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FOREWORD
DIRECTOR GENERAL OF HEALTH MALAYSIA

In recent years aesthetic medical practice has gained popularity and as it is a consumer driven service, the public needs to be protected. We recognise the growing trend of the population, in not only wanting to stay healthy but also aesthetically pleasant.

The Ministry of Health Malaysia together with the relevant professional bodies have formed a task force to prepare this Guidelines on Aesthetic Medical Practice for Registered Medical Practitioners. The main objective of these guidelines is to ensure the safety of aesthetic medical practice in Malaysia.

Aesthetic medical practice is not risk-free as many may perceive. In the pursuit of trying to satisfy the aesthetic desires of patients, practitioners need to be aware of its unacceptable health risks and potential complications.

It has been accepted that aesthetic medical practice is not a medical specialty but an area of interest in medical practice. These guidelines define the scope of practice allowed, minimum level of competency required and the process of registration for medical practitioners. Like any other fields of medical practice, these practitioners are subject to the Code of Professional Conduct and other related laws governing medical practice.

It is my sincere hope that these guidelines will make a significant contribution in guiding practitioners to preserve safety and uphold professional standards in the delivery of aesthetic medical practice.

(SIGNED)
(DATUK DR. NOOR HISHAM ABDULLAH)
Director General of Health
Ministry of Health Malaysia
FOREWORD

CHAIRPERSON

MAIN CREDENTIALING AND PRIVILEGING COMMITTEE OF AESTHETIC MEDICAL PRACTICE

These guidelines were deliberated extensively by gathering expert opinions from the various stakeholders in the Ministry of Health, universities, professional bodies and private practitioners. It would serve as the National Guidelines on Aesthetic Medical Practice for general practitioners, medical and surgical specialists.

The process of developing these guidelines started earlier but it gained active momentum in 2010. Mutual respect, understanding and acceptance were the key success factors of the many meetings of minds. Ensuring patient safety and upholding professional standards were our common objectives and the process was pleasant indeed.

There will be challenges ahead as we move to the implementation phase of these guidelines but one should take comfort in knowing that with the implementation it will lead to the birth of a registry of aesthetic medical practitioners which we hope will serve the country well.

I wish to record my sincere appreciation to fellow members of the task force for their untiring effort in seeing to the successful completion of these guidelines, and to all those who have supported and contributed directly or indirectly.

(SIGNED)

(DATUK DR. ROSHIDAH BABA)
Chairperson
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*Medical Director of Beverly Wilshire Medical Centre*

YBhg. Dato’ Dr. Abdul Hamid Abdul Kadir  
*Council Member*  
*Malaysian Medical Council*

**Special Acknowledgements**

YBhg. Tan Sri Dr. Ismail Merican  
*Former Director General of Health Malaysia (2005-Mac 2011)*

YBhg. Dato’ Sri Dr. Hasan Abdul Rahman  
*Former Director General of Health Malaysia (Mac 2011- Nov 2012)*

We would also like to express our heartfelt thanks to those who directly and indirectly contributed to the writing of the guidelines especially The Academy of Medicine Malaysia, The Academy of Family Physicians Malaysia, College of Dental Specialists, The Malaysian Medical Council, The Malaysian Medical Association, The Malaysian Dental Council, Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons (MAPACS), Malaysian Dermatological Society (Persatuan Dermatologi Malaysia), Society of Anti-Aging, Aesthetic and Regenerative Medicine Malaysia (SAAARMM), Malaysian Association of Aesthetic Dentistry (MAAD), Malaysian Society of Aesthetic Medicine (MSAM), and the Federation of Private Medical Practice.
1.0 INTRODUCTION

It has been a belief that the well-being of an individual is about being satisfied with one’s health, appearance, possessions and the environment he or she lives in. This has in part resulted in the recent emergence of a medical modality known as aesthetic medical practice, of which the goal is about creating a harmonious physical and psychological balance. This practice is on the rise globally and is also gaining popularity nationwide.

A significant number of registered medical practitioners are already engaging in this practice, or wishing to embark on this area of practice. However, there have been reports of adverse outcomes including disfigurements and even death, arising from aesthetic procedures performed by incompetent medical and non-medical practitioners. As safety issues are of paramount importance, this practice needs to be regulated by formulating a set of guidelines that is current and relevant.

Although aesthetic medical practice has not been recognised as a medical specialty in Malaysia, it is scientific in its approach and practice. The scientific concepts underpinning aesthetic medical practice have resulted from work done and published in dermatology and plastic surgical literature, and is taught within the core curriculum of these two specialties.

Recent development in aesthetic medical practice has seen a growth in the number of general practitioners practising in this field. This is evident with the introduction of formal education, training and the significant scientific literature output from this group of practitioners worldwide.

These guidelines were deliberated extensively both in depth and scope since 2010. It was prepared by gathering expert opinion from various stakeholders in the Ministry of Health, universities, professional bodies and private practice. It would serve as the national guidelines on aesthetic medical practice for general practitioners, medical specialists and surgical specialists.
2.0 DEFINITION

(a) There is no internationally accepted definition for “aesthetic medical practice”. For the purpose of these guidelines it is defined as:

An area of medical practice which embraces multidisciplinary modalities dedicated to create a harmonious physical and psychological balance through non-invasive, minimally invasive and invasive treatment modalities which are evidence-based. These modalities focus on the anatomy, physiology of the skin and its underlying structures, to modify the otherwise ‘normal’ (non-pathological) appearance in order to satisfy the goals of the patient and are carried out by registered medical practitioners.

(b) “registered medical practitioner” is defined as a medical practitioner who is registered and holds a valid practising certificate under the Medical Act 1971 [Act 50]

3.0 CLASSIFICATION OF AESTHETIC MEDICAL PROCEDURES

Aesthetic medical procedures should be supported by scientific evidence and/or have local medical expert consensus that the procedures are well-established and acceptable.

These procedures can be classified into non-invasive, minimally invasive and invasive as follows.

