

# Advanced Training Curricula Renewal

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**DRAFT Curriculum Standards**

## Advanced Training in General Paediatrics (Paediatrics & Child Health)

November 2023



### **About this document**

This document outlines the curriculum standards for Advanced Training in general paediatrics for trainees and supervisors.

The curriculum standards should be used in conjunction with the Advanced Training in general paediatrics learning, teaching, and assessment programs.

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# Program overview

## Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and New Zealand.



## Specialty overview

General paediatrics is a broad paediatric specialty which, on referral from primary care providers, provides expert diagnosis, treatment and care for infants, children and young people.

General paediatricians have a breadth and depth of knowledge and experience that makes them ideally suited to provide high quality specialist services and comprehensive care across a broad spectrum of common acute and chronic conditions and associated health issues of a developmental and psychosocial nature.

General paediatricians provide holistic patient-centred care, working with families and carers across multiple settings including tertiary, outer metropolitan and regional hospitals, and community clinics. General paediatricians work in multidisciplinary teams with inpatients and outpatients and are also involved in teaching, research, advocacy and leadership; aiming to improve overall child health.

General paediatricians provide holistic clinical care to address the health needs of infants, children, adolescents and young people including:

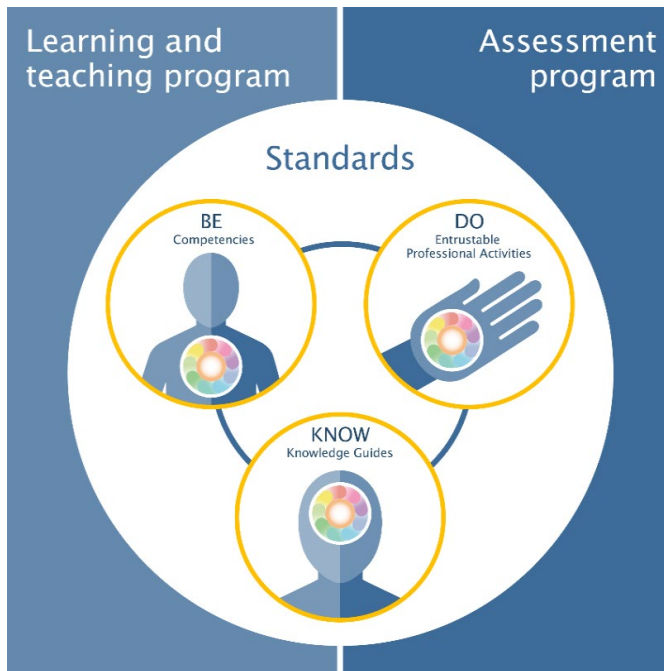
- **assessing and managing common acute and chronic paediatric conditions, including presentations that are undifferentiated and/or complex.** These are issues which do not fall within the range of one subspecialty and the integration of interdisciplinary expertise may be required.

- **providing a comprehensive coordination of services.** The general paediatric team provides an essential service for those infants, children and young people requiring subspecialty care. General paediatricians work closely with children and their families and carers, general practitioners, child's educators and allied health care professionals to maximise their health and wellbeing.
- **managing challenging circumstances to protect children and young people.** General paediatricians have an important role in working with community agencies that provide support to children and their families.
- **considering the broad needs of a child to ensure they have the best opportunity for optimal development, and managing children within their broader family, community, and socio-cultural context.** There are a variety of associations between social and cultural factors and health. There also may be critical stages in the life course during which the social environment has a stronger impact on later life health outcomes.

General paediatricians provide leadership and patient-centred care with compassion and strong communication and teamwork skills. Professional roles include:

- **advocacy.** General paediatricians have an important advocacy role to help improve the health and development of children and adolescents in Australia and New Zealand with a strong focus on parental and infant mental health, nutrition, early childhood education and vulnerable populations.
- **leadership and management.** General paediatricians work in close collaboration with other medical professionals including general practitioners, subspecialists, paediatric nurses, allied health professionals, and associated community organisations within this multidisciplinary field.
- **teaching and research.** General paediatricians are involved in teaching current and future health professionals and doctors training to become paediatricians. Some general paediatricians are involved in child health research.
- **professional and ethical practice.** General paediatricians have a commitment to improving the safety, effectiveness and experience of healthcare.

## Advanced Training curricula standards



The **RACP curriculum model** is made up of curricula standards supported by learning, teaching, and assessment programs.

**Learning and teaching programs** outline the strategies and methods to learn and teach curricula standards, including required and recommended learning activities.

**Assessment programs** outline the planned use of assessment methods to provide an overall picture of the trainee's competence over time.

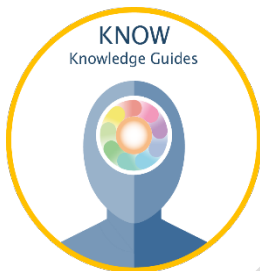
The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.



- **Competencies** outline the expected professional behaviours, values and practices of trainees in 10 domains of professional practice.



- **Entrustable Professional Activities (EPAs)** outline the essential work tasks trainees need to be able to perform in the workplace.



- **Knowledge guides** outline the expected baseline knowledge of trainees.

## Common curricula standards

The renewed curricula for Advanced Training will consist of a mix of program-specific content and content that is common across Advanced Training programs.

- **Competencies** will be common across Advanced Training programs.
- **Entrustable Professional Activities (EPAs)** will contain a mix of content that is common and content that is program-specific.
- **Knowledge Guides** will be program-specific, although content may be shared between complementary programs.

## Professional Practice Framework

The Professional Practice Framework describes ten domains of practice for all physicians.



## Learning, teaching, and assessment structure

The learning, teaching, and assessment structure defines the framework for delivery



### Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

Advanced Training is a **hybrid time- and competency-based training program**.

There is a minimum time requirement of between three to five years' full-time equivalent experience, depending on the training program undertaken. Progress and completion decisions are based on evidence of trainees' competence.

The Advanced Training program may be started once the prospective trainee has completed the entry requirements. This includes completion of Basic Physician Training required for Divisional Advanced Training programs.



# Curriculum standards

## Competencies

Competencies outline the expected professional behaviours, values and practices that trainees need to achieve by the end of training.

Competencies are grouped by the 10 domains of the professional practice framework.

Competencies will be common across training programs.



### Medical expertise

**Professional standard:** Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.

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**Knowledge:** Apply knowledge of the scientific basis of health and disease to the diagnosis and management of patients.

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**Synthesis:** Gather relevant data via age- and context- appropriate means to develop reasonable differential diagnoses, recognising and considering interactions and impacts of comorbidities.

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**Diagnosis and management:** Develop diagnostic and management plans that integrate an understanding of individual patient circumstances, including psychosocial factors and specific vulnerabilities, epidemiology, and population health factors in partnership with patients, families, or carers<sup>1</sup>, and in collaboration with the health care team.

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<sup>2</sup> References to patients in the remainder of this document may include their families and/or carers.



## Communication

**Professional standard:** Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically, and in a manner that is understandable.

Physicians share information responsibly with patients, families, carers, colleagues, community groups, the public, and other stakeholders to facilitate optimal health outcomes.

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**Effective communication:** Use a range of effective and appropriate verbal, nonverbal, written and other communication techniques, including active listening.

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**Communication with patients, families, and carers:** Use collaborative, effective, and empathetic communication with patients, families, and carers.

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**Communication with professionals and professional bodies:** Use collaborative, respectful, and empathetic clinical communication with colleagues, other health professionals, professional bodies, and agencies.

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**Written communication:** Document and share information about patients to optimise patient care and safety.

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**Privacy and confidentiality:** Maintain appropriate privacy and confidentiality, and share information responsibly.

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## Quality and safety

**Professional standard:** Physicians practice in a safe, high-quality manner within the limits of their expertise.

Physicians regularly review and evaluate their own practice alongside peers and best practice standards, and conduct continuous improvement activities.

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**Patient safety:** Demonstrate a safety focus and continuous improvement approach to own practice and health systems.

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**Harm prevention and management:** Identify and report risks, adverse events, and errors to improve healthcare systems.

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**Quality improvement:** Participate in quality improvement activities to improve quality of care and safety of the work environment.

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**Patient engagement:** Enable patients to contribute to the safety of their care.

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## Teaching and learning

**Professional standard:** Physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluating evidence.

Physicians foster the learning of others in their profession through a commitment to mentoring, supervising, and teaching.<sup>2</sup>

**Lifelong learning:** Undertake effective self-education and continuing professional development.

**Self-evaluation:** Evaluate and reflect on gaps in own knowledge and skills to inform self-directed learning.

**Supervision:** Provide supervision for junior colleagues and/or team members.

**Teaching:** Apply appropriate educational techniques to facilitate the learning of colleagues and other health professionals.

**Patient education:** Apply appropriate educational techniques to promote understanding of health and disease amongst patients and populations.



## Research

**Professional standard:** Physicians support creation, dissemination and translation of knowledge and practices applicable to health<sup>3</sup> They do this by engaging with and critically appraising research, and applying it in policy and practice to improve the health outcomes of patients and populations.

**Evidence-based practice:** Critically analyse relevant literature and refer to evidence-based clinical guidelines, and apply these in daily practice.

**Research:** Apply research methodology to add to the body of medical knowledge and improve practice and health outcomes.

<sup>2</sup> Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

<sup>3</sup> Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

## Cultural Safety

**Professional standard. Physicians engage in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices, and practising behaviours.** Together with the requirement of understanding the cultural rights of the community they serve, this brings awareness and accountability for the impact of the physician's own culture on decision making and health care delivery. It also allows for an adaptive practice where power is shared between patients, family, whānau, and/or community and the physician, to improve health outcomes.



**Physicians recognise the patient and population's rights for culturally safe care, including being an ally for patient, family, whānau, and/or community autonomy and agency over their decision making.**

This shift in the physician's perspective fosters collaborative and engaged therapeutic relationships, allows for strength-based (or mana-enhanced) decisions, and sharing of power with the recipient of the care, optimising health care outcomes.

**Physicians critically analyse their environment to understand how colonialism, systemic racism, social determinants of health, and other sources of inequity have and continue to underpin the healthcare context.** Consequently, physicians then can recognise their interfacing with, and contribution to, the environment in which they work to advocate for safe, more equitable and decolonised services, and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds.<sup>4</sup>

**This is a placeholder for the competencies in the cultural safety domain, which are in development and will be added at a later date.**

<sup>4</sup> The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below): Cultural safety can be defined as:

- the need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery
- the commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided
- the awareness that cultural safety encompasses a critical consciousness where health professionals and health care organisations engage in ongoing self-reflection and self-awareness, and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". International Journal for Equity in Health (2019) 18:174



## Ethics and professional behaviour

**Professional standard:** Physicians' practice is founded upon ethics, and physicians always treat patients and their families in a caring and respectful manner.

Physicians demonstrate their commitment and accountability to the health and wellbeing of individual patients, communities, populations, and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.

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**Beliefs and attitudes:** Reflect critically on personal beliefs and attitudes, including how these may impact on patient care.

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**Honesty and openness:** Act honestly, including reporting accurately, and acknowledging their own errors.

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**Patient welfare:** Prioritise patients' welfare and community benefit above self-interest.

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**Accountability:** Be personally and socially accountable.

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**Personal limits:** Practise within their own limits and according to ethical principles and professional guidelines.

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**Self-care:** Implement strategies to maintain personal health and wellbeing.

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**Respect for peers:** Recognise and respect the personal and professional integrity, roles, and contribution of peers.

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**Interaction with professionals:** Interact equitably, collaboratively, and respectfully with other health professionals.

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**Respect and sensitivity:** Respect patients, maintain appropriate relationships, and behave equitably.

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**Privacy and confidentiality:** Protect and uphold patients' rights to privacy and confidentiality.

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**Compassion and empathy:** Demonstrate a caring attitude towards patients and endeavour to understand patients' values and beliefs.

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**Health needs:** Understand and address patients', families', carers', and colleagues' physical and emotional health needs.

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**Medical and health ethics and law:** Practise according to current community and professional ethical standards and legal requirements.

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### Judgement and decision making

**Professional standard:** Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.

Physicians negotiate, implement, and review their decisions and recommendations with patients, their families and carers, and other health professionals.

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**Diagnostic reasoning:** Apply sound diagnostic reasoning to clinical problems to make logical and safe clinical decisions.

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**Resource allocation:** Apply judicious and cost-effective use of health resources to their practice.

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**Task delegation:** Apply good judgement and decision making to the delegation of tasks.

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**Limits of practice:** Recognise their own scope of practice and consult others when required.

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**Shared decision-making:** Contribute effectively to team-based decision-making processes.

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### Leadership, management, and teamwork

**Professional standard:** Physicians recognise, respect, and aim to develop the skills of others, and engage collaboratively to achieve optimal outcomes for patients and populations.

Physicians contribute to and make decisions about policy, protocols, and resource allocation at personal, professional, organisational, and societal levels.

Physicians work effectively in diverse multidisciplinary teams and promote a safe, productive, and respectful work environment that is free from discrimination, bullying, and harassment.

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**Managing others:** Lead teams, including setting directions, resolving conflicts, and managing individuals.

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**Wellbeing:** Consider and work to ensure the health and safety of colleagues and other health professionals.

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**Leadership:** Act as a role model and leader in professional practice.

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**Teamwork:** Negotiate responsibilities within the healthcare team and function as an effective team member.

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## Health policy, systems, and advocacy

**Professional standard:** Physicians apply their knowledge of the nature and attributes of local, national, and global health systems to their own practices. They identify, evaluate, and influence health determinants through local, national, and international policy.

Physicians deliver and advocate for the best health outcomes for all patients and populations.

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**Health needs:** Respond to the health needs of the local community and the broader health needs of the people of Australia and New Zealand.

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**Prevention and promotion:** Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients and their social support networks.

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**Equity and access:** Work with patients and social support networks to address determinants of health that affect them and their access to needed health services or resources.

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**Stakeholder engagement:** Involve communities and patient groups in decisions that affect them to identify priority problems and solutions.

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**Advocacy:** Advocate for prevention, promotion, equity, and access to support patient and population health needs within and outside the clinical environment.

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**Resource allocation:** Understand the factors influencing resource allocation, promote efficiencies, and advocate to reduce inequities.

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**Sustainability.** Manage the use of healthcare resources responsibly in everyday practice.

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## Entrustable Professional Activities

Entrustable Professional Activities (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.



#	Theme	Title
1	<a href="#">Team leadership</a>	Lead and work collaboratively with a team of health professionals
2	<a href="#">Supervision and teaching</a>	Demonstrate commitment to ongoing professional development and health professions education
3	<a href="#">Quality improvement</a>	Contribute to improving safety, efficacy and experience of healthcare
4	<a href="#">Clinical assessment</a>	Clinically assess paediatric patients across multiple settings
5	<a href="#">Clinical management</a>	Clinically manage paediatric patients across multiple settings
6	<a href="#">Acute care and procedures</a>	Assess and manage acutely unwell paediatric and neonatal patients
7	<a href="#">Communication with patients and health professionals</a>	Communicate effectively and professionally with patients, carers, families, health professionals and other community members engaging with the health service
8	<a href="#">Promote improved outcomes in child and adolescent health and development</a>	Take actions to promote improved health and developmental outcomes for paediatric patients in healthcare systems and the community
9	<a href="#">Care for patients from rural/remote areas</a>	Provide high-level paediatric care for patients from rural and remote areas



## EPA 1: Team leadership

Theme	Team leadership		Gen-Paeds-EPA-01
Title	Lead and work collaboratively with a team of health professionals		
<b>Description</b>	This activity requires the ability to: <ul style="list-style-type: none"> <li>• prioritise workload</li> <li>• manage multiple concurrent tasks</li> <li>• articulate individual responsibilities, expertise, and accountability of team members</li> <li>• acquire and apply leadership techniques in daily practice</li> <li>• collaborate with teams across multiple healthcare settings</li> <li>• act as a role model</li> <li>• conduct case conferences</li> </ul>		
<b>Behaviours</b>			
	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>	
<b>Professional practice framework domain</b>	Expected behaviours of a trainee who can routinely perform this activity without needing supervision  The trainee will:	Possible behaviours of a trainee who needs some supervision to perform this activity  The trainee may:	
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>• synthesise information with other disciplines and health care professionals to develop optimal, goal-centred plans for patients</li> <li>• promote and rationalise evidence-based care to meet the needs of patients or populations</li> <li>• take measures to minimise clinical risk</li> <li>• apply clinical competence and skills by effectively supporting team members</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate adequate knowledge of healthcare issues by interpreting complex information</li> <li>• assess the spectrum of problems to be addressed</li> <li>• provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team</li> <li>• recognise the limits of personal expertise, and involve other health professionals as needed</li> </ul>	
<b>Communication</b>	<ul style="list-style-type: none"> <li>• role model a transparent, supportive consultative style by engaging patients, families, carers, relevant professionals and/or the public in shared decision making</li> <li>• work with patients, families, carers, and other health professionals to resolve conflict that may arise when planning and aligning goals</li> <li>• lead challenging conversations competently and sensitively, such as breaking bad news and providing feedback to colleagues</li> </ul>	<ul style="list-style-type: none"> <li>• communicate appropriately with colleagues</li> <li>• communicate appropriately with patients, families, carers, and/or the public</li> <li>• respect the roles of team members</li> </ul>	
<b>Teaching and learning</b>	<ul style="list-style-type: none"> <li>• promote commitment to high quality teaching within the team and with learners that are attached to the team</li> <li>• role model openness to continuous learning and commitment to professional developmental practices</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate basic skills in facilitating colleagues' learning</li> <li>• accept feedback constructively, and change behaviour in response</li> </ul>	

