgery

4.3.9 Laser Surgery

4.4 Training and Continuing Education

4.4.1 Medical officers / physicians in training / trainee dermatologists

4.4.2 Paramedic or allied health personnel

4.4.3 Medical students

4.4.4 Patients and family

4.5 Teledermatology in specific centres

4.5.1 Teledermatology

4.5.2 Teleprimary care

5. ORGANISATION

Ministry of Health, State, Hospital and Department Level

5.1 The national advisor for dermatology services is appointed by the Ministry of Health from amongst the senior dermatologists. The advisor shall represent the views of all the dermatologists in MOH on all aspects of practice and development of dermatology services and will be the principal liaison officer for both.

5.2 The national advisor for dermatology services shall convene a minimum of one meeting with dermatologists and consultant dermatologists in MOH. The meeting shall discuss on proposed development of dermatology services, training and posting of dermatologists.

5.3 The national advisor for dermatology services shall meet with dermatologists and consultant dermatologists to discuss on:

- 5.3.1 Implementation of planned dermatology services
- 5.3.2 Identify service needs
- 5.3.3 Purchase of equipments, drugs and disposables
- 5.3.4 Training and CPD programs
- 5.3.5 Monitoring of KPI achievement

5.4 The appointed chairman of the National Dermatology Drug Committee shall convene a minimum of twice a year:

- 5.4.1 To review existing dermatology drugs
- 5.4.2 To propose new effective treatments to be included in the National Drug Formulary
- 5.4.3 To monitor compliance to the Biologic guidelines

5.5 The state dermatologists shall be responsible for the following:

- 5.5.1 Implementation of planned dermatology services
- 5.5.2 Identification of service needs
- 5.5.3 Collaborates with the head of dermatology service in formulating strategic plans of service development, policies and procedures.

5.5.4 Purchase of equipments, drugs and disposables

5.5.5 Provide services to all district hospitals via visits by dermatologists and/or Teledermatology

5.5.6 Training of all levels of human resources in dermatology, including STIs and Hansen's disease

5.5.7 Ensure integration of Leprosy and STIs services.

5.5.8 Monitoring of KPI achievement

5.5.9 Audit of compliance to CPG

5.5.10 Outreach programme when necessary

5.6 The Department/Unit of Dermatology in major hospitals shall be headed by a dermatologist who:

5.6.1 Is responsible for the management of all the components of the service.

5.6.2 Collaborates with the state dermatologist in formulating strategic plans of service development, policies and procedures.

5.6.3 Works closely with the relevant stakeholders such as the hospital director, nursing managers and heads of other clinical services in areas pertaining to development, operation and other technical matters.

5.6.4 Builds a team of dedicated staff comprising dermatologists, trainees, medical officers, paramedics and or allied health workers.

5.7 For hospitals without a resident dermatologist, the following apply:

5.7.1 Care of dermatology patients will be provided by the visiting dermatologist

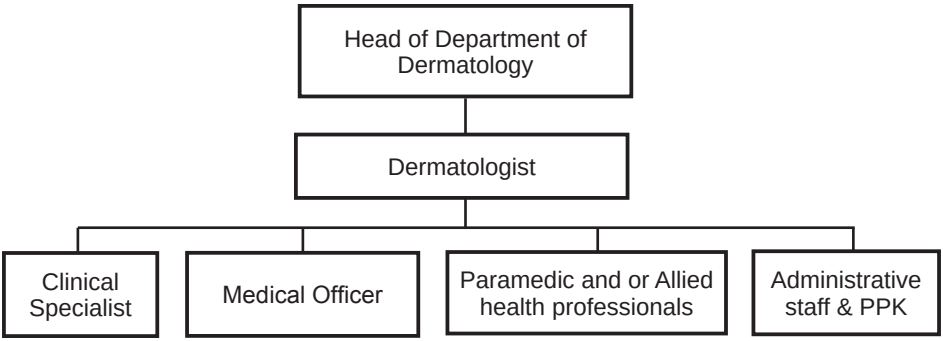
5.7.2 Administrative responsibility is under the medical department

5.7.3 Medical officer in charge of the dermatology clinic are trained by the visiting dermatologist or trained for an appropriate duration by the state dermatologists

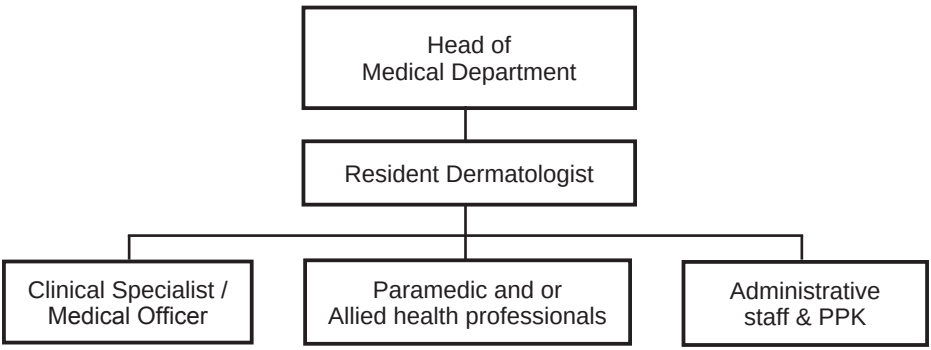
5.7.4 Continuous medical education will be provided by the visiting dermatologist

5.8 Organisation Chart

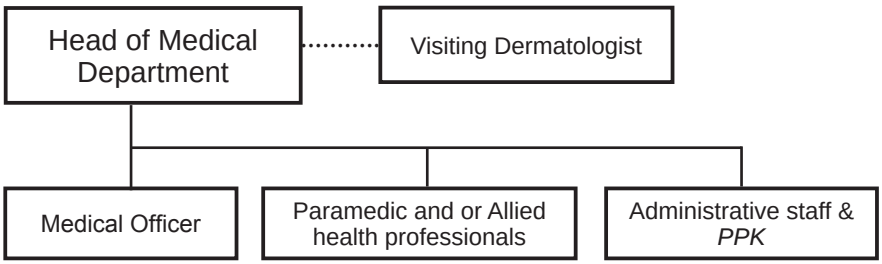
5.8.1 Organisation Chart of Hospital with a Department of Dermatology and Resident Dermatologist



5.8.2 Organisation Chart of Hospital with a Dermatology Unit and Resident Dermatologist



5.8.3 Organisation Chart of Hospital with Visiting Dermatologist



6. OPERATIONAL POLICIES

All tertiary, state and major hospitals shall have a dermatology department / unit with resident dermatologist/s. These departments/ units shall provide general dermatology services (e.g. outpatient clinics, inpatient care, daycare and health clinic - community dermatology services). The departments/units shall undertake the training for doctors and paramedic or allied health staff in the field of dermatology. The departments/units also plays an advisory role to the director and the Medical Advisory Board of the hospital in all matters relating to dermatology service.

