

Pediatric Training in Singapore:

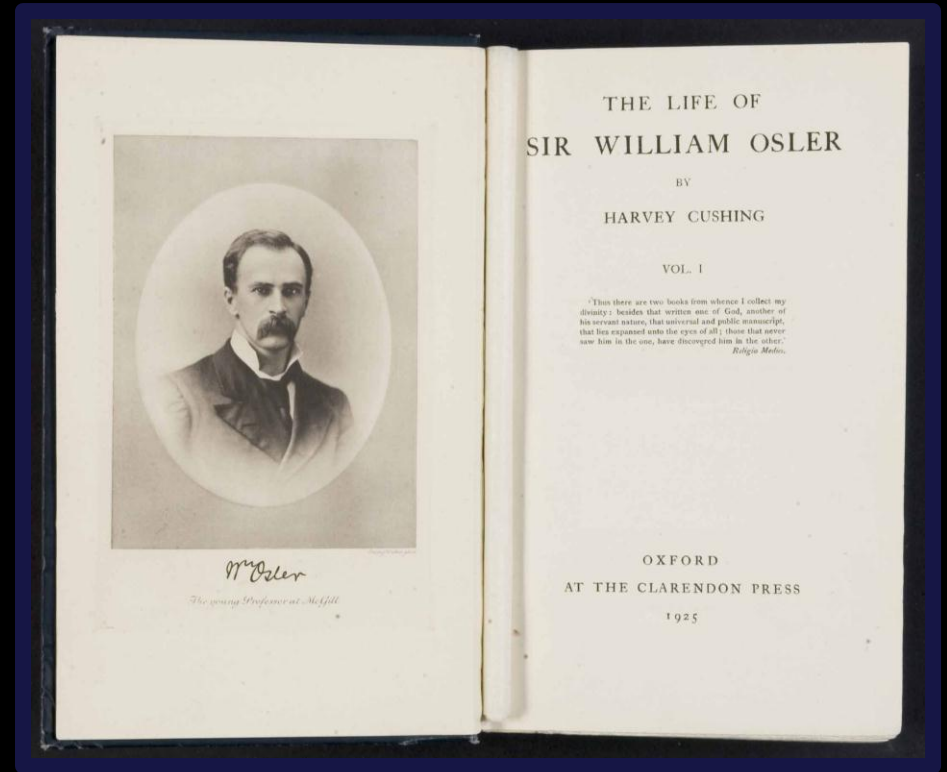
The Road Ahead

Hui-Kim Yap

Chairperson, Residency Advisory Committee

Joint Committee for Specialist Training

Ministry of Health, Singapore

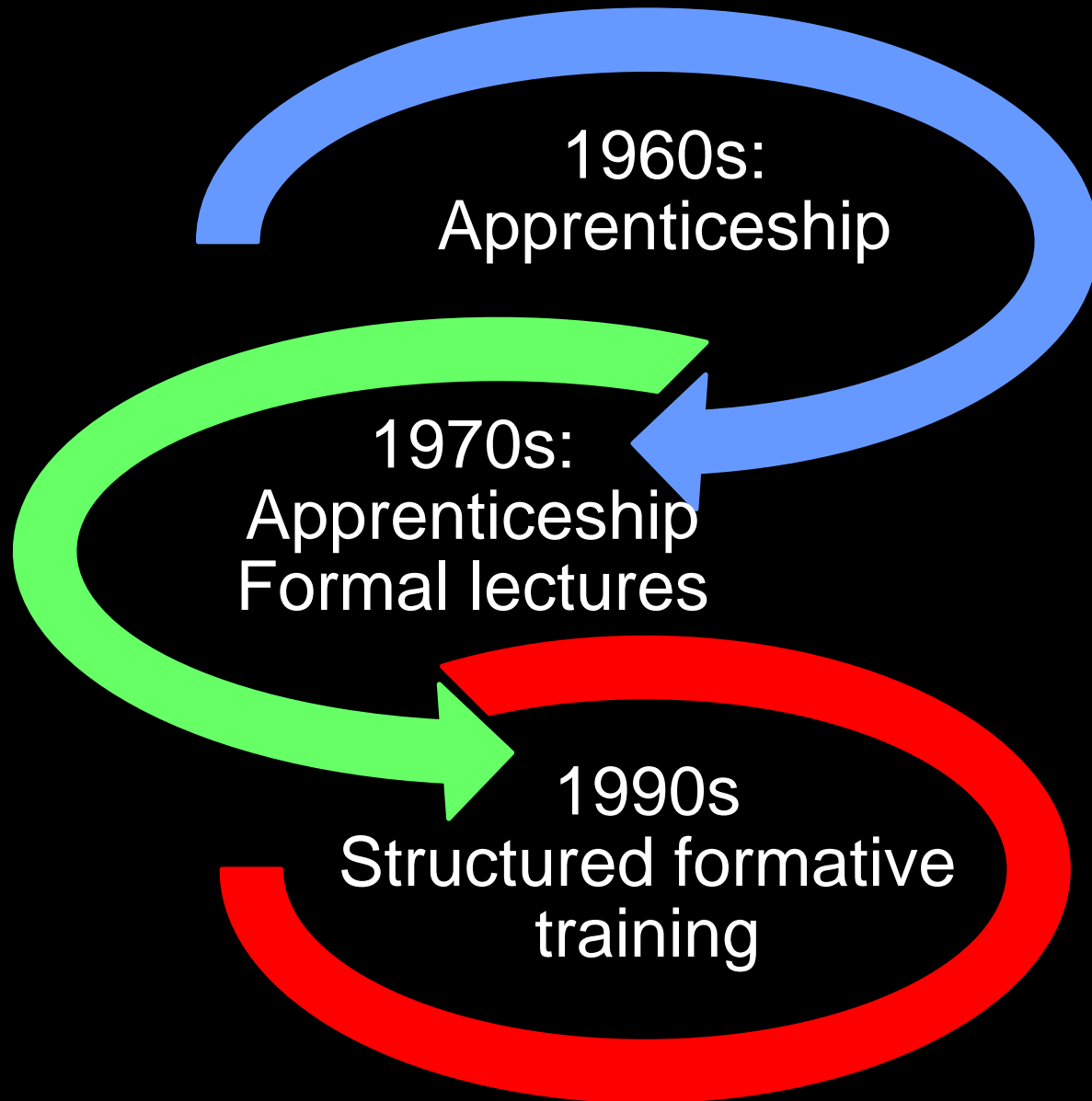


Medical training throughout the centuries was one of conscientious apprenticeship



Bedside teaching at the daily Grand Ward Round (1978)

Evolution of pediatric training in Singapore



1957-1961



- ➡ Founding of Academy of Medicine, Singapore (1957)
- ➡ Establishment of Committee of Postgraduate Education (1961)
- ➡ Pediatric training abroad: MRCP

1962

- ▶ Establishment of Department of Pediatrics, University of Singapore
- ▶ Local training in Pediatrics
- ▶ Exam in UK: MRCP



1970



- ▶ Establishment of Postgraduate School of Medicine, University of Singapore
- ▶ Local training in Pediatrics (2 years)
- ▶ Local exam: Masters of Medicine (Pediatrics)

Definition of Pediatric Specialists based on:

- ➡ Acquisition of a postgraduate degree or qualification:
 - ➡ Masters of Medicine (Pediatrics)
 - ➡ MRCP or MRCPCH
- ➡ No formal accreditation of the training process

1991



JOINT COMMITTEE ON SPECIALIST TRAINING

jCST

ACADEMY OF MEDICINE, SINGAPORE  NATIONAL UNIVERSITY OF SINGAPORE

Establishment of Specialist Training Committee in Pediatric Medicine

- ▶ Setting up policies for pediatric training in Singapore
- ▶ Oversee the training program in the various hospitals offering pediatric training in Singapore

1970

Pediatric
traineeship
(3 years)

Masters of Medicine
(Pediatrics)

1991

Basic training
(3 years)
+ Advanced training
(3 years)

