

CRITERIA FOR REGISTERING AS PAEDIATRIC INFECTIOUS DISEASE SPECIALIST IN MALAYSIA

Definition of a paediatric infectious disease (PID) specialist

A paediatrician who is trained and equipped with the skills and competence in the management of the clinical, laboratory, preventive and public health aspects of infectious disease medicine.

Any doctor can request to be registered as a paediatric infectious disease specialist 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

One of the following paediatric postgraduate degrees recognized by the Malaysian Paediatric Specialty Board:

2.1 M.Med (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 equivalent paediatric postgraduate degrees recognised by the Malaysian Paediatric Specialty Board on a case by case basis

Recognising that the other local universities (eg UPM, UNIMAS, and others) may later join the current three universities in awarding the MMed (Paed), the list of universities in section 2.1 will be reviewed as and when the need arises.

3 Completed postgraduate training in PID in recognised training centres.

3.1 Eligibility for training

3.1.1 He/she must have fulfilled the criteria set out in sections 1 and 2 above.

3.1.2 Must have been gazetted as a clinical specialist in the Ministry of Health (MOH) of Malaysia as stipulated under the guidelines of the MOH

OR

3.1.3 Appointed as a lecturer in a university department of paediatrics.

3.2 Minimum duration of training

3.2.1 Completion of a minimum of ONE (1) year of training prior to 1 June 2006 in paediatric infectious disease in a recognised overseas centre which fulfilled the criteria stipulated by the Malaysian Paediatric Infectious Disease SubSpecialty Committee (refer to Appendix A), under the supervision of a fulltime practising paediatric infectious disease specialist in that institution.

OR

3.2.2 Completion of minimum of TWO (2) years of training after 1 June 2006 in a recognised local institution **PLUS** minimum of ONE (1) year of training overseas in paediatric infectious disease in a recognised centre as in 3.2.1 above.

OR

3.2.3 Completion of minimum of THREE (3) years of training after 1 June 2006 in a local centre which fulfilled the criteria stipulated by the Malaysian Paediatric Infectious Disease SubSpecialty Committee (Appendix A), under the supervision of a fulltime practising paediatric infectious disease specialist (section 4.1) in that centre.

3.2.2 The period of training does NOT include the time the trainee spent during his/her housemanship nor the period when undergoing training for the paediatric postgraduate degrees stated in 2.1 to 2.7 above.

3.3 Evidence of satisfactory postgraduate training in paediatric infectious disease

For the purpose of credentialing as a paediatric infectious disease specialist the applicant must show evidence of having undergone satisfactory training by:

3.3.1 Proof of overseas training, such as certificate of satisfactory completion of training prior to 1 June 2006.

OR

3.3.2 Proof of satisfactory local training by means of documentation in the training log book (Appendix B) after 1 June 2006.

AND

3.3.3 Worked at least TWO (2) years locally managing children with infectious diseases after completing overseas training prior to 1 June 2006 **OR** after completing three years of local training either independently or under supervision after 1 June 2006.

4.0 Training and Supervision

4.1 A supervisor for training of paediatric infectious disease specialist in Malaysia is one who has fulfilled **ALL** the following criteria:

4.1.1 Appointed as a paediatric infectious disease specialist in the hospital/institution **OR** Registered as a paediatric infectious disease specialist under the Malaysian Paediatric Infectious Disease Specialist Register for at least FIVE (5) years.

4.1.2 Working fulltime in an accredited training centre for paediatric infectious disease.

4.1.3 Accredited as a supervisor by the Malaysian Paediatric Infectious Disease Sub-specialty Committee.

4.2 The trainee must be supervised by a supervisor who is practising fulltime independently in his/her capacity as a paediatric infectious diseases specialist.

4.3 There must be documented evidence of regular meetings between the trainee and the supervisor to gauge the level and adequacy of training throughout the duration of his/her training.

4.4 All meetings between the trainee and supervisor must be recorded in the log book and the purpose and outcome of the meetings clearly documented.

4.5 A **SIX** (6) monthly report (Appendix C) on the progress of the trainee must be submitted to the Training Division of the Ministry of Health, Malaysia.

5.0 **Assessment**

A trainee shall be assessed based on the following components:

- 5.1 Log book.
- 5.2 Supervisor's regular reports on the trainee's progress.
- 5.3 Documentation on trainee's attendances at courses and conferences (local/overseas) in the form of certificates of attendance relevant to the field of paediatric infectious diseases.
- 5.4 Publications related to paediatric infectious disease in peer reviewed journals.
- 5.5 Abstracts and presentations (both oral/poster) at conferences. Proof of acceptance of the abstracts/presentations by the organiser is an absolute requirement.

6.0 **Assesors**

There will be **THREE** (3) assessors who will sit together and evaluate the trainee at the completion of his/her training.

The assesors will consist of

- a. ONE (1) member from the Malaysian Paediatrics Specialty Subcommittee of the National Specialist Register
- b. TWO (2) paediatric infectious disease specialists credentialed under the National Specialist Register. These two members shall not have been appointed the supervisors for the trainee at any time during part of or the entire period of his/her training.