6.1 Outpatient Services

All tertiary, state and major hospitals shall have outpatient services.

6.1.1 General Dermatology (for adults and paediatrics)

Requirements for General Dermatology Clinic

6.1.1.1 Location

In specialist hospital settings, the clinic needs to be located within facilities that provide other specialist clinics. Stand alone outpatient dermatology services is not encouraged.

6.1.1.2 Operations

- Outpatient services should be operated during office hours.
- Outpatient services should be made available daily on normal working days.
- Patients have to be referred by doctors. Self-referral is not accepted.
- All patients who present with a referral should be first assessed by a nurse/assistant medical officer using an accepted procedure as agreed by the Head Department/ Unit. The assessment should determine the urgency of consultation, either immediately, early or given appointment within fourteen working days.

6.1.1.3 Objectives Of Dermatology Outpatient Services

- To provide comprehensive care for all skin diseases in order to reduce the incidence and prevalence of physical, social and cosmetic morbidity, mortality, while improving health status and increasing productivity.
- To provide easily accessible dermatology outpatient service.
- To provide specialist care and effective treatment.
- To provide continuing treatment for those who require longer term follow up.

6.1.1.4 Functions

- Assessment for all referrals as per agreed format: urgent cases seen immediately and non urgent cases will be given appointment.
- In hospitals with resident dermatologists, all new cases must be reviewed by the specialists at least once.
- Follow up: Medical officers can review patients and continue medication.
- Defaulter tracing: All patients on immunosupressants who has defaulted follow up will be contacted as early as possible to arrange for earliest possible outpatient visit.

6.1.1.5 Equipment

- Minimum requirements of workspace and equipments (Appendix 1).
- Essential equipments include equipments to measure weight and height, equipments for vital signs monitoring, glucometer including lancets and strip, tape measure, ECG machine, resuscitation trolley and portable oxygen.

6.1.1.6 Standards Of Care

HPIA / KPI standards should be adhered to.

In addition the following should be noted:

- All patients seen at outpatient should have diagnosis made and be on appropriate treatment.
- Treatment should follow current best available evidence and if available to follow existing Malaysian CPGs.

6.1.1.7. Operational Hours

- Office hours

6.1.1.8 Fees

- Follow Akta Fee 1951 and Perintah Fee (Perubatan) 1982.
- Follow Akta Fee Pindaan 2014 for foreigner

6.1.2 Special Care for Complicated Cases

Patients who are on immunosuppressive medications or acitretin may be followed up in Special Care clinic. The availabilty of Special clinic is optional, depending upon the human resource.

Requirements for Special Care Clinic

6.1.2.1 Location

In specialist hospital settings, it should be located within facilities that provide other specialist clinics.

6.1.2.2 Operations

- Special clinic should be operated during office hours.
- Special clinic will be made available on designated day and time.
- Patients are recruited from general outpatient dermatology clinic

6.1.2.3 Objectives Of Special Care clinic

- To provide comprehensive care for patients on immunosuppressants and acitretin
- To ensure compliance to medications are adhered to
- To monitor and manage complications of medications

6.1.2.4 Functions

- Assessment of vital signs, glucometer and weight during each clinic visit
- Urgent cases, patients with complications and patients with inadequate supply of medications will be seen on the same day
- Dosage and duration of medications are to be documented using a dedicated chart
- Defaulter tracing: All patients on immunosupressants who has defaulted follow up will be contacted as early as possible to arrange for earliest possible outpatient visit.

6.1.2.5 Equipment

- Minimum requirements of equipments and workspace (Appendix 1).
- Essential equipments include equipments to measure weight and height, equipments for vital signs monitoring, glucometer (including lancets and strip), tape measure, ECG machine, resuscitation trolley and portable oxygen

6.1.2.6 Standards Of Care

- All patients seen at Special care clinic should have a definitive diagnosis made and be on appropriate treatment.
- Treatment should follow current best available evidence and if available to follow existing Malaysian CPGs.

6.1.2.7. Operational Hours

- Designated day and time

1.1.1.8 Fees

- Follow Akta Fee 1951 and Perintah Fee (Perubatan) 1982
- Follow Akta Fee Pindaan 2014 for foreigner

6.1.3 Leprosy

Leprosy patients can be followed-up at designated clinic.

Requirements for Leprosy Clinic

6.1.3.1 Location

In specialist hospital settings, it should be located within facilities that provide other specialist clinics. Stand alone leprosy clinic is not encouraged.

6.1.3.2 Operations

- Leprosy clinic should be operated during office hours.
- Leprosy clinic can be made available on designated day and time
- Patients are recruited from general dermatology clinic
- Leprosy clinic will be assisted by a trained assistant medical officer/nurses in leprosy

6.1.3.3 Objectives Of Leprosy clinic

- To provide comprehensive care for all leprosy patients
- To carry out necessary investigations related to leprosy
- To notify for infectious disease and contact tracing
- To carry out specific documentation and report

- To send slit skin smear slides to Makmal Kesihatan Awam Kebangsaan (MKAK) for quality control

6.1.3.4 Functions

- Assessment of vital signs, glucometer and weight during each clinic visit
- To check baseline and monitor blood tests results at periodic interval
- To carry out all investigations to confirm the diagnosis of leprosy, which includes slit skin smear and skin biopsy, and send for mouse footpad culture if morphological index (MI)>2
- Urgent cases, patients with complications and patients with inadequate supply of medications will be seen on the same day
- All necessary documentations are carried out
- To ensure validity of slit skin smear results and monitor resistance pattern from mouse footpad culture

6.1.3.5 Equipment

- Minimum requirements of equipments and workspace (Appendix 2)
- Essential equipments include equipments to measure weight and height, equipments for vital signs monitoring, glucometer including lancets and strip, tape measure, ECG machine, resuscitation trolley and portable oxygen
- Equipment for performing slit skin smear shall be placed in a room with an air-duct or a room with open window
- Equipment for skin biopsy

6.1.3.6 Standards Of Care

- All leprosy patients should be on appropriate treatment.

