



The Royal Australasian  
College of Physicians

# Community Child Health

## Advanced Training Curriculum

*Paediatrics & Child Health Division*





The Royal Australasian  
College of Physicians

# Physician Readiness for Expert Practice (PREP) Training Program

**Community Child Health Advanced Training Curriculum**

TO BE USED IN CONJUNCTION WITH:

**Basic Training Curriculum – Paediatrics & Child Health**  
**Professional Qualities Curriculum**



# ACKNOWLEDGEMENTS

Fellows, trainees and RACP staff have contributed to the development of this curriculum.

The College specifically thanks those Fellows and trainees who have generously contributed to the development of this curriculum, through critical comments drawn from their knowledge and experience and the donation of their time and professional expertise.

The following Fellows and trainees, in particular, deserve specific mention for their contribution:

## Version 1, 2008

- Dr Richard Cockington, FRACP
- Dr David Graham, FRACP
- Dr Anne Kynaston, FRACP
- Dr Michael McDowell, FRACP
- Dr Anne Piper, FRACP
- Dr Shanti Raman, FRACP
- Prof Dinah Reddihough, FRACP FAFRM
- A/Prof Jill Sewell, FRACP
- Dr Douglas Shelton, FRACP
- Dr Jacqueline Small, FRACP
- Dr Anne Smith, FRACP
- Dr Lila Stephens, FRACP
- Prof Graham Vimpani, FRACP FAFPHM
- Dr Russell Wills, FRACP
- Dr Sue Woolfenden, FRACP
- Dr Karen Zwi, FRACP

## Version 2, 2010

- Dr Giles Bates, FRACP
- Dr Terence Donald, FRACP
- Dr David Graham, FRACP
- Dr Alaric Koh, FRACP
- Dr Jane Lesslie, FRACP
- Dr Michael O’Keeffe, FRACP
- Dr Chris Pearson, FRACP
- Dr Jacqueline Small, FRACP
- Dr Anne Smith, FRACP
- Dr Karen Zwi, FRACP

The College would also like to acknowledge the significant contribution of the Chapter of Community Child Health and the Paediatric Society of New Zealand in the development of this curriculum.

The process was managed by the Curriculum Development Unit within the College’s Education Deanery, who designed the document, drafted content material, organised and facilitated writing workshops, developed resource materials, and formatted the final document.

# CONTACT DETAILS

## THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

### AUSTRALIA

145 Macquarie Street  
Sydney  
NSW 2000  
Australia

Tel: (+61) (2) 9256 5444  
Fax: (+61) (2) 9252 3310

Email: [racp@racp.edu.au](mailto:racp@racp.edu.au)  
Website: [www.racp.edu.au](http://www.racp.edu.au)

### AOTEAROA NEW ZEALAND

Level 10  
3 Hunter Street  
Wellington 6011  
New Zealand

Tel: (+64) (4) 472 6713  
Fax: (+64) (4) 472 6718

Email: [racp@racp.org.nz](mailto:racp@racp.org.nz)  
Website: [www.racp.edu.au](http://www.racp.edu.au)

## COPYRIGHT

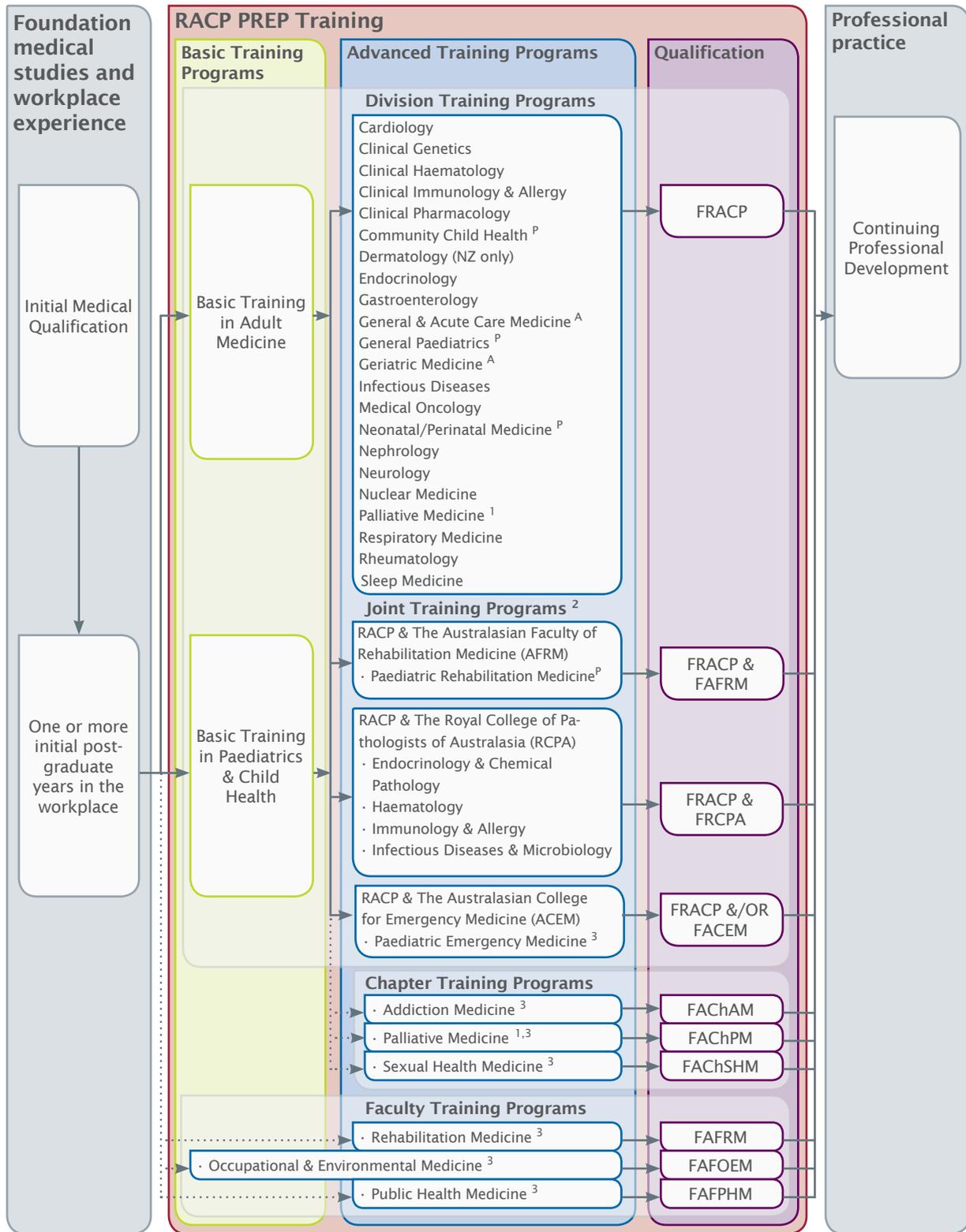
1st edition 2010 (revised 2013).

Please note: No Domains, Themes or Learning Objectives have been updated for this edition; design changes ONLY.

Copyright © 2013. The Royal Australasian College of Physicians (RACP). All rights reserved. Published December 2013.

This work is copyright. Apart from any fair use, for the purposes of study or research, it may not be reproduced in whole or in part, by any means electronic or mechanical, without written permission from The Royal Australasian College of Physicians

## RACP FELLOWSHIP TRAINING PATHWAYS AND THE CONTINUUM OF LEARNING



<sup>P</sup> Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.

