

Paediatrics Postgraduate Training in Malaysia



GUIDE FOR APPLICANTS

VERSION 1, 2020

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Preface

What is this document?

This document is a guide for those applying to enter Postgraduate training in Paediatrics. It contains information on the entry requirements for the specialty training programme, the selection process and what the training entails. It is an extract from the National Postgraduate Curriculum for Paediatrics, and provides key summaries about the training, structure, syllabus and assessments.

The National Paediatric Postgraduate Curriculum

The National Postgraduate Curriculum (NPC), for Paediatrics is the result of a collaboration between the Conjoined Board for Paediatrics of the Malaysian National Universities from the Ministry of Education (MOE), and the Ministry of Health (MOH).

This is the common curriculum for training in Paediatrics and candidates have the option to train for the Master of Paediatrics Degree at a university (University pathway), or through the Ministry of Health, (MOH or parallel pathway).

This curriculum provides a unified and structured standard for the postgraduate training of Paediatric specialists throughout the Malaysia with the aim of delivering high quality, effective and safe patient care in the secondary and tertiary settings.

The writers

The Paediatrics curriculum was written by a team of clinicians from the Universities and the Ministry of Health, appointed and supported by the National Paediatric Conjoined Board. An extensive consultation was carried out, with the inclusion of subspecialties into the syllabus. The core team of writers are acknowledged below.

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The Curriculum template was devised by Mr David Pitts and the late Professor Simon Frostick from the International Curriculum Development Institute.

Introduction

Purpose of this guide

The purpose of this guide is to inform prospective applicants wishing to undertake a postgraduate qualification in Paediatrics. It summarises the key aspects of the Paediatrics curriculum, (entry requirements, process, training structure, assessments, some documentation and exit criteria), and provides a guide as to how to prepare and proceed with the application.

What is the Paediatric Specialty?

The specialty of Paediatrics deals with the medical care and health of infants, children and adolescents both in the hospital setting and at the community level. It includes health promotion, disease prevention child advocacy and particularly in the community environment, looking after children with developmental, social or behavioural problems and those with a physical disability. A key feature of Paediatrics is a holistic approach to family-centred care.

Size of the Paediatric Specialty

As of 2020 there are 1203 Paediatricians registered on the National Specialist Registry (NSR), with a distribution as follows:

Sector	Number	%
Government Sector	550	45.7%
Private Sector	494	41.1%
Public University	129	10.7%
Private Universities	26	2.2%
Armed Forces	4	0.3%

The target ratio based on a current population of 32.3 million with 30% below 18 years old, is one Paediatrician to 10,000 children with the target number being 1934. This is a shortfall 731 paediatricians. By the year 2030 based on an estimated population of 36.3 million, with 10.89 million children, the target ratio is set as one Paediatrician to 5850 children, with the number of specialists required being 2025.

There are currently about 500 trainees per year on a structured paediatric postgraduate programme in Malaysia. These programmes are organised by 4 Universities (Master and Doctor of Paediatrics) and Ministry of Health (parallel programme by MRCPCH). There are facilities in 3 University Hospitals and more than 20 Ministry of Health hospitals which are accredited according to their training facilities, case mix and subspecialist availability. A parallel pathway for specialist training exists through passing UK-based membership examinations (MRCPCH examinations).

Unique features of Paediatric Specialty

Paediatric physicians provide healthcare to children from birth to adolescence and are uniquely placed to help the development of the child not only through illness but also with preventative health services. It is a holistic engagement forming long-term relationships with the child, partnership with the family, and a Paediatrician will manage the physical, mental, and emotional well-being of the children under their care at every stage of development. Monitoring the growth and development of children and ensuring a safe environment for children requires a deep insight and a keen interest into the well-being of the child. The changing challenges of dealing with a patient from childhood to adolescence, and often in a changing environment, requires communication approaches to adapt over time.

One of the features of the specialty is the highly specialised perinatal care of new-borns, including the care of the extremely low birth weight babies (<1000g birth weight). This can be based in intensive care units looking after premature babies or those with problems at birth.

The Paediatrician places a key role in the community forming a close working relationship

with public health, welfare services and policy makers to ensure the protection of children's rights, and to ensure the provision of good preventive care from early childhood and throughout adolescence.

Why choose the Paediatric Specialty as a career?

The interaction with children and parents at the most critical, and sometimes the most difficult moments of their life is what makes Paediatrics such a rewarding profession. The unique pleasure and satisfaction of observing each milestone in the growth and development of an infant, the spontaneity of the toddlers, the delicate shyness of the school going child and the challenging attitudes of adolescents makes Paediatrics extremely special and enjoyable. The ability to use a playful approach is not seen in any other specialty and the care and guidance of a sick child requires excellent communication and empathic skills.