Cultural safety	<ul style="list-style-type: none"> <li>• demonstrate culturally safe relationships with colleagues and patients, including ongoing listening, learning and seeking to improve</li> <li>• promote and advocate for respect for culture and diversity</li> <li>• identify and attempt to address barriers to healthcare including unconscious bias, discrimination and systemic racism</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate awareness of cultural diversity and unconscious bias</li> <li>• work effectively and respectfully with people from different cultural backgrounds</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>• demonstrate ability to effectively manage own workload and prioritise concurrent tasks</li> <li>• promote a team culture of shared accountability for decisions and outcomes</li> <li>• encourage open discussion of ethical and clinical concerns</li> <li>• respect differences of multidisciplinary team members</li> <li>• effectively consult with stakeholders, achieving a balance of alternative views</li> <li>• acknowledge personal conflicts of interest and unconscious bias</li> <li>• act collaboratively to resolve behavioural incidents and conflicts such as harassment and bullying</li> <li>• promote and role model high standards of ethical and professional practice</li> </ul>	<ul style="list-style-type: none"> <li>• support ethical principles in clinical decision making</li> <li>• maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities</li> <li>• respect the roles and expertise of other health professionals</li> <li>• work effectively as a member of a team</li> <li>• promote team values of honesty, discipline and commitment to continuous improvement</li> <li>• demonstrate understanding of the negative impact of workplace conflict</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>• make appropriate decisions when faced with multiple and conflicting perspectives</li> <li>• contribute effectively to shared decision making with teams and patients</li> <li>• contribute medical input to organisational decision making</li> <li>• apply judicious and cost-effective use of health resources to practice</li> <li>• recognise limits of practice</li> </ul>	<ul style="list-style-type: none"> <li>• consult team members or senior staff when faced with multiple conflicting perspectives</li> <li>• review new healthcare interventions and resources</li> <li>• interpret appropriate data and evidence for decision making</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>• promote collaboration with team members in delivering patient care or population advice</li> <li>• apply effective leadership and followership skills in clinical and professional practice</li> <li>• initiate, actively participate in and, where appropriate, lead multidisciplinary team meetings</li> <li>• ensure all members of the team are accountable for their individual practice</li> <li>• promote and advocate for improved wellbeing of colleagues and other health professionals</li> <li>• check in with, and support, colleagues</li> </ul>	<ul style="list-style-type: none"> <li>• understand the range of personal and other team members' skills, expertise, and roles</li> <li>• acknowledge and respect the contribution of all health professionals involved in patient care</li> <li>• participate effectively and appropriately in multidisciplinary teams</li> <li>• seek out and respect the perspectives of multidisciplinary team members when making decisions</li> </ul>

	<ul style="list-style-type: none"> <li>• work within the appropriate structural systems to support colleagues in difficulty while maintaining patient safety</li> <li>• role model prioritising personal health, safety and wellbeing</li> </ul>	
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>• advocate for the resources and support for health care teams to achieve improved and equitable healthcare</li> <li>• influence the development of organisational policies and procedures to optimise health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate awareness of organisational policies and procedures</li> </ul>

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	<ul style="list-style-type: none"> <li>actively promote a collaborative and safe learning environment with learners and other health professionals</li> <li>role model and teach high level communication skills</li> <li>support learners to deliver clear, concise and relevant information in both verbal and written communication</li> </ul>	
Quality and safety	<ul style="list-style-type: none"> <li>support learners to deliver quality care while maintaining their own wellbeing</li> <li>apply lessons learned about patient safety by identifying and discussing risks with learners</li> <li>assess learners' competence, and provide timely feedback to minimise risks to care</li> <li>obtain informed consent before involving patients in teaching activities</li> <li>maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns</li> <li>participate in evaluation of teaching and supervision</li> </ul>	<ul style="list-style-type: none"> <li>observe learners to reduce risks and improve health outcomes</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>reflect on, evaluate and seek to improve own professional practice, including actively seeking feedback from supervisors, colleagues and mentors</li> <li>demonstrate commitment to own learning needs, training requirements and professional development</li> <li>develop appropriate learning plans for required learning outcomes</li> <li>meet with supervisors regularly to receive feedback and support</li> <li>keep records of supervision meetings and work based assessment</li> <li>plan and submit assessments and reports within required time frames</li> <li>demonstrate knowledge of the principles, processes, and skills of supervision</li> <li>provide direct guidance to learners in day-to-day work</li> <li>work with learners to identify professional development and learning opportunities based on their individual learning needs</li> <li>participate in teaching and supervision of professional development activities</li> <li>encourage self-directed learning</li> <li>develop a consistent and fair approach to assessing learners</li> <li>tailor feedback and assessments to learners' goals</li> <li>seek feedback and reflect on own teaching and supervision skills</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate basic skills in the supervision of learners</li> <li>apply a standardised approach to teaching, assessment, and feedback without considering individual learner needs</li> <li>implement teaching and learning activities that are misaligned to learning goals</li> <li>adopt a teaching style that discourages learner self-directedness</li> </ul>

	<ul style="list-style-type: none"> <li>support learners to identify and attend formal and informal learning opportunities</li> </ul>	
Research	<ul style="list-style-type: none"> <li>demonstrate ability to incorporate and critically analyse relevant and up to date evidence from the literature into clinical teaching</li> <li>support learners and colleagues who are undertaking research projects</li> <li>encourage and guide learners to seek out relevant research to support practice</li> </ul>	<ul style="list-style-type: none"> <li>direct learners to review relevant literature</li> </ul>
Cultural safety	<ul style="list-style-type: none"> <li>role model a culturally safe approach to teaching</li> <li>encourage learners to seek out opportunities to develop and improve their own cultural safety</li> <li>support learners to develop skills in culturally safe care of Aboriginal and Torres Strait Islander and Māori peoples</li> <li>consider cultural, ethical, and religious values and beliefs in teaching and learning</li> </ul>	<ul style="list-style-type: none"> <li>function effectively and respectfully when working with, and teaching with, people from different cultural backgrounds</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>apply principles of ethical practice to teaching scenarios</li> <li>role model professional and ethical behaviours, including respect and collegiality</li> <li>respond appropriately to learners seeking professional guidance</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect</li> <li>provide learners with feedback to improve their experiences</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>prioritise workloads and manage learners with different levels of professional knowledge or experience</li> <li>promote joint problem solving</li> <li>support a learning environment that allows for independent decision making</li> <li>escalate concerns about learners appropriately and keep appropriate documentation</li> </ul>	<ul style="list-style-type: none"> <li>provide general advice and support to learners</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>maintain professional, clinical, research, and/or administrative responsibilities while teaching</li> <li>promote an inclusive environment whereby the learner feels part of the team</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate the principles and practice of professionalism and leadership in health care</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>advocate for suitable resources to provide quality supervision and maintain training standards</li> <li>support innovation in health professions education</li> <li>support collaboration and sharing or resources in health education</li> </ul>	<ul style="list-style-type: none"> <li>incompletely integrate public health principals into teaching and practice</li> </ul>

## EPA 3: Quality improvement

Theme	Quality improvement	Gen-Paeds-EPA-03
<b>Title</b>	<b>Contribute to improving safety, effectiveness and experience of healthcare</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• identify and report actual and potential (near miss) errors</li> <li>• conduct and evaluate quality improvement activities</li> <li>• adhere to best practice guidelines</li> <li>• audit clinical guidelines and outcomes</li> <li>• contribute to the development of policies and protocols designed to protect patients and enhance healthcare</li> <li>• monitor one's own practice and develop individual improvement plans</li> <li>• demonstrate commitment to ensuring deliverable healthcare is safe, timely, patient centred, effective, efficient, and equitable.</li> </ul>	
<b>Behaviours</b>		
	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>
<b>Professional practice framework domain</b>	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>• use standardised protocols to adhere to best practice, where applicable</li> <li>• demonstrate ability to critically analyse relevant literature, refer to evidence-based guidelines and apply this to daily practice</li> <li>• regularly monitor personal professional performance</li> </ul>	<ul style="list-style-type: none"> <li>• identify opportunities for improvement</li> <li>• recognise the importance of prevention and early detection in clinical practice</li> <li>• use local guidelines to assist patient care decision making</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• ensure patients are informed of any risks associated with their care including investigations, procedures and therapies</li> <li>• obtain informed consent before undertaking any investigation, procedure or therapy</li> <li>• ensure that patients are informed about fees and charges</li> <li>• assist patients' access to their health information, as well as complaint and feedback systems</li> <li>• discuss with patients any safety and quality concerns they have relating to their care</li> <li>• implement the organisation's open disclosure policy where appropriate</li> <li>• engage consumers in quality improvement activities</li> <li>• provide, clear, safe, timely and effective handover during escalation and between transitions of care</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate awareness of the evidence for consumer engagement and its contribution to quality improvement in healthcare</li> <li>• provide information in a manner so that patients, families, and carers are fully informed when consenting to any procedures</li> <li>• apply knowledge of how health literacy might affect the way patients or populations gain access to, understand, and use health information</li> </ul>
<b>Quality and safety</b>	<ul style="list-style-type: none"> <li>• demonstrate safety skills, including infection control</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate understanding of a systematic approach to improving the quality and safety of healthcare</li> </ul>

	<ul style="list-style-type: none"> <li>participate regularly in organisational quality and safety activities, such as: <ul style="list-style-type: none"> <li>» antimicrobial stewardship</li> <li>» audits</li> <li>» clinical incident reviews</li> <li>» corrective action preventative action plans</li> <li>» morbidity and mortality reviews</li> <li>» review of clinical guidelines and protocols</li> <li>» root cause analyses</li> </ul> </li> <li>participate in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events</li> <li>use clinical audits and registries of data on patients' experiences and outcomes, learnings from incidents, and complaints to improve healthcare</li> </ul>	<ul style="list-style-type: none"> <li>raise appropriate issues for review at morbidity and mortality meetings</li> <li>work within organisational quality and safety systems for the delivery of clinical care</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>participate in professional training in quality and safety to ensure a contemporary approach to safety system strategies</li> </ul>	<ul style="list-style-type: none"> <li>use opportunities to learn about safety and quality theory and systems</li> </ul>
Research	<ul style="list-style-type: none"> <li>ensure that any protocol for human research is approved by a human research ethics committee, in accordance with the national statement on ethical conduct in human research</li> <li>present critical analysis of relevant literature at departmental journal club meetings</li> <li>participate in clinical research that aims to improve patient outcomes, where applicable</li> </ul>	<ul style="list-style-type: none"> <li>understand that patient participation in research is voluntary and based on an appropriate understanding about the purpose, methods, demands, risks, and potential benefits of the research</li> <li>demonstrate an understanding of the limitations of evidence and the challenges of applying research in daily practice</li> </ul>
Cultural safety	<ul style="list-style-type: none"> <li>undertake professional development opportunities that address the impact of cultural bias on health outcomes</li> <li>demonstrate commitment to improving cultural safety in your practice</li> <li>apply frameworks and policies related to improving healthcare for Aboriginal and Torres Strait Islander and Māori peoples</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate commitment to improving cultural safety in their own practice</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>demonstrate professional values, including compassion, empathy, respect for diversity, integrity, honesty, and partnership to all patients and health professionals</li> <li>demonstrate accountability for errors by identifying possible system issues to improve, whilst contributing to an organisational "no blame" culture that prioritises patients' safety and quality</li> <li>advocate for the safety of patients and staff using appropriate systems</li> <li>consider young people's capacity for decision making and consent, involving a proxy decision maker appropriately</li> </ul>	<ul style="list-style-type: none"> <li>comply with professional regulatory requirements and codes of conduct</li> <li>assist in shaping an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement</li> <li>consider patients' decision-making capacity</li> </ul>



<p>Leadership, management, and teamwork</p>	<ul style="list-style-type: none"> <li>• formulate and implement quality improvement strategies as a collaborative effort involving all key health professionals</li> <li>• support multidisciplinary team activities to lower patients' risk of harm, and promote multidisciplinary programs of education</li> <li>• actively involve clinical pharmacists in the medication-use process</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate attitudes of respect and cooperation among members of different professional teams</li> <li>• partner with clinicians and managers to ensure patients receive appropriate care and information on their care</li> </ul>
<p>Health policy, systems, and advocacy</p>	<ul style="list-style-type: none"> <li>• participate in all applicable healthcare governance processes</li> <li>• participate regularly in multidisciplinary meetings where quality and safety issues are standing agenda items, and where innovative ideas and projects for improving care are actively encouraged</li> <li>• identify activities within systems to reduce errors, improve patient and population safety, and implement cost-effective change</li> </ul>	<ul style="list-style-type: none"> <li>• comply with all relevant organisational policies and procedures</li> </ul>

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## EPA 4: Clinical assessment

Theme	Clinical assessment		Gen-Paeds-EPA-04
Title	Clinically assess paediatric patients across multiple settings		
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• identify and access sources of relevant information about patients</li> <li>• perform expert and efficient assessments of paediatric patients across the age range from birth to young adulthood, in inpatient and outpatient settings</li> <li>• select, organise, undertake and interpret relevant investigations</li> <li>• synthesise findings to develop provisional and differential diagnoses</li> <li>• consider the comfort and safety of the child, and the values and beliefs of the family.</li> </ul>		
<b>Behaviours</b>			
<u>Professional practice framework domain</u>	<b>Ready to perform without supervision</b> Expected behaviours of a trainee who can routinely perform this activity without needing supervision	<b>Requires some supervision</b> Possible behaviours of a trainee who needs some supervision to perform this activity	
<b>Medical expertise</b>	<p>The trainee will:</p> <ul style="list-style-type: none"> <li>• accurately and thoroughly assess paediatric patients' physical and psychological symptoms and signs</li> <li>• accurately and thoroughly assess common and uncommon paediatric and adolescent inpatient presentations</li> <li>• accurately and thoroughly assess common and uncommon paediatric and adolescent outpatient presentations</li> <li>• accurately and thoroughly assess paediatric and adolescent patients with complex, multisystem and/or chronic diseases</li> <li>• accurately and thoroughly assess healthy newborns and common neonatal presentations</li> <li>• accurately and thoroughly assess common developmental paediatric presentations</li> <li>• accurately and thoroughly assess common paediatric and adolescent mental health presentations</li> <li>• accurately and thoroughly identify and assess children presenting with signs or symptoms of child maltreatment</li> <li>• choose evidence-based investigations or assessment tools and frame them as an adjunct to comprehensive clinical assessment</li> <li>• minimise unnecessary, potentially harmful and/or painful investigations where possible</li> <li>• recognise and appropriately interpret abnormal findings, considering patients' circumstances</li> </ul>	<p>The trainee may:</p> <ul style="list-style-type: none"> <li>• record patient-centred histories, considering psychosocial factors</li> <li>• perform accurate physical examinations</li> <li>• provide rationale for investigations</li> <li>• recognise and correctly interpret abnormal findings</li> <li>• synthesise pertinent information to direct the clinical encounter and diagnostic categories</li> </ul>	

	<ul style="list-style-type: none"> <li>• synthesise and interpret findings from the history, examination, and investigations to devise the most likely provisional diagnoses via reasonable differential diagnoses</li> <li>• assess the severity of problems, the likelihood of complications, and clinical outcomes</li> </ul>	
Communication	<ul style="list-style-type: none"> <li>• listen and respond to the concerns of the patient</li> <li>• accurately and thoroughly document clinical history, examination, investigations, impression, and management plans in the medical record</li> <li>• prepare timely and accurate communication in the form of letters and reports to disseminate relevant medical information to patients, other health professionals, and relevant other agencies</li> </ul>	<ul style="list-style-type: none"> <li>• communicate appropriately with patients during assessment</li> </ul>
Cultural safety	<ul style="list-style-type: none"> <li>• demonstrate effective and culturally safe communication and care for Aboriginal and Torres Strait Islander and Māori peoples</li> <li>• effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs</li> <li>• enquire, acknowledge and reflect on patients' beliefs and values, and how these might impact on health</li> </ul>	<ul style="list-style-type: none"> <li>• display respect for patients' cultures, and attentiveness to social determinants of health</li> <li>• display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities</li> <li>• appropriately access interpretive or culturally focused services</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>• demonstrate and advocate for consideration of the comfort of the patient by minimising distress and harm caused by medical assessment</li> <li>• hold information about patients in confidence, unless the release of information is required by law, under information sharing guidance or public interest</li> <li>• assess patient's capacity for decision making and providing consent for medical procedures</li> <li>• demonstrate awareness of complex issues related to genetic information obtained from investigations, and subsequent disclosure of such information</li> <li>• demonstrate awareness of complex issues related to documentation of sensitive information gathered in clinical encounters, and subsequent sharing of such information</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate professional conduct, honesty, and integrity</li> <li>• consider patients' decision-making capacity</li> <li>• identify patients' preferences regarding management and the role of families in decision making</li> <li>• prioritise patient and social welfare over own personal interest and professional agenda</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>• apply knowledge and experience to assess patients, making logical, rational decisions</li> <li>• evaluate the costs, benefits, and potential risks of each investigation in a clinical situation</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate clinical reasoning by gathering focused information relevant to patients' care</li> <li>• choose the most appropriate investigation for the clinical scenario in discussion with patients</li> </ul>