- Non-complicated cases should follow treatment guideline according to Manual *Pengurusan Kusta Kebangsaan*
- All documentation and reporting are carried out according to Manual Pengurusan Kusta Kebangsaan

6.1.3.7. Operational Hours

- Designated day and time

6.1.3.8 Fees

- Follow Akta Fee 1951 and Perintah Fee (Perubatan) 1982
- Follow Akta Fee Pindaan 2014 for foreigner

6.1.4 Genitourinary Medicine Clinic / Sexually transmitted infections

The care of sexually transmitted infections (STIs) can be carried out at different levels. In a tertiary centre a dedicated Genitourinary Medicine (GUM) clinic is required. For state hospitals and major hospitals the care can be carried out in general dermatology clinic.

Requirements for STIs Clinic

6.1.4.1 Location

In a tertiary centre, dedicated GUM clinic should be operated separately from general dermatology clinic. In other hospitals, a dedicated GUM clinic is optional.

6.1.4.2 Operations

- GUM clinic / Care of STIs should be operated during office hours.

- GUM clinic will be assisted by a trained assistant medical officer/nurse and walk-in cases are allowed
- In hospitals without GUM clinic, referrals are required. The patient will be assessed to determine the urgency of consultation, either immediately, early or given appointment within fourteen working days.

6.1.4.3 Objectives Of GUM clinic / STIs

- To provide comprehensive care for all patients with STIs
- To carry out necessary investigations related to STIs
- To notify for infectious disease and contact tracing

6.1.4.4 Functions

- Assessment for all referrals as per agreed format: urgent cases seen immediately and non urgent cases will be given appointment.
- Medical officers will manage patients and may consult the specialist if necessary
- Defaulter tracing: Patients with syphilis who have not completed treatment have to be contacted for follow-up
- To provide STI counseling
- GUM Clinic with site-laboratory managed by Medical Laboratory Technician (MLT) will carry out the following investigations: Rapid Plasma Reagin (RPR), gram stain, dark ground microscopy, 2 urine glass test or Chlamidia IF/rapid test and wet mount for Trichomonas vaginalis / Bacterial vaginosis

6.1.4.5 Workspace and Equipments

- Workspace include clinic rooms and on-site laboratory (Appendix 3)
- Minimum requirements of equipments as in Appendix 3

6.1.4.6 Standards Of Care

All patients with STIs should be on appropriate treatment, according to the Malaysian Guidelines in the treatment of STIs

6.1.4.7. Operational Hours

Office hours

6.1.4.8 Fees

- Follow Akta Fee 1951 and Perintah Fee (Perubatan) 1982.
- Follow Akta Fee Pindaan 2014 for foreigner

6.1.5 Subspeciality services (in dedicated centres) :

The subspeciality services can be provided in the same clinic area as for general dermatology.

The services are dependant upon the expertise and manpower availability. The services comprise of the following:

- Allergy and Immunology or Contact Dermatitis
- Connective tissue diseases
- Dermato-oncology
- Infectious dermatology
- Photobiology
- Hair and Nail
- Pigmentary disorders
- Paediatric dermatology
- Others: when there is a necessity

Requirements for Subspeciality Services

6.1.5.1 Location

In a tertiary centre, subspeciality services should be operated

separately from general dermatology clinic sessions. In other hospitals, subspeciality services are optional.

6.1.5.2 Operations

- Subspeciality services should be operated during office hours.
- Subspeciality services can be assisted by a trained assistant medical officer/nurse
- Patients are selected from the general dermatology clinic to attend subspeciality clinic for more specialised care.

6.1.5.3 Objectives Of Subspeciality services

- To provide a more comprehensive care for selected patients
- To carry out necessary investigations related to their specific diseases
- To carry out research on specific diseases

6.1.5.4 Functions

- Management offered to non-urgent cases for specific diseases
- Dermatologists with subspeciality training will lead the Subspeciality Clinics assissted by medical officers
- Specific investigations can be carried out during the clinics
- Personalised management for individual patients
- Individual Key Performance Indicators of specific diseases are monitored by each individual dermatologist

6.1.5.5 Workspace and Equipments

- Workspace include clinic rooms and on-site laboratory will depend upon the types and number or subspecialty services provided

- Minimum requirements of equipments will depend upon the types and number or subspecialty services provided

6.1.5.6 Standards Of Care

- All patients with specific diseases should be on appropriate treatment and follow-up
- International guidelines are accepted as the standard of care

6.1.5.7. Operational Hours

Office hours

6.1.5.8 Fees

- Follow Akta Fee 1951 and Perintah Fee (Perubatan) 1982.
- Follow Akta Fee Pindaan 2014 for foreigner

6.1.6 Patient Education

Counselling services are provided for these following group of patients

- Psoriasis
- Atopic Eczema
- Sexually transmitted infection and HIV
- Leprosy
- Contact dermatitis

Requirements for Patient Education Services

6.1.6.1 Location

Patient education can be carried out in general clinic area and seminar room

6.1.6.2 Operations

- Patient education services should be operated during office hours.
- Patient education services can be assisted by a trained assistant medical officer/nurse
- Patients are selected from the general dermatology clinic and subspeciality clinic

6.1.6.3 Objectives of patient education services

- To provide a holistic approach for selected patients
- Patients are more informed of their diseases leading to better compliance to treatment

6.1.6.4 Functions

- Education offered to selected patients
- To provide education material
- Patient education leaflets
- Educational multimedia
- To assess patients knowledge by doing pre and post counselling assessments

6.1.6.5 Workspace and Equipments

- Workspace include clinic rooms and seminar room
- Minimum requirements of equipments include a computer, LCD projector and a screen

6.1.6.6. Operational Hours

Office hours

6.1.6.7 Fees

Not applicable

6.1 Inpatient Services

The inpatient services can be provided in a dedicated dermatology ward or sharing with medical wards. Patients with extensive and serious skin conditions will require a high dependency care. Other patients can be managed in a dermatology/general medical wards.

6.2.1. High dependency care

6.2..1 Objectives

- To quickly stabilize the acutely ill and unstable dermatology patients
- To ensure optimum skin nursing are provided early
- To provide close monitoring of ill and unstable dermatology patients

6.2.1.2 Admission and discharge

- Decision for admission for high dependency care must be made by the specialist/consultant in charge.
- High dependency care can be provided in a dedicated dermatology ward or HDW/ICU.
- Only a specialist may transfer any patient out of these wards.
- Patients should not be discharged from high dependency care directly

6.2.1.3 Standard of care

- The patient nursing ratio is 1:1 or 2:1
- All patients shall receive close monitoring and observation depending on their severity of illness
- All patients in this ward shall be reviewed at least three times a day
- All patients in the ward shall be reviewed daily by the specialist

- Nursing care should be provided by an experienced staff nurse
- Relevant investigations shall be ordered and the results traced and reviewed by the medical officer on the same day they are ordered

6.2.1.4 Infrastructure and facilities

- The high dependency care shall be provided in a fully air-conditioned environment
- A resuscitation trolley, defibrillation machine, oxygen, suction, a patient monitoring device with a minimum function of monitoring blood pressure, pulse and oxygen saturation shall be present

6.2.1.5 Visiting

- Only two visitors are allowed at a time
- Visitors are advised to observe infection control measures

6.2.2. Dermatology/general medical ward

Patients with stable dermatology conditions shall be managed in a dedicated dermatology ward or general medical ward.

