

SERVICE STANDARD 25: MEDICAL ASSISTANT SERVICES

PREAMBLE

Medical Assistants are a group of registered professional healthcare providers within the Malaysian healthcare system and they are governed legally by Act 180, i.e. Medical Assistants (Registration) Act 1977. The title Medical Assistant was changed administratively by the Public Services Department through a circular effective 2nd of July 2009. The change was imperative to reflect the current role, functions and direction of the profession. Medical Assistants (Assistant Medical Officers) are a group of highly trained competent professionals who form an integral part in primary and specialised health services. The scope of services provided encompasses the aspects of promotive, preventive, curative and rehabilitative in health care. It includes the clinical and governance aspects of various disciplines in both medical and public health setting.

The services of the Medical Assistant (Assistant Medical Officers) is an integral component in the integrated services of healthcare as partners that aspires to enhance the quality of life and create a healthy and productive Malaysian nation.

TOPIC 25.1

ORGANISATION AND MANAGEMENT

STANDARD 25.1.1

The services of Medical Assistants (Assistant Medical Officers) shall be organised, directed and coordinated with other services to provide professional middle level healthcare uncompromised in terms of quality and standards as required by the relevant authorities.

CRITERION NO.	CRITERIA FOR COMPLIANCE		SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS			
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK	
25.1.1.1	Vision, Mission, and values statements of the Facility are accessible. Goals and objectives that suit the scope of the services of Medical Assistants are clearly documented and measurable that indicate safety, quality, and patient-centered care. These reflect the roles and aspirations of the service and the needs of the community. These statements are monitored, reviewed, and revised as required accordingly and communicated to all staff.		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	Vision, Mission and values statements of the Facility are available, endorsed and dated by the Governing Body.						NA
	2.	Goals and objectives of the services of Medical Assistants in line with the Facility statements are available, endorsed and dated.						NA
	3.	Evidence of planned review of the above statements.						NA
	4.	These statements are communicated to all staff (orientation programme, minutes of meeting, etc.)						NA
	5.	Achievement of objectives are monitored, reviewed and revised accordingly.						NA

25.1.1.2 CORE	<p>The organisational structure of the services of Medical Assistants is clearly represented in one or more organization charts which:</p> <p>a) Provides a clear representation of the structure, functions, and reporting relationships between the Person in Charge (PIC), Head of Service (Chief Medical Assistant), Senior Medical Assistants, Medical Assistants (numbers only), Senior Healthcare Assistants/Pembantu Perawatan Kesihatan (PPK)</p> <p>b) is accessible to all staff and clients;</p> <p>c) is revised when there is a major change in any one of the following:</p> <p>i) organization;</p> <p>ii) functions;</p> <p>iii) reporting relationships;</p> <p>iv) Staffing patterns.</p>	NA			NA															
<table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Clearly delineated current organization chart with line of functions and reporting relationships between the Person In Charge (PIC), Chief Medical Assistant, all Senior Medical Assistants, Medical Assistants (numbers only), Senior Healthcare Assistants/Pembantu Perawatan Kesihatan (PPK), and Healthcare Assistants (numbers only).</td><td>NA</td></tr><tr><td>2.</td><td>At each service level, a unit organization chart is available which reflects the working relationships between consultants, medical practitioners, Senior Medical Assistants, and Senior Healthcare Assistants/Pembantu Perawatan Kesihatan (PPK).</td><td>NA</td></tr><tr><td>3.</td><td>Organization chart of the service is endorsed, dated, and accessible.</td><td>NA</td></tr><tr><td>4.</td><td>The organisation chart is reviewed when there is a major change in any of the items (c) (i) to (iv).</td><td>NA</td></tr></table>		EVIDENCE OF COMPLIANCE			1.	Clearly delineated current organization chart with line of functions and reporting relationships between the Person In Charge (PIC), Chief Medical Assistant, all Senior Medical Assistants, Medical Assistants (numbers only), Senior Healthcare Assistants/Pembantu Perawatan Kesihatan (PPK), and Healthcare Assistants (numbers only).	NA	2.	At each service level, a unit organization chart is available which reflects the working relationships between consultants, medical practitioners, Senior Medical Assistants, and Senior Healthcare Assistants/Pembantu Perawatan Kesihatan (PPK).	NA	3.	Organization chart of the service is endorsed, dated, and accessible.	NA	4.	The organisation chart is reviewed when there is a major change in any of the items (c) (i) to (iv).	NA				
EVIDENCE OF COMPLIANCE																				
1.	Clearly delineated current organization chart with line of functions and reporting relationships between the Person In Charge (PIC), Chief Medical Assistant, all Senior Medical Assistants, Medical Assistants (numbers only), Senior Healthcare Assistants/Pembantu Perawatan Kesihatan (PPK), and Healthcare Assistants (numbers only).	NA																		
2.	At each service level, a unit organization chart is available which reflects the working relationships between consultants, medical practitioners, Senior Medical Assistants, and Senior Healthcare Assistants/Pembantu Perawatan Kesihatan (PPK).	NA																		
3.	Organization chart of the service is endorsed, dated, and accessible.	NA																		
4.	The organisation chart is reviewed when there is a major change in any of the items (c) (i) to (iv).	NA																		
25.1.1.3	<p>Regular staff meetings are held between the Chief Medical Assistant and staff with sufficient regularity to discuss issues and matters pertaining to the operations of the services of Senior Medical Assistants and Senior Healthcare Assistants/ Pembantu Perawatan Kesihatan (PPK). Minutes are kept; decisions and resolutions made during meetings shall be accessible, communicated to all staff of the service and implemented.</p>	NA			NA															
<table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Minutes are accessible, disseminated and acknowledged by the staff.</td><td>NA</td></tr><tr><td>2.</td><td>Attendance list of members with adequate representatives of the service.</td><td>NA</td></tr></table>		EVIDENCE OF COMPLIANCE			1.	Minutes are accessible, disseminated and acknowledged by the staff.	NA	2.	Attendance list of members with adequate representatives of the service.	NA										
EVIDENCE OF COMPLIANCE																				
1.	Minutes are accessible, disseminated and acknowledged by the staff.	NA																		
2.	Attendance list of members with adequate representatives of the service.	NA																		

