

*The Fellowship in Advanced Rural
General Practice*

Advanced rural skills training – Curriculum for child health



The Fellowship in Advanced Rural General Practice: Advanced rural skills training – 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.

Recommended citation

The Royal Australian College of General Practitioners. The Fellowship in Advanced Rural General Practice: Advanced rural skills training – Curriculum for child health. East Melbourne, Vic: RACGP, 2018.

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

© The Royal Australian College of General Practitioners 2018

This work is subject to copyright. Unless permitted under the *Copyright Act 1968*, no part may be reproduced in any way without The Royal Australian College of General Practitioners' prior written permission. Requests and enquiries should be sent to permissions@racgp.org.au

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.

Acknowledgements

The RACGP Council endorsed this Fellowship in Advanced Rural General Practice advanced rural skills training curriculum for child health on 1 August 2017.

The RACGP Rural board would like to thank the Rural Censor Dr Ken Wanguhu, the RACGP Rural Education Committee and the RACGP Rural staff who have led the efforts to update this curriculum.

Contents

<i>Introduction</i>	1
<i>Aim</i>	2
<i>Rationale</i>	2
<i>Prerequisites</i>	2
<i>Duration, setting and supervision</i>	3
<i>Recognition of prior learning</i>	4
<i>Learning outcomes</i>	5
<i>Assessment</i>	6
<i>Recommended resources</i>	7
<i>References</i>	8

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).

The FARGP requirements are:

- completion of the FARGP learning plan and reflection activity
- 12 months in a rural general practice setting
- 12 months of advanced rural skills training (ARST) in an accredited training post
- completion of a six-month 'working in rural general practice' community-focused project
- completion of the FARGP emergency medicine activities, including satisfactory completion of two advanced emergency skills courses.

The RACGP asserts that the full range of advanced procedural and non-procedural skills must be supported to ensure the right skill mix for rural and remote communities. A core component of the FARGP is the completion of 12 months of ARST in an accredited training post. This is designed to augment core general practice training by providing an opportunity for general practitioners (GPs) looking to build, refresh or develop more specialised and/or a broader range of skills and knowledge to meet the needs of their rural or remote community.

For more information on the FARGP or ARST:

- visit the website at www.racgp.org.au/fargp
- email fargp@racgp.org.au
- call RACGP Rural on 1800 636 764.

Aim

This curriculum is designed to provide GPs and registrars with the skills, knowledge and confidence to provide quality child health medicine in rural and remote communities.

Rationale

Skill requirements fluctuate throughout the career of GPs as they respond to changing community needs, address specific disease or population burdens, ensure practice viability and/or adapt to changes in government policy and environment (such as rural hospital closures).¹ GPs may identify a particular area of interest or a specific service gap in their community, or they may seek to broaden their generalist skill set through the acquisition of advanced skills. Undertaking ARST enables GPs to extend their expertise in a particular area and/or expand their generalist skill set, and enhance their capability to provide secondary-level care to their community.

The rural GP is usually the first-line service provider for any health problems that may arise among the large population of children and young people in rural and remote areas of Australia. These health issues affect the whole family, thus requiring the GP to involve more than just the individual when providing care. Additionally, the more care that can be provided in the child's hometown by the rural GP, the more the burden upon families in terms of time, travel and expense can be reduced.

In many rural and remote areas there are large populations of Aboriginal and Torres Strait Islander children. Rural GPs frequently advise on public health and community health issues, and require additional knowledge in these areas, as well as being familiar with the principles of social justice. It is envisaged that with additional training in child and adolescent health, rural GPs will be more competent and confident in this area and better able to cope with working in isolation.

Prerequisites

To provide general practice registrars with a rural general practice context to the learning and provide a better understanding of where the child health medicine will be practised, it is suggested (but not essential) that they have completed at least 12 months full-time equivalent (FTE) of community rural general practice terms prior to starting the ARST.

The FARGP ARST in child health candidate must hold FRACGP or be working towards FRACGP on the Australian General Practice Training (AGPT) program with a regional training organisation (RTO) or the Remote Vocational Training Scheme (RVTS).

Duration, setting and supervision

The RACGP Rural Education Committee has a preference that FARGP candidates wishing to complete an ARST in child health should complete the Sydney Child Health Program (SCHP) awarded in conjunction with the Sydney Children's Hospitals Network and the University of Sydney, coupled with a suitable period of clinical placement in an approved training post.

SCHP

The SCHP will enable candidates to develop their knowledge, confidence and skills in caring for children and young people. It is a one-year, part-time program requiring approximately seven to eight hours of study per week. Delivery is through 112 webcasts, updated annually, which form the core of the course content. It should be noted that maximum duration of SCHP enrolment is two course years and if the candidate does not complete all requirements in this time frame, their enrolment will be discontinued.

To receive a certificate of completion, in addition to successfully passing the academic requirements of the program, you must provide evidence of six months' clinical paediatric experience in a hospital or community practice. Paediatric clinical experience can be gained at any time before, during or after undertaking the SCHP course.