	<ul style="list-style-type: none"> <li>• use a holistic approach to health considering comorbidity, uncertainty, and risk</li> <li>• utilise the best available evidence to determine the most appropriate investigations, including not performing unnecessary investigations</li> <li>• determine the need for referral to subspecialists</li> <li>• make appropriate decisions in regard to referring or transferring patients to other services for further assessment, including regional and remote patients</li> <li>• make appropriate decisions in regard to reporting suspected child maltreatment to statutory child protection agencies</li> <li>• utilise appropriate guidelines, evidence sources, and decision support tools</li> <li>• consider possible sources of cognitive bias</li> </ul>	<ul style="list-style-type: none"> <li>• recognise personal limitations and seek help in an appropriate way when required</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>• ensure results are checked in a timely manner, taking responsibility for following up results</li> <li>• collaborate with other health professionals to achieve accurate and thorough assessments of patients</li> </ul>	<ul style="list-style-type: none"> <li>• share relevant information with members of the health care team</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>• aim to achieve the optimal cost-effective patient care to allow maximum benefit from the available resources</li> <li>• support systems to improve access to healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• identify and navigate components of the healthcare system relevant to patients' care</li> <li>• identify and access relevant community resources to support patient care</li> </ul>

## EPA 5: Clinical management

Theme	Clinical management		Gen-Paeds-EPA-05
Title	Clinically manage paediatric patients across multiple settings		
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>manage general paediatric patients across the age-span from birth to young-adulthood, including transition to adult care and end of life care</li> <li>manage paediatric inpatients, outpatients and across health care settings</li> <li>develop management plans and goals in consultation with patients and families</li> <li>collaborate with other health professionals and/or community agencies</li> <li>manage patients within their family and community context considering cultural, socioeconomic and geographical factors</li> <li>prescribe therapies tailored to patients' needs, conditions and goals</li> <li>monitor, review and adjust management plans</li> <li>manage and coordinate longitudinal care of patients</li> <li>manage the transition of care between health professionals, providers and contexts.</li> </ul>		
<b>Behaviours</b>			
<b>Professional practice framework domain</b>	<p><b>Ready to perform without supervision</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p>	<p><b>Requires some supervision</b></p> <p>Possible behaviours of a trainee who needs some supervision to perform this activity</p>	
<b>Medical expertise</b>	<p>The trainee will:</p> <ul style="list-style-type: none"> <li>effectively identify and address current clinical concerns, and longer-term clinical objectives, as appropriate to patients' context</li> <li>holistically manage paediatric and adolescent patients across the age range within their family and community context, including physical and psychological symptoms</li> <li>effectively plan for, and manage, patients' pain, distress, stress, or discomfort during treatment</li> <li>refer to, and liaise with, subspecialists and other health professionals where appropriate</li> <li>manage general paediatric inpatients to a high standard</li> <li>manage general paediatric outpatients to a high standard</li> <li>manage patients with common neurodevelopmental and behavioural concerns</li> <li>manage patients with common mental health concerns in liaison with mental health support services</li> <li>manage patients with common neonatal/perinatal concerns</li> <li>manage adolescent patients including transition to adult services</li> </ul>	<p>The trainee may:</p> <ul style="list-style-type: none"> <li>develop appropriate management plans for current concerns</li> <li>develop safe management plans for general paediatric inpatients and outpatients that may not consider all holistic care needs</li> <li>select medicines for common conditions appropriately, safely, and accurately</li> <li>identify potential side-effects and practical prescription points, such as medication compatibility and monitoring in response to therapies</li> <li>identify neurodevelopmental and behavioural concerns for patients</li> <li>identify mental health concerns for patients</li> </ul>	

	<ul style="list-style-type: none"> <li>• manage patients where there are concerns for child maltreatment, in conjunction with other relevant agencies</li> <li>• manage patients with complex, multi-system or chronic conditions</li> <li>• consider and select appropriate pharmacological and non-pharmacological therapies considering the patients age, comorbidities, adverse reactions, preparations and availability, and patient preference</li> <li>• plan appropriate monitoring and follow up to promote wellbeing and prevent harm</li> <li>• monitor treatment outcomes, effectiveness, and adverse events</li> <li>• regularly review the goals of care and treatment plans with patients</li> <li>• initiate opportunistic screening and management of complications and comorbid conditions</li> <li>• demonstrate knowledge of the principles of care for patients at the end of their lives, in liaison with paediatric palliative care services</li> </ul>	
	<ul style="list-style-type: none"> <li>• communicate with patients about the benefits, risks, and potential side effects of proposed therapies</li> <li>• provide information to patients to enable them to make a fully informed decision from various diagnostic, therapeutic, and management options</li> <li>• educate patients about the intended use, expected outcomes, and potential side effects for each prescribed medication</li> </ul>	<ul style="list-style-type: none"> <li>• discuss and explain the rationale for treatment options with patients</li> <li>• explain the benefits and burdens of therapies, considering patients' individual circumstances</li> <li>• seek further advice from experienced clinicians or pharmacists when appropriate</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• facilitate and support open family discussions or meetings to deliver bad news or prognostic information</li> <li>• educate patients to recognise and monitor symptoms and when to seek help</li> <li>• communicate effectively with other professionals involved in the child's life to promote wellbeing, such as education, mental health, allied health, and statutory child protection services.</li> </ul>	
Quality and safety	<ul style="list-style-type: none"> <li>• prescribe medications in accordance with evidence, guidelines and protocols</li> <li>• review medicines regularly to reduce non-adherence, and monitor treatment effectiveness, possible side effects, and drug interactions, ceasing unnecessary medicines</li> <li>• report suspected adverse events to medications, and record it in patients' medical records</li> </ul>	<ul style="list-style-type: none"> <li>• identify medication errors and institute appropriate measures</li> </ul>

Cultural safety	<ul style="list-style-type: none"> <li>• demonstrate effective and culturally safe communication and care for Aboriginal and Torres Strait Islander and Māori peoples</li> <li>• effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs</li> <li>• enquire, acknowledge and reflect on patients' beliefs and values, and how these might impact on health and choices</li> <li>• offer support to patients, families, and carers to include cultural or religious practices in their care</li> </ul>	<ul style="list-style-type: none"> <li>• display respect for patients' cultures, and attentiveness to social determinants of health</li> <li>• display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities</li> <li>• access interpretive or culturally focused services when appropriate</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>• manage and share information about patients' health care in adherence to privacy laws, confidentiality and professional guidelines</li> <li>• prepare for, and conduct, clinical encounters in a well-organised and time-efficient manner</li> <li>• demonstrate understanding of the medicolegal requirements of written communications</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate professional conduct, honesty, and integrity</li> <li>• identify patients' preferences regarding management and the role of families in decision making</li> <li>• prioritise patient and social welfare over own personal interest and professional agenda</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>• apply knowledge and experience to identify patients' problems, making logical, rational decisions, and acting to achieve positive outcomes for patients</li> <li>• utilise appropriate guidelines, evidence sources, and decision support tools</li> <li>• plan appropriate investigations considering risk, benefit, tolerance, resources, diagnostic yield and contribution to management</li> <li>• identify and address patients' concerns, expectations, and goals</li> <li>• develop management plans in consultation with patients and carers</li> <li>• develop management plans considering the balance of benefit and harm by taking patients' personal set of circumstances into account</li> <li>• manage patients within their family and community context considering cultural, socioeconomic and geographical factors</li> <li>• ensure patients' care is in the most appropriate facility, setting, or provider</li> <li>• make appropriate decisions regarding referring or transferring patients to other services for further management, including regional and remote patients</li> <li>• use medicines safely and effectively to get the best possible results</li> <li>• recognise professional limitations</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate clinical reasoning by gathering focused information relevant to patients' care</li> <li>• consider and prioritise patients' issues using a structured approach</li> <li>• recognise personal limitations and seek help in an appropriate way when required</li> </ul>

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Leadership,  
management,  
and teamwork

- coordinate holistic care for complex patients
- work effectively as a member of multidisciplinary teams to achieve the best health outcome for patients
- lead inpatient teams
- efficiently manage outpatient clinics
- manage, and plan follow up for, patients that live in regional or remote locations, in liaison with their local health services
- ensure care plans are communicated to all teams involved in patients' care, including primary care and other relevant community care providers
- engage and facilitate multidisciplinary team meetings, family meetings, and complex case conferences
- establish and follow clear transition plans for adolescent patients, utilising appropriate services
- share relevant information with members of the health care team
- contribute effectively to the inpatient teams
- work effectively in outpatient clinics

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Health policy,  
systems, and  
advocacy

- demonstrate appropriate utilisation of local, regional and national health services and systems
  - aim to achieve the optimal cost-effective patient care to allow maximum benefit from the available resources
  - support and utilise innovative systems such as telehealth and digitally integrated support services
  - contribute to processes for managing risks, and identify strategies for improvement in transition of care
  - apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs
  - follow and support processes for adolescents transitioning to adult health services
  - identify and navigate components of the healthcare system relevant to patients' care
  - identify and access relevant community resources to support patient care
  - consider transport issues and costs to patients in arranging for transferring patients to other settings
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## EPA 6: Acute care and procedures

Theme	Acute care and procedures	Gen-Paeds-EPA-06
Title	Assess and manage acutely unwell paediatric and neonatal patients	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• assess seriously unwell paediatric and neonatal patients and initiate management</li> <li>• perform paediatric and neonatal resuscitation</li> <li>• plan, prepare for, perform, and provide after care for procedures expected of a general paediatrician as listed below</li> <li>• manage ongoing care of acutely unwell paediatric and neonatal patients suitable for inpatient ward and not needing intensive care</li> <li>• recognise and respond to clinical deterioration</li> <li>• escalate care where appropriate</li> <li>• participate in and, where appropriate, lead the resuscitation team</li> <li>• liaise with paediatric intensive care or neonatal intensive care units, retrieval services and referral centres</li> <li>• safely prepare and handover acutely unwell patients at change of shift or change in patient status or location</li> <li>• communicate with family and carers in regard to acute situations and plans.</li> </ul>	
Behaviours		
Professional practice framework domain	<p><b>Ready to perform without supervision</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p> <ul style="list-style-type: none"> <li>• recognise immediate life-threatening paediatric and neonatal conditions and critically unwell patients, and respond appropriately</li> <li>• prepare for, and perform, effective advanced paediatric life support and neonatal resuscitation</li> <li>• recognise and respond to clinical deterioration</li> <li>• effectively assess, diagnose, and initiate management of acute undifferentiated clinical presentations</li> <li>• select investigations that exclude or diagnose critical patient issues</li> <li>• effectively manage acutely unwell children and neonates suitable for the inpatient ward and not requiring intensive care</li> </ul>	<p><b>Requires some supervision</b></p> <p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p> <ul style="list-style-type: none"> <li>• recognise seriously unwell patients requiring immediate care</li> <li>• initiate paediatric and neonatal resuscitation as indicated</li> <li>• identify potential causes of current deterioration, and comply with escalation protocols</li> <li>• facilitate initial tests to assist in diagnosis</li> <li>• develop management plans for immediate treatment</li> <li>• document information to outline the rationale for clinical decisions and action plans</li> <li>• assess patients and identify indications for procedures</li> <li>• consider risks and complications of procedures</li> </ul>
	Medical expertise	

- 
- perform common procedures confidently and consistently, such as:
    - » nasogastric tube placement
    - » paediatric and neonatal cannula insertion
    - » sterile urine collection via suprapubic and/or catheter
    - » lumbar puncture
    - » manual intermittent positive pressure ventilation via Bag mask and T piece
  - troubleshoot and manage patients with difficult intravenous access
  - demonstrate knowledge and skills in safe airway management on a mannequin and/or patient, such as:
    - » laryngeal mask and oropharyngeal/ nasopharyngeal airway insertion
    - » endotracheal intubation
  - demonstrate knowledge and skills on a mannequin and/or patient in:
    - » intra-osseus needle
    - » umbilical venous catheterization
    - » needle thoracostomy
    - » intercostal catheter insertion
  - demonstrate knowledge of the principles and complications of midline, percutaneous long line (PICC) and central venous access insertion and, where appropriate, practice insertion
  - demonstrate knowledge of the role for point of care ultrasound (POCUS) in diagnostic and procedural applications, and where appropriate practice on phantom models and/or patients
  - manage patients, in liaison with sub-specialty teams, with:
    - » central venous access devices
    - » PICCs
    - » gastrostomy tube
    - » ventriculoperitoneal shunts
    - » other in situ medical devices
  - recognise and effectively manage complications arising during and after procedures
  - initiate care of seriously unwell paediatric and neonatal patients requiring surgery and/or transfer to intensive care unit
  - initiate ventilation and inotropic support of paediatric and neonatal patients with support from appropriate intensive care specialists or emergency staff
  - systematically identify causes of acute deterioration in health status
  - demonstrate knowledge and skills in:
    - » nasogastric tube placement
    - » paediatric and neonatal cannula insertion
    - » sterile urine collection via suprapubic and/or catheter
    - » lumbar puncture
    - » manual intermittent positive pressure ventilation via Bag mask and T piece

	<ul style="list-style-type: none"> <li>• develop plans of multidisciplinary treatment, rehabilitation, and secondary prevention following acute events</li> <li>• optimise medical management before and after operations, where appropriate</li> <li>• effectively manage acute pain and distress</li> <li>• demonstrate knowledge and skills in procedural pain management, such as sedation and analgesia, as well as non-pharmacological strategies</li> <li>• demonstrate awareness of process for accurate collection of forensic samples for children with acute sexual assault concerns, in liaison with child maltreatment specialist paediatricians, child protection agencies, and police</li> </ul>	
Communication	<ul style="list-style-type: none"> <li>• use <a href="#">closed-loop</a> and clear communication with other health care team members during resuscitation and escalation</li> <li>• facilitate early sensitive communication with patients during escalation and resuscitation to allow shared decision making</li> <li>• explain procedures clearly to patients, including reasons for procedures, potential alternatives, and possible risks, to facilitate informed choices</li> <li>• accurately document procedures in the clinical notes, including informed consent, indication for the procedure, medicines given, aseptic technique, difficulties encountered, and aftercare</li> <li>• liaise appropriately with paediatric and neonatal intensive care specialist and retrieval services</li> <li>• provide clear and effective clinical handover during change of shift or change in patient status or location</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate communication skills to sufficiently support the function of multidisciplinary teams</li> <li>• communicate with patients in a timely and appropriate manner</li> <li>• provide timely and safe handover during escalation and transitions of care</li> <li>• explain the process of procedures to patients without providing a broader context</li> <li>• discuss post-procedural care with patients</li> <li>• complete relevant patient documentation</li> </ul>
Quality and safety	<ul style="list-style-type: none"> <li>• set up all necessary equipment required for procedures, and consistently use universal precautions and aseptic technique</li> <li>• confirm patients' identification, verify the procedure, and, where appropriate, the correct position/site/side/level for the procedure</li> </ul>	<ul style="list-style-type: none"> <li>• comply with safety requirements of the health service</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>• maintain up-to-date certification in advanced paediatric life support and neonatal resuscitation</li> <li>• actively participate in multidisciplinary practice of resuscitation skills, including simulation where available</li> <li>• seek guidance and feedback from supervisors and other health professionals to reflect on clinical deterioration or resuscitation events and improve future patient care</li> </ul>	<ul style="list-style-type: none"> <li>• maintain life support requirements of the health service</li> </ul>