6.2.2.1 Objectives

- To optimize skin nursing to ensure rapid recovery
- To assist in prompt investigations and management
- To provide multidisciplinary care where necessary
- To educate the patient and their care givers about the illness and empower self management at home

6.2.2.2 Admission and discharge

- Patients are admitted either from specialist outpatient clinic or other wards in respective hospitals
- Decision for admission is made by the medical officer

or specialist in dermatology

- Patients may be discharged home from this ward

6.2.2.3 Standard of care

- The patient nursing ratio is 6 : 1
- All new admissions must be reviewed at least once by the specialist in charge
- The patients shall be reviewed daily by the medical officer
- Appropriate wound care nursing shall be provided in accordance with best clinical practice available
- To ensure that multidisciplinary care is provided by specialists from relevant disciplines
- To ensure adequate education and counseling are given prior to discharge

6.2.2.4 Infrastructure and facilities

- All basic ward facilities should be made available to patients
- Patients with infectious diseases shall be isolated, and immunosupressed patients at risk of infection will be subjected to reverse isolation

6.2.2.5 Visiting

- Visitors are allowed during normal visiting hours
- Hospital policy regarding visitors shall be observed
- Visitors are advised to observe infection control measures

6.2.2.6 Care Plan

- Outpatient dressing can be done in the nearest clinic or dermatology unit/department
- All patients should have a discharge care plan and should be informed to the patients and/or his/her family members

6.3 Daycare Services

Dermatology daycare services should be located in a dermatology clinic or within hospital specialist setting with resident/visiting dermatologists. For hospitals with visiting dermatologists, the services provided must be advised based on the advise of the visiting dermatologist.

6.3.1 Operations

- Daycare services should be operated during office hours.
- Daycare services should be made available on designated days or time on normal working days.
- Patients undergoing treatment are predetermined by the dermatology clinic doctors. Self-referral or referral by other doctors without prior dermatology clinic consultation is not allowed.
- Most cases will need follow-up after procedures to review histology results, possible complications and outcome of procedures.

6.3.2 Objectives Of Dermatology Daycare Services

- To provide treatment or control of disease beyond the scope of consultation and pharmacotherapy
- To lessen outpatient specialist clinic workload by doing procedures on a different day or time or by trained paramedics or allied health

6.3.3 Functions

- Selected patients undergoing daycare procedures are determined by dermatologists or doctors trained to make appropriate decision on suitable procedures
- Prior to undergoing daycare procedures, necessary investigations or required procedures must be adhered to
- Informed consent or written consent must be obtained prior to undergoing daycare procedures
- Postprocedure patient information will be provided as necessary

- Trained paramedic and allied health personnels can provide support for treatment / treatment where applicable
- For any complications or in doubt of treatment, the dermatologists or dermatology clinic doctors must be consulted
- Key Performance Indicators of related procedures will be monitored by paramedic and doctors

6.3.4 Equipment

- Minimum requirements of equipments and workspace (Appendix 1)
- In the presence of Subspecialty services in Dermatology the requirements will be more

6.3.5 Standards Of Care

HPIA / KPI standards should be adhere to.

In addition the following should be noted:

- Daycare services offered should follow current best available evidence and if available to follow existing Malaysian CPGs.

6.3.6 Operational Hours

- Office hours

6.3.7 Fees

- Follow Akta Fee 1951 and Perintah Fee (Perubatan) 1982.
- Follow Akta Fee Pindaan 2014 for foreigner

7. QUALITY ASSURANCE AND AUDITS

The dermatology service will endeavor to keep within the overall standards by meeting the target of the hospital wide indicators or KPI. It will also identify other discipline specific indicators of the services provided covering outpatient, inpatient, daycare procedures and teledermatology services.

7.1. Key Performance Indicators for Dermatology (follow MOH current or updated circulars)

7.2. Regular review of clinical practice guidelines and standards

8. TRAINING

Continuous Professional Development (CPD) to enhance the medical personnels in the respective areas of work through participation in activities that contribute to increased knowledge, skills and experience will be carried out. Training will also be determined according to their job requirement or job scope.

These CPD activities can be conducted together in their daily activity at work or dedicated CPD activities.

8.1 In House Service Training (*Latihan Dalam Perkhidmatan di tempat kerja*)

In-service trainings are programmes designed to strengthen the competencies of workers while they are on the job. In-service training includes induction or orientation training program, refresher courses, bedside teaching and ward rounds. Attachment to other department or hospitals in various subspecialties of Dermatology will be determined according to requirements. This will form an indispensable part of training to expose healthcare personnel and keep abreast to a wide range of health-related issues and treatment options.

8.2 Continuous Medical Education (CME)

CME consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, professional competency and services for patients and the public. The content of CME are usually imparted through book club, journal club, histopathology slide sessions, slide picture quiz, morbidity/mortality review, multidisciplinary interactive discussions and informal assessments.

8.3 Short Courses And Conferences

On-the-job training is the backbone of training but opportunities must be provided through formal training in the forms of courses, workshops, seminars and conferences offered by various local and overseas training providers for personal and professional development.

8.4 Advanced Masters in Dermatology

This postgraduate program in Dermatology is a collaboration between the Ministry of Health and University Kebangsaan Malaysia. It's structured program provide comprehensive training with professional examination to qualify them to practice dermatology.

9 . RESEARCH AND PUBLICATION

The Dermatology personnels will actively conduct research in all areas of interest in the field of dermatology, leprosy and sexually transmitted diseases. The scope of research will include clinical epidemiology, genetic studies, health outcomes, clinical trials in therapeutics, health economics and the use of medical devices.

