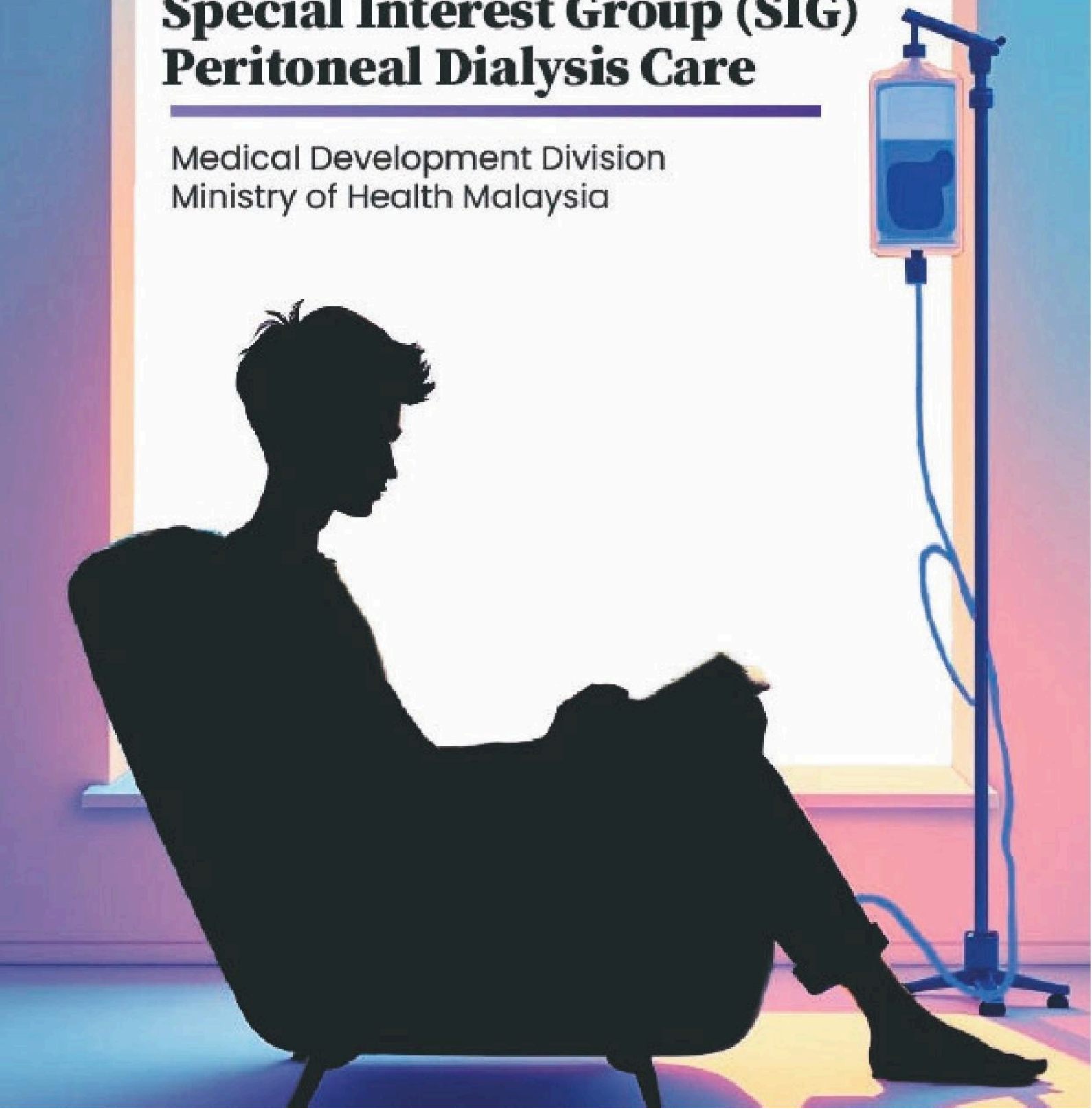
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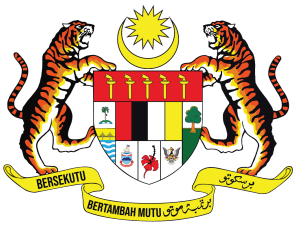
TRAINING GUIDELINE

Special Interest Group (SIG) Peritoneal Dialysis Care

Medical Development Division
Ministry of Health Malaysia



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MINISTRY OF HEALTH MALAYSIA

TRAINING GUIDELINE SPECIAL INTEREST GROUP (SIG) PERITONEAL DIALYSIS CARE

MINISTRY OF HEALTH MALAYSIA

This document was developed by the Medical Services Unit, Medical Development Division, Ministry of Health Malaysia, and the Special Interest Group – Peritoneal Dialysis Care Working Group.

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FOREWORD
HEAD OF NEPHROLOGY SUBSPECIALTY
MINISTRY OF HEALTH, MALAYSIA



Peritoneal Dialysis (PD) is an essential and effective kidney replacement therapy that offers patients greater flexibility, independence, and a higher quality of life. As healthcare providers, it is our responsibility to ensure that this modality is well understood, not only by nephrology teams but also by the broader medical community.

This initiative to establish a special interest group in PD is a vital step in expanding awareness, improving patient care, and strengthening the multidisciplinary approach to dialysis management, especially in remote centres. By equipping healthcare professionals with the necessary knowledge and skills, we can foster better patient outcomes, enhance confidence in PD-related decision-making, and ultimately promote PD as a viable and sustainable option, in line with the PD First policy for suitable patients, as outlined by the Ministry of Health (MOH).

I commend the dedication and effort of the PD team in spearheading this initiative. Your commitment to education and training will undoubtedly make a lasting impact, empowering more healthcare professionals to support PD patients with skill and confidence. You are the true champions of PD in this country.

Together, let us work towards a future where PD is not just an alternative, but a well-integrated and widely supported therapy in all healthcare settings.

Dr. Loh Chek Loong
Head of Nephrology Subspecialty, Ministry of Health Malaysia (MOH)

FOREWORD
CHAIRPERSON SIG – PERITONEAL DIALYSIS CARE TECHNICAL WORKING COMMITTEE



Peritoneal Dialysis (PD) remains a cornerstone of kidney replacement therapy, offering patients autonomy and a greatly enhanced quality of life. As the chairperson of the Special Interest Group (SIG) Peritoneal Dialysis Care, I am immensely proud to present this Training Guideline, a pivotal step in democratising access to high-quality PD care across Malaysia.

This guideline addresses the critical need to empower healthcare professionals beyond specialized nephrology centers, particularly in remote areas, with the foundational knowledge and skills required for effective PD management. By equipping medical specialists, medical officers, and paramedics with this essential training, we can expand our reach, improve patient outcomes, and robustly support the Ministry of Health's "PD First Policy" and commitment to universal health coverage.

I extend my deepest gratitude to the entire SIG Peritoneal Dialysis Care Working Group for their tireless dedication and collaborative spirit in developing this comprehensive document. Your commitment to fostering a wider network of skilled PD practitioners will undoubtedly transform the landscape of kidney care in Malaysia, ensuring that PD is not just an alternative but a widely accessible and well-supported therapy for all suitable patients.

Together, we are building a future where every Malaysian with end-stage kidney disease has the opportunity to benefit from optimal PD care, closer to home.

Dato' Dr. Zaiha binti Harun
Chairperson of SIG – PD Care Technical Working Committee

ACKNOWLEDGEMENT

The Special Interest Group (SIG) – Peritoneal Dialysis (PD) Care Technical Working Committee extends its deepest gratitude and appreciation to all individuals and organizations who contributed to the development and publication of this Training Guideline.

This document is a testament to the collaborative spirit and dedication across the Ministry of Health Malaysia (MOH) towards enhancing kidney replacement therapy services nationwide.

We wish to specifically acknowledge the invaluable guidance and support from:

- The Medical Services Unit and Medical Development Division, Ministry of Health Malaysia, for their vision and unwavering support in initiating and driving this essential national program.
- The Head of Nephrology Subspecialty, MOH, for his leadership and endorsement of the PD First Policy.
- The entire SIG – Peritoneal Dialysis Care Working Group, including the Advisors, Technical Advisors, and all Members, for their relentless commitment, technical expertise, and hard work in transforming this initiative from concept to reality.

The collective effort ensures that healthcare professionals in all settings are empowered to provide safe, effective, and quality PD care, ultimately improving the lives of patients with End-Stage Kidney Disease and reinforcing Malaysia's commitment to Universal Health Coverage (UHC).

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LIST OF ABBREVIATIONS

AMO	Assistant Medical Officer
CBD	Case-Based Discussion
ESI	Exit site infection
ESKD	End Stage Kidney Disease
HD	Haemodialysis
HOD	Head of Department
IP	Intraperitoneal
KRT	Kidney Replacement Therapy
MOH	Ministry of Health Malaysia
NIP-CKD	Nephrology Integrated Plan Chronic Kidney Disease
PD	Peritoneal Dialysis
PDC	Peritoneal Dialysis Centre
SIG	Special Interest Group
SOP	Standard Operating Procedure
UHC	Universal Health Care

This document must be read together with the main document - *Guidelines for the Training of Special Interest Group (SIG) – Internal Medicine Initiative

1. INTRODUCTION

The Special Interest Group (SIG) – Peritoneal Dialysis (PD) Care Training Guideline has been developed for implementation within the Ministry of Health Malaysia (MOH). It aims to strengthen the capacity for basic PD care across MOH hospitals, in line with the national commitment to Universal Health Coverage (UHC) and the Ministry's PD First Policy for End-Stage Kidney Disease (ESKD).

This programme is designed to equip medical specialists, medical officers, nurses and assistant medical officers (AMOs), working in hospitals without a resident nephrologist or a dedicated PD unit. Through structured, competency-based training, the programme seeks to expand the availability of safe and effective PD services, particularly in peripheral and resource-limited settings.

Key components of this guideline include:

Development and Publication:
Prepared by the Medical Services Unit, Medical Development Division, Ministry of Health Malaysia, in collaboration with the SIG – PD Care Working Group.