	<ul style="list-style-type: none"> <li>refer to and/or be familiar with relevant published procedural guidelines prior to undertaking procedures</li> <li>organise or participate in in-service training on new technology</li> <li>provide appropriate supervision to learners carrying out procedures</li> </ul>	
Cultural safety	<ul style="list-style-type: none"> <li>negotiate health care decisions in a culturally appropriate way by considering variation in family structures, cultures, religion, and belief systems</li> <li>integrate culturally safe care of Aboriginal and Torres Strait Islander and Māori peoples into patient management</li> <li>consider cultural, ethical, and religious values and beliefs in leading multidisciplinary teams</li> </ul>	<ul style="list-style-type: none"> <li>practise cultural safety</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>apply ethical principles to life-saving treatments and patient and family's rights to decide management, including withdrawal of care</li> <li>facilitate interactions within multidisciplinary teams respecting values, encouraging involvement, and engaging all participants in decision making</li> <li>hold information about patients in confidence, unless the release of information is required by law or public interest</li> </ul>	<ul style="list-style-type: none"> <li>communicate medical management plans as part of multidisciplinary plans</li> <li>establish, where possible, patients' wishes and preferences about care</li> <li>contribute to building a productive culture within teams</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>recognise the need for escalation of care or patient transfer, and escalate to appropriate staff or services</li> <li>utilise appropriate guidelines, evidence sources, and decision support tools</li> <li>identify roles and optimal timing for diagnostic procedures</li> <li>select appropriate investigations on the samples obtained in diagnostic procedures</li> <li>reconcile conflicting advice from other specialties and support shared clinical decisions in the presence of uncertainty</li> <li>use care pathways effectively, including identifying reasons for variations in care</li> </ul>	<ul style="list-style-type: none"> <li>involve additional staff to assist in a timely fashion when required</li> <li>recognise personal limitations and seek help in an appropriate way when required</li> <li>assess personal skill levels, and seek help with procedures when appropriate</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>collaborate effectively with staff in the emergency department, paediatric and neonatal intensive care units, and other subspecialty inpatient units</li> <li>demonstrate effective leadership and followership in acute care situations including appropriate role allocation of team members</li> </ul>	<ul style="list-style-type: none"> <li>collaborate with other team members, based on their roles and skills</li> <li>ensure appropriate multidisciplinary assessment and management</li> <li>encourage an environment of openness and respect to lead effective teams</li> <li>involve appropriate team members to undertake procedures safely</li> </ul>

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- explain critical steps, anticipated events, and equipment requirements to team members before planned procedures
  - provide staff with clear procedural aftercare instructions
  - explain how to recognise possible procedural complications
  - identify relevant management options with colleagues, according to their level of training and experience, to reduce error, prevent complications, and support efficient teamwork
  - manage transitions of care of acute medical patients
  - check in and support team members wellbeing and, where necessary, support psychological first aid and formal debriefing

Health policy, systems, and advocacy

- 
- use a considered and rational approach to the responsible use of resources, balancing costs against outcomes
  - prioritise patient care based on need, and consider available healthcare resources
  - collaborate with emergency medicine staff and other colleagues to develop policies and protocols for the investigation and management of common acute medical problems
  - understand the systems for the escalation of care for deteriorating patients
  - understand the role of clinician leadership and advocacy in appraising and redesigning systems of care that lead to better patient outcomes
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## EPA 7: Communication with patients, families and health professionals

<b>Theme</b>	<b>Communication with patients, families and health professionals</b>	<b>Gen-Paeds-EPA-07</b>
<b>Title</b>	<b>Communicate effectively and professionally with patients, carers, families, health professionals and other community members engaging with the health service</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>communicate and build rapport with children and young people</li> <li>communicate and build working relationships with families and/or carers</li> <li>practice patient and family-centred care,</li> <li>communicate with team members and other health professionals across different contexts and modalities</li> <li>synthesise clinical information into accurate and safe handovers and summaries</li> <li>negotiate mutually agreed plans</li> <li>deliver education to patients, families and health professionals at appropriate levels of understanding.</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
<b>Medical expertise</b>	The trainee will:	The trainee may:
	<ul style="list-style-type: none"> <li>communicate clearly the working diagnosis, other possible diagnoses, and rationale behind management plans to patients and other health professionals</li> <li>anticipate and be able to correct any misunderstandings patients may have about their conditions and/or risk factors</li> <li>inform patients of all aspects of their clinical management, including assessments and investigations, and give them adequate opportunity to question or refuse interventions and treatments</li> <li>provide information to patients to enable them to make informed decisions about diagnostic, therapeutic, and management options</li> <li>define, summarise and clarify the concerns and goals of patients, and plan management in partnership with them</li> <li>provide timely updates to patients and care providers when there is a change in plan or new result</li> <li>utilise clinical encounters to provide appropriate education to patients and carers on their health needs</li> </ul>	<ul style="list-style-type: none"> <li>explain the scientific basis of health and disease to patients</li> <li>demonstrate an understanding of the clinical problem being discussed</li> <li>formulate management plans in partnership with patients</li> <li>present a working diagnosis to colleagues and a rationale for the management plan</li> </ul>

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- synthesise clinical information into clear, accurate, comprehensive and professional summaries and handovers for other health professionals, including discharge summaries, clinic letters, and transfer documentation
  - present succinct clinical cases to colleagues, providing justification for proposed plan and raise points for discussion
  - provide safe and supportive expert advice for colleagues seeking professional paediatric opinion
  - consult specialists, such as child maltreatment specialist paediatricians, radiologists, neurosurgeons and ophthalmologists, in cases of child maltreatment
  - formulate defensible evidence-based opinions in relation to likelihood of child maltreatment in consultation with child maltreatment specialist paediatricians
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## Communication

- use an appropriate communication strategy and modalities for communication, such as emails, face-to-face, or phone calls
  - actively support and effectively utilise professional interpreters and other communication assistance means during every clinical encounter with patients who cannot communicate confidently or verbally in English at a level required for health understanding, and document this in the medical record
  - check patients' level of literacy and access to internet when considering use of written or online communications
  - actively and empathetically listen to, and prioritise, the needs and concerns of patients
  - communicate with patients respectfully and non-judgementally
  - provide information to patients in plain language, avoiding jargon, acronyms, and complex medical terms
  - encourage patients to ask questions, and answer them thoroughly
  - encourage patients to share their thoughts or explain their management plan in their own words to verify understanding
  - convey information considerately and sensitively to patients, seeking clarification if unsure of how best to proceed
- select appropriate modes of communication
  - engage patients in discussions, avoiding the use of jargon
  - check patients' understanding of information
  - adapt communication style in response to patients' age, developmental level, and cognitive, physical, cultural, socioeconomic, and situational factors
  - anticipate, read, and respond to verbal and non-verbal cues
  - demonstrate active listening skills to communicate patients' situations to colleagues, including senior clinicians
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	<ul style="list-style-type: none"> <li>• treat patients respectfully, and listen to their views</li> <li>• undertake appropriate consultation with adolescents and young adults including allowing review time independent of carer during part of the consultation</li> <li>• establish and apply requirements and limits of confidentiality when interviewing adolescents and young adults by themselves</li> <li>• support the role of family or carers and, when appropriate, encourage patients to involve their family or carers in decisions about their care</li> <li>• utilise appropriate defusing and de-escalation strategies for angry patients, prioritising own safety and that of the team</li> <li>• demonstrate effective formal professional communication skills with different stakeholders across multiple platforms</li> <li>• establish rapport with people at all levels by tailoring messages to different stakeholders</li> <li>• ensure appropriate documentation in the medical record or other appropriate means of record keeping</li> <li>• produce comprehensive medicolegal reports for the child protection and criminal justice system, that are appropriately peer reviewed</li> </ul>	
Teaching and learning	<ul style="list-style-type: none"> <li>• provide appropriate and ongoing education for patients and carers including verbal, written, and digital information</li> <li>• reflect on communication interactions that did not go as expected and demonstrate openness to feedback, continuous learning, and improvement</li> <li>• provide education to peers, junior doctors, medical students and other health professionals that is tailored to their level of prior knowledge and current learning needs</li> </ul>	<ul style="list-style-type: none"> <li>• respond appropriately to information sourced by patients, and to patients' knowledge regarding their condition</li> </ul>
Research	<ul style="list-style-type: none"> <li>• provide research information to patients that is based on national guidelines</li> <li>• provide information to patients in a way they can understand before asking for their consent to participate in research</li> <li>• obtain informed consent or other valid authority before involving patients in research</li> <li>• communicate any research findings to appropriate stakeholders</li> <li>• understand when young people are able to consent for participation in research</li> </ul>	<ul style="list-style-type: none"> <li>• obtain an informed consent or other valid authority before involving patients in research</li> <li>• refer to evidence-based clinical guidelines</li> <li>• demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice</li> </ul>



Cultural safety	<ul style="list-style-type: none"> <li>• demonstrate effective and culturally safe communication with Aboriginal, Torres Strait Islander and Māori peoples</li> <li>• effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs</li> <li>• use qualified language interpreters or cultural interpreters where appropriate</li> <li>• demonstrate consideration and accommodation for differing gender and parenting roles in communication interactions</li> <li>• provide plain language and culturally appropriate written/digital materials to patients where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• identify when to use interpreters</li> <li>• allow enough time for communication across linguistic and cultural barriers</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>• encourage and support patients and, when relevant, their families or carers, in caring for themselves and managing their health</li> <li>• demonstrate respectful professional relationships with patients</li> <li>• demonstrate communicating strengths-based holistic care</li> <li>• prioritise honesty, patients' welfare, and community benefit, above self-interest</li> <li>• practice with a high standard of personal conduct, consistent with professional and community expectations</li> <li>• support patients' rights to seek second opinions</li> <li>• manage and share information about patients' health care in adherence to privacy laws, confidentiality and professional guidelines</li> <li>• demonstrate strict adherence to patient confidentiality and consideration for the setting of clinical discussions with patients and team members</li> <li>• seek consent from patients to communicate with other organisations involved in a patients' care</li> <li>• complete clinical notes and correspondence efficiently and within a reasonable time frame</li> <li>• ensure all appropriate recipients are included in patient correspondence</li> <li>• maintain professional boundaries with patients according to professional codes of conduct</li> </ul>	<ul style="list-style-type: none"> <li>• respect the preferences of patients</li> <li>• communicate appropriately, consistent with the context, and respect patients' needs and preferences</li> <li>• maximise patient autonomy, and support their decision making</li> <li>• avoid sexual, intimate, and/or financial relationships with patients</li> <li>• demonstrate a caring attitude towards patients</li> <li>• respect patients, including protecting their rights to privacy and confidentiality</li> <li>• behave equitably towards all, irrespective of gender, age, culture, socioeconomic status, sexual preferences, beliefs, contribution to society, illness-related behaviours, or the illness itself</li> <li>• use social media ethically and according to legal obligations to protect patients' confidentiality and privacy</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>• consistently communicate effectively, collaboratively, and respectfully with team members, other health professionals and community members</li> </ul>	<ul style="list-style-type: none"> <li>• answer questions from team members</li> <li>• summarise, clarify, and communicate responsibilities of healthcare team members</li> </ul>

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- communicate effectively with local service providers, primary care and other community organisations in planning and management of care, including referring and receiving health services
  - facilitate an environment where all team members feel they can contribute and their opinion is valued
  - formulate strategies to respectfully negotiate plans in the best interest of the patient at times when there are differences in opinions between health professionals

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Health policy, systems, and advocacy

- effectively and safely utilise appropriate digital technologies and systems to facilitate improved communication
  - communicate with and involve other health professionals as appropriate
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## EPA 8: Promote improved outcomes in child and adolescent health and development

<b>Theme</b>	<b>Promote improved outcomes in child and adolescent health and development</b>	<b>Gen-Paeds-EPA-08</b>
<b>Title</b>	<b>Take actions to promote improved health and developmental outcomes for paediatric patients in healthcare systems and the community</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• identify strengths, capacities and barriers to health at individual, family, community and policy level</li> <li>• identify and manage child and adolescent safety concerns</li> <li>• actively work to improve health equity and address barriers to health at an individual, family, community and policy level</li> <li>• provide effective holistic care for children and adolescents with consideration for their family, community and cultural context</li> <li>• take a leadership role in advocating for improved health and developmental outcomes for paediatric patients.</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<b>Ready to perform without supervision</b> Expected behaviours of a trainee who can routinely perform this activity without needing supervision	<b>Requires some supervision</b> Possible behaviours of a trainee who needs some supervision to perform this activity
	<p>The trainee will:</p> <ul style="list-style-type: none"> <li>• provide specialised holistic paediatric care to address the needs, according to local, national, and international guidelines and best practice, of: <ul style="list-style-type: none"> <li>» Aboriginal and Torres Strait Islander and Māori peoples</li> <li>» children from low socio-economic backgrounds</li> <li>» children from rural and remote areas</li> <li>» children in out of home care</li> <li>» children with disability</li> <li>» children with diversity</li> <li>» refugee and asylum seeker children and children with refugee-like backgrounds</li> </ul> </li> <li>• provide goal-directed care, aiming to improve function and quality of life, to patients with complex needs</li> <li>• devise strategies that consider and improve the social and emotional wellbeing of patients</li> <li>• provide medical evidence, assessments and correspondence to support patients to access disability, mental health and other support services</li> <li>• support strategies that promote inclusion and participation</li> </ul>	<p>The trainee may:</p> <ul style="list-style-type: none"> <li>• identify children with specific vulnerabilities</li> <li>• identify barriers to health</li> <li>• identify patients with child protection and safety concerns</li> <li>• undertake screening for psychosocial risk factors with adolescent patients</li> <li>• identify patients needing to access disability and other support services</li> <li>• identify risks present in children's physical and/or social environment</li> </ul>
<b>Medical expertise</b>		

	<ul style="list-style-type: none"> <li>• identify and refer patients to appropriate early intervention and developmental services</li> <li>• devise a strengths-based approach to the care of patients with developmental or behavioural challenges, neurodiversity or disabilities</li> <li>• advocate for the effective mitigation of risks in patient's physical and social environment</li> <li>• identify and address, or advocate for reducing, individual barriers to health including adverse childhood experiences</li> <li>• advocate for conditions that promote optimal child and adolescent development across the age range</li> <li>• undertake screening and develop management plans for psychosocial risks of adolescents</li> </ul>	
Communication	<ul style="list-style-type: none"> <li>• prioritise positive and strengths-based language in communication regarding patients</li> <li>• practice trauma-informed care</li> <li>• sensitively and constructively explore barriers to health and adherence to management plan</li> <li>• provide opportunistic health education to families and carers and promote optimal patient health</li> <li>• safely and appropriately communicate with police and statutory child protection agencies including limitations of knowledge, evidence base and expertise</li> </ul>	<ul style="list-style-type: none"> <li>• explore socioeconomic backgrounds with patients</li> <li>• refer to local service providers</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>• educate families and carers, medical students, other health professionals and/or community members about strategies to improve child health in all domains</li> <li>• build knowledge of community resources that support patient health and wellbeing within community of practice</li> </ul>	<ul style="list-style-type: none"> <li>• provide health promotion education to families and carers</li> </ul>
Research	<ul style="list-style-type: none"> <li>• contribute to research that improves health equity, where applicable</li> </ul>	
Cultural safety	<ul style="list-style-type: none"> <li>• collaborate with families and communities to optimise patient health outcomes in a culturally safe manner</li> <li>• actively support improving patient health and development within the patients' cultural and family context</li> <li>• advocate for cultural safety in clinical settings</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate cultural safety</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>• practice advocacy with respect for patient confidentiality, autonomy, and dignity</li> </ul>	<ul style="list-style-type: none"> <li>• adhere to child protection laws and policies</li> </ul>

	<ul style="list-style-type: none"> <li>• facilitate and advocate for the safety and rights of the child, including adherence to child protection laws and policies</li> <li>• support and empower families and carers to provide optimal care for their child</li> </ul>	
Judgement and decision making	<ul style="list-style-type: none"> <li>• practice patient-centred care, considering the family, community and cultural context in establishing management plans</li> <li>• demonstrate understanding of relevant consent and information sharing laws</li> <li>• demonstrate understanding of the role, and requirements, of paediatricians as expert witnesses in cases of child maltreatment</li> </ul>	<ul style="list-style-type: none"> <li>• seek support to manage patients in challenging contexts</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>• work collaboratively within teams that aim to improve patient health and developmental outcomes</li> <li>• advocate for quality, safe and effective care in the best interest of the patient and health priorities</li> </ul>	<ul style="list-style-type: none"> <li>• advocate for appropriate care for patients</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>• advocate for child and family friendly clinical and support services</li> <li>• seek to address, or advocate for addressing, the determinants of health of the population</li> <li>• advocate for, and promote, child safety and the rights of children</li> <li>• participate in health promotion, disease prevention and control, screening, and reporting notifiable diseases</li> <li>• demonstrate awareness of population health priorities</li> <li>• contribute to advocacy or policy activities to improve child health and developmental outcomes nationally and globally</li> <li>• direct families and carers to resources and services targeted at improving child health</li> <li>• advocate for, or contribute to, systems or structures that provide equitable access to care for all paediatric patients</li> <li>• apply knowledge of long-term impacts of adversity and methods to ameliorate harm to health policy and advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate awareness of activities that promote health and prevent disease in children and young people</li> <li>• support patients to link with relevant community services</li> <li>• identify systems or structures that are a barrier to equitable access to health care</li> </ul>

