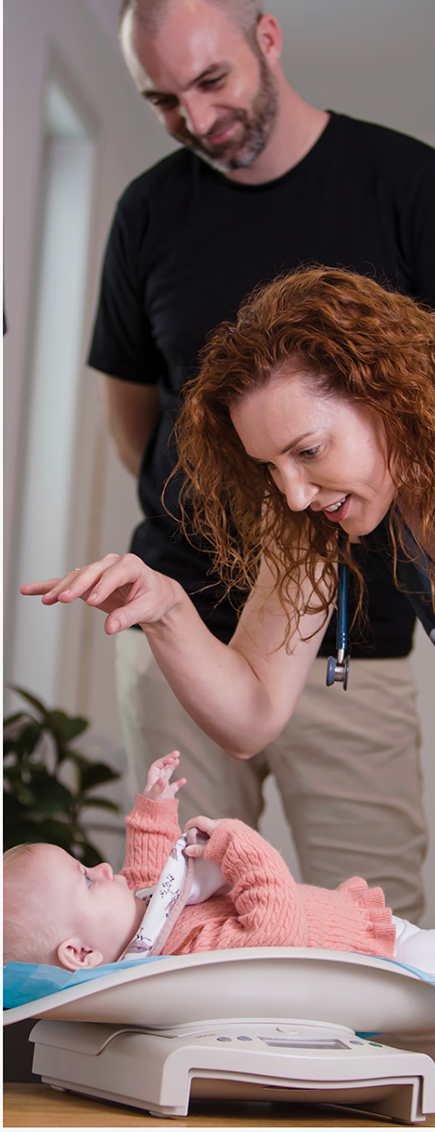
RACGP

Royal Australian College *of* General Practitioners

Fellowship in Advanced Rural General Practice (FARGP)

Additional Rural Skills Training (ARST)

Curriculum for Child Health Medicine Training



Healthy Profession.
Healthy Australia.

racgp.org.au

Fellowship in Advanced Rural General Practice (FARGP):
Additional Rural Skills Training (ARST) Curriculum for Child Health

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Accordingly, The Royal Australian College of General Practitioners Ltd (RACGP) and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

This is a living document and printed copies may therefore not be the most accurate and up to date.

Recommended citation

The Royal Australian College of General Practitioners. Fellowship in Advanced Rural General Practice (FARGP): Additional Rural Skills Training (ARST) Curriculum for Child Health. East Melbourne, Vic: RACGP, 2021.

The Royal Australian College of General Practitioners Ltd
100 Wellington Parade
East Melbourne, Victoria 3002

Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au

ABN: 34 000 223 807
Published September 2021

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

ID-1616.2

Contents

Introduction

The Fellowship in Advanced Rural General Practice (FARGP) is a qualification awarded by The Royal Australian College of General Practitioners (RACGP) in addition to the vocational Fellowship (FRACGP). Completion of a minimum 12 months of Additional Rural Skills Training (ARST) in an accredited training post is an essential component of training towards FARGP. This additional training is designed to augment core general practice training by providing an opportunity for rural general practitioners (GPs) to develop additional skills and expertise in a particular area and enhance their capability to provide secondary-level care to their community.

This curriculum sets out the competencies that candidates are required to develop to complete ARST in Child Health. It also provides a framework for the teaching and learning of the critical knowledge, skills and attitudes that rural generalists require to effectively deliver quality care in the context of child health in rural and remote communities, where specialist support is often limited.

Objectives

Rural GPs are usually the first-line service provider for any health problems that may arise among the large population of children and young people in the rural and remote areas of Australia. They are also often responsible for the management of a considerable number of childhood emergencies and ongoing child health issues that affect the whole family. Many rural and remote communities do not have local access to specialist paediatricians; however, most procedural skills are impossible to deliver via distance consultation, meaning that the GP is forced to make referrals that require the child and parents to travel large distances. The more care that can be provided in the child's hometown by the rural GP, the lesser the burden upon families in terms of time, travel and expense.

Improving a rural GP's skills in managing common child health problems will enhance the wellbeing of local communities and reduce the cost of healthcare by reducing the need for referral. By undertaking ARST in Child Health, candidates will develop the skills, knowledge and confidence to provide quality paediatric medicine in rural and remote communities. A long-term outcome of this will be improved equity of access to skilled practitioners and quality care for rural Australians.

Prerequisites

ARST in Child Health can only be undertaken after the Hospital Training Time component of FRACGP has been completed. To give candidates a rural general practice context to the learning, and provide a better understanding of where their additional skills will be practised, it is strongly recommended (but not mandatory) that they have completed at least 12 months full-time equivalent (FTE) of community rural general practice terms before starting the ARST. However, the RACGP recommends that candidates work closely with their Training Organisation to plan the best training pathway for their individual circumstances.

Duration

This ARST in Child Health requires a minimum of 12 months (FTE) in an accredited training post, in accordance with the vocational standards and requirements published by the RACGP. Candidates need to demonstrate satisfactory achievement of outcomes as per the curriculum.

