Requirements for Physician Training 2006: Paediatrics & Child Health

General Paediatrics – Australia

Supervising Committee
Specialist Advisory Committee (SAC) in General Paediatrics

Definition of Specialty
General paediatricians have a breadth and depth of knowledge and experience which makes them ideally suited to provide high quality specialist services across a spectrum of health and illness which is not limited by the boundaries of medical subspecialties. These capacities place general paediatricians in an important and responsible position as clinicians, teachers and researchers, particularly where problems are undifferentiated and complex, where there are issues which do not fall within the range of one subspecialty, and where the integration of interdisciplinary expertise may be required.

General Principles of Training
1. Advanced training in general paediatrics will be for three years following satisfactory completion of basic training and the Written and Clinical Examinations in Paediatrics & Child Health.
2. At least two years must consist of structured supervised clinical training (ie no more than one year of research is acceptable during the three years of accredited advanced training).
3. Trainees are strongly encouraged to work in more than one institution or community environment, and in a variety of settings.
4. Trainees must develop an increasingly sophisticated understanding of the philosophy and knowledge unique to a broad perspective of child health and skills in inpatient care. Understanding of aboriginal health is important in the Australian context.
5. During advanced training there should be particular emphasis on
   - consultative skills
   - communication and counselling skills
   - continuity of care and care planning
   - preventative strategies for child health
   - ethics and resource planning
   - critical appraisal
   - child advocacy
   - autonomous functioning and leadership
   - teaching
   - continuing medical education
   - acute care general paediatrics
   - resuscitation and acute care of the newborn
   - ambulatory and community paediatrics
   - development, learning and behaviour
   - quality assurance
6. Advanced training allows flexibility and diversity of opportunity. It is expected that when trainees apply to enter advanced training, the trainee and the supervisor, under the guidance of the Director of Paediatric Physician Training (DPPT) will review any previous training and plan subsequent training according to individual long term goals. Mandatory Developmental & Psychosocial training requirements should be noted at this stage.

7. Trainees will be working towards achieving competencies of the consultant paediatrician. The desired competencies listed below are based on *The Royal College of Paediatricians and Surgeons of Canada: Specialty Training Requirements in Paediatrics, 1998*.

**Medical Expertise**
- demonstrate diagnostic and therapeutic knowledge and skills for ethical and effective patient care
- access and apply information relevant to clinical practice
- demonstrate effective consultation services.

**Communication**
- establish therapeutic relationships with patients and their families
- obtain and synthesise relevant history from patients, families and communities
- listen effectively
- discuss appropriate information with patients, families and health-care team members.

**Teacher and Scholar**
- develop, implement and monitor a personal continuing education strategy
- critically appraise sources of medical information
- facilitate learning of patients, trainee medical officers, students and other health professionals
- contribute to the development of new knowledge.

**Collaborator**
- consult effectively with other paediatricians and health care professionals
- contribute to interdisciplinary team activities.

**Management**
- use resources to balance patient-care, learning needs and personal needs
- allocate finite health care resources appropriately
- work effectively and efficiently
- use information technology to optimise patient care and continuing education.

**Health Advocacy**
- identify the important determinants affecting patients
- contribute to improved health of patients and communities
- respond appropriately

**Professional Behaviour**
- deliver the highest quality care with integrity, honesty and compassion
- exhibit appropriate personal and interpersonal professional behaviours
8. The SAC should be consulted in the first year of advanced training to determine whether any changes to the program are permitted and to prospectively approve non core (“elective”) experience.

9. Advanced training supervisors are responsible for maintaining training standards and it is recommended that a least one training supervisor is always a general paediatrician who has appropriate training as an advanced trainee supervisor.

Components of Training
Advanced training in general paediatrics is a three-year program, which includes 24 months of core clinical training and 12 months of non core training.

Core Training
The 24 months of core clinical training must include the following rotations:

- **Six months of training in clinical specialities in a metropolitan or tertiary hospital**
  
  Clinical specialities training does not include acute care training such as paediatric intensive care, neonatology and paediatric emergency medicine training nor community/developmental training as they are other core requirements of the training program.

  Up to three months nights/relief may be accredited as core training provided there is supervision with readily available consultants, a diverse clinical experience, supervised handovers and participation in training activities.