## EPA 9: Care for patients from rural/remote areas

Theme	Care for patients from rural/remote areas	AT EPA-9
Title	Provide high-level paediatric care for patients from rural and remote areas	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>manage patients with consideration for their geographical context and access to health resources</li> <li>identify and work to address barriers to health in rural and remote areas</li> <li>adopt an independent, flexible and resourceful approach to rural paediatrics</li> <li>provide optimal paediatric care with effective utilisation of healthcare resources, within and beyond the patients' local community</li> <li>provide care to patients that is linked between inpatient, outpatient and community settings</li> <li>liaise and coordinate with local, regional and referral services</li> <li>plan and coordinate appropriate longitudinal follow up that is closest to the patients' home.</li> </ul>	
Behaviours		
<u>Professional practice framework domain</u>	<p><b>Ready to perform without supervision</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p>	<p><b>Requires some supervision</b></p> <p>Possible behaviours of a trainee who needs some supervision to perform this activity</p>
	<p>The trainee will:</p> <ul style="list-style-type: none"> <li>perform comprehensive assessments of paediatric patients with broad presentations across all organ systems</li> <li>independently manage inpatients and outpatients in a regional setting, while recognising when to seek assistance from colleagues</li> <li>liaise appropriately with subspecialists at a distance, to instigate investigation and management where appropriate</li> <li>undertake opportunistic health screening, considering local and environmental health priorities</li> <li>provide opportunistic and directed health promotion education, considering local and environmental health priorities</li> <li>demonstrate ability to function effectively across inpatient and community contexts in parallel</li> <li>consider local and regional burden of disease in possible differentials and antibiotic selection</li> <li>tailor management plan to target the strengths and limitations of the patients' context</li> <li>provide safe and effective phone advice for health professionals caring for patients in rural and remote locations</li> </ul>	<p>The trainee may:</p> <ul style="list-style-type: none"> <li>identify own limitations and seek support of other health professionals</li> <li>manage a patients' presenting complaint without consideration for their broad health needs or context</li> <li>provide phone advice without consideration for the local context</li> </ul>
Medical expertise		

Communication	<ul style="list-style-type: none"> <li>communicate closely with regional paediatricians, GPs, child health nurses, and other community health professionals in planning patient management and follow up</li> <li>communicate sensitively, respectfully, and collaboratively with local health professionals, appreciating the challenges and limitations of rural and remote services</li> </ul>	
Quality and safety	<ul style="list-style-type: none"> <li>comply with local safety and quality standards</li> <li>monitor and report adverse events</li> <li>consider practical solutions to improving health care safety and quality in rural and remote sites</li> </ul>	<ul style="list-style-type: none"> <li>identify errors or limitations in care</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>take action to develop knowledge and skills to improve care provided to local population</li> <li>provide planned and opportunistic education of local health care workers and students in paediatric medicine</li> </ul>	
Cultural safety	<ul style="list-style-type: none"> <li>actively support the management of patients within cultural and family context, appreciating importance of connection to Country and family roles</li> <li>advocate for, and practice, culturally safe care</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate awareness of cultural considerations</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>demonstrate consideration of the social, cultural and psychological impact on the patient and family of referral and travel to large metropolitan hospitals</li> <li>appropriately utilise healthcare resources considering cost and benefit</li> <li>take efforts to ensure patients access available services to reduce barriers to healthcare such as subsidised patient transport</li> </ul>	
Judgement and decision making	<ul style="list-style-type: none"> <li>demonstrate sound initiative to problem solve independently, where appropriate</li> <li>recognise disease burden and risk in the patients' geographical location</li> <li>recognise limitations of local health service and refer and transfer care appropriately and in a timely manner</li> <li>utilise available investigations appropriately and consider the cost, benefits and potential impact of referral for further investigation in metropolitan centre</li> <li>demonstrate a flexible and adaptable approach to managing patients to a high standard with limited resources</li> <li>demonstrate consideration for medical, physical and logistical complexities of patient retrieval</li> </ul>	<ul style="list-style-type: none"> <li>communicate with referral hospitals to assist with decision making</li> </ul>

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Leadership,  
management,  
and teamwork

- lead and coordinate care of patients with multi-system and chronic disease, with input from metropolitan subspecialists
- work collaboratively within teams to optimise patient-centred care in the regional setting
- demonstrate effective teamwork skills to support other members of the healthcare team within the regional or remote setting
- advocate for quality, safe and effective care in the best interest of the patient
- advocate for access to necessary resources to benefit the health and development of the patient in a rural and remote setting
- liaise with metropolitan subspecialists when required

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Health policy,  
systems, and  
advocacy

- demonstrate awareness of population health priorities in regional areas
  - recognise and work within limitations of local health services, such as reduced access to primary care
  - communicate with local stake holders and community members to address health care needs of rural and remote patients
  - seek to address and/or advocate for addressing the determinants of health of the population, and mitigate barriers to access to care
  - participate in health promotion, disease prevention and control, screening, and reporting of notifiable diseases
  - contribute to, or participate in, advocacy and policy activities to improve health for rural and remote children
  - utilise telehealth services and other technology to facilitate access to health care remotely, where appropriate
  - understand the structure of the local and regional health services
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## Knowledge guides

Knowledge guides provide detailed guidance to trainees on the important topics and concepts trainees need to understand to become experts in their chosen specialty.

Trainees are not expected to be experts in all areas or have experience related to all items in these guides.



#	Title
1	<a href="#">Foundations of general paediatrics</a>
2	<a href="#">Neonatal and perinatal medicine</a>
3	<a href="#">Acute care</a>
4	<a href="#">Developmental paediatrics</a>
5	<a href="#">Adolescent and young adult medicine</a>
6	<a href="#">Child safety and maltreatment</a>
7	<a href="#">Rural paediatrics</a>

### KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations .

*More detailed conditions and presentations according to organ system are presented as an appendix.*

### Infant/Child health/Undifferentiated Presentations

- Abdominal pain
- Allergy
- Anaemia
- Anaphylaxis
- Behavioural concerns
- Bloody stools
- Breath holding
- Brief resolved unexplained event
- Carer stress/concern
- Chest pain
- Constipation
- Continance issues
- Cough
- Developmental delay
- Diarrhoea
- Diurnal enuresis
- Emotional dysregulation
- Enlarged lymph nodes
- Enuresis
- Faltering growth
- Fatigue
- Feeding difficulties
- Fit/faint/funny turn
- Floppy infant/hypotonia
- Growth and puberty issues
- Headache
- Head size/head shape
- Heart murmur
- Jaundice
- Learning difficulties
- Limping or non weight bearing
- Musculoskeletal and joint pain
- Nausea
- Neurodiversity
- Obesity
- Oncological presentations
- Palpitations
- Rash
- Recurrent fever/recurrent illness
- Recurrent urinary tract infection
- School refusal
- Seizures
- Sensory issues
- Skin conditions
- Shortness of breath
- Speech/language delay
- Sleep difficulties
- Suspected abuse and neglect, including suspected sexual abuse
- Syncope/collapse

For each presentation and condition, Advanced Trainees will **know how to:**

#### Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, pathophysiology, and clinical science
- » take a relevant clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigation
- » consider the impact of illness and disease on patients and their quality of life

#### Manage

- » provide evidence-based management
- » For less common or more complex presentations and conditions the trainee must also seek expert opinions
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

#### Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

- Unsettled/Unwell infant
- Vomiting
- Vulnerability and neglect
- Wheeze

## EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Aetiology and natural history for common and uncommon paediatric medical conditions
- Epidemiology, pathophysiology and basic sciences as required for Basic Training in Paediatrics and Child Health, with a focus on clinical manifestations and complications of disease, pharmacology, and evidence based management
- Diagnosis, natural history and treatment options for infants, children and young people with complex, multisystem and chronic disorders
- Pharmacology of medications prescribed in children and adolescents  
Includes paediatric use of:
  - » ADHD medications
  - » anti-depressants
  - » anti-psychotics
  - » anxiolytics
  - » mood stabilisers

## INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable

### Investigations

- Audiology
- Blood tests, such as:
  - » bacterial and viral PCR
  - » biochemistry
  - » blood gases
  - » endocrinological
  - » genetic investigations
  - » haematological
  - » immunological and allergen testing
  - » inflammatory markers
  - » metabolic screening tests
  - » microscopy, culture and antimicrobial sensitivity
  - » serology
- Bone densitometry scan
- Cardiac investigations:
  - » echocardiography
  - » electrocardiography (ECG)
  - » exercise testing
  - » Holter monitoring
- Complex pathological studies, such as:
  - » dynamic growth hormone tests
  - » glucose challenge
  - » synacthen tests
  - » water deprivation tests
- Other pathology, such as:
  - » cerebral spinal fluid:
    - culture and antimicrobial sensitivity
    - indications for additional testing e.g. autoimmune/metabolic
    - microscopy
  - » site swabs (from sterile and non-sterile sites):
    - culture and antimicrobial sensitivity
    - microscopy
    - viral and bacterial PCR

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- » stool:
    - calprotectin
    - culture
    - faecal occult blood
    - malabsorption tests
    - microscopy
    - ova, cysts, parasites
    - specific antigen (e.g. *Helicobacter pylori*)
    - toxin
  - » sweat test
  - » urine
    - biochemistry
    - culture and antimicrobial sensitivity
    - microscopy
    - toxicology screening
  - Radiology
    - » CT
    - » MRI
    - » plain X-Ray
    - » ultrasound
    - » knowledge of indications for additional specialist radiological investigations including:
      - barium studies
      - nuclear medicine studies including MAG3 and bone scan
      - PET
      - specialist x-rays including bone age and skeletal survey
  - Respiratory investigations:
    - » bronchoalveolar lavage
    - » nasopharyngeal aspirate
    - » pulmonary function tests
    - » polysomnography
    - » overnight oximetry
  - Skin biopsies
  - Skin prick testing
  - Wood lamp examination

#### **Procedures**

- Bowel wash out protocol
- Blood collection
- Blood product transfusion
- Cannulation
- Food allergen challenge
- Fundoscopy
- Iron infusion
- Joint aspiration
- Lumbar puncture
- Nasogastric tube insertion
- Pleural aspiration and drainage
- Skin scraping
- Sterile urine collection

#### **Clinical Assessment Tools**

- Anthropometric assessment
- Blood pressure monitoring
- Cognitive assessment and developmental screening tools
- Growth charts
- Orchidometry and pubertal staging
- Psychosocial assessments e.g. HEADSS
- Visual Acuity

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## IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Adolescent health (see knowledge guide 5)
- Biological, physical and psychosocial elements of infant and child feeding
- Broad health and wellbeing considerations of the child and their context, such as:
  - » adverse childhood experiences and early life trauma
  - » inequities in child health
  - » intergenerational trauma
  - » socioeconomic, cultural and geographical barriers to health
- Child and adolescent education access
- Child health and wellbeing implications and impact of colonisation and current and historical government policies on First Nations People
- Child health and wellbeing implications and impact of conflict/persecution/disaster fled, transit journey, and current and historical government policies on refugee and asylum seeker children
- Child health promotion and education, such as:
  - » child safety
  - » food allergy prevention and management
  - » safe sleeping
  - » sleep habits
  - » screen time and online safety
- Child safety and maltreatment: see Knowledge Guide 6
- Chronic and complex care, such as:
  - » awareness and access to appropriate school, disability services and aids
  - » coordination of care including prevention of hospitalisation
  - » developing acute and chronic care plans
  - » identification and management of complex or multiple comorbidities and complications
  - » impact of physical, cognitive, and intellectual disabilities
  - » impact of chronic health conditions on children, adolescents and families
- Collaboration with primary and community health to provide continuity of care
- Continence management
- Critical appraisal of research evidence
- End of life and palliative care considerations, such as:
  - » advanced care planning for child with life limiting condition
  - » considering ethical and practical aspects of advance care planning
  - » considering suitability for discussion regarding organ donation
  - » determining the goals of care and interventions that should and should not be provided
  - » discussing resuscitation and ceiling of care
  - » evaluation of length and depth of coma
  - » importance of assessing needs of families and carers and respecting their wishes
  - » medicolegal aspects of end-of-life care
  - » recognition of the dying phase
  - » responding to the questions of a dying child
  - » undertaking 'a process of discussions between families and health care providers about preferences for care, treatments and goals in the context of the patient's current and anticipated future health'
- Expected behaviours and care needs of infants, children and young people
- Family violence awareness and screening

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- Gender diversity considerations, such as:
    - » appreciation of gender diversity
    - » principles of medical care and referral pathways
  - Health status and needs of children and families from special populations, such as:
    - » children in out-of-home care
    - » refugees, asylum seekers, migrants and children with refugee-like backgrounds
    - » Aboriginal and Torres Strait Islander peoples
    - » Māori and Pasifika peoples
    - » socioeconomically disadvantaged communities
    - » regional and remote communities
  - Immunisation
  - Infant mental health impacts, such as:
    - » attachment styles and infant temperament
    - » cognitive development of infants
    - » emotional
    - » families and wider social and cultural context
    - » influence of maternal-infant dyad
    - » social
  - Population and global health consideration, such as:
    - » burden of disease in population groups, nationally and globally
    - » child health indicators and priorities locally, nationally and globally
    - » disease prevention
    - » environmental influences on child health
    - » global emergencies and the broad impact on children
    - » immunisation health
    - » impact on child health of climate change
    - » outbreak and disease control
  - Principles of patient/family centred care
  - Principles of trauma-informed care
  - Procedural pain and anxiety management, such as:
    - » non-pharmacological
    - » pharmacological
  - Psychosocial impacts of child health, such as:
    - » bullying
    - » family functioning and parenting styles
    - » maternal-infant dyad
    - » social media
  - Rehabilitation considerations, such as:
    - » assessment of degree of impairment, disability, and activity limitation or participation restriction, and potential for rehabilitation
    - » assessment of patients following head injury, including assessment of the severity of injury and the need for ongoing therapy and follow up
    - » biopsychosocial model and its application to patient care
    - » indications for referral to physiotherapy, occupational therapy, speech therapy, psychology, orthotics, and other allied health services
    - » long term follow up of infants born premature, low birth weight or with serious medical conditions
    - » pain and irritability assessment in children with severe disability
    - » sequelae following brain injury, and appreciation of executive dysfunction and its impact on learning
    - » use and purpose of early screening for cerebral palsy including General Movements Assessment and Hammersmith Infant Neurological Examination, and referral pathways for children identified as at risk
  - Role of primary health and local and community-based services in delivery of health care for infants, children and young people
  - Rural and remote paediatric medicine: see Knowledge Guide 7

- Support services available in the local community for specific case management, such as:
  - » allied health
  - » financial
  - » medical
  - » respite
  - » support groups
- The importance of Te Tiriti o Waitangi
- The importance of the United Nations Convention on the Rights of the Child
- Transitions in care, such as:
  - » adolescents with chronic health conditions transition to adult health care services
  - » transitions between practitioners transitions between settings
- Typical infant, child and adolescent growth and development, including importance of first 1000 days
- Values, beliefs and traditions related to country, family, identity and spirituality of First Nations People, and the relation to health and wellbeing

## Appendix

Advanced Trainees will have knowledge of a variety of presentations and conditions across the scope of general paediatrics, including but not limited to those listed here

### Cardiovascular

#### Presentations

- Abnormal pulses
- Cyanosis
- Dyspnoea
- Hypertension
- Murmur
- Palpitations
- Syncope

#### Conditions

- Arrhythmia syndromes including:
  - » Brugada
  - » Wolf Parkinson White syndrome
- Congenital cardiac disease
- Innocent murmurs
- Kawasaki disease
- Long QT syndrome
- Myocarditis
- Pericarditis
- Rheumatic heart disease
- Supraventricular tachycardia

### Dermatological

#### Presentations

- Drug reactions
- Rash
- Skin lesions

#### Conditions

- Burns
- Cellulitis
- Congenital skin disorders
- Eczema
- Fungal infections
- Haemangioma and other vascular lesions
- Naevi
- Scabies
- Urticaria
- Viral skin infections

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## **Endocrinological**

### **Presentations**

- Hypoglycaemia
- Polydipsia
- Polyuria
- Precocious puberty
- Pubertal delay
- Short or tall stature

### **Conditions**

- Constitutional delay of growth and puberty
- Diabetes insipidus
- Diabetes Mellitus
- Hyperthyroidism
- Hypothyroidism
- Metabolic syndrome
- Obesity
- Vitamin D deficiency

## **Ear, Nose and Throat**

### **Presentations**

- Dysphagia
- Ear pain or discharge
- Neck lumps
- Snoring
- Sore throat
- Stridor

### **Conditions**

- Croup
- Dental caries
- Laryngomalacia
- Lymphadenitis
- Otitis media
- Otitis externa
- Pharyngitis
- Sleep Apnoea
- Tonsillitis