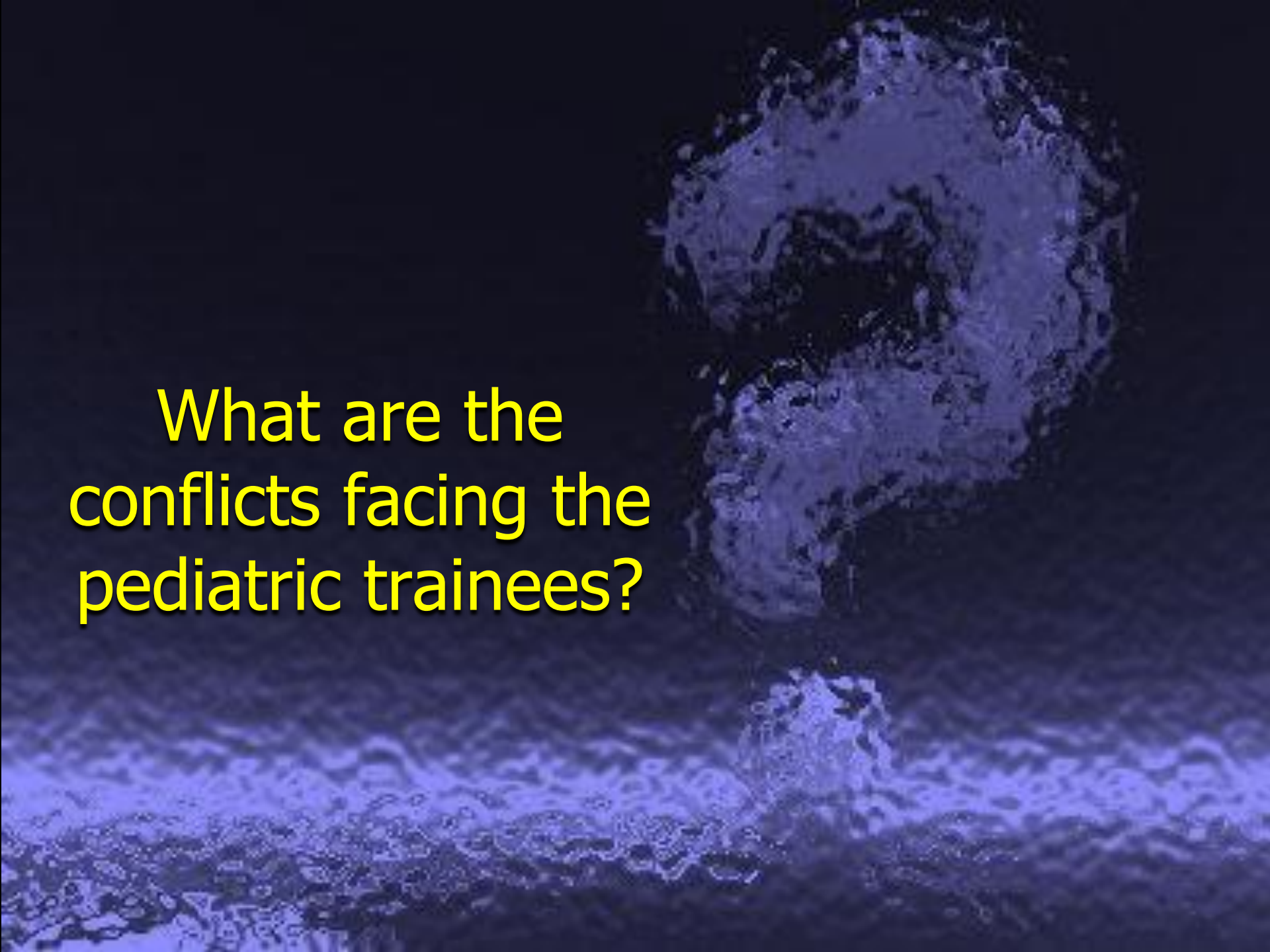
± MRCPCH

2010

Residency Program
(3 years 8 months)
+ Senior Residency
Program
(3 years)

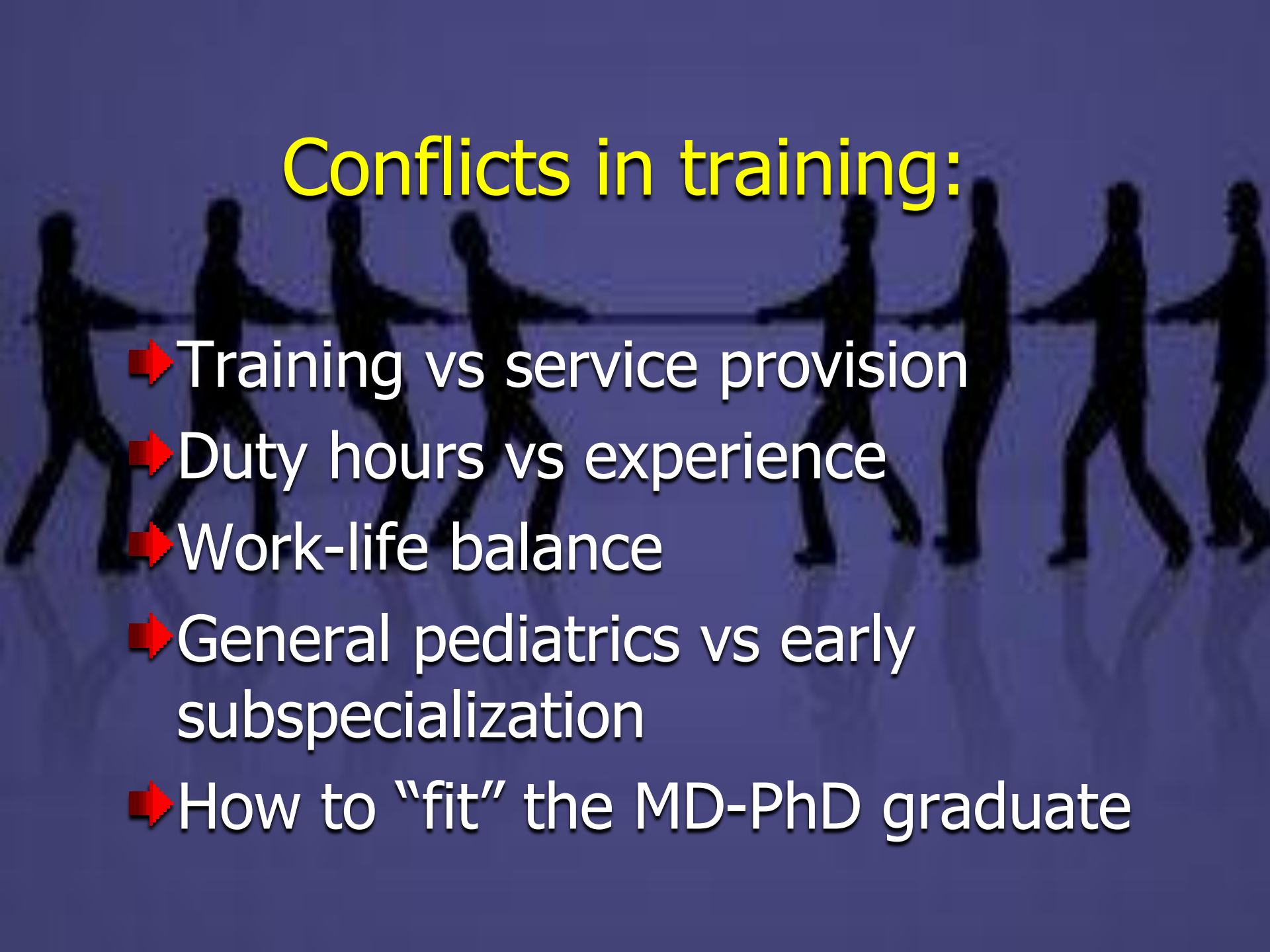
MMed (Pediatrics)
+ PGME(S)

