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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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Special Acknowledgements

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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 credentialed 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
- Joint Secretariat of MSAM/SAAARMM

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

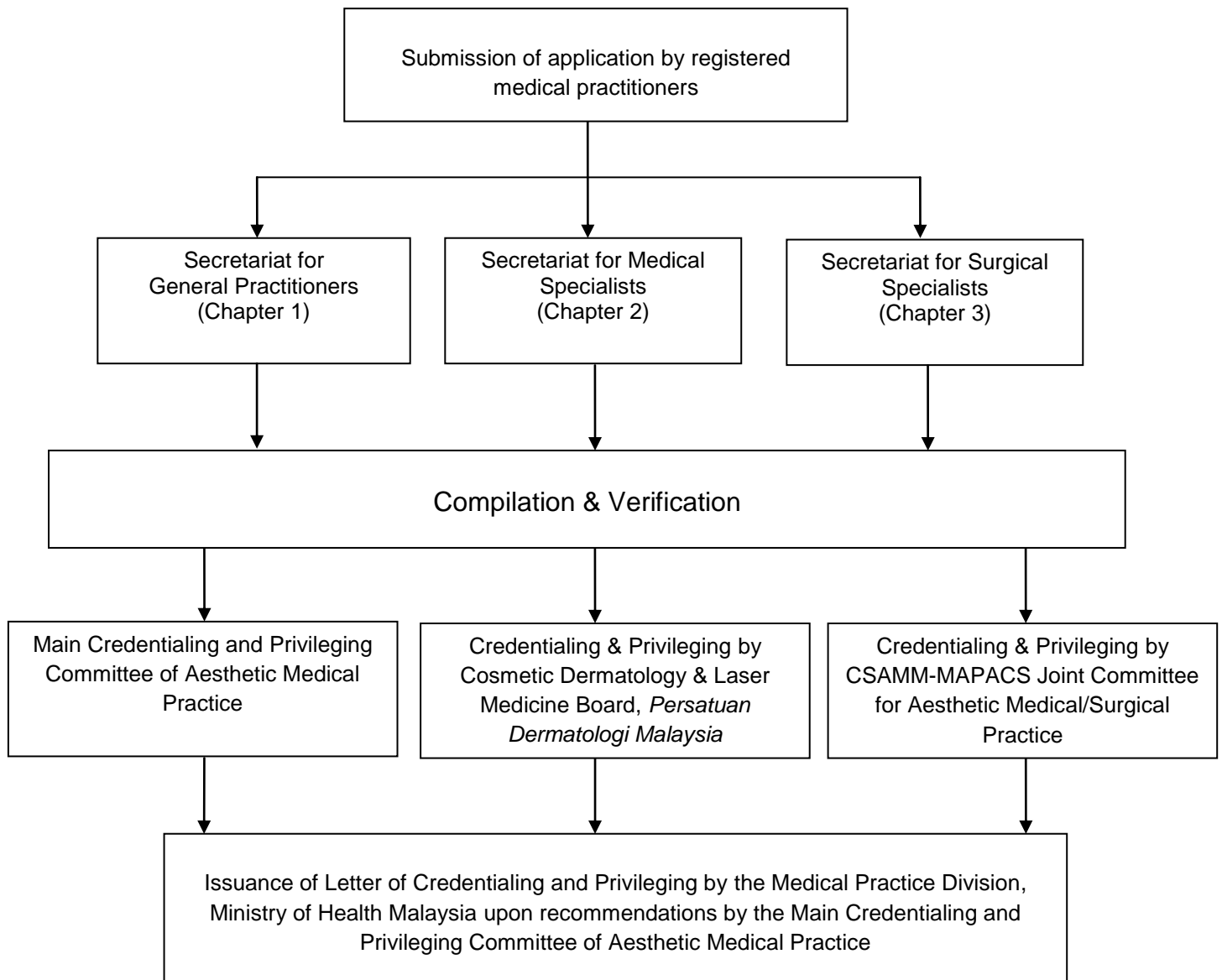
7.2.5 To assist the Main Credentialing and Privileging Committee of Aesthetic Medical Practice in matters pertaining to appeal by applicants

