# New curricula

## Curriculum standards

## Advanced Training in Community Child Health

**May 2024**

**RACP**
Specialists. Together

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### About this document

The new Advanced Training in Community Child Health curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the curriculum standards for Advanced Training in Community Child Health for trainees and supervisors. The curriculum standards should be used in conjunction with the Advanced Training in Community Child Health LTA programs.

The new curriculum was approved by the College Education Committee in May 2024. Please refer to the College website for details on its implementation.

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# Program overview

## Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

» have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts

» are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement

» provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

## Specialty overview

A community child health (CCH) paediatrician has expertise in the complex interplay between physical, social, and environmental factors, along with the human biology, that affects the growth, neurodevelopment, and wellbeing of all young people. They see the entire community as the patient, shifting focus to all children and young people, rather than simply those who they see in the clinic. There is an understanding that social determinants of health need to be considered in medical care with an emphasis on working with other professions to improve outcomes for all children and young people.

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

Community child health paediatricians:

- **assess and manage infants, children, and young people.** Community child health paediatricians work with patients with developmental, learning, behavioural and emotional problems, disabilities, physical health issues, those exposed to or at risk of child abuse and neglect, and those in out of home care, with a focus on health and developmental complexity.

- **work under diverse and challenging circumstances.** Community child health paediatricians operate in a diversity of environments to address challenging diagnostic problems, drawing on their consultative, diagnostic, and procedural skills. Community child health paediatricians work within the context of the family, school, and community.

- **use a population health approach**. Community child health paediatricians undertake a variety of population child health activities encompassing needs assessment for child and adolescent populations, community rates of 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.

- **apply knowledge of health policies and services.** An integral part of practice is knowledge of government policies, programs and services and their philosophical underpinnings which affect the health of children, particularly those with additional needs.

CCH paediatrician provides leadership and person-centred care with a focus on communication, respect, and advocacy for children. Professional roles include:

- addressing complex behaviour, mental health, and risk-taking behaviours

- understanding the influence of adverse childhood events, child and family resilience, and intergenerational trauma on a child's wellbeing

- **child and adolescent health equity.** Community child health paediatricians improve health equity across all populations with a focus on priority populations.

- **multidisciplinary teamwork.** Community Child Health paediatricians are involved in multidisciplinary and interagency teamwork including support of primary health linkages.

- **interagency partnership and communication.** Community child health paediatricians demonstrate commitment to the multidisciplinary and multi-agency approach across government and non-government sectors to provide effective health service provision and management.

- **advocacy.** They use advocacy skills to gain a greater understanding of life course models, the social determinants of health and their impact on child health outcomes. Community child health paediatricians lead health promotion and advocacy through education, information provision, effective use of medicine and other preventive programs and advocacy.

- **teaching and research.** Community child health paediatricians show academic leadership through participation in teaching, training and research, and 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.

# Advanced Training curricula standards
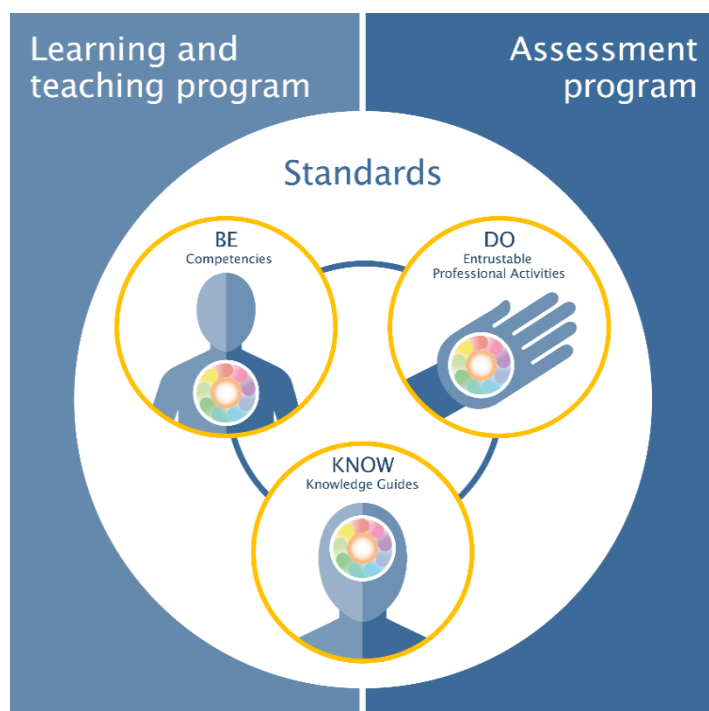


The **RACP curriculum model** is made up of curricula standards supported by learning, teaching, and assessment programs.

**Learning and teaching programs** outline the strategies and methods to learn and teach curricula standards, including required and recommended learning activities.

**Assessment programs** outline the planned use of assessment methods to provide an overall picture of the trainee's competence over time.
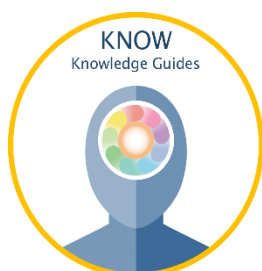
The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.



» **Competencies** outline the expected professional behaviours, values and practices of trainees in 10 domains of professional practice.



» **Entrustable Professional Activities** (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.



» **Knowledge guides** outline the expected baseline knowledge of trainees.

## Common curricula standards

The renewed curricula for Advanced Training will consist of a mix of program-specific content and content that is common across Advanced Training programs.

» **Competencies** will be common across Advanced Training programs.[1]
» **Entrustable Professional Activities (EPAs)** will contain a mix of content that is common and content that is program-specific.
» **Knowledge Guides** will be program-specific, although content may be shared between complementary programs.

# Professional Practice Framework

The Professional Practice Framework describes ten domains of practice for all physicians.



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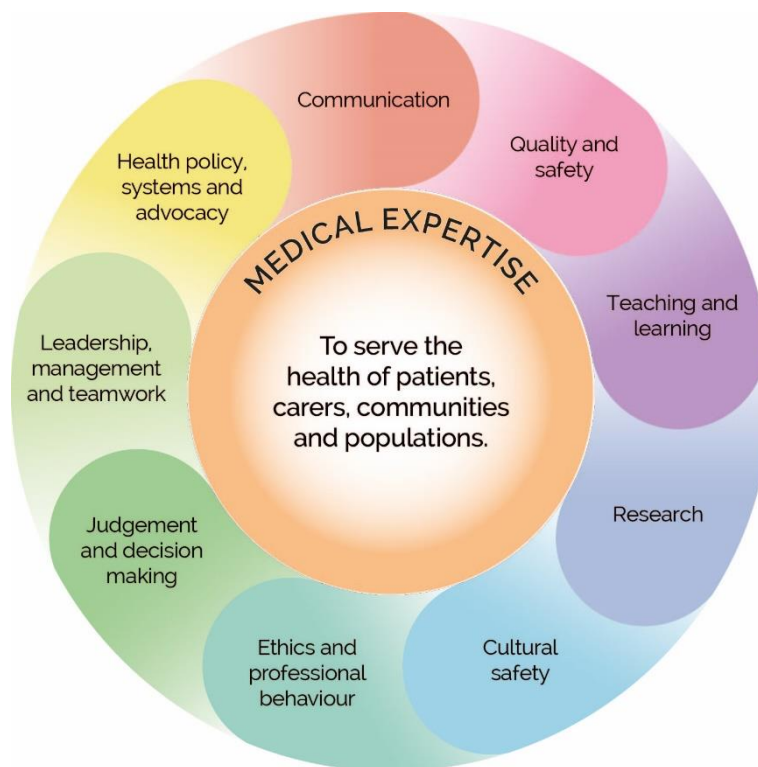
[1] Some tailoring of competencies may be necessary to ensure specialty relevance.

# Learning, teaching, and assessment structure

The learning, teaching, and assessment structure defines the framework for delivery



**Advanced Training learning, teaching, and assessment structure**

- An **entry decision** is made before entry into the program.

- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.

- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.



» Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of between three to five years' full-time equivalent experience, depending on the training program undertaken. Progress and completion decisions are based on evidence of trainees' competence.

The Advanced Training program may be started once the prospective trainee has completed the entry requirements. This includes completion of Basic Physician Training required for Divisional Advanced Training programs.

# Curriculum standards

## Competencies

Competencies outline the expected professional behaviours, values and practices that trainees need to achieve by the end of training.

Competencies are grouped by the 10 domains of the professional practice framework.

Competencies will be common across training programs.



**Medical expertise**

**Professional standard:** Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.

**Knowledge:** Apply knowledge of the scientific basis of health and disease to the diagnosis and management of patients.

**Synthesis:** Gather relevant data via age- and context- appropriate means to develop reasonable differential diagnoses, recognising and considering interactions and impacts of comorbidities.

**Diagnosis and management:** Develop diagnostic and management plans that integrate an understanding of individual patient circumstances, including psychosocial factors and specific vulnerabilities, epidemiology, and population health factors in partnership with patients, families, or carers[2], and in collaboration with the health care team.

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[2] References to patients in the remainder of this document may include their families, whānau and/or carers.

## Communication

**Professional standard:** Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically, and in a manner that is understandable.

Physicians share information responsibly with patients, families, carers, colleagues, community groups, the public, and other stakeholders to facilitate optimal health outcomes.

**Effective communication:** Use a range of effective and appropriate verbal, nonverbal, written and other communication techniques, including active listening.

**Communication with patients, families, and carers:** Use collaborative, effective, and empathetic communication with patients, families, and carers.

**Communication with professionals and professional bodies:** Use collaborative, respectful, and empathetic clinical communication with colleagues, other health professionals, professional bodies, and agencies.

**Written communication:** Document and share information about patients to optimise patient care and safety.

**Privacy and confidentiality:** Maintain appropriate privacy and confidentiality, and share information responsibly.

## Quality and safety

**Professional standard:** Physicians practice in a safe, high-quality manner within the limits of their expertise.

Physicians regularly review and evaluate their own practice alongside peers and best practice standards, and conduct continuous improvement activities.

**Patient safety:** Demonstrate a safety focus and continuous improvement approach to own practice and health systems.

**Harm prevention and management:** Identify and report risks, adverse events, and errors to improve healthcare systems.

**Quality improvement:** Participate in quality improvement activities to improve quality of care and safety of the work environment.

**Patient engagement:** Enable patients to contribute to the safety of their care.

### Teaching and learning

**Professional standard:** Physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluating evidence.

Physicians foster the learning of others in their profession through a commitment to mentoring, supervising, and teaching.

**Lifelong learning:** Undertake effective self-education and continuing professional development.

**Self-evaluation:** Evaluate and reflect on gaps in own knowledge and skills to inform self-directed learning.

**Supervision:** Provide supervision for junior colleagues and/or team members.

**Teaching:** Apply appropriate educational techniques to facilitate the learning of colleagues and other health professionals.

**Patient education:** Apply appropriate educational techniques to promote understanding of health and disease amongst patients and populations.

### Research

**Professional standard:** Physicians support creation, dissemination and translation of knowledge and practices applicable to health [3] They do this by engaging with and critically appraising research, and applying it in policy and practice to improve the health outcomes of patients and populations.

**Evidence-based practice:** Critically analyse relevant literature and refer to evidence-based clinical guidelines, and apply these in daily practice.

**Research:** Apply research methodology to add to the body of medical knowledge and improve practice and health outcomes.

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[3] Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

### Cultural safety

**Professional standard. Physicians engage in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices, and practising behaviours.** Together with the requirement of understanding the cultural rights of the community they serve, this brings awareness and accountability for the impact of the physician's own culture on decision making and health care delivery. It also allows for an adaptive practice where power is shared between patients, family, whānau, and/or community and the physician, to improve health outcomes.

**Physicians recognise the patient and population's rights for culturally safe care, including being an ally for patient, family, whānau, and/or community autonomy and agency over their decision making.** This shift in the physician's perspective fosters collaborative and engaged therapeutic relationships, allows for strength-based (or mana-enhanced) decisions, and sharing of power with the recipient of the care, optimising health care outcomes.

**Physicians critically analyse their environment to understand how colonialism, systemic racism, social determinants of health, and other sources of inequity have and continue to underpin the healthcare context.** Consequently, physicians then can recognise their interfacing with, and contribution to, the environment in which they work to advocate for safe, more equitable and decolonised services, and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds.[4]

**This is a placeholder for the competencies in the cultural safety domain, which are in development and will be added at a later date.**

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[4] The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below):
Cultural safety can be defined as:
- the need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery
- the commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided
- the awareness that cultural safety encompasses a critical consciousness where health professionals and health care organisations engage in ongoing self-reflection and self-awareness, and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". International Journal for Equity in Health (2019) 18:174

## Ethics and professional behaviour

**Professional standard:** Physicians' practice is founded upon ethics, and physicians always treat patients and their families in a caring and respectful manner.

Physicians demonstrate their commitment and accountability to the health and wellbeing of individual patients, communities, populations, and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.

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**Beliefs and attitudes:** Reflect critically on personal beliefs and attitudes, including how these may impact on patient care.

**Honesty and openness:** Act honestly, including reporting accurately, and acknowledging their own errors.

**Patient welfare:** Prioritise patients' welfare and community benefit above self-interest.

**Accountability:** Be personally and socially accountable.

**Personal limits:** Practise within their own limits and according to ethical principles and professional guidelines.

**Self-care:** Implement strategies to maintain personal health and wellbeing.

**Respect for peers:** Recognise and respect the personal and professional integrity, roles, and contribution of peers.

**Interaction with professionals:** Interact equitably, collaboratively, and respectfully with other health professionals.

**Respect and sensitivity:** Respect patients, maintain appropriate relationships, and behave equitably.

**Privacy and confidentiality:** Protect and uphold patients' rights to privacy and confidentiality.

**Compassion and empathy:** Demonstrate a caring attitude towards patients and endeavour to understand patients' values and beliefs.

**Health needs:** Understand and address patients', families', carers', and colleagues' physical and emotional health needs.

**Medical and health ethics and law:** Practise according to current community and professional ethical standards and legal requirements.

## Judgement and decision making

**Professional standard:** Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.

Physicians negotiate, implement, and review their decisions and recommendations with patients, their families and carers, and other health professionals.

**Diagnostic reasoning:** Apply sound diagnostic reasoning to clinical problems to make logical and safe clinical decisions.

**Resource allocation:** Apply judicious and cost-effective use of health resources to their practice.

**Task delegation:** Apply good judgement and decision making to the delegation of tasks.

**Limits of practice:** Recognise their own scope of practice and consult others when required.

**Shared decision-making:** Contribute effectively to team-based decision-making processes.

## Leadership, management, and teamwork

**Professional standard:** Physicians recognise, respect, and aim to develop the skills of others, and engage collaboratively to achieve optimal outcomes for patients and populations.