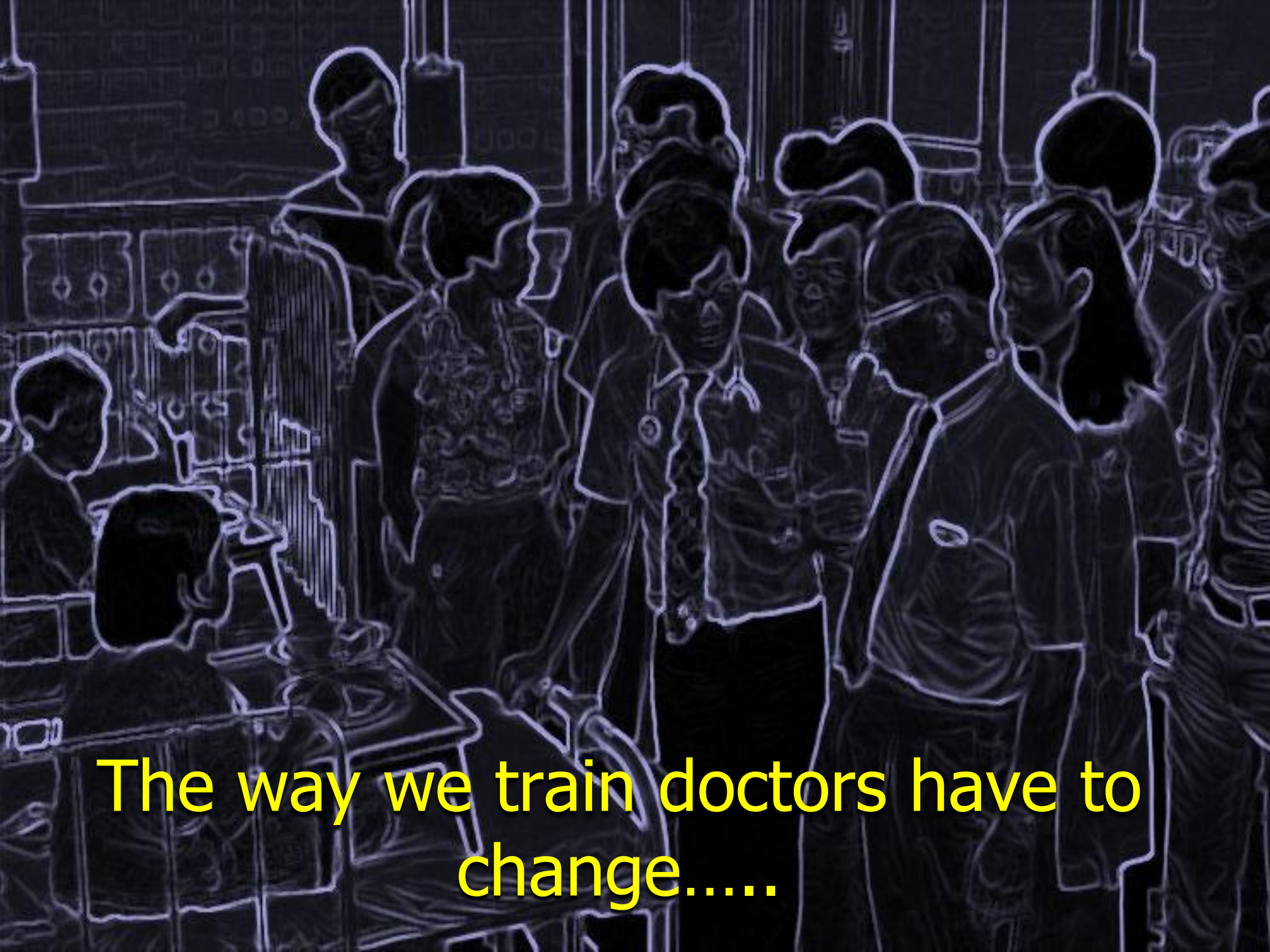
**Examinations at the end of basic pediatric training
or residency training**