<sup>A</sup> Trainees must complete Basic Training in Adult Medicine to enter this program.

<sup>1</sup> Trainees who have entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will be awarded FRACP upon completion and may subsequently be awarded FACHPM. Trainees who have NOT entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will only be awarded FACHPM upon completion.

<sup>2</sup> The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.

<sup>3</sup> Alternative entry requirements exist for these training programs; please see the corresponding PREP Program Requirements Handbook for further information.

NB1: This diagram only depicts training programs that lead to Fellowship. Please see the RACP website for additional RACP training programs.

NB2: For further information on any of the above listed training programs, please see the corresponding PREP Program Requirements Handbook.

## OVERVIEW OF THE SPECIALTY

The specialty of community child health involves an understanding of the complex interplay between physical, social and environmental factors and human biology affecting the growth and development of all young people. Application of this knowledge advances the health and wellbeing of children, families and communities; whether well, ill, impaired or disabled.

The increasing importance of the specialty is supported by the significant growth in demand for community child health clinical services. Community child health physicians are proactively responding to the increasing prevalence of infants, children and young people who are at risk of harm from various causes, who have been victims of abuse or neglect, who have developmental and behavioural problems or who have chronic and complex conditions and special needs.

The three domains of community child health, child protection, child development and behaviour and child population health, overlap, and while some practitioners practice in only one they will still require understanding and skills from the other domains.

Practitioners within the specialty of community child health have a:

- broad focus including individual children and all infants, children and young people in the community
- awareness that family, educational, social, cultural, spiritual, economic, environmental and political forces act favourably or unfavourably, but always significantly, on the health of children
- synthesis of clinical practice and public health principles within the context of the family, school and community
- commitment to use a community's resources in collaboration with other professionals, agencies, sectors and parents to provide the best quality services for all infants, children and young people and to advocate for those who lack access to care because of social or economic conditions or their special health care needs
- commitment to the multidisciplinary and multi-agency approach across government and non-government sectors.

Clinicians practising within this field:

- operate in a diversity of environments and challenging diagnostic problems and draw on their consultative, diagnostic and procedural skills
- use a multidisciplinary, team-based approach to the diagnosis, care and management of patients and their disorders
- draw on a broad-based general medical knowledge.

Practising community paediatricians use their skills in:

- clinical practice including the assessment and management of infants, children and young people with developmental, learning, behavioural and emotional problems, disabilities, obesity, victims and those at risk of child abuse and neglect, and those in out of home care
- population child health encompassing needs assessment for child and adolescent populations, community diagnosis, screening and surveillance, infectious disease control, injury control, health program planning, evaluation, and research including the quantitative and qualitative measurement of health outcomes and wellbeing
- effective health service provision and management, communication, team leadership, liaison and referral within and across disciplines and relevant government, non-government and private agencies
- child and adolescent health promotion and advocacy through education, information provision, effective use of medicine and other preventive programs and advocacy
- academic leadership through participation in teaching, training and research
- individual professional development through an ability to critically appraise literature, evaluate the evidence base for clinical interventions and population based health strategies, undertake research, demonstrate computing skills, and continuing medical and other professionally relevant education
- knowledge of government policies, programs and services and their philosophical underpinnings which affect the health of children, particularly those with additional needs

- personal development, an understanding of the strategies necessary to maintain personal physical and mental health and well-being, including supervision and peer support
- performance improvement commitment to continuous improvement of services and programs with which the practitioner is involved.

Practitioners within this field face the challenges of:

- an increasing disparity between supply and demand for services
- working towards long-term goals, the benefits of which are often not seen within funding cycles
- promoting high quality practice across Australia and New Zealand and the development of evidence based clinical guidelines
- reducing health inequities, with particular reference to Māori and Pacific Islander peoples (NZ) and Aboriginal/Torres Strait Islander peoples (Australia), refugee and disadvantaged communities
- advocating for greater understanding of life course models, the social determinants of health and their impact on child health outcomes.

## CURRICULUM OVERVIEW

### Community Child Health – Advanced Training Curriculum

This curriculum outlines the broad concepts, related learning objectives and the associated theoretical knowledge, clinical skills, attitudes and behaviours required and commonly used by community child health paediatricians within Australia and New Zealand.

The purpose of Advanced Training is for trainees to build on the cognitive and practical skills acquired during Basic Training. At the completion of the Community Child Health Advanced Training Program, trainees should be competent to provide, at consultant level, unsupervised comprehensive medical care in community child health.

Attaining core competency in this curriculum is expected to take three years of training. It is expected that all teaching, learning and assessment associated with the Community Child Health Advanced Training Curriculum will be undertaken within the context of the paediatrician's everyday clinical practice and will accommodate discipline-specific contexts and practices as required. As such it will need to be implemented within the reality of current workplace and workforce issues and the needs of health service provision.

There may be learning objectives that overlap with or could easily relate to other domains; however, to avoid repetition, these have been assigned to only one area. In practice, however, it is anticipated that within the teaching/learning environment, the progression of each objective would be explored.

Note: The curricula should always be read in conjunction with the relevant College Training Handbook available on the College website.

### Professional Qualities Curriculum

The Professional Qualities Curriculum (PQC) outlines the range of concepts and specific learning objectives required by, and utilised by, all physicians and paediatricians, regardless of their specialty or area of expertise. It spans both the Basic and Advanced Training Programs and is also utilised as a key component of the Continuing Professional Development (CPD) program.

Together with the various Basic and Advanced Training Curricula, the PQC integrates and fully encompasses the diagnostic, clinical, and educative-based aspects of the physician's/paediatrician's daily practice.

Each of the concepts and objectives within the PQC will be taught, learnt and assessed within the context of everyday clinical practice. It is important that they be aligned with and fully integrated into the learning objectives of this curriculum.

## EXPECTED OUTCOMES AT THE COMPLETION OF TRAINING

A holistic, population approach is needed to improve infant, child and young person health across the socio-economic gradient. Clinical skills must reflect the changing needs and nature of our population. At the completion of the Advanced Training Program in Community Child Health, a new Fellow will have developed the clinical skills and acquired the theoretical knowledge for competent practice.

A new Fellow will:

- be competent in the assessment, diagnosis and management of the range of developmental, behavioural, and child protection problems
- apply appropriate communication and patient advocacy skills
- contribute effectively within a multidisciplinary team
- have a practical understanding of the life course model and the social determinants of health
- contribute to improved health outcomes for infants, children and young people through implementing a population approach, cooperatively working with community based services, advocacy and incorporating continuous performance improvement approaches into their clinical practices
- be able to undertake a population health needs analysis, interpret and respond to it, and implement population level solutions
- practise cultural competency. For example, clinicians working in New Zealand will be confident to include the principles of the Treaty of Waitangi and Māori models of health, such as te whare tapa wha into everyday practice.

The community paediatrician recognises the importance of regular supervision and will be involved in providing and receiving personal clinical supervision through peer support networks throughout their career.

In addition, the specialist community child health paediatrician will exercise professional leadership in community child health through participation in activities such as: teaching; clinical and population health research; health promotion; evidence-based policy and service development; performance improvement; program planning and evaluation; community education; and advocacy for the well being of infants, children and young people, in addition to the provision of relevant clinical care and demonstrable commitment to their own professional development.