Context for the FARGP ARST Curriculum for Child Health

ARST in Child Health must be completed with an accredited paediatric/child health training post. This may be in a metropolitan, regional or rural setting. The ARST may be undertaken across one or more posts as pre-approved by the Training Organisation. At least six months (FTE) must be completed in an accredited paediatric acute care unit. Alternative acute care posts need to be prospectively approved by the Rural Censor. Candidates need to document the expected caseload and scope of paediatric exposure in their training plans for review by the censor.

Remaining training time may be spent working in a combination of:

- paediatric acute care unit
- community child health service
- other paediatric rotations relevant to rural child health services (eg child psychiatry unit/service, palliative care or rehabilitation unit).

The candidate needs to ensure adequate exposure across all these contexts during their ARST. The ARST may be undertaken across one or more posts as pre-approved by their Training Organisation. Community-based paediatric care accounts for the vast majority of paediatric presentations, therefore it is recommended that candidates spend a minimum of three months FTE in a community paediatric setting.

The emphasis of this ARST in Child Health is on the acquisition of relevant clinical skills and experience. Candidates will engage in self-directed learning under the supervision of a rural GP supervisor/mentor, a medical educator and paediatric physician who is a Fellow of the Royal Australasian College of Physicians.

The rural GP supervisor/mentor is a source of advice on training in the broader context of rural general practice, as well as a professional role model and mentor. Their role is to:

- act as GP role model, mentor and support person
- observe the candidate's performance and provide regular feedback and assistance in general practice settings, where appropriate
- contribute to the assessment of the candidate, where appropriate.

The medical educator provides a link back to the Training Organisation to inform the candidate about educational activities and overall training requirements. Their role is to:

- provide advice and assistance regarding training needs, learning activities and completion of training requirements
- assist in the development, implementation and evaluation of learning materials
- assist in access to learning opportunities
- contribute to formative assessment of the candidate and monitor progress.

The paediatric physician provides the candidate with a source of clinical expertise, advice and educational support. Their role is to:

- provide supervision in the clinical setting
- facilitate access to clinical learning opportunities
- demonstrate clinical skills and procedures
- observe the candidate's performance and provide regular feedback and assistance
- conduct regular teaching sessions
- monitor candidate progress and contribute to formative assessments
- report on progress in completing assessment requirements.

A combination of teaching methods is used, taking into account the specific clinical context and learning environment. Teaching and supervision methods strongly emphasise the acquisition of knowledge and skills in practice settings. Through demonstration, observation and interactive teaching methods, candidates are challenged to perform, reflect upon and assess their competence in applying the clinical knowledge and skills described in the curriculum.

Teaching methods may include:

- practice-based demonstration by supervisors
- practice-based observation and feedback on candidate performance
- group discussion, activities, case studies and presentations

- role-play or simulated scenarios illustrating challenging clinical situations
- online learning modules
- simulation of clinical presentations
- specific courses and workshops
- audio-visual and web-based presentations
- research projects
- regular meetings with supervisors
- access to continuing professional development workshops
- presentation of educational sessions to other staff or community groups
- journal articles and web-based resources
- development of teaching skills through teaching of junior medical staff and medical students.

Candidates are expected to determine the depth and extent of education and training required in consultation with their supervisors and document this as part of their training plan.

It is also recommended (but not mandatory) that candidates undertake an academic program such as a diploma in child health or paediatrics to support the development of knowledge in paediatric medicine.

Content of the FARGP ARST Curriculum for Child Health

The following content list provides guidelines for the candidate and the supervisors regarding topics to be covered during training. This is a non-exhaustive list of desirable knowledge and skills to meet the child health needs of rural communities. It is anticipated that this list may be adapted to address the particular learning goals of candidates and the particular context in which the training is conducted.

The content is organised under the following headings:

1. Normal and abnormal child development
2. Management of common presentations in child health
3. Management of acute and emergency presentations
4. Legal and ethical issues in child health

1. Normal and abnormal child development

- Neonatal assessment and conditions likely to cause developmental delay
- Physiological development over the neonatal, infant, toddler, school-age and adolescent years
- Early attachment theory and links to development
- Nutritional requirements for healthy development
- Developmental assessment
- Normal puberty and disorders of puberty
- Identification and management of common developmental disorders and learning disabilities in children and adolescents
- Identification and management of common psychosocial issues and psychological issues in children and adolescents
- Identification and management of common challenges of adolescence
- Specific health issues traditionally impacting children from culturally diverse groups, including Aboriginal and Torres Strait Islander children