10. WHOLE HOSPITAL POLICY

The Dermatology services shall comply with the Whole Hospital Policy in the following areas:

1.1 Hospital admission and discharge

1.2 Transportation service

1.3 Infection control

1.4 Sterilization service

1.5 Management of waste products

1.6 Acquisition of assets and equipment

1.7 Catering service

1.8 Laundry and linen supply

1.9 Cleaning service

1.10 Engineering service including preventive and maintenance services

1.11 Security service

1.12 Fire precaution

1.13 Medical record management

1.14 Communication system

1.15 Quality assurance

1.16 Occupational and Safety Health Act (OSHA)

1.17 Public relations, release of information and confidentialities

11 . CLINICAL PRACTICE GUIDELINES

The practice of dermatology shall be guided by the Clinical Practice Guidelines * and management protocols ** prepared by MOH. In the absence of any clear guideline on any particular issue or subject, the internationally recognised best practices shall be adopted.

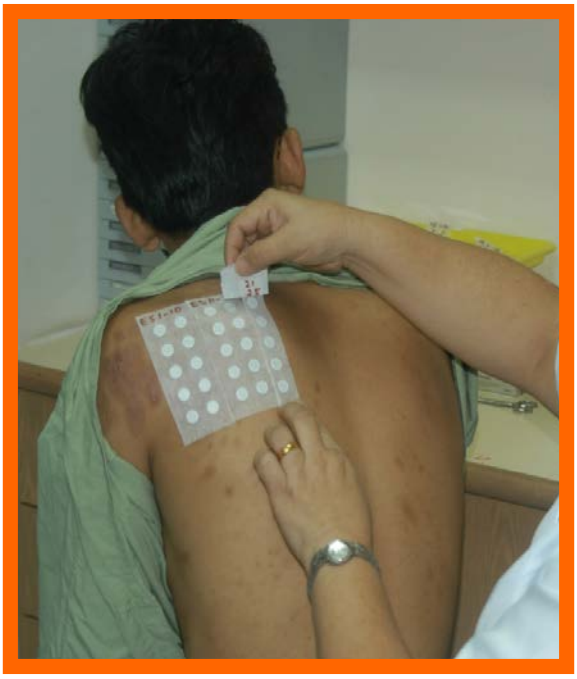
* Current available Malaysian Clinical Practice Guidelines:

- Management of acne vulgaris
- Management of psoriasis

** Current management protocols/ guidelines :

- *Manual Pengurusan Kusta*
- Guidelines on Sexually transmitted disease
- MOH Antibiotic Guidelines
- Guidelines on the use of Biologics

APPENDICES



Minimum Requirement of Workspace, Equipments and Consumables

1) Workspace

No.	Detail	Number
A) Department of Dermatology		
1	Consultation room	5
2	Treatment room	3
B) Dermatology Unit		
1	Consultation room	3
2	Treatment room	2

2) Biomedical, Non-Biomedical Equipments and Consumables

No.	Details	Number
A) General Specialist Clinic Requirement		
1	Glucometer	1
2	Dinamap	1
3	Weight and height measurement machine	1
4	ECG machine	1
5	Portable oxygen	1
6	Resuscitation trolley	1
B) Biomedical Equipment		
1	Mobile OT Lamp	1
2	Biopsy Set	6-10
3	Dressing Set	6-10
4	Dressing Trolley	2
5	Smoke Evacuator	1-2
6	Refrigerator	2-3
7	Yonker Forcep	1-2
8	Metalic Jar For Forcep	1-2
9	Table Magnifying Lamp	3-5
10	Wood's Lamp	1
11	Various types of dressing materials	per request
12	OT table	1
13	Electrocautery	1
14	Cryogun	1
15	Liquid Nitrogen Storage Container	1
C) Non-Biomedical Equipment		
1	Computer	5-8
2	Printer	5-6
3	Lock Metallic Cabinet	5-8
4	White Board	5
5	Consultation Table	5-8
6	Cushion Chairs for staff	10-16
7	Patient examination couch	3-5
8	Single unit Cushion Chairs for patient in consultation room	5-8

List of Recommended Equipment , Workspace and Human Resource for Leprosy Clinic

1) Workspace

No.	Details	Number
1	Consultation room	1
2	Procedure room with an air-duct, or open window	1

2) Specific Biomedical, Non-Biomedical Equipments and Consumables

No.	Details
A) Biomedical Equipments	
1	Sharp disposal bin
2	Clinical waste bin
3	Spirit lamp
4	Scalpel blade holder No.3
5	Forcep
6	Microscope
7	Glucometer
8	Dinamap
B) Non-Biomedical Equipments	
1	Lighter
2	Diamond pen
3	Weight and height measurement machine
C) Consumables	
1	Alcohol 70%
2	Respirator N95
3	Latex gloves
4	Scalpel blade No.15
5	Glass slide (non-frosted end glass slide)
6	Plaster
7	Alcohol swab
8	Sterile cotton wool balls or gauze
9	Antiseptic lotion (e.g. tincture iodine)
10	Staining solutions for slit skin smear

3) Specific Human Resource

No.	Detail	Number
1	Trained Staff Nurse or Medical Assistance	1

Appendix 3

List of Recommended Equipment, Workspace and Human Resource for GUM Clinic or Care of STIs with On-Site Laboratory

1) Workspace

No.	Details	Number
1	Consultation room	2
2	Treatment and counselling room	1
3	On-Site laboratory	1

2) Specific Biomedical Equipments and Consumables

No.	Details
A) Biomedical equipments	
1	Vagina speculum
2	Kidney dish
3	Glass Slides and cover slip
4	Microscope and dark ground microscopy
5	Dinamap
6	Centrifuge
7	Resuscitation trolley
8	Intravenous drip stand
9	Cryogun and Liquid nitrogen storage container
B) Consumables	
1	Latex gloves
2	Face mask
3	Disposable loops for urethral swab
4	Cotton swabs
5	Chemical cautery for genital warts (podophylin and Trichloroacetic acid)
6	Liquid nitrogen for cryotherapy
7	Treatment Room medications: Benzathine penicillin, Intramuscular Ceftriaxone vials
8	Staining solutions for staining of organisms on slides (eg: Gram stain etc)
9	Blotting paper
10	Microscope lens cleaner
11	Culture plates/bottles for bacteria and fungi (eg: Thayer Martin culture plate for gonorrhoea culture etc)
12	Test kit for organisms (Chlamydia IF/Rapid test)
13	Test kit for RPR & TPHA
14	Herpes Simplex IF glass slides

3) Specific Human Resource

No.	Detail	Number
1	Medical Laboratory Technologist (MLT)	1
2	Trained Staff Nurse for STI Counseling	1