APPENDIX A

Criteria For Accreditation of Centre For Paediatric Infectious Disease Training

To be accredited as a training centre for paediatric infectious disease specialty, the centre must meet **ALL** the following criteria:

- 1.0 A fulltime, practising credentialed paediatric infectious disease specialist.
- 2.0 Services for patients with paediatric infectious disease
 - 2.1 Regular outpatient sessions for both new/referral and follow-up cases for patients with infectious diseases.
 - 2.2 Beds for admitting such patients for inpatient care.
 - 2.3 An intensive care ward for neonates. For older children they may be admitted to an adult ICU (with joint management of the patient by the paediatrician and intensivist) if a PICU is not available.
 - 2.4 A fulltime, trained microbiologist to provide microbiological support services. Such services include, but not limited to, culture/isolation, identification, antimicrobial sensitivity testing of pathogens.
 - 2.5 Radioimaging services with a fulltime, qualified radiologist.
 - 2.6 A tertiary level pathology laboratory and a qualified pathologist to provide such services.
 - 2.7 A dedicated clinic for immunisation of children.
 - 2.8 Services for hospital infection control.
 - 2.9 Emergency department.
- 3.0 Facilities for training**
 - 3.1 At least ONE (1) credentialed paediatric infectious disease specialist.
 - 3.2 Meeting room/auditorium for holding regular meetings, presentations, CME, etc. Such rooms must be equipped with computers and audio-visual aids.
 - 3.3 A library stocked with books and journals related to infectious diseases. In the event that the relevant journals are not available, there must be access to on-line journals in place of such printed journals.
 - 3.4 Has on-site on-call rooms.

4.0 Activities for continuing medical education (CME)

(Please furnish a copy of the weekly/monthly teaching activities)

Such activities must be held on a regular basis and documented in the log book.

- 4.1 Bed-side teaching rounds AND clinic teachings by the designated supervisor.
(Minimum of 1 session per week)
- 4.2 Departmental case presentations and discussions.
(Minimum of 1 session per week)
- 4.3 Joint weekly conference between the paediatricians and the radiologists.
(Minimum of 1 session per week)
- 4.4 Journal club/critical appraisal of literature.
(Minimum of 1 session per week)
- 4.5 The trainee must achieve **at least 70% attendance** at such educational opportunities as documented in the log book.

APPENDIX B

LOG BOOK FOR SUBSPECIALTY TRAINING FOR PAEDIATRIC INFECTIOUS DISEASES

Name of trainee: _____

Date of commencement of training: _____

Date of completion of training: _____

Place of training: _____

Name of supervisor(s) 1. _____

2. _____

INSTRUCTIONS FOR TRAINEES

This log book serves as an important document on your subspecialty training and experience in paediatric infectious diseases throughout your period of training.

You must document ALL your training activities and experience gathered throughout this period.

Proof of having carried out the required procedures and attendances at ALL educational activities must be endorsed by your supervisor's signature and the dates these were carried out.

Failure to adhere to these instructions may result in you disqualified from the training.

Note: A trainee must do research and publish **at least** one scientific paper in a peer-reviewed journal (excluding case reports)

AND

present **at least** two abstracts in a scientific meeting during the training.

INSTRUCTIONS FOR SUPERVISORS

Supervisors are required to have regular meetings with the trainee and provide regular progress reports on the trainee to be submitted to the Training Division of the Ministry of Health, Malaysia. Remedial actions, if any, must be communicated in writing to the trainee.

1. GENERAL WARD/CLINIC POSTINGS

No.	Date posting commenced	Date posting ended	Ward/Clinic	Name of Consultant	Comments by Consultant	Date/Signature
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2. PROCEDURES

2.1 Gram Stain

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.2 Ziehl-Neelsen stain

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.3 Acridine Orange Stain

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.4 Indian Ink Stain.

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.5 KOH preparation

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

: 2.6 Calcofluor White Stain

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.7 PCP Immunofluorescence

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.8 Resp. Virus Immunofluorescence

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.9 Modified Ziehl- Neelsen stain / IF for Cryptosporidia

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.10 Bloof film for malaria parasites

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.11 Stool Ova & Parasites

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.12 Stool for Rotavirus latex agglutination

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.13 Stool for vibrio cholerae hanging drop test

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.14 CSF latex agglutination

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.15 Disc diffusion testing

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.16 E- test

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.17 Beta-lactamase testing

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.18 Blood Culture Bench

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.19 Stool Culture Bench

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.20 CSF Culture Bench

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.21 Serology Bench

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2.22 Viral isolation / PCR

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Note: If a training centre does not have facility to conduct viral isolation/PCR the trainee may spend an elective minimum of one month (maximum three months) in another centre where such a facility is available.

