



## Application Process and Guide for Accreditation of Community Child Health Positions

### Introduction

Community Child Health (CCH) is an Advanced training specialty that involves the understanding of the complex interplays between physical, social, and environmental factors and human biology affecting growth and development of all young people.

The Australian Medical Council requires the Royal Australasian College of Physicians (RACP) to support and document an appropriate training program for Advanced Training specialties. The RACP does this through the Advanced Training Committees (ATC) for each individual specialty.

The ATC in CCH aims to provide timely and transparent accreditation decisions on the suitability of various training positions for Advanced Training in CCH.

This document aims to clarify the specific information the ATC in CCH needs to know in order to make accreditation decisions for proposed CCH Advanced Training positions.

### How does the Accreditation process work?

Training sites must apply for accreditation for each training position by submitting a completed CCH Site Survey to the ATC in CCH for review. (Please see Application procedure below).

Training sites may have more than one training position and each of the training positions attached to the site must be accredited separately.

Current accredited settings wishing to increase the number of their training positions must submit a new Site Survey for each new position to the ATC for a decision.

Sites with more than one trainee must ensure that the Handbook requirements for supervision and clinical experience are met for each trainee.

Where there are significant or minor changes in either clinical work, structure or supervision of an accredited position, the ATC must be formally notified in writing for reconsideration of the position's accreditation status.

Trainees will still be required to submit a complete prospective application for Advanced Training for each training rotation which includes a detailed timetable, clinic description and supervision.

The application details will be cross checked by the ATC against the accreditation documentation for the position. Any unexplained variations in an application from an accredited position may have the risk of delayed approval decisions and/or partial or complete non-approval for the rotation.

*It is recommended that the site provide trainees with the accreditation documentation for a training position in advance of commencing the position so that a trainee's application for prospective approval can be aligned with the accreditation documentation as much as possible. This streamlines the decision-making process for prospective approval for training rotations.*



## Application Procedure to Accredit CCH Advanced Training Positions

### Step 1

Read the CCH Advanced Training requirements found on page 13-16 of the [2023-24 CCH Program Requirements Handbook](#) and the CCH guide. Please also review the [CCH Curriculum](#) for further information that is relevant for accreditation of a position.

### Step 2

Download and complete the [Community Child Health Site Survey](#) from the RACP website. Please be reminded that a Site Survey is to be completed for each position associated with the site. *Do not use acronyms in the Site Survey unless they are clearly outlined at the beginning of the document.*

### Step 3

The completed Site Survey is to be submitted along with any additional supporting documentation to the College via email to [CommunityChildHealth@racp.edu.au](mailto:CommunityChildHealth@racp.edu.au).

### Step 4

Applications will be considered by the ATC at their next scheduled meeting. The site will be contacted if further information or clarification is required by the ATC to enable an accreditation decision.

### Step 5

Once a decision is determined by the ATC, the site will be formally notified of the accreditation decision via email. The notification letter will outline the accreditation decision, the length of accreditation and the date of the next review.

### Step 6

All accreditation decision are uploaded on the list of [Accredited Sites for Advanced Training in CCH](#) on the [RACP website](#).

## What Does the ATC Need to Know from the Site Survey?

It is important to include sufficient detail in the Site Survey regarding:

1. **Supervision** – Number of supervisors, their expertise /qualifications, location of supervisors in relation to the training clinics (for example on site or remote), trainee access to supervisors (including mode of access – on site or remote), amount of dedicated supervision time per position. According to the [2023-24 CCH Program Requirements Handbook](#), at least one supervisor that is CCH fellow who is *actively practicing* in CCH. \* Exemptions.

Non-core rotations do not have to need a CCH supervisor.