Purpose:
To provide a structured certificate training programme that empowers healthcare professionals with foundational knowledge and practical skills in PD care. The guideline emphasises parallel training for both doctors, nurses and AMOs, recognising their complementary roles in supporting PD services.

Objectives:
To increase basic PD knowledge, develop a trained network of healthcare providers, strengthen PD units, and ensure that participating hospitals are equipped with essential resources.

Benefits:

To improve patient access to PD services, reduce the need for long-distance travel, decrease congestion in tertiary hospitals, and optimise healthcare resource utilisation. Eventually increase PD penetration inline with MOH PD 1st policy.

Essential Resources:

To outline lists of required consumables and medications needed to support safe and sustainable PD care.

Governance:

To establish the SIG – PD Care Subcommittee responsible for overseeing implementation, monitoring progress, auditing performance, and endorsing trainees.

Appendices:

To provide supporting materials including committee and subcommittee structures, training framework, and the official training logbook.

In essence, this guideline provides a comprehensive framework to enhance PD knowledge, strengthen service delivery, and improve the accessibility and quality of PD care throughout Malaysia.

2. BACKGROUND

Malaysia's healthcare system is grounded in the principles of Universal Health Coverage (UHC), ensuring that all individuals have access to essential health services without financial hardship. This includes the full continuum of care—health promotion, disease prevention, treatment, rehabilitation, and palliative services—throughout the life course.

Following the introduction of the Ministry of Health's PD First Policy in 2022, Peritoneal Dialysis is recognised as a key kidney replacement therapy (KRT) modality that should be accessible to all suitable patients with ESKD. While PD services are well established in major hospitals, many patients reside in remote areas with limited access to dedicated PD units. Although the hub-and-spoke model has been adopted in selected regions, implementation remains variable and requires further standardisation and strengthening at the national level.

Despite the increasing number of nephrology specialists and trained PD nurses, the rising prevalence of ESKD means that specialist workforce alone cannot meet the expanding service needs. Physicians, medical officers, nurses, and AMOs in peripheral hospitals play a crucial role in improving PD accessibility and supporting early recognition and management of PD-related issues.

Recognising that PD is primarily a home-based and nurse-led therapy, this SIG programme aims to train doctors, nurses, and AMOs in foundational PD knowledge and competencies. By expanding the pool of trained healthcare professionals, the SIG–PD Care programme seeks to support equitable access, improve patient outcomes, and enhance the sustainability of PD services nationwide.

3. OBJECTIVES

The main objectives of the SIG – Peritoneal Dialysis (PD) Care training module are to:

- Enhance foundational knowledge and practical skills in PD care among healthcare providers, enabling the delivery of safe, effective, and patient-centred PD services.
- Develop a wider network of trained personnel—including medical officers, medical specialists, nurses, and assistant medical officers (AMOs)—to support nephrologists and PD nurses through a standardised *hub-and-spoke* model of care.
- Provide structured training in the basic management of PD patients, including troubleshooting common issues and early recognition of complications to facilitate timely intervention and referral.
- Establish or strengthen existing PD units by developing dedicated and competent personnel capable of supporting day-to-day PD service delivery.
- Ensure participating hospitals are equipped with essential resources, including starter packs, consumables, medications, and basic equipment required to initiate and sustain PD care services.

4. BENEFITS

There are many benefits of the SIG programme to patients, caregivers, and stakeholders, including:

4.1. Benefits to PD patients and caregivers:

4.1.1. Enhance access to timely care for emergencies, thereby reducing morbidity and mortality.

4.1.2. Increase access to PD care services closer to home, which in turn will reduce economic, physical, and logistical burdens associated with travel.

4.2. Benefits to the healthcare system:

4.2.1. Fulfills the definition of UHC

4.2.2. Reduce congestion in major hospitals and emergency departments

4.2.3. Reduce overall healthcare costs as treatment of PD-related complications can be given in a timely manner, and avoid more severe consequences

4.3. Benefits to the nation:

4.3.1. Will facilitate implementation of the PD First Policy in MOH, which is aimed at improving the sustainability of KRT in the long term

5. ELIGIBILITY

5.1. Trainee

5.1.1. General Selection Criteria

5.1.1.1. All trainees must fulfil the general eligibility criteria as outlined below:

- **No history of disciplinary action** during their service.
- **Demonstrated interest and commitment** to providing PD care in their current workplace for at least one (1) year after completing the training.
- **Obtain official release and approval** from the Head of Department/Unit and the Hospital Director to participate in the programme.
- If the trained personnel is expected to transfer or resign, **a replacement candidate** should be identified to ensure continuity of PD services.

5.1.2. Specific Selection Criteria for trainee

5.1.2.1. Medical Officer

- A registered medical practitioner with valid APC.
- Identified and recommended by the nephrologist/physician in charge and/or Hospital Director.
- Preferably a medical officer who is already involved in the care of HD or renal patients, or one designated to support PD services.

5.1.2.2. Specialist

- A specialist from any medical discipline who is expected to remain in the current facility for at least one (1) year.
- Interest in pursuing future nephrology subspecialty training may be given priority.

5.1.2.3. Nurse/Assistant Medical Officer (AMO)

- Existing nursing/AMO staff designated to renal or HD services; **OR**
- Nurses/AMOs from General Medicine with interest in supporting PD programmes.

5.2. Trainers

5.2.1. Nephrologists registered under NSR and providing PD services; **and/or**
Credentialed and privileged PD paramedics (e.g., PD nurses or AMOs) currently serving in an MOH PD Unit.

5.3. Training Centres

5.3.1. Accredited PD Training Centres (PDCs) shall meet the following requirements:

- Full-time nephrologist coverage to ensure adequate supervision.

- At least one PD nurse with Renal Post Basic certification (or equivalent recognised qualification) and a minimum of one year of experience in PD.
- A minimum PD patient load of 50 (lower numbers may be considered on a case-by-case basis depending on service scope and trainer experience).
- Active involvement in quality improvement activities and clinical audits.
- Compliance with the National PD Quality Standards.
- Achievement of peritonitis rate <1 episode per 30 patient-months (*<0.4 episodes per year at risk*).

6. APPLICATION

6.1. Applications shall be made **online through the official SIG – Peritoneal Dialysis (PD) Care platform**, as announced by the SIG–PD Subcommittee.

6.2. The **opening and closing dates** for applications will be announced through official Ministry of Health (MOH) communication channels.

6.3. Applicants must submit the following **supporting documents** as part of the application *(refer Appendix B)*:

6.3.1. A **supporting document** endorsed by the Hospital Director and Head of Department / Head of Unit;

6.3.2. Details of **two referees**, who must be specialists or members of the hospital's senior management.

6.4. All submitted applications shall be reviewed by the **SIG–PD Care Subcommittee** for eligibility, completeness, and alignment with service needs.

6.4.1. Incomplete or ineligible applications will not be processed.

6.4.2. Applicants may be notified to revise and resubmit their applications if required.

6.5. Successful applicants will be notified accordingly. Applicants who fulfil all eligibility criteria and service placement requirements will be issued an **official acceptance letter** for the SIG–PD Care Training Programme.

6.6. Accepted applicants (trainees) will be assigned to the **next available training cohort** and informed of their **official training commencement date** and **expected training duration**.

6.6.1. The frequency and timing of training intakes shall be determined by the SIG–PD Care Subcommittee in accordance with service requirements.

6.7. Trainees shall **download and print the official SIG–PD logbook template** for the purpose of recording all training activities, clinical exposures, and assessments throughout the training period.

7. DURATION AND INTAKE

7.1. The SIG – Peritoneal Dialysis (PD) Care Training Programme consists of 100 hours training (20H online structured training and 2 weeks (80H) of clinical attachment).

7.2. **Where necessary and subject to approval under the extension policy**, the training duration may be extended but **shall not exceed six (6) months**.

7.3. There are two (2) **intakes per year**, coordinated by the **SIG–PD Care Subcommittee**. Specific application periods and intake dates shall be announced through official Ministry of Health (MOH) channels.

7.4. The number of trainees accepted per intake may vary depending on:

7.4.1. The capacity of approved Peritoneal Dialysis Centres (PDCs), and

7.4.2. 7The availability of qualified trainers.

7.5. Trainees who are unable to commence training as scheduled may be required to **defer and reapply in a subsequent intake cycle**, at the discretion of the SIG–PD Subcommittee.

7.6. Any **leave of absence or interruption of training exceeding one (1) month** shall be managed in accordance with the extension policy outlined in **Section 13: Extension, Voluntary Withdrawal, Termination and Appeal**, and may require formal review and discussion with the SIG–PD Care Subcommittee.

8. ROLES AND RESPONSIBILITIES

8.1. Trainee

8.1.1. Trainees shall **actively participate in all components** of the SIG–PD Care training programme, including structured learning activities, clinical attachments at approved PD centres, case-based discussions, and required workplace-based assessments.

8.1.2. Trainees shall **maintain and update their PD training logbook** accurately, documenting clinical exposure, procedural skills, and reflective learning, and shall submit all required documentation within the specified timelines.

8.2. Trainer

8.2.1. Trainers shall **provide structured supervision, mentorship, and guidance** throughout the training period to ensure trainees achieve the required competencies in PD patient assessment, basic PD procedures, and early recognition and management of PD-related complications.

8.2.2. Trainers shall **foster a supportive and safe learning environment,** encourage positive reinforcement, and promote multidisciplinary collaboration with PD nurses and allied health professionals.

8.2.3. Trainers shall **monitor trainee** attendance, participation, and overall progress, review training logbooks and workplace-based assessments (including Case-Based Discussions), and **provide regular, constructive feedback** to support learning and patient safety.

8.2.4. Trainers shall promptly **report any concerns** regarding trainee progress, performance, professionalism, or training continuity to the SIG–PD Care Subcommittee.

8.2.5. One Trainer may **supervise a maximum of two (2) trainees** at any one time.

8.2.6. 8.2.6.If a Trainer is unable to continue supervising a trainee, the Trainer shall promptly inform and coordinate with the SIG–PD Care Subcommittee to identify a suitable replacement to ensure continuity of training.