	3.	Frequency of meetings as scheduled at least four (4) times a year	NA					
	4.	Discussion and resolutions are implemented. (Problems not solved to be brought forward in the next meeting until resolved.)	NA					
25.1.1.4	The Chief Medical Assistant is involved in the planning, justification and management of the budget and resource utilisation of the services.			NA			NA	
EVIDENCE OF COMPLIANCE								
1.	Minutes of Facility-wide management meeting	NA						
2.	Documented evidence on request for allocation of budget and resources (staffing, equipment, etc.)	NA						
3.	Approved budget and resource	NA						
25.1.1.5	The Chief Medical Assistant is involved in the assignment of staff.			NA			NA	
EVIDENCE OF COMPLIANCE								
1.	Records on staff interview (if applicable)	NA						
2.	Assignment letter of Head of Service (Chief Medical Assistant)	NA						
3.	Job description of Head of Service (Chief Medical Assistant)	NA						
4.	Records on staff assignment/deployment	NA						
5.	Duty roster	NA						
25.1.1.6	All statistics and records pertaining to the services of Medical Assistants shall be maintained and used for managing the services and patient care purposes.			NA			NA	
EVIDENCE OF COMPLIANCE								
1.	Records are available but not limited to following:							
a)	workload/ census for inpatients and outpatients;	NA						
b)	annual report;	NA						
c)	incident and near misses reports	NA						
d)	staffing number and staff profile	NA						
e)	staff training records;	NA						
f)	Data on performance improvement activities, including performance indicators.	NA						

25.1.1.7	<div>The Chief Medical Assistant heads the planning, development and evaluation of the services of Medical Assistants and Healthcare Assistants/ Pembantu Perawatan Kesihatan (PPK).</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Chief Medical Assistant's involvement in steering a team in planning, development and implementation of new and existing policies, services and facilities.</td><td>NA</td></tr><tr><td>2.</td><td>Job description of Chief Medical Assistant.</td><td>NA</td></tr><tr><td>3.</td><td>Minutes of meetings of steering committee/ team</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Chief Medical Assistant's involvement in steering a team in planning, development and implementation of new and existing policies, services and facilities.	NA	2.	Job description of Chief Medical Assistant.	NA	3.	Minutes of meetings of steering committee/ team	NA	NA			NA							
EVIDENCE OF COMPLIANCE																								
1.	Chief Medical Assistant's involvement in steering a team in planning, development and implementation of new and existing policies, services and facilities.	NA																						
2.	Job description of Chief Medical Assistant.	NA																						
3.	Minutes of meetings of steering committee/ team	NA																						
25.1.1.8	<div>There is evidence that the services of Medical Assistants are involved in the development and implementation of new technologies.</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Evidence of involvement of the Medical Assistants on development and implementation of new technologies.</td><td>NA</td></tr><tr><td>2.</td><td>Minutes of departmental/ management meetings.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Evidence of involvement of the Medical Assistants on development and implementation of new technologies.	NA	2.	Minutes of departmental/ management meetings.	NA	NA			NA										
EVIDENCE OF COMPLIANCE																								
1.	Evidence of involvement of the Medical Assistants on development and implementation of new technologies.	NA																						
2.	Minutes of departmental/ management meetings.	NA																						
25.1.1.9	<div>If the Facility provides clinical experience for student Medical Assistants, there should be a comprehensive documented agreement between the Facility and the educational institution detailing the responsibilities of all parties, which shall include: a) time period; b) liability; c) review of terms of contract; d) accountability for clinical practices. e) appointment of local preceptors from among the existing staffs</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Valid Memorandum of Understanding (MOU) or Agreement</td><td>NA</td></tr><tr><td>2.</td><td>Ratio of Clinical Instructor (CI) and students commensurate with the number of student (1:15)</td><td>NA</td></tr><tr><td>3.</td><td>Student allocation roster for each discipline</td><td>NA</td></tr><tr><td>4.</td><td>Standards and Guidelines for Medical Assistant Education Programme.</td><td>NA</td></tr><tr><td>5.</td><td>Relevant documents of appointment for local preceptors.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Valid Memorandum of Understanding (MOU) or Agreement	NA	2.	Ratio of Clinical Instructor (CI) and students commensurate with the number of student (1:15)	NA	3.	Student allocation roster for each discipline	NA	4.	Standards and Guidelines for Medical Assistant Education Programme.	NA	5.	Relevant documents of appointment for local preceptors.	NA	NA			NA	
EVIDENCE OF COMPLIANCE																								
1.	Valid Memorandum of Understanding (MOU) or Agreement	NA																						
2.	Ratio of Clinical Instructor (CI) and students commensurate with the number of student (1:15)	NA																						
3.	Student allocation roster for each discipline	NA																						
4.	Standards and Guidelines for Medical Assistant Education Programme.	NA																						
5.	Relevant documents of appointment for local preceptors.	NA																						

TOPIC 25.2

HUMAN RESOURCE DEVELOPMENT AND MANAGEMENT

STANDARD 25.2.1

The Medical Assistant Services shall be directed by suitably qualified and experienced Chief Medical Assistant, and adequately staffed by Medical Assistants and Healthcare Assistants/ Pembantu Perawatan Kesihatan (PPK) to achieve the goals and objectives of the services.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
25.2.1.1	All Medical Assistants shall be individuals qualified in terms of education, training, experience, certification and registration under the Medical Assistants (Registration) Act 1977 to commensurate with the requirements of the various positions.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Records of credentials of Chief Medical Assistant, all Medical Assistants and Healthcare Assistants/Pembantu Perawatan Kesihatan (PPK) required to fill up the posts within the services (to match the complexity of the Facility and services), certification/registration and Annual Renewal Certificate [Medical Assistants (Registration) Act 180, 1977].	NA					
	2.	Profile of the staff, qualification, experience and overall staffing level.	NA					
	3.	List of Medical Assistants with post basic certification in various disciplines.	NA					
	4.	Training and competency records	NA					
	5.	Records on deployment/ assignment of Medical Assistants according to experience and specialty training	NA					
25.2.1.2	The Chief Medical Assistant is a member of the Senior Management Team and sits on relevant committees of the Governing Body.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Valid appointment letters and Terms of Reference as member of committees stipulated by the Governing Body.	NA					
	2.	Minutes of relevant committee meetings	NA					
25.2.1.3	The Chief Medical Assistant shall designate suitably qualified Medical Assistants with delegated responsibilities for delivering of services for each unit.			NA			NA	

