RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Child and youth health

RACGP Curriculum and syllabus for Australian general practice (7th edition): Child and youth health.

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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.

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Child and youth health

Context

GPs play a central role in supporting children's health and development across infancy, childhood, and adolescence through accessible, continuous care. As the predominant first point of care for paediatric presentations in Australia, most of which are managed within primary care, GPs are uniquely positioned to provide longitudinal, relationship-based care, including the ongoing monitoring of children's health and developmental trajectories over time.[1]

High quality paediatric care in general practice requires an understanding of typical developmental stages, recognition of common presentations, and the ability to promptly identify the acutely unwell child, noting that children may deteriorate rapidly and often late in the course of illness. Child and adolescent development is dynamic and shaped by biological, psychological, and social factors, with periods of accelerated change such as puberty introducing additional physical, emotional, and psychosocial complexity. GPs provide developmentally appropriate care while navigating the clinical, ethical, and medico legal considerations unique to this population.

Effective communication with children, young people, and their families is a core general practice skill. GPs who establish continuity of care and relational trust are better placed to monitor developmental change, emerging concerns, and family wellbeing over time, enabling timely support and intervention.[2,3] This continuity also enables GPs to address key drivers of young people's health, including immunisation, protective factors, and social determinants that influence access to care.[4] As adolescents gain increasing autonomy, GPs play an important role in proactively and sensitively engaging with young people around issues such as sexual health, contraception, gender identity, body image, and mental wellbeing – recognising that these discussions often evolve across multiple consultations.[5] Clear communication about confidentiality and assessment of capacity for informed consent in mature minors further supports adolescents' engagement in care.[6]

GPs also play a central role in screening, monitoring, and coordinating care to support children's long term physical and mental wellbeing. In the context of rising childhood obesity and metabolic risk,[6] and increasing recognition of neurodevelopmental and neuropsychiatric conditions,[7] early recognition, timely referral, and active follow up improve outcomes – particularly when care is coordinated across health, education, and community services. Neurodivergent children and young people benefit from recognition and tailored support across developmental stages, noting that neurodiversity itself is not a condition to be cured.[8]

Finally, GPs must remain alert to neglect or abuse and meet mandatory reporting obligations.[9] A whole-of-family, trauma-informed approach is essential when caring for vulnerable children and families.[10]

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Learning outcomes

Please note: The focus of this unit is to cover content specific to children and youth that do not fall under the headings of other contextual units which include adult health (eg cardiovascular health or gastrointestinal health). This unit includes content on childhood, adolescent stages of development, and specific needs. For common paediatric conditions (eg asthma) please refer to the relevant contextual unit.

The GP is able to:

- develop trust and rapport with children, young people and families, to offer a safe space for them to communicate their needs
- understand the context of the child and young person, including appreciating the role of family, carers, community, and peers in the child and young person's life and their role in their health and wellbeing
- provide parents and carers with clear evidence-based advice and resources to support them in their role
- recognise and appropriately triage, manage and / or refer an acutely unwell child
- demonstrate safe prescribing for children and young people with ready access to appropriate resources
- provide age-appropriate screening and vaccinations based on current guidelines
- monitor growth and development in children and young people, including pubertal development, to ensure early recognition and management of conditions
- screen for and recognise signs of developmental delay in children and young people to ensure timely recognition and referral
- identify, assess and manage behavioural and neurodevelopmental concerns using age appropriate, evidence-based management plans
- identify and manage nutritional, feeding, and eating issues appropriate to the age of the child or young person
- demonstrate competency in taking a comprehensive psychosocial history and assessment for adolescent and young adult patients
- demonstrate an evidence-based and discrimination free approach to counselling children and young people about risk-taking behaviours
- assess for Gillick competence in young people and maintain confidentiality as it pertains to the medico-legal context
- identify and manage signs of mental health distress, self-harm, and suicidality in children and young people.