3.1 Classification of aesthetic medical procedures:

a) Non-invasive procedures
This is defined as external applications or treatment procedures that are carried out without creating a break in the skin or penetration of the integument. They target the epidermis only.

b) Minimally invasive procedures
This is defined as treatment procedures that induce minimal damage to the tissues at the point of entry of instruments. These procedures involve penetration or transgression of integument but are limited to the sub-dermis and subcutaneous fat; not extending beyond the superficial musculo-aponeurotic layer of the face and neck, or beyond the superficial fascial layer of the torso and limbs.
c) **Invasive procedures**
This is defined as treatment procedures that penetrate or break the skin through either perforation, incision or transgression of integument, subcutaneous and/or deeper tissues, often with extensive tissue involvement in both vertical and horizontal planes by various means, such as the use of knife, diathermy, ablative lasers, radiofrequency, ultrasound, cannulae and needles.

3.2 **Safety concerns**
All aesthetic procedures are not completely safe. Some of the complications commonly encountered include anaesthetic reactions, bleeding, infections, scarring, pigmentary changes (hypo- or hyper pigmentation) and even death. When a procedure has a potential for serious complications, it may be categorised as invasive even if it involves minimal damage to the skin.

### 4.0 CLASSIFICATION OF REGISTERED MEDICAL PRACTITIONERS PRACTISING AESTHETIC MEDICAL PRACTICE

For the purpose of these guidelines, registered medical practitioners practising aesthetic medical practice are classified as below:

a) **Specialists**
   
   i) Medical specialists: dermatologists and non-dermatologists
   
   ii) Surgical specialists: plastic surgeons and non-plastic surgeons

b) **Non-specialists**

   General practitioners
5.0 NATIONAL REGISTRY OF REGISTERED MEDICAL PRACTITIONERS PRACTISING AESTHETIC MEDICAL PRACTICE

All registered medical practitioners who qualify and wish to practise aesthetic medical practice are required to register under the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice.

The National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice has three chapters:

**Chapter 1:** Registry for general practitioners practising aesthetic medical practice

**Chapter 2:** Registry for medical specialists practising aesthetic medical practice

**Chapter 3:** Registry for surgical specialists practising aesthetic medical practice

6.0 MAIN CREDENTIALING AND PRIVILEGING COMMITTEE OF AESTHETIC MEDICAL PRACTICE

6.1 The Main Credentialing and Privileging Committee of Aesthetic Medical Practice, appointed by the Director General of Health, consists of members from the Ministry of Health, Academy of Medicine, the aesthetic medical practice societies and universities.

6.2 Terms of reference for the Main Credentialing and Privileging Committee of Aesthetic Medical Practice

6.2.1 To formulate and determine policies pertaining to aesthetic medical practice

6.2.2 To prepare and review guidelines on scope and standards of aesthetic medical practice

6.2.3 To decide on eligibility of medical practitioners for the issuance of the Letter of Credentialing and Privileging (LCP)

6.2.4 To recommend credentialled medical practitioners to be in the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice

6.2.5 To appoint members of the Training Subcommittee of Aesthetic Medical Practice
6.2.6 To appoint members of the Appeal Committee

6.2.7 To issue temporary LCP to credentialed foreign medical practitioners (Chapter 1) before issuance of Temporary Practising Certificate by the Malaysian Medical Council

6.2.8 To withdraw practitioners from the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice upon advice from Malaysian Medical Council (MMC) / Ministry of Health Malaysia
THE MAIN CREDENTIALING AND PRIVILEGING COMMITTEE MEMBERS

Chairperson: To be appointed by the Director General of Health

Members:

National Head of Plastic & Reconstructive Surgery Service
Ministry of Health Malaysia

National Head of Dermatology Service
Ministry of Health Malaysia

Director of Medical Practice Division
Ministry of Health Malaysia

Malaysian Medical Council
1 representative

College of Surgeons
1 representative

Academy of Medicine
1 representative

Malaysian Association of Plastic, Aesthetic and
Craniomaxillofacial Surgeons (MAPACS)
1 representative

Board of Plastic Surgery (MAPACS)
1 representative

Persatuan Dermatologi Malaysia
1 representative

Cosmetic Dermatology and Laser Medicine Board, (CDLM),
Persatuan Dermatologi Malaysia (PDM)
1 representative

Universities
2 representatives

Society of Anti-Aging, Aesthetic and Regenerative Medicine
Malaysia (SAAARMM)
& Malaysian Society of Aesthetic Medicine (MSAM)
3 representatives

Medical Practice Division, Ministry of Health Malaysia
1 representative

*Chairman may co-opt members when deemed necessary*
7.0 SECRETARIATS AND THEIR FUNCTIONS

7.1 There are four secretariats involved in assisting the credentialing and privileging process of registered medical practitioners practising aesthetic medical practice.

Secretariat for Main Credentialing and Privileging Committee of Aesthetic Medical Practice
- Medical Practice Division, Ministry of Health Malaysia

Secretariat for Chapter 1
- Secretariat Chapter 1

Secretariat for Chapter 2
- Cosmetic Dermatology and Laser Medicine Board,
  *Persatuan Dermatologi Malaysia*

Secretariat for Chapter 3
- College of Surgeons, Academy of Medicine Malaysia / Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons (CSAMM/MAPACS) Joint Committee for Aesthetic Medical/Surgical Practice

7.2 The functions of the four secretariats are as below:

7.2.1 To maintain the database of the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice

7.2.2 To coordinate the process of registration of credentialed medical practitioners

7.2.3 To verify the information provided for the purpose of credentialing and privileging process

7.2.4 To assist the Main Credentialing and Privileging Committee of Aesthetic Medical Practice in matters pertaining to the applications for LCP by foreign medical practitioners for the purpose of training only

7.2.5 To assist the Main Credentialing and Privileging Committee of Aesthetic Medical Practice in matters pertaining to appeal by applicants

7.2.6 To ensure that the LCP is issued to every successful applicant

7.2.7 To track and monitor the credentialing and privileging process

7.2.8 To prepare reports when required
8.0 PROCESS OF REGISTRATION FOR REGISTERED MEDICAL PRACTITIONERS PRACTISING AESTHETIC MEDICAL PRACTICE