	EVIDENCE OF COMPLIANCE							
	1.	Copies of records/ duty roster on designated Medical Assistants are assigned to each unit.	NA					
	2.	Letters of assignment	NA					
	3.	Job description of Senior Medical Assistants	NA					
	4.	On-call duty roster of Senior Medical Assistants	NA					
25.2.1.4	Medical Assistants staffing pattern shall reflect: a) patient needs and patient acuity level of care; b) staffing profile to comply with relevant guidelines and regulatory requirements: i) numbers; ii) credentials and privileges; iii) experience of the various categories of Medical Assistants. c) Contingency plan for staffing (mass casualty incidence, public health emergencies, turnover etc.).			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Records on manpower planning and forecast of staffing needs.	NA					
	2.	Qualified staff and patient ratio meets the Ministry of Health (MoH) norms.	NA					
	3.	Staff credentials and privileges.	NA					
	4.	Verification of staffing needs in units as reflected by:						
	a)	current assigned duty roster;	NA					
	b)	patient acuity level of care;	NA					
	c)	skills mix;	NA					
	d)	written contingency plan (mass casualty incidence, public emergencies, turnover etc.)	NA					
25.2.1.5	There are written and dated specific job descriptions for all Medical Assistants that include: a) qualifications, training, experience, and certification required for the position; b) lines of authority; c) accountabilities, functions, and responsibilities; d) review when required and when there is a major change in any of the following: i) nature and scope of work; ii) duties and responsibilities; iii) general and specific accountabilities; iv) qualifications required and privileges granted; v) staffing patterns;			NA			NA	

	vi) Statutory Regulations. e) administrative, teaching, and clinical functions.					
	EVIDENCE OF COMPLIANCE					
	1. Updated specific job description is available for each staff but not limited to items (a) to (e). NA					
	2. Job description includes specialisation skills and relevant privileges granted. NA					
	3. The job description is acknowledged by the staff and signed by the Head of Service/ Unit, Chief Medical Assistant and dated. NA					
25.2.1.6 CORE	The Chief Medical Assistant shall be responsible for the management, supervision, training and performance appraisal of Healthcare Assistants/Pembantu Perawatan Kesihatan (PPK).	NA			NA	
	EVIDENCE OF COMPLIANCE					
	1. Letters of assignment of Healthcare Assistants NA					
	2. Job description of Healthcare Assistants according to assigned areas of work. NA					
	3. Staff profile of individual Healthcare Assistant and overall staffing level. NA					
	4. Training records and list of Healthcare Assistants with Level 1 and Level 2 Certificate. NA					
	5. Duty roster of Healthcare Assistants in various disciplines. NA					
	6. Written contingency plan (mass casualty incidence, public health emergencies, turnover etc.). NA					
	7. Documented Supervisory Report on Healthcare Assistants. NA					
	8. Performance appraisal for Healthcare Assistants are completed upon probationary period and as an annual exercise. NA					
25.2.1.7 CORE	There is structured orientation programme for all newly appointed Medical Assistants, Healthcare Assistant/Pembantu Perawatan Kesihatan (PPK) and for those new to specific areas which shall include the followings: a) explanation of the Goals and Objectives, policies and procedures of the Facility, Medical Assistant Services and Healthcare Assistant Services; b) lines of authority and areas of responsibility; c) explanation of particular duties and functions; d) explanation of the methods of assigning specific care and the standards of practice; e) handover communications;	NA			NA	

	<div><div><div>f) processes for resolving practice dilemmas; g) information about safety procedures; h) training in basic/ advanced life support techniques; i) methods of obtaining appropriate resource materials; j) Annual Renewal Certificate (applicable to Medical Assistant only) k) education on Patient and Family Rights; l) education on MSQH standard requirements; m) fire safety and disaster management; n) patient safety; o) staff appraisal procedures.</div></div><div><div>EVIDENCE OF COMPLIANCE</div><div><div>1.</div><div>Policy requiring all new staff to attend a structured orientation programme.</div><div>NA</div></div><div><div>2.</div><div>Record of all new staff who attend a structured orientation programme.</div><div>NA</div></div><div><div>3.</div><div>There is a standard orientation programme with relevant topics not limited to topics covered from (a) to (o) and supported by an individual area/unit specific orientation programme.</div><div>NA</div></div></div></div> <td></td> <td></td> <td></td> <td></td> <td></td>					
25.2.1.8	<div><div>The Chief Medical Assistant ensures all Medical Assistants and Healthcare Assistants/ Pembantu Perawatan Kesihatan (PPK) receive evaluation of their performance at the completion of the probationary period and annually.</div><div><div>EVIDENCE OF COMPLIANCE</div><div><div>1.</div><div>Performance appraisal for all Medical Assistants and healthcare assistants is completed upon probationary period and as an annual exercise.</div><div>NA</div></div></div></div> <td>NA</td> <td></td> <td></td> <td>NA</td> <td></td>	NA			NA	
25.2.1.9	<div><div>There is evidence of training needs assessment and staff development plan which provide the knowledge and skills required for staff to maintain competency in their current positions and future advancement.</div><div><div>EVIDENCE OF COMPLIANCE</div><div><div>1.</div><div>Training needs assessment is carried out.</div><div>NA</div></div><div><div>2.</div><div>A staff development plan based on training needs assessment is available.</div><div>NA</div></div><div><div>3.</div><div>Training schedule/calendar is in place.</div><div>NA</div></div><div><div>4.</div><div>Training module.</div><div>NA</div></div></div></div> <td>NA</td> <td></td> <td></td> <td>NA</td> <td></td>	NA			NA	