## CURRICULUM THEMES AND LEARNING OBJECTIVES

Each of the curriculum documents has been developed using a common format, thereby ensuring a degree of consistency and approach across the spectrum of training.

### Domains

The domains are the broad fields which group common or related areas of learning.

### Themes

The themes identify and link more specific aspects of learning into logical or related groups.

### Learning Objectives

The learning objectives outline the specific requirements of learning. They provide a focus for identifying and detailing the required knowledge, skills and attitudes. They also provide a context for specifying assessment standards and criteria as well as providing a context for identifying a range of teaching and learning strategies.

## LEARNING OBJECTIVES TABLES

<b>DOMAIN 1</b>	<b>THE CRAFT OF COMMUNITY CHILD HEALTH</b>
<b>Theme 1</b>	Professional Qualities Specific to Community Child Health
<b>Learning Objectives</b>	
<b>1.1.1</b>	Develop ongoing professional development strategies
<b>Theme 1.2</b>	Life Course Perspective on Health and Development
<b>Learning Objectives</b>	
<b>1.2.1</b>	Describe the life course model and explain factors that influence child wellbeing
<b>1.2.2</b>	Recognise and respond to the evolving developmental capacity in infants, children and young people
<b>Theme 1.3</b>	Family, Community and Environment
<b>Learning Objectives</b>	
<b>1.3.1</b>	Explain the negative and/or therapeutic impact a child's environment can have on their well-being
<b>Theme 1.4</b>	Advocacy
<b>Learning Objectives</b>	
<b>1.4.1</b>	Advocate for infants, children, young people and their families

<b>Theme 1.5</b>	Working in Partnerships
<b>Learning Objectives</b>	
<b>1.5.1</b>	Work collaboratively across sectors, agencies, organisations and professions to support best outcomes for infants, children and young people
<b>DOMAIN 2</b>	<b>CHILD POPULATION HEALTH</b>
<b>Theme 2.1</b>	Wellbeing
<b>Learning Objectives</b>	
<b>2.1.1</b>	Describe the evidence base for the promotion of wellbeing and optimal child development
<b>2.1.2</b>	Create, implement and evaluate strategies for the promotion of child wellbeing and optimal development at a population level
<b>Theme 2.2</b>	Population Health Issues
<b>Learning Objectives</b>	
<b>2.2.1</b>	Describe research methodology and undertake health needs assessment
<b>2.2.2</b>	Plan, implement, monitor and evaluate child and youth health services
<b>DOMAIN 3</b>	<b>CHILD PROTECTION</b>
<b>Theme 3.1</b>	Safety and Wellbeing
<b>Learning Objectives</b>	
<b>3.1.1</b>	Describe population child protection issues
<b>3.1.2</b>	Promote the wellbeing and special needs of infants, children and young people in vulnerable populations
<b>3.1.3</b>	Identify children and young people at risk of or subject to child abuse and neglect
<b>3.1.4</b>	Describe intervention strategies for infants, children and young people who are at risk or have been victims of abuse and neglect
<b>Theme 3.2</b>	Abuse and Neglect
<b>Learning Objectives</b>	
<b>3.2.1</b>	Work with governmental and community child protection services
<b>3.2.2</b>	Recognise, assess and manage children and young people who have been physically abused
<b>3.2.3</b>	Recognise, assess and manage children and young people who have been sexually abused
<b>3.2.4</b>	Recognise, assess and manage children and young people who have been subject to neglect and emotional abuse, and who fabricate and/or induce illness
<b>3.2.5</b>	Develop medico-legal skills in evaluation and presentation of evidence

<b>DOMAIN 4</b>	<b>DEVELOPMENTAL AND BEHAVIOURAL PAEDIATRICS</b>
<b>Theme 4.1</b>	Normal Development, Behaviour, Learning and Emotion
<b>Learning Objectives</b>	
<b>4.1.1</b>	Outline theories and key concepts of development
<b>4.1.2</b>	Describe normal development, including normal variations of development
<b>4.1.3</b>	Describe factors impacting normal development
<b>Theme 4.2</b>	Assessment of Development, Behaviour, Learning and Emotion
<b>Learning Objectives</b>	
<b>4.2.1</b>	Describe screening and surveillance of development and learning
<b>4.2.2</b>	Describe assessment of development and learning
<b>Theme 4.3</b>	Disorders of Development, Behaviour, Learning and Emotion
<b>Learning Objectives</b>	
<b>4.3.1</b>	Describe the causes, natural history and clinical features of disorders of development, behaviour, learning and emotion
<b>4.3.2</b>	Describe the management of infants, children and young people with disorders of development, behaviour, learning and emotion
<b>4.3.3</b>	Describe the impacts of disorders of development, behaviour, learning and emotion on children, families and communities
<b>4.3.4</b>	Describe the legislative framework relevant to childhood disability

<b>DOMAIN 1</b>	<b>THE CRAFT OF COMMUNITY CHILD HEALTH</b>	
<b>Theme 1.1</b>	Professional Qualities Specific to Community Child Health	
<b>Learning Objective 1.1.1</b>	Develop ongoing professional development strategies	
<b>Attitudes</b>	<p>Recognise the necessity for structured, ongoing, regular peer support throughout professional life</p> <p>Practice strategies to protect, maintain and optimise own physical and emotional health, interpersonal relationships, and spiritual and general wellbeing</p>	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe the practice of supervision, including clinical supervision, professional supervision, peer support and mentorship</li> <li>describe the impact on the clinician of working with children and families around community child health issues, including: <ul style="list-style-type: none"> <li>child abuse</li> <li>chronic disease</li> <li>disability.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>establish and consult personal and professional support networks</li> <li>maintain regular clinical and professional supervision and peer support</li> <li>provide supervision for others.</li> </ul>	

<b>DOMAIN 1</b>	<b>THE CRAFT OF COMMUNITY CHILD HEALTH</b>	
<b>Theme 1.2</b>	Life Course Perspective on Health and Development	
<b>Learning Objective 1.2.1</b>	Describe the life course model and explain factors that influence child wellbeing	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe the influence of biological embedding of early life experience, or experience-based brain development, on subsequent health and development</li> <li>describe the concept of developmental trajectory</li> <li>describe the social determinants of health, including: <ul style="list-style-type: none"> <li>deprivation</li> <li>cultural dislocation</li> <li>family mental illness</li> <li>abuse and neglect</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>integrate an understanding of attachment and biological embedding and their impact on childhood wellbeing in clinical practice</li> <li>integrate an understanding of temperament into clinical practice</li> <li>incorporate knowledge of critical periods in development and factors that support resilience and optimal child wellbeing into management and management planning</li> <li>advocate for the importance of investing in infants, children and young people at all levels of government, with particular reference to early childhood</li> <li>identify and work with the relevant education system</li> </ul>	

