NEW CURRICULA

Curriculum Standards

Advanced Training in General Paediatrics (Paediatrics & Child Health)

May 2024

RACP
Specialists. Together

About this document

The new Advanced Training in General Paediatrics curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the curriculum standards for Advanced Training in General Paediatrics for trainees and supervisors. The curriculum standards should be used in conjunction with the Advanced Training in General Paediatrics 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.

Contents

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

General paediatrics is a broad paediatric specialty which, on referral from primary care providers, provides expert diagnosis, treatment, and care for infants, children, and young people.

General paediatricians have a breadth and depth of knowledge and experience that makes them ideally suited to provide high-quality specialist services and comprehensive care across a broad spectrum of common acute and chronic conditions and associated health issues of a developmental and psychosocial nature.

General paediatricians provide holistic patient-centred care and work with families and carers across multiple settings, including tertiary, outer metropolitan and regional, and rural hospitals, as well as remote, outreach, and community clinics. General paediatricians work in multidisciplinary teams with inpatients and outpatients and are also involved in teaching, research, advocacy, and leadership, aiming to improve overall child health.

General paediatricians provide holistic clinical care to address the health needs of infants, children, adolescents, and young people, including:

- **assessing and managing common acute and chronic paediatric conditions, including presentations that are undifferentiated and/or complex.** These are issues which do not fall within the range of one subspecialty, and the integration of interdisciplinary expertise may be required.

- **providing a comprehensive coordination of services.** The general paediatric team provides an essential service for infants, children, and young people who require subspecialty care. General paediatricians work closely with children and their families and carers, general practitioners, children's educators, and allied health care professionals to maximise their health and wellbeing.

- **managing challenging circumstances to protect children and young people.** General paediatricians have an important role in working with community agencies that provide support to children and their families.

- **considering the broad needs of children to ensure they have the best opportunities for optimal development, and managing children within their broader family, community, and sociocultural context.** There are a variety of associations between social and cultural factors and health. There also may be critical stages in the life course during which the social environment has a stronger impact on later life health outcomes.

General paediatricians provide leadership and patient-centred care with compassion and strong communication and teamwork skills. Professional roles include:

- **advocacy.** General paediatricians have an important advocacy role to help improve the health and development of children and adolescents in Australia and Aotearoa New Zealand, with a strong focus on parental and infant mental health, nutrition, early childhood education, and vulnerable populations.

- **leadership and management.** General paediatricians work in close collaboration with other medical professionals, including general practitioners, subspecialists, paediatric nurses, allied health professionals, and associated community organisations within this multidisciplinary field.

- **teaching and research.** General paediatricians are involved in teaching current and future health professionals and doctors training to become paediatricians. Some general paediatricians are involved in child health research.

- **professional and ethical practice.** General paediatricians have a commitment to improving the safety, effectiveness, and experience of health care.

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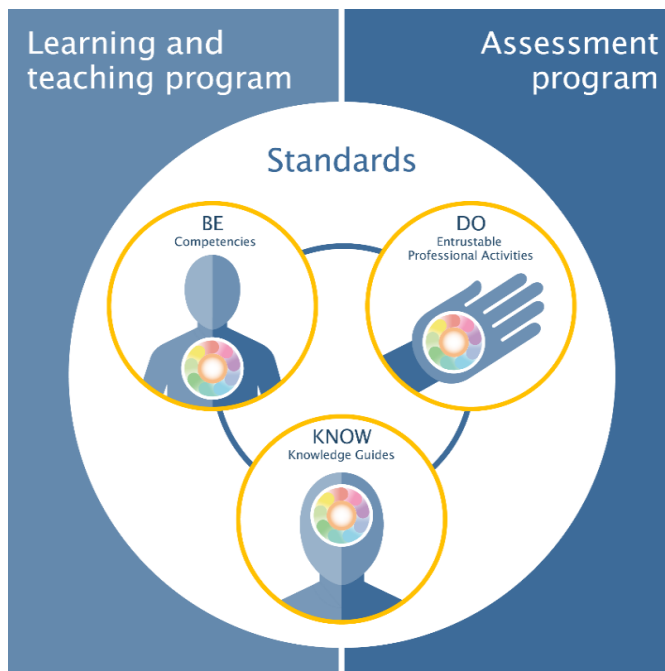
The **RACP curriculum model** is made up of curricula standards supported by learning, teaching, and assessment programs.

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.
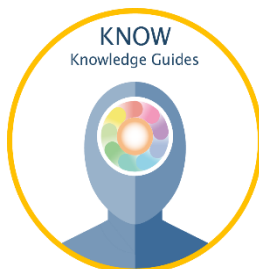
The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.

- **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.

- **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.
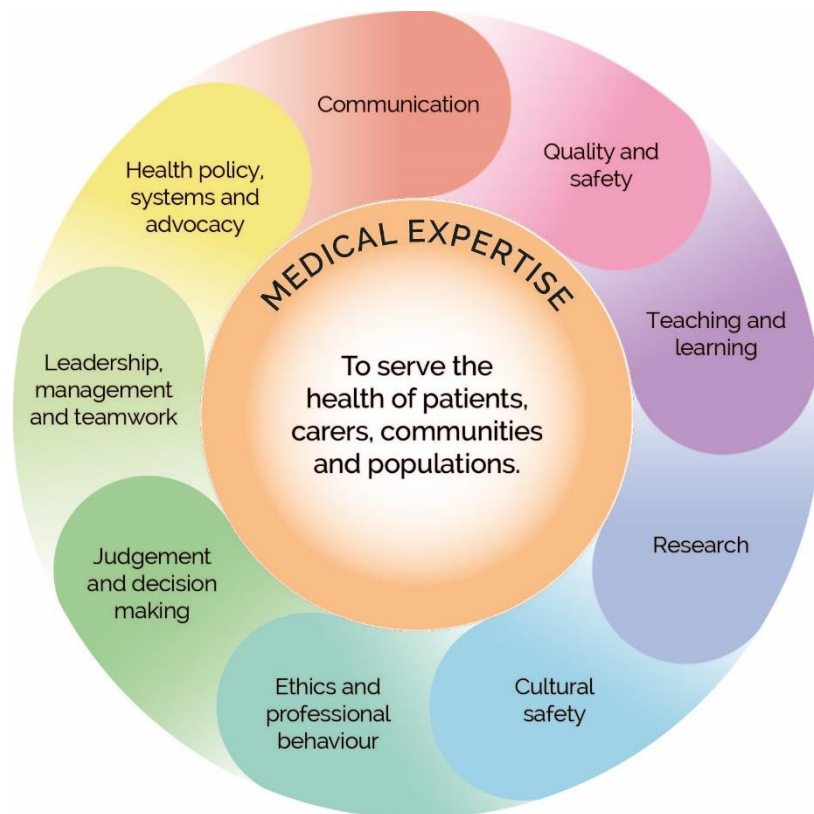
Learning, teaching, and assessment structure

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[1], and in collaboration with the health care team.

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[1] 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.[2]

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.[2] 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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[2] 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 healthcare 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.[3]

Critical reflection. Engage in iterative and critical self-reflection and demonstrate cultural safety in the context of their own cultural identity, power, biases, prejudices and practising behaviours.

Allyship. Recognise the patient and population's rights to culturally-safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision-making.

Inclusive communication. Apply culturally-safe communication, acknowledging the sharing of power, and cultural and human rights to enable patients, families and whānau to engage in appropriate patient care decisions.

Culturally-safe environment. Contributes to a culturally-safe learning and practice environment for patients and team members. Respect patients may feel unsafe in the healthcare environment.

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[3] The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below):
Cultural safety can be defined as[1].

- 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 healthcare professionals and healthcare 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.

1. 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, their families, communities, and populations 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.