What are the
conflicts facing the
pediatric trainees?

Conflicts in training:

- 
- A background image showing the silhouettes of a group of people holding onto a horizontal rope, possibly participating in a team-building exercise. The silhouettes are dark against a lighter, slightly textured background.
- ➡ Training vs service provision
 - ➡ Duty hours vs experience
 - ➡ Work-life balance
 - ➡ General pediatrics vs early subspecialization
 - ➡ How to “fit” the MD-PhD graduate



The way we train doctors have to change.....

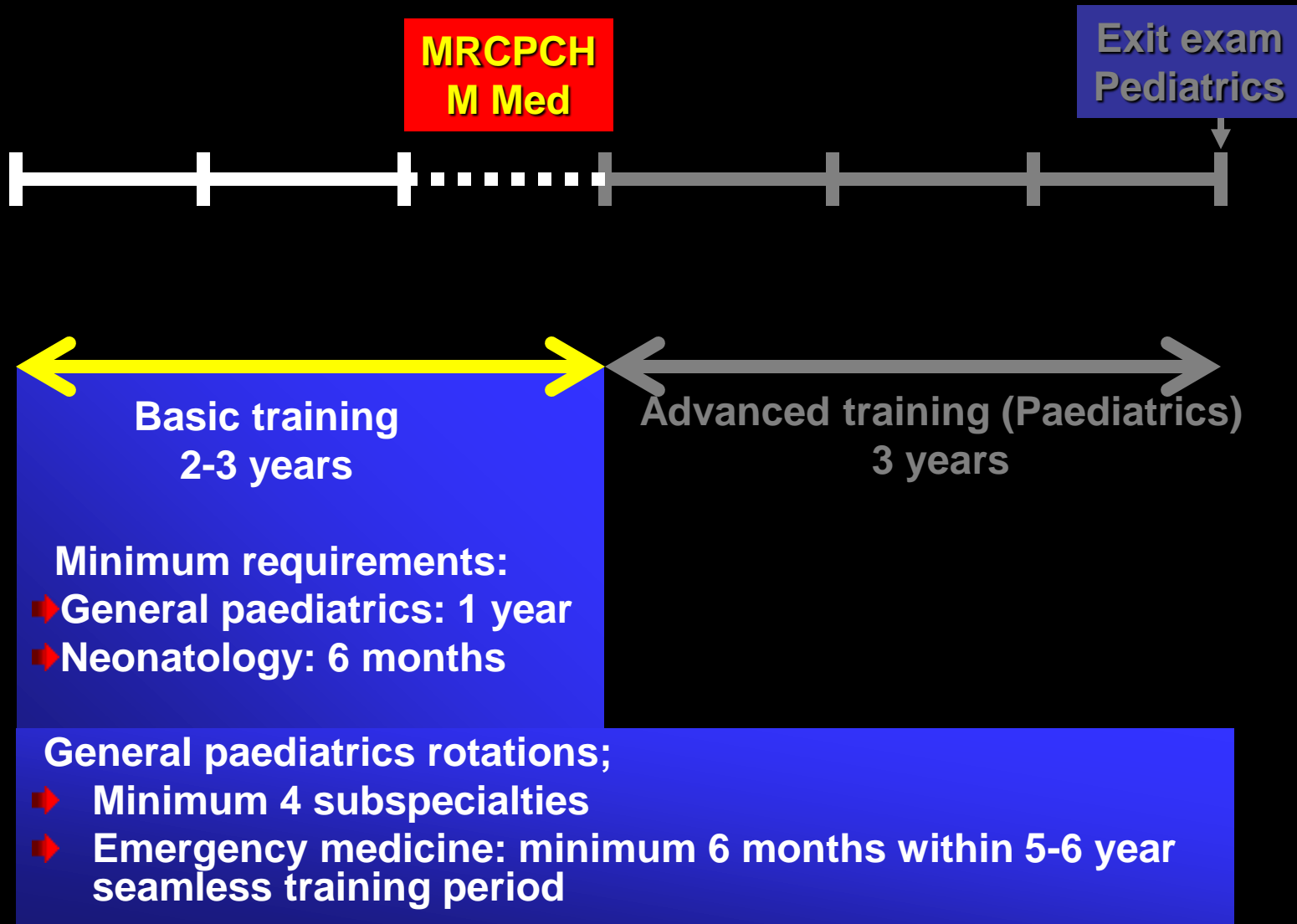
The Road Ahead.....