DOMAIN 1	THE CRAFT OF COMMUNITY CHILD HEALTH	
Theme 1.2	Life Course Perspective on Health and Development	
Learning Objective 1.2.1	Describe the life course model and explain factors that influence child wellbeing	
<ul style="list-style-type: none"> <li>• describe the individual factors that impact on developmental trajectory and their implications for practice through an ecological framework, including: <ul style="list-style-type: none"> <li>• risk</li> <li>• resilience</li> <li>• empowerment</li> </ul> </li> <li>• identify and discuss critical development periods in an infant's, child's or young person's life</li> <li>• describe attachment theory and disorders of attachment, including their impact on child development</li> <li>• describe interventions proven to promote secure attachment and to treat disorders of attachment</li> <li>• describe temperament and its implication for health and development across childhood and adolescence</li> <li>• outline an ecological framework for understanding children's development</li> <li>• describe the implications of adverse childhood experiences, environments and gene-environment interactions on health and wellbeing outcomes across the life course, such as: <ul style="list-style-type: none"> <li>• trauma</li> <li>• perinatal adverse factors</li> </ul> </li> <li>• describe the cumulative risk for children experiencing adverse events from within a vulnerable population</li> <li>• describe the impact of the education sector on infant, child and youth development and wellbeing</li> <li>• outline key findings of relevant longitudinal and cross-sectional studies of infants, children and young people, including their strengths and limitations and implications for local practice</li> <li>• outline trends in socioeconomic inequality affecting Australian and New Zealand children</li> <li>• describe benefits of investing in infants, children and young people with reference to the relevant literature.</li> </ul>	<ul style="list-style-type: none"> <li>• work with children and families to promote resilience and empowerment and facilitate the development of systems to improve developmental trajectory</li> <li>• advocate for vulnerable populations</li> <li>• interpret and apply life course knowledge in the context of individual children, young people, and their families</li> <li>• interpret and apply life course knowledge in the context of community capacity building and resilience</li> <li>• adapt practice to meet the needs of at risk populations.</li> </ul>	

<b>DOMAIN 1</b>	<b>THE CRAFT OF COMMUNITY CHILD HEALTH</b>	
<b>Theme 1.2</b>	Life Course Perspective on Health and Development	
<b>Learning Objective 1.2.2</b>	Recognise and respond to the evolving developmental capacity in infants, children and young people	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe the cognitive, emotional and social capacity of infants, children and young people at different stages of their development.</li> </ul>	<ul style="list-style-type: none"> <li>incorporate into practice an understanding of the developmentally appropriate level of involvement of children and young people in their own care.</li> </ul>	

<b>DOMAIN 1</b>	<b>THE CRAFT OF COMMUNITY CHILD HEALTH</b>	
<b>Theme 1.3</b>	Family, Community and Environment	
<b>Learning Objective 1.3.1</b>	Explain the negative and/or therapeutic impact a child's environment can have on their wellbeing	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>recognise that infants, children and young people exist within a multi-level context of family, school/day care and community (ecological framework)</li> <li>describe models of the child and family within the social context</li> <li>discuss the impact of poverty and other adversities on the family unit</li> <li>describe how community systems can be used to support families.</li> </ul>	<ul style="list-style-type: none"> <li>identify and engage with local community networks and agencies</li> <li>apply knowledge of local community networks and agencies in the context of individual children, young people and families</li> <li>discuss community supports with families and provide advice on their best use</li> <li>help families engage with appropriate local community networks and agencies</li> <li>facilitate systems that support best outcomes for the child and family.</li> </ul>	

<b>DOMAIN 1</b>	<b>THE CRAFT OF COMMUNITY CHILD HEALTH</b>	
<b>Theme 1.4</b>	Advocacy	
<b>Learning Objective 1.4.1</b>	Advocate for infants, children, young people and their families	
<b>Attitudes</b>	<p>Exhibit respect for decision-makers, media, affected infants, children and young people and their families</p> <p>Recognise and act to limit potential risks of advocacy to infants, children, young people and families (e.g. loss of privacy)</p> <p>Present a clear vision for advocacy in different contexts and situations</p>	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe the principles and fundamental techniques of advocacy for individuals and their families</li> <li>describe strategies that patients and their families can use to advocate on their own behalf</li> <li>outline strategies for advocacy considering relevant state and federal government decision making processes regarding children’s services, including: <ul style="list-style-type: none"> <li>decision makers and why they make their decisions</li> <li>sources of information upon which these decisions are based</li> <li>how they evaluate their actions</li> <li>key considerations (political, financial, personal, professional).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>develop and use effective advocacy skills for families, infants, children and young people within population health, child protection and child development. Examples include: <ul style="list-style-type: none"> <li>on an individual and population basis</li> <li>across a variety of media and agencies</li> </ul> </li> <li>support families to advocate on their own behalf.</li> </ul>	

DOMAIN 1		THE CRAFT OF COMMUNITY CHILD HEALTH	
Theme 1.5		Working in Partnerships	
Learning Objective 1.5.1		Work collaboratively across sectors, agencies, organisations and professions to support best outcomes for infants, children and young people	
Attitudes		Work collaboratively and respectfully with others to achieve best outcomes for children, focusing on partnerships rather than hierarchical transactions	
Knowledge		Skills	
<ul style="list-style-type: none"> <li>describe differing team process models, including:               <ul style="list-style-type: none"> <li>unidisciplinary</li> <li>multidisciplinary</li> <li>interdisciplinary</li> <li>transdisciplinary</li> </ul> </li> <li>identify knowledge base and skills of other professionals, e.g. speech pathologist, psychologist, and their potential contribution to holistic diagnosis and management</li> <li>recognise the variety of theoretical frameworks from which different disciplines operate and their potential contribution to the team process</li> <li>describe dynamics of functional and dysfunctional multidisciplinary teams.</li> </ul>		<ul style="list-style-type: none"> <li>facilitate a multidisciplinary process that is able to arrive at a unified understanding, to create shared goals, priorities and strategies for management</li> <li>work effectively within a multidisciplinary team process.</li> </ul>	

DOMAIN 2		CHILD POPULATION HEALTH
Theme 2.1		Wellbeing
Learning Objective 2.1.1		Describe the evidence base for the promotion of wellbeing and optimal child development
Knowledge		Skills
<ul style="list-style-type: none"> <li>describe the evidence base for strengthening communities through promoting health and wellbeing of infants, children and young people</li> <li>describe determinants of wellbeing and disease in infants, children and young people and their implications for practice, including socioeconomic status, environment and culture</li> <li>describe relevant cultural models of health (e.g. Te Whare Tapa Wha for Māori)</li> <li>discuss modifiable risk factors and describe strategies to address these, including:               <ul style="list-style-type: none"> <li>injury</li> <li>immunisation status</li> <li>obesity</li> <li>breast feeding</li> <li>drug and alcohol issues.</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>advocate for the promotion of health and wellbeing for children and young people</li> <li>transfer knowledge to decision making bodies and families and young people</li> <li>incorporate knowledge of determinants of wellbeing into practice in a culturally competent manner.</li> </ul>

DOMAIN 2		CHILD POPULATION HEALTH
Theme 2.1		Wellbeing
Learning Objective 2.1.2		Create, implement and evaluate strategies for the promotion of child wellbeing and optimal development at a population level
Knowledge		Skills
<ul style="list-style-type: none"> <li>describe the drivers of policy and program implementation as distinct from research</li> <li>discuss the mechanisms for achieving change in legislation, policies, procedures and protocols</li> <li>discuss the methodologies for evaluating population health initiatives.</li> </ul>		<ul style="list-style-type: none"> <li>source and assess best available evidence relevant to local, state and national situation</li> <li>identify key stakeholders and viewpoints for important health issues</li> <li>interpret and apply legislation, policies, procedures and protocols in the unique context of local populations and families, to advance their health</li> <li>develop and implement strategies for child wellbeing and optimal development at a regional and local population level</li> <li>advocate effectively for change in legislation, policies, procedures and protocols to advance the health of populations and families.</li> </ul>

