

Pre-approved alternative model: Paediatric experience

RACGP Education Services | Quality and Compliance



1. Introduction

The objective of this document is to outline the structure and requirements of the pre-approved paediatric experience alternative model of training. Where the standard paediatric hospital term training requirements are not met, this model can be used by training organisations to meet paediatric hospital experience requirements through appropriate learning opportunities and assessment of general practitioners in training (GPiTs) in the general practice setting.

This model fits within the framework for alternative models for training that sits alongside the 'RACGP Standards for general practice training (3rd edition)'. This alternative model has been evaluated and pre-approved for use by training organisations. Within this framework, training organisations can implement this model in consultation with their state censors without having to undergo the full approval process each time.

The purpose of the model is to provide opportunities for GPiTs to gain further paediatric experience under supervision within the general practice setting to complement and extend hospital-based experience and to ensure achievement of the required competency.

2. Scope

This model of alternative training outlines processes to meet the RACGP Mandatory Hospital Terms Requirement – Paediatric Experience as per the 'Mandatory Hospital Term Requirements guidance' document. The model may also be applied when a GPiT may require additional paediatric exposure in their clinical practice.

3. Situations when the 'Pre-approved alternative model of training – Paediatric experience' might be applied

This model aims to support all GPiTs to be competent in the management of paediatric presentations. The model may be applied to undertake:

- mandatory paediatric training for a GPiT with broad clinical experience and who may be out of the hospital system for some time
- mandatory paediatric training for a GPiT who has not met the minimum experience requirements set out in the 'Mandatory Hospital Term Requirements guidance' document

- supplementary paediatric training for a GPiT to meet diversity requirements when inadequate exposure to paediatric presentations in their general practice terms is identified.

Satisfactory completion of paediatric training is a prerequisite for GPiTs to commence in community-based general practice training. Eligibility for application of this model may be considered as an alternative to seeking additional hospital training time, at the discretion of the training organisation.

4. Eligibility

GPiTs must have completed one half of the RACGP Mandatory Hospital Terms Requirement – Paediatric Experience. That is one of the following:

- An approved paediatric rotation of one 5–6-week hospital term
- A paediatric emergency rotation of one 5–6-week hospital term
- One approved 10-week hospital emergency department (ED) term where there is a significant paediatric case load and where children are seen first by the resident medical officer

GPiTs must discuss their suitability for the ‘Pre-approved alternative model – Paediatric experience’ and be approved prospectively by the training organisation.

GPiTs must agree in writing to complete all mandatory components of the model as required by the training organisation.

The supervisor must be informed of the application of the model and agree to support the additional supervisory requirements.

5. The ‘Pre-approved alternative model – Paediatric experience’

Alternative models developed to help satisfy the Mandatory Hospital Term Requirements must take into consideration the ‘Australian Curriculum Framework for Junior Doctors’ as well as the ‘RACGP 2016 curriculum core skills (CS16 pre-general practice)’.

The model aims to ensure GPiTs have the requisite knowledge and skills to recognise, diagnose and manage the seriously ill child prior to commencing general practice training and can apply these within the first three months of general practice term 1 (GPT1) while under close supervision.

Note: The following model details a range of components common among alternative models already implemented and evaluated by training organisations. Training organisations with RACGP-approved models in place can continue to use their existing processes.

GPiTs are required to complete the following components designed to provide the necessary clinical experience to ensure safe practice in community terms. The program activities incorporate registrar learning activities with reflection, supervisor sign-off and medical educator oversight.

GPiTs must provide documentary evidence of satisfactory completion of each component to their training organisation by the due date.

Components of the ‘Pre-approved alternative model – Paediatric experience’

5.1 Satisfactory completion of the relevant online learning modules prior to commencement of GPT1

Courses relevant to the list of presentations under item 5.2 below should be completed prior to commencing GPT1. A sample of relevant courses are listed below. These are not exhaustive, and many are freely available, along with subscription-based courses such as those offered by the Sydney Child Health Program. GPiTs should discuss their learning plan with their training organisation and medical educator to choose courses relevant to their learning needs.

The RACGP offers the ‘Recognising the seriously unwell child’ course, which is available online through gplearning, takes six hours to complete and is highly recommended.

Other resources used by training organisations include:

- Learn EM’s RACGP-accredited [Paediatric emergencies in primary care](#)
- [Spotting the sick child](#)
- [Optimus CORE](#) (formerly Recognition and Management of the Deteriorating Paediatric Patient Program)
- [Health Education and Training Institute’s online courses](#)
- Paediatric guidelines specific for each state

5.2 Additional supervision and supervisor review of GPiT paediatric cases, within the first three months of GPT1

Increased supervision for paediatric presentations is required in GPT1. This higher level of supervision includes supervisor review of all paediatric cases seen by the GPiT at the time of the consultation.

Once the supervisor is happy the GPiT has demonstrated the required level of competence, the supervisor certifies that the GPiT may move to a lower level of supervision, with supervisor review at the GPiT’s discretion. The supervisor will consider the GPiT’s ability to:

- recognise the conditions/presentations listed below and the significant associated clinical signs

- develop an appropriate management plan
- engage the child's family/carers in the appropriate ongoing monitoring and management of the child.

Once the supervisor is confident in the ability of the GPiT to recognise the sick child across the full range of presentations as per the list below, final certification can be submitted to the training organisation.

Presentations:

- Child with a fever
- Child with abdominal pain
- Child with vomiting
- Child with dehydration
- The fitting child
- The child with altered consciousness
- The poisoned/bitten child
- The child at risk of abuse
- The child presenting with trauma and/or burns

In situations when a listed condition has not presented during the first three months of GPT1, formal discussion of how to recognise and manage the presentation must be undertaken by the GPiT and supervisor and documented in the sign-off sheet.

5.3 GPiT reflection and medical educator review – submitted by the end of the fourth month of GPT1

The GPiT develops and maintains a logbook of paediatric presentations over the three-month period, including a brief description of each case.

The GPiT prepares a reflective summary (no more than half a page) covering what they have learned from the paediatric presentations and supervised management and provides it to the relevant medical educator.

6. Applying the model

- Training organisations can determine which GPiTs are eligible to complete the program based on individual paediatric hospital experience assessments.
- Training organisations may choose to apply aspects of the process to all GPiTs within a cohort.
- Training organisations may use aspects of the process to meet diversity requirements for GPiTs who have not seen adequate numbers of paediatric presentations in their general practice training.
- If the training organisation does not have an RACGP-approved alternative model for paediatric requirements in place, it must discuss this with the relevant censor and notify the RACGP the first time the model is applied.

7. Associated documents and forms

- Guidelines for use of pre-approved alternative models of training
- Notification for use of a pre-approved alternative model of training

8. References

[RACGP Standards for general practice training \(3rd edition\)](#)
[RACGP 2016 curriculum](#)

Disclaimer

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