Paediatricians provide integrated care and a holistic approach to the child and their family, and is not limited to any particular illness. There has been an increase in patient complexity, linked to the increased survival of children with chronic health conditions, disability and life-limiting illness, and expectations of what can and should be done to extend life have changed.

It is a specialty that allows doctors to bring out the best of themselves and also of the children and their parents. Creative and innovative approaches are important. These unique features create a high level of dedication and collegiality among all specialists for children, resulting in a very rewarding career. If you enjoy interacting with children and adolescents, and across a wide range of healthcare issues then Paediatrics is the field for you.

1. The Paediatric Specialty Programme

Pathways

There are two pathways for training as a Paediatrics Specialist namely; the University pathway (Master or Doctor of Paediatrics in a university), or the MOH or Parallel pathway (Ministry of Health). The training programme for both pathways follows a single curriculum and except for the examinations, the content and features of training are aligned. The entry requirements, entry process, syllabus, training format, assessment tools and exit criteria are similar for both. The main differences in the summative examinations for each pathway are described in the Assessment section of this guide.

All trainees will undergo a minimum of four years of structured training through general paediatrics, neonatology and its subspecialties, with the maximum training period being seven years.

The University pathway is organised by the National Paediatric Conjoint Board and is offered at the following public medical universities.

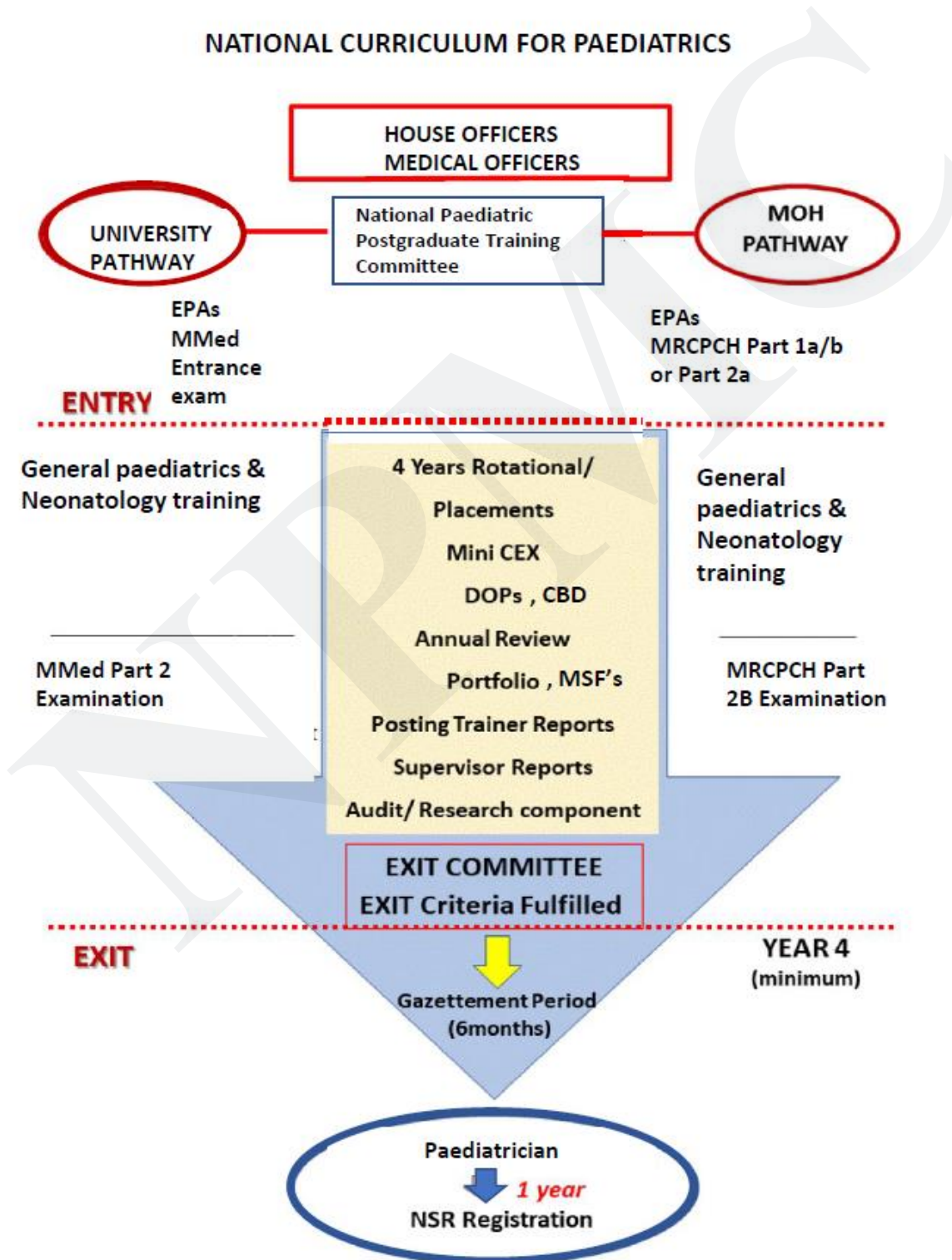
The four local universities and their professional degrees are:

University of Malaya (UM)	Master of Paediatrics
Universiti Kebangsaan Malaysia (UKM)	Doctor of Paediatrics
Universiti Sains Malaysia (USM)	Master of Medicine (Paediatrics)
Universiti Putra Malaysia (UPM)	Master of Medicine (Paediatrics)

The MOH pathway is a parallel training programme carried out in accredited MOH hospitals.