Physicians contribute to and make decisions about policy, protocols, and resource allocation at personal, professional, organisational, and societal levels.

Physicians work effectively in diverse multidisciplinary teams and promote a safe, productive, and respectful work environment that is free from discrimination, bullying, and harassment.

**Managing others:** Lead teams, including setting directions, resolving conflicts, and managing individuals.

**Wellbeing:** Consider and work to ensure the health and safety of colleagues and other health professionals.

**Leadership:** Act as a role model and leader in professional practice.

**Teamwork:** Negotiate responsibilities within the healthcare team and function as an effective team member.

## Health policy, systems, and advocacy

**Professional standard:** Physicians apply their knowledge of the nature and attributes of local, national, and global health systems to their own practices. They identify, evaluate, and influence health determinants through local, national, and international policy.

Physicians deliver and advocate for the best health outcomes for all patients and populations.

**Health needs:** Respond to the health needs of the local community and the broader health needs of the people of Australia and Aotearoa New Zealand.

**Prevention and promotion:** Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients and their social support networks.

**Equity and access:** Work with patients and social support networks to address determinants of health that affect them and their access to needed health services or resources.

**Stakeholder engagement:** Involve communities and patient groups in decisions that affect them to identify priority problems and solutions.

**Advocacy:** Advocate for prevention, promotion, equity, and access to support patient and population health needs within and outside the clinical environment.

**Resource allocation:** Understand the factors influencing resource allocation, promote efficiencies, and advocate to reduce inequities.

**Sustainability.** Manage the use of healthcare resources responsibly in everyday practice.

# Entrustable Professional Activities

Entrustable Professional Activities (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.

| # | Theme | Title |
|---|-------|-------|
| 1 | Team leadership | Lead and work collaboratively with a team of health professionals |
| 2 | Supervision and teaching | Demonstrate commitment to ongoing professional development and health professions education |
| 3 | Quality improvement | Contribute to improving safety, effectiveness, and experience of healthcare |
| 4 | Assessment and management – Child Maltreatment | Develop competence in the identification and clinical management of situations of potential or suspected child harm/maltreatment |
| 5 | Assessment and management – Developmental and behavioural | Provide comprehensive assessment and management of children who have been referred because of development and behavioural problems |
| 6 | Assessment and management – Child population health | Assessment and management of patients through a child population health lens |
| 7 | Prescribing | Prescribe therapies tailored to patients' needs and conditions |
| 8 | Longitudinal care | Manage and coordinate the longitudinal care of patients with chronic illness, disability, and/or long-term health issues |
| 9 | Communication in child centred care | Communicate effectively and professionally with patients, carers, families, health professionals and other community members engaging with the health service |

## EPA 1: Team leadership

| Theme | Team leadership | AT-EPA-01 |
|---|---|---|
| **Title** | **Lead and work collaboratively with a team of health professionals** | |
| **Description** | This activity requires the ability to: <br>• prioritise workload <br>• manage multiple concurrent tasks <br>• articulate and demonstrate understanding of individual responsibilities, expertise, and accountability of team members across various contexts <br>• acquire and apply leadership techniques in daily practice <br>• collaborate with teams across multiple healthcare settings <br>• lead and conduct case conferences/multi-disciplinary team meetings <br>• be involved in care-coordination including with inter-sectoral agencies <br>• demonstrate prioritisation and advocacy of team and self-wellbeing | |
| **Behaviours** | | |

| **Professional practice framework** domain | **Ready to perform without supervision** <br>Expected behaviours of a trainee who can routinely perform this activity without needing supervision <br><br>The trainee will: | **Requires some supervision** <br>Possible behaviours of a trainee who needs some supervision to perform this activity <br><br>The trainee may: |
|---|---|---|
| Medical expertise | • synthesise and interpret information with other disciplines and health professionals to develop individually tailored, holistic, trauma-informed, patient-centred, goal-centred plans <br>• promote and rationalise evidence-based care to meet the needs of patients or populations <br>• consider and demonstrate measures to minimise clinical risk <br>• apply clinical expertise and skills to effectively support team members | • provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team <br>• critically appraise and recognise limitations of current evidence to inform clinical practice |
| Communication | • role model a transparent, supportive, and consultative style by engaging patients, families, carers, relevant professionals, and/or the public in shared decision making <br>• work with patients, families, carers, and other health professionals to resolve conflict that may arise <br>• establish rapport with people at all levels by tailoring messages to different stakeholders | • communicate appropriately with colleagues <br>• communicate appropriately with patients, families, carers, and/or the public <br>• respect the roles of the various team members |
| Quality and safety | • identify opportunities to improve care by participating in surveillance and monitoring of adverse events and 'near misses' <br>• identify systemic factors impacting patient attendance <br>• prioritise safety and quality of care in decision making | • participate in audits and other activities that affect the quality and safety of patients' care <br>• participate in multidisciplinary collaboration to provide effective health services and operational change <br>• use information resources and electronic medical record technology appropriately and effectively |

| | | |
|---|---|---|
| Teaching and learning | • participate in high quality supervision and teaching of others<br>• promote commitment to high quality teaching and professional development within the team and with learners that are attached to the team<br>• reflect on, evaluate, and seek to improve professional practice, including actively seeking feedback from supervisors, colleagues, and mentors | • accept feedback constructively, and change behaviour in response<br>• recognise the limits of personal expertise and seek appropriate as needed<br>• demonstrate basic skills in facilitating others' learning |
| Cultural safety | • demonstrate culturally safe relationships with professional colleagues and patients<br>• promote and advocate for respect for culture and diversity<br>• identify and address barriers to healthcare including unconscious bias, discrimination, and systemic racism | • demonstrate awareness of cultural diversity and unconscious bias<br>• work effectively and respectfully with people from different cultural backgrounds |
| Ethics and professional behaviour | • promote a team culture of shared accountability for decisions and outcomes<br>• encourage open discussion of ethical and clinical concerns<br>• respect differences in multidisciplinary team members<br>• effectively consult with stakeholders, achieving a balance of alternative views<br>• acknowledge personal conflicts of interest and unconscious bias<br>• act collaboratively to resolve behavioural incidents and conflicts such as harassment and bullying<br>• promote and role model a high standard of ethical and professional practice<br>• show compassion and empathy towards patients and colleagues | • support ethical principles in clinical decision making<br>• maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities<br>• respect the roles and expertise of other health professionals<br>• promote team values of honesty, discipline and commitment to continuous improvement<br>• demonstrate understanding of the negative impact of workplace conflict |
| Judgement and decision making | • make appropriate decisions when faced with multiple and conflicting perspectives<br>• contribute effectively to shared decision making with teams and patients<br>• contribute medical input to organisational decision making<br>• apply judicious and cost-effective use of health resources<br>• recognise limits of practice | • consult team members or senior staff when faced with multiple or conflicting perspectives<br>• review new healthcare interventions and resources<br>• use a systematic approach to interpret appropriate data and evidence for decision making |
| Leadership, management, and teamwork | • promote collaboration with team members in delivering patient care or population advice<br>• apply leadership and followership skills in clinical and professional practice<br>• ensure all members of the team are accountable for their individual practice | • understand the range of personal and other team members' skills, expertise, and roles<br>• acknowledge and respect the contribution of all health professionals involved in patient care<br>• participate effectively and appropriately in multidisciplinary teams |

| | | |
|---|---|---|
| | • actively promote, and advocate for, improved wellbeing of colleagues and other health professionals<br>• check in with, and support, colleagues in difficulty, and work within the appropriate structural systems to support them while maintaining patient safety<br>• role model prioritising personal health, safety and wellbeing<br>• initiate, actively participate in, and where appropriate, lead multidisciplinary team meetings | • seek out and respect the perspectives of multidisciplinary team members when making decisions |
| Health policy, systems, and advocacy | • advocate for resources and support for healthcare teams to achieve improved and equitable health care<br>• influence the development of organisational policies and procedures to optimise health outcomes | • demonstrate awareness of organisational policies and procedures<br>• demonstrate an awareness of how to advocate for patient populations |

## EPA 2: Supervision and teaching

| Theme | Supervision and teaching | AT-EPA-02 |
|---|---|---|
| Title | Demonstrate commitment to ongoing professional development and health professions education | |
| Description | This activity requires the ability to: <ul><li>demonstrate commitment to health professions education opportunities</li><li>provide effective clinical teaching in a variety of settings, including lectures, small group tutorials and simulation, drawing from evidence-based practices</li><li>demonstrate how to conduct a learning needs analysis</li><li>teach and role model professional skills</li><li>create a safe and supportive learning environment</li><li>demonstrate and implement strategies towards enhancing educational culture within the clinical workplace</li><li>plan, deliver, and provide work-based assessments</li><li>support learner-driven education experiences</li><li>supervise learners in day-to-day work, and provide timely and constructive feedback</li><li>support learners to prepare for assessments</li><li>role model commitment to lifelong learning and continuous professional development</li><li>reflect on and evaluate own teaching and supervision skills</li></ul> | |

| Behaviours | | |
|---|---|---|

| **Professional practice framework** domain | **Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision <br><br> The trainee will: | **Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity <br><br> The trainee may: |
|---|---|---|
| Medical expertise | <ul><li>combine high-quality care with high-quality teaching</li><li>undertake teaching on the run/bedside teaching, including explaining the rationale underpinning a structured approach to clinical decision making</li><li>enable learners to observe and participate in clinical experiences with appropriate supervision, in a manner that is scaffolded and tailored towards learner's level of training</li><li>support and facilitate students and health professionals to reflect and learn from clinical experiences</li><li>support learners' strengths and areas for development and facilitate improvement</li></ul> | <ul><li>teach learners using basic knowledge and skills</li></ul> |
| Communication | <ul><li>establish rapport and demonstrate respect for junior colleagues, medical students, and other health professionals</li><li>communicate effectively when teaching, assessing, and appraising learners</li><li>provide timely, clear, and constructive feedback to learners with suggestions on how to improve</li></ul> | <ul><li>demonstrate accessible, supportive, and compassionate behaviour during teaching and supervision activities</li></ul> |

| | | |
|---|---|---|
| | • actively encourage a collaborative and safe learning environment with learners and other health professionals<br>• role model and teach high level communication skills<br>• support learners to deliver clear, concise, and relevant information in both verbal and written communication | |
| Quality and safety | • support learners to deliver quality care while maintaining their own wellbeing<br>• apply lessons learned about patient safety by identifying and discussing risks with learners<br>• assess learners' competence, and provide timely feedback to minimise risks to care<br>• maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns | • observe learners to reduce risks and improve health outcomes |
| Teaching and learning | • demonstrate commitment to own learning needs, training requirements, and professional development<br>• develop appropriate learning plans for required learning outcomes<br>• plan and submit assessments and reports within required time frames<br>• demonstrate knowledge of the principles, processes, and skills of supervision<br>• provide direct guidance to learners in day-to-day work<br>• work with learners to identify professional development and learning opportunities based on their individual learning needs<br>• participate in teaching and supervision of professional development activities<br>• encourage self-directed learning<br>• develop a consistent and fair approach to assessing learners<br>• tailor feedback and assessments to learners' goals<br>• seek feedback and reflect on own teaching and supervision skills<br>• support learners to identify and attend formal and informal learning opportunities<br>• recognise the limits of personal expertise, and involve others appropriately<br>• use and promote reflective practise to develop clinical skills | • meet with supervisors regularly to receive feedback and support<br>• keep records of supervision and work-based assessment<br>• demonstrate basic skills in the supervision of learners<br>• apply a standardised approach to teaching, assessment, and feedback without considering individual learner needs<br>• implement teaching and learning activities that are misaligned to learning goals<br>• adopt a teaching style that is more didactic rather than encouraging learner self-directedness<br>• promotes engagement in learning within the clinical context |
| Research | • demonstrate ability to incorporate and critically analyse relevant and up to date evidence from the literature into clinical teaching<br>• support learners and colleagues who are undertaking research projects | • direct learners to review relevant literature |

| | | |
|---|---|---|
| | • encourage and guide learners to seek out relevant research evidence to support practice and answer clinical questions | |
| Cultural safety | • encourage learners to seek out opportunities to develop and improve their own cultural safety<br>• encourage learners to incorporate culturally safe care of Māori and Aboriginal and Torres Strait Islander peoples into patient management<br>• consider, and role model, cultural, ethical, and religious values, and beliefs in approach to teaching and learning | • function effectively and respectfully when working with, and teaching, people from different cultural backgrounds |
| Ethics and professional behaviour | • apply principles of ethical practice to teaching scenarios<br>• role model professional and ethical behaviours, including respect and collegiality<br>• respond appropriately to learners seeking professional guidance<br>• initiate regular supervision sessions within appropriate time frames | • demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect<br>• provide learners with feedback to improve their experiences |
| Judgement and decision making | • prioritise workloads and manage learners with different levels of professional knowledge or experience<br>• link theory and practice when explaining professional decisions<br>• promote joint problem solving<br>• support a learning environment that allows for independent decision making<br>• use sound and evidence-based judgement during assessments and when giving feedback to learners<br>• escalate concerns about learners appropriately and keep appropriate documentation | • provide general advice and support to learners<br>• use health data logically and effectively to investigate difficult diagnostic problems |
| Leadership, management, and teamwork | • maintain performance and continuing professional development standards<br>• maintain professional, clinical, research, and administrative responsibilities whilst teaching<br>• promote an inclusive environment whereby the learner feels part of the team<br>• help shape organisational culture to prioritise quality and work safety through openness, honesty, shared learning, and continued improvement | • demonstrate the principles and practice of professionalism and leadership in health care |
| Health policy, systems, and advocacy | • advocate for suitable resources to provide quality supervision and maintain training standards<br>• explain the value of health data in the care of patients or populations<br>• support innovation in teaching and training | • incompletely integrate public health principals into teaching and practice |

## EPA 3: Quality improvement

| Theme | Quality improvement | AT-EPA-03 |
|---|---|---|
| Title | **Contribute to improving safety, effectiveness and experience of healthcare** | |

| Description | This activity requires the ability to: |
|---|---|
| | • identify and report actual and potential (near miss) errors |
| | • conduct and evaluate quality improvement activities |
| | • adhere to best practice guidelines (e.g., approaching ADHD, medication management and follow up in ADHD, CRC guidelines) |
| | • audit clinical guidelines, clinical processes, and outcomes |
| | • contribute to the development of policies and protocols designed to protect patients and enhance healthcare |
| | • monitor one's own practice and develop individual improvement plans |