## **Gastrointestinal**

### **Presentations**

- Abdominal mass
- Abdominal pain, acute and chronic
- Anorexia
- Bloody stools
- Constipation
- Diarrhoea
- Dysphagia
- Encopresis
- Jaundice
- Malnutrition
- Vomiting & nausea

### **Conditions**

- Abdominal migraine
- Chronic abdominal pain/functional abdominal pain
- Coeliac disease
- Functional constipation
- Gastroenteritis
- Gastro-oesophageal reflux disease
- Inflammatory bowel disease
- Liver Disease



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## **Genetic and metabolic medicine**

### **Presentations**

- Acute hypoglycaemia
- Congenital abnormalities
- Developmental delay/developmental regression
- Dysmorphisms
- Macro or microcephaly
- Short or tall stature

### **Conditions**

- Cystic fibrosis
- Duchenne Muscular dystrophy
- Fragile X
- Inborn errors of metabolism/metabolic disorder
- Klinefelters Syndrome
- Neurofibromatosis type 1
- Noonan syndrome
- Trisomy 21
- Turner syndrome
- 22q11.2 deletion or duplication

## **Genitourinary/Gynaecological**

### **Presentations**

- Circumcision
- Daytime wetting (diurnal enuresis)
- Dysuria
- Dysmenorrhea
- Enuresis
- Haematuria
- Heavy menstrual bleeding
- Recurrent urinary tract infections
- Scrotal swelling
- Urinary retention
- Vaginal discharge

### **Conditions**

- Endometriosis
- Labial adhesions
- Management of antenatal kidney tract dilation
- Neurogenic bladder
- Sexually Transmitted Infections
- Urinary tract infection (and recurrent urinary tract infection)
- Undescended testes
- Vulvovaginitis

## **Haematological/Oncological**

### **Presentations**

- Bruising
- Jaundice
- Lymphadenopathy
- Pallor
- Petechiae/purpura
- Soft tissue and organ masses
- Thrombocytopenia

### **Conditions**

- Anaemias
- Bleeding disorders including haemophilia
- Brain tumours
- Haemolytic disorders including G6PD deficiency
- Haemophagocytic lymphohistiocytosis (HLH)
- Idiopathic thrombocytopenic Purpura (ITP)
- Iron deficiency

- 
- Late effects of cancer treatment
  - Leukaemias
  - Lymphomas
  - Sickle cell disease
  - Solid tumours
  - Tumour lysis syndrome
  - Vitamin B12 deficiency

### **Immunological**

#### **Presentations**

- Allergic reactions
- Food intolerance
- Recurrent infections
- Serious or unusual infections

#### **Conditions**

- Adverse drug reactions
- Allergic rhinitis
- Food allergy (IgE mediated)
- Insect allergy
- Non-IgE mediated food allergy including Food Protein Induced Enterocolitis Syndrome (FPIES)
- Primary immune deficiencies

### **Infectious Disease**

#### **Presentations**

- Fever and associated symptoms
- Fever and petechiae
- Fever without a focus
- Prolonged or recurrent fevers

#### **Conditions**

- Fever in returned traveller
- Gastroenteritis
- Meningitis and encephalitis
- Ophthalmological infections
- Osteomyelitis and septic arthritis
- Respiratory tract infections
- Septicaemia and toxic shock syndrome
- Skin and soft tissue infections
- Urinary tract and genitourinary infections
- Vaccine preventable diseases
- Viral infections

### **Inflammatory and Vascular**

#### **Conditions**

- Acute Rheumatic Fever
- Henoch Schonlein Purpura
- IgA vasculitis
- Kawasaki disease
- Paediatric Multisystem Inflammatory Syndrome – temporally associated with SARS-CoV-2 (PIMS-TS)
- Systemic Lupus Erythematosus SLE
- Other autoinflammatory conditions

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## **Kidney**

### **Presentations**

- Antenatally diagnosed hydronephrosis
- Anuria
- Haematuria
- Hypertension
- Oedema
- Polyuria

### **Conditions**

- Acid-base and electrolyte disturbance
- Acute kidney injury
- Chronic Kidney Disease
- Glomerulonephritis
- Hypertension
- Nephrotic syndrome
- Vesicoureteric reflux

## **Mental Health**

### **Presentations**

- Distress
- Insomnia
- Risky behaviours
- Self-harm
- Social withdrawal
- Somatisation
- Suicidal ideation
- Trauma (direct, indirect, intergenerational)

### **Conditions**

- Anxiety disorder
- Attachment disorder
- Complex developmental trauma
- Depression
- Grief and bereavement
- Medical trauma
- Needle phobia
- Post-traumatic stress disorder
- Separation anxiety

## **Musculoskeletal and Rheumatological**

### **Presentations**

- Joint pain
- Joint swelling
- Limp/non weight bearing
- Pain of musculoskeletal origin
- Plagiocephaly
- Torticollis

### **Conditions**

- Arthritis
- Developmental dysplasia of the hip
- Hypermobility & associated syndromes
- Irritable hip/Transient Tenosynovits
- Musculoskeletal complications of neuromuscular conditions
- Osteomyelitis
- Perthes disease
- Regional pain syndromes
- Septic arthritis
- Slipped upper femoral epiphysis
- Talipes

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## **Neurological and Rehab**

### **Presentations**

- Abnormal gait
- Abnormal eye movement
- Altered sensation
- Chorea
- Developmental regression
- Headache
- Hypotonia
- Macrocephaly
- Microcephaly
- Seizures
- Visual disturbance
- Vertigo
- Weakness

### **Conditions**

- Bell's palsy
- Central nervous system infections
- Cerebral palsy
- Duchenne muscular dystrophy
- Encephalopathy
- Epilepsy
- Functional neurological disorder
- Hydrocephalus
- Infantile spasms
- Malformations of central nervous system
- Migraine
- Spina bifida
- Spinal cord injury
- Tension headache and other chronic headache disorder
- Traumatic brain injury

## **Respiratory and Sleep**

### **Presentations**

- Aspiration
- Cough
- Dyspnoea
- Shortness of breath
- Sleep disturbance
- Snoring
- Stridor
- Wheeze

### **Conditions**

- Asthma
- Bronchiectasis
- Bronchiolitis
- Chronic Neonatal Lung Disease
- Croup
- Cystic fibrosis
- Parasomnias
- Protracted bacterial bronchitis
- Obstructive sleep apnoea
- Respiratory tract infections
- Sleep-wake phase disorders
- Tracheomalacia

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## **LESS COMMON OR MORE SPECIALISED PRESENTATIONS AND CONDITIONS**

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

### **Cardiology**

- Cardiomyopathies
- Heart failure
- Hypertension
- Infective endocarditis
- Rare congenital cardiac conditions
- Pericarditis

### **Endocrinological**

- Addison disease
- Congenital adrenal hyperplasia
- Cushing syndrome
- Disorders of growth
- Disorders of sexual differentiation
- Hyperthyroidism
- Osteoporosis
- Parathyroid disease
- Pituitary disease
- Rickets
- Transgender endocrine management

### **Ear, Nose and Throat**

- Airway stenosis
- Cleft palate
- Pierre Robin Sequence
- Tracheostomy

### **Gastrointestinal**

- Congenital GIT malformations
- Cyclical vomiting
- Eosinophilic oesophagitis
- Hirschsprungs disease
- Liver disease
- Malabsorption syndromes
- Neurogenic bowel
- Pancreatitis

### **Genetic and Metabolic Medicine**

- Achondroplasia
- Alagille syndrome
- Alpha-1 antitrypsin deficiency
- Angelman syndrome
- Beckwith-Wiedemann syndrome
- Fragile X syndrome
- Genetic malignancies
- Marfan syndrome
- Mitochondrial disorders
- Myotonic dystrophy
- Osteogenesis syndromes
- Prader-Willi syndrome
- Storage disorders
- Sturge Weber Syndrome
- Substrate metabolism disorders
- Treacher Collins syndrome
- Trisomy 13 and 18
- William syndrome

### **Haematological/Oncological**

- Asplenia
- Bone marrow failure
- Cancer predisposing syndromes
- Hypersplenism
- Hyposplenism

- 
- Iron Overload
  - Leucocyte disorders
  - Neutropenia
  - Rare leukaemias
  - Rare solid tumours
  - Red cell structural disorders
  - Thrombosis

#### **Immunological**

- Autoimmune disorders
- Complement deficiencies
- Immunodeficiency syndromes
- Neutrophil abnormalities

#### **Infectious Diseases**

- Arboviruses
- Dengue fever
- Emerging viruses
- Hepatitis viruses
- Human immunodeficiency virus (HIV)
- Infections with antibiotic resistant organisms
- Infective endocarditis
- Japanese encephalitis
- Malaria
- Mycobacterial infections
- Parasitic infections
- Typhoid fever
- Tuberculosis

#### **Kidney**

- Alport syndrome
- Bartter syndrome
- Chronic kidney disease
- Diabetes insipidus (nephrogenic)
- Gitelman syndrome
- Haemolytic uraemic syndrome
- Interstitial nephritis
- Kidney tubular disorders
- Nephrotic syndrome
- Renal calculi

#### **Mental health**

- Bi Polar and related disorders
- Psychosis

#### **Musculoskeletal and Rheumatological**

- Juvenile dermatomyositis
- Juvenile idiopathic arthritis
- Juvenile fibromyalgia
- Localised scleroderma
- Systemic lupus erythematosus

#### **Neurological**

- Autonomic dysreflexia
- Central nervous system inflammatory and immune mediated disorders
- Central nervous system tumours
- Central venous sinus thrombosis
- Charcot-Marie-Tooth disease
- Cerebellar disorders
- Congenital eye abnormalities
- Congenital myasthenic syndromes
- Demyelinating disorders
- Idiopathic intracranial hypertension
- Motor neurone disease

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- Movement disorders
  - Muscular dystrophy
  - Myopathy
  - Neural tube defects
  - Neurocutaneous syndromes
  - Neurodegenerative disorders
  - Peripheral neuropathy
  - Spinal cord compression
  - Spinal muscular atrophy
  - Stroke

**Respiratory**

- Chylothorax
- Congenital lung abnormalities
- Excessive daytime sleepiness and hypersomnolence
- Interstitial lung disease
- Narcolepsy
- Pleural effusion
- Pneumothorax
- Respiratory failure

DRAFT

### KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

#### Presentations

- Antenatally diagnosed conditions
- Billious vomiting
- Cardiac murmurs
- Collapsed neonate
- Cyanosis
- Dysmorphic features
- Floppy infant
- Hypoglycaemia
- Hypothermia
- Jaundice
- Large for gestational age
- Neonatal resuscitation
- Poor feeding
- Preterm neonates
- Respiratory distress
- Seizures
- Slow growth
- Small for gestational age
- Vomiting

#### Conditions

- Air leak syndromes:
  - » pneumomediastinum
  - » pneumothorax
- Anaemia
- Apnoea
- Birth trauma:
  - » brachial plexus palsy
  - » cephalhaematoma
  - » clavicular fracture
  - » subgaleal haemorrhage
- Bronchopulmonary dysplasia
- Chronic lung disease
- Congenital anomalies of the kidney and urinary tract
- Congenital heart disease including duct-dependent circulation
- Congenital malformations:
  - » cleft lip or palate
  - » digit/limb abnormalities
  - » Pierre Robin sequence
  - » sacral dimples
  - » single umbilical artery
- Congenital pneumonia
- Developmental dysplasia of the hips
- Electrolyte abnormalities
- Gastro-oesophageal reflux
- Group B Strep sepsis screening and management
- Head moulding
- Hypoglycaemia
- Hypoxic ischaemic encephalopathy

For each presentation and condition, Advanced Trainees will **know how to:**

#### Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, pathophysiology, and clinical science
- » take a relevant clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigation
- » consider the impact of illness and disease on patients and families, and their quality of life

#### Manage

- » provide evidence-based management
- » for less common or more complex presentations and conditions the trainee must also seek expert opinions
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

#### Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management



- Infant of diabetic mother
- Intracranial or intraventricular haemorrhage
- Intrauterine growth restriction
- Meconium aspiration syndrome
- Meningitis and encephalitis
- Necrotising enterocolitis
- Neonatal abstinence syndrome
- Neonatal asphyxia
- Neonatal infection
- Nasolacrimal duct obstruction
- Persistent pulmonary
- Plagiocephaly hypertension
- Polycythemia
- Respiratory distress syndrome
- Retinopathy of prematurity
- Sepsis
- Shock
- Skin conditions
- Small for gestational age
- Transient tachypnoea of the newborn

### LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

#### Conditions

- Ambiguous genitalia
- Choanal atresia
- Congenital adrenal hyperplasia
- Congenital and perinatal infections
- Congenital brain abnormalities
- Congenital diaphragmatic hernia
- Congenital eye abnormalities
- Congenital lung abnormalities
- Congenital skin disorders, such as ichthyosis and epidermolysis
- Chromosomal and genetic conditions
- Disseminated intravascular coagulation (DIC)
- Extreme prematurity
- Gastrointestinal emergencies
- G6PD deficiency
- Haematological conditions:
  - » acute bleeding disorders:
    - neutropenia
    - lymphopenia
    - thrombocytopenia
    - vitamin K-deficient bleeding
  - » haemolytic disease of the newborn
- Hereditary spherocytosis
- Herpes simplex virus – approach to infants at risk or with suspected infection
- Hyperthyroidism
- Hypothyroidism
- Laryngeal lesions
- Metabolic disorders
- Neonatal encephalopathy
- Neural tube defect
- Perinatal stroke
- Periventricular leukomalacia
- Pulmonary interstitial emphysema

- Respiratory failure
- Stridor
- Supraventricular tachycardia
- Surgical problems in the neonate**
- Abdominal wall defects
- Atresia:
  - » anal
  - » oesophageal
  - » duodenal
- Hirschprung disease
- Hypospadias
- Inguinal hernia
- Intestinal malrotation, with or without volvulus
- Meconium ileus
- Trachea-oesophageal fistula
- Undescended testes

### **EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES**

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Anatomy, physiology and neurodevelopment aspects of feeding and gut maturation in term and pre-term infant
- Drug metabolism in the neonate and breastfeeding mother, and appropriate and safe prescribing
- Effects of intrauterine and perinatal events on outcome
- Pathophysiology of common and uncommon neonatal conditions
- Physiology of extra-uterine adaptation, including initiation of feeding, and changes to cardiac and respiratory physiology

### **INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS**

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable

#### **Clinical assessment tools**

- Neonatal growth charts (Fenton)
- Newborn hearing screening
- Postnatal assessment of gestational age (Ballard/Dubowitz)

#### **Investigations**

- Blood tests
  - » bacterial and viral PCR
  - » biochemistry
  - » blood gas
  - » endocrinological
  - » genetic investigations
  - » haematological
  - » inflammatory markers
  - » metabolic screening tests
  - » microscopy
    - culture and antimicrobial sensitivity
  - » newborn screening
- Cardiac studies:
  - » Echocardiography
  - » Electrocardiography (ECG)
- Electroencephalography (EEG)
- Other pathology:
  - » cerebral spinal fluid microscopy
    - culture and antimicrobial sensitivity
  - » swabs from sterile and non-sterile sites
  - » urine microscopy:
    - biochemistry
    - culture and antimicrobial sensitivity
    - metabolic screening
  - » viral PCR

- Radiology:
  - » MRI
  - » plain x-rays
  - » ultrasound
  - » upper gastrointestinal contrast study

#### Procedures

- Awareness of role of adjuncts to diagnostic assessment and procedures such as:
  - » Point of Care Ultrasound (POCUS)
  - » transcutaneous bilirubinometer
  - » transilluminator
- IM injections:
  - » vaccinations
  - » vitamin K injection
- Intubation
- Lumbar puncture
- Needle thoracostomy and intercostal drain insertion
- Nasogastric (N-G) tube placement
- Peripheral intravenous (IV) access including knowledge of:
  - » mid lines
  - » peripherally inserted central catheters (PICC)
- Suprapubic aspirate
- Surfactant administration
- Transfusion of blood and blood products
- Umbilical venous and arterial catheterisation
- Urinary catheter insertion

#### IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Administration of maternal medications such as tocolytics, steroids and magnesium sulfate for prevention of premature birth, prevention of perinatal morbidity and neuroprotection
- Antenatally diagnosed conditions such as:
  - » cerebral ventricular dilatation
  - » choroid plexus cysts
  - » congenital heart disease
  - » dilated kidney system
- Antenatal screening
- Breastfeeding difficulties and support
- Congenital conditions associated with maternal conditions:
  - » teratogens
  - » maternal infections
  - » maternal substance use/misuse
  - » maternal medical diseases
- Continuous positive airway pressure (CPAP) and humidified high flow oxygenation
- Developmental care for neonates
- Early intervention services
- Extreme prematurity –decision making, along with obstetric colleagues, regarding:
  - » limits of viability
  - » managing labour
  - » immediate care of the neonate
- Feeding difficulties
- Growth patterns in newborn period
- Immunisation of term and preterm infants
- Implications and considerations in the redirection of care, palliative care
- Implications of congenital abnormalities for continuation of pregnancy and method of delivery
- Implications of congenital abnormalities for development, physical and psychological function during childhood and adolescence
- Implications of congenital abnormalities for genetic counselling
- Infant feeding, sleep and care