- ➡ Structured training program with:
 - ➡ Competency based goals and objectives
 - ➡ Delineation of resident responsibilities for patient care with progressive responsibility
- ➡ Incorporation of formative assessment tools
- ➡ Development of pediatric simulation modules which allow systematic exposure to important clinical and emergency scenarios
- ➡ Maintenance of general pediatric competencies during pediatric subspecialty training

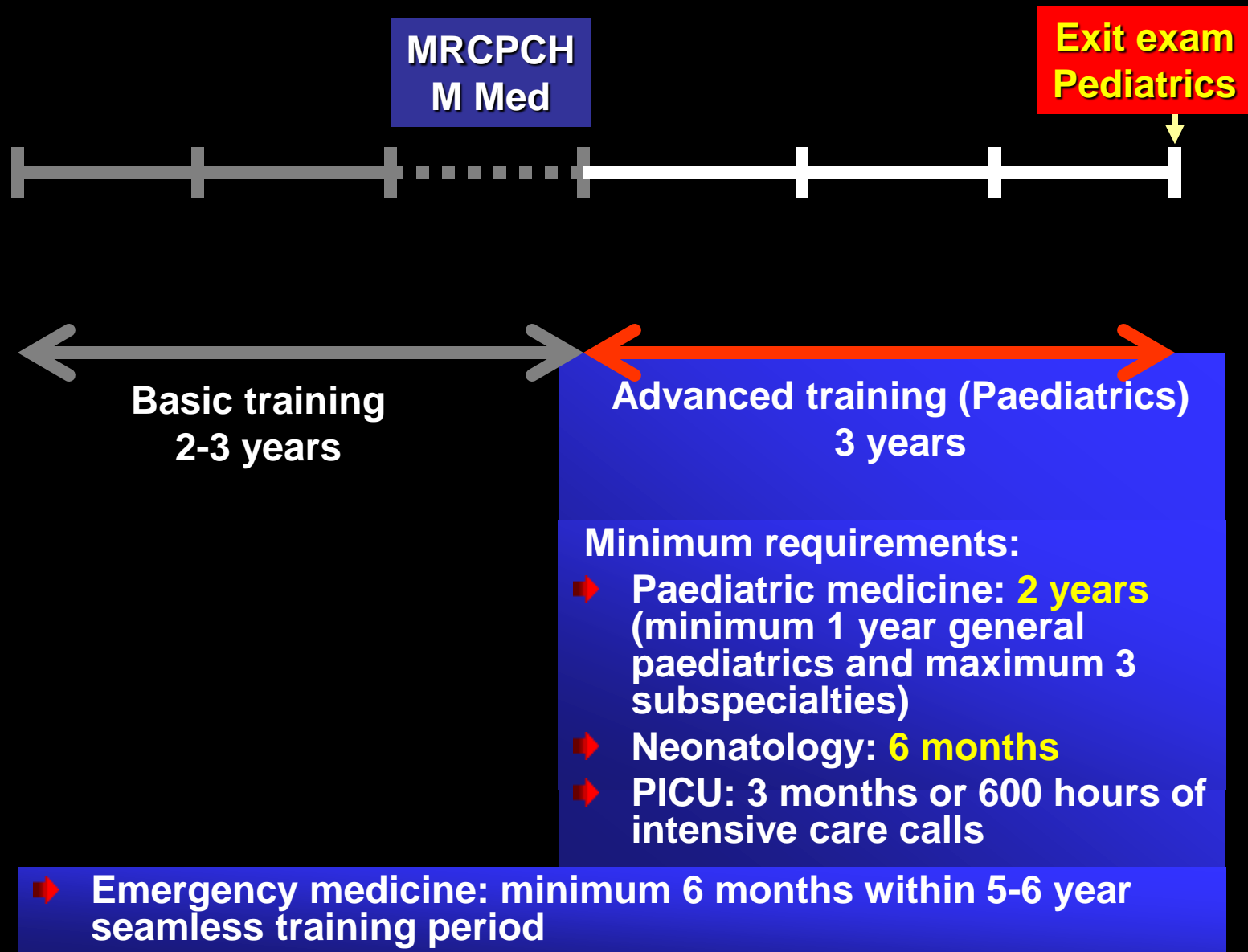
Structured Training Programme for Paediatric Medicine