Submission of application by registered medical practitioners

Secretariat for General Practitioners (Chapter 1)

Secretariat for Medical Specialists (Chapter 2)

Secretariat for Surgical Specialists (Chapter 3)

Compilation & Verification

Main Credentialing and Privileging Committee of Aesthetic Medical Practice

Credentialing & Privileging by Cosmetic Dermatology & Laser Medicine Board, Persatuan Dermatologi Malaysia

Credentialing & Privileging by CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice

Issuance of Letter of Credentialing and Privileging by the Medical Practice Division, Ministry of Health Malaysia upon recommendations by the Main Credentialing and Privileging Committee of Aesthetic Medical Practice

- Note: Secretariat Chapter 1 acts as secretariat for General Practitioners only. Non-members can apply.
9.0 APPEAL MECHANISM

9.1 The appeal mechanism allows for review of decisions deemed unfavourable by the applicant. An appeal committee will be appointed by the Main Credentialing and Privileging Committee of Aesthetic Medical Practice.

9.2 The process for appeal is as below:

- Appeal by registered medical practitioner
- Submission to Secretariat of Aesthetic Medical Practice, Medical Practice Division, Ministry of Health Malaysia
- Appeal forwarded to the Main Credentialing and Privileging Committee of Aesthetic Medical Practice
- Appointment of the Appeal Committee
- Decision by the Appeal Committee
- Secretariat of relevant chapters to inform applicant on the decision

9.3 The Main Credentialing and Privileging Committee of Aesthetic Medical Practice has the right to review the decision made by the relevant chapters in situations of complaints made by applicants or irregularities in the issuance of the LCP.

9.4 The relevant chapters may appeal to the Director General of Health, Malaysia in case of any discrepancies.
10.0 APPLICATION PROCESS FOR FOREIGN MEDICAL PRACTITIONERS (FOR HANDS-ON TRAINING ONLY)

10.1 The application process is as below:

10.2 For the purpose of these guidelines, the above application process is applicable to all medical practitioners who are registered outside Malaysia.

10.3 Temporary LCP may be issued to a foreign medical practitioner involved in hands-on training of aesthetic medical procedures, for the purpose of issuance of Temporary Practising Certificate by the Malaysian Medical Council. The temporary LCP is for a limited duration of not more than 3 months, upon the recommendation of the relevant chapters.

10.4 The local sponsor of a foreign medical practitioner shall be responsible for ensuring the credibility and professional conduct of the applicant for this duration.

10.5 A foreign medical practitioner who wishes to come as a trainee is required to apply for a Temporary Practising Certificate with the Malaysian Medical Council.
11.0 COMPLAINTS

Complaints lodged by members of the public on aesthetic medical procedures carried out by a registered medical practitioner, and its outcome, may lead to an inquiry by the Malaysian Medical Council or other relevant units in the Ministry of Health Malaysia (MOH). The Council or MOH after due inquiry, may recommend to the Main Credentialing and Privileging Committee of Aesthetic Medical Practice for review of the Letter of Credentialing and Privileging, and possible removal from the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice.
CHAPTER 1

GUIDELINES ON AESTHETIC MEDICAL PRACTICE

FOR GENERAL PRACTITIONERS
AESTHETIC MEDICAL PRACTICE GUIDELINES
FOR GENERAL PRACTITIONERS

1.0 PREREQUISITES FOR GENERAL PRACTITIONERS PRACTISING AESTHETIC MEDICAL PRACTICE

1.1 A medical practitioner who intends to practise aesthetic medical practice must be fully registered with the Malaysian Medical Council.

1.2 He/she must possess a current and valid Annual Practising Certificate.

1.3 He/she is required to have:

   a) full registration;
   b) minimum of three (3) years of clinical experience as a medical officer (or equivalent) after full registration, and subsequently;
   c) completed three (3) years of relevant training in aesthetic medical practice under supervision/attachment and practising as a general practitioner.

1.4 He/she is free from any disciplinary actions.

1.5 He/she must exercise strict patient selection criteria, must communicate to the potential patient the risks involved, the possible outcome, obtain valid consent for the aesthetic medical procedure planned, and generally observe all aspects of the Code of Professional Conduct of the Malaysian Medical Council.

1.6 He/she must place patient safety as the primary concern and should provide aesthetic medical services in a healthcare facility licensed or registered under the Private Healthcare Facilities and Services Act 1998 and Private Healthcare Facilities and Services (Private Hospitals and Other Private Healthcare Facilities, Private Medical Clinics or Private Dental Clinics) Regulations 2006.

1.7 He/she is required to have a Letter of Credentialing and Privileging (LCP) for the aesthetic procedure(s) which he/she intends to perform. The LCP shall be issued by the Medical Practice Division, Ministry of Health Malaysia upon recommendation by the Main Credentialing and Privileging Committee of Aesthetic Medical Practice.

1.8 With the LCP, he/she is eligible for registration with the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice which shall be maintained by the Medical Practice Division, Ministry of Health Malaysia.
2.0 SCOPE OF PRACTICE

2.1 The basic consideration for the scope of practice in aesthetic medical practice by general practitioners is the minimum level of competence required (refer Table 1).

