

Advanced Training in General Paediatrics

Example trainee journeys

These trainee journeys provide fictional examples of rotations that trainees may undertake during General Paediatrics Advanced Training, and how those rotations relate to the learning themes and professional experience requirements in the proposed new General Paediatrics curriculum



Year 1 Year 2 Year 3 Sophie moved to an outer-metropolitan In her final phase, Sophie undertook an hospital, completing another General Sophie began her Advanced Training in a **Adolescent and Young Adult Medicine** Paediatrics rotation with weekly tertiary General Paediatrics rotation, rotation with a strong outpatient focus, outpatient clinics for behavioural and managing deteriorating patients as part of supporting patients with behavioural and **Training** developmental patients. She gained the after-hours roster. She then completed developmental needs. She then rotations experience managing paediatric and a respiratory rotation, developing skills completed a rural rotation involving nursery inpatients, admitting patients from in clinical audit and service improvement. weekly outpatient clinics, inpatient and the emergency department, and nursery care and emergency admissions. completed the Child Protection Course. → Developmental & behavioural paediatrics LG 14 Neonatal & perinatal medicine LGs 7 & 12 **Y** Acute and emergency care LGs 7 & 13 MADOLESCENT and young adult medicine LG 15 Learning themes Child safety and maltreatment LG 16 Research & quality improvement LGs 1 & 4 Rural paediatrics LGs 10 & 17 addressed Promote improved outcomes LG 9 **Developmental Essential General Essential General Paediatrics (core)** Hospital Non-core **Professional** and Behavioural Paediatrics (core) Paediatrics (core) experience Paediatrics (core) requirements met 6-month rotation 6-month rotation 12-month rotation 6-month rotation 6-month rotation

Full time

Full time

Full time

Full time

Full time

Year 2 Year 1 Year 3 Daniel started his advanced training at Daniel's second year was a full-time In his final phase, Daniel continued the rural rotation, combining paediatric a Child Protection unit rotation with a full-time rural rotation, building on his and neonatal inpatient care, significant outpatient component experience with paediatric and participation in the on-call roster, and including patients with behavioural **Training** neonatal inpatients, on-call rotations and/or developmental problems. He regular outpatient clinics involving responsibilities and outpatient behavioural and developmental finished the phase off with a NICU management of behavioural and rotation. patients. developmental cases. Child safety and maltreatment LG 16 **Rural paediatrics** LGs 10 & 17 **№ Promote improved outcomes** LG 9 Learning Pr Acute and emergency care LG 7 & 13 Research & quality improvement LGs 1 & 4 themes **▼ Developmental & behavioural paediatrics** LG 14 addressed * Neonatal & perinatal medicine LGs 7 & 12 Adolescent and young adult medicine LG 15 **Essential General Essential General Paediatrics (core), Developmental** and Hospital Professional Paediatrics (core) Non-core Behavioural Paediatrics (core) experience Paediatrics (core) requirements met 12-month rotation 12-month rotation 6-month rotation 6-month rotation Full time Full time Full time Full time

Years 1&2

Amira is a part-time trainee who began her Advanced Training in an **Emergency Department role**, gaining broad experience in acute paediatrics and complex presentations. Her next rotation was an outer-metropolitan **General Paediatrics placement**, where she managed nursery and inpatient cases, admitted patients from the emergency department, and attended a weekly behavioural and developmental outpatient clinic.

Years 2&3

Amira continued training in an outermetropolitan **General Paediatrics rotation**, further developing her inpatient and outpatient management skills and completing the Child Protection course. Her subsequent metropolitan **Aboriginal Health rotation** had a strong outpatient focus, where she provided culturally responsive care and supported children presenting with developmental and behavioural needs.

Years 5&6

In her final phase, Amira undertook a **Child Developmental Service rotation**, gaining deeper experience in multidisciplinary outpatient care and long-term developmental management. Her final rotation was a metropolitan-based **Rural Paediatrics placement***, approved prospectively with a tailored learning plan. This involved coordinating care for complex inpatients from rural areas, liaising regularly with rural referral hospitals and leading outreach clinics to remote sites to deliver paediatric services and acute support.

Training rotations

Acute and emergency care LG 7 & 13

- Rural paediatrics LGs 10 & 17
- Research & quality improvement LGs 1 & 4
- * Neonatal & perinatal medicine LGs 7 & 12

- **Child safety and maltreatment** LG 16
- Adolescent and young adult medicine LG 15
- **Developmental & behavioural paediatrics** LG 14
- **№** Promote improved outcomes LG 9

- **➡ Developmental & behavioural paediatrics** LG 14
- **♀ Rural paediatrics*** LGs 14 & 17
- Research & quality improvement LGs 1 & 4

Professional experience requirements met

Learning

themes

addressed

Hospital Paediatrics (core)

- 12-month rotation
- 0.5 FTE

Essential General Paediatrics (core)

- 12-month rotation
- 0.5 FTE

Essential General Paediatrics (core)

- 12-month rotation
- 0.5 FTE

Developmental and Behavioural Paediatrics (core)

- 12-month rotation
- 0.5 FTE

Developmental and Behavioural Paediatrics (core)

- 12-month rotation
- 0.5 FTE

Non-core

- 12-month rotation
- 0.5 FTE

This is a fictional journey for illustrative purposes only. In addition to rotations, trainees need to meet the progression criteria to progress to the next phase of training and fulfill all learning and assessment requirements of the curriculum.