For the SCHP, experience in clinical paediatric medicine is calculated as:

- 100% of time spent in hospital or community paediatric practice or
- 25% of time spent in general practice or emergency departments (in which paediatric patients are seen) or
- 25% of time spent in obstetrics and gynaecology rotations.

Supervisors of the clinical paediatric practice will be accredited by the relevant specialist college.

Further information about the SCHP is available at <http://magga.org.au/about-us/course-outline>

Six-month ARST

Six months' ARST in child health will be awarded when a candidate has completed both the academic and clinical experience requirements of the SCHP and received their certificate of completion.

In order to fulfil the requirements of the FARGP, a further six months of ARST will need to be completed.

Twelve-month ARST

To gain full benefit from the experience it is recommended that 12 months' ARST in child health is completed. The candidate will be awarded 12 months' ARST when they have their SCHP certificate of completion and an additional six months (FTE) of supervised paediatric clinical training. This additional six months (FTE) of clinical training must be completed in an accredited paediatric/child health training post.

If it is not possible to find an accredited paediatric/child health training post, the candidate should contact RACGP Rural for further advice. Please note that patient logbooks will only be accepted in extreme circumstances and permission must be sought from the Rural Censor in advance.

Recognition of prior learning

The RACGP recognises that doctors who have spent significant time in rural general practice will already have achieved some of the requirements of both the ARST in child health and the FARGP and should therefore be eligible for recognition of prior learning (RPL).

The FARGP application for RPL should detail how the candidate has achieved the requirements with supporting evidence of the knowledge, skills and experience provided. Appropriate documentation could include copies of de-identified clinical notes demonstrating involvement in the paediatric patient's care as their GP, statements from consultant supervisors or colleagues confirming experience, and evidence of employment in child health facilities, etc. The outcomes must have been achieved in the past 10 years.

The [FARGP website](#) includes more details on the RPL process including instructions and application forms for both the FARGP and ARST.

Learning outcomes

The FRACGP core curriculum is structured around five domains. The FARGP ARST augments this core training with further specialised training in procedural or non-procedural disciplines and other disciplines that are important in meeting the needs of rural and remote communities.

This FARGP ARST in child health will build upon the child health medicine learning outcomes of the *Curriculum for Australian general practice 2016* – CS16 Core skills unit.²

Further details of the SChP curriculum, including topics of the 112 webcasts, can be found on the [SChP website](#).

Assessment

Assessment requirements of the SCHP

Candidates must successfully complete case reports 1 and 2, the oral assessment task (OAT) and pass the final written examination. Pass marks are 50% in the written examination, 'satisfactory' OAT result and 50% overall course mark.

1. Case reports

Two case reports are required. Each report is to be submitted on the template provided and should have a 1000-word length. Each report carries a weighting of 10% of the final mark.

- 1.1 Case report 1 – Health inequity. This case report will encourage the candidate to identify health inequity and reflect on ways to address it in daily practice.
- 1.2 Case report 2 – Medical. This case report should be based on a case of the candidate's own clinical interest. It encourages reflection on day-to-day practice, and assesses competency in reviewing clinical cases with appraisal of current evidence-based best practice and literature.

2. OAT

This is a standardised structured viva and while it does not have a weighting for the final mark, candidates must achieve a 'satisfactory' grade.

3. Final written examination

This is a multiple-choice examination that carries a weighting of 80% of the final mark.

Assessment requirements of the six-month paediatric clinical training

Candidates who are completing an additional six months (FTE) of supervised paediatric clinical training in order to qualify for the award of 12 months of ARST in child health must satisfy the following.

1. FARGP ARST supervisor's report

FARGP ARST in child health candidates will be required to submit a supervisor's report for each three-month period of their clinical placement. Report templates are available from RACGP Rural and should be uploaded as a PDF to the FARGP online platform (in the ARST section) with a copy of the SCHP parchment.

2. Viva

Candidates must prepare four case studies about patients they have cared for in their ARST term. Each case study should be approximately 1000 words and include a detailed analysis of the most pertinent aspects of the case, referencing why the patient was managed in a certain way.

Two of the four cases will be selected by the assessors for the final viva assessment. Vivas can be face to face or via videoconference.