An illustration of the structure of training is shown in Figure 1.

Figure 1



2. Entry Requirements

Essential criteria

Candidates are expected to meet the essential entry requirements of the training programme required for each of the pathways. These are shown in the table below.

Entry Requirements by Pathway

Entry requirement	University pathway	MOH or Parallel pathway	Evidence
MMC registration (temporary or full registration)	Essential	Essential	Current MMC registration certificate
Completion of house-officer training	Essential	Essential	Completion of house-officer training certificate
Completion of 4 months of Paediatric posting as a house-officer or medical officer	Essential	Essential	Proof of successful completion of house officer training in Paediatrics; for medical officer - supervisor report and portfolio
Successful completion of all required Paediatric Entrustable Professional Activities (EPAs). See Appendices	Essential	Essential	Documentation of successful completion of ELAs
Pass entrance examinations	MMed entrance exam	MRCPCH Foundation of Practice (Part 1a), or Theory and Science (Part 1b), or Applied Knowledge in Paediatrics (Part 2a)	Proof of eligibility for MMed Proof of passing one of the three theory MRCPCH exams
Overseas applicants	In addition to the requirements for home applicants, overseas candidates must attain any additional university requirements e.g. English language skills	Not applicable	Attainment of any additional university requirements e.g. IELTS or equivalent of at least 7

Important:

Any falsification of documents (mandatory or desirable), will result in the application being rejected and the doctor being reported to the MMC.

Any adverse reports such as an investigation by the MMC must be declared to the Selection Committee.

Desirable criteria

Participation in activities, demonstrating that the candidate has a keen interest in working with children, or in the field of Paediatrics and Child Health, will increase the chances of acceptance into the programme.

Examples of activities can include (but are not restricted to):

- Attending paediatric courses, (e.g. advanced life support courses)
- Participation in paediatric congresses or seminars
- Activities with non-governmental organisations involving children
- Participation as a resource person in medical camps, (e.g. diabetic camps)
- Participation in community-based events involving children
- Humanitarian work

In general, whilst commendable and encouraged, extracurricular activities not involving children will carry less weight towards the prospective candidate selections.

Personal Qualities

Trainees in Paediatrics are required to demonstrate and develop a set of personal qualities that are critical to the good practice of medicine, especially in regard to caring for children and their families. While not all are assessed at entry to the programme, these professional qualities need to be developed throughout the training and during professional career through feedback and reflection. These attributes include (but are not limited to):

- **Like working with children** – ability to connect well with children and adolescents.
- **Inquiring mind** – a paediatrician should not simply accept issues at face value they must be open to other possibilities by questioning inconsistencies. Initial diagnoses may sometimes need revising as further information becomes evident.
- **Critical thinking** – the appraisal and application of evidence-based medicine is central to the practice of Paediatrics, as is the use of a scientific approach in conducting research and quality improvement.
- **Communication** – excellent communication is a foundation of good practice. Effective communication establishes rapport and improves patient satisfaction and compliance. It also minimises complaints and reduces medicolegal risk.
- **Motivation** – motivation and hard work are essential not only in clinical practice but also in learning (taught and self-directed), through the identification of deficiencies and learning needs for individuals, groups and organisations. Trainees must be self-motivated to always improve care delivery and contribute to service improvement.
- **Team working and collaborative working** – modern medicine demands a close working relationship across multiple specialities and disciplines so that the highest standards of care can be achieved.
- **Humility** – being prepared to receive feedback enables learning to take place. Good feedback encourages positive behaviours while negative feedback, though sometimes hard to accept, enables trainees to identify inappropriate or unhelpful behaviour that may be improved.
- **Reflection** – reflection on events is a prerequisite of learning. Change can be made by managing situations differently and identifying skill deficiencies through reflective practice and self-awareness.
- **Resilience and self-care** – caring for patients can be challenging. A paediatrician will be faced with many factors sometimes beyond their control as well as demands at work. The ability to cope with the volume of work, interpersonal relationships and time constraints requires commitment.

Entrustable Professional Activities (EPA)

Entrustable Professional Activities (EPAs), are clinical activities that prospective trainees should be able to perform in a trustworthy manner by the time they enter the postgraduate training in Paediatrics.

