

# Criteria for Registering as Paediatric Neurologist in Malaysia

*A doctor can request to be registered as a paediatric neurologist 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 (Paeds) 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 on a case by case basis

## **3 Completed postgraduate training in Paediatric Neurology in recognised training centres**

### **3.1 Minimum duration of training**

Completion of a minimum of 3 years of training in accredited centres under the supervision of accredited trainers/supervisors who fulfilled the criteria stipulated by the Malaysian Paediatric Neurology Sub-specialty Committee (refer to Appendix A). 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 2.7.

### **3.2 Evidence of satisfactory paediatric neurology postgraduate training such as:**

### 3.2.1 Log book of core procedures

3.2.1 Portfolio with supporting documents where relevant, e.g. documentation of completion of training in various disciplines related to paediatric neurology (e.g. adult neurology, basic neuroscience, child psychiatry, developmental paediatrics, neuroradiology, neurogenetics, neurometabolic diseases programmes), 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

(Refer Appendix B, C and D for details of documents to be completed by trainee and supervisors)

## **4 Evidence of satisfactory post qualification experience**

4.1. Following completion of training, he/she will need to undergo supervised practice for a period of not less than six months (fulltime capacity) in an accredited Malaysian hospital with a satisfactory report from an appointed supervisor. During this period his/her performance will be assessed at the standard of a paediatric neurologist

4.2. The hospital facility should have systems for the effective management of practitioners, identifying and acting upon concerns about practitioners' fitness to practice, provision of relevant teaching or continuing professional development, and providing regulatory assurance.

### **Note:**

#### **For any doctor with training and working experience as a paediatric neurologist from non-Malaysian centres:**

His/her application will be considered on a case-by-case basis. Generally a curriculum vitae with relevant supporting documents and recommendation by TWO practicing consultant paediatric neurologists will be necessary.

Item 4 also applies to this group of applicants. The purpose of the fulltime period of supervised practice is two-fold. Firstly, it allows the applicant specialist the opportunity to be orientated to the Malaysian health services and practices. It also allows practising local specialists to interact with the applicant in a clinical context to determine if he/she is performing at the level of a Malaysian-trained paediatric neurologist, and to identify any areas of practice that might require improvement prior to registration.



Clinical (child) psychology Yes [ ] No [ ]  
Child psychiatrist Yes [ ] No [ ]  
Rehabilitation physician (optional) Yes [ ] No [ ]

7.. Has histopathological services with onsite reporting services  
Yes [ ] No [ ]

### **C. Educational activities in paediatric neurology**

***(Please furnish a copy of weekly or monthly teaching activities)***

1. Number of clinical teaching ward round with neurologist per week \_\_\_\_\_  
*(Minimum 1 per week)*

2. Number of hours per week of timetabled education \_\_\_\_\_  
*(Includes critical appraisal of literature, mortality discussions, formal CMEs  
minimum 1 hour per week)*

3. Number of neuroradiological presentation/discussions per month \_\_\_\_\_  
*(Minimum 4 per month)*

4. Number of sessions of neurophysiology discussions per month: \_\_\_\_\_  
*(Minimum 4 per month)*

5. Applicant was able to attend at least 70% of the educational opportunities:  
Yes [ ] No [ ]

\* An **accredited centre** is a tertiary referral centre with resident consultant paediatric neurologists, neurosurgeons, comprehensive neurophysiological facilities, onsite neuroimaging access (MRI and CT scan), backed by a tertiary level pathology services. The centre should cater to both acute inpatient and outpatient neurology cases. It should also have paediatric rehabilitative services such as physiotherapy, occupational therapy, audiology, speech pathology, child and adolescent psychiatry and clinical (child) psychology.

\*\*A **trainer** is one who fulfils the following criteria:

- a) Registered as a paediatric neurologist under the Malaysian Paediatric Neurology Specialist Register
- b) Currently holds full time appointment in an accredited centre as a paediatric neurologist and has worked in that capacity for at least two years
- c) Accredited as a trainer by the Malaysian Paediatric Neurology Sub-specialty training committee

## Appendix B

### PROCEDURES FOR CREDENTIALLING IN PAEDIATRIC NEUROLOGY

	PROCEDURES		CRITERIA
1	Performing EEGs	Pediatric, neonatal.	<ol style="list-style-type: none"> <li>1. Must have observed a minimum of two EEGs being recorded (neonate and child).</li> <li>2. Must demonstrate competence in performing at least ONE EEG recording.</li> <li>3. Must be familiar with recording techniques (including electrode placement), activation procedures and recording artifacts.</li> </ol>
2	Interpretation of Paediatric EEG	Standard EEGs, Short term video monitoring and prolonged video telemetry recordings	<ol style="list-style-type: none"> <li>1. Must demonstrate competence in interpretation of a minimum of 100 paediatric EEGs</li> <li>2. This must include EEGs from all age groups, ranging from neonates to adolescence.</li> </ol>
3	Nerve conduction studies (NCS) and Electromyography (EMG)		<ol style="list-style-type: none"> <li>1. Must have observed a minimum of 10 NCS/ EMGs</li> <li>2. Must demonstrate competence in performing and interpreting a minimum of 20 EMG/ NCS</li> </ol>
4	Interpreting Evoked Potentials		<ol style="list-style-type: none"> <li>1. Must have observed or/ performed a minimum of 10 evoked potential studies</li> <li>2. These should include visual, auditory and</li> </ol>

			<p>somatosensory evoked potential studies</p> <ol style="list-style-type: none"> <li>3. Must demonstrate competence in interpretation of a minimum of 20 evoked potential studies</li> <li>4. Other than neurologists, supervision may be done by a certified ophthalmologist, audiologist or neurophysiologist</li> </ol>
5	Muscle biopsy		<ol style="list-style-type: none"> <li>1. Should have observed a minimum of 3 biopsies in children</li> <li>2. Must demonstrate competence in performing a minimum of 5 biopsies</li> <li>3. Should be familiar with transport precautions and staining procedures</li> </ol>
6	Intramuscular Botulinum toxin injection		<ol style="list-style-type: none"> <li>1. Should have observed a minimum of 10 injections</li> <li>2. Must demonstrate competency in performing a minimum of 10 injections</li> <li>3. Must be familiar with patient's selection criteria in all the cases in items (1) and (2).</li> </ol>

## APPENDIX C

### LOG BOOK FOR SUBSPECIALITY TRAINING IN PAEDIATRIC NEUROLOGY

Name of Candidate: \_\_\_\_\_

Trainee number: \_\_\_\_\_

Starting date of training: \_\_\_\_\_

Completion date of training: \_\_\_\_\_

## **INSTRUCTION TO CANDIDATES**

This book serves to document your professional competence and experience during the training period. You are responsible for the maintenance and safekeeping of the log book. It is advisable to "log in" your experience as soon as that particular experience is gained so that the book remains updated. Please furnish documents and details of CME activities that you participated in as well as abstracts of papers presented or published. The log book entails the MINIMUM core procedures and competence that is required; however, the candidate is encouraged to record additional details (if available) to reflect the breadth and depth of his or her training.

## **INSTRUCTIONS TO SUPERVISORS**

Please give your comments at the end of the candidate's particular activity or at the end of the candidate's term with you. Grade the candidate's performance according to the format provided. Highlighting the candidate's strengths and deficits, if any, will enable the training committee to monitor and the candidate to self regulate his or her career progress.



# 1. GENERAL NEUROLOGY POSTINGS

## 1.1. Ward Posting (inpatients)

Place	Duration (provide dates)	Supervisor

## 1.2 Outpatient clinics

Place	Duration (provide dates)	Supervisor









## 2.5 Muscle Biopsy

No.	Patient ID and Indication	Date	Level of skill	Level of competence

## 2.6 Botulinium Toxin Injection

No.	Patient ID and Indication	Date	Level of skill	Level of competence


**3. ADDITIONAL POSTINGS (Basic Sciences, Neurometabolic Diseases, Radiology, Pathology, Molecular Genetics, etc.)**

Posting	Place	Duration	Supervisor

#### 4. CME ACTIVITIES (please attach relevant documents as proof)

##### 4.1. Courses and conferences attended:

Course, workshop or conference	Place & date	Status (ordinary participant, poster or oral presenter, organising committee, chairperson, invited speaker)

##### 4.2. Lectures/seminars/tutorials attended or given

Topic of lecture/seminar/tutorial	Date	Role (student, facilitator, lecturer)




**5. Research**

- Topics: \_\_\_\_\_  
\_\_\_\_\_

- Presented at :  
\_\_\_\_\_  
\_\_\_\_\_

- Publications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
[Signature of Candidate]

\_\_\_\_\_  
Date

## APPENDIX D

### ASSESSMENT FORMS FOR KEY COMPETENCIES EVALUATION BY TRAINER (supervisor)

(A separate evaluation sheet should be used for EACH trainer)

This assessment form is to be given to the trainer at the BEGINNING of the placement even though the evaluation is at the END of the training period. The trainee should submit an evaluation form every 6 months to the training subcommittee, so that issues and concerns over his or her training programme can addressed.

Training centre: \_\_\_\_\_

Duration of training: from \_\_\_\_\_ till \_\_\_\_\_

#### 1. Personal characteristics

	Poor	Satisfactory	Good	Excellent	Not assessed
Punctuality					
Availability					
Attitude					
Responsibility					
Leadership qualities					
Inter-personal relationship					

#### 2. Clinical skills

	Poor	Satisfactory	Good	Excellent	Not assessed
History taking					
Physical examination					
Ordering &					

interpreting appropriate investigations					
Formulating management plan					
Emergency care					
Care of critically ill patients					

**3. Technical procedures** (refer to log book on procedures)

	Poor	Satisfactory	Good	Excellent	Not assessed
Knowledge of physiological basis of procedures					
Understands indication for procedures					
Technical skill in performing procedures					
Interpretation of results					

**4.4 Communication skills & Counselling**

	Poor	Satisfactory	Good	Excellent	Not assessed
Communicating with parents					

Communicating with staff					
Counselling skills					

#### 4.5 Participation in learning and teaching activities

	Poor	Satisfactory	Good	Excellent	Not assessed
Participation in learning					
Participation in teaching					

#### OVERALL ASSESSMENT & COMMENTS

Positive attributes of candidate:

: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have these been pointed out to the candidate?     Yes     No

Areas of concern:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have these been discussed with the candidate?     Yes     No

Name and Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_