QRGP Prevocational Training Program: paediatrics training outcomes

Learning objectives

Paediatric Care

RG prevocational doctors require experience in assessing and caring for children and adolescents presenting with acute, chronic or development issues. Learning activities include:

- seeing paediatric patients as the first point of contact.
- exposure to paediatric emergency department attendances.
- assessment and management of a child presenting with medical, surgical, developmental, or social issues.
- opportunities to learn to recognise, diagnose and manage a seriously ill child.
- opportunities to follow up paediatric patients, where practical, during admission and after discharge.
- developmental assessment.
- exposure to a broad spectrum of acute paediatric presentations.
- childhood immunisation.
- neonatal and paediatric resuscitation.

10-week placements are highly desirable, 5-week placements are acceptable.
Depending on the scope of practice this placement may be suitable for an undifferentiated, acute, or chronic care placement.

QRGP Prevocational Logbook

The QRGP Prevocational Logbook paediatric skills are outlined below. Logbook items marked in blue are also suitable for an Entrustable Professional Activity (EPA). While it is not a requirement, trainees seeking out a supervisor to sign off these logbook items, may wish to consider asking their supervisor to undertake an EPA at the same time as this would substantially enhance the learning obtained from this episode of care.

Child & Adolescent

A - Prevocational doctor operating independently – demonstrate on a real patient
Local anaesthesia
Venous blood sampling
Use of respiratory med delivery devices Note: This activity is suitable for EPA3
Use of spacer devices Note: This activity is suitable for EPA3
Nebulisation therapy Note: This activity is suitable for EPA3
Repair of superficial skin laceration Note: This activity is suitable for EPA3
Conduct a developmental assessment Note: This activity is suitable for EPA1
Write an asthma management plan Note: This activity is suitable for EPA 3
HEADSS assessment Note this activity is suitable for EPA1

B - Performed to a pass standard in a certified course in a simulated environment
Endotracheal intubation
Intravenous access

EPAs

As in any 10-week clinical placement, the Australian Medical Council (AMC) requires two EPAs: EPA1 plus one of either EPAs 2, 3 or 4.

EPA	Description
EPA 1 – Clinical Assessment	e.g. Assessment of a child presenting with an acute medical problem, incorporating history, examination, investigations, formulation of a differential diagnosis, and a management plan. Suitable presentations would include: • GP, ED, OPD presentation. • Hospital admission. • Well baby check. • Developmental assessment. • Request to review a patient on the ward.

plus one of either

EPA	Description
EPA 2 – Recognition and care of an acutely unwell patient	e.g. Examine, investigate, diagnose and manage an acutely unwell child. Assess clinical and situational risk, identify unstable or potentially unstable scenarios and escalate when indicated. The child does not necessarily need to be critically ill. This EPA is distinguished from EPA1 by the need for a systematic clinical and situational risk assessment to inform the development of an appropriate and safe management plan in the context in which the child presents. For example: • A critically ill child. An infant presenting with fever, vomiting, diarrhoea and dehydration. • A child presenting with SOB (e.g. bronchiolitis croup, asthma).

OR

EPA	Description
EPA 3 – Prescribing	e.g. Prescribe treatment for a child tailored to the child's needs and condition. Explain the therapy to the family including dosing and administration. Suggestions include: • Prescribing drugs, fluids, blood products and inhalational therapies including oxygen. • Demonstrating the use of a respiratory deliver device and/or spacer. • Nebulisation therapy. • Asthma management plan.

OR

EPA	Description
EPA 4 – Handover	e.g. Referral or handover care of a child to another health care provider, including concise and accurate verbal handover, and documentation to ensure ongoing continuity of care. Suggestions include: • Handover of care, or referral within the facility. • Specialist referral. • Referral for ED assessment or hospital admission. • ED referral for admission to hospital. • Transfer of care to another clinical unit or health care facility, • Discharge from hospital.

Many of the items listed in the QRGP Prevocational Logbook are suitable for an EPA and can serve as a valuable learning opportunity. EPAs which are not suggested in the QRGP Logbook can and are encouraged to be undertaken. While undertaking EPAs of Logbook items is not a QRGP requirement, the list does provide Rural Generalist trainees valuable guidance on the types of everyday clinical tasks that are important for vocational training and can assist to meet EPA requirements.