2.2 General practitioners are only allowed to perform non-invasive and minimally invasive procedures. The non-invasive and minimally invasive aesthetic medical procedures are as listed below:

(a) **Non-invasive:**

Superficial chemical peels  
Microdermabrasion  
Intense pulsed light

(b) **Minimally invasive:**

Chemical peel (Medium depth)  
Botulinum toxin injection  
Filler injection - excluding silicone and fat  
Skin tightening procedures-up to upper dermis (radiofrequency, infrared, ultrasound and other devices)  
Superficial sclerotherapy  
Lasers for treating skin pigmentation  
Lasers for treating benign skin lesions  
Lasers for skin rejuvenation (including non ablative)  
Lasers for hair removal

2.3 As medical science advances, any other aesthetic medical procedures in the future that fulfill the criteria of non-invasive and minimally invasive may be added to the list upon approval by the Main Credentialing and Privileging Committee of Aesthetic Medical Practice.
Table 1. Scope of Practice and Requirements for General Practitioners

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>LEVEL OF COMPETENCE REQUIRED</th>
<th>PREMISES</th>
<th>REQUISITE NO. OF PROCEDURES PERFORMED</th>
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<tbody>
<tr>
<td><strong>NON INVASIVE</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chemical peel (Superficial)</td>
<td>MBBS/MD &amp; COT</td>
<td>Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Microdermabrasion</td>
<td>MBBS/MD &amp; COT</td>
<td>Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Intense pulse light (IPL)</td>
<td>MBBS/MD &amp; COT</td>
<td>Clinic</td>
<td>20</td>
</tr>
<tr>
<td><strong>MINIMALLY INVASIVE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical peel (Medium depth)</td>
<td>MBBS/MD &amp; COT</td>
<td>Clinic</td>
<td>25</td>
</tr>
<tr>
<td>Botulinum toxin injection</td>
<td>MBBS/MD &amp; COT</td>
<td>Clinic</td>
<td>25</td>
</tr>
<tr>
<td>Filler injection – excluding silicone and fat</td>
<td>MBBS/MD &amp; COT</td>
<td>Clinic</td>
<td>25</td>
</tr>
<tr>
<td>Superficial Sclerotherapy</td>
<td>MBBS/MD &amp; COT</td>
<td>Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Lasers for treating skin pigmentation</td>
<td>MBBS/MD &amp; COT</td>
<td>Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Lasers for skin rejuvenation (including fractional ablative)</td>
<td>MBBS/MD &amp; COT</td>
<td>Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Lasers for Hair Removal (e.g. long pulsed Nd:YAG, Diode)</td>
<td>MBBS/MD &amp; COT</td>
<td>Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Skin tightening procedures-radiofrequency, ultrasound, infrared up to upper dermis</td>
<td>MBBS/MD &amp; COT</td>
<td>Clinic</td>
<td>20</td>
</tr>
</tbody>
</table>

**Note:**

i. As a general principle, procedures requiring local anesthesia and sterile conditions must be performed in a clinic that is appropriately and adequately equipped and staffed

ii. This list is subject to review whenever there is new evidence-based treatment available

iii. COT : Certificate of Training for Aesthetic Medical Practice Course or equivalent
3.0 TRAINING MODULES

A Training Subcommittee of Aesthetic Medical Practice, appointed by the Main Credentialing and Privileging Committee of Aesthetic Medical Practice, looks into matters pertaining to the training and course modules. General practitioners who wish to embark on aesthetic medical practice as a new area of practice are required to undergo training as prescribed in 3.1. For medical practitioners who are already practising aesthetic medical practice, the Main Credentialing and Privileging Committee of Aesthetic Medical Practice and the Secretariat Chapter 1 will decide if further training is needed, in part or in total.

3.1 Aesthetic Medical Practice Course

This course comprises of:
(I) Introductory Module to Aesthetic Medical Practice
(II) Aesthetic Medical Practice Modules (Modules I-VI)

3.1.1 Introductory Module to Aesthetic Medical Practice

The Introductory Module is a comprehensive introduction to the understanding of the basic sciences, ethics, safety and medico-legal issues related to Aesthetic Medical Practice. It provides fundamental knowledge and is a prerequisite for the subsequent Aesthetic Medical Practice Modules.

Upon completion of the Introductory Module, a candidate will be assessed and a Certificate of Completion for the Introductory Module will be awarded to the successful candidate.

3.1.2 Aesthetic Medical Practice Modules

These modules cater to the working medical practitioner who is unable to attend full-time classroom courses and clinics due to work commitment. These six modules include Chemical Peel, Lasers, Intense Pulse Light, Skin tightening procedures, Botulinum toxin injection, Registered Filler injection. Each module will be conducted over a minimum duration of 2 weeks to 2 months.

Upon completion of each module (I-VI), a Certificate of Training (COT) will be issued to the successful candidate.

4.0 LETTER OF CREDENTIALING AND PRIVILEGING (LCP)

A Letter of Credentialing and Privileging (LCP) will be awarded by the Medical Practice Division upon recommendation by the Main Credentialing & Privileging Committee of Aesthetic Medical Practice to the candidate who has successfully completed the required training and/or assessment.
5.0 PROCESS OF REGISTRATION

5.1 A general practitioner who intends to practise aesthetic medical practice is required to apply through the Secretariat Chapter 1.

5.2 The Secretariat Chapter 1 shall verify and compile the related documents of general practitioners intending to practise aesthetic procedures.

5.3 The Secretariat Chapter 1 will then forward the related documents to the Main Credentialing and Privileging Committee of Aesthetic Medical Practice through the Medical Practice Division, Ministry of Health Malaysia.

5.4 The Medical Practice Division, Ministry of Health Malaysia will issue the Letter of Credentialing and Privileging (LCP) to the successful applicant upon recommendations by the Main Credentialing and Privileging Committee of Aesthetic Medical Practice.

5.5 A Letter of Credentialing and Privileging is valid for 3 years and is renewable upon endorsement by the Main Credentialing and Privileging Committee of Aesthetic Medical Practice.

5.6 With the LCP, the medical practitioner’s name will be listed in the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice.

5.7 The Main Credentialing and Privileging Committee of Aesthetic Medical Practice may conduct a review of the privilege given if there is a complaint or evidence of unsafe practice or professional misconduct. This committee may recommend to the Medical Practice Division, Ministry of Health Malaysia for removal of his/her name from the National Registry.

6.0 THE CREDENTIALING AND PRIVILEGING COMMITTEE

The Main Credentialing and Privileging Committee of Aesthetic Medical Practice will be the committee responsible for the credentialing of general practitioners.
7.0 THE SECRETARIAT FOR GENERAL PRACTITIONERS

Secretariat Chapter 1
C/O No. 12, Lorong Maarof, Bangsar,
59000 Kuala Lumpur.