Candidates must demonstrate a minimum level of clinical competency and the knowledge, skills and attitudes that they need when carrying out tasks and responsibilities. EPAs also serve as learning opportunities for trainees as they receive feedback regarding their performance for the activities they are tasked with.

Entry EPAs are professional activities which a trainee must be able to perform independently, competently and in a trustworthy manner by the time they enter the specialty training programme in Paediatrics.

The Entry EPAs listed below must be completed before application for specialty training and documented evidence must be submitted with the application. Each EPA has to be assessed and endorsed by a specialist (paediatrician, family medicine physician and emergency medicine physician or relevant specialist for the respective EPA). They may form the basis for interview questions or other assessments used as part of the selection process.

There are seven Entry EPAs for Paediatrics:

EPA 1	Acute exacerbation of asthma
EPA 2	Acute gastroenteritis
EPA 3	Neonatal jaundice
EPA 4	Fits
EPA 5	Venepuncture
EPA 6	Immunisation
EPA 7	Consent for blood product transfusion

The Entry EPAs are detailed in the Appendix of this document.

3. Entry Process

There are two pathways for training in Postgraduate Paediatrics and the entry process for each pathway is detailed below.

University pathway

All candidates wanting to enter into the University pathway (Master or Doctor of Paediatrics), will be required to successfully pass the Paediatric Entrance Examination (MedEx). This examination is conducted twice a year and can be taken during housemanship. A pass in the entrance examination is valid for 3 years.

Details of the entrance examination (MedEX) and syllabus can be obtained from the Malaysian Examinations Council (Majlis Peperiksaan Malaysia), website www.mpm.edu.my. Preparatory courses are organised three times a year by the universities and the relevant details will be communicated accordingly.

Scholarships for Master or Doctor of Paediatrics (for MOH employees ONLY)

Eligible trainees may apply for a scholarship from the MOH Postgraduate Training Division. Applications open annually and are advertised through print media and the official government portals of the MOH and MOE from May until July. Further information on the terms and conditions of the scholarship, and the application process can be found at ehlp.moh.gov.my.

Following a screening process (usually completed in October/November), successful candidates will be notified of the award of the scholarship in March/April. The award of a scholarship does not guarantee a place on the programme. The full application process must be followed as shown below.

Application process

MOH candidates – while the Ministry of Health Scholarship is being processed, candidates **must apply concurrently** to the Ministry of

Education at <https://online.moe.gov.my> to enter the Masters programme **before** the scholarship closing date.

Successful candidates may be invited to a formal interview conducted by the Conjoined Board for Paediatric Training if the selection committee wishes to meet the candidate in person or for any evaluation of past training. Formal acceptance offers are usually sent out in April or May with commencement of training in June.

Please note that the final placement of candidates will be determined by the Ministry of Health and Conjoined Board for Paediatrics Training depending on candidate preferences, availability of places and national needs. The decision of the committee is final.

Private/Self-funding candidates – may apply directly to their university of choice. Applications may be made to multiple universities but only one offer may be accepted by the candidate. The process of entry and admission to programme is subject to the individual university guidelines.

MOH pathway

Candidates seeking to pursue training on the MOH pathway may not necessarily be in a Paediatric posting or an accredited training post in the Ministry of Health, or they could already be in a paediatric posting but not as yet registered with the MOH as trainees. They should register with the Medical Professional Development Unit, Medical Development Division (Cawangan Pembangunan Profesion Perubatan, Bahagian Perkembangan Perubatan - BPP), of the MOH after fulfilling the entry requirements so as to start the monitoring processes and accommodate postings. Trainees will need to satisfy the annual training requirements stipulated within the curriculum to ensure that their time in training is formally acknowledged.

Application process

Refer to the guidelines and application forms for joining the MOH parallel pathway at the MOH website <https://www.moh.gov.my/index.php/pages/view/2022>.

1. Registration form for MOH parallel pathway training (BPAR2019)
2. Declaration and pledge form (Borang Aku Janji)
3. Supportive documents as in the checklists in Lampiran 2 of the MOH applicant guide
4. Application form to enter the Malaysian National Postgraduate Training Programme in Paediatrics and related documents
5. Entrustable Professional Activities forms <https://www.moh.gov.my/moh/resources/kerjaya/ELAs.pdf>

Applications will be reviewed by the secretariat of postgraduate training, in BPP, and applicants will be subsequently informed of the status of their application and placement plan. The start of the training for the MOH parallel pathway will be in March, June, September or December of the same year, the intake for University pathway is currently in June and December.

The links to the full set of forms to support the application process can be found in the Appendices.

