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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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(Universiti Malaya)
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(Ministry of Health, Malaysia)
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(Ministry of Health, Malaysia)

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:

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Sector</td>
<td>550</td>
<td>45.7%</td>
</tr>
<tr>
<td>Private Sector</td>
<td>494</td>
<td>41.1%</td>
</tr>
<tr>
<td>Public University</td>
<td>129</td>
<td>10.7%</td>
</tr>
<tr>
<td>Private Universities</td>
<td>26</td>
<td>2.2%</td>
</tr>
<tr>
<td>Armed Forces</td>
<td>4</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>University of Malaya (UM)</th>
<th>Master of Paediatrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universiti Kebangsaan Malaysia (UKM)</td>
<td>Doctor of Paediatrics</td>
</tr>
<tr>
<td>Universiti Sains Malaysia (USM)</td>
<td>Master of Medicine (Paediatrics)</td>
</tr>
<tr>
<td>Universiti Putra Malaysia (UPM)</td>
<td>Master of Medicine (Paediatrics)</td>
</tr>
</tbody>
</table>

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

[Diagram showing the national curriculum for paediatrics, with pathways for university and MOH training, and stages of entry, exit, and training components.]
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**

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

**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 specialties 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:

<table>
<thead>
<tr>
<th>EPA 1</th>
<th>Acute exacerbation of asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA 2</td>
<td>Acute gastroenteritis</td>
</tr>
<tr>
<td>EPA 3</td>
<td>Neonatal jaundice</td>
</tr>
<tr>
<td>EPA 4</td>
<td>Fits</td>
</tr>
<tr>
<td>EPA 5</td>
<td>Venepuncture</td>
</tr>
<tr>
<td>EPA 6</td>
<td>Immunisation</td>
</tr>
<tr>
<td>EPA 7</td>
<td>Consent for blood product transfusion</td>
</tr>
</tbody>
</table>

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 ehp.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 postin 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


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

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

<table>
<thead>
<tr>
<th>Assessments</th>
<th>Number/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>CbD</td>
<td>4*+1 of child protection case</td>
</tr>
<tr>
<td>MiniCEX</td>
<td>4*</td>
</tr>
<tr>
<td>DOC</td>
<td>2/4**</td>
</tr>
<tr>
<td>MsF</td>
<td>5 (from 3 Medical staff, from 2 nursing staff)</td>
</tr>
<tr>
<td>Clinical supervisors’ Report</td>
<td>4*</td>
</tr>
<tr>
<td>Education Supervisor’s Report</td>
<td>1 per year</td>
</tr>
</tbody>
</table>

* 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_assessments.pdf](https://www2.moh.gov.my/moh/resources/Kerjaya%20Download/Formative_assessments.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

MOH Guidelines and Application Forms

MOH Scholarship Form
ehlp.moh.gov.my

EPA Verification Form

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes &amp; Values</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>History of current exacerbation</strong></td>
<td><strong>Physical examination</strong></td>
<td><strong>Making the child comfortable</strong></td>
</tr>
<tr>
<td>• triggers</td>
<td>• look for respiratory distress, cyanosis</td>
<td>Having a sense of urgency</td>
</tr>
<tr>
<td>• severity of symptoms</td>
<td>• SPO2</td>
<td>Establishing good rapport</td>
</tr>
<tr>
<td>• exposure to cigarette smoke</td>
<td>• Auscultate: recognises wheezing or silent chest</td>
<td>Empathy</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td><strong>Assesses severity of asthma exacerbation</strong></td>
<td>Knows when to call for help</td>
</tr>
<tr>
<td>• triggers</td>
<td>• recognise life-threatening asthma</td>
<td></td>
</tr>
<tr>
<td>• interval symptoms</td>
<td><strong>Prescribe oxygen, nebulised bronchodilators and steroids</strong></td>
<td></td>
</tr>
<tr>
<td>• medications; technique and compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Risk factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• personal and family history of atopy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Example Behaviours

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
<th>Negative Passive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Things that should be done, correct techniques or practices, things a trainee might do right</td>
<td>Things that should not be done, incorrect techniques or practices, things a trainee might do wrong</td>
<td>Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do</td>
</tr>
<tr>
<td>Taking a complete relevant history with adequate assessment in a timely manner</td>
<td>Under-assessment of the severity of respiratory distress or hypoxia</td>
<td>Doesn’t administer steroids and oxygen</td>
</tr>
<tr>
<td>Obtaining clinical signs without causing too much distress</td>
<td>Inappropriate use of investigations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fail to reach a diagnosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inadequate or wrong prescription of medication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rough-handling of child</td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes &amp; Values</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Know, Facts, Information</strong></td>
<td><strong>Do, Practical, Psychomotor, techniques</strong></td>
<td><strong>Feel, behaviours displaying underlying values or emotions</strong></td>
</tr>
</tbody>
</table>
| History taking  
- clinical features of different types of diarrhoea  
- dietary history  
- contact  
- assessment of severity of symptoms | 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 |
| Know the different aetiology ORS preparation | | |