**Behaviours**

| **Professional practice framework** domain | **Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision | **Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity |
|---|---|---|
| | The trainee will: | The trainee may: |
| Medical expertise | • regularly review patients' or population health outcomes to identify opportunities for improvement in delivering appropriate care<br>• apply relevant theory related to quality improvement processes<br>• use standardised protocols to adhere to best practice<br>• regularly monitor personal professional performance | • contribute to processes on identified opportunities for improvement<br>• recognise the importance of prevention and early detection in clinical practice<br>• learn the theory related to the process of quality improvement and apply these to a clinically relevant context<br>• use appropriate and evidence-based guidelines to assist patient care decision making |
| Communication | • support patients to have access to, and use, easy-to-understand, high-quality information about health care<br>• support patients to share decision making about their own health care, to the extent they choose<br>• assist patients' access to their health information, as well as complaint and feedback systems<br>• discuss with patients any safety and quality concerns they have relating to their care<br>• implement the organisation's open disclosure policy<br>• demonstrate effective skills in knowledge translation and awareness of knowledge mobilisation as part of implementation science processes | • demonstrate awareness of the evidence for consumer engagement and its contribution to quality improvement in healthcare<br>• apply knowledge of how health literacy might affect the way patients or populations gain access to, understand, and use health information |
| Quality and safety | • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover | • demonstrate understanding of a systematic approach to improving the quality and safety of healthcare |

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| | • participate in organisational quality and safety activities, such as:<br>　» antimicrobial stewardship<br>　» audits<br>　» clinical incident reviews<br>　» corrective action and preventative action plans<br>　» morbidity and mortality reviews<br>　» review of clinical guidelines and protocols<br>　» root cause analysis<br>• participate in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events<br>• ensure that identified opportunities for improvement are raised and reported appropriately<br>• use clinical audits and registries of data on patients' experiences and outcomes, learnings from incidents, and complaints to improve healthcare | |
| Teaching and learning | • translate quality improvement approaches and methods into practice<br>• participate in professional training in quality and safety to ensure a contemporary approach to safety system strategies<br>• supervise and manage the performance of junior colleagues in the delivery of high-quality, safe care<br>• promote and role model high quality and safe clinical practice | • work within organisational quality and safety systems for the delivery of clinical care<br>• use opportunities to learn about safety and quality theory and systems |
| Research | • ensure that any protocol for human research is approved by a human research ethics committee, in accordance with the national statement on ethical conduct in human research<br>• demonstrate familiarity with both quantitative and qualitative research methodologies<br>• hypothesise, interpret, critically analyse, and apply up to date evidence from research to clinical practice<br>• participate in clinical research that aims to improve patient outcomes, where applicable | • understand that patient participation in research is voluntary and based on an appropriate understanding about the purpose, methods, demands, risks, and potential benefits of the research |
| Cultural safety | • undertake professional development opportunities that address the impact of cultural bias on health outcomes<br>• demonstrate commitment to improving cultural safety in own practice, teams and the health service<br>• apply frameworks and policies related to improving healthcare for Māori and Aboriginal and Torres Strait Islander peoples | • communicate effectively with patients from culturally and linguistically diverse backgrounds |

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| Ethics and professional behaviour | • align improvement goals with the priorities of the organisation<br>• contribute to developing an organisational "no blame" culture that enables and prioritises patients' safety and quality<br>• speak up for the safety of patients and staff using appropriate systems | • comply with professional regulatory requirements and codes of conduct |
| Judgement and decision making | • use decision-making support tools, such as guidelines, protocols, pathways, and reminders<br>• critically appraise published literature, including the quality, applicability to the local population and limitations of the evidence | • access information and advice from other health practitioners to identify, evaluate, and improve patients' care management |
| Leadership, management, and teamwork | • formulate and implement quality improvement strategies as a collaborative effort involving all key health professionals<br>• support multidisciplinary team activities to lower patients' risk of harm, and promote multidisciplinary programs of education<br>• actively involve clinical pharmacists in the medication-use process | • demonstrate attitudes of respect and cooperation among members of different professional teams<br>• partner with clinicians and managers to ensure patients receive appropriate care and information on their care |
| Health policy, systems, and advocacy | • participate in all aspects of the development, implementation, evaluation, and monitoring of governance processes<br>• participate regularly in multidisciplinary meetings where quality and safety issues are standing agenda items, and where innovative ideas and projects for improving care are actively encouraged<br>• take part in the design and implementation of the organisational systems for:<br>  » defining the scope of clinical practice<br>  » performance monitoring and management<br>  » clinical and safety education and training | • contribute to relevant organisational policies and procedures<br>• help shape an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement |

# EPA 4: Assessment and management – Child maltreatment

| Theme | Assessment and management of child maltreatment | AT-EPA-04 |
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| Title | Develop competence in the identification and clinical management of situations of potential or suspected child harm/maltreatment. | |

| Description | This activity requires the ability to: |
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| | <ul><li>identify and access sources of relevant information about patients including obtaining and reconciling different accounts of information</li><li>identify child and family adversity that might lead to child maltreatment</li><li>perform a comprehensive and wholistic assessment of an infant, child or young person's presenting concern, overall development, behaviour, learning, and emotional state, taking into account cultural, biological, psychological, and social environmental factors</li><li>appraise developmental and behavioural status of a child at any age by observation, physical examination, and neurodevelopmental assessment as part of a child maltreatment evaluation</li><li>recognise, and appropriately respond to, possible indicators of any form of child maltreatment by following local jurisdiction reporting requirements and urgent safety measures</li><li>select, organise, undertake, and interpret investigations relevant to child maltreatment</li><li>synthesise findings to develop provisional and differential diagnoses, including medical causes and contributors in the context of child maltreatment presentations</li><li>formulate an opinion about vulnerability and resilience in relation to children including safety, physical health, development, relationships, behaviour, and psychological wellbeing</li><li>formulate a defensible opinion regarding the likelihood that a child has experienced maltreatment</li><li>communicate findings with patients</li><li>communicate findings to other professionals including producing peer reviewed medicolegal report</li><li>collaborate with other health professionals and community agencies</li><li>provide recommendations and facilitate intervention designed to remove the adversity and ameliorate the impact of harm</li><li>produce comprehensive medical reports, including thorough documentation of findings and justifiable opinions for children in whom a suspicion of any form of child maltreatment has been identified</li></ul> |

## Behaviours

| | **Ready to perform** | |
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| **Professional practice framework domain** | **without supervision** | **Requires some supervision** |
| | Expected behaviours of a trainee who can routinely perform this activity without needing supervision | Possible behaviours of a trainee who needs some supervision to perform this activity |
| | The trainee will: | The trainee may: |
| Medical expertise | <ul><li>recognise signs of child maltreatment, such as physical abuse, sexual abuse, neglect, emotional maltreatment, exposure to violence, and drug endangerment</li></ul> | <ul><li>explain the principles of primary, secondary and tertiary child protection</li><li>recognise injury types and describe simple injury mechanisms</li><li>demonstrate ability to formulate differential diagnosis for presentations of child maltreatment</li></ul> |

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| | <ul><li>identify, characterise, and document injuries in children, such as cutaneous injuries, fractures, abdominal and thoracic injuries, head injuries, and genital injuries</li><li>identify discrepancies between reported mechanism of injury and clinical findings</li><li>perform detailed and careful examinations for the detection of injury in infants, children, and adolescents including documentation of examination with the adjunct of illustrated body diagrams and photo documentation</li><li>describe normal anatomical variants and medical conditions that may be causes or contributors to presentations of suspected child maltreatment</li><li>conduct chaperoned external genital examination in consenting children and adolescents where indicated in the appropriate clinical setting (in line with RACP Guidance on genital examinations)</li><li>perform a comprehensive assessment of a child's development, behaviour, learning, and emotions taking into account biological, psychological, comorbidity, and social environmental factors in cases of suspected child maltreatment, including normal and abnormal sexual behaviour development</li><li>arrange appropriate evidence-based investigations in cases of suspected child maltreatment</li><li>recognise and appropriately interpret findings of occult injury</li><li>recognise and appropriately interpret medical tests in cases of child maltreatment</li><li>engage in post-abuse or neglect treatment and management strategies for patients</li><li>be aware of protective and resilience factors in the child's family and/or community, including cultural awareness</li><li>be aware of and address cumulative harm</li></ul> | <ul><li>demonstrate appropriate escalation for support and supervision to perform examinations in suspected child maltreatment</li></ul> |
| Communication | <ul><li>obtain specific informed consent for forensic evaluations</li><li>perform interviews and examinations around child abuse, neglect, and family violence effectively, including identification of protective factors</li><li>ask difficult or sensitive questions, and show sensitive engagement of patients in an interview</li></ul> | <ul><li>explain the role of child maltreatment specialists, statutory child protection agencies, and police to patients in cases of suspected child maltreatment</li><li>document objective findings of injuries in children</li></ul> |

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| | • synthesise and interpret findings from the history, examination, and investigations to devise likelihood of child maltreatment<br>• clearly document assessment findings in patients' medical record, including necessary forensic documentation, such as illustrations with diagrams and clinical photography<br>• explain outcomes of assessment, diagnosis, and other relevant information to patients and their family or carers and ensure understanding<br>• formulate defensible medicolegal opinions based on current literature and evidence<br>• produce a peer reviewed medicolegal written report identifying injuries, mechanisms of injuries, likelihood of child maltreatment, and the specific medical needs and recommendations of the child assessed | • formulate provisional forensic opinions for cases of suspected child maltreatment<br>• appropriately report cases of suspected child maltreatment to statutory child protection agencies and identify barriers to reporting |
| Quality and safety | • identify limits of expertise and determine the need for child maltreatment specialist referral<br>• identify, and respond to, all injuries in pre-mobile infants<br>• recognise clinical presentations in which child maltreatment should be a considered differential diagnosis even in the absence of obvious injury, such as:<br>  » vomiting in infants<br>  » enlarging head circumference<br>  » unexplained cardiorespiratory collapse | • recognise various clinical presentations that may occur because of child maltreatment<br>• diligently and efficiently follow local jurisdictional procedures for the notification of suspicions of child maltreatment |
| Teaching and learning | • regularly reflect upon and self-evaluate professional development<br>• obtain informed consent before involving patients in teaching and research activities<br>• use clinical activities as learning and teaching opportunities, appropriate to the setting and learner<br>• use appropriate guidelines and evidence-based medicine resources<br>• collaborate with relevant agencies to develop comprehensive and prioritised management plans utilising local resources designed to ameliorate vulnerability, with the aim of reducing the likelihood of physical harm, psychological harm, or inadequate care | • undertake continuing professional development to maintain currency with child maltreatment guidelines<br>• reflect on clinical assessment and report writing, and seek feedback from a supervisor |
| Research | • analyse relevant literature and refer to evidence-based guidelines in cases of child maltreatment | • recognise where evidence is limited, compromised, or subject to bias or conflict of interest |

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| | • conduct literature review to support medicolegal evidence, both as written reports and oral testimony<br>• identify incidence, prevalence, risk, and protective factors of child and adolescent maltreatment | |
| Cultural safety | • reflect on the impact of intergenerational trauma, such as:<br>  » community violence<br>  » discrimination<br>  » impacts of colonisation<br>  » poverty<br>  » the mitigation of cumulative risk on adverse childhood experiences<br><br>• observe the complex interactions between the child, siblings, caregivers, support agencies, and the broader social context for protecting children and promoting child wellbeing<br>• interpret and explain information to patients at the appropriate level of their health literacy<br>• actively support, and effectively use, interpreters and other communication assistance means during every clinical encounter with patients who cannot communicate confidently or verbally in English, and document this in the medical record<br>• use qualified language interpreters or cultural interpreters to help meet patients' communication needs | • appreciate patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the response to medical evaluation of child maltreatment |
| Ethics and professional behaviour | • apply a broad interview framework with capacity to explore possibility of:<br>  » fabrication, exaggeration, or induction by the child's carer of medical symptoms or physical illness<br>  » inflicted injury<br>  » neglect of physical, emotional, psychological, nutritional, medical care, or educational needs<br>  » psychological harm due to the actions of carers<br>  » sexual abuse<br>• obtain informed specific consent from patient and family to conduct general physical examinations, such as photographic recording of injuries, and specific anogenital examinations, including recording using the video-colposcope<br>• assess patients' capacity for decision making, including mature minor and Gillick competence, and involve parents or carers where appropriate | • follow regulatory and legal requirements and limitations regarding reporting child maltreatment<br>• refer to state based and national laws that impact consent for forensic medical assessment |

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| | • demonstrate awareness of complex issues related to sensitive information obtained from child maltreatment evaluations, and subsequent record keeping and information sharing | |
| Judgement and decision making | • identify discrepancies between reported mechanism of injury and findings<br>• engage children and young people in decision making process at an appropriate developmental level<br>• recognise child and family vulnerability for physical harm, psychological harm, or inadequate care<br>• respond to suspicions of physical harm, psychological harm, or inadequate care<br>• evaluate history and assessment and form opinion about likelihood of maltreatment based on evidence collected<br>• formulate an opinion regarding risk of, and resilience to, adverse outcomes for the subject child, such as:<br>  » behaviour<br>  » development<br>  » physical health<br>  » psychological wellbeing<br>  » relationships<br>  » safety<br>• determine the need for referral to subspecialists including child protection or forensic paediatricians<br>• consider indications for forensic medical investigations<br>• use appropriate guidelines, evidence sources, and decision support tools<br>• consider potential bias and gaps in the presentation of history<br>• advocate for intervention to prevent further maltreatment | • recognise personal limitations including limitations of expertise and seek help in an appropriate way when required<br>• consider the best interests of the child and child safety in decision making |
| Leadership, management, and teamwork | • conduct appropriate reports to statutory child protection agencies in cases of suspected child maltreatment<br>• work collaboratively for child safety with police and statutory child protection agencies<br>• involve other professionals, specifically psychosocial allied health professionals, to investigate possibility of psychological and emotional harm<br>• collaborate with hospital-based child protection multidisciplinary teams and other government agencies in the evaluation of various forms of suspected child maltreatment | • demonstrate awareness of mandatory reporting obligations and local reporting pathways for child maltreatment<br>• participate in multidisciplinary child maltreatment meetings |

| Health policy, systems, and advocacy | • apply understanding of the social determinants of health on child maltreatment and long term physical and mental health<br>• apply knowledge of the impacts on health and child protection systems responses to child maltreatment from social determinants of health and bias<br>• consider the impact of global health threats and emergencies on child maltreatment, such as:<br>  » climate change<br>  » natural disasters<br>  » pandemic<br>• promote health and wellbeing of children in special populations, such as:<br>  » those in foster and out of home care<br>  » children with disabilities<br>  » household contacts of identified victims of child maltreatment<br>• advocate for appropriate resources to assist families | • demonstrate understanding of the social determinants of health at a population level<br>• describe the impact of child maltreatment investigations and responses on child wellbeing |