Key areas of learning

General health issues, including context of care and specific populations

Use communication skills to build rapport with young patients and their parents / carers, ensuring shared decision making

Conduct a thorough history and examination responding to the child

Use current evidence-based guidelines to assess growth, development and psychological wellbeing in children and young people at all stages

Identify an acutely unwell child through history and examination, and arrange appropriate recalls, follow-up, or referral

Understand the context of the child or young person, including family relationships and dynamics, and other important relationships and care givers for that child or young person

Apply current guidelines for healthy lifestyle counselling

Apply current guidelines for immunisation, including being proactive in providing catch up vaccinations to adolescents

Have respectful, evidence-based discussions with parents who are hesitant or opposed to vaccination

Recognise and build on the unique strengths of Aboriginal and Torres Strait Islander children and families, while understanding the impacts of kinship systems, intergenerational experiences, and over-representation in out-of-home care, and the importance of culturally responsive early intervention and targeted supports for children and young people from vulnerable backgrounds

Understand the importance and unique challenges of early intervention / support for children and young patients from vulnerable backgrounds, such as:

- living in out-of-home care
- living out of home
- children / young people who identify as LGBTQIA+
- refugee background

Identify and respond to signs parent or carer stress

Bullying, including:

- understand the impact of bullying particularly in those of school age
- be able to identify options to assist those involved and their families

Understand the range of potential stressors for a young person.

Ask about and provide age-appropriate evidence-based stigma free advice about topics such as:

- risk-taking behaviours, including vaping, sexual activity, substance abuse, online behaviour and peer pressure
- sexual relationships and contraception
- online safety, digital media use and its impact on wellbeing.

Provide advice on accessing health-promotion resources and programs appropriate to children and young people

Prescribing considerations:

- the principles of prescribing medication in children
- administration for a child
- resources to access specific prescribing information

Medico-legal issues

Understand issues such as:

- Gillick competence
- confidentiality, medical consent, guardianship, and how these may relate to young people, children in out of home care, children presenting without a parent (for example with a grandparent), or when parenting orders in place
- mandatory reporting requirements
- ethical considerations that may arise in regard to parents and carers in care of the child and young person.

Nutrition, feeding and eating

Identify and help manage common early infant (birth to 12 months old) feeding issues, including:

- breastfeeding problems
- formula and mixed feeding problems
- growth faltering and failure to thrive
- safe and appropriate introduction of solids

- common feeding-related gastrointestinal problems, such as constipation or food intolerances.

Identify and help manage later infancy and childhood feeding issues, including:

- food fussiness and refusal
- dietary adequacy and deficiency
- feeding behaviours and family dynamics

Consider serious underlying conditions in presentations, such as:

- cow's milk protein intolerance
- food allergies
- coeliac disease
- inflammatory bowel disease

Understand feeding guidance and nutritional requirements and be able to explain them clearly and with empathy

Support informed decision-making while recognising parental stress and vulnerability

Understand and apply current guidance on healthy eating and physical activity

Identify and manage children who are overweight and obese with an appropriately holistic approach that looks at individual and environmental risk factors, while maintaining positive self-image and a healthy relationship with food and daily activity

Recognise presentations that may be related to eating disorders such as anorexia nervosa or avoidant restrictive food intake disorder (ARFID)

Behaviour and development

Be familiar with follow-up and ongoing needs of children born prematurely or with neonatal complications

Understand children's development, including:

- normal development and variability
- recognising early signs of developmental delay across physical, social, verbal, and cognitive domains

Identify and manage common behavioural presentations, including:

- excessive crying
- tantrums
- sleep disturbance
- school refusal
- anxiety
- toileting difficulties (enuresis, faecal incontinence)

Facilitate early intervention

Develop appropriate management plans for:

- ADHD
- autism spectrum disorder
- dyslexia
- dyspraxia
- dyscalculia
- Tourette syndrome
- cerebral palsy
- intellectual disability.