DOMAIN 2	CHILD POPULATION HEALTH	
Theme 2.2	Population Health Issues	
Learning Objective 2.2.1	Describe research methodology and undertake health needs assessment	
Attitudes	Show respect for community views Engage in debate in an objective and dispassionate manner	
Knowledge	Skills	
<ul style="list-style-type: none"> <li>outline principles of epidemiology and biostatistics, including descriptive and comparative statistics</li> <li>outline common research methodologies and designs, including: <ul style="list-style-type: none"> <li>study types</li> <li>measurements</li> <li>different populations, e.g. community, clinic</li> </ul> </li> <li>describe common statistical methods and terms, including: <ul style="list-style-type: none"> <li>types of data</li> <li>descriptive and inferential statistics</li> <li>tests of significance/confidence intervals</li> <li>measures of association/effect sizes</li> </ul> </li> <li>describe and recognise common study problems and flaws, including: <ul style="list-style-type: none"> <li>types of bias</li> <li>statistical concerns, e.g. power, sample size</li> <li>measurement limitations</li> </ul> </li> <li>describe different types of research: <ul style="list-style-type: none"> <li>descriptive</li> <li>clinical/intervention</li> </ul> </li> <li>describe process and application of child health screening and surveillance.</li> </ul>	<ul style="list-style-type: none"> <li>undertake, interpret and apply community needs assessment: <ul style="list-style-type: none"> <li>identify and use sources of health information</li> <li>select most appropriate data to describe issue</li> <li>recognise weaknesses in data</li> <li>present population health assessment to a variety of stakeholders</li> <li>develop and promote appropriate child health services using evidence from multiple sources</li> <li>write service plans and reports</li> </ul> </li> <li>identify opportunities, and barriers, for implementing research findings</li> <li>identify readily-accessible child health and other, e.g. education, welfare, justice, data sources</li> <li>identify modifiable risk factors prevalent in the local population, and describe strategies to address these</li> <li>identify basic health promotion and education models and apply these to common problems in child and adolescent health.</li> </ul>	

<b>DOMAIN 2</b>	<b>CHILD POPULATION HEALTH</b>	
<b>Theme 2.2</b>	Population Health Issues	
<b>Learning Objective 2.2.2</b>	Plan, implement, monitor and evaluate child and youth health services	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe funding models</li> <li>differentiate between service monitoring, evaluation and research</li> <li>define clinical and performance indicators</li> <li>outline principles of continuous quality improvement and clinical governance</li> <li>discuss the principles and methodologies for service evaluation</li> <li>explain importance of consumer and stakeholder input.</li> </ul>	<ul style="list-style-type: none"> <li>identify sources of funding</li> <li>apply for funding</li> <li>perform continuous quality improvement</li> <li>appraise consumer and stakeholder input</li> <li>communicate and engage with consumers and stakeholders.</li> </ul>	

DOMAIN 3	CHILD PROTECTION	
Theme 3.1	Safety and Wellbeing	
Learning Objective 3.1.1	Describe population child protection issues	
Knowledge	Skills	
<ul style="list-style-type: none"> <li>describe how social, economic and environmental factors make infants, children and young people vulnerable to child abuse, youth suicide, learning problems and developmental delay</li> <li>describe societal and familial risk factors for abuse and neglect, including parental drug and alcohol misuse and psychopathology, and factors contributing to resilience</li> <li>describe protective factors impacting on child safety and wellbeing</li> <li>describe dynamics of domestic violence in a family and long-term risks to the child and family</li> <li>describe specific issues impacting on child welfare in Māori and Pacific Islander peoples (NZ) and Aboriginal/Torres Strait Islander peoples (Australia), culturally and linguistically diverse populations, and the effect of culture and religion on parents' understanding of child health and family health care</li> <li>summarise basic principles and strategies for community participation in prevention of child abuse and neglect.</li> </ul>	<ul style="list-style-type: none"> <li>identify and advocate for populations at risk of abuse and neglect</li> <li>identify protective factors in at risk populations</li> <li>critically appraise research findings and interpretation.</li> </ul>	

DOMAIN 3		CHILD PROTECTION	
Theme 3.1		Safety and Wellbeing	
Learning Objective 3.1.2		Promote the wellbeing and special needs of infants, children and young people in vulnerable populations	
Knowledge		Skills	
<ul style="list-style-type: none"> <li>explain how health, educational, dental and psychosocial needs of infants, children and young people in out of home care can be placed in jeopardy</li> <li>describe short- and long-term effects of abuse and neglect on the developing brain</li> <li>describe long-term effects on cognitive and emotional development of exposure to domestic violence, stress, neglect and physical abuse</li> <li>describe the childhood manifestations of exposure to trauma and neglect</li> <li>describe effects of substance use, intellectual disability and mental health issues on parenting</li> <li>describe national, state and local strategies, policies and policy-making frameworks relating to child protection</li> <li>describe universal and targeted services for vulnerable children and tertiary services for children requiring a statutory response</li> <li>identify state and federal legislation, policies, procedures and protocols relating to infants, children and young people in out of home care</li> <li>identify legislation pertaining to Māori, Pacific Islander (NZ) and Aboriginal/Torres Strait Islander (Australia) infants, children and young people, e.g. the Aboriginal placement principle (for Australian trainees)</li> <li>describe types of alternate care, including kinship, foster and residential</li> <li>describe confidentiality issues that may impact on outcomes by limiting information sharing between agencies and carers</li> <li>describe additional support systems and groups available for infants, children and young people in out of home care e.g. Create Foundation, Department/Ministry of Education special assistance</li> </ul>		<ul style="list-style-type: none"> <li>advocate for infants, children and young people at risk of child abuse and neglect, including those in out of home care, on an individual and group basis</li> <li>recognise children and young people who are at risk of abuse and neglect in order to support the development of protective factors and minimise risk</li> <li>recognise children who may have been abused and refer appropriately</li> <li>conduct a comprehensive paediatric assessment, taking into account effects of abuse and neglect</li> <li>engage children/young people in decision making process at an appropriate developmental level</li> <li>work within local legislative requirements, including for mandatory reporting.</li> </ul>	

<b>DOMAIN 3</b>	<b>CHILD PROTECTION</b>	
<b>Theme 3.1</b>	Safety and Wellbeing	
<b>Learning Objective 3.1.2</b>	Promote the wellbeing and special needs of infants, children and young people in vulnerable populations	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe support and funding options for foster carers</li> <li>describe court process regarding placement and child protection care orders</li> <li>describe adoption laws and trends.</li> </ul>		

<b>DOMAIN 3</b>	<b>CHILD PROTECTION</b>	
<b>Theme 3.1</b>	Safety and Wellbeing	
<b>Learning Objective 3.1.3</b>	Identify children and young people at risk of or subject to child abuse and neglect	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe the evidence base for screening for family violence and child abuse.</li> </ul>	<ul style="list-style-type: none"> <li>develop effective interview and examination skills around child abuse, neglect and family violence.</li> </ul>	