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- Infant maternal attachment
  - Local resources available to ensure monitoring of growth and development in the newborn
  - Manual and mechanical ventilation including bag-mask and T-piece
  - Multiple pregnancies and complications
  - Neonatal fluid management including intravenous fluid prescription
  - Neonatal resuscitation
  - Neurodevelopmental outcomes and follow up
  - Normal growth and development in neonates
  - Normal neuro-developmental milestones in pre-term infants
  - Nutritional requirements of term and pre-term infant
    - » enteral feeding and parenteral nutrition
  - Parental counselling
  - Perinatal epidemiology
  - Post-natal depression
  - Preterm neonate complications, such as:
    - » anaemia
    - » chronic neonatal lung disease
    - » electrolyte disturbances
    - » intraventricular haemorrhage
    - » long-term neurodevelopmental disability
    - » metabolic bone disease
    - » necrotising enterocolitis and spontaneous intestinal perforation
    - » nosocomial infection
    - » patent ductus arteriosus
    - » retinopathy of prematurity
  - Prevention of perinatal mortality and low birthweight
  - Principles of stabilisation and management of neonate prior to and during transport
  - Procedural pain management including sucrose and non-pharmacological supports
  - Risk factors for neonatal sepsis and neonatal sepsis calculators
  - Transport and retrieval services
  - Transport and retrieval issues
  - Vitamin, probiotic and mineral supplementation and fortification options in premature infants

### KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations .

*More detailed conditions and presentations are presented as an appendix.*

#### Common and key presentation types

- Abdominal pain
- Accidental ingestion/poisoning
- Acute behavioural disturbance
- Acute presentations in neonate/young infant
- Acute presentations in child with developmental disability
- Acute presentations in adolescents/young adults
- Acute mental health presentations
- Altered conscious state
- Anaphylaxis and allergy
- Breathing difficulties, such as:
  - » cough
  - » stridor
  - » wheeze
- Cardiorespiratory arrest
- Collapse
- Constipation
- Diarrhoea
- Feeding difficulties
- Fever
- Fluid and electrolyte disturbance
- Gait disturbance
- Gynaecological conditions
- Headache
- Infection
- Jaundice
- Joint pain or swelling
- Lymphadenopathy
- Metabolic disorder
- Neonatal resuscitation
- Oncological presentations
- Pain:
  - » generalised
  - » localised
- Pallor
- Penile and testicular conditions
- Rashes
- Recurrent unexplained presentations
- Seizures
- Seriously ill child
- Seriously injured child
- Shock
- Slow growth
- Substance use
- Suspected child abuse and neglect
- Vomiting
- Weakness:
  - » generalised
  - » localised

For each presentation and condition, Advanced Trainees will **know how to:**

#### Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, pathophysiology, and clinical science
- » take a relevant clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigation
- » consider the impact of illness and disease on patients and families, and their quality of life

#### Manage

- » provide evidence-based management including use of medications.
- » for less common or more complex presentations and conditions the trainee must also seek expert opinions
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

#### Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

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## **EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES**

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Basic toxicology
- Clinical pharmacology
- Pathophysiology of cardiovascular failure
- Pathophysiology of coma
- Pathophysiology of respiratory failure
- Pathophysiology of shock
- Physiology of acid–base and electrolyte disturbances

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## **INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS**

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable

### **Investigations**

- Blood tests:
  - » bacterial and viral PCR
  - » biochemistry
  - » culture and antimicrobial sensitivity
  - » endocrinological
  - » haematological
  - » inflammatory markers
  - » serology
- Cerebral spinal fluid:
  - » culture and antimicrobial sensitivity
  - » microscopy
  - » role for additional testing (autoimmune/metabolic)
- Echocardiography
- Radiology:
  - » CT
  - » MRI
  - » plain x-rays
  - » ultrasound
- Site swabs and samples
  - » culture and antimicrobial sensitivity
  - » microscopy
- Urine:
  - » microscopy
  - » culture and antimicrobial sensitivity
  - » biochemistry
  - » toxicology screen

### **Clinical Assessment**

- A – E assessment of the critically unwell child
- Primary, secondary and tertiary survey

### **Procedures**

- Airway stabilisation procedures
- Indwelling catheter insertion
- Intercostal catheter insertion
- Intravenous cannulation
- Intraosseous needle insertion
- Lumbar puncture
- Midline insertion
- Nasogastric tube insertion
- Needle thoracocentesis
- Point of Care ultrasound (POCUS) - understanding of role in procedures and as diagnostic aide
- Percutaneous long line
- Suprapubic aspiration
- Umbilical venous catheter insertion

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## IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Advanced Paediatric Life Support algorithms
- Basic principles of postoperative care for critically unwell surgical neonate, infant, child, or young person:
  - » preoperative requirements for newborn, infant, child or young person undergoing major surgery
  - » risks of major surgery for newborn, infant, child or young person with chronic disability and illness
- Clinical handover and referral including use of tools
- Complications of in situ medical devices, such as:
  - » central venous access devices
  - » intrathecal baclofen pumps
  - » ventriculoperitoneal shunt
- Crisis resource management principles
- Criteria for ICU admission and recognition of differing resources in different clinical contexts
- Critical incident debriefing principles
- Drug management of infant or child for safe ETT paralysis and sedation
- Fluid management
- Inotropes – understand indications and the commencement in resuscitation
- Local escalation and emergency procedures
- Manual and mechanical ventilation
- Medicolegal requirements for certifying death of a child
- Neuroprotective measures
- Non-invasive ventilation:
  - » Bilevel Positive Airway Pressure (BiPAP)
  - » Continuous Positive Pressure ventilation (CPAP)
  - » use of T-piece device (eg Neopuff)
- Nutritional requirements of critically ill infant, child or young person:
  - » enteral feeding and parenteral nutrition
- Oxygen delivery including evidence based use of Humified High Flow Oxygen
- Procedural sedation, anxiety and pain management:
  - » non-pharmacological – child life therapist
  - » pharmacological
- Resuscitation calculators and emergency guidelines
- Retrieval services: understanding of key issues for stabilisation, referral and transfer, and receiving patients
- Use of modern ventilators especially modes for neonatology and paediatrics in the work setting

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## APPENDIX

Advanced trainees will have knowledge of a variety of acute presentations and conditions across the scope of general paediatrics, including but not limited to those listed here. Advanced trainees should be able to recognise conditions, and be familiar with initial stabilisation and resources/referral pathways for ongoing care.

- Acute presentations in neonate/young infant
  - » apnoea
  - » bradycardia
  - » brief resolved unexplained event (BRUE)
  - » congenital abnormalities
  - » feeding difficulties
  - » jaundice
  - » meconium aspiration
  - » respiratory distress syndrome
  - » sepsis
  - » slow growth
  - » unsettled infant
  - » vomiting

### Acute Injury Presentations

- Acute sexual assault
- Burns

- Cervical spine injury
- Envenomation
- Foreign bodies:
  - » ingested
  - » inhaled
  - » inserted
- Fracture
- Haemorrhage
- Head injury or concussion
- Immersion
- Ingestion/poisoning
- Laceration
- Ocular trauma or foreign body
- Pulled elbow
- Unexplained/non-accidental injury

### **Behavioural and Psychiatric**

#### **Presentations**

- Aggression
- Agitation
- Depression
- Overdose
- Substance use
- Suicidal and self-harming behaviour

#### **Conditions**

- Acute psychosis
- Eating disorders

### **Cardiovascular**

#### **Presentations**

- Chest pain
- Cyanosis
- Hypertension
- Palpitations
- Tet spell

#### **Conditions**

- Arrhythmias and rhythm disorders
- Congenital heart disease including duct-dependent lesions
- Heart failure
- Myocarditis
- Pericarditis

### **Endocrinological and Metabolic**

#### **Conditions**

- Adrenal crisis
- Diabetic ketoacidosis (DKA)
- Glucocorticoid insufficiency
- Hypo- or hypercalcaemia
- Hyperglycaemia including Diabetes Mellitus
- Hypoglycaemia
- Inborn errors of metabolism
- Pituitary crisis
- Thyroid crisis

### **Ear, Nose and Throat**

#### **Presentations**

- Ear pain or discharge
- Dental pain
- Throat pain
- Stridor

#### **Conditions**

- Croup
- Ear infections



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- Epiglottitis
  - Mastoiditis
  - Peritonsillar abscess
  - Retropharyngeal abscess
  - Tonsillitis (viral and bacterial)
  - Tracheitis

### **Fluid and electrolyte disturbance**

- Dehydration
- Fluid overload
- Hyperkalaemia
- Hyponatraemia
- Hypokalaemia
- Hyponatraemia

### **Gastrointestinal and nutrition**

#### **Presentations**

- Abdominal pain:
  - » acute
  - » chronic or recurrent
- Abdominal trauma
- Bloody stools
- Constipation
- Diarrhoea
- Vomiting

#### **Conditions**

- Appendicitis
- Coeliac disease
- Colitis:
  - » allergic
  - » infective
  - » inflammatory
- Gastroenteritis
- Gastritis
- Gastro-oesophageal reflux
- Hernias
- Intussusception
- Malnutrition
- Meckel's diverticulitis
- Mesenteric adenitis
- Micronutrient deficiencies
- Pancreatitis
- Pyloric stenosis
- Slow growth
- Volvulus

### **Genitourinary**

#### **Presentations**

- Dysuria
- Haematuria
- Scrotal swelling
- Testicular pain, acute
- Urinary retention

#### **Conditions**

- Epididymo-orchitis
- Hernia
- Nephrotic syndrome
- Testicular/appendage torsion
- Urinary tract infection

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## **Gynaecological**

- Ectopic pregnancy
- Dysmenorrhoea and heavy menstrual bleeding
- Mittelschmerz
- Other pregnancy complications
- Ovarian torsion
- Pelvic inflammatory disease
- Ruptured ovarian cyst
- STIs
- Vaginal and vulval conditions

## **Haematological/Oncological**

### **Presentations:**

- Disseminated intravascular coagulation
- Febrile neutropaenia
- Haemophagocytic lymphohistiocytosis/macrophage activation syndrome
- Jaundice
- Lymphadenopathy
- Oncological new presentations
- Oncological emergencies
- Pallor

### **Conditions:**

- Anaemia
- Bleeding disorders including haemophilia
- B12 deficiency
- Haemolysis including G6PD deficiency
- Haemolytic uraemic syndrome
- Iron deficiency
- Sickle cell crisis

## **Allergy and immunology**

- Adverse drug reactions
- Acute urticaria
- Anaphylaxis
- IgE mediated and non-IgE mediated food allergies including Food Protein Enterocolitis Syndrome (FPIES)
- Primary immune deficiencies

## **Infectious Disease**

### **Presentations**

- Fever and petechiae
- Fever in returned traveller
- Fever in neonate/young infant
- Fever:
  - » with a focus
  - » without a focus
- Prolonged fever
- Toxic shock syndrome

### **Conditions**

- Lymphadenitis
- Meningitis and encephalitis
- Orbital and periorbital cellulitis
- Osteomyelitis and septic arthritis
- Post-infectious conditions, such as:
  - » PIMS-TS
  - » rheumatic fever
- Rare infections including endocarditis
- Respiratory tract infections, such as:
  - » complex pneumonia
  - » pneumonia
- Sepsis

- 
- Skin and soft tissue infections
  - Urinary tract infections
  - Pyelonephritis
  - Viral infections
  - Viral rashes

### **Inflammatory/rheumatological**

- Henoch Schonlein Purpura
- Juvenile idiopathic arthritis (including systemic onset)
- Kawasaki disease
- Other autoinflammatory conditions

### **Musculoskeletal**

#### **Presentations**

- Joint pain/swelling
- Limp/non-weight bearing
- Torticollis

#### **Conditions**

- Irritable hip
- Osteomyelitis
- Perthes disease
- Septic arthritis
- Slipped capital femoral epiphysis

### **Neurological**

#### **Presentations**

- Acute confusion
- Acute visual disturbance
- Altered conscious state
- Ataxia
- Headache
- Seizure:
  - » afebrile
  - » complex
  - » febrile
  - » prolonged
- Weakness:
  - » focal
  - » generalised

#### **Conditions**

- Acute flaccid paralysis
- Bell's palsy
- Central nervous system infections
- Demyelinating conditions
- Encephalopathy
- Epilepsy
- Inflicted head injury
- Migraine
- Raised intracranial pressure
- Spinal cord injury
- Stroke
- Transverse myelitis
- Traumatic brain injury

### **Respiratory**

#### **Presentations**

- Apnoea
- Cough
- Respiratory distress
- Stridor
- Upper airway obstruction
- Wheeze

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**Conditions**

- Asthma
- Bronchiolitis
- Croup
- Epiglottitis
- Pneumonia
- Respiratory infections
- Tracheitis

**Skin****Presentations**

- Angioedema
- Blistering rashes
- Petechiae/purpura
- Urticaria

**Conditions**

- Birth marks
- Eczema
- Haemangioma
- Molluscum contagiosum
- Seborrhoeic dermatitis
- Viral exanthem

**Undifferentiated****Presentations**

- Death of a child
- SIDS or SUDI

### KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

#### Presentations

- Academic and learning difficulties
- Adverse childhood experiences (ACEs)
- Aggression
- Attention and concentration difficulties
- Communication difficulties
- Defiance
- Delayed (motor) developmental milestones
- Developmental risk factors
- Emotional dysregulation
- Hearing impairment
- Hyperactivity
- Neurodiversity
- Repetitive behaviours
- School refusal
- Sensory difficulties
- Separation anxiety
- Sleep problems
- Social skills concern
- Tics and other motor stereotypies
- Vision impairment

#### Conditions

- Anxiety
- Attachment disorders
- Attention deficit hyperactivity disorder (ADHD)
- Autism
- Complex neurodevelopmental disorders
- Developmental delay
- Developmental language disorder
- Fetal alcohol spectrum disorder
- Gross motor delay
- Intellectual disability
- Learning disorders
- Speech and language delay
- Trauma
- Visual impairment

For each presentation and condition, Advanced Trainees will **know how to**:

#### Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, pathophysiology, and clinical science
- » take a relevant clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigation
- » consider the impact of illness and disease on patients and families, and their quality of life

#### Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve, work within and lead multidisciplinary teams to optimise individual patient care

#### Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

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## LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

- Conduct disorder
- Functional disorders
- Developmental regression
- Genetic conditions impacting development
- Obsessive compulsive disorder
- Oppositional defiant disorder

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## EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Clinical pharmacology including:
  - » ADHD medication
  - » anti-depressants
  - » anti-psychotics
  - » anxiolytics
  - » mood stabilisers
  - » sleep medications
  - » other common psychotropic medications used in children and young people
- Health, education and support needs of children with developmental differences
- Importance and impact of early intervention / investment
- Physiological, social, and psychological factors influencing child development including infant mental health and adverse childhood experiences
- Typical child growth, development, and behaviour
- Typical childhood development and variations
- Physiological, social, and psychological factors influencing child development including infant mental health and adverse childhood experiences

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## INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients,

### Clinical Assessment tools

- Behavioural questionnaires, such as Conners Early Childhood Screen
- Developmental screening tools for focused assessment of development and behaviour
- Visual assessment

### Investigations

- Audiology
- Blood tests:
  - » biochemistry
  - » endocrinological
  - » genetic investigations
  - » haematological
  - » metabolic screening tests
  - » nutritional and toxin screening
- Neuroimaging
- Urine metabolic screening

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families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

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## **IMPORTANT SPECIFIC ISSUES**

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Assessment and diagnosis:
  - » diagnostic criteria and assessment pathways
  - » information provided in reports by allied health professionals
  - » longitudinal aspects of and assessment intervals for infants, children, and young people with developmental delay/disabilities
  - » role of allied health in assessment of infants, children, and young people with developmental delay/disabilities
- Broad health and wellbeing considerations of the child and their context, such as:
  - » adverse childhood experiences and early life trauma including antenatal exposures
  - » inequities in child health
  - » intergenerational trauma
  - » socioeconomic, cultural, and geographical barriers to health
- Child health and wellbeing implications and impact of colonisation, and ongoing colonialism, and current and historical government policies on First Nations People
- Child health and wellbeing implications and impact of conflict/persecution/disaster fled, transit journey and, current and historical government policies on refugee and asylum seeker children and those with refugee-like backgrounds
- Culturally safe behaviour and attitudes by health professional
- Education system considerations, such as:
  - » impact of disrupted education
  - » pre-school and school structures
  - » pre-school, school and education processes for infants, children, and young people with developmental delays/disabilities
  - » role of pre-school and school-based assessments for infants, children, and young people with developmental delays/disabilities
  - » school access and educational support
- Family consideration, such as:
  - » family violence awareness and screening
  - » impact of psychosocial issues on parenting behaviours
  - » parenting style and behaviour management resources available to parents
  - » parenting strategies for children and young people with developmental difficulties and neurodiversity
  - » range of parenting styles considering psychosocial and cultural variations
- Health services, policies, and resources, such as:
  - » availability of services in regional and remote communities
  - » communication processes and relationship between primary health, community centre and acute care services and private sector
  - » delivery of health services within individual communities
  - » education resources and support for families with neurobehavioral and developmental conditions
  - » increasing role for digital solutions especially for bridging access gaps
  - » local, regional, and national disability support accessibility, policies, services and resources