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 health care 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 professional's education
3	Quality improvement	Contribute to improving the safety, efficacy, and experience of health care
4	Clinical assessment	Clinically assess paediatric patients across multiple settings
5	Clinical management	Clinically manage paediatric patients across multiple settings
6	Acute care and procedures	Assess and manage acutely unwell paediatric and neonatal patients
7	Communication with patients, families, and health professionals	Communicate effectively and professionally with patients, carers, families, health professionals, and other community members engaging with the health service
8	Promote improved outcomes in child and adolescent health and development	Take actions to promote improved health and developmental outcomes for paediatric patients in healthcare systems and the community
9	Care for patients from rural / remote areas	Provide high-level paediatric care for patients from rural and remote areas

EPA 1: Team leadership

Theme	Team leadership	Gen-Paeds-EPA-01
Title	Lead and work collaboratively with a team of health professionals	
Description	This activity requires the ability to: • prioritise workload • manage multiple concurrent tasks • articulate individual responsibilities, expertise, and accountability of team members • acquire and apply leadership techniques in daily practice • collaborate with teams across multiple health care settings • act as a role model • conduct case conferences	

Behaviours		

[Professional practice framework](#) domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• synthesise information with other disciplines and health care professionals to develop optimal, goal-centred plans for patients[4] • promote and rationalise evidence-based care to meet the needs of patients or populations • take measures to minimise clinical risk • apply clinical competence and skills by effectively supporting team members	• demonstrate adequate knowledge of health care issues by interpreting complex information • assess the spectrum of problems to be addressed • provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team • recognise the limits of personal expertise, and involve other health professionals as needed
Communication	• role model a transparent and supportive consultative style by engaging patients, families, carers, relevant professionals, and/or the public in shared decision making • work with patients, families, carers, and other health professionals to resolve conflict that may arise when planning and aligning goals • lead challenging conversations competently and sensitively, such as breaking bad news and providing feedback to colleagues	• communicate appropriately with colleagues • communicate appropriately with patients, families, carers, and/or the public • respect the roles of team members
Teaching and learning	• promote commitment to high-quality teaching within the team and with learners who are attached to the team • role model openness to continuous learning, and commitment to professional developmental practices	• demonstrate basic skills in facilitating colleagues' learning • accept feedback constructively, and change behaviour in response

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

Cultural safety	• demonstrate culturally safe relationships with colleagues and patients, including ongoing listening, learning, and seeking to improve • promote and advocate for respect for culture and diversity • identify and attempt to address barriers to health care, including unconscious bias, discrimination, and systemic racism	• demonstrate awareness of cultural diversity and unconscious bias • work effectively and respectfully with people from different cultural backgrounds
Ethics and professional behaviour	• demonstrate the ability to effectively manage own workload, and prioritise concurrent tasks • promote a team culture of shared accountability for decisions and outcomes • encourage open discussions of ethical and clinical concerns • respect differences of multidisciplinary team members • effectively consult with stakeholders, achieving a balance of alternative views • acknowledge personal conflicts of interest and unconscious bias • act collaboratively to resolve behavioural incidents and conflicts such as harassment and bullying • promote and role model high standards of ethical and professional practice	• support ethical principles in clinical decision making • maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities • respect the roles and expertise of other health professionals • work effectively as a member of a team • promote team values of honesty, discipline, and commitment to continuous improvement • demonstrate understanding of the negative impact of workplace conflict
Judgement and decision making	• make appropriate decisions when faced with multiple and conflicting perspectives • contribute effectively to shared decision making with teams and patients • contribute medical input to organisational decision making • apply judicious and cost-effective use of health resources to practice • recognise limits of practice	• consult team members or senior staff when faced with multiple conflicting perspectives • review new health care interventions and resources • interpret appropriate data and evidence for decision making
Leadership, management, and teamwork	• promote collaboration with team members in delivering patient care or population advice • apply effective leadership and followership skills in clinical and professional practice • initiate, actively participate in and, where appropriate, lead multidisciplinary team meetings • ensure all members of the team are accountable for their individual practice • promote and advocate for improved wellbeing of colleagues and other health professionals	• understand the range of personal and other team members' skills, expertise, and roles • acknowledge and respect the contribution of all health professionals involved in patient care • participate effectively and appropriately in multidisciplinary teams • seek out and respect the perspectives of multidisciplinary team members when making decisions

	• check in with, and support, colleagues • work within the appropriate structural systems to support colleagues in difficulty while maintaining patient safety • role model prioritising personal health, safety, and wellbeing	
Health policy, systems, and advocacy	• advocate for the resources and support for health care teams to achieve improved and equitable health care • influence the development of organisational policies and procedures to optimise health outcomes	• demonstrate awareness of organisational policies and procedures

EPA 2: Supervision and teaching

Theme	Supervision and teaching	Gen-Paeds-EPA-02
Title	Demonstrate commitment to ongoing professional development and health professional's education	
Description	This activity requires the ability to: • demonstrate commitment to health professional's education opportunities • provide clinical teaching in a variety of settings • teach and role model professional skills • create a safe and supportive learning environment • plan, deliver, and provide work-based assessments • support learner-driven education experiences • supervise learners in day-to-day work, and provide timely and constructive feedback • support learners to prepare for assessments • role model commitment to lifelong learning and continuous professional development • reflect on and evaluate own teaching and supervision skills	

Behaviours		
Professional practice framework domain	**Ready to perform without supervision** Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	**Requires some supervision** Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• combine high-quality care with high-quality teaching • support and undertake teaching on the run / bedside teaching, including explaining the rationale underpinning a structured approach to clinical decision making • enable learners to observe and/or participate in clinical experiences with appropriate supervision • use clinical activities as learning and teaching opportunities, appropriate to the setting and learner • support and facilitate medical students and health professionals to reflect and learn from clinical experiences • identify and support learners' strengths and areas for development, and facilitate improvement	• teach learners using basic knowledge and skills
Communication	• establish rapport and demonstrate respect for junior colleagues, medical students, and other health professionals • communicate effectively when teaching, assessing, and appraising learners	• demonstrate accessible, supportive, and compassionate behaviour

	• provide timely, clear and constructive feedback to learners, with suggestions on how to improve • actively promote a collaborative and safe learning environment with learners and other health professionals • role model and teach high-level communication skills • 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 • apply lessons learned about patient safety by identifying and discussing risks with learners • assess learners' competence, and provide timely feedback to minimise risks to care • obtain informed consent before involving patients in teaching activities • maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns • participate in evaluation of teaching and supervision	• observe learners to reduce risks and improve health outcomes
Teaching and learning	• reflect on, evaluate, and seek to improve own professional practice, including actively seeking feedback from supervisors, colleagues, and mentors • demonstrate commitment to own learning needs, training requirements, and professional development • develop appropriate learning plans for required learning outcomes • meet with supervisors regularly to receive feedback and support • keep records of supervision meetings and work-based assessments • plan and submit assessments and reports within required time frames • demonstrate knowledge of the principles, processes, and skills of supervision • provide direct guidance to learners in day-to-day work • work with learners to identify professional development and learning opportunities based on their individual learning needs • participate in teaching and supervision of professional development activities • encourage self-directed learning	• demonstrate basic skills in the supervision of learners • apply a standardised approach to teaching, assessment, and feedback without considering individual learner needs • implement teaching and learning activities that are misaligned to learning goals • adopt a teaching style that discourages learner self-directedness

	• develop a consistent and fair approach to assessing learners • tailor feedback and assessments to learners' goals • seek feedback and reflect on own teaching and supervision skills • support learners to identify and attend formal and informal learning opportunities	
Research	• demonstrate the ability to incorporate and critically analyse relevant and up-to-date evidence from the literature into clinical teaching • collaborate with learners and colleagues who are undertaking research projects • clarify junior colleagues' research project goals and requirements, and provide feedback regarding the merits or challenges of proposed research • assist in reviewing research projects prior to submission and providing feedback to encourage and guide learners to seek out relevant research to support practice	• direct learners to review relevant literature
Cultural safety	• role model a culturally safe approach to teaching • encourage learners to seek out opportunities to develop and improve their own cultural safety • support learners to develop skills in culturally safe care of Māori and Aboriginal and Torres Strait Islander peoples • consider cultural, ethical, and religious values and beliefs in teaching and learning	• function effectively and respectfully when working with, and teaching with, people from different cultural backgrounds
Ethics and professional behaviour	• apply principles of ethical practice to teaching scenarios • role model professional and ethical behaviours, including respect and collegiality • respond appropriately to learners seeking professional guidance	• demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect • 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 • promote joint problem solving • support a learning environment that allows for independent decision making • escalate concerns about learners appropriately, and keep appropriate documentation	• provide general advice and support to learners
Leadership, management, and teamwork	• maintain professional, clinical, research, and/or administrative responsibilities while teaching	• demonstrate the principles and practice of professionalism and leadership in health care

	• promote an inclusive environment whereby the learner feels part of the team	
Health policy, systems, and advocacy	• advocate for suitable resources to provide quality supervision and maintain training standards • support innovation in health professional's education • support collaboration and sharing of resources in health education	• incompletely integrate public health principals into teaching and practice

EPA 3: Quality improvement

Theme	Quality improvement	Gen-Paeds-EPA-03
Title	Contribute to improving the safety, effectiveness, and experience of health care	

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
	• audit clinical guidelines and outcomes
	• contribute to the development of policies and protocols designed to protect patients and enhance health care
	• monitor one's own practice and develop individual improvement plans
	• demonstrate commitment to ensuring deliverable health care is safe, timely, patient-centred, effective, efficient, and equitable