8.3. Training Centre

8.3.1. The Training Centre shall be **an approved PD training facility**.

8.4. SIG–PD Care Subcommittee

8.4.1. The SIG–PD Care Subcommittee is responsible for **providing overall governance and oversight** of the SIG–PD Care training programme, including its design, implementation, quality assurance, and operational coordination.

8.4.2. The Subcommittee shall **oversee trainee** selection and progression by vetting applicants, monitoring training progress, and maintaining up-to-date records of trainees, Trainers, and approved PD training centres.

8.4.3. The Subcommittee shall **approve and monitor Trainers and PD training centres** to ensure compliance with programme standards, defined competency requirements, and appropriate supervision arrangements throughout the training period.

8.4.4. The Subcommittee shall r**eview and maintain the curriculum** and **overall training quality**, including periodic updates to the syllabus and assessment tools, and ensure alignment with national policies, PD service requirements, and patient safety standards.

8.4.5. The Subcommittee shall **manage programme completion and** including decisions regarding training completion or extension, submission of eligible trainees for certification, and facilitation of collaboration with relevant stakeholders to support effective service delivery and continuity of PD care.

8.4.6. Further details of the Subcommittee's roles, responsibilities, and terms of reference are provided in the relevant appendix.

9. TRAINING SYLLABUS

9.1. The SIG–PD Care training syllabus is designed to provide trainees with the essential knowledge, clinical skills, and practical competencies required for the safe delivery of basic peritoneal dialysis care within the defined scope of the Special Interest Group framework.

9.2. Detailed descriptions of the training modules, learning objectives, and competency requirements are provided in **Appendix 3: PD Care Training Modules**.

9.3. The syllabus shall be reviewed periodically by the **SIG–PD Care Subcommittee** to ensure continued relevance, consistency with national standards, and responsiveness to developments in peritoneal dialysis practice and service needs.

10. TRAINING STRUCTURE

10.1. The training shall consist of **one hundred (100) hours of structured, supervised training** conducted at an approved training centre (refer to Section 4.3 and Appendix C).

10.2. The entire training programme shall be completed over an **average duration of approximately four (4) months**, inclusive of a **minimum of two (2) weeks of continuous clinical attachment** at an accredited Peritoneal Dialysis Centre (PDC), and **shall not extend beyond six (6) months**.

10.3. Training shall be based on the competencies outlined in the Training Syllabus (Section 8) and detailed in Appendix D.

10.4. The training shall include the following **four (4) core components**.

10.5. Structured Learning Sessions

Structured learning sessions shall be conducted in **two phases**, namely **pre-attachment** and **post-attachment** self-learning.

10.5.1. Pre-Attachment Structured Learning

10.5.1.1. Trainees shall complete a minimum of **twenty (20) hours** of structured self-learning **prior to commencing the clinical attachment**.

10.5.1.2. Pre-attachment structured learning shall include:

- Assigned reading materials, including the **Kidney Replacement Therapy (KRT) attachment self-learning activities** and **Handbook – Peritoneal Dialysis chapter**;
- Lecture slides and recorded teaching sessions;
- Audiovisual learning materials and

resources, including videos and photographs of PD procedures and common PD-related pathology; and

- Online discussions or interactive sessions conducted via remote learning platforms with trainers.

10.5.2. Post-Attachment Structured Learning

10.5.2.1. Following completion of the clinical attachment, trainees shall complete **mandatory post-attachment online quiz** to assess knowledge acquisition and consolidation. **Clinical Attachment**

10.6. Clinical Attachment

10.6.1. Trainees shall complete a **minimum of two (2) weeks of continuous supervised clinical attachment** (ten [10] working days), equivalent to **eighty (80) training hours**, at an accredited Peritoneal Dialysis Centre (PDC).

10.6.2. During the clinical attachment, trainees shall participate in:

10.6.2.1. Observation and supervised hands-on training;

10.6.2.2. Attendance at PD outpatient clinics and inpatient ward rounds;

10.6.2.3. Day-to-day PD patient management activities; and

10.6.2.4. Assistance in PD-related procedures, where appropriate.

10.6.3. If a trainee is unable to fulfil the required clinical exposure or case-based requirements at their home centre, an attachment at another approved training centre may be arranged, subject to prior approval by the home and host trainers and endorsement by the SIG–PD Subcommittee.

10.7. Workplace-Based Assessments (WPBAs)

10.7.1. Trainees shall complete all workplace-based assessment requirements as specified in the Training Logbook.

10.7.2. The WPBAs shall include:

10.7.2.1. **Case-Based Discussions (CBDs):** A minimum of **three (3) CBDs**, of which at least **two (2)** must be presented during the clinical attachment. CBDs should address patient summary, problem identification, clinical

10.8. Trainer Evaluation and Logbook Submission

10.8.1. Trainers shall provide supervision, feedback, and assessment throughout the training period.

10.8.2. Upon completion of training, trainees shall:

10.8.2.1. Complete all assigned self-learning modules;

10.8.2.2. Complete the **post-attachment online quiz**; and

10.8.2.3. Submit a **completed Training Logbook**, including attendance records, for verification and endorsement by the trainer.

10.8.3. The endorsed logbook shall be submitted to the **SIG–PD Committee within one (1) month** of completion of the clinical attachment.

Table 1: Summary of Training Structure

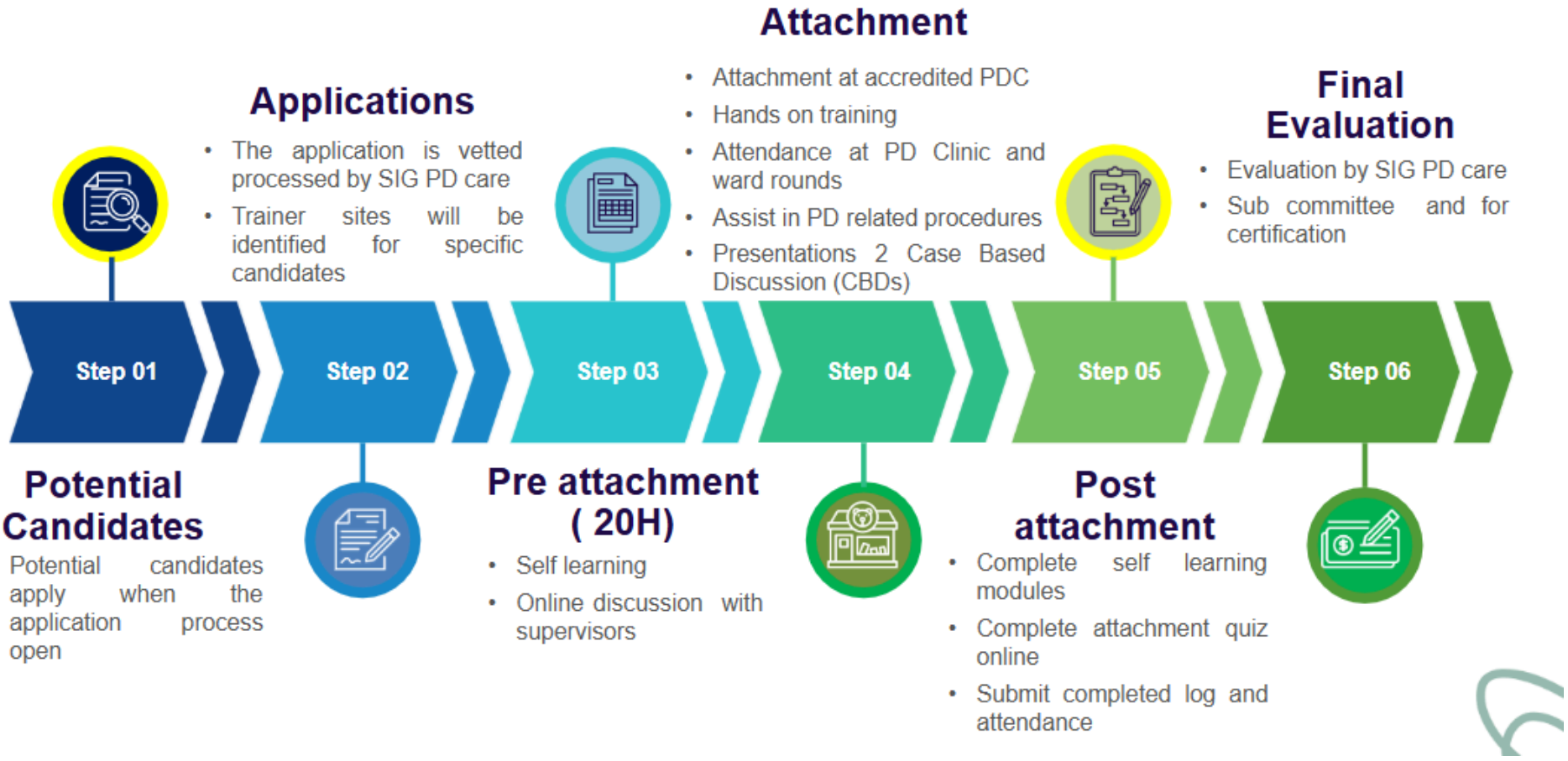
Component	Phase	Duration / Hours	Mode of Training	Key Activities / Requirements
Structured Learning Sessions	**Pre-attachment**	20 hours	Self-directed learning with remote interaction	● Assigned reading materials (including KRT Handbook – PD chapter) ● Lecture slides and recorded teaching sessions ● Audiovisual materials (videos/photos of PD procedures and pathology) ● Online discussions or interactive sessions with trainers
Clinical Attachment	Continuous attachment	2 weeks (10 working days) 80 hours	Supervised clinical attachment at accredited PDC	● Observation and supervised hands-on training ● Attendance at PD outpatient clinics and inpatient ward rounds ● Participation in day-to-day PD patient management ● Assistance in PD-related procedures, where appropriate
Workplace-Based Assessments (WPBAs)	During attachment	Integrated within attachment	Trainer-supervised assessment	● Minimum three (3) Case-Based Discussions (CBDs) ○ At least two (2) CBDs to be presented during clinical attachment ○ Focus on clinical reasoning, troubleshooting, and PD management planning
Structured Learning Sessions	**Post-attachment**	Included within total duration	Self-directed learning	● Review of assigned reading materials ● Review of lecture slides and audiovisual resources ● Completion of mandatory post-attachment online quiz