**Example Behaviours**

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</table>
| 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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Neonatal jaundice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Differential diagnoses and management neonatal jaundice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Skills</th>
<th>Attitudes &amp; Values</th>
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<tbody>
<tr>
<td>Know, Facts, Information</td>
<td>Do, Practical, Psychomotor, techniques</td>
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</tr>
<tr>
<td>Causes of neonatal jaundice (physiological vs pathological jaundice)</td>
<td>Identify level of severity</td>
<td>Optimise physical environment to minimise mother and baby’s separation and interruption of breastfeeding</td>
</tr>
<tr>
<td>Principles of investigation and management</td>
<td>Administer phototherapy in a safe and effective way</td>
<td>Empathy</td>
</tr>
<tr>
<td></td>
<td>Interpret results of investigations</td>
<td></td>
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- Logical approach to identifying the cause of neonatal jaundice
- Prioritise a procedure / therapy taking into account clinical urgency (urgent serum bilirubin, exchange transfusion)

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<tr>
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<tr>
<td>Contact information (email and phone no)</td>
</tr>
<tr>
<td>Knowledge</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td><strong>Know, Facts, Information</strong></td>
</tr>
<tr>
<td>Causes of fits (febrile vs afebrile)</td>
</tr>
<tr>
<td>Knowledge on the common anti-epileptics</td>
</tr>
<tr>
<td>Know the relevant investigations in a child presenting with fits</td>
</tr>
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<tr>
<td>Adapts communication and documentation to context or purpose</td>
<td>Delay or wrong administration of drugs</td>
<td>Failure to recognise treatable causes of seizures</td>
</tr>
<tr>
<td>Can filter, synthesise, and prioritise information and recognise patterns.</td>
<td>No information given to parents, or wrong advice to parents</td>
<td>Fail to give clear instructions during emergency situations</td>
</tr>
<tr>
<td>Use healthcare team members according to their roles and responsibilities to increase efficiency</td>
<td></td>
<td>Delays seeking help due to pride, anxiety, fear, and/or an inadequate awareness of personal limitations</td>
</tr>
</tbody>
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**Assessment / Evidence**

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<tr>
<td>Understand the key issues in performing a venesection or venipuncture such as, patient-specific factors, indications, contraindications, risks, benefits and potential complications.</td>
<td>Communication skills with parents and child prior to and during procedure Applies universal precaution and aseptic technique</td>
<td>Compassionate Know own limitation and when to call for help</td>
</tr>
<tr>
<td>Understand available pain control measures for venesection/venipuncture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know the appropriate cannula size and the appropriate sites</td>
<td></td>
<td></td>
</tr>
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**Example Behaviours**

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<tr>
<td>Demonstrates the necessary preparation prior to procedure Knows and takes steps to mitigate complications of procedures including pain control</td>
<td>Uses universal precautions and aseptic technique inconsistently Poor technique Labelling error</td>
<td>Demonstrates a lack of confidence that results in an increase in patient's stress or discomfort or overconfidence that erodes trust</td>
</tr>
</tbody>
</table>

**Assessment / Evidence**

Assessor's comments:

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Contact information (email and phone no)
## EPA-6

<table>
<thead>
<tr>
<th><strong>Activity</strong></th>
<th>Counselling for Immunisation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Counselling for immunisation (either role play or observed communication with the parents)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge</th>
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</tr>
<tr>
<td>National vaccination schedule</td>
<td></td>
<td>Respect</td>
</tr>
<tr>
<td>Types of vaccines</td>
<td></td>
<td>Listening skills</td>
</tr>
<tr>
<td>Contraindication and side effects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site of administration and technique of administration</td>
<td></td>
<td></td>
</tr>
</tbody>
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### Example Behaviours

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<tr>
<td>Follows the Expanded Program of Immunisation</td>
<td>Impolite approach</td>
<td>Lack of conviction</td>
</tr>
<tr>
<td>Engages in bidirectional communication with parents</td>
<td>Uses jargon</td>
<td>Lack of respect</td>
</tr>
<tr>
<td>Uses evidence-based medicine</td>
<td>Giving wrong information</td>
<td>Failure to address parental concerns</td>
</tr>
<tr>
<td>Provide adequate advice post immunisation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Knowledge</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Know, Facts, Information</td>
<td>Do, Practical, Psychomotor, techniques</td>
<td>Feel, behaviours displaying underlying values or emotions</td>
</tr>
<tr>
<td>Understand the elements of informed consent (indications, contraindications, risks, benefits, alternatives) for blood transfusion</td>
<td>Provide complete information Uses bidirectional communication Documents discussion and informed consent appropriately</td>
<td>Recognises emotional cues Patience Respecting patient’s and family’s values</td>
</tr>
</tbody>
</table>

#### Example Behaviours

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</table>

- 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:

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## Glossary of terms

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