- Fellows who have been actively practicing in CCH over a number of years prior can apply for **Post-Fellowship Specialty Recognition**. [The Post-Fellowship Specialty Recognition Policy](#) provides a framework for Fellows seeking recognition in an additional specialty and also applies where a Fellow gained Fellowship before Advanced Training Committees were established and is currently recognised by the RACP as a Specialist Physician or Specialist Paediatrician without a nominated specialty.
2. **Facilities and infrastructure** – Details of dedicated clinical and administrative workspace, administration support, access to online clinical resources
  3. **Position Description:** Details on the clinic compositions including the type of clinics a trainee is involved in, specifically how they relate to the domains of CCH training and their definitions (see [2023-24 CCH Program Requirements Handbook](#)) and a



comprehensive timetable detailing the types of clinic, supervision support, and number of patients

4. **Formal Teaching & Learning Opportunities** – Such as online access to medical journals, library resources and web-based learning materials and access to the CCH Educational Tutorial Series. This also includes opportunities for project work (including research).
5. **Support Services for Trainees** – Such as formal orientation process, workplace policies on safety and wellbeing of trainees and opportunities for the involvement of the trainee in Quality and Safety activities

*It is College policy that the ATC cannot certify training that is in excess of 1.0 FTE over the course of a single training rotation. This impacts trainees who are completing Masters of Public Health subjects on top of 1.0 FTE CCH clinical rotation. These will be approved towards the child population health requirement but may not be approved for additional training time. The ATC in CCH is looking into potential exemptions for CCH trainees but sites are strongly recommended to incorporate dedicated time to complete MPH subjects within the trainee's timetable.*

## What Does the ATC Need to Know About Each Clinic in the Position?

The site must provide information demonstrating that the position has the capacity to train CCH Advanced Trainees towards the key learning objectives in the [CCH Curriculum](#) through specific training time in each of the three domains of CCH.

In the clinic description section of the CCH Site Survey, it is necessary to include sufficient detail to enable the ATC to gain a clear idea on whether the clinics are aligned with core CCH training requirements or non-core CCH training requirements.

*A suggested reflection question is:*

*“How exactly will this training position develop competence in key domains of CCH practice as outlined below?”*

Important aspects include the nature of;

- clinical duties
  - characteristics of clinical cases, (nature of presenting problems, level of biopsychosocial complexity/ severity)
  - caseload (total caseload = “panel size”, typical weekly clinical caseload)
  - level of responsibility (does trainee have their own caseload and is it possible to increase the level of responsibility as trainees gain competence?)
  - continuity of care (over what time period does the trainee provide care for individual patients?)
  - multidisciplinary involvement in management of patients, including case presentations and clinical discussions in relation to patients assessed by the trainee at case conference meetings
  - report preparation
- any non-clinical components
  - research
  - service development/ quality assurance
  - study e.g. MPH time/time to attend teaching program
  - Core child population health activities
- supervision
  - how delivered (face to face, videoconferencing, phone)
  - dedicated time allocations
  - scope of supervision (for example clinical case discussions, professional skills development)



- level of direct observation of trainee performance
- supervisor characteristics (qualifications, expertise, practice experience)

### What if a position changes during the accredited time period

If an accredited training position's structure (for example a timetable, clinic, or supervision) changes substantially, the site is required to submit a new Site Survey to the ATC, highlighting the changes. The site will be formally notified of the updated accreditation decision by the ATC.

Minor changes to a position structure must be communicated to the ATC (via email) and the ATC will advise on whether a new Site Survey is to be submitted for the position.

### What if the Position is Already Accredited for another Advanced Training Specialty?

If the position is accredited for another Advanced Training speciality, then the site will still need to apply for the position to be accredited by the ATC in CCH for Advanced Training in CCH.

For example, rotations accredited by the ATC in General Paediatric towards Advanced Training in General Paediatrics, including those considered suitable for general paediatric community terms or developmental and psychosocial training terms, must be reviewed by the ATC in CCH for an accreditation decision for CCH Advanced Training.

