

Criteria for Registering as a Developmental Paediatrician

A doctor can apply to be registered as a Developmental Paediatrician if he/she fulfils ALL the following requirements:

1 A recognised basic medical degree

- 1.1 A basic medical degree recognized by the Malaysian Medical Council

2 A recognised postgraduate qualification

Holds any of the following paediatric postgraduate qualification registrable under the National Specialist Register:

- 2.1 Sarjana Perubatan (Paed) awarded by Universiti Malaya, Universiti Kebangsaan Malaysia or Universiti Sains Malaysia
- 2.2 MRCP (UK) up to year 2000
- 2.3 MRCPCH by Royal College of Child Health UK
- 2.4 MRCPI (Ireland)
- 2.5 FRACP
- 2.6 Any other paediatric postgraduate degrees deemed to be equivalent to the Masters programme of the local universities on a case by case basis

3 Completed subspecialty training in Developmental Paediatrics in recognised training centres

3.1 Minimum duration of training

- 3.1.1 Have completed a minimum of 3 years of full-time training in Developmental Paediatrics in accredited centres under the supervision of accredited trainers.

The training requirements, criteria for accreditation of training centres and trainers are as in **Appendix I**. This period of training does not include the time the applicant spent during his/her housemanship nor the period when undergoing training for the paediatric postgraduate degrees stated in 2.1 to 2.6.

3.2 Evidence of satisfactory subspecialty training in Developmental Paediatrics such as:

- 3.2.1 Reports and assessments as stated under the Assessment section of Appendix II
- 3.2.2 Portfolio with supporting documents where relevant, e.g. a valid certificate of completion of training in the subspecialty, published research papers or abstracts, certificates of attendance at conferences, courses or workshops
- 3.2.3 Satisfactory supervisors' reports on Clinical Core Competency and core procedures as in Appendix II.

4. Applications from any doctor with training and experience overseas must be substantiated by documents relating to qualification, training and experience. The Specialty Subcommittee for Developmental Paediatrics / General Paediatrics may consider such application on a case by case basis and reserves the right to stipulate any conditions which may include additional training or experience.

APPENDIX I

DEVELOPMENTAL PAEDIATRICS TRAINING PROGRAMME

Introduction

Developmental paediatrics is a subspecialty in paediatrics which has evolved in response to the rapid advancing technologies, changes in society and practices in paediatrics. The objectives of this training programme is to ensure the trainee is equipped with the expertise to deal with both normal and abnormal child development and behaviour, to be able to evaluate, counsel and manage medical and psychosocial aspects of neurodevelopment problems and play an important role in advocacy for children with special needs in society. While there may be some overlap with paediatric neurology, it is important to understand their difference in training and patient management. While the trainee is expected to work towards gaining competencies in the areas listed in this document during the programme, the learning process continues life long.

ENTRY REQUIREMENTS

- i. A registered basic medical degree recognised by the Malaysian Medical Council (MMC).
- ii. Paediatricians registered with the National Specialist Register
- iii. If the MRCP/MRCPCH was obtained the practitioner must have at least 18 months or more of general paediatric practice before embarking on the speciality training. During the general paediatric training the practitioner must have at least 6 months in an accredited neonatal training centre and at least 6 months in general paediatrics.
- iv. If the local MPaed /MMed(Paed) is obtained the practitioner must have a further 6 months period in general paediatric training (to include 3 months in neonatology) in an accredited hospital under accredited trainers.
- v. Of a suitable character and with a good work attitude (references will be required from 2 Consultant Paediatricians).

In the event that there are more applicants than training posts, additional criteria for selection will be:

- a) Research output, publications and presentation at scientific meetings
- b) Seniority in service
- c) Having worked in a district hospital after passing his/her postgraduate examinations
- d) Participation in professional bodies relevant to the subspecialty

TRAINING

1. TRAINING DURATION

The minimum duration of training will be 3 years in accredited centres, under the supervision of accredited trainers, in the the subspecialties of developmental paediatrics, paediatric neurology and child and adolescent psychiatry. This period of training does not include the time the applicant spent as a houseman nor the period when undergoing training for the paediatric postgraduate degrees or gazettelement.