Behaviours

[Professional practice framework](#) domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision The trainee will:	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity The trainee may:
Medical expertise	• use standardised protocols to adhere to best practice, where applicable • demonstrate the ability to critically analyse relevant literature, refer to evidence-based guidelines and apply this to daily practice • regularly monitor personal professional performance	• identify opportunities for improvement • recognise the importance of prevention and early detection in clinical practice • use local guidelines to assist patient care decision making
Communication	• ensure patients are informed of any risks associated with their care, including investigations, procedures, and therapies • obtain informed consent before undertaking any investigation, procedure, or therapy • ensure that patients are informed about fees and charges • assist patients to access to their health information, as well as complaint and feedback systems • discuss with patients any safety and quality concerns they have relating to their care • implement the organisation's open disclosure policy, where appropriate • engage consumers in quality improvement activities • provide clear, safe, timely, and effective handover during escalation and between transitions of care	• demonstrate awareness of the evidence for consumer engagement and its contribution to quality improvement in health care • provide information in a manner so that patients, families, and carers are fully informed when consenting to any procedures • 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
	• participate regularly in organisational quality and safety activities, such as:
	  » antimicrobial stewardship
	  » audits
	  » clinical incident reviews
	  » corrective action preventive action plans
	  » morbidity and mortality reviews
	  » review of clinical guidelines and protocols
	  » root cause analyses
	• participate in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events
	• use clinical audits and registries of data on patients' experiences and outcomes, learnings from incidents, and complaints to improve health care
		• demonstrate an understanding of a systematic approach to improving the quality and safety of health care
		• raise appropriate issues for review at morbidity and mortality meetings
		• work within organisational quality and safety systems for the delivery of clinical care

Teaching and learning	• participate in quality and safety trainings, meetings, and activities to ensure a contemporary approach to safety system strategies	• 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 • present critical analysis of relevant literature at departmental journal club meetings • 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 • demonstrate an understanding of the limitations of evidence and the challenges of applying research in daily practice
Cultural safety	• undertake professional development opportunities that address the impact of cultural bias on health outcomes • demonstrate a commitment to improving cultural safety in own practice • apply frameworks and policies related to improving health care for Māori and Aboriginal and Torres Strait Islander peoples	• demonstrate commitment to improving cultural safety in own practice
Ethics and professional behaviour	• demonstrate professional values, including compassion, empathy, respect for diversity, integrity, honesty, and partnership to all patients and health professionals • advocate for the safety of patients and staff using appropriate systems	• comply with professional regulatory requirements and codes of conduct • assist in shaping an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement • consider patients' decision-making capacity

	• demonstrate accountability for errors by identifying possible system issues to improve, while contributing to an organisational "no blame" culture that prioritises patients' safety and quality • consider young people's capacity for decision making and consent, involving a proxy decision maker where appropriate	
Leadership, management, and teamwork	• formulate and implement quality improvement strategies as a collaborative effort involving all key health professionals • support multidisciplinary team activities to lower patients' risk of harm, and promote multidisciplinary programs of education	• demonstrate attitudes of respect and cooperation among members of different professional teams • partner with clinicians and managers to ensure patients receive appropriate care and information on their care
Health policy, systems, and advocacy	• participate in all applicable health care governance processes • 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 • identify activities within systems to reduce errors, improve patient and population safety, and implement cost-effective change	• comply with all relevant organisational policies and procedures

EPA 4: Clinical assessment

Theme	Clinical assessment	Gen-Paeds-EPA-04
Title	**Clinically assess paediatric patients across multiple settings**	
Description	This activity requires the ability to: • identify and access sources of relevant information about patients • perform expert and efficient assessments of paediatric patients across the age range from birth to young adulthood, in inpatient and outpatient settings • select, organise, undertake, and interpret relevant investigations • synthesise findings to develop provisional and differential diagnoses • consider the comfort and safety of the child, and the values and beliefs of the family or carers	

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	• assess paediatric patients' physical and psychological symptoms and signs • assess common and uncommon paediatric and adolescent inpatient presentations • assess common and uncommon paediatric and adolescent outpatient presentations • assess paediatric and adolescent patients with complex, multisystem, and/or chronic diseases • assess healthy newborns and common neonatal presentations • assess common developmental paediatric presentations • assess common paediatric and adolescent mental health presentations • identify and assess children presenting with signs or symptoms of child maltreatment • choose evidence-based investigations or assessment tools, and frame them as an adjunct to comprehensive clinical assessments • minimise unnecessary, potentially harmful, and/or painful investigations where possible • recognise and appropriately interpret abnormal findings, considering patients' circumstances	• record patient-centred histories, considering psychosocial factors • perform accurate physical examinations • provide rationale for investigations • recognise and correctly interpret abnormal findings • synthesise pertinent information to direct the clinical encounter and diagnostic categories

	• synthesise and interpret findings from the history, examination, and investigations to devise the most likely provisional diagnoses via reasonable differential diagnoses • assess the severity of problems, the likelihood of complications, and clinical outcomes	
Communication	• listen and respond to patients' concerns • document clinical history, examination, investigations, impressions, and management plans in medical records • prepare timely and accurate communication in the form of letters and reports to disseminate relevant medical information to patients, other health professionals, and other relevant agencies	• communicate appropriately with patients during assessments
Cultural safety	• demonstrate effective and culturally safe communication and care for 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 • enquire, acknowledge, and reflect on patients' beliefs and values, and how these might impact on health • use qualified language interpreters or cultural interpreters where appropriate	• display respect for patients' cultures, and attentiveness to social determinants of health • display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities • appropriately access interpretive or culturally focused services
Ethics and professional behaviour	• demonstrate and advocate for consideration of the comfort of patients by minimising distress and harm caused by medical assessments • hold information about patients in confidence, unless the release of information is required by law, under information sharing guidance, or public interest • assess patients' capacity for decision making and providing consent for medical procedures • demonstrate an awareness of complex issues related to genetic information obtained from investigations, and subsequent disclosure of such information • demonstrate an awareness of complex issues related to documentation of sensitive information gathered in clinical encounters, and subsequent sharing of such information	• demonstrate professional conduct, honesty, and integrity • consider patients' decision-making capacity • identify patients' preferences regarding management and the role of families in decision making • prioritise patient and social welfare over own personal interest and professional agenda

Judgement and decision making	- apply knowledge and experience to assess patients, making logical, rational decisions - evaluate the costs, benefits, and potential risks of each investigation in clinical situations - use a holistic approach to health, considering comorbidity, uncertainty, and risk - use the best available evidence to determine the most appropriate investigations, including not performing unnecessary investigations - determine the need for referral to subspecialists - make appropriate decisions in regard to referring or transferring patients to other services for further assessment, including regional and remote patients - make appropriate decisions in regard to reporting suspected child maltreatment to statutory child protection agencies - use appropriate guidelines, evidence sources, and decision support tools - consider possible sources of cognitive bias	- demonstrate clinical reasoning by gathering focused information relevant to patients' care - choose the most appropriate investigation for clinical scenarios, in discussion with patients - recognise personal limitations, and seek help in an appropriate way when required
Leadership, management, and teamwork	- ensure results are checked in a timely manner, taking responsibility for following up results - collaborate with other health professionals to achieve accurate and through assessments of patients	share relevant information with members of the health care team
Health policy, systems, and advocacy	- aim to achieve the optimal cost-effective patient care, to allow maximum benefit from the available resources - support systems to improve access to health care	- identify and navigate components of the healthcare system relevant to patients' care - identify and access relevant community resources to support patient care

EPA 5: Clinical management

Theme	Clinical management	Gen-Paeds-EPA-05
Title	**Clinically manage paediatric patients across multiple settings**	
Description	This activity requires the ability to: • manage general paediatric patients across the age span from birth to young adulthood, including transition to adult care and end-of-life care • manage paediatric inpatients, outpatients, and across health care settings • develop management plans and goals in consultation with patients, families, and/or carers • collaborate with other health professionals and/or community agencies • manage patients within their family and community context, considering cultural, socioeconomic and geographical factors • prescribe therapies tailored to patients' needs, conditions, and goals • monitor, review, and adjust management plans • manage and coordinate longitudinal care of patients • manage the transition of care between health professionals, providers, and contexts	

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	• identify and address current clinical concerns and longer-term clinical objectives, as appropriate to patients' context • holistically manage paediatric and adolescent patients across the age range within their family and community context, including physical and psychological symptoms • effectively plan for, and manage, patients' pain, distress, stress, or discomfort during treatment • refer to, and liaise with, subspecialists and other health professionals where appropriate • manage general paediatric inpatients to a high standard • manage general paediatric outpatients to a high standard • manage patients with common neurodevelopmental and behavioural concerns • manage patients with common mental health concerns in liaison with mental health support services • manage patients with common neonatal/perinatal concerns • manage adolescent patients, including transition to adult services	• develop appropriate management plans for current concerns • develop safe management plans for general paediatric inpatients and outpatients that may not consider all holistic care needs • select medicines for common conditions appropriately, safely, and accurately • identify potential side effects and practical prescription points, such as medication compatibility and monitoring in response to therapies • identify neurodevelopmental and behavioural concerns for patients • identify mental health concerns for patients