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- » local, regional, and national public health policy and legislation affecting health and wellbeing of infants, children and young people
  - » role of primary health, local and community-based services in delivery of health care for infants, children, and young people
  - » role of paediatrician in community care
  - » role of government and non-government agencies in managing infants, children, and young people with developmental delays/disabilities
  - » services and service gaps
  - Health and wellbeing needs of children, families and communities across multiple cultural domains including:
    - » disability
    - » ethnicity
    - » gender
    - » indigenous status
    - » religious or spiritual belief
    - » sexual orientation
    - » socioeconomic status
  - Health status and needs of children and families from priority populations:
    - » children in out-of-home care
    - » refugees, asylum seekers and migrants
    - » regional and remote communities
  - Historical First Nations trauma and PTSD
  - Management:
    - » alternative medications and methods of autism management
    - » awareness of behavioural modification techniques in children, adolescents, and young adults
    - » complications/ comorbidities of autism
    - » importance and role of case conferences
    - » medications used in management of autism, including atypical antipsychotics and antidepressants
    - » non-pharmacological and pharmacological behaviour management strategies for children and young people
    - » non-pharmacological and pharmacological management of ADHD and comorbidities
    - » psychoactive medications available for children and young people
    - » regulations for prescribing stimulant medications
    - » role of allied health professionals when managing infants, children, and young people with developmental delays/disabilities
  - Personal, interpersonal and structural racism
  - Principles of Indigenous trauma informed care
  - Principles of patient-centred care
  - Principles of trauma-informed care
  - Psychosocial impacts of child health, such as:
    - » bullying
    - » infant mental health
    - » maternal-infant dyad
    - » social media
  - Rehabilitation consideration, such as:
    - » assessment of degree of impairment, disability, and activity limitation or participation restriction, and potential for rehabilitation
    - » assessment of patients following brain injury, including assessment of the severity of injury and the need for ongoing therapy and follow up
    - » biopsychosocial model and its application to patient care



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- » indications for referral to physiotherapy, occupational therapy, speech therapy, psychology, orthotics, and child life therapy
  - » long term follow-up of infants born premature, low birth weight or with serious medical conditions
  - » pain and irritability assessment in children with severe disability who are non-verbal
  - » sequelae following brain injury, and appreciation of executive dysfunction and its impact on learning
  - » use and purpose of early screening for cerebral palsy including general movements assessment and Hammersmith Infant Neurological Examination, and referral pathways for children identified as at risk
  - Social determinants of health, including Indigenous determinants
  - Values, beliefs, and traditions related to country, family, identity and spirituality of First Nations People, and the relation to health and wellbeing

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### KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

#### Presentations

- Academic and learning difficulties
- Anxiety/ Depression
- Attention and concentration difficulties
- Body image concerns
- Bullying and other forms of victimisation and social exclusion
- Chronic pain
- Constipation
- Diarrhoea
- Dysmenorrhoea or heavy menstrual bleeding
- Eating issues:
  - » food refusal
  - » picky eating
- Family dysfunction
- Fatigue/ tiredness
- Gender identity concerns
- Headaches
- Loss of consciousness/fainting
- Medication/treatment non adherence
- Physical violence
- Self-harm
- Social media use concerns
- Skin concerns
- School refusal and excessive absenteeism
- Sleep disorders
- Suicidal ideation
- Transition from paediatric to adult care
- Underweight/overweight

#### Conditions

- Acne
- Attention deficit hyperactivity disorder (ADHD)
- Autism
- Avoidant restrictive food intake disorder
- Chronic fatigue syndrome
- Chronic health conditions
- Complex neurodevelopmental disorders
- Contraception
- Depression and anxiety
- Diabetes
- Disabilities and associated conditions
- Disorders of pubertal development
- Eating disorders
- Epilepsy
- Functional neurological disorders
- Gender incongruence/ dysphoria
- Headaches

For each presentation and condition, Advanced Trainees will **know how to**:

#### Synthesis

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a developmentally comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients and their quality of life when developing a management plan
- » consider the impact of illness and disease on growth and the bidirectional impact on education, peers and family relationships

#### Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

#### Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management
- » identify educational/ vocational pathways

- Menstrual conditions
- Sexually transmitted infections
- Substance use disorders

### LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

#### Presentations

- Amenorrhoea
- Electronic device addiction
- Genital dermatology
- Sexual abuse
- Sexual dysfunction
- Suicide attempt
- Unexplained physical symptoms

#### Conditions

- Complex PTSD
- Hypermobility Ehlers Danlos Syndrome
- Postural Orthostatic Tachycardia syndrome
- Pregnancy

### EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Brain development
- Cognitive development and capacity to consent
- Common causes of mortality and morbidity
- Early developmental trauma and impact on adolescent development
- Epidemiology of alcohol and other drug use
- Epidemiology of mental health and risk-taking behaviours
- Normal and abnormal adolescent development, including normal and abnormal patterns of growth and pubertal development
- Social determinant of health

### INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

#### Clinical assessment tools

- ADHD assessment tools
- Broad psychosocial assessment including HEEADSS assessment
- Mental health questionnaires
- Mental state examination

#### Investigations

- Blood tests
- ECG
- EEG/neuroimaging
- Medical imaging
- STI investigations

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## IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- ADHD:
  - » management of sleep and other complications
  - » non-pharmacological and pharmacological management of ADHD and co-morbidities
  - » regulations for prescribing stimulant medications
- Adolescent development and stages:
  - » cognitive development and psychosocial development
  - » gender development and identity
  - » normal and abnormal physical development
  - » sexual development and identity
- Autism:
  - » awareness of behavioural modification techniques in adolescents, and young adults with neurodevelopmental disorders
  - » complications of autism
  - » medications used in management of autism, including atypical antipsychotics and antidepressants
  - » role of allied health professionals when managing young people with developmental disabilities neurodiversity and need for supports to change during adolescence
- Chronic pain:
  - » non pharmacological and pharmacological management of chronic pain and co-morbidities
  - » understanding the role of allied health and patient education
- Eating disorders:
  - » acute medical complications
  - » liaising with allied health/ mental health
  - » medical and nutritional stabilisation of malnutrition in eating disorders/ management of in-patient eating disorders
  - » refeeding syndrome
  - » understanding psychological treatment approaches including FBT and CBT-E
- Education system:
  - » impact of disrupted education
  - » school access and educational support
  - » school and education processes for young people with developmental delays/disabilities
  - » school and post-secondary education structures
- Engage and build rapport with adolescents and young adults:
  - » HEEADSS assessment
  - » interviewing young people by themselves
  - » motivational interviewing
- Families:
  - » family domestic violence awareness and screening
  - » impact of psychosocial issues on families and young people
  - » improving communication within families
  - » parenting strategies for young people with developmental difficulties and neurodiversity
  - » range of parenting styles appropriate for adolescents and young adults
- Gender dysphoria:
  - » non-pharmacological and pharmacological management of gender dysphoria and co-morbidities
  - » understand the role of allied health and capacity assessment
- Health services, policies and resources:
  - » availability of services in regional and remote communities
  - » common barriers to healthcare
  - » communication processes and relationship between primary health, community centre and acute care services and private sector
  - » delivery of health services within individual communities
  - » education resources and support for young people with neurobehavioural and developmental conditions

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- » local, regional and national disability support accessibility, policies, services and resources
  - » local, regional and national public health policy and legislation affecting health and wellbeing of young people
  - » managing young people with developmental disabilities and neurodiversity
  - » role of government and non-government agencies
  - » role of primary health, local and community-based services
  - » role of school-health services for adolescents
  - Health status of priority populations:
    - » Aboriginal and Torres Strait Islander peoples
    - » culturally and linguistically diverse backgrounds, including young people in refugee and asylum seeker families
    - » Māori and Pasifika peoples
    - » neurodiverse young people
    - » regional and remote communities
    - » socio-economically disadvantaged young people
    - » unhoused young people
    - » young people in out-of-home care/juvenile justice settings
    - » young people with disability
  - Integrating mental health within medical settings
  - Manage chronic health conditions, including promoting adherence to treatment
  - Management:
    - » biopsychosocial model and its application to patient care
    - » role of allied health professionals when managing young people
    - » importance and role of case conferences
    - » use of motivational interviewing for behavioural change
    - » use of patient centred care with shared goal setting with young people
  - Mental health:
    - » counselling and supporting distressed young people
    - » management of common mental health conditions, both nonpharmacological and pharmacological
    - » management of risk-taking behaviours, violence and harm minimisation
  - Peers:
    - » intimate partner violence and safe relationships
    - » personal safety with social media
    - » psychosocial impacts of bullying
    - » psychosocial impacts social media
  - Principles of effective health services for adolescents and young adults
  - Principles of trauma-informed care
  - Provision of healthcare:
    - » assessing capacity and consent
    - » mental health risk assessment
    - » legal aspects and limits to providing confidential healthcare
  - Strengths-based care:
    - » Holistic: understand the context of young peoples' lives
    - » Capability-based: build skills and promote participation
    - » Relational: partnership, patient and family centred
  - Substance Use:
    - » non pharmacological and pharmacological management of substance use disorders
    - » withdrawal management
    - » complications of substance use disorders
  - Support adolescents and young adults transitioning to adult health care settings

### KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

#### Presentations

- Patterns of inflicted and accidental injury, such as:
  - » abdominal and thoracic injuries
  - » burns
  - » consideration of all injuries in pre-mobile infants
  - » fractures
  - » head injuries
  - » intra-oral bleeding and injuries
  - » perplexing presentations (PP) and Fabricated or Induced Illness (FII) in children
  - » poisonings
  - » skin and soft tissue injuries
  - » strangulation and suffocation
- Child sexual abuse including, such as:
  - » genital injury interpretation
  - » normal genital and anal anatomy, including developmental changes and variations
  - » normal sexual behaviours of children and young people
  - » sexually transmitted infections and their relationship to child sexual abuse

For each presentation and condition, Advanced Trainees will **know how to:**

#### Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical and biopsychosocial history
- » conduct an appropriate examination
- » identify protective factors i.e. supports for child and family
- » prepare a genogram for the understanding of family and social function, including supports and family histories of medical conditions
- » establish a differential diagnosis
- » obtain reconcile different accounts from different sources of information i.e. parents, health, education and other agencies
- » plan and arrange appropriate investigations and consultations
- » document history, examination and investigation findings carefully and accurately
- » consider the impact of injury and disease on patients and their quality of life when developing a management plan
- » complete appropriate child safety referrals to statutory child protection agencies
- » produce peer reviewed medicolegal reports for the child protection and criminal justice system

#### Manage

- » maintain knowledge of developments in the evidence-based research around injury interpretation, and child maltreatment prevention and assessment
- » recommend therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies

- » involve multidisciplinary teams
- » involvement of interagency partners, NGOs, community, and society to promote child wellbeing
- » consult with other medical professionals and subspecialty experts around opinions and formulation

**Consider other factors**

- » identify individual and social factors and the impact of these on diagnosis and management

**EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES**

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Biopsychosocial risk factors
- Emotional or behavioural presentation as a consequence of current or previous maltreatment and the impact of neglect over time
- Health needs of children and young people in the care and protection systems, such as:
  - » children in out-of-home care
  - » management of such children long term
  - » medical, developmental and mental health conditions occurring in the population including those in gateway clinics
- Impact of social determinants of health, Adverse Childhood Events (ACEs), neurobiological impacts of exposure to chronic stress, and the importance of supporting resilience
- Impact of societal biases in child protection systems
- Intergenerational trauma:
  - » child maltreatment presentations, such as:
    - exaggeration
    - fabrication
    - falsification
    - induction of illness or symptoms
  - » emotional maltreatment
  - » exposure to interpersonal violence
  - » neglect
  - » special consideration of all injuries in non-ambulatory infants
  - » unexplained or repeated incidents of non-accidental injury, such as:
    - abdominal and thoracic injuries
    - burns
    - child sexual abuse
    - fractures
    - head injuries
    - intra-oral injuries
    - skin and soft tissue injuries
- Legislative requirements
- Population health significance of child maltreatment and primary, secondary and tertiary prevention strategies
- Potential risk factors for harm to the child and their siblings within the family/environment
- Referral pathways and community and hospital services for vulnerable children and their families
- Protective factors (positive relationship, supports) and how they may help modify risk and augment management

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## INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

### Physical Examination

- Consideration of different injury types and their clinical findings
- Documentation of examination findings using body diagrams and photographs
- Evaluating parent-child interactions regarding emotional maltreatment
- Genital examination – including identification of normal genital development and anatomical variants.
- Identification and recognition of the signs of child sexual abuse
- Identification and recognition of the signs of neglect
- Identification and recognition of the signs of physical abuse
- Observe parent child interaction
- Top-to-toe examinations for the detection of injuries (including the significance of sentinel injuries in young infants and children 4 years and younger)

### Investigations: the role of investigations to assess for occult injury and medical causes or contributors to presentations of child maltreatment

- Forensic tests on biological specimens
- Imaging (radiology), such as:
  - » bone scan
  - » CT
  - » MRI
  - » radiographic skeletal survey
  - » ultrasound
- Pathology tests, such as test for:
  - » bleeding disorders
  - » bone fragility
  - » drugs
  - » genetic conditions
  - » metabolic conditions
  - » toxins
- Reporting Requirements:
  - » professional, legal, and ethical responsibilities around sharing of information regarding child safety, protection, and harm
  - » reporting requirements and mandatory reporting obligations
- Subspeciality consultations and procedures (including retinal examination)
- Tests for sexually transmitted infections

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## IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Awareness of personal reactions to childhood illness, behaviour, disability, and family situations and the impact these may have on professional practice
- Child rights
- Different types of child maltreatment and child neglect:
  - » educational
  - » emotional
  - » medical
  - » physical
  - » supervisory
- Effective prevention for child maltreatment
- Effects on children of being a witness, victim, or perpetrator of violence
- Enablers and barriers to obtaining information in child maltreatment situations
- Family and domestic violence.
- Family dysfunction including poverty and disadvantages, and impact of social determinates of health
- Impact of vicarious trauma on clinician wellbeing
- Impact on the long term health and wellbeing of children involved in the care and protection system
- Management of physical and emotional maltreatment



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- Methods involved in developing a differential diagnosis for maltreatment victims
  - Parent or caregiver involvement in shared decision making
  - Peer review processes and support
  - Principles and procedures of forensic sample collection (including collection of biological specimens for DNA analysis)
  - Principles of advocating for children
  - Principles underpinning national, state and local policies and procedures related to child protection
  - Role of courts involved in the criminal justice system
  - Role of courts responsible for child protection, family law and relevant courts of appeal
  - Role of the paediatric medical expert in writing medicolegal reports, contributing to case conferences and testifying in court in cases of child maltreatment

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### EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics.

#### Health and wellbeing status of rural children

- Child health priorities for rural and remote populations
- Disease prevalence in rural and remote populations
- Environmental health issues for regional areas
- Social determinants of health and wellbeing for rural and remote children

### IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management and outcomes.

#### Rural and remote context

- Appreciation of geographical distances between rural and remote communities and nearest hospital, and nearest metropolitan centre
- Barriers to health for children living in rural and remote regions
- Disparities in health status and access to healthcare of children living in rural and remote areas
- Sociodemographic and cultural profile of rural and remote communities and regions within the jurisdiction of practice and more broadly

#### Rural and remote health services

- Availability, functions, and access to patient retrieval services
- Available resources of rural hospitals and remote clinics
- Regional health service structures and referral pathways
- Service availability in regions within jurisdiction of practice including:
  - » allied health
  - » disability and other support services
  - » emergency care
  - » primary care
  - » specialist paediatric care
- Strategies and availability of resources to improve access to healthcare such as funding for transport

#### Clinical practice in rural and remote regions

- Appreciation for nuances of providing safe and effective paediatric care with reduced access to on-site resources such as:
  - » collaboration with primary and community health
  - » flexible approaches
  - » independent practice
  - » resource utilisation
  - » use of technology
- Basic principles of retrieval medicine
- Broad paediatric knowledge, including robust knowledge of management strategies for common conditions while waiting for support or referral to tertiary services (refer to other General Paediatrics KG for specific presentations and conditions)

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- Importance of robust continuing professional development and upskilling
  - Level and type of paediatric care that can be provided within the regional context with guidance by subspecialist/s (at a distance) for complex paediatric patients or those with uncommon conditions

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