It is important to understand that positions accredited by the ATC in General Paediatrics for Advanced Training in General Paediatrics, *are not necessarily accredited for Advanced Training in Community Child Health*. This includes rotations that have been previously approved for psychosocial paediatrics by the ATC in General Paediatrics. While some of these positions may be eligible for non-core and/or core training, some of these positions will be ineligible for CCH training.

### Can Accreditation Decisions be Appealed?

Yes, an accreditation decision can be appealed. Further details on the College's Reconsideration, Review and Appeal's Process By-Law can be found on the [RACP By-laws Webpage](#).

### CCH Core Training Requirements

As per the [2023-24 CCH Program Requirements Handbook](#) the core CCH training requirements focus on the core domains of:

- Developmental and Behavioral Paediatrics
- Child Protection
- Child Population Health
- Community based Multidisciplinary Paediatrics
- Social Paediatrics (Trainees commencing 2023 onwards only)

#### Developmental and Behavioral Paediatrics

Developmental and behavioural paediatrics is the assessment and management of patients who have been referred because of developmental and/or behavioral problems. Training must occur in a dedicated developmental and behavioral paediatrics unit for core time to be accredited.

The aim of this core training requirement is to develop core levels of clinical competence in:

- the comprehensive biopsychosocial assessment and diagnostic formulation of complex developmental & behavioural concerns



- the management of a wide variety of developmental-behavioural concerns (including office-based counselling, facilitating multi-level systemic interventions, and relevant medical treatments)
- communication skills in developmental-behavioural paediatrics (e.g. case presentation, feedback to families, report writing)

For developmental and behavioral paediatrics core training to be accredited, a position must:

- be undertaken in a developmental and behavioural rotation (e.g. specialist developmental and behavioural clinic), where the case-mix is defined by presenting concerns related to development, learning, behaviour and emotional health. These clinics must not be mixed general paediatric clinics.
- have access to a multidisciplinary child development team
- be supervised by a supervisor with FRACP who is actively practicing in CCH and has particular expertise in Developmental-Behavioural Paediatrics. It is recommended that for core Developmental-Behavioural Paediatrics these rotations are supervised by an accredited CCH supervisor.
- be adequately set up to provide clinical supervision (including direct observation of performance)

### Child Protection

The aim of child protection core training is to develop core levels of clinical competence in the identification and management of suspected child maltreatment.

Training may also include the development of advanced competence in forensic medical assessment, medicolegal report writing, and provision of evidence in court, where child maltreatment is suspected.

Trainees can meet this requirement by completing one of the following three options:

1. Training in rotations in recognised tertiary-level Child Protection Units in Australia or New Zealand and under the supervision of at least one supervisor with specialist expertise in child protection paediatrics.
2. Completing 15 Child Protection Case Assessments. Information and documentation for the CCH Child Protection Case Assessments can be found on the [CCH Specialty Webpage](#).
3. Completing a mix of training time (option 1) and Child Protection Case Assessments (option 2). The completion of five case assessments will equate to one month of child protection training.

Out of home assessments are not considered towards core child protection training, however, can be accredited as core social paediatrics. Children involved in out of home assessments are suitable as patients for the Child Protection Case Assessments.

### Child Population Health

A workplace-based position in core child population health must clearly demonstrate the capacity to address the learning outcomes of the child population health domain in the CCH curriculum.

For example, a rotation through a dedicated public health unit that is oriented towards children may satisfy the child population health position requirement. Examples also include roles in the civil sector (e.g. ministry of department of health at national or state level); roles in child population health within hospital departments or district health boards and health promotion roles.

Trainees can also meet this requirement by completing four Master of Public Health (MPH) core subjects or a PhD in a topic relevant to child population health.

Sites should take into consideration and allow half a day or more per week for trainees who are wanting to undertake MPH subjects or PhD/doctoral research to do so within the training position.