	• manage patients where there are concerns for child maltreatment, in conjunction with other relevant agencies • manage patients with complex, multisystem, or chronic conditions, such as chronic pain • consider and select appropriate pharmacological and non-pharmacological therapies considering patients' age, comorbidities, adverse reactions, preparations, availability, and patients' preference • plan appropriate monitoring and follow up to promote wellbeing and prevent harm • monitor treatment outcomes, effectiveness, and adverse events • regularly review the goals of care and treatment plans with patients • initiate opportunistic screening and management of complications and comorbid conditions • demonstrate knowledge of the principles of care for patients at the end of their lives, in liaison with paediatric palliative care services	
Communication	• communicate with patients about the benefits, risks, and potential side effects of proposed therapies • provide information to patients to enable them to make a fully informed decision from various diagnostic, therapeutic, and management options • educate patients about the intended use, expected outcomes, and potential side effects for each prescribed medication • facilitate and support open family discussions or meetings to deliver bad news or prognostic information • educate patients to recognise and monitor symptoms and when to seek help • communicate effectively with other professionals involved in patients' lives to promote wellbeing, such as those working in education, mental health, allied health, and statutory child protection services	• discuss and explain the rationale for treatment options with patients • explain the benefits and burdens of therapies, considering patients' individual circumstances • seek further advice from experienced clinicians or pharmacists when appropriate
Quality and safety	• prescribe medications in accordance with evidence, guidelines, and protocols (including schedule 8 prescribing) • review medicines regularly to reduce non−adherence, and monitor treatment effectiveness, possible	• identify medication errors, and institute appropriate measures

	side effects, and drug interactions, ceasing unnecessary medicines • report suspected adverse events to medications, and record it in patients' medical records	
Cultural safety	• demonstrate effective and culturally safe communication and care for 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 • use qualified language interpreters or cultural interpreters where appropriate • enquire, acknowledge, and reflect on patients' beliefs and values, and how these might impact on health and choices • offer support to patients, families, and carers to include cultural or religious practices in their care	• display respect for patients' cultures, and attentiveness to social determinants of health • display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities • access interpretive or culturally focused services when appropriate
Ethics and professional behaviour	• manage and share information about patients' health care in adherence to privacy laws, confidentiality, and professional guidelines • prepare for, and conduct, clinical encounters in a well-organised and time-efficient manner • demonstrate an understanding of the medicolegal requirements of written communications • recognise complexities around patient consent when there may be disputes between parents, parent and child or court orders in place	• demonstrate professional conduct, honesty, and integrity • identify patients' preferences regarding management and the role of families in decision making • prioritise patient and social welfare over own personal interest and professional agenda
Judgement and decision making	• apply knowledge and experience to identify patients' problems, making logical, rational decisions, and acting to achieve positive outcomes for patients • use appropriate guidelines, evidence sources, and decision support tools • plan appropriate investigations, considering risk, benefit, tolerance, resources, diagnostic yield, and contribution to management • identify and address patients' concerns, expectations, and goals • develop management plans in consultation with patients and carers • develop management plans considering the balance of benefit and harm by taking patients' personal sets of circumstances into account	• demonstrate clinical reasoning by gathering focused information relevant to patients' care • consider and prioritise patients' issues using a structured approach • recognise personal limitations, and seek help in an appropriate way when required

	• manage patients within their family and community context, considering cultural, socioeconomic, and geographical factors	
	• ensure patients' care is in the most appropriate facility, setting, or provider	
	• make appropriate decisions regarding referring or transferring patients to other services for further management, including regional and remote patients	
	• use medicines safely and effectively to get the best possible results	
	• recognise professional limitations	
Leadership, management, and teamwork	• coordinate holistic care for complex patients	• share relevant information with members of the health care team
	• work effectively as a member of multidisciplinary teams to achieve the best health outcome for patients	• contribute effectively to inpatient teams
	• lead inpatient teams	• work effectively in outpatient clinics
	• efficiently manage outpatient clinics	
	• manage, and plan follow up for, patients that live in regional or remote locations, in liaison with their local health services	
	• ensure care plans are communicated to all teams involved in patients' care, including primary care and other relevant community care providers	
	• engage and facilitate multidisciplinary team meetings, family meetings, and complex case conferences	
	• establish and follow clear transition plans for adolescent patients, utilising appropriate services	
Health policy, systems, and advocacy	• demonstrate appropriate utilisation of local, regional, and national health services and systems	• identify and navigate components of the healthcare system relevant to patients' care
	• aim to achieve the optimal cost-effective patient care to allow maximum benefit from the available resources	• identify and access relevant community resources to support patient care
	• support and use innovative systems, such as telehealth and digitally integrated support services	• consider transport issues and costs to patients in arranging for transferring patients to other settings
	• contribute to processes for managing risks, and identify strategies for improvement in transition of care	
	• apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs	
	• follow and support processes for adolescents transitioning to adult health services	

EPA 6: Acute care and procedures

Theme	Acute care and procedures	Gen-Paeds-EPA-06
Title	Assess and manage acutely unwell paediatric and neonatal patients	
Description	This activity requires the ability to: • assess seriously unwell paediatric and neonatal patients, and initiate management • perform paediatric and neonatal resuscitation • plan, prepare for, perform, and provide aftercare for procedures expected of a general paediatrician, as listed in this EPA • manage ongoing care of acutely unwell paediatric and neonatal patients suitable for inpatient ward and not needing intensive care • recognise and respond to clinical deterioration • escalate care where appropriate • participate in and, where appropriate, lead the resuscitation team • liaise with paediatric intensive care or neonatal intensive care units, retrieval services, and referral centres • safely prepare and handover acutely unwell patients at change of shift or change in patient status or location • communicate with family and carers regarding acute situations and 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	• recognise immediate life-threatening paediatric and neonatal conditions and critically unwell patients, and respond appropriately • prepare for, and perform, effective advanced paediatric life support and neonatal resuscitation • recognise and respond to clinical deterioration • assess, diagnose, and initiate management of acute undifferentiated clinical presentations • select investigations that exclude or diagnose critical patient issues • manage acutely unwell children and neonates suitable for the inpatient ward and not requiring intensive care	• recognise seriously unwell patients requiring immediate care • initiate paediatric and neonatal resuscitation as indicated • identify potential causes of current deterioration, and comply with escalation protocols • facilitate initial tests to assist in diagnosis • develop management plans for immediate treatment • document information to outline the rationale for clinical decisions and action plans • assess patients and identify indications for procedures • consider risks and complications of procedures

- perform common procedures confidently and consistently, such as:
  - » lumbar puncture
  - » manual intermittent positive pressure ventilation via bag mask and T piece
  - » nasogastric tube placement
  - » paediatric and neonatal cannula insertion
  - » sterile urine collection via suprapubic and/or catheter
- troubleshoot and manage patients with difficult intravenous access
- demonstrate knowledge and skills in safe airway management on a mannequin and/or patient, such as:
  - » endotracheal intubation
  - » laryngeal mask and oropharyngeal / nasopharyngeal airway insertion
- demonstrate knowledge and skills on a mannequin and/or patient in:
  - » intercostal catheter insertion
  - » intra-osseus needle
  - » needle thoracostomy
  - » umbilical venous catheterization
- demonstrate knowledge of the principles and complications of midline, percutaneous long line (PICC) and central venous access insertion, and, where appropriate, practice insertion
- demonstrate knowledge of the role for point of care ultrasound (POCUS) in diagnostic and procedural applications, and, where appropriate, practice on phantom models and/or patients
- manage patients, in liaison with subspecialty teams, with:
  - » central venous access devices
  - » gastrostomy tube
  - » other in situ medical devices
  - » PICCs
  - » ventriculoperitoneal shunts
- recognise and effectively manage complications arising during and after procedures
- initiate care of seriously unwell paediatric and neonatal patients requiring surgery and/or transfer to intensive care unit
- initiate ventilation and inotropic support of paediatric and neonatal patients, with support from appropriate intensive care specialists or emergency staff

- demonstrate knowledge and skills in:
  - » lumbar puncture
  - » manual intermittent positive pressure ventilation via bag mask and T piece
  - » nasogastric tube placement
  - » paediatric and neonatal cannula insertion
  - » sterile urine collection via suprapubic and/or catheter