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

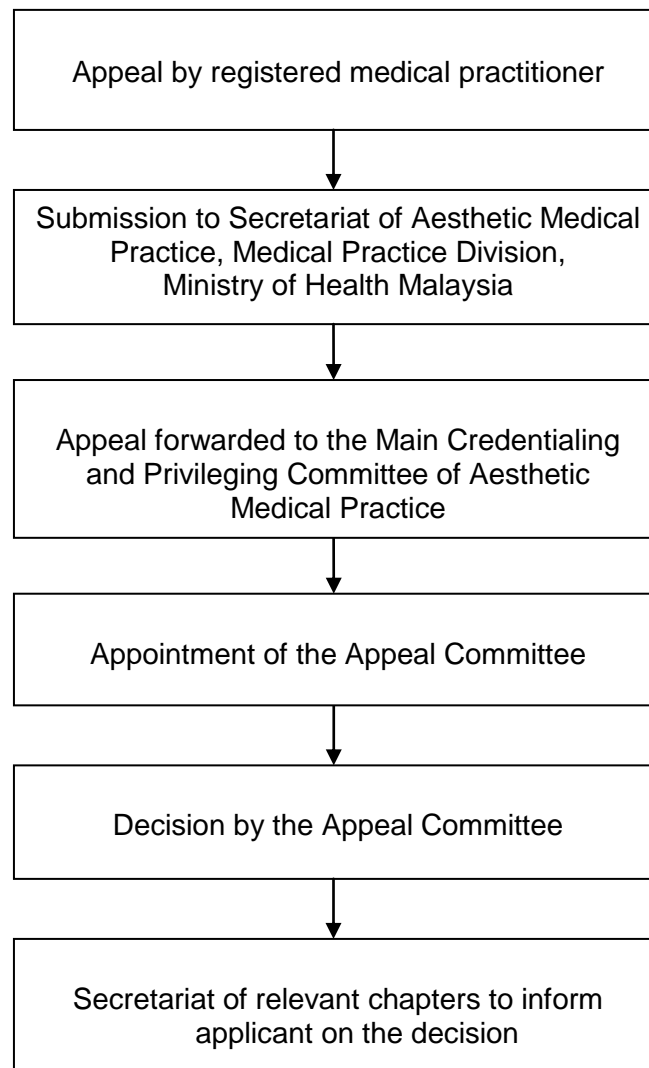


- Note: Joint Secretariat of MSAM/SAAARMM acts as secretariat for General Practitioners only. Non-members can apply.

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:

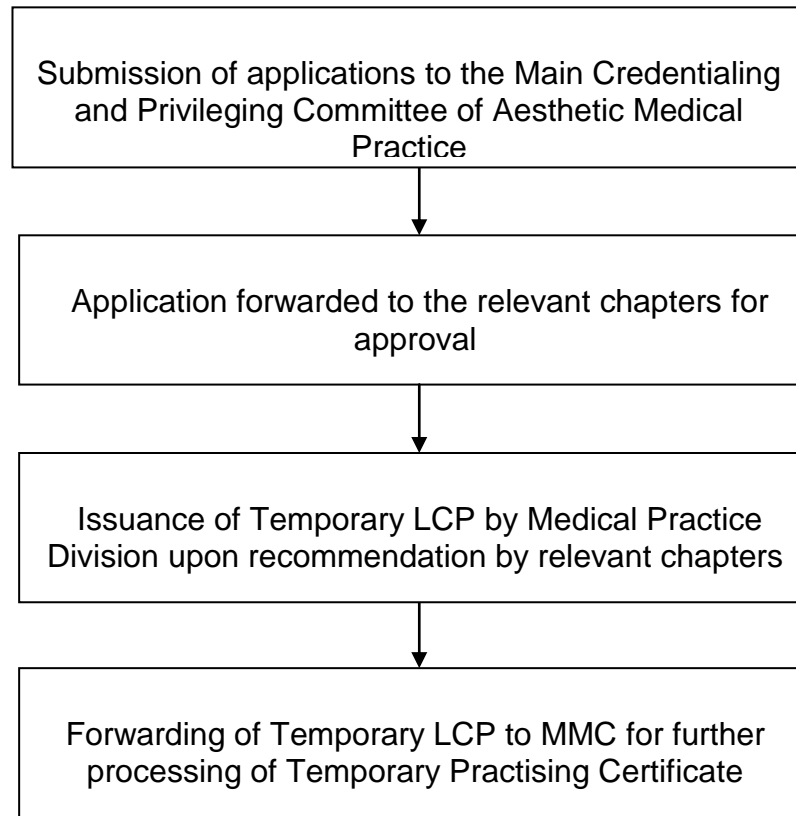


9.3 The Main Credentialing and Privileging Committee of Aesthetic Medical Practice has the right to review the decision made by the relevant chapters in situations of complaints made by applicants or irregularities in the issuance of the LCP.

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 minimum of 3 years of clinical practice experience after full registration.

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 fulfil 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

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

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 Joint Secretariat of MSAM/SAAARMM 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 Joint Secretariat of MSAM/SAAARMM.

5.2 The Joint Secretariat of MSAM/SAAARMM shall verify and compile the related documents of general practitioners intending to practise aesthetic procedures.

5.3 Joint Secretariat of MSAM/SAAARMM 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

Joint Secretariat of MSAM/SAAARMM
C/O No. 12, Lorong Maarof, Bangsar,
59000 Kuala Lumpur.