25.2.1.10	There are continuing medical education and Continues Professional Development activities for staff to pursue professional interests and to prepare for current and future changes in practice.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Training calendar includes in-house/external courses/workshop/conferences	NA					
	2.	Contents of training programme	NA					
	3.	Training records on Continuing Medical Education and Continuing Professional Development activities are kept and maintained for each staff.	NA					
	4.	Certificate of attendance/ degree/ post basic training.	NA					
25.2.1.11	Personnel records on training, staff development, leave and others are maintained for every staff. Note: Staff personal record may be kept in Human Resource Department as per Facility policy.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Staff personal records include:						
	a)	staff biodata;	NA					
	b)	qualification and experience;	NA					
	c)	evidence of current registration;	NA					
	d)	training record;	NA					
	e)	competency record and privileging;	NA					
	f)	leave record;	NA					
	g)	confidentiality agreement	NA					
25.2.1.12	In a Facility where Medical Assistant education programmes are conducted, the Chief Medical Assistant shall ensure that there are sufficient skilled clinical instructors with right credentials, experience, certification and privileged to provide clinical guidance and supervision of students.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Skilled Clinical Medical Assistant Instructors with student ratio are appropriately met (1:15).	NA					

	2.	Written evidence that continuous effort has been taken to ensure that sufficient skilled Clinical Instructors are available at all times.	NA				
	3.	The Clinical Instructors have the right credentials and are privileged.	NA				
	4.	Signed Code of Conduct by Clinical Instructor.	NA				
	5.	Minutes of joint meetings between the Chief Medical Assistant and the training college/institution.	NA				
25.2.1.13 CORE	The Services of Medical Assistant shall ensure the establishment of a mechanism which includes requirements, methodology and certification for credentialing and privileging for Medical Assistants in specialised areas for specific procedures. The mechanism taken by the Medical Assistants shall adhere to the following: a) the written policies and procedures documents the criteria for privileging; b) the decisions made are objective, fair and impartial and consistent with written policies, procedures and criteria; c) the granting of privileges for a specified period of time; d) the allocation of privileges in such a way that each staff functions within a specified area of competence; e) the granting of privileges is approved by the Credentialing and Privileging Committee and certified by the Person in Charge (PIC)/ Governing Body.			NA		NA	
EVIDENCE OF COMPLIANCE							
	1.	Documented policies and procedures are established to govern the credentialing and privileging processes for Medical Assistants which are not limited to item (a) to (e).	NA				
	2.	There is a systematic validation process for each individual staff member of their credentials.	NA				
	3.	Skill competency is assessed regularly.	NA				
	4.	Formal letters of assignment or certificate of privileging with stipulated timeline are issued and reviewed accordingly.	NA				

TOPIC 25.3
POLICIES AND PROCEDURES

STANDARD 25.3.1

There are written and dated policies and procedures for all services provided by Medical Assistants and Healthcare Assistants/ Pembantu Perawatan Kesihatan (PPK). These policies and procedures reflect current standards of services and practice, relevant regulations, statutory requirements and the purposes of the services.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
25.3.1.1 CORE	<p>There are written policies and procedures for services provided by Medical Assistants and Healthcare Assistants/Pembantu Perawatan Kesihatan (PPK) which are consistent with the overall policies of the Facility, regulatory requirements and current standard practices which include:</p> <ul style="list-style-type: none"> a) policies and procedures, applicable laws and regulations that guide the medical care of all patients; b) policies and procedures that guide the care of high-risk patients and high-risk services: <ul style="list-style-type: none"> i) Pre Hospital Care; ii) Disaster/Mass Casualty Management; iii) emergency patients; iv) use of resuscitation services; v) administration of blood and blood products; vi) patients on life support/comatose; vii) patients with communicable disease; viii) immune-compromised patients; ix) patients on dialysis; x) care of patients on restraints/violence; xi) high-risk medications (Radio-iodine Oncology); xii) substance abuse (Methadone Clinic); xiii) medico-legal cases; xiv) forensic services; xv) community psychiatry. xvi) Public Health Emergency. <p>These policies and procedures are signed, authorised and dated. There is a mechanism for and evidence of a periodic review at least once in every three years.</p>	NA			NA	
	EVIDENCE OF COMPLIANCE					

	<ol style="list-style-type: none"> Documented Policies and Procedures, Protocols, Manuals and Guidelines are available to guide Medical Assistants for: <ol style="list-style-type: none"> general care of all patients; NA high risk patients as those mentioned in but not limited to (b). NA Policies and procedures are consistent with the regulatory requirements and current standard practices. NA Evidence of periodic review of policies and procedures. NA The policies and procedures are endorsed and dated. NA 					
25.3.1.2	<p>Policies and procedures are developed by a committee in collaboration with staff, medical practitioners, nursing staff, Management and where required with other external service providers and with reference to relevant sources involved. Cross departmental collaboration is practiced in developing relevant policies and procedures where applicable.</p> <p>EVIDENCE OF COMPLIANCE</p> <ol style="list-style-type: none"> Minutes of committee meetings on development and revision on policies and procedures. NA Minutes of meeting with evidence of cross reference with other departments NA Cross departmental policies and procedures, e.g. Inter-Hospital Transfer in which a policy is developed, e.g. between Ambulance and Transport Services (CMA), Porterage Services. NA 	NA			NA	
25.3.1.3	<p>Current policies and procedures are communicated to all staff of the Medical Assistant Services.</p> <p>EVIDENCE OF COMPLIANCE</p> <ol style="list-style-type: none"> Training and briefing on the current policies and procedures/ Minutes of meetings. NA Circulation list and acknowledgement. NA 	NA			NA	
25.3.1.4 CORE	<p>There is evidence of compliance with policies and procedures.</p> <p>EVIDENCE OF COMPLIANCE</p> <ol style="list-style-type: none"> Compliance with policies and procedures through: <ol style="list-style-type: none"> interview of staff on practices; NA 	NA			NA	

	b)	verify with observation of practices;	NA					
	c)	results on audit on practices;	NA					
	d)	practices in line with established policies and procedures.	NA					
25.3.1.5	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible to staff of Medical Assistant Services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Copies of policies and procedures, protocols, guidelines, relevant Acts, Regulations, By-Laws and statutory requirements are accessible on-site/workstation for staff reference.	NA					
25.3.1.6	The Chief Medical Assistant is responsible for the organisation, documentation and implementation of policies and procedures for the Medical Assistant Services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Policies and procedures for the Medical Assistant Services are endorsed by the Chief Medical Assistant.	NA					
25.3.1.7	The Medical Assistants participate in planning, decision making and formulation of policies of the Facility.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	List of committees where the Chief Medical Assistant is involved.	NA					
	2.	Minutes of Management meetings	NA					
25.3.1.8 CORE	Medical Assistants practice is in accordance with nationally accepted standards based on current evidences: a) initial assessment of patients and immediate intervention deemed necessary where relevant, i.e. triaging of patients for emergency services, pre-hospital care and dialysis patients; b) administering treatment and performing procedures as ordered by the medical practitioners; c) reviewing and reporting changes in the progress of the patient where relevant; d) completing the planned management with proper documentation; e) planning follow-up that reflects continuity of care where required; f) patient education which shall be documented, e.g. Outpatient Clinic, Orthopedics, Dermatology and Eye Clinics; Hemodialysis and Asthma patients.			NA			NA	