	• systematically identify causes of acute deterioration in health status • develop plans of multidisciplinary treatment, rehabilitation, and secondary prevention following acute events • optimise medical management before and after operations, where appropriate • effectively manage acute pain and distress • demonstrate knowledge and skills in procedural pain management, such as sedation and analgesia, as well as non-pharmacological strategies • demonstrate an awareness of the process for accurate collection of forensic samples for children with acute sexual assault concerns, in liaison with child maltreatment specialist paediatricians, child protection agencies, and police • document treatment given without consent in an emergency according to local guidelines	
Communication	• use closed-loop and clear communication with other health care team members during resuscitation and escalation • facilitate early sensitive communication with patients during escalation and resuscitation to allow shared decision making • explain procedures clearly to patients, including reasons for procedures, potential alternatives, and possible risks, to facilitate informed choices • accurately document procedures in clinical notes, including informed consent, indication for the procedure, medicines given, aseptic technique, difficulties encountered, and aftercare • liaise appropriately with paediatric and neonatal intensive care specialist and retrieval services • provide clear and effective clinical handover during change of shift or change in patient status or location	• demonstrate communication skills to sufficiently support the function of multidisciplinary teams • communicate with patients in a timely and appropriate manner • provide timely and safe handover during escalation and transitions of care • explain the process of procedures to patients without providing a broader context • discuss postprocedural care with patients • complete relevant patient documentation
Quality and safety	• set up all necessary equipment required for procedures, and consistently use universal precautions and aseptic technique • confirm patients' identification, verify the procedure, and, where appropriate, the correct position / site / side / level for the procedure	• comply with safety requirements of the health service

Teaching and learning	• maintain up-to-date certification in advanced paediatric life support and neonatal resuscitation • participate in multidisciplinary practice of resuscitation skills, including simulation where available • seek guidance and feedback from supervisors and other health professionals to reflect on clinical deterioration or resuscitation events and improve future patient care • refer to and/or be familiar with relevant published procedural guidelines prior to undertaking procedures • organise or participate in in-service training on new technology • provide appropriate supervision to learners carrying out procedures	• maintain life support requirements of the health service
Cultural safety	• negotiate health care decisions in a culturally appropriate way, considering variation in family structures, cultures, religion, and belief systems • use qualified language interpreters or cultural interpreters where appropriate • integrate culturally safe care of Māori and Aboriginal and Torres Strait Islander peoples into patient management • consider cultural, ethical, and religious values and beliefs in leading multidisciplinary teams	• practise cultural safety
Ethics and professional behaviour	• apply ethical principles to life-saving treatments and patients' and family members' rights to decide management, including withdrawal of care • facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making • hold information about patients in confidence, unless the release of information is required by law or public interest	• communicate medical management plans as part of multidisciplinary plans • establish, where possible, patients' wishes and preferences about care • contribute to building a productive culture within teams
Judgement and decision making	• recognise the need for escalation of care or patient transfer, and escalate to appropriate staff or services • use appropriate guidelines, evidence sources, and decision support tools • identify roles and optimal timing for diagnostic procedures • select appropriate investigations on the samples obtained in diagnostic procedures	• involve additional staff to assist in a timely fashion when required • recognise personal limitation, and seek help in an appropriate way when required • assess personal skill levels, and seek help with procedures when appropriate

	• reconcile conflicting advice from other specialties, and support shared clinical decisions in the presence of uncertainty • use care pathways effectively, including identifying reasons for variations in care	
Leadership, management, and teamwork	• collaborate effectively with staff in the emergency department, paediatric and neonatal intensive care units, and other subspecialty inpatient units • demonstrate effective leadership and followership in acute care situations, including appropriate role allocation of team members • explain critical steps, anticipated events, and equipment requirements to team members before planned procedures • provide staff with clear procedural aftercare instructions • explain how to recognise possible procedural complications • identify relevant management options with colleagues, according to their level of training and experience, to reduce error, prevent complications, and support efficient teamwork • manage transitions of care of acute medical patients • check in and support team members' wellbeing, and, where necessary, support psychological first aid and formal debriefing • check in and support team members wellbeing and, where necessary, support psychological first aid and formal debriefing	• collaborate with other team members, based on their roles and skills • ensure appropriate multidisciplinary assessment and management • encourage an environment of openness and respect to lead effective teams • involve appropriate team members to undertake procedures safely
Health policy, systems, and advocacy	• use a considered and rational approach to the responsible use of resources, balancing costs against outcomes • prioritise patient care based on need, and consider available health care resources • collaborate with emergency medicine staff and other colleagues to develop policies and protocols for the investigation and management of common acute medical problems	• understand the systems for the escalation of care for deteriorating patients • understand the role of clinician leadership and advocacy in appraising and redesigning systems of care that lead to better patient outcomes

EPA 7: Communication with patients, families, and health professionals

Theme	Communication with patients, families, and health professionals	Gen-Paeds-EPA-07
Title	Communicate effectively and professionally with patients, carers, families, health professionals, and other community members engaging with the health service	

Description	This activity requires the ability to: • communicate and build rapport with children and young people • communicate and build working relationships with families and/or carers • practice patient and family-centred care • communicate with team members and other health professionals across different contexts and modalities • synthesise clinical information into accurate and safe handovers and summaries • negotiate mutually agreed plans • deliver education to patients, families, carers, and health professionals at appropriate levels of understanding

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	• communicate clearly the working diagnosis, other possible diagnoses, and rationale behind management plans to patients and other health professionals • anticipate, and be able to correct, any misunderstandings patients may have about their conditions and/or risk factors • 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 • provide information to patients to enable them to make informed decisions about diagnostic, therapeutic, and management options • provide patients with a chronic disease management plan • define, summarise, and clarify the concerns and goals of patients, and plan management in partnership with them • provide timely updates to patients and care providers when there are changes in plans or new results	• explain the scientific basis of health and disease to patients • demonstrate an understanding of the clinical problem being discussed • formulate management plans in partnership with patients • present a working diagnosis to colleagues, and a rationale for management plans

	- use clinical encounters to provide appropriate education to patients, family, and/or carers on their health needs - synthesise clinical information into clear, accurate, comprehensive, and professional summaries and handovers for other health professionals, including discharge summaries, clinic letters, and transfer documentation - present succinct clinical cases to colleagues, providing justification for proposed plans, and raise points for discussion - provide safe and supportive expert advice for colleagues seeking professional paediatric opinion - consult specialists, such as child maltreatment specialist paediatricians, radiologists, neurosurgeons, and ophthalmologists, in cases of child maltreatment - formulate defensible evidence-based opinions in relation to likelihood of child maltreatment, in consultation with child maltreatment specialist paediatricians	
Communication	- use an appropriate communication strategy and modalities for communication, such as emails, face-to-face, or phone calls - actively support and effectively use professional interpreters and other communication assistance means during every clinical encounter with patients unable to communicate confidently or verbally in English, at a level required for health understanding, and document this in medical records - check patients' level of literacy and access to the internet when considering use of written or online communications - actively and empathetically listen to, and prioritise, the needs and concerns of patients - communicate with patients respectfully and non-judgementally - provide information to patients in plain language, avoiding jargon, acronyms, and complex medical terms - encourage patients to ask questions, and answer them thoroughly	- select appropriate modes of communication - engage patients in discussions, avoiding the use of jargon - check patients' understanding of information - adapt communication style in response to patients' age and developmental level, and cognitive, physical, cultural, socioeconomic, and situational factors - anticipate, read, and respond to verbal and nonverbal cues - demonstrate active listening skills to communicate patients' situations to colleagues, including senior clinicians

	- encourage patients to share their thoughts or explain their management plan in their own words to verify understanding - convey information considerately and sensitively to patients, seeking clarification if unsure of how best to proceed - treat patients respectfully, and listen to their views - undertake appropriate consultation with adolescents and young adults, including allowing review time independent of carer during part of the consultation - establish and apply requirements and limits of confidentiality when interviewing adolescents and young adults by themselves - recognise the development of health independence and requirements around consent when working with adolescent patients - support the role of family or carers, and, when appropriate, encourage patients to involve their family or carers in decisions about their care - use appropriate defusing and de-escalation strategies for angry patients, prioritising own safety and that of the team - demonstrate effective formal professional communication skills with different stakeholders across multiple platforms - establish rapport with people at all levels by tailoring messages to different stakeholders - ensure appropriate documentation in medical records or other appropriate means of record keeping - produce comprehensive medicolegal reports for the child protection and criminal justice system, that are appropriately peer reviewed	
Teaching and learning	- provide appropriate and ongoing education for patients and carers, including verbal, written, and digital information - reflect on communication interactions that did not go as expected, and demonstrate openness to feedback, continuous learning, and improvement - provide education to peers, junior doctors, medical students, and other health professionals that is tailored to their level of knowledge and current learning needs	- respond appropriately to information sourced by patients, and to patients' knowledge regarding their condition