## EPA 5: Assessment and management: Developmental and Behavioural

| Theme | Assessment and management - developmental and behavioural AT-EPA-05 |
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| Title | **Provide comprehensive assessment and management of children who have been referred because of development and behavioural problems** |
| Description | This activity requires the ability to:<br>• identify and access sources of relevant information about patients<br>• perform a comprehensive assessment of an infant, child or young person's health, development, behaviour, learning and emotional state, taking into account biological, psychological, cultural, and social environmental factors<br>• provide an explanation for an infant child or young person's presenting concerns<br>• be familiar with, and use, standardised screening, and assessment tools, where applicable, for developmental and mental health presentations<br>• appraise developmental and behavioural status of a child at any age by observation, physical examination, and neurodevelopmental assessment<br>• synthesise findings to develop provisional and differential diagnoses<br>• use diagnostic formulations to construct an individualised, multi-modal management plan<br>• communicate findings and recommendations with patients, other health professionals and relevant stakeholders<br>• develop management plans and goals in consultation with patients<br>• provide effective long-term management of developmental and behavioural conditions under a chronic disorder model<br>• provide supportive family counselling, specific interventions, and targeted practical advice across the range of developmental and behavioural conditions<br>• appropriately and safely prescribe and monitor the use of relevant psychotropic medication in children presenting with developmental and behavioural concerns |
| Behaviours | |

| Professional practice framework domain | Ready to perform without supervision<br>Expected behaviours of a trainee who can routinely perform this activity without needing supervision<br><br>The trainee will: | Requires some supervision<br>Possible behaviours of a trainee who needs some supervision to perform this activity<br><br>The trainee may: |
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| Medical expertise | **Assessment**<br>• assess paediatric patients' physical and psychological symptoms and signs<br>• assess common developmental and behavioural paediatric presentations<br>• assess common paediatric and adolescent mental health presentations<br>• use a holistic, biopsychosocial framework with identification of sources of vulnerabilities and resilience<br>• perform a comprehensive assessment of a child's development, behaviour, learning and emotions, taking into account biological, psychological, comorbidity, and social environmental factors including family dynamics<br>• apply and interpret standardised screening and assessment tools, | • take patient-centred comprehensive histories, considering psychosocial factors<br>• document medical, social, developmental, and sexual history<br>• provide rationale for investigations<br>• recognise and correctly interpret abnormal findings<br>• synthesise pertinent information to direct the clinical encounter and diagnostic categories<br>• perform basic aspects of assessing and managing common neurodevelopmental conditions, with support |

where applicable, for developmental and mental health presentations

- interpret abnormal results of screening, and outline referral and management pathways
- choose evidence-based investigations or assessment tools as an adjunct to comprehensive clinical assessment
- synthesise and interpret findings from the history, examination, and investigations to devise a coherent developmental-behavioural/ biopsychosocial paediatrics diagnostic formulation
- form a hypothesis for what neurodevelopmental processes may be underlying symptoms
- use available clinical information to establish the most likely provisional diagnoses and reasonable differential diagnoses
- assess the severity of problems, the likelihood of complications, likely prognosis, and clinical outcomes

**Management**
- use diagnostic formulations to construct an individualised, multi-modal management plan
- regularly revise short-term management plans, and modify goals as needed in consultation with patient
- establish case management guidelines with clear follow-up intervals
- introduce concepts of chronic disease management and long-term outcomes early in treatment
- provide anticipatory guidance on key transitions, such as into primary school, into secondary school, or leaving school
- consider psychotropic medication use, with clear therapeutic target, as part of an overall management plan

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| | - select appropriate pharmacological and non-pharmacological therapies considering the patients age, comorbidities, adverse reactions, preparations and availability, and patient preference<br>- refer and liaise with subspecialists and other health professionals, where appropriate<br>- manage patients with common neurodevelopmental and behavioural concerns<br>- manage patients with common mental health concerns in liaison with mental health support services | |
| Communication | - communicate openly and respectfully<br>- listen actively and use a collaborative approach to management by identifying and addressing patients' concerns, questions, expectations, and goals<br>- establish supportive relationships with patients based on trust, understanding, empathy, and confidentiality<br>- explain the potential benefits, risks, costs, burdens, and side effects of investigations to patients<br>- explain outcomes of assessment, diagnosis, and other relevant information to patients<br>- communicate the management plan with recommendations and goals for treatment to patient effectively, including in written form<br>- clearly and concisely document assessment findings, recommendations and management plan in patients' medical record and written reports<br>- help patients navigate the healthcare system and improve access to care by collaboration with other services and agencies, such as child protection, community health centres, consumer organisations, funding, and intervention pathways<br>- write comprehensive and accurate assessment and management reports and summaries of care, including discharge summaries, comprehensive clinic letters, and transfer documentation<br>- provide, clear, safe, effective, and timely handover between transitions of care<br>- communicate with referring and receiving health services, such as local health services and primary health care provider | - anticipate, read, and respond to verbal and non-verbal cues<br>- demonstrate empathetic, compassionate, respectful, and active listening and communication skills<br>- communicate patients' situations to colleagues, including senior clinicians<br>- explain helpful resources<br>- explain specified tasks or requests for general practitioners, or other professionals, where appropriate<br>- explain schedule and purpose of follow up clearly<br>- explain the benefits and burdens of therapies, considering patients' individual circumstances<br>- seek further advice from experienced clinicians where appropriate<br>- explain schedule and purpose of follow up clearly |

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| | • check quality and accuracy of reports or documentation generated by others and technologies such as artificial intelligence informed Large Language Models | |
| Quality and safety | • ensure patients are informed of the risks associated with any part of management plans<br>• obtain informed consent before undertaking any investigation<br>• ensure that patients are informed about fees and charges<br>• identify and manage key risks for patients during transitions of care | • keep patients' information secure, adhering to relevant legislation regarding personal information and privacy<br>• identify medication errors and institute appropriate measures |
| Teaching and learning | • set defined objectives for clinical teaching encounters, and solicit feedback on mutually agreed goals<br>• regularly reflect upon and self-evaluate professional development<br>• obtain informed consent before involving patients in teaching activities<br>• use clinical activities as learning and teaching opportunities, appropriate to the setting and learner<br>• provide appropriate supervision of junior staff in their clinical assessment of patients | • set goals and objectives for self-learning<br>• self-reflect infrequently<br>• deliver teaching considering learners' level of training |
| Research | • critically analyse relevant literature and refer to evidence based guidelines<br>• participate in clinical research and follow research protocols where appropriate<br>• critically analyse relevant literature and refer to evidence-based guidelines | • refer to guidelines and medical literature to assist in clinical assessments when required<br>• demonstrate an understanding of the limitations of evidence and the challenges of applying research in daily practice |
| Cultural safety | • engage with patient and family to gather information in an atmosphere of trust and cooperation<br>• acknowledge and reflect on patients' beliefs and values, and how these might impact on health<br>• recognise the impact of cultural differences on understanding and acceptance of neurodevelopmental concerns and diagnoses<br>• recognise the role of cultural factors on developmental assessment and testing performance<br>• recognise the role of social and cultural factors in the development of somatic symptoms<br>• demonstrate cultural safety with implementation of appropriate and necessary supports | • display respect for patients' cultures, and attentiveness to social determinants of health<br>• display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities<br>• appropriately access interpretive or culturally focused services<br>• identify vulnerable or marginalized populations and respond appropriately |

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| | • demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples, and members of other cultural groups<br>• observe the complex interactions between the child, siblings, caregivers, support agencies, and the broader social context for protecting children and promoting child wellbeing<br>• actively support, and effectively use, interpreters and other communication assistance means during every clinical encounter with patients who cannot communicate confidently or verbally in English, and document this in the medical record<br>• use qualified language interpreters or cultural interpreters to help meet patients' communication needs | |
| Ethics and professional behaviour | • demonstrate professional values, including compassion, empathy, respect for diversity, integrity, honesty, and partnership to all patients<br>• demonstrate, and advocate for, consideration of the comfort of the patient by minimising any distress and harm caused by medical assessment<br>• hold information about patients in confidence, unless the release of information is required by law or public interest<br>• assess patients' capacity for decision making, involving a proxy decision maker appropriately<br>• demonstrate awareness of complex issues related to genetic information obtained from investigations, and subsequent disclosure of such information | • demonstrate professional conduct, honesty, and integrity<br>• consider patients' decision-making capacity<br>• identify patients' preferences regarding management and the role of families in decision making<br>• not advance personal interest or professional agendas at the expense of patient or social welfare<br>• demonstrate professional conduct, honesty, and integrity |
| Judgement and decision making | • engage patients in the decision-making process at an appropriate developmental level<br>• identify and address risk and resilience factors impacting on infant, child, and young person's development.<br>• advise on any proposed complementary or alternative treatments in a non-judgemental fashion<br>• apply knowledge and experience to identify patients' problems, making logical, rational decisions, and acting to achieve positive outcomes for patients | • demonstrate clinical reasoning by gathering focused information relevant to patients' care<br>• choose the most appropriate investigation for the clinical scenario in discussion with patients<br>• recognise personal limitations and seek help in an appropriate way when required<br>• assess family dynamics, including the family's capacity to follow recommendations |

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| | • evaluate the costs, benefits, and potential risks of each investigation in a clinical situation<br>• review the best available evidence for the most effective therapies and interventions to ensure quality care<br>• formulate an opinion regarding risk of, and resilience to, adverse outcomes for the subject child, include safety, physical health, development, relationships, behaviour, and psychological wellbeing<br>• determine the need for referral to subspecialists<br>• make appropriate decisions regarding referring or transferring patients to other services for further assessment, including regional and remote patients<br>• use appropriate guidelines, evidence sources, and decision support tools<br>• consider potential bias and gaps in the presentation of history | |
| Leadership, management, and teamwork | • develop collaborative relationships with patients and a range of health professionals<br>• work effectively as a member of multidisciplinary teams to achieve the best health outcome for patients<br>• facilitate and coordinate interventions by other medical or non-medical professionals<br>• collaborate with other health professionals to achieve accurate and thorough assessments of patients<br>• manage cross referral for assessments by allied health professionals | • share relevant information with members of the health care team<br>• ensure results are checked in a timely manner, taking responsibility for following up results |
| Health policy, systems, and advocacy | • educate patients about nature of developmental and behavioural problems<br>• use of local, regional, and national health services and systems appropriately<br>• advocate for appropriate resources to assist families<br>• aim to achieve the optimal cost-effective patient care to allow maximum benefit from the available resources<br>• support systems to improve access to healthcare such as telehealth | • identify and navigate components of the healthcare system relevant to patient care<br>• identify and access relevant community resources to support patient care<br>• identify and navigate components of the healthcare system relevant to patients' care<br>• identify and access relevant community resources to support patient care<br>• factor transport issues and costs to patients into arrangements for transferring patients to other settings |

# EPA 6: Assessment and management: child population health

| Theme | Child Population Health | AT-EPA-06 |
|---|---|---|
| Title | Assessment and management of patients through a child population health lens. | |
| Description | This activity requires the ability to:<br>• plan and implement local strategies to improve the health of all children and young people in their area, including child protection and safeguarding policies, and overseeing universal and targeted health promotion programs<br>• apply knowledge of public health to work with other agencies to provide paediatric input for the commissioning and planning of services for all children and the wider community<br>• contribute to the development of standards, protocols, measures and guidelines with a population perspective, such as a needs assessment including appraisals of their likely impact, ethics, cost, feasibility and acceptability<br>• identify opportunities for advocacy, health promotion, and disease prevention in the communities that they serve, and respond appropriately<br>• identify and make recommendations on the determinants of health of the populations, including barriers to access to care and resources, and inequalities affecting various age, gender, and cultural groups<br>• identify and advocate as a leader for priority population or marginalized populations for improved health outcomes<br>• address ethical issues and issues of gender, sexual orientation, age, culture, beliefs, and ethnicity in a professional manner so to influence improvement of the health and wellbeing of children, youth, and their families<br>• critically appraise published literature including theoretical, descriptive, and interventional research, and to be able to synthesise and communicate population health information in a meaningful way to a variety of different forums | |

## Behaviours

| **Professional practice framework** domain | **Ready to perform without supervision**<br>Expected behaviours of a trainee who can routinely perform this activity without needing supervision | **Requires some supervision**<br>Possible behaviours of a trainee who needs some supervision to perform this activity |
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| | The trainee will: | The trainee may: |
| Medical expertise | • identify protective factors and resilience in at risk populations, and use them to generate management and recommendations<br>• formulate an awareness and consideration of conditions that are more prevalent in specific populations<br>• advocate, and reduce barriers, for infants, children, and young people whose particular life circumstances increase their vulnerability to improve support and access to services that increases overall health and wellbeing both at an individual and population<br>• manage complex care needs of patients with multiple comorbidities, aiming to improve day to day functioning and quality of life | • identify children from priority populations<br>• identify barriers to health for children, young people, their families, and the community.<br>• describe social determinants of health and their impacts<br>• apply knowledge of how a policy, health promotion, or a health strategy will impact on the health and wellbeing of the populations they serve<br>• define a population health question or policy that affects the health and wellbeing of children, youth, and their families.<br>• analyse data and evidence<br>• focuses on individual clinical risks, rather than a population perspective |

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| | • advocate for conditions that promote optimal child and adolescent development across the age range<br>• explain available outcome measures, such as the Public Health Outcomes Framework, and how they might be used to improve service delivery<br>• describe procedures followed by local health protection teams during acute public health crises<br>• contribute to the development of standards, protocols, measures, and guidelines with a population perspective, including a needs assessment<br>• apply the evidence base for effective interventions in injury prevention<br>• respond to a child population health question to generate a health needs assessment for a specific population of children, youth, or community<br>• create, implement, and evaluate strategies for the promotion of child health, wellbeing, and optimal development at a population level<br>• create, implement, and evaluate child population health policies that optimise child health, wellbeing, and development at a population level<br>• understand complex interplay of intergeneration trauma and social determinates of health to prevent child maltreatment | • describe health challenges within the population |
| Communication | • practise trauma-informed, and culturally safe, care for all patients<br>• use alternative communication resources or information to decrease barriers to health and adherence to management plan<br>• communicate with local service providers, primary care, and other community organisations in planning and management of care<br>• present medical information effectively to the public or media about a medical or developmental issue<br>• use written and oral communications to describe the health status and health risks of different population groups<br>• use written and oral communications to convey the breadth of risks (financial, reputational, political) to the organisation, using a variety of media<br>• use the principles of science communication to share information clearly, accurately, respectfully, responsibly, and empathetically | • explore socioeconomic backgrounds with patients<br>• refer to local service providers<br>• present health information in a variety of forms, including written and oral<br>• present health information to different audiences using a standardised format and language<br>• ensure documentation is structured, formatted, and referenced appropriately |