2.23 Mantoux Test

	Date	Patient's R/N	Diagnosis	Supervisor's comments and initials
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

3. CASE PRESENTATIONS AND DISCUSSIONS

No. Date

Topic

Comments by Consultant

Supervisor's signature

4. ATTENDANCE AT CME / CONFERENCES / COURSES / WORKSHOPS

No.	Date	CME/Course/Conference/Workshop	Organiser	Venue	Role (ordinary participant, organiser, speaker, etc)
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5. PRESENTATIONS AT SCIENTIFIC MEETINGS / CONFERENCES

No.	Date	Topic / title	Name of event	Venue	Organiser	Oral/Poster Presentation
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6. LECTURES DELIVERED

Date	Place	Title of lecture	Scientific Meeting Teaching session
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7. JOURNAL CLUB

No.	Date	Topic / Title / Reference	Comments by Consultant	Supervisor's signature
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8. PARTICIPATION IN RESEARCH ACTIVITIES

No.	Date	Title of Project / Protocol I D	Source of funding	Amount	Role of Trainee (Principal investigator /co-i nvestigator)	Status (On-going, Completed)
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9. PUBLICATIONS IN PEER-REVIEWED JOURNALS

No.	Date Published	Title	Reference	Role (Main author/ Co-author)
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Note: A trainee must have published at least ONE (1) paper in a peer-reviewed journal AND have at least TWO (2) presentations (oral or poster) at a scientific meeting during his/her period of training. Case reports are not considered as publications.

10. MEETINGS WITH SUPERVISORS

Date

Comments by supervisor

Supervisor's Initials

11. FINAL EVALUATION

11.1 Log book Evaluation

Overall grade (1-5) :

1 - Very poor / Fail 5
- Excellent

Please provide comments if the evaluation of the trainee is unsatisfactory:

11.2 Local Supervisor's Evaluation

Overall grade (1-5) :

1 - Very poor / Fail 5
- Excellent

Please provide comments if the evaluation of the trainee is unsatisfactory:

11.3 External (Overseas) Supervisor's Evaluation, If Applicable

Overall grade (1-5) :

1 - Very poor / Fail 5
- Excellent

Please provide comments if the evaluation of the trainee is unsatisfactory:

11.4 Has the trainee achieved the requirements for publications?

11.4.1 Publish at least one scientific paper in peer reviewed journal during training:

Yes:

No:

If yes, reference to publication _____

11.4.2 Present at least two abstracts (oral/poster) in a scientific meeting during training:

Yes: _____

No : _____

If yes, reference to abstracts :

11.5 Exit Interview:

11.5.1 Content:

11.5.1.1 Knowledge

Overall grade (1-5) :

- 1 - Very poor / Fail 5
- Excellent

Please provide comments if the evaluation of the trainee is unsatisfactory:

11.5.1.2 Presentation skills:

Overall grade (1-5) :

- 1 - Very poor / Fail 5
- Excellent

Please provide comments if the evaluation of the trainee is unsatisfactory:

11.5.1.3 Overall attitude :

Overall grade (1-5) :

1 - Very poor / Fail 5
- Excellent

Please provide comments if the evaluation of the trainee is unsatisfactory:

11.5.1.4 Literature Appraisal

Overall grade (1-5) :

1 - Very poor / Fail 5
- Excellent

Please provide comments if the evaluation of the trainee is unsatisfactory:

11.5.2 Recommendations:

- A. Recommend for credentialing
- B. Defer credentialing until further review
- C. To withhold credentialing

Please provide comments and reasons for the decision taken.

Name of assessor 1 _____

Signature : _____

Date:

Name of assessor 2 _____

Signature: _____

Date:

Name of assessor 3 _____

Signature: _____

Date: _____

APPENDIX C

EVALUATION OF TRAINEE ON KEY COMPETENCIES BY SUPERVISOR

The supervisor shall evaluate the trainee every SIX (6) monthly and the completed forms submitted to the training subcommittee, Training Division of the Ministry of Health, Malaysia. Recommendations for remedial actions, if any, to be taken must also be communicated to the trainee in writing.

1. Personal Attributes

	Poor	Satisfactory	Good	Excellent
Punctuality				
Availability				
Sense of urgency				
Responsibility				
Leadership qualities				
Inter-personal relationship				

2. Clinical skills

	Poor	Satisfactory	Good	Excellent
History taking				
Physical examination				
Interpreting physical findings				
Use of and interpreting the appropriate laboratory investigations				
Formulation of diagnosis				
Plan of management				
Emergency care				
Care of the critical ill patient				

3. Procedural skills (Refer to Log book on procedures)

	Poor	Satisfactory	Good	Excellent
Knowledge on the basis of procedure/ laboratory test				
Indication(s) for tests				
Technical skills in performing the procedure				
Interpreting the results				

4. Communication and Counselling skills

	Poor	Satisfactory	Good	Excellent
Communicating with parents, family and staff				
Counselling skills				

5. Participation in educational activities

	Poor	Satisfactory	Good	Excellent
Punctuality				
Attendance				
Active participation in discussion/teaching				
Willingness to share knowledge				
Evidence of prior preparation				

6. OVERALL ASSESSMENT AND RECOMMENDATIONS

6.1 COMMENTS ON TRAINEE'S PROGRESS

6.2 SUMMARISE TRAINEE'S STRENGTHS AND WEAKNESSES

6.3 RECOMMENDATIONS

Name of Supervisor: _____

Hospital: _____

Signature of Supervisor: _____

Date: _____