Research	• provide research information to patients that is based on national guidelines • obtain informed consent or other valid authority before involving patients in research • provide information to patients in a way they can understand before asking for their consent to participate in research • communicate any research findings to appropriate stakeholders • understand when young people are able to consent for participation in research	• obtain an informed consent or other valid authority before involving patients in research • refer to evidence-based clinical guidelines • 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 • communicate effectively with members of other cultural groups by meeting patients' specific language, cultural, and communication needs • use qualified language interpreters or cultural interpreters where appropriate • demonstrate consideration and accommodation for differing gender and parenting roles in communication interactions • provide plain language and culturally appropriate written / digital materials to patients where appropriate • use qualified language interpreters or cultural interpreters where appropriate	• identify when to use interpreters • allow enough time for communication across linguistic and cultural barriers
Ethics and professional behaviour	• encourage and support patients and, when relevant, their families or carers, in caring for themselves and managing their health • demonstrate respectful professional relationships with patients • demonstrate communicating strengths-based holistic care • prioritise honesty, patients' welfare, and community benefit above self-interest • practice with a high standard of personal conduct, consistent with professional and community expectations • support patients' rights to seek second opinions • manage and share information about patients' health care in adherence to privacy laws, confidentiality, and professional guidelines • demonstrate strict adherence to patient confidentiality, and consideration for the setting	• respect the preferences of patients • communicate appropriately, consistent with the context, and respect patients' needs and preferences • maximise patient autonomy, and support their decision making • avoid sexual, intimate, and/or financial relationships with patients • demonstrate a caring attitude towards patients • respect patients, including protecting their rights to privacy and confidentiality • behave equitably towards all, irrespective of gender, age, culture, socioeconomic status, sexual preferences, beliefs, contribution to society, illness-related behaviours, or the illness itself • use social media ethically and according to legal obligations to protect patients' confidentiality and privacy

	of clinical discussions with patients and team members	
	• seek consent from patients to communicate with other organisations involved in patients' care	
	• complete clinical notes and correspondence efficiently and within a reasonable time frame	
	• ensure all appropriate recipients are included in patient correspondence	
	• maintain professional boundaries with patients according to professional codes of conduct	
	•	
Leadership, management, and teamwork	• consistently communicate effectively, collaboratively, and respectfully with team members, other health professionals, and community members	• answer questions from team members
		• summarise, clarify, and communicate responsibilities of health care team members
	• communicate effectively with local service providers, primary care and other community organisations in planning and management of care, including referring and receiving health services	
	• facilitate an environment where all team members feel they can contribute and their opinion is valued	
	• formulate strategies to respectfully negotiate plans in the best interest of the patient at times when there are differences in opinions between health professionals	
Health policy, systems, and advocacy	• use appropriate digital technologies and systems to facilitate improved communication	• communicate with and involve other health professionals as appropriate

EPA 8: Promote improved outcomes in child and adolescent health and development

Theme	Promote improved outcomes in child and adolescent health and development	Gen-Paeds-EPA-08
Title	Take actions to promote improved health and developmental outcomes for paediatric patients in healthcare systems and the community	
Description	This activity requires the ability to: • identify strengths, capacities, and barriers to health at individual, family, community, and policy level • identify and manage child and adolescent safety concerns • actively work to improve health equity and address barriers to health at an individual, family, community, and policy level • provide effective holistic care for children and adolescents with consideration for their family, community, and cultural context • take a leadership role in advocating for improved health and developmental outcomes for paediatric patients.	

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	• provide specialised holistic paediatric care to address the needs, according to local, national, and international guidelines and best practice, of:
	  » children from low socioeconomic backgrounds
	  » children from rural and remote areas
	  » children in out-of-home care
	  » children with disability
	  » children with diversity
	  » Māori and Aboriginal and Torres Strait Islander peoples
	  » refugee and asylum seeker children, and children with refugee-like backgrounds
	• provide goal-directed care, aiming to improve function and quality of life, to patients with complex needs
	• devise strategies that consider and improve the social and emotional wellbeing of patients
	• provide medical evidence, assessments, and correspondence to support patients to access disability, mental health, and other support services
	• support strategies that promote inclusion and participation
		• identify children with specific vulnerabilities
		• identify barriers to health
		• address and manage patients with child protection and safety concerns
		• undertake screening for psychosocial risk factors with adolescent patients
		• identify patients needing to access disability and other support services
		• identify risks present in children's physical and/or social environments

	• identify and refer patients to appropriate early intervention and developmental services	
	• devise a strengths-based approach to the care of patients with developmental or behavioural challenges, neurodiversity, or disabilities	
	• advocate for the effective mitigation of risks in patients' physical and social environments	
	• identify and address, or advocate for reducing, individual barriers to health, including adverse childhood experiences	
	• advocate for conditions that promote optimal child and adolescent development across the age range	
	• undertake screening and develop management plans for psychosocial risks of adolescents	
Communication	• prioritise positive and strengths-based language in communication regarding patients • practice trauma-informed care • sensitively and constructively explore barriers to health and adherence to management plans • provide opportunistic health education to families and carers, and promote optimal patient health • safely and appropriately communicate with police and statutory child protection agencies, including limitations of knowledge, evidence base, and expertise	• explore socioeconomic backgrounds with patients • refer to local service providers
Teaching and learning	• educate families, carers, medical students, other health professionals, and/or community members about strategies to improve child health in all domains • build knowledge of community resources that support patients' health and wellbeing within community of practice	• provide health promotion education to families and carers
Research	• contribute to research that improves health equity, where applicable	
Cultural safety	• collaborate with families and communities to optimise patient health outcomes in a culturally safe manner • use qualified language interpreters or cultural interpreters where appropriate • support improving patient health and development within the patients' cultural and family context • advocate for cultural safety in clinical settings	• demonstrate cultural safety

	• link patients with culturally appropriate support services	
Ethics and professional behaviour	• practice advocacy with respect for patient confidentiality, autonomy, and dignity • facilitate and advocate for the safety and rights of children, including adherence to child protection laws and policies • support and empower families and carers to provide optimal care for children	• adhere to child protection laws and policies
Judgement and decision making	• practice patient-centred care, considering the family, community, and cultural context in establishing management plans • demonstrate an understanding of relevant consent and information-sharing laws • demonstrate an understanding of the role and requirements of paediatricians as expert witnesses in cases of child maltreatment	• seek support to manage patients in challenging contexts
Leadership, management, and teamwork	• work collaboratively within teams that aim to improve patient health and developmental outcomes • advocate for quality, safe, and effective care in the best interest of patients and health priorities	• advocate for appropriate care for patients
Health policy, systems, and advocacy	• advocate for child and family friendly clinical and support services • seek to address, or advocate for addressing, the determinants of health of the population • advocate for, and promote, child safety and the rights of children • participate in health promotion, disease prevention and control, screening, and reporting notifiable diseases • demonstrate an awareness of population health priorities • contribute to advocacy or policy activities to improve child health and developmental outcomes nationally and globally • direct families and carers to resources and services targeted at improving child health • advocate for, or contribute to, systems or structures that provide equitable access to care for all paediatric patients • apply knowledge of long-term impacts of adversity and methods to ameliorate harm to health policy and advocacy	• demonstrate an awareness of activities that promote health and prevent disease in children and young people • support patients to link with relevant community services • identify systems or structures that are a barrier to equitable access to health care

EPA 9: Care for patients from rural / remote areas

Theme	Care for patients from rural / remote areas	AT EPA-09
Title	Provide high-level paediatric care for patients from rural and remote areas	
Description	This activity requires the ability to: • manage patients with consideration for their geographical context and access to health resources • identify and work to address barriers to health in rural and remote areas • adopt an independent, flexible, and resourceful approach to rural paediatrics • provide optimal paediatric care with effective utilisation of health care resources, within and beyond the patients' local community • provide care to patients that is linked between inpatient, outpatient, and community settings • liaise and coordinate with local, regional, and referral services • plan and coordinate appropriate longitudinal follow-up that is closest to the patients' home	

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	• perform comprehensive assessments of paediatric patients with broad presentations across all organ systems • independently manage inpatients and outpatients in a regional setting, while recognising when to seek assistance from colleagues • liaise appropriately with off-site subspecialists (eg. metropolitan or tertiary centre), to instigate investigation and management where appropriate • undertake opportunistic health screening, considering local and environmental health priorities • provide opportunistic and directed health promotion education, considering local and environmental health priorities • demonstrate the ability to function effectively across inpatient and community contexts in parallel • consider local and regional burden of disease in possible differentials and antibiotic selection • tailor management plans to target the strengths and limitations of patients' context	• identify own limitations, and seek support of other health professionals • manage a patients' presenting complaint without consideration for their broad health needs or context • provide phone advice without consideration for the local context