*This trainee would need to successfully apply for special consideration to be exempt from the mandatory 6-month rural rotation.

Year 1 Year 2 Year 3 Liam spent this phase in a rural rotation, In his final phase, Liam undertook a **State** Liam began his Advanced Training in a participating in the on-call roster and Child Developmental Service rotation with tertiary General Paediatrics rotation, managing paediatric and nursery inpatients. a strong outpatient focus, supporting patients responding to deteriorating patients as part of He also ran weekly outpatient clinics that with behavioural and developmental the after-hours roster. He then continued in included behavioural and developmental problems. He completed training at an **Training** another tertiary General Paediatrics patients and admitted patients from the rotations accredited private child development rotation, building on his acute care emergency department. clinic, further strengthening his outpatient experience and completing the Child Protection course. expertise. Acute and emergency care LG 7 & 13 Promote improved outcomes LG 9 Research & quality improvement LGs 1 & 4 Learning Rural paediatrics LGs 10 & 17 Developmental & behavioural paediatrics LG 14 themes Adolescent and young adult medicine LG 15 addressed * Neonatal & perinatal medicine LGs 7 & 12 Child safety and maltreatment LG 16 Hospital Non-core **Essential General Developmental and Developmental and Professional** Paediatrics (core) Paediatrics (core) **Behavioural Behavioural** experience Paediatrics (core) Paediatrics (core) requirements met 6-month rotation 6-month rotation 12-month rotation 6-month rotation 6-month rotation Full time Full time Full time Full time Full time

Year 2 Year 1 Year 3 She then undertook a rural rotation In her final year, Isabella took on a **Medical** Isabella began her Advanced Training in an combining paediatric and neonatal inpatient Education Registrar role (0.5 FTE) and outer-metropolitan General Paediatrics care, on-call responsibilities and weekly tertiary General Paediatrics rotation (0.5 rotation, which included weekly behavioural behavioural and developmental outpatient FTE), which included responding to and developmental outpatient clinics, clinics. Her next role was as a Refugee deteriorating patients as part of the after-**Training** exposure to paediatric and nursery inpatients Health Registrar, with a significant rotations hours roster and completion of the Child and admitting patients from the emergency outpatient focus and regular exposure to Protection Course. This was a single 12department. She completed the Child behavioural and developmental month rotation. Protection course during this time before presentations. moving into a PICU rotation. Child safety and maltreatment LG 16 Research & quality improvement LGs 1 & 4 Acute and emergency care LG 7 & 13 Promote improved outcomes LG 9 Learning themes Neonatal & perinatal medicine LGs 7 & 12 Rural paediatrics LGs 10 & 17 Adolescent and young adult medicine LG 15 addressed **➡ Developmental & behavioural paediatrics** LG 14 **Essential General** Hospital **Essential General Developmental and** Non-core 12-month rotation Paediatrics (core) Paediatrics (core) Paediatrics (core) **Behavioural Professional** experience Paediatrics (core) 0.5 FTE requirements **Hospital Paediatrics (core)** met 12-month rotation 6-month rotation 6-month rotation 6-month rotation 6-month rotation

Full time

Full time

Full time

Full time

0.5 FTE

Year 2 Year 1 Year 3 Rafi continued in a rural rotation with Rafi completed his training with Rafi began training in a rural rotation a significant outpatient component, another rural rotation, providing that included weekly behavioural and managing patients with behavioural inpatient care for paediatric and developmental outpatient clinics, and developmental problems and nursery patients, admitting from the exposure to paediatric and nursery **Training** consolidating his clinical and emergency department and attending inpatients, admitting patients from the rotations procedural skills across varied to acutely deteriorating patients as part emergency department and presentations. of the on-call roster. participation in the on-call roster. He also completed the Child Protection course. Rural paediatrics LGs 10 & 17 Developmental & behavioural paediatrics LG 14 Learning Promote improved outcomes LG 9 **Operation Acute and emergency care** LGs 7 & 13 Child safety and maltreatment LG 16 themes addressed Adolescent and young adult medicine LG 15 Neonatal & perinatal medicine LGs 7 & 12 Research & quality improvement LGs 1 & 4 Hospital Paediatrics (core) and non-core **Essential General Developmental and Behavioural** Paediatrics (core) Paediatrics (core) Professional experience requirements met 12-month rotation 12-month rotation 12-month rotation Full time Full time Full time