2. Management of common presentations in child health

- Strategies for communicating effectively with patients of all ages as well as parents/carers
- Obtaining a clinical history, including maternal, family, genetic, birth, neonatal, developmental, nutritional, immunisation, environmental and past medical factors
- Conducting physical examinations in children of all ages from neonatal examination through to conducting a physical examination with adolescents
- Indications, contraindications and techniques for a range of paediatric diagnostic investigations and key considerations in the interpretation of results, including age variations and findings relevant to different age groups
- Common conditions in paediatric medicine and the evidence-based management of these conditions (see Appendix A for a list of common chronic and acute conditions to be covered during training)
- Principles and processes of the long-term management of paediatric patients with chronic conditions and supporting their families
- Preventive medicine, including parental education, health promotion, screening procedures and immunisation schedules
- Working effectively within a multidisciplinary team
- Use of telehealth consults to seek specialist support
- Local referral pathways and processes for transfer to a children's hospital
- Managing patient transition into adult care

3. Management of acute and emergency presentations

- Identification of acute conditions requiring inpatient admission
- Management of common emergency presentations (see Appendix A for a list of emergency presentations to be covered during training)
- Appropriate application of common emergency procedures (see Appendix B for a list of required procedures)

- Paediatric pain management techniques
- Principles and processes of pre-hospital response and management
- Managing retrieval, including effective communication with retrieval services, effectively packaging child and adolescent patients for safe transport, and communicating effectively with the patient and their parents/carers
- Caring for the psychological needs of children and parents/carers in emergency situations

4. Legal and ethical issues in child health

- Mandatory reporting and child protection issues and processes
- Issues relating to consent and confidentiality in the context of child and adolescent health, including Gillick competence
- Working with parent/family's religious and cultural beliefs
- Principles of child advocacy, including that decisions are to be made in the best interest of the child
- Processes for ethical decision making in the context of paediatric medicine
- Maintaining appropriate boundaries with patients and families in rural communities
- Notifiable diseases and state-specific control arrangements

Other mandatory requirements

In addition to the above, candidates will be required to satisfactorily complete the following courses:

- a neonatal resuscitation course
- an Advanced Paediatric Life Support course
- a child protection course.

It is recommended that these courses be completed within the first six months of training.

Learning outcomes and performance criteria

The RACGP Curriculum for Australian General Practice 2016 bases lifelong teaching and learning on the five domains of general practice. The domains represent the critical areas of knowledge, skills and attitudes necessary for competent, unsupervised general practice. They are relevant to every general practice patient consultation and form the foundation of the skills of rural GPs. Candidates undertake this ARST in Child Health in conjunction with the RACGP Curriculum for Australian General Practice 2016. Subsequently, this curriculum is designed to detail the additional knowledge and skills that GPs completing their ARST in Child Health are required to develop in order to provide comprehensive care in rural and remote communities. The five domains are:

1. Communication and the patient–doctor relationship
2. Applied professional knowledge and skills
3. Population health and the context of general practice
4. Professional and ethical role
5. Organisational and legal dimensions

By the end of this ARST in Child Health, the candidate will have expanded upon the assumed level of knowledge of the vocational registrar in these areas.

Note: *Italicised* terms in the following tables are defined in the next section, titled 'Range statements'.

1. Communication skills and the patient–doctor relationship

Learning outcomes	Performance criteria
1.1 Communicate clearly and empathically with children and parents/carers to understand patient needs and provide care in the context of paediatric medicine	1.1.1 Communicate effectively with patients of all ages in a *developmentally appropriate* manner 1.1.2 Develop rapport with child/adolescent patients and their parents/carers 1.1.3 Use effective cross-cultural communication when providing care to children and families from diverse backgrounds 1.1.4 Explain procedures in a developmentally appropriate manner to the patient and their parents/carers to obtain informed consent 1.1.5 Accurately assess parental understanding and provide information in an empathic manner to support parents/carers in the management of the ill child 1.1.6 Recognise symptoms of emotional stress in patients and parents/carers and provide appropriate support and follow-up
1.2 Effectively communicate within a *multidisciplinary team* in the context of paediatric medicine	1.2.1 Communicate effectively with the *multidisciplinary team* in both acute and chronic care settings 1.2.2 Use *telecommunication tools* to seek specialist support to assist in the provision of care

2. Applied professional knowledge and skills

Learning outcomes	Performance criteria
2.1 Deliver high-quality paediatric care	2.1.1 Obtain a detailed developmental, behavioural and clinical history from the patient and parents/carers (as appropriate to the patient's developmental stage) 2.1.2 Perform a thorough *physical examination* that is tailored to the patient's history, age and developmental stage 2.1.3 Use *diagnostic tools* as appropriate for the patient's presentation and age 2.1.4 Interpret and integrate the history and physical examination to formulate a comprehensive and rational problem list and differential diagnosis, and modify the working diagnosis and treatment plan in response to investigation results 2.1.5 Apply diagnostic reasoning to arrive at one or more provisional diagnoses, considering *common conditions in childhood and adolescence*, diagnostic limitations and the effect of family dynamics and beliefs on presentations in children and young people 2.1.6 Develop an evidence-based management plan in collaboration with the patient and their parent/carers 2.1.7 Competently perform *required procedures* and prescribe therapies tailored to the patient's needs, in collaboration with their parents/carers 2.1.8 Recognise potential complications of common presentations and initiate preventive strategies 2.1.9 Facilitate ongoing care planning as needed, ensuring that both patient and parent/carer needs are considered 2.1.10 Work effectively as part of a multidisciplinary team to provide services that are in the best interests of the patient and parents/carers, and within individual and local resource limitations 2.1.11 Seek specialist support using telehealth consults and/or referral as appropriate
2.2 Recognise and manage critically ill children and emergency presentations	2.2.1 Provide a *problem-solving approach* to the appropriate early management of critically ill patients of all ages 2.2.2 Take actions and provide advice appropriate to the *emergency situation* and team skill mix 2.2.3 Arrange and/or perform *emergency patient transport* or evacuation when required