Component	Phase	Duration / Hours	Mode of Training	Key Activities / Requirements
Trainer Evaluation & Logbook Submission	Post-training	Within 1 month of attachment completion	Documentation and verification	● Completion of all learning components and WPBAs ● Submission of completed Training Logbook and attendance record ● Logbook verification and endorsement by trainer ● Submission to SIG–PD Committee

Key Notes (optional footnote under table)

- Total training requirement: **100 hours**
- Average training duration: **4 months**
- Maximum allowable duration (with approved extension): **6 months**
- Training must be conducted at **approved training centres (PDCs)**

Figure 1: Overview of Training Structure



11. LOGBOOK AND SUPERVISION

11.1. Training Logbook

11.1.1. Each trainee shall download and print the official SIG – PD Care Training Logbook.

11.1.2. The logbook shall include, but is not limited to, the following components:

11.1.2.1. Attendance record for clinical attachment and training sessions;

11.1.2.2. Documentation of clinical exposure and PD-related procedures observed or performed under supervision;

11.1.2.3. Workplace-Based Assessments (WPBAs), including Case-Based Discussions (CBDs), with trainer feedback;

11.1.2.4. Trainer's overall assessment and endorsement of competency.

11.1.3. Supervision shall include:

11.1.3.1. Direct observation of clinical activities and PD-related procedures, where applicable;

11.1.3.2. Facilitation of learning during outpatient clinics, ward rounds, and day-to-day PD patient management;

11.1.3.3. Conduct of Workplace-Based Assessments, including Case-Based Discussions;

11.1.3.4. Regular feedback on trainee performance, progress, and areas requiring improvement; and

11.1.3.5. Review and verification of Training Logbook entries.

11.1.4. Where training requirements are not met or concerns regarding trainee performance are identified, the Trainer shall notify the SIG–PD Care Subcommittee and recommend appropriate remedial actions, extension, deferment, or other measures in accordance with the relevant provisions of this guideline.

11.2. Submission and Record Keeping

11.2.1. Only Training Logbooks that have been fully completed and formally verified by the Trainer shall be considered valid for submission to the SIG–PD Care Subcommittee.

11.2.2. The completed and verified Training Logbook shall be submitted by the trainee to the SIG–PD Care Subcommittee within one (1) month of completion of the training period.

12. ASSESSMENT & EVALUATION

12.1. Assessment and evaluation of trainees under the SIG–PD Care programme shall be conducted using a structured, competency-based approach to ensure trainees have attained the required knowledge, skills, and professional attributes

12.1.1. Workplace-Based Assessments (WPBAs)

12.1.1.1. The WPBAs shall be documented in the Training Logbook and verified by the Trainer. The required WPBAs shall include: **Case-Based Discussions (CBDs)**

- At least two (2) CBDs shall be conducted during the clinical attachment at an accredited Peritoneal Dialysis Centre (PDC).

12.1.2. Trainer Evaluation

12.1.2.1. At the completion of training, the Trainer shall conduct a final overall evaluation of the trainee.

12.1.2.2. The Trainer's evaluation and recommendation shall be recorded in the Training Logbook and endorsed accordingly.

12.1.3. Knowledge Assessment

12.1.3.1. Trainees shall complete a mandatory post-attachment online quiz.

12.1.4. Training Logbook

12.1.4.1. The Training Logbook shall serve as the primary record of training activities, assessments, and competency attainment.

13. COMPLETION OF TRAINING

13.1. Upon completion of the training period:

13.1.1. The trainee shall submit the completed and verified **SIG–PD Care Training Logbook including trainee evaluation form** to the **SIG–PD Care Subcommittee** for review within **one (1) month** of the training end date.

13.1.2. 13.1.2. A trainee shall be deemed to have **successfully completed the SIG–PD Care Training Programme** when they have:

13.1.3. 13.1.3. Fulfilled all required training activities as outlined in the **Training Structure (Section 10)**

14. EXTENSION, VOLUNTARY WITHDRAWAL, TERMINATION AND APPEAL

14.1. Extension of Training

14.1.1. A trainee who is unable to complete the SIG–PD Care training programme within the stipulated training period due to valid reasons may be considered for an extension of training.

14.2. Voluntary Withdrawal

14.2.1. A trainee who wishes to withdraw from the SIG–PD Care training programme shall submit a written request to the SIG–PD Care Subcommittee, with endorsement from the Trainer and Head of Unit/Department.

14.3. Termination of Training

14.3.1. The SIG–PD Care Subcommittee may recommend termination of a trainee from the programme under the following circumstances:

14.3.1.1. Failure to demonstrate satisfactory progress or competency despite appropriate supervision and feedback;

14.3.1.2. Non-compliance with training requirements, programme regulations, or logbook and assessment obligations;

14.3.1.3. Breach of professional conduct, patient safety standards, or Ministry of Health policies;

14.3.1.4. Prolonged absence from training activities without valid justification;

14.3.1.5. Any circumstance deemed to compromise patient safety or programme integrity.

14.3.2. Decisions on termination shall be made following due consideration, and the trainee shall be informed in writing of the reasons for termination.

14.4. Appeal

14.4.1. A trainee may submit a formal appeal against decisions related to extension, withdrawal, termination, or non-completion of training.

14.4.2. Appeals shall be submitted in writing to the SIG–PD Care Subcommittee within the timeframe specified in the Guidelines for the Training of Special Interest Group (SIG) – Internal Medicine Initiative.

14.4.3. 14.4.3. The SIG–PD Care Subcommittee shall review the appeal and, where necessary, refer the matter to the SIG–Internal Medicine Committee for further deliberation. The decision of the SIG–Internal Medicine Committee shall be final.

15. CERTIFICATION AND RECOGNITION

15.1. Upon successful completion of the SIG–PD Care Training Programme, trainees who have fulfilled all training, assessment, and logbook requirements shall be eligible for certification.

15.2. 15.2. The SIG–PD Care Subcommittee shall review and verify the list of trainees who have satisfactorily completed the training programme and shall recommend eligible trainees to the SIG–Internal Medicine Committee for endorsement. Upon endorsement, the recommended list shall be submitted to the Medical Development Division, Ministry of Health Malaysia, for issuance of the official Certificate of Completion.

15.3. Certification under the SIG–PD Care Training Programme shall be subject to the following conditions and limitations:

15.3.1. The certificate does not confer subspecialty qualification or accreditation and shall not be considered equivalent to formal subspecialty or parallel pathway training.

15.3.2. Certification does not entitle the holder to independent practice beyond the defined scope of the SIG–PD Care training.

15.3.3. Certified SIG–PD Care personnel are not authorised to serve as Trainers for the SIG–PD Care Training Programme unless separately approved by the SIG–PD Care Subcommittee.

15.3.4. All clinical practice undertaken by certified personnel shall be subject to local hospital privileging processes and governance arrangements.

15.4. Recognition of SIG–PD Care training shall be limited to facilities under the Ministry of Health Malaysia, unless otherwise specified. The implementation of roles and responsibilities of certified personnel shall be subject to approval by the respective Hospital Director and shall align with institutional policies and service needs.

15.5. The validity, renewal, or review of recognition and privileging arising from SIG–PD Care certification shall be determined at the facility level in accordance with prevailing Ministry of Health policies and guidelines.

16. PRIVILEGING

16.1. Principles of Privileging

16.1.1. Privileging for SIG–PD Care is a **facility-based process** and shall be conducted in accordance with local hospital policies and governance structures. As there is no national credentialing body for SIG programmes, privileging serves as the primary mechanism for authorising clinical practice at the institutional level.

16.2. Validity and Renewal of Privileges

16.2.1. Hospital privileging for SIG–PD Care shall be valid for a period of **three (3) years**, subject to local institutional policies.

16.2.2. Applications for renewal of privileging shall be submitted **at least six (6) months** prior to the expiry of the current privileging period and shall be supported by evidence of ongoing involvement in PD care and satisfactory performance.

16.2.3. If a privileged officer has not been involved in SIG–PD Care–related duties for a period exceeding **one (1) year**, the institution may require retraining, refresher attachment, or repetition of the SIG–PD Care Training Programme prior to re-privileging.

16.3. Privileging of SIG–PD Care Nurses/ AMOs

16.3.1. SIG–PD Care Nurses/ AMOs who have completed the required training and have been issued a Certificate of Completion by the Medical Development Division, Ministry of Health Malaysia, may be privileged by their respective institutions in accordance with local policies, defined scope of practice, and supervision arrangements.

17. IMPLEMENTATION PLAN

This section outlines the implementation framework for the SIG–Peritoneal Dialysis (PD) Care Training Programme, including trainee selection, appointment, service support, roles and responsibilities, and logistical considerations to ensure continuity and sustainability of PD care services at participating hospitals.

17.1. Selection Process

17.1.1. Selection of trainees for the SIG–PD Care Training Programme shall be conducted in accordance with the **eligibility and selection criteria** outlined in **Section 6: Eligibility for Training**.

17.1.2. Applications shall be reviewed by the SIG–PD Care Subcommittee to ensure alignment with service needs, institutional readiness, and sustainability of PD services at the participating hospital.

17.2. Appointment and Designation

17.2.1. Upon successful completion of the SIG–PD Care Training Programme and issuance of the Certificate of Completion, the trainee may be designated by the respective hospital as the **SIG–PD Care Officer** for Basic PD Care services at the designated facility, subject to institutional approval and service requirements.

17.2.2. This designation shall be made through an official appointment letter issued by the hospital administrator or Hospital Director.

17.3. Replacement and Continuity Planning

17.3.1. In the event that the designated SIG–PD Care Officer is transferred, resigns, or is otherwise unable to continue in the role, the hospital shall identify a replacement candidate at the earliest opportunity.

