

# PEDIATRIC TRAINING IN BRUNEI: WORK IN PROGRESS FOR NEW CURRICULUM

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Brunei is a country with a population still not reaching half a million, but has a sizable proportion of young people. The total number of pediatricians is 41, including residents and eight consultants. Brunei people are appreciative of their medical care, as demonstrated by the high immunization rate of 95%. Until 2005, most pediatricians had trained abroad, but since then Brunei School for Medicine at the University of Brunei in Darussalam has taken a larger role in the production of pediatricians.

Undergraduate medical training in Brunei is a six-year partnership program, of which the first three years are in Brunei, where the students obtain a Bachelor of Health Sciences degree before moving overseas, mainly the United Kingdom and Australia, for the latter half. Many are encouraged to adopt pre-registration abroad. However, since 2007 Brunei has started a local foundation and housemanship program in which some do return to Brunei for this one-year pre-registration. This is followed by another year of foundation to allow for a decision on a subsequent career path. Those who are undecided can work or consider a number of specialties, including four months of pediatrics.

From this stage, those intending to go for pediatric training enter a four-year basic specialty-training program. At this point the trainees would have achieved the

UK Royal College of Paediatrics and Child Health Membership, on which Brunei has based a number of their programs. The Advance Higher Specialty training consists of three years in Brunei or abroad and one extra year under supervision to attain a pediatric associate specialist. There is no exit examination.

In total, it takes sixteen years to produce a consultant, of which eight years are for pediatric training.

## **Major components**

The three main areas for pediatric training in Brunei comprise general pediatrics, neonatology, and community pediatrics. The competency-based curriculum is aimed at clinical, teaching, practical, research, and leadership skills. Auditing by trainees in the Foundation Year 2 has led to changes within the department. Trainees are assessed through Direct Observed Procedures (DOPs), mini-Clinical Evaluation Exercises (Mini-CEx), Case-based Discussion (CBD), examinations, and Multi-source feedback (MSF). The challenge occurs in promoting awareness of ethics and child public health.

The Postgraduate Training and Advisory Board is comprised of the Deputy Permanent Secretary of Health and consultant representatives from different specialties. They authorize specialty programs submit-

ted by each department. The board also accredits the Foundation Program, including the pre-registration year.

### **Our most commonly received complaints**

Common feedback includes those from the patients who feel that doctors do not communicate efficiently, nor in a timely way, and patients who prefer to see the same doctors. Trainees ask for more teaching and protected learning time, while consultants ask for increased resources for teaching provisions specific to the needs of the trainees.

### **Concerns as a trainer**

The eight faculty members express their concerns that focus on translating the feedback into practical day-to-day work—to make it more patient-centered care. Families are better informed through cyber access, about which medical professions may not be able to keep track adequately. Being less dogmatic and by addressing their concerns and explaining things in everyday terms, and including the children, should be the way forward.

At the same time, pediatricians must regularly update their knowledge and skills despite a busy work schedule. More often than not the juniors are left to speak to the patients and families. Also trying to teach the juniors what are emergencies conditions are not an easy task.

### **Starting early**

One way of addressing the new teaching concept is to 'Start Early.' At Brunei

Medical School the students undergo training on 'breaking bad news' through self-video sessions. The students give their own critique, and then the rest of the class gives their comments. The tutors fill in the gap at the end.

### **Good Medical and Dental Practice 2010**

The Ministry of Health published a guideline for Good Medical and Dental Practice 2010, which stresses that patients must be able to trust doctors and dentists with their lives and health. During training this ethos is repeatedly emphasized, with the reminder taking place in a form of conference this year for the first time on medical professionalism and ethics, as part of Brunei Medical Association Inaugural Conference.

### **Steps in the way forward**

'We ask ourselves where Brunei should go from here.' Pride in being small is how Brunei feels, but we must pay attention to funding and regulation. Our trainees will become familiar with accountability and reflective practice through life-long learning. Annual *Prestasi* (presentations) as feedback in Brunei is the norm, followed by 360-degree assessments, if required. There is a plan to establish a Specialist Register in pediatrics as a specialty. The talk concludes with a note from families that it helps when doctors are informed that they are doing a good job. When patients and families respond with appreciation then medical professions can take heart.