<b>DOMAIN 3</b>	<b>CHILD PROTECTION</b>	
<b>Theme 3.1</b>	Safety and Wellbeing	
<b>Learning Objective 3.1.4</b>	Describe intervention strategies for infants, children and young people who are at risk or have been victims of abuse and neglect	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>• discuss policies and interventions that improve parental resilience and competence</li> <li>• outline principles of primary, secondary and tertiary prevention</li> <li>• outline early intervention strategies offered at a local, state and national level</li> <li>• describe evidence base, strengths and weaknesses of these strategies and compare with benchmark strategies in UK, Canada and US</li> <li>• discuss principles of children’s rights and in the best interest of the child and the legislative support for these concepts</li> <li>• describe types and effectiveness of post-abuse intervention strategies</li> <li>• describe the principles of child protection interventions used by government agencies</li> <li>• describe the role of targeted and universal home visiting programs</li> <li>• describe range and roles of child protection services in the community.</li> </ul>	<ul style="list-style-type: none"> <li>• participate in policy development</li> <li>• participate in service planning</li> <li>• participate in population health research related to at risk infants, children and young people and families</li> <li>• interact with child protection services appropriately</li> <li>• engage in collaborative post-abuse intervention strategies as appropriate.</li> </ul>	

<b>DOMAIN 3</b>	<b>CHILD PROTECTION</b>	
<b>Theme 3.2</b>	Abuse and Neglect	
<b>Learning Objective 3.2.1</b>	Work with governmental and community child protection services	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>• describe role of health, welfare and police professionals in the investigation and management of suspected child abuse, including function of relevant statutory bodies and the relevant legislation</li> <li>• describe role of other hospital-based professionals in the evaluation and management of suspected child abuse.</li> </ul>	<ul style="list-style-type: none"> <li>• participate in interagency case conferences</li> <li>• work with hospital-based child protection multidisciplinary teams</li> <li>• collaborate with other government agencies in the evaluation and management of various forms of child abuse</li> <li>• provide written and verbal opinion to other professionals.</li> </ul>	

<b>DOMAIN 3</b>		<b>CHILD PROTECTION</b>	
<b>Theme 3.2</b>		Abuse and Neglect	
<b>Learning Objective 3.2.2</b>		Recognise, assess and manage children and young people who have been physically abused	
<b>Knowledge</b>		<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe role of medical practitioner in diagnosis and assessment of child neglect and abuse and the child and caregiver interview process</li> <li>list indicators of child abuse</li> <li>recognise common clinical presentations of inflicted injury</li> <li>describe mechanisms and patterns of inflicted injury, particularly:               <ul style="list-style-type: none"> <li>abdominal and thoracic injuries</li> <li>burns</li> <li>fractures</li> <li>head trauma</li> <li>skin and soft tissue damage</li> </ul> </li> <li>discuss methods involved in formulating a differential diagnosis for victims of abuse</li> <li>describe diagnostic evaluation process for inflicted injury</li> <li>outline strategies to prevent further abuse.</li> </ul>		<ul style="list-style-type: none"> <li>take history and complete necessary forensic documentation</li> <li>seek informed consent to conduct a physical examination</li> <li>consider use of chaperone and ensure availability to all patients</li> <li>conduct physical examination, completing all necessary documentation and illustrating with diagrams and photographs</li> <li>use investigations, including imaging, haematological and ophthalmological investigations</li> <li>identify discrepancy between alleged mechanism of injury and findings</li> <li>prepare a written report identifying the specific needs of the abused child.</li> </ul>	

DOMAIN 3		CHILD PROTECTION	
Theme 3.2		Abuse and Neglect	
Learning Objective 3.2.3		Recognise, assess and manage children and young people who have been sexually abused	
Knowledge		Skills	
<ul style="list-style-type: none"> <li>• characterise:               <ul style="list-style-type: none"> <li>• clinical and behavioural indicators of child sexual abuse</li> <li>• normal genital and anal anatomy, including developmental changes and variations</li> <li>• normal sexual behaviours of children and young people</li> <li>• sexually transmitted diseases and their relationship to child sexual abuse</li> </ul> </li> <li>• describe processes involved in conducting a physical examination, including the role of colposcopy</li> <li>• describe processes involved in collecting forensic specimens</li> <li>• illustrate importance of ongoing support for abuse victims, including sexual abuse counselling</li> <li>• discuss basis for and methods of pregnancy testing, testing for sexually transmitted infections and prophylaxis for children and young people</li> <li>• discuss methods involved in formulating a differential diagnosis for victims of abuse</li> <li>• recognise professional limitations of a paediatrician</li> <li>• recognise role of police and child protection workers.</li> </ul>		<ul style="list-style-type: none"> <li>• take medical and sexual history</li> <li>• conduct physical examination, including genital and colposcopic examination within clinical competency</li> <li>• consider use of chaperone and ensure availability to all patients</li> <li>• prepare documentation appropriate for level of care</li> <li>• evaluate signs and form an opinion regarding the likelihood of child sexual abuse</li> <li>• show sensitivity to child, young person and family</li> <li>• prepare a written report identifying the specific needs of the abused child.</li> </ul>	

<b>DOMAIN 3</b>	<b>CHILD PROTECTION</b>	
<b>Theme 3.2</b>	Abuse and Neglect	
<b>Learning Objective 3.2.4</b>	Recognise, assess and manage children and young people who have been subject to neglect and emotional abuse, and who fabricate and/or induce illness	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>• identify risk factors for and indicators of child neglect and abuse, especially in vulnerable children</li> <li>• outline relevant state and federal legislation (Australia/New Zealand as applicable) addressing the neglect and emotional abuse of children and young people</li> <li>• describe effects of domestic violence on children and families</li> <li>• describe signs of fabricated and induced illness</li> <li>• identify and discuss interventions, programs and services available.</li> </ul>	<ul style="list-style-type: none"> <li>• seek informed consent to conduct a physical examination</li> <li>• consider use of chaperone and ensure availability to all patients</li> <li>• conduct physical and developmental assessment</li> <li>• evaluate history and assessment and form opinion about likelihood of neglect</li> <li>• screen for and respond to family violence</li> <li>• liaise with a range of agencies and carers to improve access of child or young person to intervention services</li> <li>• order appropriate tests</li> <li>• maintain contemporaneous medical records</li> <li>• prepare a written report identifying the specific needs of the abused child.</li> </ul>	

<b>DOMAIN 3</b>	<b>CHILD PROTECTION</b>	
<b>Theme 3.2</b>	Abuse and Neglect	
<b>Learning Objective 3.2.5</b>	Develop medico-legal skills in evaluation and presentation of evidence	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>• discuss state and federal child protection legislation</li> <li>• describe role of courts responsible for child protection and family law and relevant courts of appeal</li> <li>• describe role of a medical expert in legal proceedings</li> <li>• describe the process involved in preparing a medico-legal report</li> <li>• define child or young person's role as a witness and recognise importance and difficulty of role</li> <li>• describe the presentation of evidence appropriate for the court.</li> </ul>	<ul style="list-style-type: none"> <li>• collect medical evidence and complete documentation</li> <li>• conduct literature review to support medico-legal evidence</li> <li>• form a valid opinion based on evidence collected</li> <li>• prepare medico-legal reports.</li> </ul>	

<b>DOMAIN 4</b>	<b>DEVELOPMENTAL AND BEHAVIOURAL PAEDIATRICS</b>
<b>Theme 4.1</b>	Normal Development, Behaviour, Learning and Emotion
<b>Learning Objective 4.1.1</b>	Outline theories and key concepts of development
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>describe key developmental theories, e.g. Piaget, Eriksson, Vygotsky, etc</li> <li>describe key developmental concepts, e.g. neuroplasticity, theory of mind, attachment, family systems theory.</li> </ul>	<ul style="list-style-type: none"> <li>incorporate an understanding of developmental theory and key concepts into clinical practice.</li> </ul>