17.3.2. Where feasible, advance identification and training of a replacement shall be undertaken to allow sufficient time for training and handover, thereby ensuring continuity and sustainability of PD care services.

17.4. Minimum Protected Time

17.4.1. Participating healthcare facilities are encouraged to provide **minimum protected time** for SIG–PD Care Officers to support PD service delivery, in line with the **PD First policy**.

17.4.2. Where feasible, SIG–PD Care Officers should be afforded reasonable flexibility within their clinical duties to attend to PD-related care for both inpatients and outpatients, subject to service needs and institutional policies.

17.5. Responsibility of the Primary Medical Team

17.5.1. The primary medical team managing the patient shall retain overall responsibility for the patient's care and management plans at all times.

17.5.2. In circumstances where the SIG–PD Care Officer is unavailable, the primary team shall continue patient care and liaise with the nearest designated PD centre or nephrology service for advice and support as required, until the SIG–PD Care Officer is available.

17.6. Resources and Budget

17.6.1. The implementation of SIG–PD Care services shall primarily utilise **existing human resources and infrastructure** within participating hospitals.

17.6.2. Provision of PD consumables, including buffer stock, shall be coordinated by the **parent Peritoneal Dialysis Centre (PDC)**, which shall supply consumables to participating sites based on service needs and agreed arrangements.

17.6.3. 17.6.3. Any additional budgetary requirements shall be managed in accordance with existing Ministry of Health policies and institutional financial governance

17.7. Roles and Responsibilities of the SIG–PD Care Officer

17.7.1. Clinical Role

a. The SIG–PD Care Officer shall support PD care delivery at the facility and may include the following functions within the defined scope of training and institutional privileging:

   i. Assisting the visiting nephrologist during PD clinics

   ii. Attending to patients presenting with PD-related issues during office hours

   iii. Supporting early recognition and initial management of PD-related complications

b. All clinical activities shall be undertaken in accordance with local standard operating procedures and institutional governance arrangements.

17.7.2. Liaison Role

a. The SIG–PD Care Officer shall act as a liaison between the participating hospital and the **parent PDC**, including:

   i. Discussing PD cases with acute or new problems

   ii. Facilitating timely referral or escalation of care when indicated

   iii. Supporting communication and coordination of PD services within the spoke-and-hub model

17.7.3. Data Collection and Reporting

a. The SIG–PD Care Officer should maintain a basic census record of PD patients seen at the facility, including relevant clinical information, in accordance with local data governance policies.

b. These data may be used to:

   i. Assess service workload

   ii. Support planning and allocation of resources

   iii. Contribute to service monitoring and quality improvement initiatives

17.7.4. Education and Advocacy

a. With the support of hospital administration, the SIG–PD Care Officer is encouraged to:

   i. Promote awareness of peritoneal dialysis among healthcare professionals

ii. Participate in PD-related education and advocacy activities (e.g. World Kidney Day)

iii. Advocate the **PD First policy** during patient counselling and service discussions

iv. Attend PD-related continuing medical education (CME) activities, where available

17.7.5. Continuity and Coverage During Leave or Absence

a. During periods of leave or prolonged absence of the SIG–PD Care Officer, patient care shall continue to be supported by the primary medical team.

b. Adequate coverage and contingency plans should be discussed and arranged at the hospital level in a period of long absence. All cases should be discussed with the parent PDC to ensure continuity and patient safety.

17.8. Logistics and Funding

17.8.1. Offer letters and placement for training attachments shall be coordinated by the **Medical Development Division, Ministry of Health Malaysia**.

17.8.2. 17.8.2 Costs related to travel and accommodation during the two (2) weeks of clinical attachment shall be borne by the trainee's respective **Pusat Tanggungjawab (PTJ)**, in accordance with prevailing policies.

17.9. Governance of SIG - PD Care Training

17.9.1. Source of authority: Medical Development Division, MOH

17.9.2. Implementation of SIG nationwide: PD state coordinator /State Nephrologist and State Deputy Director (Medical Division)

17.9.3. Implementation of SIG at the local level: PDC and Nephrologists

17.9.4. Monitoring, auditing, and endorsement of trainee: PD SIG Committee

18. MONITORING AND TARGETS/ INDICATORS

The SIG–Peritoneal Dialysis (PD) Care Programme aims to progressively strengthen the delivery of **safe, standardised basic PD care services** across participating hospitals in support of the **PD First policy**.

18.1. General Target

18.1.1. At least **one (1) hospital per year** is expected to successfully implement and sustain SIG–PD Care services following participation in the training programme. This aims to support the gradual expansion of PD care capacity and improve access to PD services, particularly in non-tertiary and remote settings.

18.2. Specific Training Target

18.2.1. At least **two (2) officers per year** are targeted to successfully complete the SIG–PD Care Training Programme. This will contribute to the development of a wider network of trained personnel capable of supporting PD care delivery within a spoke-and-hub model.

18.3. Minimum Service Indicators

18.3.1. Each participating hospital and parent Peritoneal Dialysis Centre (PDC) shall collect and review basic service indicators to support continuous quality improvement. These indicators may include, but are not limited to:

a. **Peritonitis Rate**: Number of peritonitis episodes per patient-year, where data are available, in alignment with national PD quality standards.

b. **Exit-Site Infection (ESI) Rate**: Number or proportion of PD patients with documented exit-site infections over a defined period.

c. **Timely Referral and Escalation**:

i. Proportion of PD-related complications appropriately discussed with or referred to the parent PDC or nephrology service.

ii. Percentage of in-patient PD related cases transfer from PD SIG centre to hospital with resident nephrologists

d. **Service Availability**: Availability of basic PD logistics, including designated PD exchange area, consumables, and trained personnel, in accordance with PD Quality Standards.

18.3.2. These indicators are intended to support **service monitoring and improvement**, rather than benchmarking or punitive evaluation.

18.4. Reporting and Review

18.4.1. To ensure accountability and continuous improvement:

a. Trainers or designated SIG–PD Care Officers at participating centres shall be responsible for compiling relevant service and training indicators periodically.

b. Compiled data may be submitted to the **SIG–PD Care Subcommittee**, as requested.

c. The SIG–PD Care Subcommittee shall conduct an **annual review** of available data to:

i. Monitor service standards and training outcomes

ii. Identify gaps or challenges in PD care delivery

iii. Inform improvements to training content, support mechanisms, and programme implementation

18.4.2. Findings from the review may be shared with the SIG–Internal Medicine Committee and relevant Ministry of Health divisions, where appropriate.

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APPENDIX A: SIG – PD CARE SUBCOMMITTEE

Advisor	:	Head of the Nephrology Subspecialty Services, MOH
Chairperson	:	As nominated by the Head of the Nephrology Subspecialty Services, MOH, and appointed by the Medical Development Division, MOH
Vice Chairperson	:	One of the members, as selected by the SIG – PD Care Subcommittee
Secretary	:	One of the members, as selected by the SIG – PD Care Subcommittee
Members	:	As appointed by the Medical Development Division, MOH
Secretariat		Medical Services Unit, Medical Development Division, MOH

Terms of Reference (TOR)

The SIG – PD Care Subcommittee is established under the SIG – Internal Medicine Committee to provide governance, oversight, and operational support for the SIG – PD Care training programme. Its core mandate includes:

- Overseeing the design, quality, and implementation of the training pathway.
- Supporting credentialing and privileging processes where applicable.
- Facilitating the completion, tracking, and evaluation of SIG – PD Care training for HCPs.

Responsibilities:

1. Trainee Selection and Progress Monitoring

- Conduct fair selection and vetting of eligible HCPs for enrolment into the SIG Training Programme.
- Monitor trainee progress in collaboration with designated trainers through regular communication and periodic reviews.
- Maintain an updated database of trainees, trainers, training centres, and SIG-trained officers.

2. Trainer and Training Centre Oversight

- Appoint trainers to supervise the SIG training and train the trainees.
- Ascertain that trainers and training centres meet programme competency and institutional requirements.
- Ensure training supervision is in line with programme standards.

3. Curriculum and Quality Review

- Conduct formal reviews of the training programme periodically to ensure relevance and quality.
- Update the training content, syllabus, and assessment tools when necessary to align with national standards and evolving service needs.
- Ensure the training pathway continues to meet acceptable educational and service benchmarks.

4. Programme Completion and Certification

- Decide on matters related to training completion, extensions, or terminations, based on input from Supervisors.
- Submit the updated list of successful trainees to the SIG – Internal Medicine Committee and the Medical Development Division for issuance of Certificates of Completion.
- Maintain secure records of all certification and completion statuses.

5. Promotion and Engagement

- Promote awareness of the SIG training programme among eligible healthcare professionals and institutional stakeholders.

  Foster collaboration and communication among trainees, trainers, training centres, and relevant MOH entities to support programme sustainability and service delivery.

APPENDIX B: WEBSITE & APPLICATION FORM

Website Link		https://hq.moh.gov.my/medicaldev/new-sig-pd/
SIG – Peritoneal Dialysis Care Application Form		https://docs.google.com/forms/d/1lqFg2toKbvSSiGEJDWFUpeS253P7IZqkQyfbVtfW26o/edit
Supporting Document		https://tinyurl.com/mr34ndh9
Contact us	peritonealdialysismalaysia@gmail.com	

APPENDIX C: LIST OF SIG TRAINING CENTRES

NO.	STATE	SIG TRAINING CENTER
1	Kedah	Hospital Sultanah Bahiyah
2	Pulau Pinang	Hospital Pulau Pinang
3		Hospital Seberang Jaya
4	Perak	Hospital Raja Permaisuri Bainun Ipoh
5		Hospital Seri Manjung
6		Hospital Teluk Intan
7	Selangor	Hospital Selayang
8		Hospital Tengku Ampuan Rahimah, Klang
9		Hospital Sultan Idris Shah, Serdang
10		Hospital Tengku Permaisuri Norashikin
11	WP Kuala Lumpur	Hospital Kuala Lumpur
12	Negeri Sembilan	Hospital Tuanku Ja'afar. Seremban
13	Johor	Hospital Sultanah Aminah
14	Pahang	Hospital Tengku Ampuan Afzan, Pahang
15	Terengganu	Hospital Sultanah Nur Zahirah, Kuala Terengganu
16	Kelantan	Hospital Raja Perempuan Zainab II, Kota Bharu
17		Hospital Pasir Mas
18	Sabah	Hospital Queen Elizabeth 1
19	Sarawak	Hospital Umum Sarawak
20		Hospital Miri
21		Hospital Sibu

APPENDIX D: SIG – PD CARE TRAINING SYLLABUS AND COMPETENCIES

This appendix outlines the training syllabus and core competencies to be developed by trainees undergoing the **SIG – Peritoneal Dialysis (PD) Care Training Programme**. The syllabus is designed to support the safe delivery of **basic peritoneal dialysis care**, early recognition of PD-related complications, and appropriate escalation of care within a **spoke-and-hub model** of PD services.