Basic training phase



Advanced training in Pediatric Medicine



Structured Exit Examination in Pediatric Medicine

Assessment of training

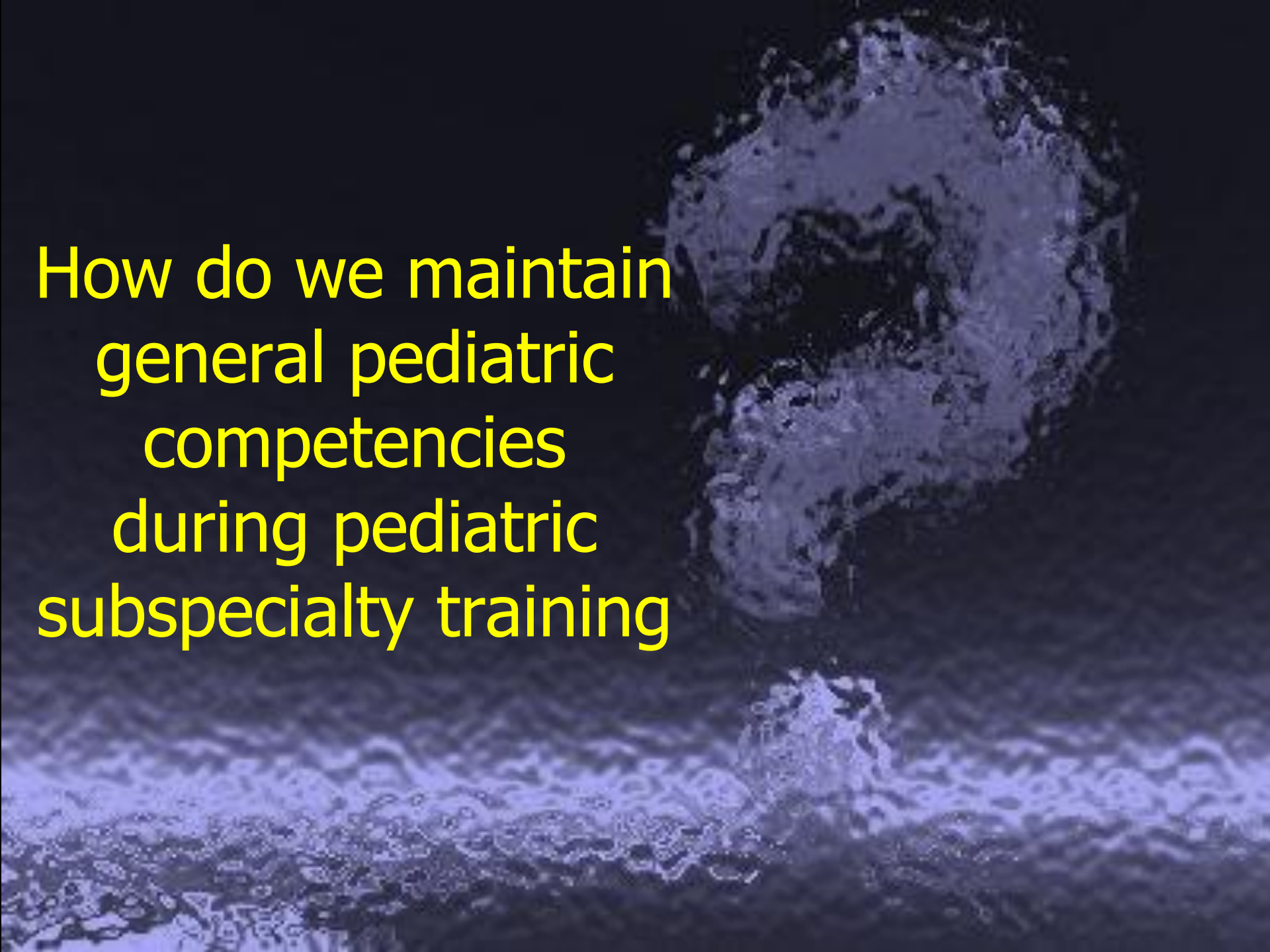
- Trainee's log book
- Supervisor's report

Scenario-based questions

- Neonatal case
- Paediatric emergency or critical care case
- General pediatrics clinical case
- **One of the questions should incorporate an ETHICAL issue**