Email : jtcmmchapt1@gmail.com
Tel : 03-22831212
Fax : 03-22831001
CHAPTER 2

GUIDELINES ON AESTHETIC MEDICAL PRACTICE

FOR MEDICAL SPECIALISTS
AESTHETIC MEDICAL PRACTICE GUIDELINES
FOR MEDICAL SPECIALISTS

1.0 PREREQUISITES FOR MEDICAL SPECIALISTS PRACTISING AESTHETIC MEDICAL PRACTICE

1.1 A medical practitioner who intends to practise aesthetic medical practice must be fully registered with the Malaysian Medical Council.

1.2 He/she must possess a current and valid Annual Practising Certificate.

1.3 He/she is required to possess a higher qualification in dermatology with full dermatological training; or alternatively, must be registered with the National Specialist Register in a medical related field in order to be regarded as a Medical Specialist.

1.4 He/she must possess experience through recognised practical training courses conducted by bona-fide professional bodies specialising in aesthetic medical practice.

1.5 He/she must exercise strict patient selection criteria, must communicate to the potential patient the risks involved, the possible outcome, obtain valid consent for the aesthetic medical procedure planned, and generally observe all aspects of the Code of Professional Conduct of the Malaysian Medical Council.

1.6 He/she must place patient safety as the primary concern and should provide aesthetic medical services in a healthcare facility licensed or registered under the Private Healthcare Facilities and Services Act 1998 and Private Healthcare Facilities and Services (Private Hospitals and Other Private Healthcare Facilities, Private Medical Clinics or Private Dental Clinics) Regulations 2006.

1.7 He/she is required to obtain a Letter of Credentialing and Privileging (LCP) for the aesthetic medical procedure(s) which he/she intends to perform. The LCP shall be issued by the Medical Practice Division, Ministry of Health Malaysia upon recommendation by the Cosmetic Dermatology and Laser Medicine (CDLM) Board under Persatuan Dermatologi Malaysia.

1.8 With the LCP, he/she is eligible to register with the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice which shall be maintained by the Medical Practice Division, Ministry of Health Malaysia.
2.0 SCOPE OF PRACTICE

The basic consideration for the scope of practice in aesthetic medical practice by medical specialists is whether they are core medical specialists or non-core medical specialists (refer Table 2).

2.1 Core Medical Specialists
This consists of dermatologists performing aesthetic medical procedures within their core curriculum and core competency.

*Persatuan Dermatologi Malaysia* will submit a list of their specialists to the CDLM Board for inclusion in the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice.

Specialists may also apply directly to the CDLM Board.

2.2 Non-Core Medical Specialists
This refers to medical specialists whose routine areas of practice are completely unrelated to dermatology e.g. anaesthetists, pathologists, radiologists etc.

These specialists may be subject to similar requirements for credentialing and privileging of a general practitioner practising aesthetic medical practice.

If possible they are encouraged to inform their own professional bodies before applying to the CDLM Board; alternatively they may apply directly to the Board with the necessary documentations.
### Table 2. Scope of practice and Requirements for Medical Specialists

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>CORE SPECIALISTS</th>
<th>NON-CORE SPECIALISTS</th>
<th>PREMISES</th>
<th>REQUISITE NO. OF PROCEDURES PERFORMED FOR NON-CORE SPECIALISTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NON INVASIVE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical peel (superficial)</td>
<td>Dermatologists</td>
<td>Case by case basis</td>
<td>Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Microdermabrasion</td>
<td>Dermatologists</td>
<td>Case by case basis</td>
<td>Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Intense pulse light (IPL)</td>
<td>Dermatologists</td>
<td>Case by case basis</td>
<td>Clinic</td>
<td>20</td>
</tr>
<tr>
<td><strong>MINIMALLY INVASIVE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical peel (medium depth)</td>
<td>Dermatologists</td>
<td>Case by case basis</td>
<td>Clinic</td>
<td>25</td>
</tr>
<tr>
<td>Botulinum toxin injection</td>
<td>Dermatologists</td>
<td>Case by case basis</td>
<td>Clinic</td>
<td>25</td>
</tr>
<tr>
<td>Filler injection – excluding silicone and fat</td>
<td>Dermatologists</td>
<td>Case by case basis</td>
<td>Clinic</td>
<td>25</td>
</tr>
<tr>
<td>Superficial Sclerotherapy</td>
<td>Dermatologists</td>
<td>Case by case basis</td>
<td>**OT/ Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Lasers for treating skin pigmentation</td>
<td>Dermatologists</td>
<td>Case by case basis</td>
<td>OT/ Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Lasers for skin rejuvenation (including fractional ablative)</td>
<td>Dermatologists</td>
<td>Case by case basis</td>
<td>Clinic</td>
<td>20</td>
</tr>
<tr>
<td>Lasers for hair removal (e.g long-pulsed Nd:YAG, Diode)</td>
<td>Dermatologists</td>
<td>Case by case basis</td>
<td>Clinic</td>
<td>20</td>
</tr>
<tr>
<td>PROCEDURES</td>
<td>CORE SPECIALISTS</td>
<td>NON-CORE SPECIALISTS</td>
<td>PREMISES</td>
<td>REQUISITE NO. OF PROCEDURES PERFORMED FOR NON-CORE SPECIALISTS</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------------------</td>
<td>----------------------</td>
<td>------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Skin tightening procedures—radiofrequency, ultrasound, infrared up to upper dermis</td>
<td>Dermatologists</td>
<td>Case by case basis</td>
<td>Clinic</td>
<td>20</td>
</tr>
</tbody>
</table>