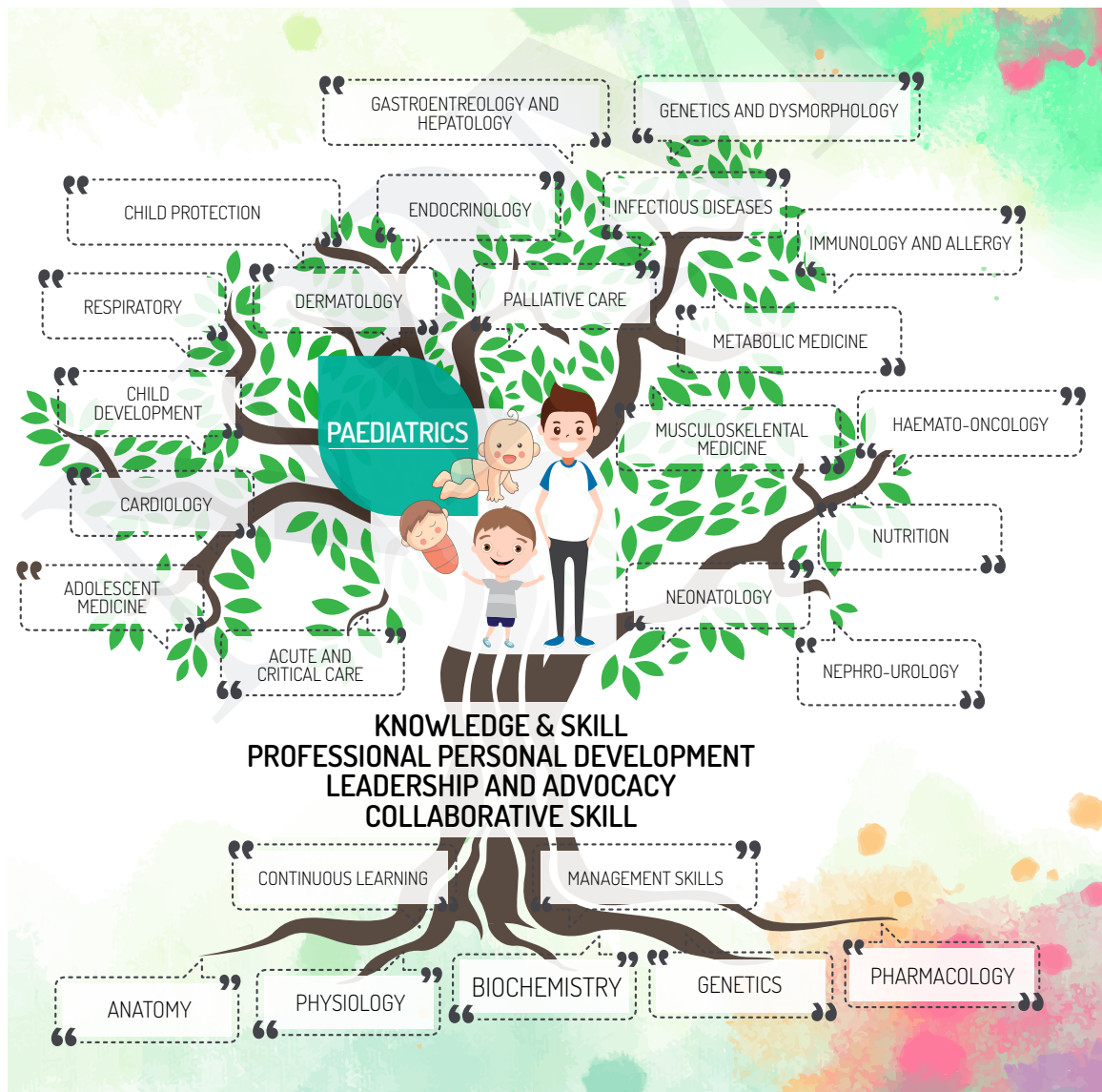
Important:

1. All applications must be complete, and all supporting documentation submitted in the appropriate format by the date indicated.
2. Only the documents listed should be submitted.
3. Late applications will not be accepted.
4. If the supporting documents are not submitted as required, the application will be rejected.

4. Syllabus

The syllabus defines what will be taught or learned throughout postgraduate training in Paediatrics. It is an outline of the required subjects, knowledge and depth, competencies and skills that need to be achieved by the trainee during each phase of the programme. The syllabus helps to set the expectations for both trainer and trainee as to what should be achieved during each phase. The full syllabus detailing topics, knowledge, skills and personal development is provided in the main Paediatric Curriculum document.

The syllabus tree below illustrates the key components of the syllabus, comprising of general competencies in knowledge and skills, as well as other the aspects of personal and professional development that are important for a paediatrician. This must include the demonstration of continuous learning, management ability, and leadership, advocacy as well as collaborative skills.



A summary of the expected performance level for each stage is listed below:

Entry

Trainees should have achieved an understanding of the basic medical sciences in relation to general Paediatrics and neonatology, and acquired basic clinical skills in Paediatrics. They are expected to undergo clinical clerkships under supervision and familiarise themselves with the diagnosis and management of common paediatric conditions and emergencies.