3. Population health and the context of general practice

Learning outcomes	Performance criteria
3.1 Address health risks to children and the rural community	3.1.1 Actively participate in child health surveillance, screening and disease control arrangements 3.1.2 Identify trends and patterns in child health presentations in the context of the community 3.1.3 Apply a population health approach to planning and developing processes to address identified trends and patterns 3.1.4 Consider the *differing profile of disease and health risks among culturally diverse groups* and develop a flexible approach to health management for such patients 3.1.5 Use relevant protocols and guidelines and, where necessary, participate in the development of these guidelines for population health issues in the community 3.1.6 Appropriately implement *child health promotion* and *brief intervention strategies* during patient interactions with children and parents/carers 3.1.7 Advocate for the health and developmental needs of children and adolescents in the context of their family and community 3.1.8 Support the implementation of state and territory requirements for disease prevention and reporting guidelines in the case of infectious disease control and outbreaks
3.2 Provide direction and leadership to address child healthcare needs in the community	3.2.1 Identify, and use, the extended role of *healthcare and other professionals* in the rural community 3.2.2 Identify, and where needed, develop, local processes and policies to ensure efficient and effective use of limited health resources 3.2.3 Identify and document the scope of child health services that can be safely provided in the community 3.2.4 Provide health promotion and educational sessions about relevant child health issues to rural health staff and, where appropriate, the community

4. Professional and ethical role

Learning outcomes	Performance criteria
4.1 Deliver professional and ethical care in the context of paediatric medicine	4.1.1 Take appropriate steps to ensure safety, privacy and confidentiality in patient care while integrating the concepts of consent and the *mature minor* 4.1.2 Work within *relevant professional and ethical guidelines* while effectively managing the particular needs and challenges related to practising paediatric medicine in small communities 4.1.3 Maintain appropriate professional boundaries with child and adolescent patients and their families 4.1.4 Balance the caseload and demands of working in a rural practice with social and personal responsibilities

4.2 Facilitate collaboration and coordinated care of paediatric patients	4.2.1 Demonstrate a commitment to teamwork, collaboration and continuity of care 4.2.2 Support the supervision, training and development of junior medical staff and the wider care team 4.2.3 Establish professional networks and use available rural resources and referral agencies 4.2.4 Provide leadership in the delivery of care as required
4.3 Demonstrate a commitment to continuing self-directed learning and professional development, sufficient to provide quality paediatric care	4.3.1 Identify own strengths and limitations as a GP with additional skills in child health 4.3.2 Use available resources and referral agencies, professional support networks and organisations to practise self-care and improve self-reliance 4.3.3 Identify professional development needs and opportunities, and participate in professional development activities relevant to child health

5. Organisational and legal dimensions

Learning outcomes	Performance criteria
5.1 Work within organisational frameworks, and apply relevant jurisdictional requirements and best practice guidelines in the context of paediatric medicine	5.1.1 Write legally appropriate and medically effective *patient records* in the care of children and adolescents 5.1.2 Complete *documentation* and required reports according to jurisdictional, legal and legislative requirements 5.1.3 Identify, and abide by, *mandatory reporting* responsibilities in relation to child protection against physical, sexual and emotional abuse or neglect, as well as legal responsibilities regarding reporting of notifiable disease, birth, death and autopsy 5.1.4 Identify, and abide by, organisational and state/territory-based disease control arrangements for infectious disease outbreaks, and for disease prevention 5.1.5 Work within relevant national and state legislation when providing care (eg obtaining informed consent for procedures from legal guardian, completing appropriate documentation relevant to the patient and context, and abiding by legislative requirements)
5.2 Follow effective procedures for the safe and timely provision of care, with consideration of local issues when making patient management decisions	5.2.1 Consider the availability of local and transfer resources in making decisions about whether to provide care/management locally or transfer to another facility 5.2.2 Refer and arrange local rural community transport and safe evacuation processes as required 5.2.3 Appropriately prioritise patient management according to individual patient and family/carer needs, time and other resources available

Range statements

The following statements and definitions are offered to improve the understanding of key terms used throughout the learning outcomes and performance criteria. These terms are not definitive and need to be considered in local contexts. They are grouped according to the five domains of general practice.

Communication skills and the patient–doctor relationship

Developmentally appropriate **–** This involves adapting your approach and language in line with the patient's age and intellectual, social and emotional development.