The competencies described are intended to guide learning and supervised practice during training. Competency attainment is supported through structured learning activities, supervised clinical exposure, workplace-based assessments, and verification in the Training Logbook, rather than through formal summative examination.

VERSION TABLE

A. Fundamentals of Peritoneal Dialysis

Trainees are expected to acquire foundational knowledge and understanding of the principles and practice of peritoneal dialysis, including:

No.	Topic Area	Expected Knowledge / Competency
1.	Overview of PD	Understanding peritoneal dialysis as a modality of kidney replacement therapy
2.	Pre-dialysis counselling	Counselling patients during the pre-dialysis period, including principles of shared decision-making
3.	Patient selection	Identification of general inclusion and exclusion considerations for potential PD patients
4.	Anatomy and physiology	Basic anatomy and physiology relevant to peritoneal dialysis

No.	Topic Area	Expected Knowledge / Competency
5.	PD modalities	Types of PD modalities, including CAPD and APD
6.	PD prescription	Understanding basic PD prescriptions (dwell volumes, dwell times, exchange frequency)
7.	PD documentation	Interpretation of the PD record book, including exchanges, ultrafiltration, and symptom reporting

B. Exit-Site and Tunnel Tract Infections

Trainees should develop the knowledge and practical understanding required for the prevention and early management of exit-site and tunnel tract infections, including:

No.	Topic Area	Expected Knowledge / Competency
1.	Exit-site care	Principles of exit-site care and infection prevention
2.	Clinical recognition	Recognition of symptoms and signs of exit-site infection (ESI) and tunnel tract infection
3.	Early intervention	Understanding indications for early intervention and referral
4.	Specimen collection	Proper technique for collecting exit-site swab specimens

No.	Topic Area	Expected Knowledge / Competency
5.	Initial management	Awareness of early management strategies for ESI
6.	Practical skills*	Exit-site care and dressing using aseptic technique (for nurses and AMOs, under supervision)

*Applicable to nurses and assistant medical officers (AMOs) under supervision.

C. Peritonitis

Trainees are expected to be able to recognise, assess, and initiate basic management of PD-related peritonitis, including:

No.	Topic Area	Expected Knowledge / Competency
1.	Prevention	Understanding strategies for peritonitis prevention
2.	Clinical recognition	Recognition of signs and symptoms suggestive of peritonitis
3.	Assessment	Evaluation and identification of contributing factors
4.	Specimen collection	Appropriate technique for collecting PD effluent specimens
5.	Antifungal prophylaxis	Understanding the need for oral antifungal prophylaxis during antibiotic therapy

No.	Topic Area	Expected Knowledge / Competency
6.	Administering IP antibiotic	Performing PD exchanges and administering intraperitoneal antibiotics (IP) per SOPs

*Applicable to nurses and AMOs according to local protocols and supervision requirements.

D. Non infectious complication in PD

No.	Topic Area	Expected Knowledge / Competency
1.	Catheter related	Recognition of causes such as catheter migration, omental wrap, fibrin clots, kinking, clamps, and external compression
2.	Non-catheter related	Recognition of causes such as hernia, pleuroperitoneal fistula, encapsulating peritoneal sclerosis (EPS)

E. Troubleshooting in PD

No.	Topic Area	Expected Knowledge / Competency
1.	Inflow and outflow obstruction	Recognition of causes such as catheter migration, omental wrap, fibrin clots, kinking, clamps, and external compression

No.	Topic Area	Expected Knowledge / Competency
2.	Infection	Recognition of causes - exit site infection and peritonitis
3.	Constipation	Identification of constipation and management in PD patients

F. Fluid Overload

No.	Topic Area	Expected Knowledge / Competency
1.	Prevention	Adherence to PD prescriptions and dietary advice
2.	Clinical recognition	Identification of symptoms and signs of fluid overload
3.	Management	Understanding basic management measures and indications for escalation of care

G. Electrolyte & metabolic issues

No.	Topic Area	Expected Knowledge / Competency
1.	Electrolyte & metabolic issues	Recognition and basic management of hypokalaemia, hyperkalaemia, and hyperglycaemia

H. Breach of technique

No.	Topic Area	Expected Knowledge / Competency
1.	Breach of technique	Management of breaches in PD technique and reinforcement of infection prevention

I. Procedures and surgery preparation

No.	Topic Area	Expected Knowledge / Competency
1.	Procedures & surgery	Preparation of PD patients for dental, invasive, and surgical procedures

J. Logistics and Infrastructure for PD Care ("Starter Pack")

Trainees should understand the basic logistical and infrastructural requirements necessary to support PD service delivery at the facility level, including:

No.	Topic Area	Expected Knowledge / Competency
1.	Basic requirements	Understanding the essential for PD service delivery, including a designated exchange area, adequate storage, trained staff, and essential PD supplies.

These requirements shall be guided by the **Peritoneal Dialysis Quality Standards (2020)** and the **National Nephrology Operational Policy (current edition)** issued by the Ministry of Health Malaysia.

APPENDIX E: SUMMARY OF TRAINING REQUIREMENTS AND COMPETENCIES

Table 2: Summary of Training Structure with Competency Mapping for SIG–PD Care Training Programme

Component	Phase	Duration / Hours	Mode of Training	Key Activities / Requirements	Core Competencies Addressed*
Structured Learning Sessions	**Pre-attachment**	20 hours	Self-directed learning with remote interaction	• Assigned reading materials (KRT Handbook – PD chapter) • Lecture slides and recorded teaching sessions • Audiovisual materials (videos/photos of PD procedures and pathology) • Online discussions or interactive sessions with trainers	• Foundational knowledge of PD principles • Understanding of PD indications, modalities, and patient selection • Recognition of common PD complications
Clinical Attachment	Continuous attachment	2 weeks (10 working days) 80 hours	Supervised clinical attachment at accredited PDC	• Observation and supervised hands-on training • Attendance at PD outpatient clinics and inpatient ward rounds • Participation in day-to-day PD patient management • Assistance in PD-related procedures, where appropriate	• Practical PD care skills • Clinical decision-making in PD management • Safe handling of PD procedures and equipment • Multidisciplinary team collaboration

Component	Phase	Duration / Hours	Mode of Training	Key Activities / Requirements	Core Competencies Addressed*
Workplace-Based Assessments (WPBAs)	During attachment	Integrated within attachment	Trainer-supervised assessment	• Minimum three (3) Case-Based Discussions (CBDs) – At least two (2) during clinical attachment – Focus on problem identification, troubleshooting, and management planning	• Clinical reasoning and problem-solving • Application of PD knowledge to real cases • Safe and appropriate management planning
Structured Learning Sessions	**Post-attachment**	Included within total duration	Self-directed learning	• Review of reading materials and lecture content • Review of audiovisual learning resources • Completion of mandatory post-attachment online quiz	• Consolidation of knowledge • Reflection on clinical experience • Reinforcement of safe PD practices
Trainer Evaluation & Logbook Submission	Post-training	Within 1 month of attachment completion	Documentation and verification	• Completion of all learning components and WPBAs • Submission of completed Training Logbook and attendance record • Logbook verification and endorsement by trainer • Submission to SIG–PD Committee	• Professionalism and accountability • Documentation and reflective practice • Demonstration of overall competency attainment

**** Core competencies are aligned with the Training Syllabus (Section 9) and Appendix D***

APPENDIX F: GUIDE FOR SIG – PD CARE TRAINEES

Guide For Participants

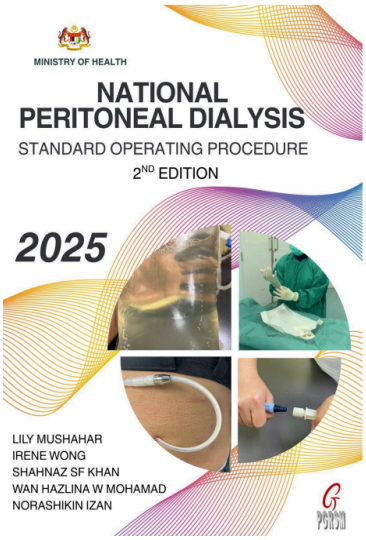
A. Structured lesson : online module (20 hours)	**Tick if done**
1. To complete online education modules 2. To familiarise with reference material available: a. PD chapter in Handbook of Kidney Replacement Therapy, 5th edition, 2023 b. Standard Operating Procedure Rawatan PD 1st edition, 2016 c. National Peritoneal Dialysis Quality Standard 2020 3. To prepare a list of potential challenges in managing PD patients that you may have encountered, for discussion during teaching sessions	
B. Clinical attachment session (80 hours)	**Tick if done**
1. To attend all PD clinics, ward rounds with PD team and actively participate in all group activities 2. To discuss the challenges faced by trainee 3. To complete case-based learning activities with trainer(s)	

4. To fill up logbook and obtain verification from site trainer	
C. Logbook and evaluation	**Tick if done**
1. To send the following documents to SIG PD Committee : a. Logbook with trainer feedback/comments including trainer signatures as proof of your involvement in all the organised site teaching sessions b. Attendance record during clinical attachment 2. To provide the name(s) of trainees who have completed training by the SIG committee to the Medical Division MOH for certification.	