	• provide safe and effective phone advice for health professionals caring for patients in rural and remote locations	
Communication	• communicate closely with regional paediatricians, GPs, child health nurses, and other community health professionals in planning patient management and follow-up • communicate sensitively, respectfully, and collaboratively with local health professionals, appreciating the challenges and limitations of rural and remote services • communicate in a variety of means appropriate to the context, including remote, virtual, and Telehealth • communicate and make joint decisions with retrieval services including discussion around stabilisation and mode of retrieval	
Quality and safety	• comply with local safety and quality standards • monitor and report adverse events • consider practical solutions to improving health care safety and quality in rural and remote sites	• identify errors or limitations in care
Teaching and learning	• take action to develop knowledge and skills to improve care provided to local populations • provide planned and opportunistic education of local health care workers and students in paediatric medicine	
Cultural safety	• support the management of patients within cultural and family contexts, appreciating the importance of connection to Country and family roles • use qualified language interpreters or cultural interpreters where appropriate • advocate for, and practice, culturally safe care	• demonstrate awareness of cultural considerations
Ethics and professional behaviour	• demonstrate consideration of the social, cultural, and psychological impact of referral and travel to large metropolitan hospitals on patients and families • appropriately use health care resources, considering cost and benefit • take efforts to ensure patients access available services to reduce barriers to health care, such as subsidised patient transport	
Judgement and decision making	• demonstrate sound initiative to problem solve independently, where appropriate	• communicate with referral hospitals to assist with decision making

	• recognise disease burden and risk in patients' geographical locations	
	• recognise the limitations of local health services, and refer and transfer care appropriately and in a timely manner	
	• use available investigations appropriately, and consider the cost, benefits, and potential impact of referral for further investigations in metropolitan centres	
	• demonstrate a flexible and adaptable approach to managing patients to a high standard with limited resources	
	• demonstrate consideration for medical, physical, and logistical complexities of patient retrieval	
Leadership, management, and teamwork	• lead and coordinate care of patients with multisystem and chronic disease, with input from metropolitan subspecialists	• liaise with metropolitan subspecialists when required
	• work collaboratively within teams to optimise patient-centred care in the regional setting	
	• demonstrate effective teamwork skills to support other members of the health care team within regional or remote settings	
	• advocate for quality, safe, and effective care in the best interest of patients	
	• advocate for access to necessary resources to benefit the health and development of patients in rural and remote settings	
Health policy, systems, and advocacy	• demonstrate an awareness of population health priorities in regional areas	• understand the structure of local and regional health services
	• recognise and work within limitations of local health services, such as reduced access to primary care	
	• communicate with local stakeholders and community members to address the health care needs of rural and remote patients	
	• seek to address and/or advocate for addressing the determinants of health of the population, and mitigate barriers to access to care	
	• participate in health promotion, disease prevention and control, screening, and reporting of notifiable diseases	
	• contribute to, or participate in, advocacy and policy activities to improve health for rural and remote children	
	• use telehealth services and other technology to facilitate access	

	to health care remotely, where appropriate

Knowledge guides

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

Trainees are not expected to be experts in all areas or have experience related to all items in these guides.

#	Title
1	Foundations of general paediatrics
2	Neonatal and perinatal medicine
3	Acute care
4	Developmental paediatrics
5	Adolescent and young adult medicine
6	Child safety and maltreatment
7	Rural paediatrics

KEY PRESENTATIONS AND CONDITIONS

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

More detailed conditions and presentations according to organ system are presented as an appendix.

Infant / Child health / Undifferentiated presentations

- Abdominal pain
- Allergy
- Anaemia
- Anaphylaxis
- Behavioural concerns
- Bloody stools
- Breath holding
- Brief resolved unexplained event
- Carer stress / concern
- Chest pain
- Constipation
- Continence issues
- Cough
- Chronic pain
- Developmental delay
- Diarrhoea
- Diurnal enuresis
- Emotional dysregulation
- Enlarged lymph nodes
- Enuresis
- Faltering growth
- Fatigue
- Feeding difficulties
- Fever
- Fit / Faint / Funny turn
- Floppy infant / Hypotonia
- Growth and puberty issues
- Headache
- Head size / Head shape
- Hearing impairment
- Heart murmur
- Jaundice
- Learning difficulties
- Limping or non-weight bearing
- Musculoskeletal and joint pain
- Nausea
- Neurodiversity
- Obesity
- Oncological presentations
- Palpitations
- Rash
- Recurrent fever / Recurrent illness
- Recurrent urinary tract infection

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

Synthesise
» recognise the clinical presentation
» identify relevant epidemiology, pathophysiology, and clinical science
» take a relevant clinical history
» conduct an appropriate examination
» establish a differential diagnosis
» plan and arrange appropriate investigation
» consider the impact of illness and disease on patients and their quality of life

Manage
» provide evidence-based management
» for less common or more complex presentations and conditions, the trainee must also seek expert opinions
» prescribe therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams

Consider other factors
» identify individual and social factors and the impact of these on diagnosis and management

- School refusal
- Seizures
- Sensory issues
- Skin conditions
- Shortness of breath
- Speech / Language delay
- Sleep difficulties
- Suspected abuse and neglect, including suspected sexual abuse
- Syncope / Collapse
- Toxidrome
- Unsettled infant
- Unwell infant or child
- Vision impairment
- Vomiting
- Vulnerability and neglect
- Wheeze

EPIDEMIOLOGY, PATHOPHYSIOLOGy, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Aetiology and natural history for common and uncommon paediatric medical conditions
- Epidemiology, pathophysiology, and basic sciences as required for Basic Training in Paediatrics and Child Health, with a focus on clinical manifestations and complications of disease, pharmacology, and evidence based management
- Diagnosis, natural history, and treatment options for infants, children, and young people with complex, multisystem, and chronic disorders
- Pharmacology of medications prescribed in children and adolescents, including paediatric use of:
  » ADHD medications
  » anti-depressants
  » anti-psychotics
  » anxiolytics
  » mood stabilisers
  » simple analgesics
  » strong analgesics

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 investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and

Investigations
- Audiology
- Blood tests, such as:
  » bacterial and viral PCR
  » biochemistry
  » blood gases
  » endocrinological
  » genetic investigations
  » haematological
  » immunological and allergen testing
  » inflammatory markers
  » metabolic screening tests
  » microscopy, culture, and antimicrobial sensitivity
  » serology
- Bone densitometry scan

carers, and be able to explain procedural risk and obtain informed consent where applicable.	- Cardiac investigations: » echocardiography » electrocardiography (ECG) » exercise testing » Holter monitoring - Other pathology, such as: » cerebral spinal fluid: - o culture and antimicrobial sensitivity - o indications for additional testing (e.g., autoimmune / metabolic) - o microscopy » genetic: - o chromosomal microarray analysis (CMA) - o whole exome sequencing (WES) » site swabs (from sterile and non-sterile sites): - o culture and antimicrobial sensitivity - o microscopy - o viral and bacterial PCR » stool: - o calprotectin - o culture - o faecal occult blood - o malabsoprtion tests - o microscopy - o ova, cysts, parasites - o specific antigen (e.g., *Helicobacter pylori*) - o toxin » sweat test » urine - o biochemistry - o culture and antimicrobial sensitivity - o microscopy - o toxicology screening - Radiology: » CT scan » MRI » plain x-ray » ultrasound » knowledge of indications for additional specialist radiological investigations, including: - o barium studies - o nuclear medicine studies including MAG3 and bone scan - o PET - o specialist x-rays, including bone age and skeletal survey - Respiratory investigations: » bronchoalveolar lavage » nasopharyngeal aspirate » pulmonary function tests » polysomnography » overnight oximetry - Skin biopsies - Skin prick testing - Wood lamp examination **Procedures**

- Bowel wash out protocol
- Blood collection
- Blood product transfusion
- Cannulation
- Food allergen challenge
- Fundoscopy
- Iron infusion
- Joint aspiration
- Lumbar puncture
- Nasogastric tube insertion
- Pleural aspiration and drainage
- Procedural sedation
- Skin scraping
- Sterile urine collection

Clinical assessment tools
- Anthropometric assessment
- Blood pressure monitoring
- Cognitive assessment and developmental screening tools
- Growth charts
- Orchidometry and pubertal staging
- Pain severity measurement:
- Psychosocial assessments (e.g., HEADSS)
- Visual acuity

IMPORTANT SPECIFIC ISSUES Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.	- Adolescent health - Biological, physical, and psychosocial elements of infant and child feeding - Broad health and wellbeing considerations of the child and their context, such as: » adverse childhood experiences and early life trauma » caregivers who are neurodiverse, have mental health issues, or sustance misuse » cultural, geographical, and socioeconomic barriers to health » inequities in child health » intergenerational trauma - Child and adolescent education access - Child health and wellbeing implications and impact of colonisation, and current and historical government policies on First Nations People - Child health and wellbeing implications and impact of conflict / persecution / disaster fled, transit journeys, and current and historical government policies on refugee and asylum seeker children - Child health promotion and education, such as: » child safety » food allergy prevention and management » safe sleeping » screen time and online safety » sleep habits - Child safety and maltreatment (see KG 6) - Chronic and complex care, such as: » awareness and access to appropriate school and disability services and aids » coordination of care, including prevention of hospitalisation » developing acute and chronic care plans