The QRGP recommends that two anaesthetic, two O&G and two paediatric EPAs are undertaken during prevocational training. These EPAs do not necessarily need to be undertaken during dedicated anaesthetic, O&G or paediatric terms. Rather, they can be undertaken in any clinical placement providing the appropriate opportunity and supervision.

The QRGP has provided four examples of suitable paediatric EPAs (unrelated to the QRGP Logbook) overleaf to assist trainees to identify suitable cases and understand the standard that is expected. *These are intended as a guide to fulfilling the AMC's two EPAs per term requirement.*

EPA1: Clinical assessment of a child or adolescent

Title	**Assessment of a child presenting with an acute medical problem, incorporating history, examination, and formulation of a differential diagnosis, a management plan, and appropriate investigations.**
Focus and Context	Suitable presentations / scenarios would include: • GP consultations. • ED presentations. • Outpatient presentations. • Well baby check. • Developmental assessment. • Hospital admission. • Reviewing a child in response to a particular concern. • Ward-call. • Ward round. *This activity can be undertaken in multiple settings (community, rural, regional and urban), including: GP clinics, emergency departments, inpatient and outpatient units.*
Description	This activity requires the ability to, where appropriate or possible: 1. Obtain a history from the parent or care giver. 2. Examine the patient. 3. Consider and integrate information from the patient's social circumstances and support systems, clinical record, clinical assessments, relevant facility protocols, locally available services, guidelines or literature. 4. Develop provisional and differential diagnoses and/or problem lists. 5. Produce a management plan, confirm as appropriate with a senior colleague. 6. Communicate critical information in a concise, accurate and timely manner to facilitate decision-making: 7. Explain the diagnosis, answer questions and negotiate the proposed plan with the parents or caregiver. 8. Implement the management plan, initiate and perform appropriate investigations and procedures, document the assessment, including indications for follow-up.

EPA2: Risk assessment and management of an acutely unwell child

Title	**Examine, investigate, diagnose and manage an acutely unwell child or adolescent. Assess clinical and situational risk, identify unstable or potentially unstable scenarios and escalate when indicated.**
Focus and Context	This EPA is based on EPA2 and applies to an acutely unwell child or adolescent presenting to a GP clinic, ED, outpatient department or inpatient unit who requires risk assessment. The child does not necessarily need to be critically ill. Rather, a systematic clinical and situational risk assessment is required to inform the development of an appropriate and safe management plan in the context in which the child presents. For example: • A critically ill child. • An infant presenting with fever, vomiting, diarrhoea and dehydration. • A child presenting with respiratory difficulties (e.g. bronchiolitis croup, asthma). The critical aspects that differentiate it from EPA1 are that the prevocational doctor must: 1. Take a history, examine, investigate, formulate a diagnosis and a management plan. 2. Elucidate the key clinical, geographic, social and service factors that may place a child at risk, or potential risk. 3. Recognise the acutely unwell and/or deteriorating child, act immediately, demonstrating a timely approach to management. 4. Identify children who are not suitable for care in the facility they presented to. 5. Anticipate patients requiring urgent transfer to another facility and notify retrieval services and receiving hospital. *Perform this activity in multiple settings, urban, regional or rural or community, including inpatient and ambulatory care settings or in emergency departments, in- and after-hours.*
Description	This activity requires the ability to, as appropriate and where possible: 1. Recognise clinical or situational scenarios that place the child at risk, or potential risk. 2. Recognise scenarios that are not suitable for care in the facility the child presented to. 3. Recognise clinical deterioration, or critically unwell children. 4. Seek appropriate assistance, including following local processes for escalation of care. 5. Respond by initiating immediate management, including basic life support if required. 6. Communicate critical information in a concise, accurate and timely manner to facilitate decision-making. 7. Lead the resuscitation initially, and involve other necessary services, such as ICU or retrieval services.