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| | • appropriately communicate research findings and data on markers of health and disease risk in the population<br>• appropriately communicate results of epidemiological studies, including the difference between absolute and relative risk, and its relevance<br>• tailor communication format and style to be appropriate for the audience | |
| Quality and safety | • engage consumers in quality improvement activities<br>• participate in activities that contribute to the effectiveness of their health care organisations and systems, ranging from an individual clinical practice to organisations at local, regional, and national levels<br>• lead or implement change in health care through quality improvement to evaluate existing health services and programs<br>• plan and implement new health services and programs for a specific population<br>• analyse and develop health policies or health promotion for a specific population | • identify and define a policy issue or question that affects the health and wellbeing of children, youth, and their families<br>• propose policies options that will affect the health and wellbeing of children, youth, and their families<br>• influence policy-making processes related to the health and wellbeing of children, youth, and their families. ⌊1⌋<br>• ensure information privacy and security<br>• critically appraise the quality of information |
| Teaching and learning | • develop resources to help educate families and carers, medical students, other health professionals, and community members about strategies to improve child health<br>• demonstrate effective supervision skills and teaching methods which are adapted to the context of the training<br>• encourage questioning among junior colleagues and students<br>• organise and participate in in-service training on new technologies<br>• provide specific and constructive feedback and comments to junior colleagues<br>• regularly reflect upon, and self-evaluate, professional development<br>• set defined objectives for teaching encounters, and solicit feedback on mutually agreed goals | • provide constructive feedback to junior colleagues to contribute to improvements in individuals' skills<br>• coordinate teaching for and supervise junior colleagues<br>• participate in continued professional development<br>• actively seek feedback on personal practice |
| Research | • contribute to child health research, where applicable<br>• critically appraise retrieved evidence in order to address a clinical question<br>• integrate critical appraisal conclusions into clinical care<br>• disseminate the findings of a study appropriate to the audience | • describe the principles of critical appraisal<br>• apply the principles of evidence-based practice in both clinical and research settings<br>• describe the principles of research and ethics<br>• demonstrate efficient searching of literature databases to retrieve evidence |

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| | • critically appraise levels of evidence, interventions, diagnostic tests, prognosis, and integrative literature<br>• systematically search published and 'grey' literature | • identify and critique information from credible sources to aid in decision making<br>• refer to evidence-based guidelines and protocols<br>• demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice |
| Cultural safety | • demonstrate commitment to improving health of Māori and Aboriginal and Torres Strait Islander children<br>• collaborate with families and communities to optimise child health outcomes<br>• actively support management of patients within cultural and family context<br>• advocate for culturally safe care<br>• consider the values, beliefs, practices, models of health, biological factors, and unique health needs of specific population groups<br>• show respect for knowledge and expertise of colleagues and communities<br>• actively support, and effectively use, interpreters and other communication assistance means during every clinical encounter with patients who cannot communicate confidently or verbally in English, and document this in the medical record<br>• use qualified language interpreters or cultural interpreters to help meet patients' communication needs | • demonstrate cultural safety<br>• practise cultural safety appropriate for the relevant community<br>• proactively identify risks in the communication of public health information to different groups |
| Ethics and professional behaviour | • actively support and promote diversity and equity<br>• facilitate, and advocate for, the safety and rights of the child, including adherence to child protection laws and policies<br>• support and empower families and carers to provide optimal care for their child<br>• explain the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism<br>• performs work that considers ethical implications, and adheres to legal requirements in managing and sharing public health information | • adhere to child protection laws and policies<br>• identify ethical principles relevant to the provision of public health information |
| Judgement and decision making | • make decisions in the best interest of the patient<br>• balance risks and benefits in communicating public health information | • seek support to manage patients in challenging contexts<br>• identify risks and benefits in communicating public health information |

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| | • use the principles of decision science to formalise decision- making process | |
| Leadership, management, and teamwork | • work collaboratively within teams to improve child health outcomes<br>• advocate for quality, safe, and effective care in the best interest of the child and health priorities<br>• develop and implement strategies for child wellbeing and optimal development at a regional and local population level<br>• work collaboratively with other staff<br>• lead teams, maintaining engagement and a focus on outcomes<br>• maintain strong communication with other health and intersectoral professionals about the appropriate release of public health information<br>• chair meetings | • advocate for appropriate care for patients<br>• collaborate with and engage other team members, based on their roles and skills<br>• ensure appropriate multidisciplinary engagement<br>• encourage an environment of openness and respect<br>• attend relevant meetings regularly<br>• use available tools, under supervision, to build skills in chairing meetings<br>• prepare for, and conduct, meetings in a well-organised and time-efficient manner<br>• work effectively as a member of multidisciplinary teams or other professional groups |
| Health policy, systems, and advocacy | • discuss principles of children's rights, human rights and 'in the best interest of the child', and identify legislative support for these concepts<br>• advocate for child friendly clinical and support services<br>• interpret and apply legislation, policies, procedures, and protocols in the unique context of local populations and families, to advance their health<br>• seek to address the determinants of health of the population, and mitigate barriers to access to care<br>• advocate and promote child safety and rights of children<br>• participate in health promotion, disease prevention and control, screening, and reporting notifiable diseases<br>• demonstrate awareness of population health priorities<br>• contribute to, or participate in, advocacy and policy activities to improve child health nationally and globally<br>• direct families and carers to resources and health services targeted at improving child health<br>• experience commissioning processes for children and young people's services in their area, including the importance of public health data and surveys<br>• explain the importance of just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care | • demonstrate awareness of health promotion and prevention of disease activities, and encourage patients to seek these<br>• link patients in with community health services<br>• understand the role of physician leadership and advocacy in appraising population health and systems of care to improve population health outcomes<br>• understand the role and place of different organisations within the health care system |

- apply evidence and management processes for cost-appropriate care
- advise on global trends in health and emerging health risks
- maintain good relationships with health agencies and services
- apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs
- influence policy-making processes related to the health and wellbeing of children, youth, and their families

# EPA 7: Prescribing

| Theme | Prescribing | AT-EPA-07 |
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| Title | Prescribe therapies tailored to patients' needs and conditions | |

| Description | This activity requires the ability to: |
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This activity requires the ability to:
- take and interpret medication histories
- choose appropriate medicines based on an understanding of pharmacology, taking into consideration age/stage, comorbidities, potential drug interactions, risks, and benefits
- communicate with patients about the benefits and risks of proposed therapies
- provide instructions on medication administration effects and side effects
- prescribe therapies tailored to patients' needs, conditions and goals
- initiate, titrate, and manage stimulant medications for management of ADHD
- facilitate transition to long-acting stimulants and use of non-stimulant medications and their role
- prescribe medications and understand their role (including indications, Rx objectives, risks, and side effects) in managing developmental and behavioural presentations, including psychotropics (eg. risperidone and aripiprazole), SSRIS (eg. Fluoxetine, escitalopram, and sertraline), and melatonin.
- consult with experienced colleagues (paediatricians, psychiatrists) regarding medication options in complex situations and decisions around efficacy vs. risk.
- appropriately and safely prescribe and monitor the use of relevant psychotropic medication in children presenting with developmental and behavioural concerns
- monitor medicines for efficacy and safety
- review medicines and interactions, and cease where appropriate
- collaborate with pharmacists

### Behaviours

| [**Professional practice framework**](#) **domain** | **Ready to perform without supervision**<br><br>Expected behaviours of a trainee who can routinely perform this activity without needing supervision | **Requires some supervision**<br><br>Possible behaviours of a trainee who needs some supervision to perform this activity |
|---|---|---|
| | The trainee will: | The trainee may: |
| Medical expertise | <ul><li>identify the patients' disorders and/or behaviours requiring pharmacotherapy</li><li>determine clear therapeutic targets for medication use</li><li>consider non-pharmacologic therapies and the role of pharmacotherapy as part of broader management plan</li><li>consider age, comorbidities, medical history, psychosocial factors, allergies, potential drug interactions, and patient preference prior to prescribing a new medication</li><li>plan for follow-up and monitoring</li><li>manage patient expectations and concerns of psychotropic medication</li></ul> | <ul><li>be aware of potential side-effects and practical prescription points, such as medication compatibility and monitoring in response to therapies</li><li>select medicines for common conditions appropriately, safely, and accurately</li><li>demonstrate understanding of the rationale, risks, benefits, side effects, contraindications, dosage, and drug interactions</li><li>identify and manage common adverse events</li><li>navigate controlled drug substances, including safe prescribing</li></ul> |

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|  | • monitor the administration of psychotropic medication, including: <br>   » adjustment of dosage <br>   » clear communication about ongoing regimen <br>   » efficacy <br>   » use standardised tools where available to measure baseline and post treatment response <br> • recognise any unusual side effects and handle appropriately <br> • maximise use of "window of opportunity" created by medication to set developmental intervention goals, such as: <br>   » behaviour <br>   » education <br>   » self-esteem <br>   » social |  |
| Communication | • discuss and evaluate the risks, benefits, and rationale of treatment options, making decisions in partnership with patients <br> • educate patients about the intended use, expected outcomes, and potential side effects for each prescribed medication, addressing the common, rare, and serious effects at the time of prescribing to improve patients' adherence to pharmacotherapy <br> • write clear, legible, and cogent prescriptions in plain language, and include specific indications for the anticipated duration of therapy <br> • use and provide curated and evidenced based medication information handouts to patients <br> • describe how the medication should and should not be administered, such as any important relationships to food, time of day, and other medicines being taken <br> • provide information to patients about: <br>   » how to take it <br>   » potential side effects <br>   » what it does <br>   » what the medicine is for <br>   » when it should be stopped <br> • explain details of medication regimens, including drug dose, side effects, and schedule where appropriate <br> • ensure and support patient's understanding of key information pertaining to medication administration, safety, and ongoing prescription plan | • discuss and explain the rationale for treatment options with patients <br> • explain the benefits and burdens of therapies, considering patients' individual circumstances <br> • write clearly legible scripts or charts using generic names of the required medication in full, including all legally required information <br> • seek further advice from experienced clinicians or pharmacists, when appropriate |

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| | • identify and address patients' concerns and expectations<br>• communicate with patient about future plans for weaning of psychotropic medication<br>• educate patients to recognise and monitor symptoms and when to seek help | |
| Quality and safety | • prescribe medications and management in accordance with evidence, guidelines, and protocols<br>• review medicines regularly to monitor efficacy and safety, and make necessary adjustments<br>• use electronic prescribing tools where available, and access electronic drug references to prevent errors caused by drug interactions and poor handwriting<br>• prescribe new medicines only when they have been demonstrated to be safer or more effective at improving patient-oriented outcomes than existing medicines<br>• participate in clinical audits to improve prescribing behaviour, including an approach to polypharmacy and prescribing cascade<br>• report suspected adverse events to relevant agencies, and record it in patients' medical records | • monitor side effects of medicines prescribed<br>• identify medication errors and institute appropriate measures<br>• use electronic prescribing systems safely<br>• describe issues raised by polypharmacy |
| Teaching and learning | • use continuously updated software for electronic prescribing programs<br>• ensure patients understand management plans and adherence issues<br>• use appropriate guidelines and evidence-based medicine resources to maintain a working knowledge of current medicines, keeping up to date on new medicines<br>• teach psychotropic prescribing skills to other medical staff | • undertake continuing professional development to maintain currency with prescribing guidelines<br>• reflect on prescribing, and seek feedback from a supervisor |
| Research | • critically appraise research material to ensure any new medicine improves patient-oriented outcomes<br>• use sources of independent information that provide accurate summaries of the available evidence on new medicines<br>• research appropriate safety information and possibility of drug interactions<br>• develop and document procedure for psychotropic medication trial and share this with patients and general practitioner | • make therapeutic decisions according to the best evidence<br>• refer to guidelines and medical literature when required<br>• recognise where evidence is limited, compromised, or subject to bias or conflict of interest<br>• recognise the limitations of evidence and the challenges of applying research in daily practice |

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| Cultural safety | • explore patients' understanding of, and preferences for, non-pharmacological and pharmacological management<br>• offer patients effective choices based on their expectations of treatment, health beliefs, and cost<br>• interpret and explain information to patients at the appropriate level of their health literacy<br>• anticipate queries to help enhance the likelihood of medicines being taken as advised<br>• ensure appropriate information is available at all steps of the medicine management pathway | • appreciate patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches |
| Ethics and professional behaviour | • use a collaborative approach with families in making decisions about pharmacotherapy<br>• make prescribing decisions based on good safety data when the benefits outweigh the risks involved<br>• recognise the ethical implications of pharmaceutical industry-funded research and marketing<br>• follow organisational policies regarding pharmaceutical representative visits and drug marketing<br>• follow regulatory and legal requirements and limitations regarding prescribing<br>• consider and address beliefs and attitudes towards psychotropic medication usage<br>• consider possible indications for psychotropic medication trial, such as:<br>&raquo; degree of functional impairment<br>&raquo; differential diagnosis<br>&raquo; target symptoms<br>• recognise the ethical concerns involving pharmaceutical companies presenting research favouring a medication directly to practitioners | • consider the efficacy of medicines in treating illnesses, including the relative merits of different non-pharmacological and pharmacological approaches |
| Judgement and decision making | • use a systematic approach to select treatment options<br>• use medicines safely and effectively to get the best possible results<br>• choose suitable medicines only if medicines are considered necessary and will benefit patients<br>• prescribe medicines appropriately to patients' clinical needs, in doses that meet their individual requirements, for a sufficient length of time, with the lowest cost to patients<br>• evaluate new medicines in relation to their possible efficacy and safety profile for individual patients | • recognise personal limitations, and seek help in an appropriate way when required<br>• consider the following factors for all medicines:<br>&raquo; contraindications<br>&raquo; cost to patients<br>&raquo; funding and regulatory considerations<br>&raquo; generic versus brand medicines<br>&raquo; interactions<br>&raquo; risk-benefit analysis |

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| Leadership, management, and teamwork | • interact with medical, pharmacy, and nursing staff to ensure safe and effective medicine use<br>• seek appropriate advice from senior colleagues if drug combinations are in use or proposed, where there are multiple behavioural target symptoms, or treatments for associated medical conditions<br>• seek appropriate advice from senior colleagues in complex situations relating to psychotropic medication, including:<br>&raquo; lack of efficacy<br>&raquo; unexpected side effects<br>&raquo; multiple target symptoms<br>• involve general practitioner in longitudinal management of psychotropic medication, where appropriate | • work collaboratively with pharmacists<br>• participate in medication safety and morbidity and mortality meetings |
| Health policy, systems, and advocacy | • choose medicines in relation to comparative efficacy, safety, and cost-effectiveness against medicines already on the market<br>• prescribe for individual patients, considering history, current medicines, allergies, and preferences, ensuring that healthcare resources are used wisely for the benefit of patients | • prescribe in accordance with the organisational policy |