LISTS OF MEDICATIONS

ANTIBIOTICS	**TOPICAL ANTIFUNGAL**
Erythromycin succinate 400 mg	2% Miconazole cream
Unasyn 375mg	2.5% Selenium sulphide lotion
Tetracycline 250 mg	2% Ketoconazole lotion
Doxycycline 100 mg	2% Miconazole powder
Bacampicillin (Penglobe) 400 mg	Whitfield Ointment
Cloxacillin 250 mg	Castellani paint
Penicillin V 125mg	15% Sulphacetamide lotion
Syrup Cephalexin 125 mg/5ml	Oral Nystatin Suspension 100,000iu/ml
Syrup Erythromycin 200 mg/5ml	Clotrimazole 200mg/500mg pessaries
Ofloxacin 100 mg	1% Clotrimazole cream
Minocycline 100 mg	Amolrofine 5% Nail lacquer (Loceryl)
Rifampicin 300 mg	**OTHERS (LOTION)**
Dapsone 100 mg	1-2% Cetavlon / Cetrimide lotion
Augmentin 625mg	KMNO4 1:10000 (1.5% and 5%)
Ciprofloxacin 250 mg	**ANTI-ACNE**
Cefuroxime axetil 125 mg	2%/4%/6% sulphur in Calamine lotion
Cephalexin 250mg	Tretinoin 0.05% cream / gel
Azithromycin 250 mg	Tretinoin 0.1% cream
Metronidazole 200mg	20% Azelaic acid 30g
ORAL ANTIFUNGAL	5%/10% Benzoyl peroxide
Griseofulvin 125 mg	Adapalene 0.1% cream/gel (Differin)
Itraconazole 100mg	**ANTIBACTERIAL**
Itraconazole 100 mg original	1% Aureomycin cream
Terbinafine 250 mg	1% Aureomycin + 1% HC (1%HAC)
Fluconazole 50mg /100mg	Fucidin 2% cream/ointment
ANTIHISTAMINE	Fucicort cream (Fucidic acid 2%, Betamethasone 0.1%)
Dexchlorpheniramine (Polaramine) 2 mg	0.1% Gentamycin cream
Cetirizine 10mg	2% Mupirocin oint. (Bactroban)
Levocetirizine 5mg	**SUNSCREEN**
Loratidine 10 mg	Titanium Dioxide 5%/10%/20%
Desloratadine 5mg	Sunsence Daily Face
Syrup Loratadine 5mg/5ml	Sunsence Sensitive
Hydroxyzine (white) 25 mg	**ANTIPARASITIC**
Chlorpheniramine malaete 4 mg	Albendazole 200mg
Syrup Chlorpheniramine malaete 2mg/5ml	**ANTIVIRAL**
Syrup Phenergan	Acyclovir 200 mg & 800 mg
Syrup Dexchlorpheniramine 2mg/5ml	Acyclovir cream 5% / 5 gm, 10 gm
RETINOIDS	Imiquimod 5% cream (Aldara)
Isotretinoin 10 mg & 20 mg	10-20% Podophyllum paint
Neotigason (Acitretin) 10 mg & 25 mg	

H2 ANTAGONIST	TOPICAL STEROIDS/ EMOLLIENTS/ KERATOLYTICS
Ranitadine 150 mg	Aqueous cream
Omeprazole 20mg	25% / 50% Glycerin in Aqueous Cream
	Ung Emulsificants
IMMUNOSUPPRESSIVE	Vaseline
Azathioprine 50 mg	10% Urea
Cyclophosphamide 50mg	BVC 1:8 or BVO 1:8
Methotrexate 2.5 mg	BVC 1:4 or BVO 1:4
Ciclosporin cap. 25, 100 mg	BVC 1:2 or BVO 1:2
ANTI-SCABETIC/PARASITIC	BVC F/S or BVO F/S
12.5% EBB	1% HC or 1% HO
25% EBB	DVC (Clobetasol propionate 0.05%)
1%/0.5%/0.1% Lindane (Gamma benzene Hexachloride)	DVO (Clobetasol propionate 0.05%)
	Eumovate (Clobetasone butyrate 0.05%) Cream/Ointment
	Mometasone furoate cream
Permethrin 5% lotion	2/5/10% SAO
OTHERS	1% HO + 2% SAO
Sulfasalazine 500 mg	2% SAO + BVO 1:2
Tab. Meladinine 10 mg	2% SAO + BVO 1:4
Tab Prednisolone 5 mg	2% SAO + BVO F/S
Tab Gelusil	2% or 10% SAO + DVO
Indomethacin 25 mg	2% SAC + BVC 1:2
Ibuprofen 200 mg	2% SAC + BVC 1:4
Mefenamic acid 250 mg	2% SAC + BVC F/S
Naproxen Sodium 250 mg	20% SAO
Diclofenac Sodium 50 mg	**To be prepared upon request**
Neurobion	40%SAO
Panadol 500mg	
DF118 30mg	**PSORIASIS TOPICALS**
Tramadol 50mg	1% LPC in vaseline
Colchicine 0.5mg	3% LPC in vaseline
Hydroxychloroquine 200mg	6% LPC in vaseline
Gliclazide 80mg	9% LPC in vaseline
Metformin 500mg	1% LPC + BVO 1:4
Glibenclamide 5mg	3% LPC + BVO 1:4
Prazosin 1 & 2 mg	6% LPC + BVO 1:4
Nifedipine 10mg	9% LPC + BVO 1:4
Amlodipine 5mg / 10mg	1% LPC + BVO 1:4 + 2% SAO
Metoprolol 100mg	3% LPC + BVO 1:4+ 2% SAO
Atenolol 100mg	6% LPC + BVO 1:4+ 2% SAO
Simvastatin 20 mg	9% LPC + BVO 1:4+ 2% SAO
	1% LPC + 2% SAO
Sexually Transmitted Infections	3% LPC + 2% SAO

Benzathine Penicillin	6% LPC + 2% SAO
Ceftriaxone 250mg (vial)	9% LPC + 2% SAO
Procaine Penicillin	Ung Cocois Co or Cerascalp(45gm/ tube)
	20 % Coal Tar bath
	Sebitar shampoo
	Daivobet oint 30gm
Others	Calcipotrial cream 30gm
Crotamiton 10% cream (Eurax)	Calcipotrial ointment 30gm
0.25-0.5% menthol in aqueous cream	Xamiol gel 15gm
0.5% menthol in calamine cream	**To be prepared upon request**
0.5% menthol in calamine lotion	0.1%/0.5%/1%/2% Dithranol Ointment
0.2% Chlorhexidine mouth wash	1%LPC+BVO 1:2
Thymol gargle	3%LPC+BVO 1:2
Zinc oxide cream	6%LPC+BVO 1:2
Meladinine oint. 0.1%	9%LPC+BVO 1:2
Silver nitrate 0.5% lotion	1%LPC+BVO 1:2+2%SAO
Solcoceryl gel	3%LPC+BVO 1:2+2%SAO
Calamine Cream	6%LPC+BVO 1:2+2%SAO
0.5% phenol in Calamine cream	9%LPC+BVO 1:2+2%SAO
Methoxsalen 1% Lotion	Dithranol 1% in Lassar Paste
10-20% Sodium thiosulphate	

REFERRALS

Patients maybe referred to dermatology services with a referral letter for clinic appointment. Urgent cases may be seen on the same day or earliest possible depending on the severity.
Urgent referrals should preferably be from specialists to specialists or medical officer to medical officer and verbally via phone.