Throughout Training

Trainees should have acquired the knowledge, skills and attitudes appropriate for the management of patients in the various paediatric areas. These disciplines include; Developmental Paediatrics, Paediatric Intensive Care, Community Paediatrics, Pulmonology, Gastroenterology, Cardiology, Haematology and Oncology, Immunology and Infectious Diseases, Metabolic Diseases, Endocrinology, Genetics, Neurology, Nephrology, Neonatology, Adolescent Medicine, Community Paediatrics, Paediatric surgery, and Palliative Care.

Trainees should also develop the necessary knowledge and skills for conducting a research project.

Exit

Trainees are expected to function independently under the guidance of the lecturer/consultant in Paediatrics.

5. Assessment Tools

Assessment is an essential part of training and reflects the clinical and non-clinical activities that the trainee will perform as a Paediatrics specialist. These include clinical activities relating to the care of individual patients, behavioural and communication aspects, and non-clinical activities relating to administrative and organisational tasks, and academic skills.

The assessments are tailored to provide a systematic and continuous evaluation of the trainee's progress and the achievement of learning outcomes and competencies. The assessment strategy uses the following methods to assess learning:

- Formative assessments
- Summative assessments
- Courses, workshops and conferences
- Audit and research
- Portfolio and Annual review

Formative assessment

The objective of formative assessments is to monitor learning and provide on-going feedback. Formative assessments are carried out every 3 months throughout the programme and undertaken by the clinical or educational supervisors using structured workplace-based assessments (WBAs).

- Personal development plans which may be short or long term as agreed with the educational or clinical supervisor.
- Case Based Discussions, (CbD), are designed to assess the clinical reasoning and decision making for which the trainee has been directly responsible.
- Clinical evaluation exercise, (MiniCEX), is designed to provide feedback on the skills essential to the provision of good clinical care in a paediatric setting.
- Discussion of Correspondence assessment (DOC). Assessment of letters and all written communication.

- Direct Observation of Procedural Skills (DOPS). This tool is to assess competency in paediatric procedures. Each procedure listed in the skills syllabus can be performed multiple times until the trainee has achieved competency.
- Multisource Feedback (MsF), is a 360° evaluation, which is questionnaire-based assessment across medical staff including consultants, specialists, peers and nursing staff.
- Safeguarding children CbD. This is a case-based discussion designed to assess knowledge in the assessment and management of children at risk.

Minimum requirements for workplace-based assessments

Assessments	Number/year
CbD	4*+1 of child protection case
MiniCEX	4*
DOC	2/4**
MsF	5 (from 3 Medical staff, from 2 nursing staff)
Clinical supervisors' Report	4*
Education Supervisor's Report	1 per year

* One satisfactory assessment from each posting

**2 DOC in a year for the first 2 years, 4 in a year for subsequent years

Trainees are required to keep a portfolio of all their workplace-based assessments. The assessment forms, required procedural skills and portfolio content can be found on MOH website. <https://www2.moh.gov.my/moh/resources/Kerjaya%20Download/Formative%20assessments.pdf>.

At the end of the training the student must submit their completed portfolio to the National Specialist Register for registration as specialist. These documents will not be publicly available.

Summative assessment

Summative assessments are formal examinations to evaluate learning, set against the standards set by the Master or Doctor of Paediatrics/MRCPCH.

Trainees can sit for either the Master or Doctor of Paediatrics, or the MRCPCH examinations.

The examinations can be taken at any time during the training programme (once the eligibility criteria have been met), but need to be completed before the training is considered to be successfully completed.

Trainees are expected to finish all summative assessments within 4 years but are allowed to continue the programme up to a duration of 7 years.

6. Exit Criteria

At the end of training, the competent paediatrician should be familiar with the care of a normal healthy child and be able to recognise, diagnose and manage common paediatric problems and variations from the norm. A completed portfolio must be submitted as proof that all the exit criteria have been met.

The Exit Criteria are listed as follows:

1. Completed at least 4 years of training with the following
 - a total of at least 1 year in general Paediatrics. (4 three-monthly postings)
 - a total of at least 1 year in neonatology. (4 three-monthly postings), including at least 6 months in a Level 3 NICU (with at least 10 ventilator beds)
 - rotation to a minimum of 2 subspecialties
2. Satisfactory workplace-based assessments and overall supervisor reports for 16 postings
3. Examinations
 - Candidates on the University pathway must pass the Master or Doctor of Paediatrics theory and clinical examinations
 - Candidates on the MOH or parallel pathway must pass all parts of the MRCPCH examinations
4. Satisfactory assessment of a research project or audit to be assessed either as:
 - a manuscript format that has been published in a peer-reviewed journal or assessed by at least two senior specialists in the department or
 - a viva or an oral presentation in a conference

5. Courses (with certificate of completion)

- Recognised neonatal resuscitation programme trainer
- Recognised advanced paediatric life-support provider
- Has attended a basic epidemiology or statistics course

Following a successful exit from the Postgraduate programme, doctors are expected to carry out a 6-month period of gazettement and then a period of 1 year as a Paediatrician. Successful trainees are encouraged to register with the NSR soon after exiting.