	EVIDENCE OF COMPLIANCE							
	1.	Evidence of implementation and documentation of practices (a) to (f); signed/ stamped and dated, e.g. patient's medical records.	NA					
	2.	Compliance to relevant National Patient Safety Goals.	NA					

TOPIC 25.4 FACILITIES AND EQUIPMENT

STANDARD 25.4.1

There are adequate and appropriate facilities and equipment for providing safe and efficient medical assistants' services according to standards set by the relevant authorities and regulatory requirements.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
25.4.1.1	There are adequate and appropriate facilities and equipment with proper utilisation of space to allow the Medical Assistants to carry out their services safely and efficiently.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Adequate and proper utilisation of space.	NA					
	2.	Appropriate type of equipment to match the complexity of the Medical Assistant Services.	NA					
	3.	Adequate facilities and equipment for Medical Assistants at each assigned patient care area for safe care. (e.g. defibrillators, emergency cart, hand washing facilities etc.)	NA					
	4.	Easy access and clear exit routes	NA					
	5.	Absence of overcrowding	NA					
25.4.1.2	Medical Assistants are provided with sufficient supplies and equipment at all times, including appropriate personal protective equipment.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Adequate equipment and supplies.	NA					
	2.	Equipment are replaced in a planned and systematic manner.	NA					
	3.	Stock inventory including personal protective equipment are according to par level.	NA					
	4.	Accessibility of critical equipment and consumables at all times	NA					
	5.	Equipment has valid Planned Preventive Maintenance (PPM)	NA					
25.4.1.3	Facilities which provide training shall have specific areas for training and rooms for tutorial.			NA			NA	

	EVIDENCE OF COMPLIANCE							
1.	Availability of training/ tutorial areas/ rooms.	NA						

TOPIC 25.5

SAFETY AND PERFORMANCE IMPROVEMENT ACTIVITIES

STANDARD 25.5.1

The Chief Medical Assistant shall ensure the provision of quality performance and safety of patients with the staff involvement in continuous safety and performance improvement activities of the Medical Assistant Services.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
25.5.1.1	There are planned and systematic safety and performance improvement activities to monitor and evaluate the performance. The process includes: a) Planned activities b) Data collection c) Monitoring and evaluation of the performance d) Action plan for improvement e) Implementation of action plan f) Re-evaluation for improvement Innovation is advocated.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Planned performance improvement activities include (a) to (f)	NA					
	2.	Records on performance improvement activities.	NA					
	3.	Minutes of performance improvement meetings.	NA					
	4.	Performance improvement studies.	NA					
	5.	Records of innovation if available.	NA					
25.5.1.2	The Chief Medical Assistant has assigned the responsibilities for planning, monitoring and managing safety and performance improvement activities to appropriate individual/personnel within the respective services.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Minutes of meetings	NA					
	2.	Letter of assignment of responsibilities	NA					
	3.	Job description	NA					
25.5.1.3 CORE	The Chief Medical Assistant shall ensure that the staff are trained and complete incident reports (where applicable) which are promptly reported, investigated,			NA			NA	

	<div>discussed by the staff with learning objectives and forwarded to the Person In Charge (PIC) of the Facility. Incidents reported have had Root Cause Analysis done and action taken within the agreed time frame to prevent recurrence.</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td colspan="2">System for incident reporting is in place, which include:</td></tr><tr><td>a)</td><td>Training of staff</td><td>NA</td></tr><tr><td>b)</td><td>Policy on incident reporting</td><td>NA</td></tr><tr><td>c)</td><td>Methodology of incident reporting</td><td>NA</td></tr><tr><td>d)</td><td>Register/ records of incidents</td><td>NA</td></tr><tr><td>2.</td><td>Completed incident reports</td><td>NA</td></tr><tr><td>3.</td><td>Corrective and preventive action plans</td><td>NA</td></tr><tr><td>4.</td><td>Remedial measure</td><td>NA</td></tr><tr><td>5.</td><td>Minutes of meetings</td><td>NA</td></tr><tr><td>6.</td><td>Acknowledgment by Chief Assistant Medical Officer and PIC/</td><td>NA</td></tr><tr><td>7.</td><td>Hospital Director</td><td>NA</td></tr><tr><td>8.</td><td>Feedback given to staff regarding incident reporting.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	System for incident reporting is in place, which include:		a)	Training of staff	NA	b)	Policy on incident reporting	NA	c)	Methodology of incident reporting	NA	d)	Register/ records of incidents	NA	2.	Completed incident reports	NA	3.	Corrective and preventive action plans	NA	4.	Remedial measure	NA	5.	Minutes of meetings	NA	6.	Acknowledgment by Chief Assistant Medical Officer and PIC/	NA	7.	Hospital Director	NA	8.	Feedback given to staff regarding incident reporting.	NA				
EVIDENCE OF COMPLIANCE																																												
1.	System for incident reporting is in place, which include:																																											
a)	Training of staff	NA																																										
b)	Policy on incident reporting	NA																																										
c)	Methodology of incident reporting	NA																																										
d)	Register/ records of incidents	NA																																										
2.	Completed incident reports	NA																																										
3.	Corrective and preventive action plans	NA																																										
4.	Remedial measure	NA																																										
5.	Minutes of meetings	NA																																										
6.	Acknowledgment by Chief Assistant Medical Officer and PIC/	NA																																										
7.	Hospital Director	NA																																										
8.	Feedback given to staff regarding incident reporting.	NA																																										
25.5.1.4 CORE	<div>The Medical Assistant Services shall conduct tracking and trending of the following specific performance indicators: i. Number of fire drill that has been carried out by the hospital in the corresponding year: a. Fire Drill at hospital level: Once a year b. Tabletop Exercise at hospital level: Twice a year (Once in 6 months) ii. Dispatch and Ambulance Preparedness of Primary Responses (Target: ≥90%) iii. Percentage of Medical Assistants in Emergency Services trained in Advanced Life Support (ALS) (Target: Non-specialist hospital: ≥30% Specialist hospital: ≥50%) iv. Percentage of Medical Assistants with post basic qualification and advance training in relevant disciplines. Target: ≥ 40% v. Peak Flow Rate (PEFR) Implementation for Asthma Patients in Asthma Bay by Medical Assistant (Target: >80% number of all asthma patients with Pre and Post PEFR treated in Asthma Bay)</div> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Specific performance indicators monitored.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Specific performance indicators monitored.	NA	NA			NA																																	
EVIDENCE OF COMPLIANCE																																												
1.	Specific performance indicators monitored.	NA																																										