Email : jtcommchapt1@gmail.com
Tel : 03-22831212
Fax : 03-2283001

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

PROCEDURES	CORE SPECIALISTS	NON-CORE SPECIALISTS	PREMISES	REQUISITE NO. OF PROCEDURES PERFORMED FOR NON-CORE SPECIALISTS
NON INVASIVE				
Chemical peel (superficial)	Dermatologists	Case by case basis	Clinic	20
Microdermabrasion	Dermatologists	Case by case basis	Clinic	20
Intense pulse light (IPL)	Dermatologists	Case by case basis	Clinic	20
MINIMALLY INVASIVE				
Chemical peel (medium depth)	Dermatologists	Case by case basis	Clinic	25
Botulinum toxin injection	Dermatologists	Case by case basis	Clinic	25
Filler injection – excluding silicone and fat	Dermatologists	Case by case basis	Clinic	25
Superficial Sclerotherapy	Dermatologists	Case by case basis	OT/ Clinic	20
Lasers for treating skin pigmentation	Dermatologists	Case by case basis	OT/ Clinic	20
Lasers for skin rejuvenation (including fractional ablative)	Dermatologists	Case by case basis	Clinic	20
Lasers for hair removal (e.g long-pulsed Nd:YAG, Diode)	Dermatologists	Case by case basis	Clinic	20

PROCEDURES	CORE SPECIALISTS	NON-CORE SPECIALISTS	PREMISES	REQUISITE NO. OF PROCEDURES PERFORMED FOR NON-CORE SPECIALISTS
Skin tightening procedure- radiofrequency, ultrasound, infrared up to upper dermis	Dermatologists	Case by case basis	Clinic	20
INVASIVE				
Laser for treating vascular lesions	Dermatologists	NA	**OT/ Clinic	NA
Chemical peels (Deep)	Dermatologists	NA	OT/Clinic	NA
Ablative skin resurfacing lasers	Dermatologists	NA	OT/ Clinic	NA
Hair transplant	Dermatologists (Case by case basis)	NA	OT	NA
Phlebectomy	Dermatologists (Case by case basis)	NA	OT/Clinic	NA
Ultrasound device	Dermatologists	NA	OT/Clinic	NA
Tumescent liposuction	Dermatologists (Case by case basis)	NA	OT/ Clinic	NA

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
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CHAPTER 3

GUIDELINES ON AESTHETIC MEDICAL PRACTICE FOR SURGICAL SPECIALISTS

AESTHETIC MEDICAL PRACTICE GUIDELINES 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 3A. Scope of practice and Requirements for Surgical Specialists:
Surgical Modalities**

PROCEDURE	PREMISE MSR/OT	CORE	NON CORE		
			Non core (I)	Non core (II)	Requisite No. of Procedures Performed**
Abdominoplasty	OT	Plastic Surgeon		Case by case basis	10
Blepharoplasty - Upper eyelid	MSR/ OT	Plastic Surgeon	Ophthalmo- logist (oculoplastic)		10
Lower Eyelid		Plastic Surgeon			10
Breast Implant	OT	Plastic Surgeon	Breast Surgeon		10
Breast enhancement (other than implant)	MSR/OT	Plastic Surgeon			10
Breast reduction	OT	Plastic Surgeon	Breast Surgeon		10
Brow lift	MSR/OT	Plastic Surgeon		10	
Fat grafting	MSR/ OT	Plastic Surgeon		Case by	10
Hair transplant	MSR/OT	Plastic Surgeon			10
Implant - Face	MSR/OT	Plastic Surgeon			10
Implant - Nose	MSR/OT	Plastic Surgeon	ENT		10
Lasers, Ablative (including fractional & resurfacing)	MSR/OT	Plastic surgeon			10

Liposuction (LA & < 1litre aspirate)	MSR/OT	Plastic Surgeon		case basis	10
Liposuction (GA / >1 litre)	OT	Plastic Surgeon			10
Rhinoplasty	MSR/OT	Plastic Surgeon	ENT		10
Rhytidectomy Facelift	OT	Plastic Surgeon			10
Mini Lift	MSR/OT	Plastic Surgeon			10
Thread lift	MSR/OT	Plastic Surgeon			10
Phlebectomy	MSR/OT	Plastic/ Vascular/ General Surgeon			10

Note:

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

** 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

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

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

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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**
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Ministry of Health Malaysia*

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*Director of Medical Practice Division
Ministry of Health Malaysia*

Dr. Zabedah Baharudin
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Tuan Mohd Fazin Mahmud
*Legal Advisor
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YBhg. Dato' Dr. Lim Lay Hooi
*National Head of Plastic & Reconstructive Surgery Service
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YBhg. Dato' Dr. Abdul Hamid Abdul Kadir
*Member
Malaysian Medical Council*

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

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 Prince Court Medical Centre
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Dr. Ungku Mohd Shahrin Ungku Mohd Zaman
Dr. Chin Shih Choon
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Dr. Wong Chee Hin

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Dr. Noor Zalmy Azizan
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Dr. Koh Chuan Keng
Dr. Henry Foong Boon Bee
Dr. Najeeb M.Safdar
Dr. Mardziah Alias
Dr. Gan Ain Tian
Dr. Ting Hoon Chin
Dr. Ruban Nathan

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