### Community-based Multidisciplinary Paediatrics

Core training in community-based multidisciplinary paediatrics involves trainees developing levels of competence in professional teamwork within a multidisciplinary team. Key elements include collaborative diagnostic formulation and clinical problem solving, concise case presentations, effective and respectful professional communication, and ability to lead multidisciplinary team conversations. Suitable training rotations will enable the trainee to work collaboratively with clinicians from other professional groups (e.g. speech pathologists, psychologists, etc.).

Participation in multidisciplinary team includes:

- Assessment, diagnostic formulation, management planning, clinical feedback to families, and intervention, for new and review cases
- Collaborative case discussions at decision-making meetings (e.g. discussing patients that have been assessed by the trainee, synthesizing multi-disciplinary input into management plans)

The multi-disciplinary teamwork must be embedded within a suitable CCH training rotation (developmental-behavioural paediatrics, child protection, or non-core training such as a mixed community paediatrics rotation)

### Social Paediatrics

Social Paediatrics is an approach to child wellbeing including health, development/ learning which focuses on the child with specific reference to the context of their family, school, culture, and environment. The focus of Social Paediatrics is on achieving equity of health outcomes and advocating for the impact of social determinants of health on child wellbeing.

The aim of this core training requirement is to develop clinical competence in the management of children and young people within their families whose health and development is at risk or affected due to social and environmental factors. Key elements are the assessment of children experiencing adverse childhood experiences, intergenerational trauma including impacts of colonisation, poverty, community violence, discrimination, and the mitigation of cumulative risk. Trainees will develop skills in multi-informant history taking. The focus is to build resilience and support for the child and family.

Examples of training experiences that may fulfil this requirement include:

- Child Refugee specialist clinics
- Indigenous child health specialist clinics
- Clinics aimed at children in the care and protection system (Gateway/ OOHC)
- Assertive outreach to priority communities
- Remote clinics with high proportions including indigenous persons and/or patients from high priority social backgrounds

Sites must be prospectively accredited, and trainees must nominate a supervisor with CCH FRACP who is actively practicing in CCH. \* **Exemptions child pop**

This requirement must be completed concurrently with core and non-core clinical CCH training.

## CCH Non-core Training Requirements

As per the [2023-24 CCH Program Requirements Handbook](#) the non-core clinical training requirement for CCH involves the following types of training:

- Clinical training in community-based specialist paediatric rotations that encompasses, in vulnerable populations, mixtures of developmental and behavioural paediatrics and/or child protection paediatrics. For example, child refugee specialist clinics, indigenous health clinics, out of home assessment specialist clinics would all be considered for non-core clinical training time.
- Clinical training in closely allied paediatric disciplines that enhance domain-specific clinical



training in developmental and behavioural paediatrics or child protection. For example, child and adolescent psychiatry, rehabilitation medicine, clinical genetics, adolescent medicine, paediatric neurology.

- Rotations in genetics, medical ethics and palliative care will not count towards CCH training.

Trainees can complete additional core training to count towards the total 36 months of required CCH training time.

## CCH Education Tutorial Series (previously Program of Excellence)

The CCH Educational tutorial series is a course of lectures and/or workshops that are either run face-to-face or via videoconference/ teleconference. The tutorial series covers key areas of the CCH advanced training curriculum. The educational tutorial series typically includes topics in the following domains:

- **Developmental-Behavioural Paediatrics**
  - Assessment and Diagnostic Formulation in Developmental-Behavioural Paediatrics
  - Diagnosis and management of common clinical conditions in DBP (ASD, ADHD, ID, SLD, language impairment etc)
- **Child Protection**
  - The Child Protection System
  - The public health approach to child protection
  - Vulnerable children and families
  - Forensic assessment of suspicious injury, possible sexual abuse, or possible emotional harm or neglect
- **Child Population Health**
  - Vulnerable children/ families/ populations
  - Screening and surveillance
  - Health promotion
  - Injury prevention
- **Professional Skills**
  - Report writing
  - Multidisciplinary Teamwork
  - Communication skills
  - Indigenous
  - Cultural Awareness