**INVASIVE**

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>CORE SPECIALISTS</th>
<th>NON-CORE SPECIALISTS</th>
<th>PREMISES</th>
<th>REQUISITE NO. OF PROCEDURES PERFORMED FOR NON-CORE SPECIALISTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laser for treating vascular lesions</td>
<td>Dermatologists</td>
<td>*NA</td>
<td>OT/ Clinic</td>
<td>NA</td>
</tr>
<tr>
<td>Chemical peels (Deep)</td>
<td>Dermatologists</td>
<td>NA</td>
<td>OT/Clinic</td>
<td>NA</td>
</tr>
<tr>
<td>Ablative skin resurfacing lasers</td>
<td>Dermatologists</td>
<td>NA</td>
<td>OT/ Clinic</td>
<td>NA</td>
</tr>
<tr>
<td>Hair transplant</td>
<td>Dermatologists</td>
<td>NA</td>
<td>OT</td>
<td>NA</td>
</tr>
<tr>
<td>Phlebectomy</td>
<td>Dermatologists</td>
<td>NA</td>
<td>OT/Clinic</td>
<td>NA</td>
</tr>
<tr>
<td>Ultrasound device</td>
<td>Dermatologists</td>
<td>NA</td>
<td>OT/Clinic</td>
<td>NA</td>
</tr>
<tr>
<td>Tumescent liposuction</td>
<td>Dermatologists</td>
<td>NA</td>
<td>OT/ Clinic</td>
<td>NA</td>
</tr>
</tbody>
</table>

Note:
This list is subject to review whenever there is new evidence–based treatment available.
*NA = Not applicable **OT = Operation theatre
3.0 PROCESS OF REGISTRATION

3.1 A medical specialist who intends to practise aesthetic medical practice is required to apply to the Cosmetic Dermatology and Laser Medicine (CDLM) Board of Persatuan Dermatologi Malaysia.

3.2 The CDLM Board shall assess the medical specialist who intends to practice aesthetic medical practice.

3.3 The Medical Practice Division, Ministry of Health Malaysia will issue a Letter of Credentialing and Privileging (LCP) to the successful candidate upon recommendation by the CDLM Board, specifying the core specialty, aesthetic procedure(s) approved, and the period of validity. The LCP is valid for 5 years and renewable upon endorsement by the CDLM Board.

3.4 A medical specialist who obtains the LCP is eligible to be included in the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice.

4.0 THE CREDENTIALING AND PRIVILEGING COMMITTEE

The Cosmetic Dermatology and Laser Medicine (CDLM) Board of Persatuan Dermatologi Malaysia will be the credentialing and privileging committee for the medical specialists.

5.0 THE SECRETARIAT FOR MEDICAL SPECIALISTS

Cosmetic Dermatology and Laser Medicine Board (Dermatological Society of Malaysia), Academy of Medicine, G-1, Medical Academies of Malaysia, 210 Jalan Tun Razak, 50400 Kuala Lumpur.

Email : info@dermatology.org.my
Tel : 03-26155251
Fax : 03-26985927
CHAPTER 3

GUIDELINES ON AESTHETIC MEDICAL PRACTICE

FOR SURGICAL SPECIALISTS
1.0 PREREQUISITES FOR SURGICAL SPECIALISTS PRACTISING AESTHETIC MEDICAL PRACTICE

1.1 A medical practitioner who intends to practise aesthetic medical practice must be registered with the Malaysian Medical Council and has a current and valid Annual Practising Certificate.

1.2 He/she must have adequate training and practical experience at recognised centre(s) or institution.

1.3 He/she must place patient safety as the primary concern, and provide aesthetic medical practice in an approved healthcare facility, in accordance with existing laws and regulations.

1.4 He/she is required to have a higher qualification in surgery; or alternatively, is registered with the National Specialist Register in a surgical discipline in order to be regarded as a surgical specialist.

1.5 A Surgical Specialist may perform aesthetic/cosmetic surgery in a clinic with Minor Surgery Room (MSR) or, Operation Theatre (OT) at an “Ambulatory Care Centre” (ACC) or “Hospital”.

a) Aesthetic surgery can be performed under local anaesthesia in a clinic with a minor surgery room with the following features:

Minor surgery room (MSR) means a clean room which is located at, or annexed to, a clinic premise, and dedicated for outpatient surgery carried out under local anaesthesia; with provisions for adequate lighting, suction apparatus, diathermy and basic patient monitoring and resuscitation equipment. Invasive procedures such as eyelid surgery, augmentation rhinoplasty, mini lifts and ablative laser treatments can be carried out in minor surgery room.”

b) All procedures under general or spinal anaesthesia are to be performed in an Operation Theatre (OT) located at an “Ambulatory Care Centre” or “Hospital”.

1.6 He/she is required to apply to the College of Surgeons, Academy of Medicine Malaysia and Malaysian Association of Plastic, Aesthetic & Craniomaxillofacial Surgeons (CSAMM-MAPACS) Joint Committee for Aesthetic Medical/Surgical Practice, for the Letter of Credentialing and Privileging.
1.7 The Medical Practice Division, Ministry of Health Malaysia will issue a Letter of Credentialing and Privileging (LCP) to the successful candidate upon recommendation by the CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice and his/her name will be included in the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice.

2.0 SCOPE OF PRACTICE

2.1 The scope of practice for surgical specialists performing aesthetic medical practice is based on the following criteria:

a) Whether they are core or non-core surgical specialists; and
b) Whether they have fulfilled the requirements which are procedure-specific.

2.2 Core Surgical Specialists
Surgical specialists who perform aesthetic/cosmetic surgery within their core curriculum and core competency. Plastic surgeons are in this group.