7. Appendices

References

Curriculum of the Malaysian National
Postgraduate Training Programme in Paediatrics
Registration of training in the MOH
subspecialisation parallel training programme
Pemantapan Kepakaran Program Pediatrik

Links to Online Forms and Guides

Workplaced-based Assessments forms
[https://www.moh.gov.my/moh/resources/
Kerjaya%20Download/Formative_assessments.
pdf](https://www.moh.gov.my/moh/resources/Kerjaya%20Download/Formative_assessments.pdf)

MOH Guidelines and Application Forms
[https://www.moh.gov.my/index.php/pages/
view/2022](https://www.moh.gov.my/index.php/pages/view/2022).

MOH Scholarship Form
ehlp.moh.gov.my

EPA Verification Form
[https://www.moh.gov.my/moh/resources/
kerjaya/ELAs.pdf](https://www.moh.gov.my/moh/resources/kerjaya/ELAs.pdf)

MOE Postgraduate in Paediatrics Application
Form
<https://online.moe.gov.my>

MedEx Examination and Syllabus Details
www.mpm.edu.my

MMed Entrance Examination Structure
www.mpm.edu.my

Application Form for Paediatric training
<https://online.moe.gov.my>

List of MOH accredited training centres

Core procedures

Trainee Portfolio

Entry EPAs

EPA-1

Activity	Acute exacerbation of asthma
Description	History, physical examination and initial management

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
History of current exacerbation <ul style="list-style-type: none"> triggers severity of symptoms exposure to cigarette smoke Control <ul style="list-style-type: none"> triggers interval symptoms medications; technique and compliance Risk factors <ul style="list-style-type: none"> personal and family history of atopy 	Physical examination <ul style="list-style-type: none"> look for respiratory distress, cyanosis SPO2 Auscultate: recognises wheezing or silent chest Assesses severity of asthma exacerbation <ul style="list-style-type: none"> recognise life-threatening asthma Prescribe oxygen, nebulised bronchodilators and steroids	Making the child comfortable Having a sense of urgency Establishing good rapport Empathy Knows when to call for help
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Taking a complete relevant history with adequate assessment in a timely manner Obtaining clinical signs without causing too much distress	Under-assessment of the severity of respiratory distress or hypoxia Inappropriate use of investigations Fail to reach a diagnosis Inadequate or wrong prescription of medication Rough-handling of child	Doesn't administer steroids and oxygen
Assessment / Evidence		
Assessor's comments: Assessor's details: Name: Designation: Contact information (email and phone no)		

EPA-2

Activity	Acute gastroenteritis
Description	History, physical examination and initial management

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
History taking <ul style="list-style-type: none"> clinical features of different types of diarrhoea dietary history contact assessment of severity of symptoms Know the different aetiology ORS preparation	Assessment of degree of dehydration Interpreting laboratory data Fluid and electrolyte management Counselling/Discharge advice on prevention	Having a sense of urgency Knowing when to call for help
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Demonstrates ability to gather, filter, prioritise, and connect pieces of information (e.g., vital signs, focused physical exam, pertinent medical history, recent test or procedures, medications) to form a patient-specific differential diagnosis, initiate interventions, and drive testing decisions. Develop patient centred examination techniques	Delays seeking help Uses clinical jargon when communicating with patient and family Orders inappropriate investigations	Fail to identify and respond to critical values (vital signs, laboratory investigations) Errors of omission when documenting the clinical encounter
Assessment / Evidence		
Assessor's comments: Assessor's details: Name: Designation: Contact information (email and phone no)		

EPA-3

Activity	Neonatal jaundice
Description	Differential diagnoses and management neonatal jaundice

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
Causes of neonatal jaundice (physiological vs pathological jaundice) Principles of investigation and management	Identify level of severity Administer phototherapy in a safe and effective way Interpret results of investigations	Optimise physical environment to minimise mother and baby's separation and interruption of breastfeeding Empathy
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Logical approach to identifying the cause of neonatal jaundice Prioritise a procedure / therapy taking into account clinical urgency (urgent serum bilirubin, exchange transfusion)	Giving inappropriate advice e.g. stopping breastfeeding Delay in instituting therapy Failure to take preventive measures against the potential side effects of phototherapy	Ignoring maternal concerns or distress Fail to educate on causes of neonatal jaundice
Assessment / Evidence		
Assessor's comments: Assessor's details: Name: Designation: Contact information (email and phone no)		