Multidisciplinary team – This may include other GPs, community and early child health nurses, Aboriginal health workers, specialists and allied health professionals (eg occupational therapists, psychologists).

Telecommunication tools **–** This may include the use of telehealth consultations, telephone/video case conferencing and other technologies to assist in the provision of care.

Applied professional knowledge and skills

Physical examination – This involves undertaking a respectful, comprehensive examination that is appropriate to the presenting complaint, age and gender of the patient. This may involve physical and functional clinical assessment as well as other relevant physical examinations (eg a neonatal exam, paediatric neurological assessment, developmental assessment and mental state examination).

Diagnostic tools – These may include but are not limited to: use of growth charts; full blood count; other blood tests (eg arterial and venous blood gases, renal biochemistry, liver function tests, bacterial/viral/parasite serology); point-of-care testing and interpretation of urine, coagulation studies, thrombophilia screens; gram stain on cerebrospinal fluid; imaging (eg X-ray; ultrasound studies; computed tomography (CT) / magnetic resonance imaging (MRI) interpretation); electroencephalogram (EEG); electrocardiogram (ECG); bone marrow examination; behavioural assessments; and specialised developmental testing.

Common conditions in childhood and adolescence **–** See Appendix A of this curriculum for a list of common conditions in childhood and adolescence to be covered during this ARST in Child Health.

Required procedures – See Appendix B of this curriculum and the ARST in Child Health Logbook for a full list of required procedures.

Problem-solving approach – This approach can be applied to all of paediatric care but here specifically refers to the emergency management of the critically ill patient. Emergencies require a rapid and systematic approach. A problem-solving approach is a reliable method for assessing and initially managing the emergency/trauma patient and requires an organised approach for evaluation and management. The emphasis of emergency/trauma care is on the critical 'first hour' of care, focusing on initial assessment, lifesaving intervention, re-evaluation, stabilisation and, when needed, transfer to more appropriate or specialised facilities.

Emergency situation – This may include events such as traumatic injuries, cardiac emergencies, respiratory emergencies, endocrine emergencies, anaphylaxis, dehydration, epiglottis, hypovolaemia, electrolyte imbalance, acute infections and meningitis. See Appendix A of this curriculum for common emergency presentations and Appendix B for required emergency procedures to be covered during training.

Emergency patient transport – This may involve pre-hospital response and management, assessment of the need for further patient transport, consulting with emergency medicine specialists, communicating effectively with retrieval teams, packaging the patient for transport, monitoring the patient and managing emergencies during transport. GPs must possess a good understanding of the logistical considerations of patient transport, the information that needs to be communicated during transfer/retrieval and the effective preparation of a patient for transport.

Population health and the context of general practice

Differing profile of disease and health risks among culturally diverse groups – This may refer to diseases and conditions that are over-represented in children and adolescents from different cultural and ethnic groups in the local community. For example, rural generalists working with Aboriginal and Torres Strait Islander peoples must possess a thorough understanding of the diseases over-represented in Aboriginal and Torres Strait Islander children, the appropriate management of acute and long-term conditions, and population health initiatives (including federal and state funded programs) for disease prevention and management.

Child health promotion – This refers to implementing health promotion strategies. It may include strategies such as promoting breastfeeding, sudden infant death syndrome (SIDS) prevention and education, immunisation programs, health education programs and preventive counselling and advice.

Brief intervention strategies – This refers to using brief intervention techniques through effective communication and motivational counselling to establish a collaborative therapeutic relationship and minimise risk of harm. It may include brief interventions relating to alcohol use, smoking cessation, mental health issues or behavioural issues.

Healthcare and other professionals – Healthcare professionals may include other doctors, community and early child health nurses, Aboriginal health workers and the mental health team. Other professionals may include school-based counsellors, teachers' aides and social workers.

Professional and ethical role

Mature minor – Consent for the medical treatment of patients less than 18 years of age is generally provided by parents. However, there are circumstances in which 'mature minor' patients under the age of 18 can consent to their own medical treatment. Mature minors can give informed consent if they have sufficient understanding and intelligence to enable full comprehension of what is proposed (as per Australian common law – Gillick competency). Most adolescents aged 16 to 18 are presumed to be mature minors (although legislation differs by state and territory). Younger adolescents may sometimes be considered mature minors and be capable of providing informed consent depending on the nature of the proposed intervention. The level of maturity required to provide consent will vary with the nature and complexity of the intervention.

Relevant professional and ethical guidelines – This refers to legal, ethical and professional guidelines.

Organisational and legal dimensions

Patient records **–** Patient health records must contain sufficient information to identify the patient and to document the reason(s) for a visit, relevant examination, assessment, management, progress and outcomes. A complete, highly structured, problem-oriented health record will be invaluable to any medical practitioner.

Documentation **–** A comprehensive, factual and sequential record of a patient's condition and the treatment and support offered and provided. A complete medical record is essential for reliable continuity of medical care.

Mandatory reporting **–** This refers to the legal requirement to report suspected cases of child abuse and neglect. While mandatory reporting laws vary across Australian states and territories, doctors are mandated to report cases of suspected child abuse and neglect across all jurisdictions in Australia.

Assessment

Satisfactory completion of the ARST in Child Health will be assessed by a combination of workplace-based assessment (WBA) approaches during the candidate's 12-month (FTE) placement in an accredited training post.

WBA is a recognised approach to assessing medical practitioners in training in the actual workplace, and WBA assists with training, as well as assessment. To achieve this requirement, WBAs assess a diverse range of attributes, including clinical competencies, domains and skills. Further details about WBA and how it is applied in ARST assessment can be found in the FARGP Assessment Framework.

The following WBA assessment tools will be used to assess the candidate's competency in this ARST in Child Health:

- logbook
- three random case note analysis sessions reviewing a minimum of three cases per session
- two supervisor reports, one completed at six months and one at completion of 12 months of training (FTE)
- two Mini-Clinical Evaluation Exercise (Mini-CEX) sessions, with a minimum of three cases per session
- two case-based discussion sessions (candidate submits four cases and is assessed on two each session).

Each task is described in more detail below.

Logbook

Candidates will be required to maintain a logbook throughout their training. A component of maintaining this logbook involves reflecting on self-identified learning needs. The range of skills that are logged, and any proposed professional development in this area, should take into consideration the community requirements.

This logbook will need to be regularly reviewed by the supervisor and reviewed by the medical educator at each medical educator meeting.

Random case notes analysis

Candidates will be required to undertake three random case note analysis sessions in which a minimum of three cases are reviewed per session. Using patient notes that are randomly selected, the assessor will review the quality of case notes as well as explore the candidate's clinical decision making, management and therapeutic reasoning.

The first of these random case notes analysis sessions should be completed by the supervisor in months two to four (FTE) of the training. The second session should be completed by an alternative assessor in months four to six (FTE). The third session should be completed in months seven to eight (FTE) by the supervisor.

Supervisor reports

The candidate and their supervisor will meet half-way through the training (eg at six months for full-time training) and at the end of the training period (eg at 12 months for full-time training) to complete a supervisor report.

These reports should provide a global assessment of performance against the outcomes outlined in this curriculum. The candidate and supervisor will meet to discuss the candidate's performance, identify areas for further learning and development, and ensure that the candidate is progressing adequately in their training. Progression, or lack thereof, should be documented and discussed, with the intent of formulating a plan to remediate any gaps identified either through additional learning, or experiences, or a combination of both.

Mini-CEX

Candidates will be required to undertake two Mini-CEX sessions in which a minimum of three cases are observed per session. The assessor will observe the candidate conducting a consultation with real patients and provide feedback about their performance.

The first of these Mini-CEX sessions should be completed by the supervisor in months two to four (FTE) of the training. The second session should be completed by an alternative assessor in months seven to eight (FTE).

Case-based discussions

Candidates will be required to undertake two case-based discussion sessions. The candidate will be required to submit four cases and will be assessed on two cases for each session. The assessor will explore the candidate's case management and clinical reasoning alongside their medical knowledge. Cases submitted must be from at least three different systems and demonstrate a variety of acute and chronic conditions.

The first of these case-based discussion sessions should be completed by an independent assessor in months four to six (FTE) of the training. The second session should be completed by an independent assessor in months nine to 11 (FTE).

Recommended learning resources

- Crisp S, Rainbow J. Emergencies in paediatrics and neonatology. 2nd edn. Oxford University Press, 2013.
- Gleason CA, Juul SE. Avery's diseases of the newborn. 10th edn. Philadelphia, PA: Elsevier, 2012.
- Kliegman, RM, St Geme, J. Textbook of paediatrics. 21st edn. Philadelphia, PA: Elsevier, 2020.
- Kline MW. Rudolph's pediatrics. 23rd edn. New York, NY: McGraw-Hill Education, 2018.
- Rennie JM. Rennie & Roberton's textbook of neonatology. 5th edn. Edinburgh: Churchill Livingstone Elsevier, 2012.
- Royal Children's Hospital Melbourne. Clinical practice guidelines. Parkville, Vic: RCHM, 2021. Available at https://www.rch.org.au/clinicalguide/
- Royal Prince Alfred Hospital. Newborn care clinical guidelines. Sydney, NSW: RPAH, 2021. Available at https://www.slhd.nsw.gov.au/rpa/neonatal/protocols.html

Appendix A: Common conditions in childhood and adolescence to be covered during the ARST in Child Health

The following table details the common conditions in childhood and adolescence to be covered during the ARST in Child Health.