2.3 Non-Core Surgical Specialists
Surgical specialists who perform aesthetic/cosmetic surgery outside their core curriculum and core competency. Based on their usual domain of practice, they are classified as non-core (I) and non-core (II).

   a) Non-core (I)
   This group will include specialists whose routine anatomical area of practice may present opportunities for them to do aesthetic surgery (for example ENT Surgeon doing cosmetic nose surgery, Breast Surgeon doing cosmetic breast surgery). However, additional training in the particular aesthetic surgical procedure will be required over and above their core training in their core specialty.

   b) Non-core (II)
   This will consist of the group whose routine areas of practice are completely unrelated to any form of aesthetic medical practice; for example, cardiac surgeons, neurosurgeons and orthopaedic surgeons.
<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>PREMISE MSR/OT</th>
<th>CORE</th>
<th>NON CORE Non core (I)</th>
<th>NON CORE Non core (II)</th>
<th>Requisite No. of Procedures Performed***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominoplasty</td>
<td>*OT</td>
<td>Plastic Surgeon</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Blepharoplasty - Upper eyelid</td>
<td>**MSR/OT</td>
<td>Plastic Surgeon</td>
<td>Ophthalmologist</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Lower Eyelid</td>
<td></td>
<td></td>
<td>(oculoplastic)</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Breast Implant</td>
<td>OT</td>
<td>Plastic Surgeon</td>
<td>Breast Surgeon</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Breast enhancement (other than implant )</td>
<td>MSR/OT</td>
<td>Plastic Surgeon</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Breast reduction</td>
<td>OT</td>
<td>Plastic Surgeon</td>
<td>Breast Surgeon</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Brow lift</td>
<td>MSR/OT</td>
<td>Plastic Surgeon</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Fat grafting</td>
<td>MSR/OT</td>
<td>Plastic Surgeon</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Hair transplant</td>
<td>MSR/OT</td>
<td>Plastic Surgeon</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Implant - Face</td>
<td>MSR/OT</td>
<td>Plastic Surgeon</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Implant - Nose</td>
<td>MSR/OT</td>
<td>Plastic Surgeon</td>
<td>ENT</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Lasers, Ablative (including fractional &amp; resurfacing)</td>
<td>MSR/OT</td>
<td>Plastic Surgeon</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Procedure</td>
<td>MSR/OT</td>
<td>Plastic Surgeon</td>
<td>ENT</td>
<td>case</td>
<td>basis</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------</td>
<td>-----------------</td>
<td>-----</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>Liposuction ( LA &amp; &lt; 1 litre aspirate)</td>
<td>OT</td>
<td>Plastic Surgeon</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Liposuction ( GA / &gt;1 litre )</td>
<td></td>
<td>Plastic Surgeon</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Rhinoplasty</td>
<td>MSR/OT</td>
<td>Plastic Surgeon</td>
<td>ENT</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Rhytidectomy/Facelift</td>
<td>OT</td>
<td>Plastic Surgeon</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Mini Lift</td>
<td>MSR/OT</td>
<td>Plastic Surgeon</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Thread lift</td>
<td>MSR/OT</td>
<td>Plastic Surgeon</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Phlebectomy</td>
<td>MSR/OT</td>
<td>Plastic/ Vascular/ General Surgeon</td>
<td></td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Note:
This list is subject to review whenever there is new evidence–based treatment available.

*OT Operation Theatre
**MSR Minor Surgery Room
*** Minimum of 5 cases performed under direct supervision with endorsement by a specialist approved by CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice.
### Table 3B. Scope of practice and Requirements for Surgical Specialists: Non-Surgical Modalities

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>PREMISE</th>
<th>CORE</th>
<th>NON CORE (I) or (II)</th>
<th>Requisite No. of Procedures Performed *</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NON INVASIVE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical peel (superficial)</td>
<td>Clinic</td>
<td>Plastic surgeon</td>
<td>Case by case</td>
<td>20</td>
</tr>
<tr>
<td>Microdermabrasion</td>
<td>Clinic</td>
<td>Plastic surgeon</td>
<td>Case by case</td>
<td>20</td>
</tr>
<tr>
<td>Intense pulse light (IPL)</td>
<td>Clinic</td>
<td>Plastic surgeon</td>
<td>Case by case</td>
<td>20</td>
</tr>
<tr>
<td><strong>MINIMALLY INVASIVE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemical peel (medium depth)</td>
<td>Clinic</td>
<td>Plastic surgeon</td>
<td>Case by case</td>
<td>20</td>
</tr>
<tr>
<td>Botulinum toxin injection</td>
<td>Clinic</td>
<td>Plastic surgeon</td>
<td>Case by case</td>
<td>20</td>
</tr>
<tr>
<td>Filler injection – excluding silicone and fat</td>
<td>Clinic</td>
<td>Plastic surgeon</td>
<td>Case by case</td>
<td>20</td>
</tr>
<tr>
<td>Superficial Sclerotherapy</td>
<td>Clinic</td>
<td>Plastic /Vascular / General Surgeon</td>
<td>Case by case</td>
<td>20</td>
</tr>
<tr>
<td>Lasers for treating skin pigmentation</td>
<td>Clinic</td>
<td>Plastic surgeon</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Lasers for skin rejuvenation (including fractional ablative)</td>
<td>Clinic</td>
<td>Plastic surgeon</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Lasers for hair removal (e.g long-pulsed Nd:YAG, Diode)</td>
<td>Clinic</td>
<td>Plastic surgeon</td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>
Skin tightening procedures – radio frequency, ultrasound, infrared up to deep dermis | Clinic | Plastic surgeon | 20

### PROCEDURES | PREMISE | CORE | NON CORE  
|--------------|--------|------|--------------------------
| **INVASIVE** |        |      | **Requisite No. of Procedures Performed** * |
| Lasers for treating vascular lesions | Clinic | Vascular surgeon Plastic surgeon | Case by | 20
| Chemical peels (deep) | Clinic | Plastic surgeon | case | 20
| Radiofrequency (external application) | Clinic | Plastic surgeon | basis | 20
| Ultrasound device (external application) | Clinic | Plastic surgeon | **NON CORE** (I) or (II) | 20

Note:

This list is subject to review whenever there is new evidence–based treatment available.

* Minimum of 10 cases under direct supervision with endorsement by a specialist(s) approved by CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice.
3.0 PROCESS OF REGISTRATION

3.1 The applicant shall provide evidence that he/she has undergone satisfactory training and assessment by recognised/bona fide professional body or centre.