Support parents to use positive parenting and self-regulation strategies

Understand how environmental factors such as parental stress, mental health issues, substance use, or family violence can present as behavioural or emotional concerns in a child

Integrate awareness of neurodiversity and the importance of strengths-based care that values difference rather than focusing solely on ‘deficits’

Opportunities for learning

Words of wisdom

- Listen to the parent or guardian; they are often able to pick up subtle changes in behaviour that may not be obvious in the consultation room. Try to manage a parent or carer's ideas, concerns and expectations along with the presenting issue for the patient.

- Looking after children and adolescents involves continuity of care. Allow time to build rapport and engagement at an age-appropriate level. Take every opportunity to thoroughly examine children, regardless of the reason for presentation. Developing familiarity with normal findings enhances your ability to detect subtle abnormalities and fosters confidence and rapport with both the child and their family. Mention this strategy to parents at the beginning, especially for issues that concern growth and development, and they will be appreciative of the approach.

- Avoid performing painful or distressing procedures (such as vaccinations, blood glucose checks, or wart cryotherapy) in your consultation room. Keeping this space as a 'safe zone' helps maintain trust and positive associations for the child. Have a dedicated area for these procedures where possible.

- Creating a child-friendly environment within your consultation room can make a significant difference to engagement. Having an accessible and easy to clean selection of toys in a box allows children to play while parents focus on the discussion. Displaying children's drawings, posters, or other colourful, age-appropriate items helps reduce anxiety, fosters trust, and signals that your practice is welcoming to children.

- Create an environment that is friendly to adolescents and young people, some ways could be posters about confidentiality, rainbow flags, and Aboriginal and Torres Strait Islander flags. When seeing adolescents, it is often helpful to conduct part of the consultation without the parent or guardian present, after obtaining consent, to encourage honest communication and build trust.

Learning strategies

On your own

Audit your clinical notes for five paediatric patients you have done vaccination checks for at 12 months, 18 months and four years of age.

- *Did you document developmental surveillance across all four domains (gross motor, fine motor, speech and language, social and emotional), their growth on centile charts, examination findings and any parental concerns?*
- *Did you document who the child attended with, and whether interpreter or cultural support services were required?*
- *How did you ensure the right vaccination was administered?*

- *Did you use the Australian Immunisation Register to verify prior vaccines and update records? If a nurse assisted, how did you confirm scope and delegation? If you carried out these processes yourself, how did you manage this within general practice time constraints?*
- *Did you review the child's psychological wellbeing, including mental health identification and neurodevelopmental screening at the four-year-old check?*

Review the information in the Therapeutic Guidelines on prescribing (and not prescribing, as appropriate) antibiotics for paediatric patients for otitis media, upper respiratory tract infections, pneumonia, urinary tract infections and gastroenteritis.

- *Have there been situations in your recent practice where you might not have adhered to the guidelines? What circumstances in the consultation might have caused that?*

Reflect on how you use your practice software and digital immunisation tools to enhance continuity of care for children.

- *What areas for improvement did you identify?*
- *Are there any systems you need to explore further to understand and fully utilise?*

With a supervisor

Ask your supervisor about a case of child abuse they might have seen or reported in their own practice. If they don't have one, then discuss a hypothetical one and any issues around screening for abuse, how to obtain advice, when to report it, and how to debrief after managing the case.

- *What did you learn that you can use in your next consultation?*
- *What strategies can you use to manage emotional impact and maintain professional wellbeing during or after such cases?*

From the practice software, review a care plan completed for a chronic condition in a child or adolescent; for example, type 1 diabetes, autism, or cerebral palsy. Review the notes and check if the MBS requirements for formulating the care plan have been met.

- *Discuss with your supervisor what these requirements are and how you can reduce fragmentation of care in the management of chronic conditions in young patients.*
- *Discuss when adolescents can make informed consent regarding contraception, immunisation, etc.*

Discuss procedural skills in this population (eg intra-aural or intranasal foreign body removal, laceration closure, catching urine, and examining ears and throat).