# EPA 8: Longitudinal care

| Theme | Longitudinal care | AT-EPA-08 |
|---|---|---|
| **Title** | **Manage and coordinate the longitudinal care of patients with chronic illness, neurodevelopment disorder, disability, and/or long-term health issues** | |
| **Description** | This activity requires the ability to:<br>• develop management plans and goals in consultation with patients<br>• manage chronic and advanced conditions, complications, disabilities, and comorbidities, as well as impact of social determinatives of health and trauma<br>• collaborate with other health care providers and other professionals<br>• educate patients and families on the role of the paediatrician in providing longitudinal care and developmental surveillance<br>• engage with the broader health policy context<br>• provide advocacy for patients and families, within the broader network of education, health, and welfare services<br>• ensure continuity of care and transition to adult care services<br>• facilitate patients' self-management and self-monitoring, where developmentally appropriate and in keeping with overall transition plans to adult services. | |

**Behaviours**

|  | **Ready to perform**<br>**without supervision**<br>Expected behaviours of a trainee who can routinely perform this activity without needing supervision | **Requires some supervision**<br>Possible behaviours of a trainee who needs some supervision to perform this activity |
|---|---|---|
| **Professional practice framework domain** | The trainee will: | The trainee may: |
| Medical expertise | • regularly assess and review care plans for patients with chronic conditions and disabilities based on short- and long-term clinical and quality of life goals<br>• provide documentation on patients' presentation, management, and progress, including key points of diagnosis and decision making to inform coordination of care<br>• ensure patients contribute to their needs assessments and care planning<br>• monitor treatment outcomes, effectiveness, and adverse events<br>• integrate new information, review hypotheses, and examine treatment goals over time | • assess patients' knowledge, beliefs, concerns, and daily behaviours related to their chronic condition and/or disability and its management<br>• document letters, write medical reports, or contribute to the medical record in a way that is accurate and sufficient as a member of multidisciplinary teams |
| Communication | • communicate with multidisciplinary team members, and involve patients in that dialogue | • work in partnership patients |
| Quality and safety | • use innovative models of chronic disease care using telehealth and digitally integrated support services<br>• review medicine use and ensure patients understand safe medication administration to prevent errors | • participate in continuous quality improvement processes and clinical audits on chronic disease management<br>• identify activities that may improve patients' quality of life |

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| | • support patients' self-management by balancing between minimising risk and helping patients to become more independent, as they progress towards adulthood<br>• participate in quality improvement processes impacting on patients' abilities to undertake normal activities of daily living | |
| Teaching and learning | • contribute to the development of clinical pathways for chronic diseases management based on current clinical guidelines<br>• educate patients to recognise and monitor their symptoms, and undertake strategies to assist their recovery | • use clinical practice guidelines for chronic diseases management |
| Research | • prepare reviews of literature on patients' encounters to present at journal club meetings<br>• search for, and critically appraise, evidence to resolve clinical areas of uncertainty | • search literature using Problem/Intervention/Comparison/ Outcome (PICO) format<br>• recognise appropriate use of review articles |
| Cultural safety | • encourage patients from culturally and linguistically diverse backgrounds to join local networks to receive the support needed for long-term self-management | • provide culturally safe chronic disease management |
| Ethics and professional behaviour | • share information about patients' health care, consistent with privacy laws and confidentiality and professional guidelines<br>• use consent processes for the release and exchange of health information<br>• assess patients' decision-making capacity, and appropriately identify and use alternative decision makers | • share information between relevant service providers<br>• acknowledge and respect the contribution of health professionals involved in patients' care |
| Judgement and decision making | • implement stepped care pathways in the management of chronic diseases and disabilities<br>• recognise patients' needs in terms of both internal resources and external support on a long-term health care journey | • recognise personal limitations and seek help in an appropriate way when required |
| Leadership, management, and teamwork | • coordinate whole-person care through involvement in all stages of the patients' care journey<br>• use a multidisciplinary approach across services to manage patients with chronic diseases and disabilities<br>• develop collaborative relationships with patients and a range of health professionals | • participate in multidisciplinary care for patients with chronic diseases and disabilities, including organisational and community care on a continuing basis, appropriate to patients' context |
| Health policy, systems, and advocacy | • use health screening for early intervention and chronic diseases management<br>• assess alternative models of healthcare delivery to patients with chronic diseases and disabilities | • demonstrate awareness of government initiatives and services available for patients with chronic diseases and disabilities, and display knowledge of how to access them |

- participate in government initiatives for chronic diseases management to reduce hospital admissions and improve patients' quality of life
- help patients access initiatives and services for patients with chronic diseases and disabilities
- engage and advocate within health services for system change, resource allocation, and innovation
- connect families to support groups

# EPA 9: Communication in child-centred care

| Theme | Communication in child-centred care | AT-EPA-09 |
|---|---|---|
| Title | **Communicate effectively and professionally with patients, carers, families, health professionals, care partners, and other community members engaging with the health service** | |
| Description | This activity requires the ability to: <ul><li>communicate and build rapport with children and young people</li><li>communicate and build working relationships with families and carers</li><li>practice patient and family centred care</li><li>communicate with team members and other health professionals across different contexts and modalities</li><li>communicate with care partners, such as education, NGOs, justice systems, child safety and welfare.</li><li>synthesise clinical information into accurate and safe handovers and summaries</li><li>communicate respectfully and professionally</li><li>negotiate mutually agreed plans</li><li>produce comprehensive medical reports, including thorough documentation of findings and justifiable opinions for children in whom a suspicion of any form of child maltreatment has been identified</li><li>deliver education to patients, families, and health professionals at appropriate levels of understanding</li></ul> | |

| Behaviours | | |
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| **Professional practice framework** domain | **Ready to perform without supervision**<br>Expected behaviours of a trainee who can routinely perform this activity without needing supervision | **Requires some supervision**<br>Possible behaviours of a trainee who needs some supervision to perform this activity |
|---|---|---|
| | The trainee will: | The trainee may: |
| Medical expertise | <ul><li>communicate clearly the working diagnosis, other possible diagnoses, and rationale behind management plans to patients and other health professionals</li><li>anticipate, and be able to correct, any misunderstandings patients may have about their conditions and risk factors</li><li>inform patients of all aspects of their clinical management, including assessments and investigations, and give them adequate opportunity to question or refuse interventions and treatments</li><li>provide timely updates to patients and health professionals when there is a change in plan or new result</li><li>define, summarise, and clarify the concerns and goals of patients, and plan management in partnership with them</li></ul> | <ul><li>explain the scientific basis of health and disease to patients</li><li>demonstrate an understanding of the clinical problem being discussed</li><li>formulate management plans in partnership with patients</li><li>present a working diagnosis to colleagues</li></ul> |

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| | <ul><li>provide information to patients to enable them to make informed decisions about diagnostic, therapeutic, and management options</li><li>use clinical encounters to provide appropriate education to patients and carers on their health needs</li><li>synthesise clinical information into clear, accurate, safe, and professional summaries and handovers</li><li>present succinct clinical cases to colleagues, providing justification for proposed plan and raise points for discussion</li></ul> | |
| Communication | <ul><li>use an appropriate communication strategy and modalities for communication, such as emails, face-to-face, phone calls, or video conferencing formats</li><li>actively support, and effectively use, interpreters and other communication assistance means during every clinical encounter with patients who cannot communicate confidently or verbally in English, and document this in the medical record</li><li>demonstrate efforts to develop rapport with, and show compassion for, patients</li><li>actively listen to and prioritise the needs and concerns of patients</li><li>communicate with patients respectfully and non-judgementally</li><li>provide information to patients in plain language, avoiding jargon, acronyms, and complex medical terms</li><li>encourage questions, and answer them thoroughly</li><li>ask difficult or sensitive questions and engage children in interviews in a sensitive manner</li><li>ask patients to share their thoughts or explain their management plan in their own words, to verify understanding</li><li>convey information considerately and sensitively to patients, seeking clarification if unsure of how best to proceed</li><li>treat children and young people respectfully, and listen to their views</li><li>demonstrate effective interview and examination skills in the conduct of forensic medical assessments</li></ul> | <ul><li>select appropriate modes of communication</li><li>engage patients in discussions, avoiding the use of jargon</li><li>check patients' understanding of information</li><li>adapt communication style in response to patients' age, developmental level, and cognitive, physical, cultural, socioeconomic, and situational factors</li></ul> |

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|  | <ul><li>demonstrate ability to draw out and reconcile accounts of the situation from different individuals</li><li>communicate clearly, effectively, respectfully, and promptly with other health professionals and stake holders involved in patients' care</li><li>recognise the role of family or carers and, when appropriate, encourage patients to involve their family or carers in decisions about their care</li><li>communicate respectfully and collaboratively in all discussions in the health care setting</li><li>use appropriate defusing and de-escalation strategies for angry patients, prioritising safety of self and colleagues</li><li>generate professional and timely written documentation, correspondence and reports, and ensure appropriate recipients</li><li>communicate formally with different stakeholders</li><li>present written reports, visual depictions of data, and oral presentations</li></ul> |  |
| Quality and safety | <ul><li>ensure appropriate documentation of communications in the medical record or other appropriate means of record keeping</li><li>discuss with patients their condition and the available management options, including potential benefits and harms</li><li>provide information to patients in a way they can understand before asking for their consent</li><li>consider young people's capacity for decision making and consent</li><li>recognise and take precautions in communication where patients may be vulnerable, such as issues of child protection</li><li>participate in processes to manage patient complaints</li><li>engage consumers in quality improvement activities</li></ul> | <ul><li>inform patients of the material risks associated with the proposed management plan</li><li>treat information about patients as confidential</li></ul> |
| Teaching and learning | <ul><li>provide appropriate and ongoing education for patients</li><li>obtain informed consent, or other valid authority, before involving patients in teaching</li><li>demonstrate and teach effective communication strategies to junior colleagues and students</li></ul> | <ul><li>respond appropriately to information sourced by patients, and to patients' knowledge regarding their condition</li></ul> |

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| | • reflect on communication interactions that did not go as expected and demonstrate openness to feedback, continuous learning, and improvement | |
| Research | • provide information to patients that is based on guidelines from authorities<br>• provide information to patients in a way they can understand before asking for their consent to participate in research<br>• obtain an informed consent or other valid authority before involving patients in research<br>• communicate any research findings to appropriate stakeholders | • refer to evidence-based clinical guidelines<br>• demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice |
| Cultural safety | • demonstrate effective and culturally safe communication with Māori and Aboriginal and Torres Strait Islander peoples effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs<br>• use qualified language interpreters or cultural interpreters to help meet patients' communication needs<br>• provide plain language and culturally appropriate written materials to patients when appropriate | • identify when to use interpreters<br>• allow enough time for communication across linguistic and cultural barriers |
| Ethics and professional behaviour | • encourage and support patients to be well informed about their health, and to use this information wisely when they make decisions<br>• encourage and support patients in caring for themselves and managing their health<br>• demonstrate respectful professional relationships with patients<br>• prioritise honesty, patients' welfare, and community benefit above self-interest<br>• develop a high standard of personal conduct, consistent with professional and community expectations<br>• support patients' rights to seek second opinions<br>• demonstrate strict adherence to patient confidentiality and consideration for the setting of clinical discussions with team members<br>• seek consent from patients to communicate with other organisations involved in a patients' care | • respect the preferences of patients<br>• communicate appropriately, consistent with the context, and respect patients' needs and preferences<br>• maximise patient autonomy, and support their decision making<br>• avoid sexual, intimate, and/or financial relationships with patients<br>• demonstrate a caring attitude towards patients<br>• respect patients, including protecting their rights to privacy and confidentiality<br>• behave equitably towards all, irrespective of gender, age, culture, socioeconomic status, sexual preferences, beliefs, contribution to society, illness-related behaviours or the illness itself<br>• use social media ethically and according to legal obligations to protect patients' confidentiality and privacy |

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| | • apply a broad interview framework with capacity to explore possibility of:<br>  » fabrication, exaggeration, or induction by the child's carer of medical symptoms or physical illness<br>  » inflicted injury<br>  » neglect of physical, emotional, psychological, nutritional, medical care, or educational needs<br>  » psychological harm due to the actions of carers<br>  » sexual abuse | |
| Leadership, management, and teamwork | • communicate effectively with team members involved in patients' care, and with patients<br>• disseminate the findings and recommendations using written reports and oral presentations<br>• discuss medical assessments, treatment plans, and investigations with patients, transfer hospital and/or primary care teams<br>• work collaboratively with patients, transfer hospital, and primary care teams<br>• discuss patient care needs with healthcare team members to align them with the appropriate resources<br>• facilitate an environment where all team members feel they can contribute and their opinion is valued<br>• make strategies to respectfully negotiate plans in the best interest of the patient at times when there are differences in opinions between health professionals | • answer questions from team members<br>• summarise, clarify, and communicate responsibilities of healthcare team members |
| Health policy, systems, and advocacy | • collaborate with other services, such as community health centres, and consumer organisations, support services, and child protection agencies to help patients navigate the healthcare system<br>• effectively and safely use appropriate/approved digital technologies and systems to facilitate improved communication | • communicate with, and involve, other health professionals as appropriate |

# Knowledge guides

Knowledge guides (KGs) provide detailed guidance to trainees on the important topics and concepts trainees need to understand to become experts in their chosen specialty.