Recommended resources

- Antibiotic Expert Groups. Therapeutic guidelines: Antibiotic. Version 15. Melbourne: Therapeutic Guidelines Limited, 2014. Available at www.tg.org.au [Accessed 4 July 2017].
- Australian Technical Advisory Group on Immunisation (ATAGI). The Australian immunisation handbook. 10th edn. Canberra: Australian Government Department of Health, 2017. Available at www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home [Accessed 4 July 2017].
- Bellman MH, Peile E. The normal child. Edinburgh: Churchill Livingstone, 2006.
- Bennett DL, Rowe L. What to do when your children turn into teenagers. Sydney: Doubleday, 2003.
- Biddulph S. The complete secrets of happy children. Sydney: HarperCollins, 2007.
- Biddulph S, Biddulph S. The secret of happy parents: How to stay in love as a couple and true to yourself. London: HarperCollins, 2004.
- BMJ Advanced Life Support Group. Advanced paediatric life support – The practical approach. 6th edn. London: BMJ Books, 2016.
- Browning Carmo K, Terrey A. Stabilising the newborn for transfer: Basic principles. Aust Fam Physician 2008;37(7):510–14.
- Cameron P, Jelinek G, Everitt I, Browne GJ, Raftos J. Textbook of paediatric emergency medicine. 2nd edn. Edinburgh: Churchill Livingstone, 2012.
- Central Australian Rural Practitioners Association. CARPA standard treatment manual: A clinical manual for professional health care practitioners in remote and rural communities in Central and Northern Australia. 6th edn. Alice Springs: CARPA, 2014.
- Choo C. Aboriginal child poverty review No. 2. Melbourne: Brotherhood of St Lawrence, 1990.
- Green C. Beyond toddlerhood: Quick fixes for keeping children five to twelve on the rails. Sydney: Doubleday, 2004.
- Green C. Toddler taming – The guide to your child from one to four. 4th edn. Sydney: Doubleday, 2006.
- Green C. Understanding ADHD. Australia: Random House, 2011.
- Gunzberg J. The family counselling casebook. Sydney: McGraw Hill, 1991.
- Gwee A, Rimer R, Marks M. Paediatric handbook. 9th edn. Melbourne: Wiley-Blackwell, 2015.
- Harris RD, Ramsey AT. Health care counselling – A behavioural approach. Sydney: Williams and Wilkins, 1988.
- Hay W, Levin M, Deterding R, Abzug M. Current diagnosis and treatment pediatrics. 23rd edn. New York: McGraw-Hill, 2016.
- Higgins M, Raftos J, White J. Paediatric handbook. 7th edn. Adelaide: Women's and Children's Hospital, 2010.
- Hull D, Johnston D. Essential paediatrics. 4th edn. Edinburgh: Churchill Livingstone, 2006.
- Illingworth RS, Nair MKC, Russell PSS. Illingworth's the development of the infant and young child: Normal and abnormal. 10th edn. New Delhi: Elsevier, 2013.
- Jenkins A. Invitations to responsibility: The therapeutic engagement of men who are violent and abusive. Adelaide: Dulwich Centre Publications, 1990.
- Jolly DL. The impact of adversity of child health: Poverty and disadvantage. Melbourne: Australian College of Paediatrics, 1990.
- Kelly H, Bennett N, Murray S, O'Grady KA. The blue book: Guidelines for the control of infectious diseases. Melbourne: Communicable Diseases Section, Victorian Government Department of Human Services, 2005. Available at www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice [Accessed 4 July 2017].
- Kemp C, McDowell J. Paediatric pharmacopoeia. 13th edn. Melbourne: Royal Children's Hospital, Pharmacy Department, 2002.
- Liberman M, Daly B. Paediatrics: What shall I do? Oxford: Butterworth Heinemann, 1993.
- Milner AD, Hull D. Hospital paediatrics. 3rd edn. Edinburgh: Churchill Livingstone, 1998.
- Murtagh, J. General practice. 6th edn. Australia: McGraw-Hill, 2015.
- Ollier K, Hobday A. Creative therapy: Adolescents overcoming child sexual abuse. Camberwell, Vic: ACER Press, 2004.
- Polnay L. Community paediatrics. 3rd edn. Edinburgh: Churchill Livingstone, 2002.
- Royal Flying Doctor Service (Western Operations). Transporting your patient: Guidelines for organising and preparing patients for transfer by air. Perth: RFDS, 2011. Available at www.flyingdoctor.org.au/wa/clinical/clinical-resources-wa/clinical-standards [Accessed 4 July 2017].
- South M, Isaacs D. Practical paediatrics. 7th edn. Edinburgh: Churchill Livingstone/Elsevier, 2012.
- Rennie J, Kendall G. A manual of neonatal intensive care. 5th edn. Boca Raton, FL: CRC Press, 2013.
- Rowe L, Bennett D. You can't make me: Seven rules for parenting teenagers. Sydney: Random House, 2005.
- Rowe L. Clockwork: Time for young people: Making general practice work for young people. Geelong, Vic: Clockwork Young People's Health Service, 2000.
- UNICEF. The state of the world's children. New York: UNICEF. Annual publication. Available at www.unicef.org/sowc [Accessed 4 July 2017].
- White M, Morgan A. Narrative therapy with children and their families. Adelaide: Dulwich Centre Publications, 2006.
- Worden, M. Family therapy basics. 3rd edn. Australia: Cengage Learning, 2003.

References

1. The Royal Australian College of General Practitioners. New approaches to integrated rural training for medical practitioners – Final report. East Melbourne, Vic: RACGP, 2014. Available at www.racgp.org.au/download/Documents/Rural/nrffinalreport.pdf [Accessed 4 July 2017].
2. The Royal Australian College of General Practitioners. Curriculum for Australian general practice 2016 – CS16 Core skills unit. East Melbourne, Vic: RACGP, 2016. Available at www.racgp.org.au/education/curriculum [Accessed 4 July 2017].