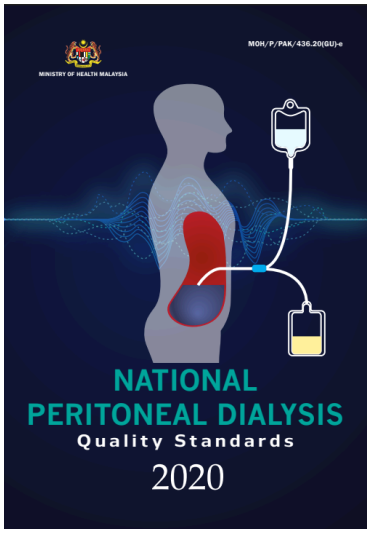
APPENDIX G: RECOMMENDED REFERENCE AND READING MATERIALS



Handbook of Kidney Replacement Therapy, 5th edition, 2023 (PD Chapter)



Standard Operating Procedure National Peritoneal Dialysis 2nd edition, 2025



National Peritoneal Dialysis Quality Standard 2020

APPENDIX H: ESSENTIAL DISPOSABLE AND MEDICATION LISTS

Listed below are suggested medications that should be available in the hospital where this service is offered:

Table 3: Medications for SIG - PD Care Hospital

Injection	Oral medication	Topical cream
Cefazolin Ceftazidime Gentamicin Vancomycin Cloxacillin Amikacin Imipenem/Meropenem Fluconazole Metoclopramide	Fluconazole Metoclopramide Cloxacillin Ciprofloxacin Bisacodyl Syrup nystatin Syrup Lactulose	Gentamicin cream Mupirocin cream

* Availability of broad-spectrum antibiotics (e.g. carbapenems) shall be subject to institutional antimicrobial stewardship policies.

Consumable lists

Table 4: Consumables List for SIG - PD Care Hospital

Disposable sterile gloves Sterile gauze & cotton Dressing set Hand rub Syringes 5cc,10cc, 50cc Scissors Needles 19G, 21G, 23G Venofix Plaster IV Drip Tubing Surgical blade Spillage kit	PD catheter clamp Disinfectant Cap/Minicap Copper sulphate 23 Specimen bottle for blood Specimen bottle for PD fluid Blood Culture bottles aerobic and anaerobic	Chlorhexidine 2% Povidone Iodine Alcohol 70% solution Alcohol Swab Water for injection Heparin 1000iu Heparin 5000iu

Note: SIG PD paramedics should ensure floor stock is available to allow starting IP antibiotics prescribed by SIG PD doctor or primary care medical team.

Table 5: Summary of Essential Medications and Consumables for PD Care

Comparison of SIG–PD Starter Pack vs Full PD Centre

Item	Category	SIG–PD Starter Pack	Full PD Centre	Procurement Category	Remarks / Rationale
Sterile disposable gloves	Consumable	✔	✔	Minimum	Required for all PD-related procedures
Sterile gauze & cotton	Consumable	✔	✔	Minimum	Exit-site care, dressing changes
Dressing set	Consumable	✔	✔	Minimum	Aseptic PD exit-site care
Plaster	Consumable	✔	✔	Minimum	Securing dressings
Alcohol hand rub	Consumable	✔	✔	Minimum	Infection prevention
Alcohol swabs	Consumable	✔	✔	Minimum	Skin preparation
Chlorhexidine 2%	Consumable	✔	✔	Minimum	Exit-site care and antisepsis
Povidone iodine	Consumable	✔	✔	Minimum	Alternative antiseptic
Alcohol 70% solution	Consumable	✔	✔	Minimum	Equipment and skin cleaning
Syringes (5, 10, 50 mL)	Consumable	✔	✔	Minimum	Medication preparation and IP antibiotics
Needles (19G, 21G, 23G)	Consumable	✔	✔	Minimum	Medication administration

Item	Category	SIG–PD Starter Pack	Full PD Centre	Procurement Category	Remarks / Rationale
Venofix	Consumable	✔	✔	Minimum	IV access when required
IV drip tubing	Consumable	✔	✔	Minimum	IV therapy support
PD catheter clamp	Consumable	✔	✔	Minimum	Emergency management of leaks
Disinfectant cap / Minicap	Consumable	✔	✔	Minimum	Exit-site infection prevention
Specimen bottles (blood)	Consumable	✔	✔	Minimum	Investigation of infection
Specimen bottles (PD fluid)	Consumable	✔	✔	Minimum	Peritonitis diagnosis
Blood culture bottles (aerobic & anaerobic)	Consumable	✔	✔	Minimum	Sepsis and peritonitis workup
Water for injection	Consumable	✔	✔	Minimum	Medication reconstitution
Scissors	Consumable	✔	✔	Minimum	Dressing and catheter care
Surgical blade	Consumable	✔	✔	Optional	Minor procedures (centre dependent)
Spillage kit	Consumable	✔	✔	Minimum	Infection control compliance
Heparin 1,000 IU	Medication	✔	✔	Minimum	Prevention of fibrin clot in PD fluid
Heparin 5,000 IU	Medication	✔	✔	Minimum	Management of inflow–outflow problems

Item	Category	SIG–PD Starter Pack	Full PD Centre	Procurement Category	Remarks / Rationale
Cefazolin	Antibiotic (IP/IV)	✔	✔	Minimum	First-line Gram-positive coverage in PD peritonitis
Ceftazidime	Antibiotic (IP/IV)	✔	✔	Minimum	Gram-negative coverage in PD peritonitis
Vancomycin	Antibiotic (IP/IV)	✔	✔	Minimum	MRSA / resistant Gram-positive coverage
Gentamicin	Antibiotic (IP/IV)	✔	✔	Minimum	Alternative Gram-negative coverage
Amikacin	Antibiotic (IP/IV)	✖	✔	Optional	Reserved for resistant infections; PDC-directed
Imipenem / Meropenem	Antibiotic (IV)	✖	✔	Optional	Severe or resistant infections; PDC use
Cloxacillin (oral)	Antibiotic (IV/oral)	✔	✔	Minimum	Early treatment of MSSA exit-site or skin infections
Ciprofloxacin (oral)	Antibiotic (oral)	✔	✔	Minimum	Early oral Gram-negative coverage / step-down therapy
Gentamicin cream	Topical	✔	✔	Minimum	Exit-site infection prevention
Mupirocin cream	Topical	✔	✔	Minimum	MSSA exit-site prophylaxis and treatment

Item	Category	SIG–PD Starter Pack	Full PD Centre	Procurement Category	Remarks / Rationale
Fluconazole	Antifungal (IV/oral)	✔	✔	Minimum	Antifungal prophylaxis during antibiotic use
Nystatin syrup	Antifungal (oral)	✔	✔	Minimum	Alternative antifungal prophylaxis
Metoclopramide	Supportive	✔	✔	Minimum	Management of nausea in PD patients
Bisacodyl	Supportive	✔	✔	Minimum	Constipation prevention (peritonitis risk reduction)
Lactulose syrup	Supportive	✔	✔	Minimum	Constipation management

Notes for Guideline Use

- **"Minimum"** items are required to ensure **safe initiation and early management** of PD-related problems at SIG – PD hospitals.
- **"Optional"** items are typically reserved for **parent PD centres** or used upon specialist advice.
- Stocking should align with **local antibiotic stewardship policies** and consultation with the parent PDC.
- SIG–PD nurse/ AMOs and medical officers should ensure **floor stock availability** to allow prompt initiation of IP antibiotics once prescribed.

APPENDIX I: SIG – PD CARE LOGBOOK

This appendix contains the full version of the SIG – PD Care Logbook for reference purposes.

For submission and working use, please download and print the official SIG – PD Care Logbook from the link below:



https://drive.google.com/drive/folders/1Dy1lHbajoK7_Re_5e-QMfSqaDeBEsTX4?usp=sharing

https://tinyurl.com/3b5m4yrh

This version is identical to the logbook included in this book. Use it for printing, writing, and formal submission. Trainees are expected to complete and submit this logbook as part of their assessment. Trainers must verify and sign off all relevant sections.

MINISTRY OF HEALTH MALAYSIA

TRAINING LOGBOOK

Special Interest Group (SIG)
in
Peritoneal Dialysis Care

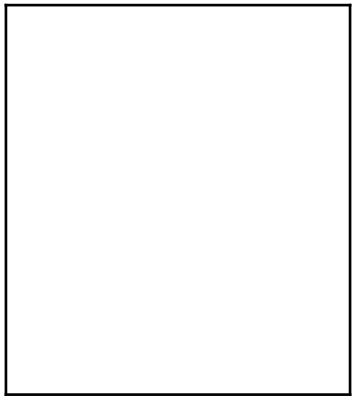
SIG PERITONEAL DIALYSIS Care

MEDICAL DEVELOPMENT UNIT
MEDICAL DEVELOPMENT DIVISION
MINISTRY OF HEALTH MALAYSIA

SPECIALTY OF INTERNAL MEDICINE SERVICE
MINISTRY OF HEALTH MALAYSIA

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PERSONAL PARTICULARS



Name of Health Care Personnel	:		
Identification Card Number	:		
Training Centre/ Hospital	:		
Training Date		Start:	End:
Extension Date (if any)		Start:	End:
Total Sessions/ Hours	:		
Name of Trainer	:		
Designation of Trainer	:		
Name of Head of Department	:		

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INTRODUCTION

Special Interest Group (SIG) on Peritoneal Dialysis (PD) Care has been developed for implementation within the Ministry of Health Malaysia. It aims to improve access to basic PD care across the nation, aligning with the Ministry's policy of universal health coverage (UHC) and the PD First Policy for End Stage Kidney Disease (ESKD).