KGs will vary from program to program. The KGs listed below have been developed for the Advanced Training in Community Child Health program.

| # | Title |
|---|-------|
| 1 | Developmental and behavioural paediatrics |
| 2 | Child safety and maltreatment |
| 3 | Social paediatrics |
| 4 | Child population health |

## KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

**Presentations**

- Atypical development. Loss of, or acquisition of, developmental skills which is differentiated from neurotypical development:
  » autism spectrum disorder
  » neurodegenerative conditions
  » response to trauma
- Behavioural and social impairments
- Behavioural complexity:
  » aggression/irritability
  » anxiety
  » disruptive behaviours
  » functional difficulty
  » mood
  » pica
  » repetitive behaviours
  » self-injurious behaviours
  » social challenges
- Child abuse and neglect
- Concerns from school/learning difficulties
- Crises and changes in families
- Developmental disability
- Developmental variance
- Elimination disorders
- Externalising behaviours (disruptive behaviour disorders):
  » ADHD combined type
  » conduct disorders
  » ODD
- Family dysfunction
- Feeding and eating problems
- Gender health
- Global developmental delays - delay across several domains:
  » cognitive
  » language
- Intellectual disability / cognitive impairments
- Internalising behaviours:
  » ADHD-I
  » anxiety
  » mood disorders
- Isolated developmental impairments /delay:
  » fine motor impairment
  » isolated speech and language delay
- Sexuality

For each presentation and condition, Advanced Trainees will **know how to:**

### Synthesise

» recognise the clinical presentation and identification of any functional difficulties
» understand the interplay and overlap of many neurodevelopmental and behavioural conditions
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical and biopsychosocial history, including relevant collateral history
» conduct an appropriate examination and developmental assessment
» establish a differential diagnosis
» plan and arrange appropriate investigations
» consider the impact of illness and disease on patients and their quality of life when developing a management plan
» plan out intervention, surveillance, and management of a child

### Manage

» provide evidence-based management
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams
» ongoing understanding of management and monitoring and assessment of emerging conditions/conditions
» conduct acute risk and safety assessment (mental health, child safety, acute illness)

### Consider other factors

» identify individual and psychosocial factors and the impact of these on diagnosis and management

- Sleep issues
- Social and language impairments:
  - » Autism spectrum disorder
  - » expressive language delay
  - » selective mutism
- Somatic symptoms such as chronic pain
- Substance use
- Temperamental variation

**Conditions**
- ADHD
- Autism spectrum disorder
- Cerebral palsy
- Communication disorders
- Co-morbid mental health conditions:
  - » anxiety disorder
  - » conduct disorder
  - » eating disorders
  - » gender dysphoria
  - » mood disorder
  - » obsessive compulsive disorder
  - » oppositional defiance disorder
  - » tics/Tourette syndrome
- Fetal alcohol spectrum disorder (FASD)
- Global developmental delay
- Intellectual disability
- Motor disorders, such as developmental coordination disorder
- Selective mutism
- Sensory impairments:
  - » hearing impairment
  - » sensory processing disorder
  - » vision impairment
- Specific learning disabilities
- Syndromic conditions associated with developmental delay /presentations:
  - » Di-George syndrome
  - » Down syndrome
  - » NF1
  - » Sotos

» understand the trajectory of the conditions and long-term impacts

| **LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS**<br><br>Advanced Trainees will understand these presentations and conditions.<br><br>Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions. | **Conditions**<br>• Acquired injuries to the central nervous system<br>• Common genetic conditions affecting development<br>• Congenital malformations of the nervous system<br>• Neuromuscular disorders<br>• Pre- and perinatal insults and exposures<br>• Toxin exposures |
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| **EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES**<br><br>Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences. | **Atypical development**<br>• Behavioural red flags with problems related to:<br>  » delayed or disordered play<br>  » delayed language<br>  » difficulties with transition<br>  » emotional dysregulation<br>  » inconsistent motor coordination<br>  » lack of imaginary play and facial expression<br>  » not pointing or turning to name<br>  » poor eye contact<br>  » poor socialisation<br>  » problems with social or emotional reciprocity<br>  » repetitive or unusual behaviours<br>  » sensory processing difficulties<br>• Common co-morbidities<br>• Cumulative risk for children experiencing adverse events from within a vulnerable population<br>• Risk factors for atypical development, including:<br>  » factors during childhood impacting on development, such as:<br>    o chronic disease<br>    o deprivation<br>    o family environment<br>    o postnatal depression and other maternal mental health concerns<br>    o sensory impairment<br>    o trauma<br>  » perinatal factors impacting on childhood development, such as:<br>    o birth asphyxia<br>    o prematurity<br>  » prenatal, such as:<br>    o adverse in-utero environment<br>    o chromosomal<br>    o substance use in pregnancy:<br>      » ethyl alcohol<br>      » smoking<br>    o stressful life events<br>• The impact of developmental trauma on neurobiology as described in the work by Bruce Perry |

**Development**
- Attachment theory and the impact of disordered attachment on child development
- Critical periods in development
- Factors affecting development, such as:
  » community provisions
  » critical or sensitive periods
  » family
  » genetic
  » health
  » interplay of genetics and environment
  » nutrition
  » plasticity
  » positive influences on outcomes:
    o health
    o nurture
    o nutrition
    o stimulation
  » pre- and perinatal
- Functional capacity of infants, children, and young people at different stages of development, including cognitive, emotional, and social capacities
- Key developmental concepts, such as:
  » attachment
  » neuroplasticity
  » resilience
  » temperament
  » theory of mind
- Impact of social and individual factors on developmental trajectory and their implications for practice through an ecological framework and the biopsychosocial model of health and development
- Influence of biological embedding of early life experience or experience-based brain development on subsequent health and development
- The concept of developmental trajectory
- Typical development:
  » developmental milestones:
    o Bayley
    o Gesell
    o Griffiths
    o Sheridan
  » expected variations in nature and sequence of developmental milestones
  » key elements of theories of development
- Stages of social and emotional development, such as:
  » Erikson

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| **INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS**<br><br>Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the | **Assessment tools/instruments:**<br>- Adaptive function assessment<br>  » Adaptive Behaviour Assessment System (ABAS-3)<br>  » Developmental and Behavioural checklist (DBC-2)<br>  » Vinelands Adaptive Behaviour Scales<br>- Autism specific tools, such as:<br>  » 3di<br>  » ADIR<br>  » Autism Diagnostic Observation Schedule (ADOS)<br>  » Childhood Autism Rating Scale (CARS)<br>- Development Assessment tools:<br>  » Bayley scales of Infant Development<br>  » Griffiths scales of Mental Development (Griffiths III) |

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| reported results of each investigation or procedure.<br><br>Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable | • Development Screening tools, such as:<br>  » Autism Detection in Early Childhood (ADEC)<br>  » ASQs<br>  » GMA<br>  » HINE<br>  » Learn the Signs<br>  » MCHAT-R<br>  » Schedule of Growing skills<br>  » SCQ<br>  » SNAP-IV<br>  » symbolic play test<br>• FASD neurocognitive assessments<br>• Interpretation of:<br>  » psychometric assessment tools completed by psychologists, such as:<br>    o non-verbal tests<br>    o WISC<br>    o WPPS<br>  » office based vision and hearing screening, such as:<br>    o audiometer use<br>    o LEA charts<br>    o tympanometry<br>  » those used by allied health professionals, such as:<br>    o assessment of cognition and academic skills<br>    o sensory profile<br>    o speech assessment<br>  » use of and interpretation of growth charts<br>• Interview tools, such as:<br>  » Autism Diagnostic Interview-Revised (ADI-R)<br>• Narrow based and broad-based instruments, such as:<br>  » Achenbach Child Behaviour Checklist (CBCL)<br>  » Conners system:<br>    o CBRS<br>    o Conners 4<br>    o Conners EC<br>  » Snap-IV<br>  » Vanderbilt<br><br>**Classification systems**<br>• Diagnostic:<br>  » Diagnostic and Statistical Manual of Mental Disorders (DSM)<br>  » International Classification of Disease (ICD)<br>• Functional:<br>  » World Health Organisation International Classification of Functioning, Disability and Health (WHO ICF)<br><br>**Interventions**<br>• Office-based physician interventions, including:<br>  » catalytic: asking questions to encourage fresh thinking<br>  » cathartic: facilitating the expression of emotions and fears<br>  » confronting: challenging another's thinking<br>  » informative: helping others gain a better understanding<br>  » prescriptive: providing direct management advice<br>  » supportive: valuing contributions<br>• Specific techniques, such as:<br>  » behaviour management:<br>    o ABC model<br>    o emotion coaching approaches as described by Gottman and Dan Siegal<br>    o Functional Behavioural Assessment Framework<br>  » brief, solution-focused approaches<br>  » cognitive behavioural therapy |

&raquo; early intervention:
- occupational therapy
- physiotherapy
- psychology
- social work supports
- speech therapy

&raquo; motivational interviewing
&raquo; serve and return
&raquo; systemic family counselling
&raquo; trauma informed interventions

**Investigations**
- Developmental screening blood tests
- Genetic bloods, such as:
  &raquo; cGH array
  &raquo; Fragile X
  &raquo; MECP-2
  &raquo; WES
- Neurological:
  &raquo; EEG
  &raquo; MRI
  &raquo; Sensory investigations, such as:
    - hearing
    - vision

| **IMPORTANT SPECIFIC ISSUES**<br><br>Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care. | <ul><li>Bias involved in tools self-completed versus those completed by others</li><li>Community supports available, including local networks and agencies</li><li>Development of gender and sexuality</li><li>Developmental red flags for assessment around:<br>&raquo; chronic pain<br>&raquo; dysmorphic features<br>&raquo; growth differences<br>&raquo; neurological concerns<br>&raquo; regression<br>&raquo; risk of harm<br>&raquo; sleep impairments</li><li>Developmentally appropriate level of involvement of children and young people in their own care</li><li>Difference between screening and assessment tools, and the limitations of each</li><li>Effects of psychosocial factors on access to care</li><li>Ethical issues in prescribing to children, including the implications of off label prescribing</li><li>Factors that support resilience and optimal child wellbeing</li><li>Fail to attend/ be brought to appointment</li><li>Family understanding of, response to, and coping with disability</li><li>Impact of the education sector on infant, child and youth development and wellbeing</li><li>Impacts, negative or therapeutic, that a child's environment can have on their wellbeing</li><li>Importance of considering the child as an individual, with unique strengths and challenges</li><li>Importance of provision of family-centred care</li><li>Importance of teaching parents, children, and young people to understand and manage their own issues</li><li>Managing difficult to access children and young people</li><li>Neurodevelopmental comorbidities</li><li>Strategies to manage questionable, complementary or alternative practices</li></ul> |

- Temperament and its implication for health and development across childhood and adolescence

**Management**
- Medication (pharmacological) management:
  » alpha agonists, such as:
    o clonidine
    o guanfacine
  » antipsychotics, such as:
    o Aripiprazole
    o Risperidone
  » dexamphetamine-based psychostimulants
  » melatonin
  » methylphenidate-based psychostimulants
  » non-stimulants, such as atomoxetine
  » psychotropics
  » SNRIs
  » SSRIs
- Non-pharmacological management
- Referrals and interagency collaboration
  » allied health therapy
  » education
  » funding
  » further assessment

| KEY PRESENTATIONS AND CONDITIONS | Presentations | For each presentation and condition, Advanced Trainees will **know how to:** |
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| Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions. | • Patterns of inflicted and accidental injury, such as:<br>» abdominal and thoracic injuries<br>» all injuries in pre-mobile infants<br>» burns<br>» fractures<br>» head injuries<br>» intra-oral bleeding and injuries<br>» perplexing presentations (PP) and Fabricated or Induced Illness (FII) in children<br>» poisonings<br>» skin and soft tissue injuries<br>» strangulation and suffocation<br>• Child sexual abuse including understanding of:<br>» genital injury interpretation<br>» normal genital and anal anatomy, including developmental changes and variations<br>» normal sexual behaviours of children and young people<br>» sexually transmitted infections and their relationship to child sexual abuse | **Synthesise**<br>» recognise the clinical presentation<br>» identify relevant epidemiology, prevalence, pathophysiology, and clinical science<br>» take a comprehensive clinical and biopsychosocial history<br>» conduct an appropriate examination<br>» identify protective factors<br>» prepare a genogram for the understanding of family and social function, including supports and family histories of medical conditions<br>» establish a differential diagnosis<br>» obtain reconcile different accounts from different sources of information ie parents, health, education and other agencies<br>» plan and arrange appropriate investigations and consultations<br>» document history, examination and investigation findings carefully and accurately<br>» consider the impact of injury and disease on patients and their quality of life when developing a management plan<br>» complete appropriate child safety referrals to statutory child protection agencies<br>» produce peer reviewed medicolegal reports for the child protection and criminal justice system<br><br>**Manage**<br>» maintain knowledge of developments in the evidence-base research around injury interpretation, and child maltreatment prevention and assessment.<br>» recommend therapies tailored to patients' needs and conditions |

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| | **»** recognise potential complications of disease and its management, and initiate preventative strategies<br>**»** involve multidisciplinary teams<br>**»** involve of interagency partners, NGOs, community, and society to promote child wellbeing<br>**»** consult with other medical professionals and subspeciality experts around opinions and formulation<br><br>**Consider other factors**<br>**»** identify individual and social factors and the impact of these on diagnosis and management |
| **EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES**<br>Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences. | • Biopsychosocial risk factors<br>• Emotional or behavioural presentation as a consequence of current or previous maltreatment and the impact of neglect over time<br>• Health needs of children and young people in the care and protection systems, such as:<br>  **»** children in out of home care<br>  **»** medical, developmental and mental health conditions occurring in the population including those in gateway clinics<br>  **»** management of such children long term<br>• Intergenerational trauma<br>  **»** child maltreatment presentations, such as:<br>    o emotional maltreatment<br>    o exaggeration<br>    o fabrication<br>    o falsification<br>    o induction of illness or symptoms in a child<br>  **»** exposure to interpersonal violence<br>  **»** neglect<br>  **»** special consideration of all injuries in non-ambulatory infants<br>  **»** unexplained or repeated incidents of injury non-accidental injury including abdominal and thoracic injuries, burns, fractures, head injuries, skin and soft tissue injuries, intra-oral injuries child sexual abuse<br>• Legislative requirements<br>• Population health significance of child maltreatment and describe primary, secondary and tertiary prevention strategies<br>• Potential risk factors for harm to the child and their siblings within the family and environment<br>• Protective factors and how they may help modify risk and augment management<br>• Referral pathways and community and hospital services for vulnerable children and their families |
| **INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS**<br>Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be | **Investigations: the role of investigations to assess for occult injury and medical causes or contributors to presentations of child maltreatment**<br>• Forensic tests on biological specimens<br>• Imaging (radiology), such as:<br>  **»** bone scan<br>  **»** CT<br>  **»** MRI<br>  **»** radiographic skeletal survey<br>  **»** ultrasound |

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| able to interpret the reported results of each investigation or procedure.<br><br>Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable | • Pathology tests, such as tests for:<br>  » bone fragility<br>  » bleeding disorders<br>  » drugs<br>  » genetic conditions<br>  » metabolic conditions<br>  » toxins<br>• Subspeciality consultations and procedures (including retinal examination)<br>• Tests for sexually transmitted infections<br><br>**Physical Examination**<br>• Documentation of examination findings using body diagrams and photographs<br>• Evaluating parent-child interactions regarding emotional maltreatment<br>• Genital examination including identification of normal genital development and anatomical variants.<br>• Identification and recognition of the signs of:<br>  » child sexual abuse<br>  » neglect<br>  » physical abuse<br>• Observe parent-child interaction<br>• Top-to-toe examinations for the detection of injuries (including the significance of sentinel injuries in young infants and children 4 years and younger)<br><br>**Reporting Requirements**<br>• Professional, legal and ethical responsibilities around sharing of information regarding child safety, protection, and harm<br>• Reporting requirements and mandatory reporting obligations |
| **IMPORTANT SPECIFIC ISSUES**<br>Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care. | • Awareness of personal reactions to childhood illness, behaviour, disability, and family situations and the impact these may have on professional practice<br>• Child rights<br>• Different types of maltreatment and neglect:<br>  » educational<br>  » emotional<br>  » medical<br>  » physical<br>  » supervisory<br>• Effects on children of being a witness, victim, or perpetrator of violence<br>• Effective prevention for child maltreatment<br>• Enablers and barriers to obtaining information in child maltreatment situations<br>• Family and domestic violence<br>• Family dysfunction including poverty and disadvantages, and impact of social determinants of health<br>• Impact of bias<br>• Impact of vicarious trauma on clinician wellbeing<br>• Management of physical maltreatment:<br>  » child vulnerability and suspected maltreatment and impact on the children long term health and wellbeing for all children involved in the care and protection system<br>  » forensic sample collection, including collection of biological specimens for DNA analysis<br>• Methods involved in developing a differential diagnosis for maltreatment victims<br>• Parent or caregiver involvement in shared decision making<br>• Peer review processes and support<br>• Principles of advocating for children |

- Principles underpinning national, state and local policies and procedures related to child protection
- Role of courts involved in the criminal justice system
- Role of courts responsible for child protection, family law and relevant courts of appeal
- Role of the paediatric medical expert in writing medicolegal reports, contributing to case conferences and testifying in court in cases of child maltreatment

**EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES**

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.