Developmental And Behavioural Paediatrics

At least two years should be spent within an accredited centre providing developmental and behavioural paediatric service, under the supervision of a developmental paediatrician. At least one year should be spent within the same accredited centre in Malaysia to allow for sufficient experience in case management and follow-up, knowledge of working in a multidisciplinary team, service development and audit. The second year should be spent abroad within a locally accredited training centre for developmental paediatrics / neurodisability.

2.1.2. Paediatric Neurology

The trainee should have at least 6 months training within a centre accredited for training in paediatric neurology during the first year of training. This should be done in one block or over one year as a regular sessional commitment. The trainee should acquire experience in assessment, investigation and management of children with acute and chronic neurological disorders, and inpatient experience, including developing an understanding of the principles of acute care. There should be opportunities to attend neuroradiology and neurophysiology meetings.

2.1.3. Child And Adolescent Psychiatry

The trainee should have at least three months of training in an accredited Child and Adolescent Psychiatry Unit in either the first or second year of training. This is best done as a regular sessional commitment over one year (equivalent to at least three months as a block) to give the trainee experience in managing children with neuropsychiatric and behavioural problems.

2.1.4. Other Specialties

The trainee is also encouraged to attend the following additional clinics during the training programme:

Paediatric audiology / ENT

Paediatric orthopaedics and rehabilitation
Clinical genetics
Paediatric metabolic medicine
Paediatric optometry / ophthalmology

ACCREDITED CENTRES AND SUPERVISORS

An accredited centre for developmental paediatrics training is a tertiary referral centre with a team of multidisciplinary professionals including a developmental paediatrician. The centre should have onsite paediatric rehabilitation services and the core team must comprise of physiotherapists, occupational therapists, speech language pathologists, audiologists, social workers or counsellors and clinical psychologists. There should be new and follow-up developmental clinics, regular multi-disciplinary clinics, onsite imaging facilities (including both MRI and CT scan), and access to tertiary level pathology services. The centre must also have links with other government and voluntary agencies. There should be ongoing clinical / service meetings and CME sessions within the centre e.g. case discussions, journal sessions.

A trainer/ supervisor in developmental paediatrics is one who has been registered as a Developmental Paediatrician by the Paediatric Specialty Committee of the National Specialist Register and working in an accredited training centre for Developmental Paediatrics. Each trainer is allowed to supervise the training of two trainees (maximum) at any one time.

Accredited centres for training in paediatric neurology and child and adolescent psychiatry are those centres which have been approved for training in their own subspecialty.

TRAINING CONTENT

The trainee is expected to have acquired competency in core general paediatrics and dealing with common developmental and behavioural problems in childhood prior to entering this programme. The overall objective is for the trainee to work towards achieving competencies in the areas of development, disability and behavioural paediatrics. Training will be done in the form of case based discussions, direct observation of consultation, service provision, supervision of junior doctors and other health professionals, multidisciplinary meetings and CME activities (e.g. journal discussions, case presentations). Trainees should directly observe and work jointly with therapists, as well as observe formal psychometric and functional assessments of children with disabilities. In addition trainees will be required to make school and community visits. Trainees will need to be self-motivated to direct their own learning using the available opportunities. In addition, trainees will need to develop skills in self-assessment and critical evaluation of their own consultations.

COMPETENCIES IN DEVELOPMENTAL PAEDIATRICS

Core Competencies

- i. Clinical assessment which includes
 - a. medical, family / social, developmental and functional history
 - b. Physical examination, including a detailed neurological, developmental and functional assessment. This includes the use of standardized questionnaires and developmental assessment tools. **The trainee will need to be certified in either the Griffiths Mental Developmental Scales – Extended Revised Assessment tool or the Bayley Infant Development Scales III.**
- ii. Formulate differential diagnosis
- iii. Formulate, apply and continue to reappraise an appropriate management plan, taking into consideration the various factors (e.g. child, family, community and economics), which are present in each child.