	Chronic	Acute	Emergency conditions
Cardiac	• Acquired cardiac conditions, including, but not limited to, established rheumatic heart disease (including the major presentations) • Congenital cardiac conditions, including, but not limited to, cyanotic and acyanotic heart disease, congenital arrhythmias	• Rheumatic fever • Cyanotic congenital heart disease	• Acquired cardiac conditions, including, but not limited to, acquired arrhythmias, bacterial endocarditis, Kawasaki disease • Cyanotic congenital heart disease
Child protection	• Child sexual abuse (CSA) • Non-accidental injury • Non-organic poor growth • Reporting obligations	• Abuse assessment/reports • CSA forensic examination/reports	
Congenital syndromes and disorders	• Genetic disorders • Genetic counselling • Fetal alcohol syndrome		
Dermatological	• Aboriginal skin problems • Acne • Birth marks • Drug/food rashes • Eczema/dermatitis • Kerion • Napkin dermatitis / nappy rash • Normal skin variation • Seborrhoeic dermatitis • Solar pathology/prevention • Thrush • Tinea • Psoriasis	• Drug/food rashes • Eczema/dermatitis • Erythema multiforme • Impetigo • Infections • Lice • Molluscum contagiosum • Napkin rash • Orf • Pityriasis • Scabies • Streptococcal skin infections including perianal streptococcus • Thrush • Tinea • Urticaria • Viral exanthems (specific and non-specific)	• Meningococcus • Septicaemia
Endocrine	• Abnormal puberty • Congenital adrenal hyperplasia	• Diabetes type 1	• Congenital adrenal hyperplasia • Diabetic ketoacidosis

	• Congenital hypothyroidism • Diabetes type 1 • Diabetes type 2 • Growth hormone deficiency and short stature • Hypopituitary hormone replacement following therapy for childhood malignancy • Steroid management – need for adding stress steroid doses if oral steroid for two weeks or more in preceding six months • Thyroid disorders		
Gastrointestinal	• Abdominal mass • Abdominal pain • Coeliac disease • Congenital gastrointestinal diseases • Constipation • Encopresis • Food intolerances (eg milk protein intolerance, lactose intolerance) • Gastro-oesophageal reflux disease • Hepatitis • Hernia • Hirschsprung disease • Inflammatory bowel disease (eg Crohn's disease and ulcerative colitis) • Jaundice • Rectal bleeding	• Abdominal pain • Acute abdomen • Dehydration as a factor in acute illness • Diarrhoea (acute and chronic) • Gastroenteritis • Headache • Hepatitis • Jaundice (especially in neonates where early diagnosis of biliary atresia is critical) • Rectal bleeding • Vomiting	• Appendicitis • Intussusception (malrotation with volvulus) • Pyloric stenosis
General issues and disabilities	• Behavioural issues (normal versus 'problem') and parenting issues • Child safety (eg swimming pools, medication safety, car seats) • Developmental delay • Growth problems including poor growth • Intellectual disability • Language disability • Learning disabilities • Obesity • Physical disability • SIDS prevention and management		

Genitourinary	• Abnormal/ambiguous genitalia • Circumcision • Congenital abnormality of urinary tract • Enuresis • Hydrocoele • Inguinal hernia • Labial adhesions • Paraphimosis • Phimosis • Recognition of hypospadias • Tumours • Undescended testis (early, late) • Vesicoureteric reflux • Vulvitis	• Glomerulonephritis • Nephrotic syndrome • Tumours • Urinary tract infection • Vulvitis	• Acute urinary obstruction • Fluid – electrolyte imbalance • Ovarian torsion • Torsion of testis
Haematological, immunological, and rheumatological	• Allergies (general concepts and fads) • Anaemia and red cell disorders • Angioedema • Autoimmune disease • General arthralgia • Haemophilia • Inherited conditions • Sickle cell disease • Thalassaemia • Vasculitides	• Acutely swollen joint • Angioedema • Blood clotting disorders • Purpura • Vasculitides	• Kawasaki syndrome • Leukaemia • Lymphoma • Idiopathic thrombocytopenic purpura
Infections	• Chronic infections • Congenital (eg toxoplasmosis, rubella, cytomegalovirus, hepatitis, herpes simplex virus, HIV, syphilis, varicella, listeria, parvovirus B19) • Viral hepatitis	• Epstein–Barr virus • Haemophilus influenza B • Herpes simplex • Measles • Mumps • Recognition of different spectrum of infectious disease in returned travellers • Rheumatic fever • Rubella • Staphylococcus • Streptococcus • Varicella • Varicella zoster • Viral hepatitis	• Meningococcus • All severe infections can evolve or present as emergencies.
Musculoskeletal	• Apophysitis • Epiphysitis • Hip pain at various ages • Limp • Patello-femoral syndromes • Perthes' disease	• Apophysitis • Epiphysitis • Limp • Minor dislocations • Soft tissue trauma	• Bone/joint infections • Sepsis