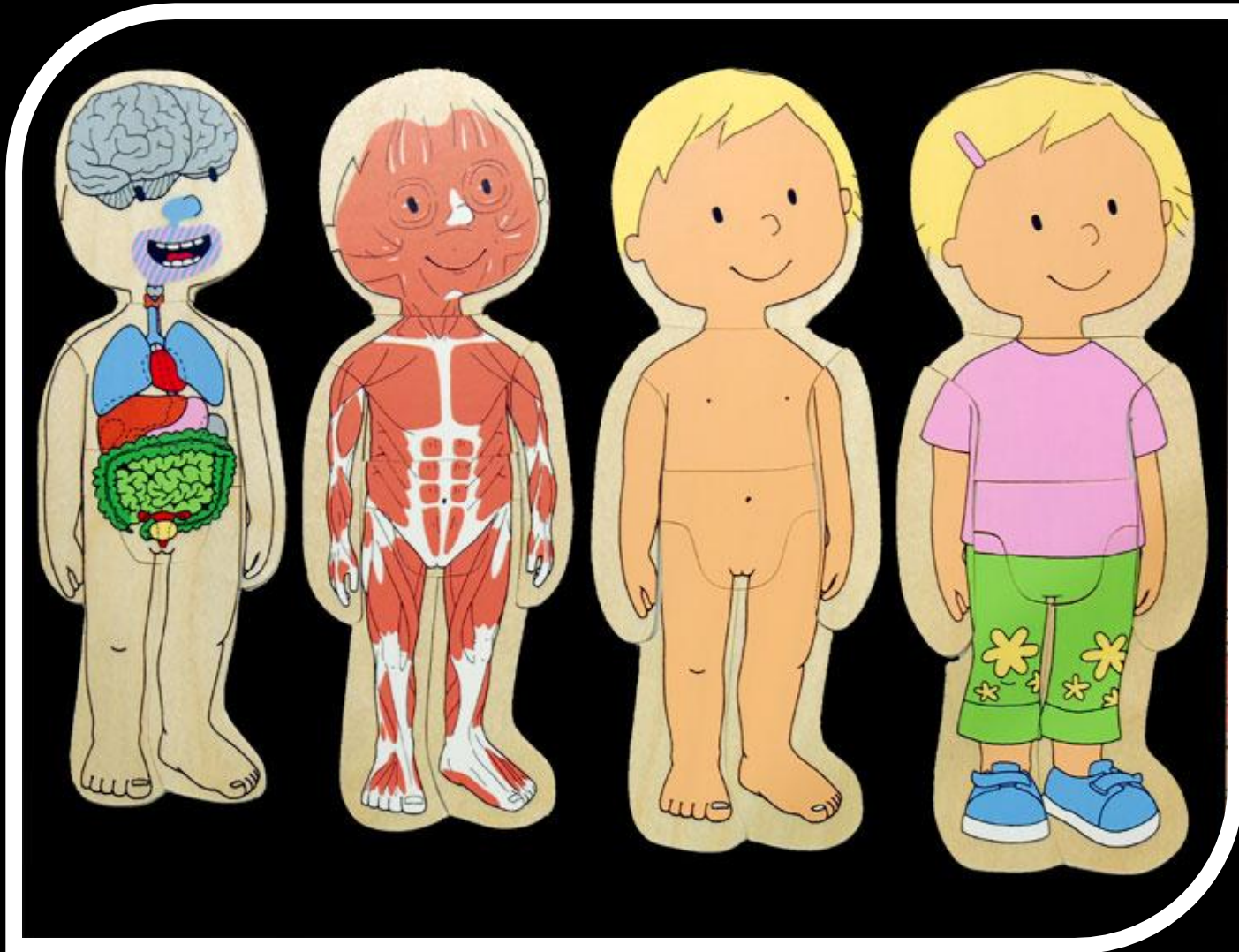
Paper critique

- Assesses the ability for quick critical analysis of data from the medical literature based on a published paper given to candidates before the *viva*



How do we maintain
general pediatric
competencies
during pediatric
subspecialty training

Which doctor should I see?



Dual Accreditation:

General Pediatrics and Adolescent Medicine

- Focuses on broad-based competencies in General Pediatrics, Neonatology and Adolescent Medicine
- Develop an understanding of the complexities and social psychobiology involved in the management of diseases in these age groups
- Able to practise independently as a Pediatric Consultant both in the community and as a hospitalist in General Pediatrics and Neonatal care (level 1 and 2)

Pediatric Subspecialties

- Complex nature of the Subspecialty requires additional understanding of the basic science that underpins disease pathogenesis
- Requires additional in-depth knowledge surrounding the biomedical and technological advances that impact on complex disease diagnosis and management in children and adolescents