EPA-4

Activity	Fits
Description	Acute management of fits

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
Causes of fits (febrile vs afebrile) Knowledge on the common anti-epileptics Know the relevant investigations in a child presenting with fits	Airway management in a fitting child Recognising treatable causes Administer immediate treatment to abort the fits Proper documentation in an emergency setting	Have a sense of urgency Understanding parents' concerns in an emergency setting
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Adapts communication and documentation to context or purpose Can filter, synthesise, and prioritise information and recognise patterns. Use healthcare team members according to their roles and responsibilities to increase efficiency	Delay or wrong administration of drugs No information given to parents, or wrong advice to parents	Failure to recognise treatable causes of seizures Fail to give clear instructions during emergency situations Delays seeking help due to pride, anxiety, fear, and/or an inadequate awareness of personal limitations
Assessment / Evidence		
Assessor's comments:		
Assessor's details:		
Name:		
Designation:		
Contact information (email and phone no)		

EPA-5

Activity	Venepuncture (Procedures)
Description	Setting line and taking blood

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
<p>Understand the key issues in performing a venesection or venipuncture such as, patient-specific factors, indications, contraindications, risks, benefits and potential complications.</p> <p>Understand available pain control measures for venesection/venipuncture</p> <p>Know the appropriate cannula size and the appropriate sites</p>	<p>Communication skills with parents and child prior to and during procedure</p> <p>Applies universal precaution and aseptic technique</p>	<p>Compassionate</p> <p>Know own limitation and when to call for help</p>
Example Behaviours		
Positive	Negative	Negative Passive
<p>Things that should be done, correct techniques or practices, things a trainee might do right</p>	<p>Things that should not be done, incorrect techniques or practices, things a trainee might do wrong</p>	<p>Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do</p>
<p>Demonstrates the necessary preparation prior to procedure</p> <p>Knows and takes steps to mitigate complications of procedures including pain control</p>	<p>Uses universal precautions and aseptic technique inconsistently</p> <p>Poor technique</p> <p>Labelling error</p>	<p>Demonstrates a lack of confidence that results in an increase in patient's stress or discomfort or overconfidence that erodes trust</p>
Assessment / Evidence		
<p>Assessor's comments:</p> <p>Assessor's details:</p> <p>Name:</p> <p>Designation:</p> <p>Contact information (email and phone no)</p>		

EPA-6

Activity	Counselling for Immunisation
Description	Counselling for immunisation (either role play or observed communication with the parents)

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
National vaccination schedule Types of vaccines Contraindication and side effects Site of administration and technique of administration		Respect Listening skills
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Follows the Expanded Program of Immunisation Engages in bidirectional communication with parents Uses evidence-based medicine Provide adequate advice post immunisation	Impolite approach Uses jargon Giving wrong information	Lack of conviction Lack of respect Failure to address parental concerns
Assessment / Evidence		
Assessor's comments:		
Assessor's details:		
Name:		
Designation:		
Contact information (email and phone no)		

EPA-7

Activity	Consent for blood transfusion
Description	Consent taking for blood product transfusion

Knowledge <u>Know</u> , Facts, Information	Skills <u>Do</u> , Practical, Psychomotor, techniques	Attitudes & Values <u>Feel</u> , behaviours displaying underlying values or emotions
Understand the elements of informed consent (indications, contraindications, risks, benefits, alternatives) for blood transfusion	Provide complete information Uses bidirectional communication Documents discussion and informed consent appropriately	Recognises emotional cues Patience Respecting patient's and family's values
Example Behaviours		
Positive Things that should be done, correct techniques or practices, things a trainee might do right	Negative Things that should not be done, incorrect techniques or practices, things a trainee might do wrong	Negative Passive Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do
Verify indication for blood transfusion Good documentation in a complete and timely fashion Demonstrate respect for patient autonomy	Lack of knowledge Fail to introduce oneself and role Uses medical jargon Coercing patients/parents to agree to blood transfusion	Selective omission of risk in blood transfusion Failed to recognise emotional cues
Assessment / Evidence		
Assessor's comments: Assessor's details: Name: Designation: Contact information (email and phone no)		

Glossary of terms

CBD	Case-Based Discussion
DOC	Discussion of Correspondence assessment
DOPS	Directly Observed Procedural Skills
EPA	Entrustable Professional Activities
IELTS	International English Language Testing System
MEC	Malaysian Examination Council
MedEx	Medical Specialist Pre-Entrance Examination
MiniCEX	Mini-Clinical Evaluation Exercise
MMC	Malaysian Medical Council
MOE	Ministry of Education
MOH	Ministry of Health
MRCPCH	Membership of the Royal College of Paediatrics and Child Health
MsF	Multi-sourced Feedback
NPC	National Postgraduate Curriculum
NPCB	National Paediatrics Conjoint Board
NSR	National Specialist Registry
OSCE	Objective Structured Clinical Examination,
ST	Specialty Training
TOEFL	Test of English as a Foreign Language
UK	United Kingdom
UM	Universiti Malaya
UKM	Universiti Kebangsaan Malaysia
USM	Universiti Sains Malaysia
WBA	Workplace-Based Assessment

Contact

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