- **Six months of training in acute care paediatrics** which may include one or more of the following:
  - neonatal intensive care
  - paediatric intensive care
  - emergency medicine
  - neonatal and paediatric retrievals

- **Six months of training in community and child health** in one or more of the following areas:
  - ambulatory care in paediatrics
  - child protection
  - child and adolescent mental health
  - community paediatrics
  - developmental and behavioural paediatrics
  - rehabilitation
  - adolescent medicine

- **Six months of training in a rural/regional centre.** At the rural/regional centre the trainee will be supervised by one or more general paediatricians.
Suitable rural/regional training sites will provide trainees with the opportunity to experience:

- Complex cases
- Independent care
- Continuity of care
- Level 2 neonatal care
- Regular and ongoing outpatient experience (minimum 2 outpatient sessions per week seeing referred patients, including new patients, fully supervised by consultant paediatrician)
- Paediatric emergency care provided by paediatric staff.
- Opportunity and requirement to deal with paediatric emergencies, which includes the stabilization and treatment in the acute and ongoing phase which is often required because of geographical isolation.
- The provision of intensive care or high dependency care for limited periods as again often required because of geographical isolation.
- Development of relationships with community services and multidisciplinary teams, to care for developmental, behavioural, and child protection cases.
- Outreach subspecialty clinics or telehealth sessions creating the shared care often required for the difficult, complex and specialty cases. (This is certainly important though it is recognized in some rural areas this may not be available.)
- Opportunity to provide outreach paediatric service to peripheral or outlying areas

The criteria for exclusion include:

- Subspecialists onsite
- Case mix limited by close locality to a tertiary centre, allowing patients to bypass peripheral hospital by their own choice.

A list of suitable rural/regional training posts is available on the College website.

The SAC has also made a commitment to consider alternative sites/positions for rural/regional training. Alternative training sites that believe they can meet the curriculum criteria for rural/regional training will be subject to site visits before approval.

Twelve months spent in a rural/regional setting may be able to satisfy the core requirements for rural/regional and acute care training or rural/regional and child and community health training depending on the nature of the rural placement.

Trainees who have undertaken six months of training in a rural/regional setting during basic training may apply to have that time retrospectively accepted by the SAC to satisfy the rural/regional component of advanced training. These trainees will need to replace the rural/regional component of advanced training with another core training term during advanced training. The SAC will consider these applications on a case-by-case basis and trainees in this position should contact the SAC for further advice. The
trainee’s educational supervisor for the period of basic training in a rural/regional setting should also submit a final Supervisor’s Report to the SAC.

**Non Core Training**
Up to twelve months of the program may be spent in non core training which may include one or more of the following:

- research or course work
- a period of laboratory medicine training in methodology and interpretation
- other clinical specialties
- teaching
- administration
- public health
- clinical experience in the developing world
- further experience in core terms.

Trainees who wish to explore variations from any of the above recommendations must discuss this prospectively with the SAC.

**100 New Outpatients**
Over the course of three years of advanced training, the trainee should have the opportunity to see independently 100 new outpatients.

The number of new outpatients seen each term should be recorded by the trainee’s supervisors on their final Supervisors’ Reports. The trainee will also be asked to record the total number of new outpatients seen to date on their annual application for approval of training. The SAC will perform random audits, therefore all trainees are encouraged to keep a record of the new cases they have seen either in a logbook or by keeping a patient ID label. (*Trainees commencing advanced training prior to 2007 will not be disadvantaged by not having such records.*)

**Project reports**
(Revised June 2006)

Generic guidelines for the preparation of advanced training projects are published in Appendix II of the Requirements for Physician Training 2004 handbook.

*Advanced trainees that commenced general paediatrics training from 2006 must submit one written report to the SAC for review, in a format selected from the 2006 Options for Advanced Training Projects below.*

**2006 Options for Advanced Training Projects**
The written project may take several forms:
• clinical or laboratory research presented in a form suitable or already submitted for publication to a peer-reviewed journal (Vancouver guidelines);
• a substantial research proposal including background, rationale, hypothesis, methodology, feasibility, ethics issues and approval, parent information sheet, and budget; accompanied by a comprehensive literature review (standard equivalent to an NHMRC Project Grant Application or Health Research Council New Zealand);
• report and commentary of a substantial piece of original work which is complete, eg Doctorate (PhD, MD) or thesis for other high degree. This piece of work must be relevant to the practice of Paediatrics and Child Health. The reviewing committee will need to review the transcript of the academic record certifying completion.
• QA, action research or an audit or evaluation of a service or clinical program accompanied by a literature review;
• systematic review of the literature. An example of the process to be used is the Cochrane Collaboration.