<b>DOMAIN 4</b>	<b>DEVELOPMENTAL AND BEHAVIOURAL PAEDIATRICS</b>
<b>Theme 4.1</b>	Normal Development, Behaviour, Learning and Emotion
<b>Learning Objective 4.1.2</b>	Describe normal development, including normal variations of development
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>describe normal developmental milestones and domains of development such as social and emotional, cognitive, gross and fine motor and communication</li> <li>describe normal variations in developmental milestones and sequence</li> <li>describe the relationship between developmental stages and functional capacity.</li> </ul>	<ul style="list-style-type: none"> <li>incorporate an understanding of normal development and normal variation into clinical practice</li> <li>incorporate an understanding of how different stages of development impact upon a child's functional capacity into clinical practice.</li> </ul>

<b>DOMAIN 4</b>	<b>DEVELOPMENTAL AND BEHAVIOURAL PAEDIATRICS</b>	
<b>Theme 4.1</b>	Normal Development, Behaviour, Learning and Emotion	
<b>Learning Objective 4.1.3</b>	Describe factors impacting normal development	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe prenatal factors impacting on childhood development e.g. chromosomal, adverse in utero environment</li> <li>describe perinatal factors impacting on childhood development e.g. prematurity, birth asphyxia</li> <li>describe factors during childhood impacting on development e.g. postnatal depression, deprivation, family environment, trauma, chronic disease, sensory impairment.</li> </ul>	<ul style="list-style-type: none"> <li>identify and address risk and resilience factors impacting on infant, child and young person's development.</li> </ul>	

<b>DOMAIN 4</b>	<b>DEVELOPMENTAL AND BEHAVIOURAL PAEDIATRICS</b>	
<b>Theme 4.2</b>	Assessment of Development, Behaviour, Learning and Emotion	
<b>Learning Objective 4.2.1</b>	Describe screening and surveillance of development and learning	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>discuss the difference between screening, surveillance and assessment</li> <li>characterise early presentations of developmental delay</li> <li>describe developmental screening tools, their benefits and limitations, such as: <ul style="list-style-type: none"> <li>Denver II</li> <li>Parents Evaluation Developmental Status (PEDS)</li> <li>Ages and Stages Questionnaire (ASQ)</li> <li>Brigance Early Childhood Screens</li> </ul> </li> <li>discuss the role of other health professionals in the screening and surveillance of development and learning.</li> </ul>	<ul style="list-style-type: none"> <li>apply appropriate screening and surveillance methods</li> <li>interpret abnormal results of screening, and outline referral pathways.</li> </ul>	

DOMAIN 4		DEVELOPMENTAL AND BEHAVIOURAL PAEDIATRICS	
Theme 4.2		Assessment of Development, Behaviour, Learning and Emotion	
Learning Objective 4.2.2		Describe assessment of development and learning	
Knowledge		Skills	
<ul style="list-style-type: none"> <li>describe the biopsychosocial framework for understanding a child's presentation</li> <li>describe various methods for gathering data about developmental-behavioural problems (key elements of history and examination, behavioural observation, assessment tools, medical investigation)</li> <li>describe commonly used assessment instruments, including:               <ul style="list-style-type: none"> <li>rating scales, e.g. Conners, Child Behaviour Checklist (CBCL)</li> <li>interview tools, e.g. Autism Diagnostic Interview-Revised (ADI-R)</li> <li>observation tools:                   <ul style="list-style-type: none"> <li>developmental, e.g. Griffiths Mental Development Scales, Bayley Scales of Infant Development</li> <li>autism spectrum disorder (ASD) specific, e.g. Childhood Autism Rating Scale (CARS), Autism Diagnostic Observation Schedule (ADOS)</li> <li>those used by allied health practitioners</li> </ul> </li> </ul> </li> <li>describe standard classification systems, including:               <ul style="list-style-type: none"> <li>diagnostic, e.g. ICD (International Classification of Disease), DSM (Diagnostic and Statistical Manual of Mental Disorders)</li> <li>functional, e.g. ICF (International Classification of Functioning, Disability and Health).</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>perform a comprehensive assessment of a child's development, behaviour, learning and emotion taking into account biological, psychological and social environmental factors</li> <li>gather assessment data using a range of methods:               <ul style="list-style-type: none"> <li>skilful interviewing (parents, child/young person)</li> <li>behavioural observation in:                   <ul style="list-style-type: none"> <li>clinical settings, including Mental State Examination, parent-child interactions</li> <li>naturalistic settings, e.g. daycare centre</li> </ul> </li> </ul> </li> <li>use or interpret instruments appropriate to the clinical context:               <ul style="list-style-type: none"> <li>physical examination</li> <li>collateral data, e.g. from other informants</li> <li>biomedical investigation</li> <li>judicious referral for allied health assessment</li> </ul> </li> <li>integrate information from multiple sources into a coherent diagnostic formulation</li> <li>communicate assessment findings effectively to parents and child/young person</li> <li>summarise assessment findings and management plan succinctly in written reports.</li> </ul>	

DOMAIN 4		DEVELOPMENTAL AND BEHAVIOURAL PAEDIATRICS	
Theme 4.3		Disorders of Development, Behaviour, Learning and Emotion	
Learning Objective 4.3.1		Describe the causes, natural history and clinical features of disorders of development, behaviour, learning and emotion	
Knowledge		Skills	
<ul style="list-style-type: none"> <li>describe current scientific evidence around aetiology and prognosis for the range of disorders of development and behaviour, e.g. attention deficit hyperactivity disorder (ADHD), ASDs, fetal alcohol syndrome, genetic conditions, e.g. trisomy 21, fragile X, tuberous sclerosis, intellectual disability</li> <li>describe clinical features and diagnostic constructs of commonly encountered conditions in developmental and behavioural paediatric practice, including disorders of: <ul style="list-style-type: none"> <li>cognition, global intellectual impairment, specific learning disabilities</li> <li>communication</li> <li>social skills, including ASDs</li> <li>motor control, developmental coordination disorder (DCD), cerebral palsy</li> <li>self regulation, ADHD, executive function disorders, disruptive behaviour such as defiance and aggression</li> <li>attachment</li> <li>emotional regulation and mood, e.g. anxiety, obsessive/compulsive disorder (OCD), school refusal, somatising disorders, depression and self-harm</li> <li>daily living skills, sleeping and feeding problems, elimination disorders</li> <li>sensory impairments, vision, hearing</li> <li>repetitive behaviours and tics, including Tourette's syndrome</li> <li>conditions with a defined biological aetiology, e.g. genetic/syndromal, fetal alcohol syndrome</li> </ul> </li> <li>describe appropriate methods of investigation for the above conditions</li> <li>describe evidence-based management strategies for the above conditions</li> <li>describe the role of multidisciplinary teams, multisectoral services and medical and surgical subspecialties in the diagnosis of commonly encountered conditions in developmental and behavioural paediatric practice.</li> </ul>		<ul style="list-style-type: none"> <li>incorporate understanding of aetiological factors into assessment and management</li> <li>use understanding of developmental and behavioural disorders in diagnostic formulations</li> <li>incorporate assessments from other disciplines into diagnostic formulation</li> <li>identify comorbidities</li> <li>develop and test a diagnostic differential.</li> </ul>	