- *What are the consent considerations for these procedures?*
- *What practical techniques does your supervisor use to reduce distress and maintain rapport?*
- *Reflect on how the 'Words of Wisdom' in the section above can be applied into your own daily paediatric consultations. Identify one that you plan to consciously integrate into your current practice.*

In a small group

Role-play doing a HEEADSSS assessment for an adolescent who is being bullied at school.

- *How did you build rapport and ensure confidentiality?*
- *How do you assess for psychological distress or suicidality, and ensure the patient's immediate safety?*
- *Discuss as a group the issues around consent and confidentiality, including when you may need to break confidentiality for safety reasons.*

Encountering challenging behaviours in young patients in general practice is common. In your group, discuss resources and ways to manage behaviours, such as restrictive food behaviours, school refusal, sleep disturbances, and emotional dysregulation?

- *How do you screen for more serious underlying conditions? How do you empower parents? When do you consider investigations? How do you ensure continuity of care and follow-up?*

With a friend or family member

Role-play safety netting common conditions in unwell paediatric patients; for example, upper respiratory tract infections, croup, bronchiolitis, or gastroenteritis. Ask your friend to relay the information back to you.

- *Did you communicate red flags effectively? Ask your friend for feedback on how you gave advice.*
- *How will you check if the safety plan you provided was understood and achievable?*

Do a role play in which your friend or family member is the parent of a child. Discuss with them the impact of their smoking on their child. Another option is to discuss the nutritional status of their child.

- *Ask them for feedback. Was your approach free of judgement and bias? Did you offer appropriate and easy-to-understand support and resources?*

Case example

Hunter, a 20-month-old toddler, has been brought in by his parent, who is new to the area. They are concerned that Hunter is not eating much and has temper tantrums around mealtimes. They are also concerned about his speech, as they feel that Hunter's speech is falling behind that of other children in his age group.

In a case-based discussion, questions relating to each role could be:

Communicator

- What communication strategies would you use to make sure you cover all the parent's ideas, concerns and expectations about Hunter?
- What strategies would you use if English was not the parent's first language?
- How might you build rapport with Hunter's parent if they were reluctant to engage face-to-face (eg preferring online or telehealth contact)?

Clinician

- How would you assess Hunter's growth and development?

- How would you screen for signs of abuse?
- What approach could you use to gather information if the patient were an adolescent?
- How would you explore the impact of screen time, sleep, and diet on Hunter's behaviour?
- When would you consider early referral for allied health input, such as speech pathology, occupational therapy or psychology, if developmental or behavioural concerns are suspected?
- Where would you find information on local referral pathways?
- What factors might make you consider a developmental delay?
- How would you help Hunter's parent manage his challenging tantrums?
- How would you manage Hunter's behaviour if he were 13 years old and refusing or restricting his meals?
- How would you manage Hunter's eating patterns and nutrition?
- How would you do a urinalysis on Hunter (screen for diabetes)?
- How would you manage this case if you couldn't make a diagnosis after the first consultation?
- If Hunter presented with a fever and poor fluid intake and output, how would you assess and manage him, and what red flags would prompt same-day review or hospital referral?

Health advocate and leader

- How would you ask Hunter's parent/s or caregivers that are present about his Aboriginal or Torres Strait Islander status? If Hunter identifies as Aboriginal or Torres Strait Islander, where would you look for additional culturally appropriate resources?
- How would you manage linking the family with Aboriginal healthcare workers or liaison workers?
- How would you assess Hunter's home and community environment for protective and risk factors, including nutrition, physical activity, sleep, and screen time?

Professional

- If Hunter's parent was not satisfied with the consultation, how would you approach the situation?
- Can you identify any of your own biases towards parenting that might impact the consultation?
- How would you make sure that Hunter is followed up appropriately, and that you plan an appropriate safety net?
- If Hunter were in foster care, how would you ensure that the management plan is appropriately adhered to?
- If you were concerned about abuse or neglect, who could you contact for advice and assistance?

Scientist, educator and researcher

- What are some of the differentials you would consider? What if Hunter were a teenager, how would these change?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

● Expected to be assessed here always ● Often assessed here but not in every example / case / assessment ● May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam