

# **ACCREDITATION AND CREDENTIALING OF PAEDIATRIC SURGEONS IN MALAYSIA**

## **MISSION STATEMENT:**

The NSR Subcommittee for Paediatric Surgery aims to ensure the highest standard of care for all children requiring surgery. Treatment for these children should be in a child-friendly and family friendly environment; provided by appropriately trained and credentialed staff. This document seeks to define the training, certification and credentialing of Paediatric Surgeons in Malaysia. The role of General Surgeons in providing surgical care for children is also defined.

## **GUIDELINES FOR PRACTICE OF PAEDIATRIC SURGERY IN MALAYSIA:**

1. Whenever practical and possible, surgery in children should be performed by qualified Paediatric Surgeons.
2. Neonatal surgery should only be performed by qualified Paediatric Surgeons; unless in a dire emergency situation. Consultation with a Paediatric Surgeon should be sought.
3. It is recommended that General Surgeons intending to include basic Paediatric Surgery in their practice should spend at least 6 months period in a recognized centre. Occasional surgery in children is discouraged. These surgeons should continuously audit their results.
4. The practice of safe paediatric surgery requires the need for highly skilled ancillary services especially anaesthesia, radiology and nursing staff; as well as provision of appropriate paediatric facilities.

## **RECOGNISED QUALIFICATIONS AND CRITERIA FOR ENTRY INTO NATIONAL SPECIALIST REGISTER FOR PAEDIATRIC SURGERY:**

1. All candidates must fulfill the general criteria into NSR (refer general guidelines for credentialing in NSR) before applying for admission into Paediatric Surgery Specialty.
2. All candidates must possess an undergraduate and a post graduate qualification in Paediatric Surgery recognized by the Malaysian Medical Council and NSR.
3. Any other qualification or programme not in the list of NSR will be evaluated on a case to case basis.

## **1. LOCAL POSTGRADUATE TRAINING PROGRAMMES:**

### **1.1 Masters in Paediatric Surgery (UM).**

Candidate is required to show evidence of completion of training i.e. assessment reports, log book, examination results and degree. Post-masters candidate must also show evidence of working under supervision in at least one recognised training centre for a minimum of 3 years duration. Post-masters candidate must maintain his log book, surgical audit and provides six monthly assessment reports by supervising consultant(s) until an interview/ viva is held by the NSR Subcommittee in Paediatric Surgery to review his application into NSR. The candidate must show evidence of competency at Level 3.

### **1.2 Masters in Paediatric Surgery (UKM).**

Candidate is required to show evidence of completion of training i.e. assessment reports, log book, examination results and degree. Post-masters candidate must also show evidence of working under supervision in at least one recognised training centre for a minimum of 3 years duration. Post-masters candidate must maintain his log book, surgical audit and provides six monthly assessment reports by supervising consultant(s) until an interview/ viva is held by the NSR Subcommittee in Paediatric Surgery to review his application into NSR. The candidate must show evidence of competency Level 3.

### **1.3 Ministry of Health (MOH) Fellowship in Paediatric Surgery Programme.**

Candidate who is already a qualified General Surgeon is required to undergo a minimum of 3 years of training in a programme approved by the NSR. The content of the programme must be equivalent to the Masters of Paediatric Surgery with an exit examination. The candidate must undergo a period of at least 2 years post certification training and must maintain a log book, surgical audit and provides six monthly assessment reports by supervising consultants until an interview/viva is held. The candidate must show evidence of competency at Level 3.

## **2. EXTERNAL TRAINING PROGRAMMES:**

### **2.1 Fellow of the Royal Australasian Colleges of Surgeons (FRACS) in Paediatric Surgery.**

Candidate is required to show evidence of completion of training i.e. assessment reports, log book, examination results and degree. Post-fellowship candidate must also show evidence of working under supervision in at least one recognised training centre for a minimum of 2 years duration. Post-fellowship candidate must maintain his log book, surgical audit and provide six monthly assessment reports by supervising consultant(s) until an interview/viva is held by the NSR Subcommittee in Paediatric Surgery to review his application into NSR.

## **2.2 Fellow of the Royal College of Surgeons (FRCS) in Paediatric Surgery UK.**

Candidate is required to show evidence of completion of training i.e. assessment reports, log book, examination results and degree. Post-fellowship candidate must also show evidence of working under supervision in at least one recognised training centre for a minimum of 2 years duration. Post-fellowship candidate must maintain his log book, surgical audit and provide six monthly assessment reports by supervising consultant(s) until an interview/ viva is held by the NSR Subcommittee in Paediatric Surgery to review his application into NSR.

## **2.3 American Board Certification in Paediatric Surgery.**

Candidate is required to show evidence of completion of training i.e. assessment reports, log book, examination results and certificate. Post-training candidate must also show evidence of working under supervision in at least one recognised training centre for a minimum of 2 years duration. Post-training candidate must maintain his log book, surgical audit and provide six monthly assessment reports by supervising consultants until an interview/viva is held by the NSR subcommittee in Paediatric Surgery to review his application into NSR.

## **2.4 European Board of Paediatric Surgery.**

Candidate is required to show evidence of completion of training i.e. assessment reports, log book, examination results and certificate. Post-training candidate must also show evidence of working under supervision in at least one recognised training centre for a minimum of 2 years duration. Post-training candidate must maintain his log book, surgical audit and provide six monthly assessment reports by supervising consultants until an interview/viva is held by the NSR subcommittee in Paediatric Surgery to review his application into NSR.

### **3. ADDITIONAL REQUIREMENTS:**

3.1. Candidate from either the local or external programme must show additional evidence of having attended the following skills' workshop/course:

- i. Basic Anastomosis and Surgical Skill Workshop**
- ii. Basic Laparoscopy Workshop**
- iii. Basic Endoscopy Workshop**
- iv. Advanced Paediatric Life Support (APLS) course**

3.2. Candidate from either the local or external programme must show evidence of having completed the rotation in the following specialties:

- i. At least one month attachment in Paediatric ICU**
- ii. At least one month attachment in Neonatal ICU**

3.3. Candidate from either the local or external programme is required to provide at least 3 publications (in journal/s) or one completed research project published in a journal. First authorship of the publication is not a mandatory requirement.

3.4. Candidate from either the local or external programme is required to provide evidence of having attended and/or presented at local or international paediatric surgical scientific meetings during the course of their training.

#### **4. INTERVIEW OR VIVA BY SUBCOMMITTEE OF NSR:**

Candidates who fulfilled the requirements above will be called for an interview by the NSR Subcommittee in Paediatric Surgery. The committee will organise a panel of at least three members of the NSR subcommittee to interview the candidate. Whenever possible, NSR subcommittee member from the candidate's main institution shall not take part as one of the panel of interviewers. The NSR Subcommittee for Paediatric Surgery pledge to complete the application process within six months of candidate's application.

#### **RECOGNISED TRAINING CENTRES FOR PAEDIATRIC SURGERY IN MALAYSIA:**

1. University of Malaya Medical Centre (UMMC)
2. Universiti Kebangsaan Malaysia Medical Centre (UKMMC)
3. Sarawak General Hospital, Kuching Sarawak
4. Women's and Children's Hospital Likas, Sabah
5. Institute of Paediatrics, Hospital Kuala Lumpur
6. Hospital Sultanah Bahiyah, Alor Setar Kedah
7. Hospital Sultanah Aminah, Johor Baharu Johor

#### **CORE PROCEDURES FOR PAEDIATRIC SURGEONS IN MALAYSIA:**

##### **1. Open surgery for neonates:**

Herniotomy, colostomy, ileostomy, CDH repair, bowel resection and anastomosis, Ladd's procedure, duodenal atresia repair, laparotomy for NEC and bowel perforation, gastrostomy, vascular access surgery, excision of simple sacrococcygeal teratoma, TOF repair, cervical oesophagostomy, peritoneal drainage.

##### **2. Open surgery for infants:**

Herniotomy, OGDS, surgery for intussusception, PSARP, Duhamel operation, Closure of stomas, excision of Choledochal cyst, day-care surgery procedures, diagnostic cystoscopy, vascular access surgery.

##### **3. Open Surgery for > 1 year old:**

Day-care procedures, basic oncology surgery i.e. gonadectomy, nephrectomy, excision of simple tumours, excision of simple cystic hygroma, laparotomy for adhesions, cholecystectomy, splenectomy, gastrostomy, fundoplication, diagnostic laparoscopy for UDT, laparoscopic appendectomy, burns debridement and SSG, lung lobectomy, distal hypospadias repair.

#### 4. Trauma Surgery:

Exploratory laparotomy, liver packing, splenectomy, bowel resection and anastomosis, stoma creation, open SPC, repair of bladder perforation.

### **SPECIAL PROCEDURES FOR PAEDIATRIC SURGEONS IN MALAYSIA:**

Special procedures should not be carried out by junior consultant unless properly credentialed and privileged by their institution. These procedures share the themes of the following:

1. Invasive procedure requiring skills and knowledge
2. High risk procedures
3. Involvement of new technique and technology
4. Complex procedure
5. Rarity of the conditions

Candidate who aspires to obtain privileging and credentialing for special procedures may write to the NSR Subcommittee of Paediatric Surgery for advice on where training programme for this specialised procedure is available. Candidate must obtain a minimum of six months supervised training in any specialised procedure at one or more recognised training centres.

Institutions and centres with areas of expertise for the specialised procedures must write formally to the NSR Subcommittee of Paediatric Surgery to be considered as a recognised centre. The centres must show evidence of having qualified trainer(s), surgical census and audit for the specialised procedures and proper assessment programme for trainees in order to be considered as a recognised training centre for specialised procedure.

Some of the main groups of specialised procedures are as below:

1. Complex urology and intersex including proximal hypospadias, cloacal anomalies and ambiguous genitalia.
2. Advanced hepatobiliary and pancreatic Surgery including Kasai operation and liver tumours.
3. Liver transplantation.
4. Advanced Minimally Invasive Surgery in neonate and paediatrics.
5. Re-do surgeries in neonates and children.
6. Thoracic surgery.

### **CORE PROCEDURES IN PAEDIATRIC SURGERY FOR GENERAL SURGEONS:**

1. Open herniotomy in patients > 6 months old.
2. Orchidopaxy for palpable testis.
3. Open and laparoscopic appendectomy for patients above 12 years old.
4. Testicular exploration.
5. Circumcision.

## LEVEL OF COMPETENCY OF SURGEONS:

### 1. Level 1:

Masters/Fellowship/Board Certified in General surgery – Competent to perform core procedures in paediatric surgery for General Surgeon as above.

### 2. Level 2:

**Level 2A:** Year 1- Masters in Paediatric surgery (UM/UKM), Local Fellowship programme - Perform minor paediatric surgery independently and assisting/performing competently selected major surgery.

**Level 2B:** Year 2- Masters, Fellowship RACS/ UK/ EU- Evidence of competency to perform more major surgery with assistance or under supervision.

**Level 2C:** Year 3- Evidence of competency to perform major surgery independently at end of this year.

### 3. Level 3:

**Level 3A:** Year 1- Competent General Paediatric surgeon at consultant level.

**Level 3B:** Year 2- Training for subspecialty/advance and complex procedures.

**Level 3C:** Year 3- Training for subspecialty or special procedures/ advance and complex procedures.

### 4. Level 4:

Paediatric Surgeon who has completed subspecialty training and competent in specialised and advanced procedures or complex surgery/redo surgery.