This includes medical and health-based therapies, behavioural and educational options
- iv. Communicate diagnoses and management plans effectively to families and other professionals
- v. Have the team-working skills to work in partnership with other professionals in health, education, social services and towards child-centred care
- vi. Identify and manage the functional consequences of impairments and associated medical conditions, including dying and death
- vii. Write relevant letters and reports understandable to parents, professionals and lay people
- viii. Anticipate and plan for transition stages and changes in environmental context
- ix. Give a balanced view on treatment options (including traditional and complimentary methods)
- x. Work in a variety of settings outside the health environment e.g. community based rehabilitation centres, schools
- xi. Plan and evaluate services for populations of children with disabilities including prevention and health promotion
- xii. Teach and disseminate knowledge in health and non-health contexts
- xiii. Undertake audit and understand the principles of research and development

Health Promotion And Prevention In Normal and Disabled Children

Trainees should develop skills to manage these common health issues in both normal and disabled children.

1. Feeding
2. Sleep
3. Elimination problems (enuresis and encopresis)
4. Parenting and discipline

5. Sibling and peer relationships
6. Child care and education
7. Habits
8. Immunisations
9. Accidents and injuries

During the programme, trainees should be involved in health promotion activities in these areas, through parent discussion groups, presentations and teaching activities. Trainees should also familiarise themselves with standardised questionnaires and tools available to assess difficulties which may arise.

Clinical Conditions In Which Trainees Should Acquire Competence

- i. Learning disabilities / Mental retardation / Global developmental delay
- ii. Specific learning disabilities e.g. dyslexia, , dyscalculia, etc)
- iii. Social and communication disorders including Autism Spectrum Disorders
- iv. Motor and coordination disorders e.g. cerebral palsy, muscular dystrophies, developmental coordination disorder
- v. Sensory disorders e.g. visual and hearing impairment
- vi. Epilepsy
- vii. Progressive neurological disorders e.g. neurodegenerative and neurometabolic disorders
- viii. Acquired neurological disorders e.g. traumatic brain injury
- ix. Regulatory disorders e.g. sleep disorders, feeding problems, enuresis and encopresis
- x. Neuropsychiatric or behavioural disorders e.g. ADHD, Tourette Syndrome, conduct disorder

APPENDIX II

ASSESSMENT

The trainee will be required to fulfil the following components of the assessment as evidence of satisfactory training.

- I. Certified user of the Griffiths Mental Developmental Scales – Extended Revised version or the Bayley Infant Development Scales III

- II. Portfolio

The trainee will be required to keep careful records of learning experiences and progress. This will include:

- a) Documentation of completion of training in Paediatric Neurology and Child and Adolescent Psychiatry
- b) Copies of original letters sent to parents and other professionals. These should be assessed by the trainer and copies of the assessment sheets kept (a minimum of 12)
- c) Reports of developmental / functional assessments (a minimum of 12 each)
- d) Certificates of attendance at conferences, workshops and courses
- e) Reflective notes from conferences, workshops and courses
- f) Copies of presentations given during the training duration - this includes health promotions activities which the trainee has been involved in.
- g) Reflective notes from multidisciplinary case discussions, school visits and community visits
- h) Assessment reports from direct observation or video of consultation and case based discussion:
 - i. During the child psychiatry and neurology postings, the trainee will need to have passed 2 case based discussion assessments (one from each posting)
 - ii. During the developmental paediatric posting done locally, the trainee will need to have passed at least 2 direct observations / video of consultation and 2 case based discussions every 6 months.
- i) Training progress reports at the end of the neurology, child psychiatry and any other optional postings undertaken. For the developmental paediatric posting done locally, the trainee will need progress reports every 6 months. The trainee will also need a report from the overseas supervisor during the overseas posting.

- III. Research project to be presented at a local or international conference

- IV. At least one abstract in a journal

- V. A write up of the completed research project which is to the satisfaction of the supervisor.