EPA3: Prescribing for a child

Title	Appropriately prescribe treatment for a child (drugs, fluids, blood products, inhalational therapies including oxygen) tailored to the child's needs and condition.
Focus and Context	This EPA can be undertaken in any clinical context. Either: 1. Prescribing autonomously when appropriate, taking account of registration, health service policies, and individual confidence and experience with that drug or product. 2. Prescribing as directed by a senior team member, taking responsibility for completion of the order ensuring it is both accurate and appropriate for the patient. 3. Explaining the therapy to the family including dosing and administration. Suggestions include: a. Prescribing drugs, fluids, blood products and inhalational therapies including oxygen. b. Demonstrating the use of a respiratory delivery device and/or spacer. c. Nebulisation therapy d. Asthma management plan. *Perform this activity in multiple settings (urban, regional or rural), including inpatient emergency department, or ambulatory settings.*
Description	This activity requires the ability to: 1. Respond to requests from team members to prescribe medications. 2. Obtain and interpret medication histories. 3. Consider the most appropriate medication. 4. Use appropriate resources to check dose. 5. When appropriate, clarify with the senior medical officers, pharmacists, nursing staff, family members or clinical resources the drug, including name, dose, frequency and duration. 6. Actively consider drug—drug interactions and/or allergies. 7. Provide instruction on medication administration, effects and adverse effects. 8. Address any patient concerns about benefits and risks and provide appropriate advice and support to address those concerns. 9. Write an accurate and clear prescription or entry in the medication chart. 10. Monitor medications for efficacy, safety, adverse reactions. 11. Review medications and interactions, and cease medications where indicated, in consultation with senior team members, including a pharmacist.

EPA4: Documentation, handover and referral of a child

Title	**Referral or handover care of a child to another health care provider, including concise and accurate verbal handover, and documentation to ensure ongoing continuity of care.**
Focus and Context	This EPA applies to the transfer of care of a child across a health sector boundary (e.g. private specialist, outpatient department, emergency department, inpatient unit or another hospital). Critical aspects are to: 1. Provide effective, accurate and concise verbal or oral handover of care. 2. Produce timely, accurate and concise documentation. 3. Provide appropriate administrative and social support for the child and their family, and where indicated, expedite retrieval and/or transport. *Perform this activity in multiple settings including general practice, hospital emergency department, outpatient clinic or inpatient unit.*

Description	This activity requires the ability to:
	1. Communicate effectively to:
	• Ensure continuity of care.
	• Share patient information with other health care providers and multidisciplinary teams in conjunction with the referral or transfer of responsibility for patient care.
	• Use local agreed modes of information transfer, including oral, electronic and written formats to communicate:
	  • Patient demographics.
	  • A concise medical history and relevant physical examination findings.
	  • Current problems and issues.
	  • Details of relevant and pending investigation results.
	  • Medical and multidisciplinary care plans.
	  • Planned outcomes and indications for follow-up.
	2. Document effectively to:
	• Enable other health professionals to understand the issues and continue care.
	• Produce written summaries of care, including admission and progress notes, team referrals, discharge summaries, and transfer documentation.
	• Produce accurate records appropriate for secondary purposes.
	• Complete accurate medical certificates.
	• Appropriate use of clinical handover tools.

ACRRM Paediatric Prevocational Training Requirements

Prevocational doctors who do not undertake a 10-week paediatric placement (e.g. 5-week paediatric clinical experience or PIERCE) will need to:

1. Provide a log of 50 procedures selected from the paediatric component in the ACRRM procedural skills log book using the ACRRM Case Log Proforma: https://www.acrrm.org.au/docs/default-source/all-files/case-log-proforma.docx?sfvrsn=c8109feb_14
2. Undertake two educational activities in paediatrics. These may be online courses or workshops.

Please refer to the ACRRM Fellowship Training Program Handbook for further details on strategies to meet the paediatric prevocational training requirement prior to Fellowship : https://www.acrrm.org.au/docs/default-source/all-files/handbook-fellowship-training.pdf?sfvrsn=bdb27590_45

RACGP Paediatric Training Requirements

Prevocational doctors who do not undertake a 10- week paediatric placement may undertake:

- A 5-week paediatric placement, PLUS a 10-week term in an approved ED placement
- Two 10-week terms in an approved Emergency Medicine Placement

Approved Emergency Medicine Placements: prevocational doctors must demonstrate that the department sees a minimum of 20% paediatric cases, provides sufficient experience in assessing and managing paediatric cases, and that they gained adequate skills (Note: EDs accredited for paediatric training by ACEM automatically meet this requirement).

Please refer to the RACGP Training Handbook for further details on strategies to meet the paediatric prevocational training requirement: https://www.racgp.org.au/education/registrars/fellowship-pathways/policy-framework/handbooks-and-guides/agpt-registrar-training-handbook/lets-get-you-started/assessment-of-readiness-for-general-practice/paediatrics-term

While both colleges provide alternate options for trainees to acquire the prerequisite skills, training hospitals should be aware that trainees are expected to achieve the same level of competency and capability in other ways, sometimes at considerable time and expense.