	2.	Reports on Fire Drill and Tabletop Exercise	NA					
	3.	Remedial measures taken where appropriate	NA					
25.5.1.5	Feedback on results of safety and performance improvement activities are regularly communicated to the staff.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Results on safety and performance improvement activities are accessible to staff.	NA					
	2.	Evidence of feedback via communication on results of performance improvement activities through continuing medical education activities/meetings.	NA					
	3.	Minutes of service/ unit/ committee meetings	NA					
25.5.1.6	Appropriate documentation of safety and performance improvement activities is kept and confidentiality of medical practitioners, staff and patients is preserved.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Documentations on performance improvement activities and performance indicators.	NA					
	2.	Policy statement on anonymity on patients and providers involved in performance improvement activities	NA					

TOPIC 25.6

SPECIAL REQUIREMENTS

Medical Assistants play roles of specially trained healthcare staff providing a high standard of care for inpatients (where relevant) and ambulatory care to the community in specific clinical disciplines. Medical Assistants also coordinate with other services to provide support for the Environmental and Safety Services of the Facility. The most common areas that Medical Assistants are involved include the following:

1. Role in Environmental and Safety Services
2. Role as Fire Safety Officer
3. Role in External/Internal Disaster Management
4. Role in Clinical Supervision
5. Roles in Specific Clinical Services

STANDARD 25.6.1

Role in Environmental and Safety Services

The Chief Medical Assistant shall assign designated Medical Assistant to oversee the activities related to Environmental and Safety Services, working in collaboration with the Head of Environmental and Safety Services and coordinated by appropriate Committees as to provide optimum support to the objectives of the Facility in terms of the safety needs of the Facility, patients, staff and visitors.

CRITERION NO.	CRITERIA FOR COMPLIANCE		SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS			
					AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK	
25.6.1.1	The role of assigned Medical Assistant shall address but not limited to the following: a) Occupational Safety and Health b) Fire Safety c) Disaster Management i) External Disaster ii) Internal Disaster d) Hazardous Material and Recyclable Waste Management e) Security Services f) Vector and Pest Control *(a), (e) & (f) where applicable		NA			NA		
	EVIDENCE OF COMPLIANCE							
	1.	Operational policies of the Environmental and Safety Services address activities (a) to (f).						NA
	2.	Terms of reference on the role and responsibilities of assigned Medical Assistant to address activities (a) to (f).						NA

25.6.1.2	<p>There is clear evidence of coordination and cooperation amongst the various Medical Assistants pertaining to Environmental and Safety Services. Records on the coordination meetings and discussions shall be kept and made accessible to relevant staff when required.</p> <p>EVIDENCE OF COMPLIANCE</p> <p>1. Minutes of meetings of the coordination meetings. NA</p>	NA			NA	
25.6.1.3 CORE	<p>The assigned Medical Assistant to the Environmental and Safety Services are appropriately qualified, trained, experienced and/ or certified where required.</p> <p>EVIDENCE OF COMPLIANCE</p> <p>1. Attendance to relevant training. NA</p> <p>2. Staff training records NA</p>	NA			NA	

STANDARD 25.6.2**Role as Fire Safety Officer**

The Person In Charge (PIC) of the Facility shall ensure the appointment of the Chief Medical Assistant to the Facility's Fire Safety Committee and as the designated Fire Safety Officer for the Facility as per Circular from Director General of Health Services Malaysia [KKM.600.27/14/39 JLD 2(55)]

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
25.6.2.1 CORE	The Chief Medical Assistant shall be assigned as a permanent member to the Facility's Fire Safety Committee and as the Fire Safety Officer for the Facility.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Letter of assignment of Chief Medical Assistant as member of Fire Safety Committee and Fire Safety Officer with Terms of Reference.	NA					
	2.	Appropriate training and experience as Fire Safety Officer.	NA					
25.6.2.2 CORE	The Chief Medical Assistant who is the Fire Safety Officer shall prepare, implement and review the Fire Prevention and Surveillance Plan.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Fire Prevention and Surveillance Plans that have been endorsed and dated by the Person in Charge (PIC).	NA					
25.6.2.3	The Chief Medical Assistant who is the Fire Safety Officer shall organise and implement training for fire safety coordinators, firefighting and rescue team members, and other personnel involved.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Fire Safety training schedules	NA					
	2.	Certification/ list of attendance	NA					
25.6.2.4	Fire drills are conducted at least once a year based on the fire prevention and control plan.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Reports on fire drills	NA					
	2.	Identifying shortfalls	NA					
	3.	Minutes of meetings of pre and post drills	NA					

	4.	Remedial actions planned and implemented.	NA					
25.6.2.5	The Fire Safety Officer shall coordinate manpower to help in rescuing and evacuation of victims and equipment to a safer area.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	List of identified personnel for the purpose.	NA					
	2.	Evidence of appropriate training to the selected personnel.	NA					
25.6.2.6 CORE	The Fire Safety Officer shall conduct Fire Audit in the wards/ units regularly.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Audit Schedules	NA					
	2.	List of Auditors	NA					
	3.	Reports of audits	NA					

STANDARD 25.6.3**Role in External/Internal Disaster Management**

The Chief Medical Assistant plays a critical role in emergency preparedness and shall be assigned to oversee the activities related to External and Internal Disaster Management, working in collaboration with the Head of Services within the Facility and other relevant agencies. He shall coordinate appropriate Committees as to provide optimum support to the objectives of the Facility in terms of Reduce Damages and Deaths, Reduce Personal Suffering, Speed Recovery and Protect Victims in the event of a disaster.