DOMAIN 4		DEVELOPMENTAL AND BEHAVIOURAL PAEDIATRICS	
Theme 4.3		Disorders of Development, Behaviour, Learning and Emotion	
Learning Objective 4.3.2		Describe the management of infants, children and young people with disorders of development, behaviour, learning and emotion	
Knowledge		Skills	
<ul style="list-style-type: none"> <li>describe the role of the specialist in community child health in the management of common conditions in developmental and behavioural practice</li> <li>describe the role of multidisciplinary teams, multisectoral services and medical and surgical subspecialties in the management of these conditions</li> <li>differentiate between effective and ineffective early interventions</li> <li>describe the use of medications in these conditions, including indications, contraindications, risks and benefits, monitoring etc , and discuss the strategies for long-term medication management</li> <li>describe management strategies for severely impaired children, including: <ul style="list-style-type: none"> <li>central nervous system, e.g. epilepsy, shunts</li> <li>musculoskeletal, e.g. ambulatory technologies</li> <li>gastrointestinal tract, e.g. feeding technologies, constipation, saliva</li> </ul> </li> <li>describe the use of short- and long-term interventions in the management of these conditions</li> <li>describe development of management plan using short- and long-term interventions</li> <li>evaluate behaviour and functional outcomes in context of developmental change over time</li> <li>describe empowerment and recognise importance of teaching parents, children and young people to understand and manage their own issues</li> <li>describe alternative and augmented communication strategies</li> </ul>		<ul style="list-style-type: none"> <li>interpret the functional impact of a disorder on the child/young person and their family, and how this may impact on management</li> <li>use diagnostic formulation to construct an individualised, multi-modal management plan</li> <li>individualise intervention strategies according to child/family needs and circumstance</li> <li>integrate short-term interventions into a longer term management plan including: <ul style="list-style-type: none"> <li>goal setting, short and long-term</li> <li>systematic review of progress</li> <li>anticipatory guidance</li> </ul> </li> <li>build child/young person's resilience through identifying interests and skills from the outset, improving the child's understanding of their condition and involving the child in choice of goals and strategies, select a clearly identified intervention team, identifying and discussing roles for each member</li> <li>prescribe and monitor the administration of medication, including providing information to child and parents</li> <li>maximise use of window of opportunity created by medication and set developmental intervention goals e.g. behaviour, education, social, self-esteem</li> <li>practice physician interventions, including: <ul style="list-style-type: none"> <li>behavioural recommendations</li> <li>simple CBT</li> </ul> </li> <li>introduce concepts of chronic disease management and long-term outcomes early in treatment</li> <li>establish a long-term management team, identifying and educating those to be involved, and involving them in continual management</li> </ul>	

DOMAIN 4	DEVELOPMENTAL AND BEHAVIOURAL PAEDIATRICS	
Theme 4.3	Disorders of Development, Behaviour, Learning and Emotion	
Learning Objective 4.3.2	Describe the management of infants, children and young people with disorders of development, behaviour, learning and emotion	
<ul style="list-style-type: none"> <li>• describe theories, evidence base and assumptions behind common therapies:               <ul style="list-style-type: none"> <li>• behavioural e.g. positive parenting program (Triple P), Incredible Years</li> <li>• therapy as skill, knowledge, practice</li> <li>• specific allied health, e.g. fine motor and occupational therapy</li> <li>• psychodynamic, e.g. sand play</li> <li>• family systems and therapy</li> </ul> </li> <li>• describe the use of common interventions in these conditions, including cognitive behavioural therapy (CBT), parenting programs, family systems therapy, allied health interventions</li> <li>• describe the different levels of school support available for children with developmental, learning, behavioural or emotional difficulties</li> <li>• outline strategies to manage questionable, complementary or alternative practices</li> <li>• describe the need for ongoing monitoring in the management of these conditions, including the prevention, early recognition, and management of complications of these conditions.</li> </ul>	<ul style="list-style-type: none"> <li>• communicate and work effectively with education and other systems, e.g. nongovernment organisations (NGOs), through written information, phone communication and school visits</li> <li>• establish clear case management guidelines with clear follow-up intervals</li> <li>• educate those involved about nature of problems, e.g. advocacy and demystification</li> <li>• advocate for appropriate assistance for child and family.</li> </ul>	

<b>DOMAIN 4</b>	<b>DEVELOPMENTAL AND BEHAVIOURAL PAEDIATRICS</b>	
<b>Theme 4.3</b>	Disorders of Development, Behaviour, Learning and Emotion	
<b>Learning Objective 4.3.3</b>	Describe the impacts of disorders of development, behaviour, learning and emotion on children, families and communities	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe the impact of developmental and behavioural problems on families.</li> <li>recognise legislation and policy related to disability: <ul style="list-style-type: none"> <li>state – e.g. funding systems within education</li> <li>national - e.g. Disability Services Act 1986, Disability Discrimination Act 1992</li> <li>international - e.g. Individuals with Disabilities Education Act 1974 (USA)</li> </ul> </li> <li>recognise key principles and obligations of the UN Convention on Rights of People with Disability, enacted 2008</li> <li>identify resources available to assist families, e.g. financial, educational, social, respite.</li> </ul>	<ul style="list-style-type: none"> <li>assess and incorporate into formulation the impact of the child’s disability on the family and the family context</li> <li>assess and communicate the needs of the child and family.</li> <li>use and advocate for appropriate resources to assist families.</li> </ul>	

# APPENDIX

## Advocacy skills

Trainees are encouraged to learn the theory of advocacy and to undertake supervised activities to put the theory into practice.

## Example activities

- Visit a school where you have to talk to many staff, and achieve a predetermined result for the benefit of a child you are seeing.
- Be a trainee representative, or some other role, in a decision making committee of some kind.
- Meet with a school principal, and discuss how special needs funding and services are distributed and evaluated.
- Organise for a senior member of your state health service bureaucracy, and the head of your children's hospital, to come and talk to you about how services for developmental and behavioural, child protection or population health problems fit into their vision of state government health care responsibilities for children, how they evaluate success, and share their ideas about successful strategies to advocate for change.
- Organise for your local member (state, federal) to come and talk to you about their perspective of child health needs/ issues, examples of successful advocacy activities, and share ideas for how you can advocate.
- Plan, undertake, and evaluate an advocacy activity of your own, perhaps as a group of trainees. Such work could be presented at the annual special interest group meetings or published in the College journal.

## Glossary of Acronyms and Initialisms

<b>ADHD</b>	Attention deficit hyperactivity disorder
<b>ADI-R</b>	Autism Diagnostic Interview-Revised
<b>ADOS</b>	Autism Diagnostic Observation Schedule
<b>ASD</b>	Autism spectrum disorder
<b>ASQ</b>	Ages and Stages Questionnaire
<b>CARS</b>	Childhood Autism Rating Scale
<b>CBCL</b>	Child Behaviour Checklist
<b>CBT</b>	Cognitive behavioural therapy
<b>DCD</b>	Developmental coordination disorder
<b>DSM</b>	Diagnostic and Statistical Manual of Mental Disorders
<b>ICD</b>	International Classification of Diseases
<b>ICF</b>	International Classification of Functioning, Disability and Health
<b>NGO</b>	Nongovernment organisation
<b>OCD</b>	Obsessive/compulsive disorder
<b>PEDS</b>	Parents Evaluation Developmental Status