The SAC advises trainees to choose their supervisors for projects carefully. The supervisor of the project needs to be able to guide trainees with respect to choice of project, methodology, statistical analysis, interpretation, and quality of presentation. It is possible that supervisors chosen by trainees to supervise training do not have these skills. Trainees are therefore advised to choose a separate project supervisor rather than expect their clinical supervisor to fill both roles.

Project Plan
Projects should be completed in a timely fashion and not left to the final year of training. The SAC therefore requires that trainees submit a Project Plan and the name of the Project Supervisor to the SAC by the end of the 1st year of advanced training. The Annual Application of Approval of Advanced Training has a section where trainees who will be entering their 2nd year can outline their Project Plan and expected date of submission, or alternatively indicate that the project requirement has been completed previously. If a trainee plans to meet this requirement through the completion of a PhD or Masters, documentary evidence of enrolment and topic will be required at this time.

Project Submission
Trainees must submit the project report to the SAC for review by the end of the second year of training. Due dates are 31 August or 15 January. If the project is not satisfactory or requires rewriting, it will not be reviewed until the next project submission date.

When submitting a project for review, trainees must send in three copies of the project, each with a Project Cover Sheet, a Project Checklist, and a Project Supervisor’s Report form. These documents are available from Submission of Project Reports* in the Training & Examinations section of the College website.

*You will need to be a member of the RACP to access this section of the website, if you don't have a password to access the Members site you can register for access.
Projects are reviewed anonymously by two members of the SAC. For this reason, **2 copies of the project must be de-identified by the trainee before they are submitted to the College.** Only 1 copy of the project should have the trainee’s personal details. This copy will be kept with the trainee’s file at the College. Assessment of the project may be delayed if the trainee does not submit the appropriate paperwork.

**Training Sites**

Advanced training in general paediatrics should take place at sites that have been assessed and approved by the SAC. These sites should:

- provide appropriate supervision for advanced training
- provide an appropriate workload for advanced training
- provide suitable infrastructure for advanced training
- provide formal teaching for advanced trainees
- provide opportunities for research by advanced trainees

[List of sites suitable for advanced training in general paediatrics](#)

**Advanced Training Checklist**

The SAC in General Paediatrics has prepared an [Advanced Training Checklist](#) for its trainees.

The checklist is available on the members’ section of the College website. The members’ section is password protected. If you are not sure of your login details, please go to [www.racp.edu.au/members](http://www.racp.edu.au/members) and click on the “Forgotten Login Details” link. It will take you to a short form where you will only need to enter your email address and you will then be sent your username and password. You need to ensure that RACP is always kept informed if your correct email address in order for this function to work.
**Specialty Societies**

For the purposes of collegiality (in training) you should consider association with the following organisations:

Endocrine Society of Australia
145 Macquarie Street
SYDNEY NSW 2000
Tel: 61 2 9256 5405
Fax: 61 2 9251 8174
E-mail: esa@racp.edu.au
Website: www.endocrinesociety.org.au

Australia and New Zealand Bone and Mineral Society
145 Macquarie Street
SYDNEY NSW 2000
Tel: 61 2 9256 5405
Fax: 61 2 9251 8174
E-mail: anzbms@racp.edu.au
Website: www.anzbms.org.au/

Australian Diabetes Society
145 Macquarie Street
SYDNEY NSW 2000
Tel: 61 2 9256 5462
Fax: 61 2 9241 4083
E-mail: sneylon@racp.edu.au
Website: www.diabetessociety.com.au/

The Paediatric Society of New Zealand
PO Box 10 601
WELLINGTON
Tel: 64 4 472 6713 or DDI 64 4 460 8121
Fax: 64 4 472 6718
E-mail: psnz@racp.org.nz