

**1. POLICY TITLE Paediatric Term Requirements**

**1.1 Policy number:**

**1.2 Category: Educational**

**1.3 Approval date:**

**1.4 Revision due date:**

**1.5 Unit responsible Education Services**

**2. POLICY DECLARATION**

This policy describes the paediatrics competencies and some ways of structuring training to accommodate those in general practice (GP) training for Registrars on the Vocational Training Pathway to Fellowship of the Royal Australian College of General Practitioners (the College).

**This policy is authorised by the CEO.**

**3. BACKGROUND**

It is important that Registrars have undertaken clinical experience in paediatrics prior to commencement of their General Practice Term 1 (GPT1). The aim is to ensure the development of competence in the detection and management of serious or potentially serious illness through the full spectrum of the neonatal period, infancy, early and middle childhood and also, where relevant, adolescence and young adulthood.

The experience must include a significant focus on the recognition, diagnosis and management of the seriously ill child. In a hospital setting, Registrars are most likely to be able to develop skills in the recognition and management of acute, life threatening conditions and those conditions which, without appropriate management, can result in death or cause severe morbidity. The clinical experience should include a high proportion of paediatric emergency attendances with appropriate supervision from Paediatricians and/or appropriately experienced General Practitioners and/or Emergency Physicians prior to entering GPT1.

Not all training in paediatrics can or will be achieved during time in hospital-based paediatric posts. The majority of training and learning will occur during training terms based in general practice. The experience in paediatrics required prior to GPT1 is to ensure safety in the general practice setting.

This policy outlines the minimal educational objectives with respect to acute presentations, rather than the wider range of skills potentially acquired during this period of training. The policy should be read in conjunction with the Curriculum Statement on Children and Young People's Health (RACGP Curriculum for Australian General Practice, <http://curriculum.racgp.org.au/>). Registrars should not lose sight of the overall learning objectives of the curriculum as they progress through training.

*i) Objectives:*

To define what constitutes appropriate clinical experience in order to provide evidence towards competency in patient safety issues in children and young people.

**3.2 Related Policies, Documents, Legislation & Strategic Priorities**

[Registrar Handbook](#)

**4. BODY OF POLICY**

**4.1 Required competencies of Paediatric Training**

Registrars need to be exposed to conditions presenting in early childhood due to the importance of management of significant illness in this group.

The Registrar will obtain competence as follows in the clinical situations listed below:

- i. Recognise and manage children with the following five acute clinical presentations:
  - a) The febrile child
  - b) The child with acute abdominal pain
  - c) The vomiting child
  - d) The child with breathing difficulties
  - e) The dehydrated child
  
- ii. Recognise and initiate and/or continue the management of the following five severe acute clinical presentations:
  - a) The fitting child
  - b) The child with altered consciousness
  - c) The poisoned/bitten child
  - d) The child at risk
  - e) The child presenting with trauma and/or burns
  - f) The child at risk of abuse

The two groups of acute problems selected present commonly in both hospital and general practice.

The first five represent the most common, undifferentiated acute health problems. In both hospital and general practice settings, all eleven problems vary from mild to severe presentations with a diversity of symptom complexes and a greatly variable threshold of recognition.

In routine general practice the majority of children with these conditions, especially those in the first group, are often able to be managed at home. This means that considerable responsibility rests upon parents and medical advisers to ensure children do not deteriorate to a point where significant morbidity or even mortality ensues.

In the second group the more severe presentations would, in general, usually require hospital admission after initial emergency management. Less severe cases following hospital assessment can be managed on an ambulatory basis from accident and emergency or by planned transfer of care to the GP and/or community services, when parents and carers would again be involved.

Thus in addition to the specific skills needed to manage these presentations some key generic patient management skills need to be developed including co-management with parents, carers and ancillary medical staff.

Core management skills in paediatric and adolescent medicine also involve listening to children, young people and their families, as well as providing support, advice and follow-up.

A particular skill to be developed, in addition to acute diagnosis and management, is that of communicating effectively with parents to enable them to detect and manage a deteriorating situation in such a way as to prevent any adverse outcomes.

The mandatory paediatrics experience needs to be structured so as to develop the Registrar's skills in appreciating the context of illness as it evolves in the community through the continuum of primary and hospital care as well as provided following hospital discharge.

Posts need to be able to:

1. Have GP Registrars seeing patients as initial doctors of contact
2. Provide 'hands on' experience
3. Provide the Registrars with opportunities to follow up patients, during admission and following discharge in order to develop an appreciation of the complete natural history of acute illness
4. Demonstrate a capacity to fulfil the educational objectives by providing sufficient exposure of the Registrar to an appropriate number and spectrum of acute paediatric presentations

5. Have direct supervision from accredited supervisors
6. Provide access for GP Registrars to educational resources. An example of an educational resource is the Diploma of Child Health

#### **4.2 Paediatric terms**

The Paediatric term requirement may be fulfilled in either:

1. A full (10-12 weeks) Paediatric term in an accredited paediatric post which assures agreed competencies as stated in 4.1 are met.
2. A half Paediatric term (minimum 6 weeks in length) with an approved full (10-12 week) Emergency Department (ED) term as defined at 4.2.1 below.
3. Two ED terms as per 4.2.1. One term may be undertaken in Post Graduate Year 1 (PGY1) if the other is undertaken in Post Graduate Year 2 (PGY2). In both cases the Registrar needs to be able to demonstrate sufficient experience in assessing and managing paediatric cases and the RTP needs to be satisfied that adequate skills have been gained.
4. An ED term as per 4.2.1 and a Post Graduate Prevocational Placements Program (PGPPP) term with appropriate supervision and education components. One term may be undertaken in PGY1 year (provided there was sufficient amount of paediatric exposure) if the other is undertaken in PGY2. Please note that PGPPP does not count as a stand-alone paediatrics requirement.
5. Completion of the coursework and exam for the Children's Hospital at Westmead Diploma in Child Health or any other RACGP Board of Censors approved course can also count as the paediatric component as long as the doctor has also had some clinical exposure to children (for example an ED term or PGPPP term).
6. Any other College Board of Censors approved program which adequately addresses the required competencies as per 4.1, with appropriate levels of educational content, clinical experience and assessment. Please note that all programs seeking to fulfil the paediatric requirement must obtain prior approval from the Board of Censors.

##### **4.2.1 Approved Emergency Department (ED) terms**

ED terms must have a significant paediatric component with a minimum of 20% paediatric presentations which can be supported either via hospital administration reports or a personal patient log for a minimum of two weeks.

#### **5.4 Review of this policy**

The review cycle for this policy is three years.