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
25.6.3.1	The Person In Charge (PIC) of the Facility shall ensure the assignment of the Chief Medical Assistant as the secretary of the External/Internal Disaster Management Committee (where applicable).			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Valid appointment letters and Terms of Reference as member of committees stipulated by the Governing Body.	NA					
	2.	Minutes of relevant committee meetings	NA					
25.6.3.2 CORE	The Chief Medical Assistant shall coordinate in the preparation, implementation and review of the External/ Internal Disaster Management Policy.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	The Internal/External Disaster Management Plans that has been endorsed and dated by the Person In Charge (PIC).	NA					
25.6.3.3	The Chief Medical Assistant shall organise and implement training for internal/ external disaster management teams.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Internal/ External Disaster Management Training schedules	NA					
	2.	Certification/ list of attendance	NA					
25.6.3.4	Internal/ External Disaster drills are conducted at least once a year.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Reports on disaster drills	NA					
	2.	Identifying shortfalls	NA					
	3.	Minutes of meetings of pre and post drills	NA					

	4.	Remedial actions planned and implemented.	NA					
25.6.3.5 CORE	The Chief Medical Assistant shall coordinate manpower to help in rescuing and evacuation of victims and equipment to a safer area.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	List of identified personnel for the purpose.	NA					
	2.	Evidence of appropriate training to the selected personnel.	NA					

STANDARD 25.6.4**Role in Clinical Supervision**

The Chief Medical Assistant shall ensure clinical supervision is carried out as part of best practice to facilitate and develop the knowledge and competence of individual practitioners in order to provide high quality care and safety among patients, public, staff and service users. Supervision's objectives are "normative" (e.g. quality control), "restorative" (e.g. encourage emotional processing) and "formative" (e.g. maintaining and facilitating supervisees' competence, capability and general effectiveness).

Reference:

Milne (2007) defined clinical supervision as: "The formal provision, by approved supervisors, of a relationship-based education and training that is work-focused and which manages, supports, develops and evaluates the work of colleague/s. The main methods that supervisors use are corrective feedback on the supervisee's performance, teaching and collaborative goal-setting. It therefore differs from related activities, such as mentoring and coaching, by incorporating an evaluative component."

CRITERION NO.	CRITERIA FOR COMPLIANCE			SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
						AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
25.6.4.1 CORE	The Chief Medical Assistant shall carry out clinical supervision rounds periodically in an appropriate time frame to facilitate and develop the knowledge and competence of individual practitioners in order to provide high-quality care and safety among patients, public, staff, and service users.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	An approved supervisory schedule/ roster for a year	NA					
	2.	Records/ reports on supervision in clinical areas	NA					
	3.	Evidence of review on records/ reports on supervision in clinical areas by management.	NA					
25.6.4.2	The Chief Medical Assistant shall ensure that the clinical practice of the Medical Assistants is according to the standard operating procedures.			NA			NA	
	EVIDENCE OF COMPLIANCE							
	1.	Standard operating procedures and guidelines relevant to the clinical practice	NA					
	2.	Evidence of adherence to the standard operating procedures.	NA					
	3.	Records of non-adherence and the remedial actions.	NA					

STANDARD 25.6.5**Roles in Specific Clinical Services**

The Medical Assistant Services shall also coordinate with other services such as clinical services, nursing services or independently in the Facility to provide a high standard of inpatient care (where relevant) and ambulatory/outpatient services covering appropriateness of clinical care in the following specific disciplines:

1. Emergency & Trauma Services and Pre Hospital Care
2. Hemodialysis Services
3. Community Psychiatry Services
4. Hospital Psychiatry Services
5. Intensive Care Services and Hemodynamic Services
6. Orthopedic Services
7. Ophthalmology Services
8. Otorhinolaryngology Services
9. Peri-Anaesthesia and Anesthetic Services (Sabah & Sarawak)
10. Forensic/Mortuary Services
11. Invasive and Non-Invasive Cardiac Laboratory
12. Neurophysiology Services
13. Urology Services
14. Cardiothoracic Surgery Services
15. Neurology Services - Sleep Laboratory
16. Hand & Microsurgery Services
17. Hepatobiliary Surgery Services
18. Plastic Surgery Services
19. Dermatology Services
20. Rehabilitation Medicine Services
21. Oncology Services
22. Nuclear Medicine Services
23. Respiratory Medicine Services
24. Endoscopy Services
25. Neurosurgical Services

In addition to the above, the Medical Assistant Services also conduct teaching and training, research and audit activities where applicable.

CRITERION NO.	CRITERIA FOR COMPLIANCE	SELF RATING	FACILITY COMMENTS	SURVEYOR FINDINGS		
				AREAS FOR IMPROVEMENT / RECOMMENDATIONS	SURVEYOR RATING	RISK
25.6.5.1 CORE	<p>The Chief Medical Assistant shall ensure that appropriately qualified and competent Medical Assistants are deployed as per requirements of the specialized services.</p> <p>1. Emergency & Trauma Services and Pre Hospital Care</p> <p>i) All Medical Assistants shall be trained in Basic Life Support (BLS) within two (2) months after being placed in the Emergency Services</p> <p>ii) All Medical Assistants in the Emergency Services shall continuously participate in Advanced Life Saving and Trauma Programme (e.g. Malaysian Trauma Life Support</p>	NA			NA	