3.2 A surgical specialist who intends to practise aesthetic medical practice is required to apply to CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice through one of the following pathways:

a) **Core surgical specialist**
MAPACS will submit a list of their members to CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice for issuance of LCP by Medical Practice Division, Ministry of Health Malaysia. A plastic surgeon may also apply directly to CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice.

b) **Non-core (I) surgical specialist**
A non-core (I) surgical specialist requires a documented approval by his/her own professional body to support his/her application to practise aesthetic/cosmetic surgical procedure within his/her routine anatomical areas of practice. Alternatively, he/she may apply directly to the CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice together with the supporting documents. If this category of specialists wish to perform aesthetic surgical procedures outside their routine anatomical areas of practice (e.g. ENT surgeons wishing to perform breast augmentation), they will be subject to the requirements of non-core (II) surgical specialists. Separate application for each procedure is required.

c) **Non-core (II) surgical specialist**
This specialist practises outside his/her normal areas and will require much more intensive procedure-specific training compared to non-core (I) surgical specialist. If possible he/she should be sanctioned by his/her own professional peers before applying to the CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice. Alternatively, he/she may apply directly to the CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice together with the supporting documents. Separate application for each procedure is required.

3.3 CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice will evaluate the credentials of a surgical specialist who applies for LCP.
3.4 The Medical Practice Division, Ministry of Health Malaysia will issue a LCP to each successful candidate upon recommendations by CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice, stating his/her surgical specialty, aesthetic surgical procedure(s) approved, and the period of validity. LCP is valid for 5 years and renewable upon endorsement by the Joint Committee.

3.5 A surgical specialist who obtains the LCP is eligible to be included in the National Registry of Registered Medical Practitioners Practising Aesthetic Medical Practice.

4.0 THE CREDENTIALING AND PRIVILEGING COMMITTEE

The CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice will be the credentialing and privileging committee for the surgical specialists.

5.0 THE SECRETARIAT FOR SURGICAL SPECIALISTS

CSAMM-MAPACS Joint Committee for Aesthetic Medical/Surgical Practice,
G-1 Medical Academies of Malaysia,
210 Jalan Tun Razak,
50400 Kuala Lumpur.

Email : acadmed@po.jaring.my
Tel : 03-40234700/40254700/40253700
Fax : 03-40238100
APPENDICES
THE MALAYSIAN MEDICAL COUNCIL GUIDELINES ON AESTHETIC MEDICAL PRACTICE

Kindly refer to the Guidelines on Aesthetic Medical Practice by the Malaysian Medical Council

NATIONAL COMMITTEE OF AESTHETIC MEDICAL PRACTICE

Chairperson : YBhg. Datuk Dr. Noor Hisham Abdullah
Director General of Health Malaysia

Members : YBhg. Datuk Dr. Roshidah Baba
National Head of Dermatology Service
Ministry of Health Malaysia

Dr. Ahmad Razid Salleh
Director
Medical Practice Division
Ministry of Health Malaysia

Dr. Zabedah Baharudin
Deputy Director
Medical Practice Division
Ministry of Health Malaysia

Tuan Mohd Fazin Mahmud
Legal Advisor
Ministry of Health Malaysia

YBhg. Dato’ Dr. Lim Lay Hooi
National Head of Plastic & Reconstructive Surgery Service
Ministry of Health Malaysia

YBhg. Dato’ Dr. Abdul Hamid Abdul Kadir
Member
Malaysian Medical Council

YBhg. Dato’ Sri Dr. Abu Hassan Asaari Abdullah
Member
Malaysian Medical Council

Dr. Peter Wong Toh Lee
Consultant Plastic & Reconstructive Surgeon
Senior Vice President
College of Surgeons
Academy of Medicine Malaysia

Dr. Noor Zalmy Azizan
Consultant Dermatologist
Hospital Kuala Lumpur
Ministry of Health Malaysia

Dr. Najeeb Ahmad Mohd Safdar
President
Persatuan Dermatologi Malaysia

YBhg. Dato’ Dr. M. Subramaniam
Past President
Malaysian Association of Plastic, Aesthetic and Craniomaxillofacial Surgeons (MAPACS)

Dr. Ungku Mohd Shahrin Ungku Mohd Zaman
Chairman of Aesthetic Medical Practice
Society of Anti-Aging, Aesthetic and Regenerative Medicine Malaysia (SAAARMM)

Dr. Louis Leh Swee Koch
President
Malaysian Society of Aesthetic Medicine (MSAM)

YBhg. Dato’ Dr. Koh Boon Cheng
President
The Academy of Family Physicians of Malaysia

Dr. Afidah Ali
Deputy Director
Private Medical Practice Control Section
Medical Practice Division
Ministry of Health Malaysia

Secretariat:

Dr. Mazhar Mohd Su’ud
Senior Principal Assistant Director
Medical Practice Division
Ministry of Health Malaysia

Dr. Shahila Amran
Principle Assistant Director
Medical Practice Division
Ministry of Health Malaysia

Miss Nurul Syuhada Baharudin
Research Officer
Medical Practice Division
Ministry of Health Malaysia

Puan Siti Saharini Tumiran
Administrative Assistant
Medical Practice Division
Ministry of Health Malaysia
MAIN CREDENTIALING AND PRIVILEGING COMMITTEE FOR AESTHETIC MEDICAL PRACTICE

Chairperson : YBhg. Datuk Dr. Roshidah Baba  
National Head of Dermatology Service  
Ministry of Health Malaysia

Members : YBhg. Dato’ Dr. Lim Lay Hooi  
National Head of Plastic & Reconstructive Surgery Service  
Ministry of Health Malaysia

Dr. Ahmad Razid Salleh  
Director  
Medical Practice Division  
Ministry of Health Malaysia

Dr. Zabedah Baharudin  
Deputy Director  
Medical Practice Division  
Ministry of Health Malaysia

YBhg. Dato’ Dr. Abdul Hamid Abdul Kadir  
Council Member  
Malaysian Medical Council

YBhg. Dato’ Prof. Dr. Yip Cheng Har  
Consultant Plastic & Reconstructive Surgeon  
President  
College of Surgeons  
Academy of Medicine Malaysia

Dr. Peter Wong Toh Lee  
Consultant Plastic & Reconstructive Surgeon  
Senior Vice President  
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