1. Dermatology Specialist Clinic Outpatient Referrals

Outpatient referral should be written by a doctor. All outpatient referrals will be screened by a nurse to determine the urgency of the referral.

1.1 Urgent cases will be seen immediately by medical officer and discussed with the specialist.

1.2 “Urgent cases” that is not severe or not necessarily to be seen on the same day will be given an earlier appointment date.

1.3 Non-urgent cases will be given an appointment within two weeks.

2. Inpatient Referrals

2.1 During office hours, non urgent cases will be seen on the same day either in the ward or Dermatology clinic

2.2 Urgent cases (during and after office hours) will be seen as soon as possible by the medical officer and specialist informed immediately after assessment.

ADMINISTRATION : NORMS, STAFF ROLES AND FUNCTION

The norms may vary with the strength of the service. A department, a unit and visiting services will depend upon the workload and what can be agreed upon based on the infrastructure and resources.

The head of department or unit shall be responsible for the overall administration of the department's activities. Visiting dermatologist will be guided by the head of medical department. He/she will be responsible for the administration, organisation, development, QA, KPI, CME, research etc.

Ideally, a senior paramedic staff in the capacity of a supervisor (nursing matron / nursing sister / medical assistant) shall be identified to oversee, regulate and administer the day-to-day services.

For in-patient care with varying degree of severity, need-based nursing care is necessary whereby the nurse is in charge of a certain number of patients depending on the complexity of nursing care required by each patient. This is applicable in hospitals with their own dermatology ward. He/she is involved in the total nursing care of patients under his/her care; he/she should have indepth knowledge about the patient's illnesses, progress, investigation results and treatment through out the patient's hospital stay. For severe patients requiring intensive skin nursing, the nursing ratio should be similar to a high dependency nursing with a ratio of 1 nurse: 1 patient or 1 nurse : 2 patients for ill cases. For less severe cases but still need quite intensive skin nursing a ratio 1 nurse : 3 – 5 for patients is necessary.

The clinicians, paramedic and allied health staff providing the dermatology services shall

include the following categories:

1. Consultant Dermatologists / Dermatologists

Individuals that possess either Master of Internal Medicine,MRCP or equivalent and Advanced Master of Dermatology or equivalent training and recognized by the MOH.

1.1 Administrative

a) To plan, implement and monitor the unit's activities according to the policies and procedure of the unit, department, hospital and MOH.
b) To prepare the budget of the unit and be responsible for effective use of resources.
c) To implement and monitor QA & KPI activities and ensure remedial measures.

d) To participate in the hospital's QA activities.
e) To conduct regular meetings with department/unit personnels.
f) To organize CME activities.
g) To audit department activities and prepare annual report.
h) To conduct yearly assessment of all staff in the department/unit.

1.2 Clinical
a) To conduct assessment of the patient and plan treatment.
b) To carry out dermatology procedures
c) To counsel patients.
d) To provide professional clinical leadership and supervision to the specialist and medical officers.
e) To lead the management of patients.
e) To organize and undertake training of dermatology trainees, masters students, medical officers, medical students, paramedics and allied health personnels.
f) To undertake on-call duties as per roster.
g) To continue CME activities and pursuit of knowledge.

2. Clinical Specialist
Individuals that had obtained Master of Internal Medicine,MRCP or equivalent but had not completed the Advanced Master of Dermatology or subspecialty training. His/her

duties are:

2.1 Administrative
a) To assist the head of department in carrying out administrative duties if and when necessary.
b) To carry out non-clinical duties as directed by the head of department or hospital director.
c) To organize continuous medical education for personnel of the department.
d) To attend talks, courses, seminars and conferences to improve and update knowledge.
e) To participate and to implement departmental activities such as CME activities, morbidity and mortality meetings, QA and KPI.
f) To participate in departmental meetings.

2.2 Clinical
a) To conduct ward rounds.
b) To carry out treatment, investigation and management of patients.

c) To assist medical officers in the diagnosis, investigation and management of patients.
d) To provide health education to patients regarding their disease and medications.
e) To perform dermatology procedures
f) To perform on-call duties.

3. Medical Officer

Individuals in possession of basic medical degrees recognised by the Malaysian Medical Council

His/her duties are:

a) To care for patients in dermatology ward and or to attend to all referrals.
b) To attend the dermatology clinics under specialist supervision.
c) To assist or perform limited dermatology core procedures after being trained
d) To perform on-call duties as per roster.
e) To participate on a regular basis in the educational and audit programme within the department.

4. Assistant Medical Officer

Individuals with a diploma in medical assistant recognized by the Malaysian Medical Assistant Board.

His duties are:

a) To assist the head of department in carrying out administrative duties where necessary.
b) To oversee, regulate and administer the day-to-day services.
c) To conduct or assist dermatology procedures after receiving adequate training.
d) To attend or assist CME, QA and KPI activities.
e) To train other paramedics and allied health or medical student and doctors in dermatology nursing care.
f) To assist with department social activities.

5. Matron/Nursing sister/Staff nurse

Individuals with a diploma or degree in nursing from institutions recognized by the Malaysian Nursing Board. The amount of administrative/clinical work will depend upon their seniority and post.

His/her duties are:

a) To assist the head of department in carrying out administrative duties where necessary.
b) To oversee, regulate and administer the day-to-day services.
c) To conduct or assist dermatology procedures after receiving adequate training.
d) To attend or assist CME, QA and KPI activities.
e) To train other paramedics and allied health or medical student and doctors in dermatology nursing care.
f) To assist with department social activities.

6. *Pembantu Perawatan Kesihatan* (*PPK*)

Individuals with suitable qualifications.
His/her duties are:
a) To assist the head of department in carrying out administrative duties where necessary.
b) To provide the day-to-day services.
c) To conduct or assist limited nursing procedures after receiving adequate training and under supervision.
d) To attend CME, QA and KPI activities.
e) To assist with department social activities.

7. Medical Laboratory Technician (MLT)

Individuals with suitable qualifications. MLT are required in a department with dedicated GUM clinic and on-site laboratory. They are also under the care of the Head of Pathology.