	<p>(MTLS) Advanced Life Support (ALS)/ Advanced Cardiac Life Support (ACLS)/ Pediatric Advanced Life Support (PALS)] or any advanced program done by Emergency Services within two (2) years after being placed in the Emergency Services.</p> <p>2. Haemodialysis Services</p> <p>i) All Medical Assistants assigned to work in Hemodialysis Unit should undergo at least three (3) months of tagging and shall be trained in Basic Life Support (BLS) within two (2) months after being placed in the Hemodialysis Unit.</p> <p>3. Psychiatry Services</p> <p>i) All Medical Assistants shall attend post basic (Advanced Dip in Mental Health Care) within three (3) years posted to a Psychiatric Unit/ Department. Medical Assistants who assist in Electroconvulsive therapy (ECT) shall possess a post basic certificate in Peri Anesthesia/ Anesthesia</p> <p>4. Anaesthesia and Intensive Care Services</p> <p>i) All Medical Assistants shall be trained in Basic Life Support (BLS) within two (2) month after being placed in the Anesthesia and Intensive Care Services.</p> <p>ii) All Medical Assistants who work more than three (3) years in the Anesthesia and Intensive Care Services should attend post basic training in Peri-Anesthesia or Advance Diploma Intensive Care (Technology) or Anesthesia (Sabah & Sarawak)</p> <p>iii) All Medical Assistants (Intensive Care Technologists, Anesthetic Assistant and Technologists) who work more than three (3) years in the Anesthesia and Intensive Care Services shall be credentialed at the Ministry of Health (MOH) level by National Credentialing Committee.</p> <p>iv) All Medical Assistants shall be privileged at the hospital level after completion of log books (within 6 months – 12 months) after being placed in the Anesthesia and Intensive Care Services.</p> <p>5. Orthopedic, Ophthalmology, and Otorhinolaryngology Services</p> <p>i) All Medical Assistants shall participate in Departmental/ State/ National level orthopedic courses or any post basic program organized by the Ministry of Health.</p> <p>ii) All Medical Assistants shall be trained in Basic Life Support (BLS) within two (2) months after being placed in the Ophthalmology Services especially those who are involved in Fundus photo Angiogram procedures.</p> <p>iii) All Medical Assistants shall attend post basic course in Ophthalmic Nursing within three (3) years of being posted in the Ophthalmology Services</p> <p>6. Neurophysiology Services</p> <p>i) All Medical Assistants assigned to work in the specialist department should undergo at least three (3) months of tagging and attend a post basic course in Neurophysiology Clinical within three (3) years.</p> <p>7. Cardiothoracic Surgery Services</p> <p>i) All Medical Assistants assigned to work in Cardiothoracic Unit should undergo at least three (3) months of tagging and shall be trained in Basic Life Support (BLS) within three (3) years after being placed in the Cardiothoracic Surgery Department/Unit.</p>					
--	---	--	--	--	--	--

	<p>8. Endoscopy Services</p> <p>i) All Medical Assistants shall be trained in Gastrointestinal Endoscopy at least two (2) months after being placed in the Endoscopy Unit.</p> <p>ii) All Medical Assistants assigned to work in an endoscopic unit should undergo at least three (3) months of tagging and attend a post basic course in Endoscopy Clinical within three (3) years.</p> <p>iii) All Medical Assistants in the Endoscopy Unit shall continuously participate in any program organized by the Malaysian Society of Gastrointestinal and Hepatobiliary.</p> <p>9. Neurosurgical Services</p> <p>i) All Medical Assistants assigned to work in the specialist department should undergo at least three (3) months of tagging and attend a relevant post basic course (Neuroscience, Perioperative) within three (3) years.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Written policies on the specific requirements for specialised training for Medical Assistants.</td><td>NA</td></tr><tr><td>2.</td><td>Records of training/ tagging log books of Medical Assistants.</td><td>NA</td></tr><tr><td>3.</td><td>Post Basic Certificates</td><td>NA</td></tr><tr><td>4.</td><td>Reports of Chief Medical Assistant's supervision of Medical Assistants deployed to specific clinical disciplines.</td><td>NA</td></tr><tr><td>5.</td><td>Documentation on remedial actions found during the supervision and audit on clinical practice.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Written policies on the specific requirements for specialised training for Medical Assistants.	NA	2.	Records of training/ tagging log books of Medical Assistants.	NA	3.	Post Basic Certificates	NA	4.	Reports of Chief Medical Assistant's supervision of Medical Assistants deployed to specific clinical disciplines.	NA	5.	Documentation on remedial actions found during the supervision and audit on clinical practice.	NA				
EVIDENCE OF COMPLIANCE																							
1.	Written policies on the specific requirements for specialised training for Medical Assistants.	NA																					
2.	Records of training/ tagging log books of Medical Assistants.	NA																					
3.	Post Basic Certificates	NA																					
4.	Reports of Chief Medical Assistant's supervision of Medical Assistants deployed to specific clinical disciplines.	NA																					
5.	Documentation on remedial actions found during the supervision and audit on clinical practice.	NA																					
25.6.5.2 CORE	<p>Forensic Services/ Mortuary Services</p> <p>The Chief Medical Assistant shall ensure that Medical Assistants working in the Forensic Services have adequate experience in the services before being allowed to work independently and they are made aware of medico legal implications that may arise in the course of their work.</p> <p>All Medical Assistants assigned to work in the Forensic Services of non-specialist facility should undergo at least two (2) weeks of attachment in a specialist facility.</p> <table><tr><th colspan="3">EVIDENCE OF COMPLIANCE</th></tr><tr><td>1.</td><td>Records on attachment training in facility with specialist services</td><td>NA</td></tr><tr><td>2.</td><td>Approval by the relevant authority to confirm that the Medical Assistants allowed to work independently in the Forensic Services of non-specialist facility.</td><td>NA</td></tr></table>	EVIDENCE OF COMPLIANCE			1.	Records on attachment training in facility with specialist services	NA	2.	Approval by the relevant authority to confirm that the Medical Assistants allowed to work independently in the Forensic Services of non-specialist facility.	NA	NA			NA									
EVIDENCE OF COMPLIANCE																							
1.	Records on attachment training in facility with specialist services	NA																					
2.	Approval by the relevant authority to confirm that the Medical Assistants allowed to work independently in the Forensic Services of non-specialist facility.	NA																					
25.6.5.3	All Medical Assistants in the Forensic Services shall work under supervision for at least three (3) months before being allowed to work independently.	NA				NA																	

	EVIDENCE OF COMPLIANCE							
	1.	Records of probationary period of all Medical Assistants						NA
	2.	Approval by the relevant authority in allowing the Medical Assistants to work independently.						NA

SERVICE SUMMARY

-

OVERALL RATING : NA

OVERALL RISK : -