

Appendix III: PIMM Training Program – Case Complexity Table

	Highly complex	Complex
Criteria	<ul style="list-style-type: none"> <li>- requires planning and management in a tertiary/quaternary centre, with high level of expertise and experience</li> <li>- both the diagnostic / therapeutic process is often highly complex, including the use of sophisticated investigations and interventions</li> <li>- often requires elaborate planning and input from multiple specialties / disciplines</li> </ul>	<ul style="list-style-type: none"> <li>- can be managed in a tertiary level setting</li> <li>- diagnosis can be confirmed but if not, requires a range of complex investigations; or involves complex treatment decisions</li> <li>- often requires regular input from multiple specialties / disciplines due to the conditions' chronic nature and multiple co-morbidities</li> </ul>
Examples	<ul style="list-style-type: none"> <li>- metabolic emergencies e.g. metabolic crisis</li> <li>- IMD with complicated diagnostic and therapeutic process e.g. congenital glycosylation disorders, mitochondrial disorders</li> <li>- IMD with special diagnostic and treatment considerations, requiring elaborate and highly concerted MDT planning and management e.g. lysosomal storage diseases with potential for stem cell transplantation, enzyme replacement therapy, or IMDs on novel treatment including gene therapy.</li> </ul>	<ul style="list-style-type: none"> <li>- Suspected IMD for complex diagnostic evaluation</li> <li>- IMD requiring regular MDT monitoring and therapeutic adjustment including dietary support e.g. carbohydrate, amino acid, fatty acid metabolic disorders</li> <li>- IMDs which may have simple and effective treatment e.g. Vitamin B6 responsive epilepsy, uncomplicated citrin deficiency not requiring dietary adjustment</li> </ul>