His duties are:
a) To assist the head of department in carrying out administrative duties where necessary.
b) To oversee, regulate and administer the day-to-day services for STIs.
c) To conduct or assist STIs procedures after receiving adequate training.
d) To attend or assist CME, QA and KPI activities.
e) To train other paramedics and allied health or medical student and doctors in the laboratory testing of STIs.

8. Physiotherapist

Individuals with suitable qualifications. Physiotherapist is under the care of the Head of Physiotherapy with collaboration of the dermatologists or visiting dermatologists.

Her duties are:

a) To assist the head of department (dermatology and phsiotherapy) in carrying out administrative duties where necessary.
b) To oversee, regulate and administer the day-to-day services for phototherapy.
c) To attend or assist CME, QA and KPI activities in relation to phototherapy.
e) To train other paramedics and allied health or medical student and doctors in phototherapy.

9. Assistant Administrator

Individuals with suitable qualifications.
His/her duties are:
a) To assist the head of department in carrying out administrative duties.
b) To attend training programme and fullfill the organisation requirements

TERM OF REFERENCE FOR DERMATOLOGY COMMITTEES

A) TERM OF REFERENCE FOR HEAD OF DERMATOLOGY SERVICE

1. To plan and recommend for the development and future of dermatology services in Ministry of Health including the infrastructure in line with the current and future needs to ensure acccessibility and equity of dermatology service that is provided by the Ministry of Health in the whole country.
2. To plan for skilled workforce (specialists workforce) and fulfill the requirement of medical service development in hospital or institutes in Ministry of Health including identifying successors, recommend for carrier developement of subordinates and provide feedback on gazettement of dermatologists.
3. To plan and recommend for training needs and monitor the speciality and sub-specialty programme as well as research in line with the development of the service.
4. To plan and execute meetings with dermatologists at least once a year.
5. To visit other states for monitoring of services at scheduled intervals.
6. To organised conferences for dermatology at least once a year.

B) TERM OF REFERENCE OF TECHNICAL ADVISOR FOR STATE

1. As a Technical Advisor for dermatology services in the Ministry of Health.
2. As an advisor to the State Health Director on technical aspects of dermatology services.
3. As a clinical resource person for dermatology.
4. To be involved in the planning and development of dermatology services in the state.
5. To be responsible for Key Performance Indicators (KPI) related to the dermatology discipline in the state.
6. To coordinate technical actions that need to be taken to improve the performance measured by the KPIs.
7. Is responsible for creating / achieving a standard practice of care in hospitals with dermatology service in the state.
8. To assist the State Health Director in resource allocation.
9. To evaluate and propose human resource development for dermatology in the state.

C) TERM OF REFERENCE OF RESIDENT DERMATOLOGIST

1. As an advisor to the Hospital Director on technical aspects of dermatology services.
2. As a clinical resource person for dermatology.
3. To be involved in the planning and development of dermatology services in the hospital.
4. To be responsible for Key Performance Indicators (KPI) related to the dermatology discipline in the hospital.
5. To coordinate technical actions that need to be taken to improve the performance measured by the KPIs.
6. Is responsible for creating / achieving a standard practice of care for dermatology service in the hospital.
7. To evaluate and propose human resource development for dermatology service in the hospital.
8. To prepare, deliberate, describe and record the technical specifications of items to be procured
9. To plan the evaluation of the items to be procured including the quantity and centres for evaluation.
10. To conduct/perform the evaluation of the quality and performance of the tender item based on the specifications described.
11. To record/summarise the findings from the evaluation using the pre specified format.
12. To submit the prepared specifications of the items to be procured to the Procurement Division of Ministry of Health through the hospital director.
13. To update and renew the specifications of the items from time to time based on needs and circumstances.
14. To be involved with the planning and coordination of training in dermatology.
15. To represent the state when necessary in matters relating to dermatology clinical services.

D) TERMS OF REFERENCE FOR DERMATOLOGY DRUG COMMITTEE, MOH

1. Review all related drugs in the current drug list of the Ministry of Health.
2. To help the MOH Panel of Drug Reviewer to review on new drugs that are proposed to be listed in the MOH drug formulary.
3. To re-evaluate drugs in the MOH drug formulary from time to time.
4. To propose for certain drugs to be deleted from the MOH drug formulary, whenever necessary.

5. To prepare an annual report on activities carried out by Dermatology Drug Committee and forward the report to the Director General of Health.

E) TERMS OF REFERENCE FOR ADVANCED MASTER OF DERMATOLOGY COMMITTEE

This comittee consists of senior dermatologists and dermatologists from public universities. The secretariat for Advanced Master Of Dermatology Committee is in PPUKM. PPUKM is currently the only university providing the professional examination at the end of the programme.

1. To plan, review and coordinate the dermatology subspecialty training in MOH and universities.
2. Monitoring the trainees and training programme.
3. To organise professional examination at the end of the programme.

F) TERMS OF REFERENCE FOR ETHICS AND CLINICAL GOVERNANCE COMMITTEE

This committee will discuss relevant matters during the government dermatologists meeting.

1. To promote and maintain a professional and ethical code of conduct of all staff.
2. To identify, define and monitor key performance indicators.
3. To advise on measures to maintain the quality and standard of dermatology services in MOH.
4. To review adverse clinical incidents and complaints.

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ABBREVIATIONS

QA	Quality Activity
KPI	Key Performance Indicator
HPIA	Hospital Performance Indicator for Accountability
CME	Continuous Medical Education
CPD	Continuous Professional Development
CPG/CPGs	Clinical Practice Guideline / Clinical Practice Guidelines
MOH	Ministry of Health
MLT	Medical Laboratory Technician
GUM	Genitourinary Medicine
STIs	Sexually Transmitted Infections
NGOs	Non-Government Organizations
HDW	High Dependency Ward
ECG	Electrocardiogram
LCD	Liquid Crystal Display
OSHA	Occupational and Safety Health Act
PPUKM	Pusat Perubatan Universiti Kebangsaan Malaysia
PPK	Pembantu Perawatan Kesihatan
OT	Operation theatre
KMNO4	Potassium Permanganate
BVC	Betamethasone valerate cream
BVO	Betamethasone valerate ointment

EBB	Benzyl Benzoate Emulsion
F/S	Full strength
HC	Hydrocortisone cream
HO	Hydrocortisone ointment
DVC	Dermovate cream
DVO	Dermovate ointment
SAO	Salicylic acid ointment
SAC	Salicylic acid cream
LPC	Liquor picis carbonis

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