This logbook of training is to ensure the Health Care Personnel has sufficient knowledge and skill in managing Peritoneal Dialysis patients based on Guidelines. This Log Book of training will consist of:

- ✔ Record of Cases Seen
  - Peritonitis
  - Peritoneal access problems
  - Medical related problems - cardiovascular/ respiratory/ gastrointestinal
  - Fluid overload
  - Others
- ✔ Record of PD Procedures (Observe, Assist, Perform)
- ✔ Case Based Discussion - two (2) Case Based Discussions with clinical supervisor
- ✔ Supervisor Feedback Form

PURPOSE

This Log Book is for training of Peritoneal Dialysis Care in a hospital under the Ministry of Health without a resident Nephrologist(s). This supervised training to ensure the Health Care Personnel in charge of Peritoneal Dialysis is competent to provide assessment, treatment and management of the patient with Peritoneal Dialysis based on guidelines.

SUMMARY OF PROCEDURES / SKILLS REQUIRED

NO	SKILLS	MINIMUM NUMBER REQUIRED		PAGE
		Doctors	Nurse/ Assistant Medical Officer	
1.	Self-Learning Session/ CME	20 hours		8
2.	Clinical Attachment	Continuous 10 working days		9
3.	Record of Cases Reviewed (minimum 5 cases in each topic below)			11
	a. Peritonitis	5		12
	b. Peritoneal access problems	5		13
	c. Medical related problems	5		14
	d. Fluid overload	5		15
	e. Other PD related problem	5		16
4.	Record of PD Procedures (Observe, Assist, Perform)			18
	a. PD Exchange and Flushing	3	5	19
	b. Recognition of exit site/tunnel tract infections	3	5	20
	c. Obtaining swab samples from exit site/tunnel infections	3	5	21
	d. Recognition of PD peritonitis	3	5	22
	e. PD effluent sampling for microbiological testing	3	5	23
	f. Intraperitoneal antibiotic administration	3	5	24

NO	SKILLS	MINIMUM NUMBER REQUIRED		PAGE
		Doctors	Nurse/ Assistant Medical Officer	
5.	Case Based Discussion (CBD)	2		25
6.	Trainee Evaluation Form	1		30
7.	Acknowledgement	1		32

PART A
TRAINING RECORDS

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SELF-LEARNING SESSIONS / CONTINUOUS MEDICAL EDUCATION (CME)

No.	Topic	Date	Venue (if physical) / Virtual	Trainer Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

CLINICAL ATTACHMENT

NO.	DATE	TIME ATTENDED	DURATION	SIGNATURE PHYSICIAN/ TRAINER
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

NO.	DATE	TIME ATTENDED	DURATION	SIGNATURE PHYSICIAN/ TRAINER
9.				
10.				
11.				
12.				

RECORD OF CASES REVIEWED

(For SIG PD Physician / Medical Officer Only)

This section documents clinical cases reviewed by the trainee as part of supervised training in Peritoneal Dialysis (PD).

The trainee is required to record **a minimum of five (5) cases for each topic** listed below:

- Peritonitis
- Peritoneal access problems
- Medical-related problems (Cardiovascular / Respiratory / Gastrointestinal)
- Fluid overload
- Others (please specify)

Each case must be reviewed with a recognised supervisor.

The trainee shall obtain the **trainer's signature** upon completion of each case review or related assessment/activity to confirm participation and competency exposure.

CASES REVIEWED

A. PERITONITIS

No	Date	R/N	Diagnosis	Signature of Trainer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

CASES REVIEWED

B. PERITONEAL ACCESS PROBLEMS

No	Date	R/N	Diagnosis	Signature of Trainer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

CASES REVIEWED

C. MEDICAL RELATED PROBLEMS – CARDIOVASCULAR/RESPIRATORY/ GASTROINTESTINAL

No	Date	R/N	Diagnosis	Signature of Trainer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

CASES REVIEWED

D. FLUID OVERLOAD

No	Date	R/N	Diagnosis	Signature of Trainer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

CASES REVIEWED

E. OTHERS

No	Date	R/N	Diagnosis	Signature of Trainer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

CASES REVIEWED

Overall Comments by Trainer (upon completion):

Trainer's signature : _____

Date : _____

RECORD OF PD PROCEDURES

(For SIG PD Physician / Medical Officer, Nurse and AMO)

This section records PD-related procedures that are **observed or performed** by the participant during training.

The participant shall record cases for the following procedures:

- PD exchange and flushing
- Recognition of exit-site and tunnel tract infections
- Obtaining swab samples from exit-site or tunnel tract infections
- Recognition of PD peritonitis
- PD effluent sampling for microbiological testing
- Intraperitoneal antibiotic administration

Minimum requirements:

- **SIG PD Officer:** Observe at least **three (3) cases** for each procedure.
- **SIG PD Nurse/ AMO:** Observe **one (1) case**, assist **one (1) case**, and perform **three (3) cases** for each procedure.

All procedures must be carried out under supervision, and the **supervisor's signature** shall be obtained upon completion of each recorded entry.

PD PROCEDURES

A. PD EXCHANGE AND FLUSHING

No.	Date	MRN	Activity*	Assessor	Sign	Remark
1.						
2.						
3.						
4.						
5.						

Please remark **O for Observe, or A for Assist or P for Perform in Activity column*

PD PROCEDURES

B. RECOGNITION OF EXIT SITE/TUNNEL TRACT INFECTIONS

No.	Date	MRN	Activity*	Assessor	Sign	Remark
1.						
2.						
3.						
4.						
5.						

Please remark **O for Observe, or A for Assist or P for Perform in Activity column*

PD PROCEDURES

C. OBTAIN SWAB SAMPLES FROM EXIT SITE

No.	Date	MRN	Activity*	Assessor	Sign	Remark
1.						
2.						
3.						
4.						
5.						

Please remark **O for Observe, or A for Assist or P for Perform in Activity column*

PD PROCEDURES

D. RECOGNITION OF PD PERITONITIS

No.	Date	MRN	Activity*	Assessor	Sign	Remark
1.						
2.						
3.						
4.						
5.						

Please remark **O for Observe, or A for Assist or P for Perform in Activity column*

PD PROCEDURES

E. PD EFFLUENT SAMPLING FOR MICROBIOLOGICAL TESTING

No.	Date	MRN	Activity*	Assessor	Sign	Remark
1.						
2.						
3.						
4.						
5.						

Please remark **O for Observe, or A for Assist or P for Perform in Activity column*

PD PROCEDURES

F. INTRAPERITONEAL ANTIBIOTIC ADMINISTRATION

No.	Date	MRN	Activity*	Assessor	Sign	Remark
1.						
2.						
3.						
4.						
5.						

Please remark **O for Observe, or A for Assist or P for Perform in Activity column*

CASE-BASED DISCUSSION

- Case-Based Discussion (CBD) is a **formative workplace-based assessment** conducted during supervised PD training.
- Each CBD shall be based on a **real PD-related clinical case** managed or reviewed by the trainee.
- The trainee shall complete the following details for each CBD:
    - Assessment date
    - Assessor name
    - Hospital
    - Case summary (including relevant history, assessment, management, and outcome)
- The trainer shall indicate the **focus area(s)** of the CBD by selecting one or more of the following:
    - Assessment of symptoms
    - Pharmacotherapy and management
    - Complications
    - Multidisciplinary approach
    - Counselling and monitoring
- Using the provided rating scale, the trainer shall grade the trainee's performance for each relevant domain as:
    - Below Expectation
    - Approaching Expectation
    - Meets Expectation
- The trainer should provide **comments and areas for improvement** where applicable.
- Each CBD must be **discussed with and assessed by a recognised trainer**, and the **trainer's signature** is required to validate completion.
- The trainee shall complete the **minimum of two (2) CBDs as specified by the training programme**.

CASE-BASED DISCUSSION (1)					
Assessment Date					
Assessor Name					
Hospital					
Case Summary					
Focus of CBD	Assessment of symptoms	Pharmacotherapy and management	Complication	Multi disciplinary approach	Counseling and Monitoring
Using the given scales, please grade the areas listed below					
Tick (/) in appropriate box and fill up comment	Below Expectation	Approaching	Meets Expectation	Comment	Area of Improvement
Signature of Trainer					

CASE-BASED DISCUSSION (2)					
Assessment Date					
Assessor Name					
Hospital					
Case Summary					
Focus of CBD	Assessment of symptoms	Pharmacotherapy and management	Complication	Multi disciplinary approach	Counseling and Monitoring
Using the given scales, please grade the areas listed below					
Tick (/) in appropriate box and fill up comment	Below Expectation	Approaching	Meets Expectation	Comment	Area of Improvement
Signature of Trainer					

PART B
TRAINEE EVALUATION FORM & ACKNOWLEDGEMENT

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TRAINEE EVALUATION FORM

Name of Health Care Personnel	:			
Name of Trainer	:			
Date	:			
Motivation to learn	:			
Patient Assessment	:			
Communication	:			
Knowledge/Clinical Competency	:			
Safety	:			
Documentation	:			
Professionalism	:			
Overall Performance (Tick (/) in appropriate box)	:	Below Expectation	Approaching	Meets Expectation
Signature of Trainer				

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ACKNOWLEDGEMENT

Based upon the procedures successfully observed and performed in this logbook, I hereby certify that

NAME: …….

IC NUMBER: ……..

has successfully completed the required minimum training in SIG – Peritoneal Dialysis Care from

…… to …….

and is hereby recommended for the award of a Certificate of Completion for

theSpecial Interest Group – Peritoneal Dialysis Care training module.

……..
Trainer:
Date:
Official stamp:

*The assessment report and the acknowledgement part shall be submitted separately by the trainer to the respective SIG subcommittee within one (1) month after completion of training for certificate issuance and further action.

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1) Peritoneal Dialysis Quality Standards 2020: *MOH/P/PAK/436.20(GU)-e*

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6) National Renal Registry 30th report: Chapter 10 Peritoneal dialysis *https://www.msn.org.my/nrr/30th-report-of-the-malaysian-dialysis-and-transplant-registry-2022/*

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TRAINING GUIDELINE SPECIAL INTEREST GROUP (SIG) PERITONEAL DIALYSIS CARE

e ISBN 978-629-96407-7-6



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