	• Progressive muscular weakness		
Neurology	• Chronic neurological conditions (eg cerebral palsy, hydrocephalus, Guillain-Barré syndrome, Bell's palsy • Epilepsy – chronic care • Migraine and other headaches	• Epilepsy – including management of an acute seizure and commencement of appropriate longer-term treatment • Febrile convulsions – including difference between simple and complex and treatment of the underlying cause • Migraine and other headaches	• Epilepsy (acute seizures and status epilepticus) • Meningitis/encephalitis
Nephrology	• Chronic renal disease – principles of treatment • Congenital renal conditions (eg vesicoureteric reflux, polycystic kidney disease) • Nocturnal enuresis • Renal stones	• Acute glomerulonephritis – principles of treatment • Haematuria/proteinuria and/or dysuria • Nephrotic syndrome – principles of treatment • Recurrent urinary tract infections – including common pathogens • Renal stones	
Oral	• Caries prevention • Teething • Thrush	• Dental abscess • Stomatitis	
Orthopaedics	• Congenital abnormalities, including talipes • Congenital dysplasia of the hip • Irritable hip • Perthes' disease • Scoliosis • Slipped upper femoral epiphysis	• Common childhood fractures and dislocations • Infectious conditions, including osteomyelitis • Slipped upper femoral epiphysis	• Common childhood fractures causing neurovascular compromise • Septic arthritis
Psychosocial and mental health	• Attention deficit hyperactivity disorder • Autism spectrum disorder • Behaviours associated with previous or current child abuse • Behaviour management, including children with challenging behaviours • Comorbidities between mental health conditions • Conduct disorder • Eating disorders • Grief responses • Issues relating to the family context • Nocturnal enuresis		• Eating disorders • Suicide risk

	• Oppositional defiance disorder • Parenting issues • School refusal • Sleep difficulties • Tics and Tourette syndrome		
Respiratory / Ear nose and throat	• Asthma (chronic) • Blocked tear duct • Cervical adenopathy • Cholesteatoma • Chronic suppurative otitis media • Cough • Cystic fibrosis • Hearing loss • Laryngomalacia • Psychogenic cough • Recurrent bronchitis • Recurrent viral infections • Rhinitis • Sinusitis • Sleep apnoea • Stomatitis • Wheezy cough under three years	• Acute suppurative otitis media • Asthma • Blocked tear duct • Bronchiolitis • Cough • Coxsackie virus • Croup (acute, recurrent) • Herpes • Otitis externa • Pertussis • Pneumonia, including atypical pneumonia • Rhinitis • Sinusitis • Stridor • Tonsillitis • Wheezy cough under three years	• Asthma (severe acute) • Epiglottitis • Epistaxis • Facial cellulitis • Foreign bodies in ears, nose or throat • Inhaled foreign body • Nasal septal haematoma • Tension pneumothorax
Ophthalmology	• Amblyopia • Cataract • Congenital glaucoma • Strabismus	• Conjunctivitis (infectious and allergic) • Unilateral red eye	• Periorbital cellulitis • Retinoblastoma
Other emergency presentations		• Burns • Simple dislocations • Simple fractures • Traumatic injuries	• Acute anaphylaxis • Acute dehydration • Burns • Cardiac emergencies • Drug overdose • Hypovolaemia • Ingestion of poisons • Near-drowning • Neonatal emergencies • Respiratory emergencies

Appendix B: Diagnostic tools and procedures covered during the ARST in Child Health

The following table details the diagnostic tools and procedures to be covered during the ARST in Child Health. These requirements are reflected in the associated ARST in Child Health Logbook.

Required procedures	Emergency procedures
• Administer local anaesthesia (child) • Administer nitrous oxide (as analgesia) • Conduct hearing assessment • Conduct nebulisation therapy (child) • Perform eye irrigation • Manage epistaxis with cauterisation and/or nasal packing • Perform an ear toilet • Perform physical and functional clinical assessment • Perform venous blood sampling (child) • Plaster common fracture • Reduce a dislocated joint (child) • Reduce a fracture (child) • Remove a foreign body from external auditory meatus and nasal cavity • Remove a subcutaneous foreign body (child) • Remove corneal foreign body • Repair superficial skin lacerations (child) • Topical anaesthesia of cornea • Undertake a paediatric neurological assessment • Use medication delivery devices (child) • Use spacer devices (child) • Use ophthalmoscope • Visual acuity and field assessment	• Administer simple child sedation • Apply bag valve mask ventilation • Apply mouth to mouth / mask ventilation • Apply external cardiac massage • Conduct lumbar puncture • Conduct urethral catheterisation (child) • Demonstrate suprapubic aspiration (child) • Gain intraosseous access and infusion • Gain intravenous access (child) • Insert nasogastric tube (child) • Insert oropharyngeal airway • Insert umbilical catheter (neonate) • Resuscitation (child and neonate)

List of acronyms and initialisms

ARST	Additional Rural Skills Training
CSA	child sexual abuse
CT	computed tomography
ECG	electrocardiogram
EEG	electroencephalogram
FARGP	Fellowship in Advanced Rural General Practice
FRACGP	Fellowship of the Royal Australian College of General Practitioners
FTE	full-time equivalent
GP	general practitioner
Mini-CEX	Mini-Clinical Evaluation Exercise
MRI	magnetic resonance imaging
RACGP	Royal Australian College of General Practitioners
SIDS	sudden infant death syndrome
WBA	workplace-based assessment

RACGP

Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.