For the concepts listed, trainees should be able to describe the underlying impact on child health and wellbeing.

- Adverse childhood experiences and early life trauma, and the long-term impact of violence, abuse, and neglect
- Approach to child health that focuses on the child, in illness and health, within the context of their society, environment, school, family, and community
- Aspects of cultural practices and beliefs which may affect understanding of health, interactions with healthcare and management choices
- Awareness of behavioural modification techniques in children, adolescents, and young adults
- Awareness of personal reactions to childhood illness, behaviour, disability, and family situations, and the impact these may have on professional practice
- Challenges to the psychosocial development of children in blended families, including those from LGBTQIA+ families
- Child and adolescent education access
- Common social stresses on families living:
  » in rural and remote areas
  » in urban areas
- Cultural and psychosocial needs of complex patients and their families being discharged from hospital
- Effect of political and social bias and violence towards priority groups, including the impact of those factors on their health and wellbeing needs
- Effect of stigmatisation and discrimination on children and families who are in some way different from their community
- Health and wellbeing needs of children, families and communities across multiple cultural domains, such as:
  » disability
  » ethnicity
  » gender
  » indigenous status
  » religious or spiritual belief
  » sexual orientation
  » socioeconomic status
- Health and wellbeing of priority populations, such as:
  » children in the care of child protection service, such as:
    o children in out of home care
    o gateway clinics
    o homeless youth (children/youth on the street)
    o juvenile justice
  » living in regional or rural areas
  » refugee, asylum seeker, and migrant families
- Impact on children and families who experience adverse events, such as:
  » domestic violence
  » family dysfunction
  » housing instability
  » parental mental health issue,
  » parental substance use
- Influence of poverty and financial insecurity on the epidemiology of developmental and behavioural disorders
- Influence of religious affiliation and values on children and families

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| | • Integration of the physical, mental, and social dimensions of child health and development as well as care, prevention, and promotion of health and quality of life<br>• Issues related to adoption<br>• Physiological, social, and psychological factors influencing child development<br>• Problems and benefits pertaining to child behaviour and development of multigenerational households<br>• Prolonging life and promoting health through organised efforts of society, as well as the understanding of child's rights<br>• Providing a local, national, and global approach to child health within priority populations, such as the ability to understand concerns with the child's health at an individual level as well as within the population<br>• Socioeconomic, cultural, gender, and geographical barriers to health care and the impact this has on priority groups<br>• Special challenges to children's development and behaviour of parenting without a partner because of choice, death, divorce or incarceration<br>• Ways of advocating for priority populations |
| **INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS**<br><br>Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure. Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable. | • ACES/SD Tools/Resilience Tools<br>• Assessment of mental health<br>• Comprehensive Psychosocial assessment with social work, when available<br>• Developmental and behavioural tools for assessment or screening<br>• Examination:<br>  » growth<br>  » holistic and attachment observation<br>• HEAADSSS Assessments<br>• Interagency approach to clinical assessment- education, statutory bodies, NGOs, other health, and support agencies |
| **IMPORTANT SPECIFIC ISSUES**<br><br>Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management and outcomes. | • Availability of services in outreach communities<br>• Biological, physical, and psychosocial elements of infant feeding<br>• Community child health in context of broader community<br>• Conditions under which people live in outreach communities<br>• Conditions under which practitioners practise in outreach communities<br>• Culturally informed care<br>• Cumulative risks for children with disability, underrepresented group membership, poverty, and social isolation<br>• Health needs of outreach communities<br>• Impact of parental intellectual ability and educational attainment on child development and behaviour<br>• Impact of psychosocial issues on parenting behaviours<br>• Implications of attachment difficulties, particularly for those in care or adopted<br>• Influences of media exposure on child development and behaviour |

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| | • National, state and local public health policy and legislation affecting health and wellbeing of infants, children and young people<br>• Parenting style and behaviour management resources available to parents<br>• Pre-school and school structures<br>• Pre-school, school and education processes for infants, children, and young people with developmental delays/disabilities<br>• Psychosocial impacts of child health:<br>  » bullying<br>  » maternal-infant dyad<br>  » social media<br>• Range of parenting styles, taking into account psychosocial and cultural variations<br>• Role of counsellors, social workers psychologists and other allied health professionals<br>• The importance of connection to community, and that of the land, sea, and sky<br>• The importance of delivery of health services within individual communities<br>• The importance of Te Tiriti o Waitangi<br>• The importance of the United Nations Convention on the Rights of the Child<br>• Trauma-informed care<br>• Varying capabilities of parents and limitations of their parenting skills |
| **IMPORTANT SPECIFIC ISSUES**<br><br>Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care. | • Awareness of personal reactions to childhood illness, behaviour, disability, and family situations and the impact these may have on professional practice<br>• Child rights<br>• Effective prevention for child maltreatment<br>• Effects on children of being a witness, victim, or perpetrator of violence<br>• Enablers and barriers to obtaining information in child maltreatment situations<br>• Impact of vicarious trauma on clinician wellbeing<br>• Methods involved in developing a differential diagnosis for maltreatment victims<br>• Parent or caregiver involvement in shared decision making<br>• Peer review processes and support<br>• Principles of advocating for children<br>• Principles underpinning national, state, and local policies and procedures related to child protection<br>• Role of courts involved in the criminal justice system<br>• Role of courts responsible for child protection, family law, and relevant courts of appeal<br>• Role of the paediatric medical expert in writing medicolegal reports, contributing to case conferences, and testifying in court in cases of child maltreatment<br>• The impact of bias |

**EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES**

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics.

- Child health screening and surveillance
- Clinical and performance indicators
- Difference between service monitoring, evaluation, and research
- Epidemiology in terms of disease frequency and burden, including measures and causation
- Identification of population sub-groups, according to:
  - » age
  - » disability
  - » ethnicity, race, culture
  - » gender identity and gender expression
  - » regional and rural settings
  - » sexual preference
  - » socioeconomic status
  - » those with exposure to violence, abuse and neglect
- Indigenous data sovereignty and shared access to data and information at a regional level
- Key demographic indicators by region, and trend
- Key health statistics by region and population group, and trend
- Key social and economic indicators by region, and trend
- Needs of children and families from special and/or priority populations:
  - » Aboriginal and Torres Strait Islander peoples
  - » children in out-of-home care care and protection system such as,
    - o children in out of home care
    - o gateway clinics
    - o homeless youth (children/youth on the street)
    - o juvenile justice
  - » LGBTQIA+
  - » living in Regional or rural areas
  - » Māori and Pacific Island peoples
  - » refugee, asylum seeker, and migrants
  - » social determinants of health
  - » socioeconomically disadvantaged
  - » those with intellectual or physical disabilities
- Organisational responses to serious adverse events:
  - » liability issues
  - » mediation principles
  - » root cause analysis
  - » sources of professional advice
- Qualitative and quantitative data, and its collection along with statistical analysis
- Research methods, data analysis tools, and quality improvement methodology
- Screening programs:
  - » clinical and performance indicators
  - » clinical audit
  - » disease and hazard surveillance systems
- Studies and their design including ethics, impact of power, limitations, and power.

**Drivers of health inequity across diverse population sub-groups**

- Access to health care:
  - » ancillary services
  - » medications
  - » primary care
  - » rural and remote settings
  - » screening
  - » tertiary care
- Determinants of wellbeing and disease in infants, children, and young people, and their implications for practice, including socioeconomic status, environment, and culture
- Discrimination based on race, ethnicity, gender, gender identity, or disability
- Diversity of key health challenges in different population groups
- Drivers of policy and program implementation as distinct research, and distinct from research
- Education and health literacy as determinants of health
- Effects of migration and acculturation, values, concepts of health, and diversity across different populations
- Evidence base for strengthening communities through promoting health and wellbeing of infants, children, and young people
- Evidence base for the promotion of wellbeing and optimal child development
- Historic, social, and economic factors differentially affecting specific population groups
- Importance of consumer and stakeholder input
- Intersectionality
- Modifiable risk factors and strategies to address these, including:
  - » breast feeding
  - » drug and alcohol issues
  - » immunisation status
  - » injury
  - » obesity
- Populations or settings at increased risk, including:
  - » Aboriginal and Torres Strait Islander, Māori, and Pasific Island peoples
  - » disabled
  - » LGBQTIA+
  - » lower socioeconomic status
  - » migrants
  - » rural and remote
- Racism, including institutional racism
- Social determinants of health
- Syndemic theory:
  - » adverse interactions between diseases and social conditions; clustering of adversity by person, place, or time

| **INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS** Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each | <ul><li>Common research methodologies and designs, such as:<ul><li>» different populations:<ul><li>○ community</li><li>○ clinic</li></ul></li><li>» measurements</li><li>» study types</li></ul></li><li>Common statistical methods and terms, such as:<ul><li>» descriptive and inferential statistics</li><li>» measures of association/effect sizes</li><li>» tests of significance/confidence intervals</li><li>» types of data</li></ul></li><li>Common study problems and flaws, such as:<ul><li>» measurement limitations</li></ul></li></ul> |
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| investigation or procedure. Advanced Trainees will know how to explain the investigation or procedure to patients , families, and carers, and be able to explain procedural risk and obtain informed consent where applicable. | » statistical concerns:<br>  o power<br>  o sample size<br>» types of bias<br>• Different types of research, such as:<br>» clinical/intervention<br>» descriptive<br>• Measures of deprivation and socioeconomic status<br>• Funding models<br>• Methodologies for evaluating population health initiatives<br>• Principles and methodologies for service evaluation<br>• Principles of continuous quality improvement and clinical governance<br>• Principles of epidemiology and biostatistics, including descriptive and comparative statistics<br>• Research methodology and health needs assessments<br>• Relevant cultural models of health |
| **IMPORTANT SPECIFIC ISSUES**<br><br>Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management and outcomes. | • Awareness of global health and planetary health and impact on children<br>• Burden of disease in population groups, nationally and globally<br>• Child health indicators and priorities locally, nationally, and globally<br>• Disease prevention<br>• Environmental influences on child health<br>• Global emergencies and the broad impact on children<br>• Grant proposals and applications, and process of peer review of research for publication<br>• Immunisation health<br>• Impact on child health of climate change<br>• Outbreak and disease control<br>• Mechanisms for achieving change in legislation, policies, procedures and protocols<br>• Mechanisms for changing change in legislation, policies and procedures and protocol<br>• Principles and methods for service evaluation, such as:<br>» application of principles of equity to an evaluation of a program or health service<br>» differences between service monitoring, evaluation, and research<br>» evidence on factors that produce changes in clinical behaviour or managerial practice<br>» importance of consumer and stakeholder input into health service design, delivery, and evaluation<br>» principles of quality improvement, such as:<br>  o clinical audit processes<br>  o lean thinking methodology<br>  o quality cycle<br>  o systems thinking<br>• Sources of health information and their quality, including for specific population sub-groups<br>• Strategies for the promotion of child wellbeing and optimal developmental at a population health level<br>• Structural competency<br><br>**Environmental epidemiology**<br>• Exposure assessment:<br>» exposure versus dose<br>» group-level versus individual level<br>» objective<br>» subjective |

- Study designs and analytic tools:
  - » ecologic studies
  - » Poisson regression for modelling counts or rates of events
  - » spatial mapping, e.g. geographic information systems (GIS)
  - » special considerations for confounding, clustering
  - » time-series analyses

**Infectious disease epidemiology**
- Basic and effective reproductive numbers
- Case fatality ratio
- Pathogenicity
- Timeline of disease:
  - » constructing an epicurve
  - » incubation period
  - » symptomatic period
- Timelines of infection:
  - » latent period
  - » period of infectiousness
- Transmission probability:
  - » secondary attack rate
  - » transmission probability ratio
- Use of whole genome sequencing

**Screening**
- measures of test performance:
  - » area under the curve
  - » negative predictive value
  - » positive predictive value
  - » receiver operating characteristic curve
  - » reliability
  - » sensitivity
  - » specificity

**Surveillance**
- Analysis of surveillance data:
  - » advanced techniques to adjust for sampling designs
  - » descriptive statistics
- Approaches to surveillance:
  - » active versus passive
  - » information systems
  - » laboratory-based surveillance
  - » notifiable disease reporting
  - » record linkage
  - » registries
  - » sentinel events
  - » surveys
- Attributes of surveillance systems:
  - » acceptability
  - » accuracy and completeness of descriptive information
  - » flexibility
  - » predictive value
  - » representativeness
  - » sensitivity
  - » simplicity
  - » timelines
- Descriptive epidemiology of health problems
- Elements of a surveillance system:
  - » case definition
  - » confidentiality
  - » cycle of surveillance
  - » incentives to participation, e.g. for clinicians

- » population under surveillance
- Uses:
  - » detection of infectious disease outbreaks
  - » detection of patterns of chronic disease, e.g. geographic
  - » future projections
  - » health advocacy
  - » links to services, e.g. notifiable diseases
  - » monitoring and evaluation of interventions/public health programs
  - » research, e.g. generating research questions