- » identification and management of complex or multiple comorbidities and complications
- » impact of chronic health conditions on children, adolescents, and families
- » impact of cognitive, intellectual, and physical disabilities
- Chronic pain management:
  - » awareness of referral criteria and conditions treated at children's chronic pain clinics
  - » awareness of the psychosocial consequences of chronic pain:
    - o anxiety
    - o depression
    - o family disharmony
    - o insomnia
    - o school loss
    - o work loss
  - » awareness of treatment strategies for chronic pain management including pharmacological and non-pharmacological and specific strategies for children with ASD and ADHD
- Collaboration with primary and community health to provide continuity of care
- Continence management
- Critical appraisal of research evidence
- End-of-life and palliative care considerations, such as:
  - » advanced care planning for children with life-limiting conditions
  - » considering ethical and practical aspects of advance care planning
  - » considering suitability of discussions regarding organ donation
  - » determining the goals of care and interventions that should and should not be provided
  - » discussing resuscitation and ceiling of care
  - » importance of assessing needs of families and carers, and respecting their wishes
  - » medicolegal aspects of end-of-life care
  - » recognition of the dying phase
  - » responding to the questions of a dying child
  - » undertaking a process of discussions between families and health care providers about preferences for care, treatments, and goals in the context of the patient's current and anticipated future health
- Expected behaviours and care needs of infants, children, and young people
- Family violence awareness and screening
- Gender diversity considerations, such as:
  - » appreciation of gender diversity
  - » principles of medical care and referral pathways
- Health status and needs of children and families from special populations, such as:
  - » asylum seekers, migrants, refugees, and children with refugee-like backgrounds
  - » Aboriginal and Torres Strait Islander peoples
  - » children in out-of-home care
  - » Māori and Pasifika peoples
  - » regional and remote communities
  - » socioeconomically disadvantaged communities
- Immunisation

- Infant mental health impacts, such as:
  - » attachment styles and infant temperament
  - » cognitive development of infants
  - » emotional
  - » families, and wider social and cultural context
  - » influence of maternal-infant dyad
  - » social
- Population and global health consideration, such as:
  - » burden of disease in population groups, nationally and globally
  - » child health indicators and priorities locally, nationally, and globally
  - » disease prevention
  - » environmental influences on child health
  - » global emergencies and the broad impact on children
  - » immunisation health
  - » impact on child health of climate change
  - » outbreak and disease control
- Principles of patient / family-centred care
- Principles of trauma-informed care
- Procedural pain and anxiety management, such as:
  - » non-pharmacological
  - » pharmacological
- Psychosocial impacts of child health, such as:
  - » bullying
  - » family functioning and parenting styles
  - » maternal-infant dyad
  - » social media
- Rehabilitation considerations, such as:
  - » assessment of degree of impairment, disability, and activity limitation or participation restriction, and potential for rehabilitation
  - » assessment of patients following head injury, including assessment of the severity of injury and the need for ongoing therapy and follow-up
  - » biopsychosocial model, and its application to patient care
  - » indications for referral to occupational therapy, orthotics, physiotherapy, psychology, speech therapy, and other allied health services
  - » long-term follow-up of infants born premature, low birth weight, or with serious medical conditions
  - » pain and irritability assessment in children with severe disability
  - » sequelae following brain injury, and appreciation of executive dysfunction and its impact on learning
  - » use and purpose of early screening for cerebral palsy, including General Movements Assessment and Hammersmith Infant Neurological Examination, and referral pathways for children identified as at risk
- Role of primary health and local and community-based services in delivery of health care for infants, children, and young people
- Rural and remote paediatric medicine (see KG 7)
- Support services available in the local community for specific case

management, such as:
  » allied health
  » financial
  » medical
  » respite
  » support groups
- Technology assisted conditions, including:
  » CPAP
  » tracheostomy
- The importance of Te Tiriti o Waitangi
- The importance of the United Nations Convention on the Rights of the Child
- Transitions in care, such as:
  » adolescents with chronic health conditions transitioning to adult health care services
  » transitions between practitioners
  » transitions between settings
- Typical infant, child, and adolescent growth and development, including importance of the first 1000 days
- Values, beliefs, and traditions related to country, family, identity, and spirituality of First Nations People, and the relation to health and wellbeing

APPENDIX

Advanced Trainees will have knowledge of a variety of presentations and conditions across the scope of general paediatrics, including but not limited to those listed here.

Cardiovascular
Presentations
- Abnormal pulses
- Cyanosis
- Dyspnoea
- Hypertension
- Murmur
- Palpitations
- Syncope

Conditions
- Arrythmia syndromes, including:
  » Brugada syndrome
  » Wolf–Parkinson–White syndrome
- Congenital cardiac disease
- Hyperlipidaemia
- Innocent murmurs
- Kawasaki disease
- Long QT syndrome
- Myocarditis
- Pericarditis
- Rheumatic heart disease
- Supraventricular tachycardia

Dermatological
Presentations
- Drug reactions
- Rash
- Skin lesions

Conditions

- Burns
- Cellulitis
- Congenital skin disorders
- Eczema
- Fungal infections
- Haemangioma and other vascular lesions
- Naevi
- Scabies
- Urticaria
- Viral skin infections

Endocrinological
Presentations
- Hypoglycaemia
- Polydipsia
- Polyuria
- Precocious puberty
- Pubertal delay
- Short or tall stature

Conditions
- Constitutional delay of growth and puberty
- Diabetes insipidus
- Diabetes mellitus
- Hyperthyroidism
- Hypothyroidism
- Metabolic syndrome
- Obesity
- Vitamin D deficiency

Ear, nose, and throat
Presentations
- Dysphagia
- Ear pain or discharge
- Neck lumps
- Snoring
- Sore throat
- Stridor

Conditions
- Croup
- Dental caries
- Laryngomalacia
- Lymphadenitis
- Otitis externa
- Otitis media
- Pharyngitis
- Sleep apnoea
- Tonsilitis

Gastrointestinal
Presentations

- Abdominal mass
- Abdominal pain – acute, chronic
- Anorexia
- Bloody stools
- Constipation
- Diarrhoea
- Dysphagia
- Encopresis
- Jaundice
- Malnutrition
- Mucousitis
- Vomiting and nausea

Conditions

- Abdominal migraine
- Chronic abdominal pain / Functional abdominal pain
- Coeliac disease
- Functional constipation
- Gastroenteritis
- Gastro-oesophageal reflux disease
- Inflammatory bowel disease
- Liver disease

Genetic and metabolic medicine
Presentations

- Acute hypoglycaemia
- Congenital abnormalities
- Developmental delay / Developmental regression
- Dysmorphisms
- Macro or microcephaly
- Short or tall stature

Conditions

- Cystic fibrosis
- Duchenne muscular dystrophy
- Fragile X syndrome
- Inborn errors of metabolism / Metabolic disorder
- Kleinfelter syndrome
- Neurofibromatosis type 1
- Noonan syndrome
- Trisomy 21
- Tuberous sclerosis
- Turner syndrome
- 22q11.2 deletion or duplication syndromes

Genitourinary / Gynaecological
Presentations

- Circumcision
- Daytime wetting (diurnal enuresis)
- Dysmenorrhea
- Dysuria
- Enuresis
- Haematuria
- Heavy menstrual bleeding
- Recurrent urinary tract infections
- Scrotal swelling
- Urinary retention
- Vaginal discharge

Conditions
- Endometriosis
- Labial adhesions
- Management of antenatal kidney tract dilation
- Neurogenic bladder
- Sexually transmitted infections
- Undescended testes
- Urinary tract infection (and recurrent urinary tract infections)
- Vulvovaginitis

Haematological / Oncological
Presentations
- Bruising
- Jaundice
- Lymphadenopathy
- Pallor
- Petechiae / Purpura
- Soft tissue and organ masses
- Thrombocytopaenia

Conditions
- Anaemias
- Bleeding disorders, including haemophilia
- Brain tumours
- Haemolytic disorders, including G6PD deficiency
- Haemophagocytic lymphohistiocytosis (HLH)
- Idiopathic thrombocytopaenic purpura (ITP)
- Iron deficiency
- Late effects of cancer treatment
- Leukaemias
- Lymphomas
- Neutropenia
- Red cell structural disorders
- Sickle cell disease
- Solid tumours
- Tumour lysis syndrome
- Vitamin B12 deficiency

Immunological
Presentations

- Allergic reactions
- Food intolerance
- Recurrent infections
- Serious or unusual infections

Conditions

- Adverse drug reactions
- Allergic rhinitis
- Food allergy (IgE mediated)
- Insect allergy
- Non-IgE mediated food allergy, including food protein induced enterocolitis syndrome (FPIES)
- Primary immune deficiencies

Infectious disease
Presentations

- Fever and associated symptoms
- Fever and petechiae
- Fever without a focus
- Prolonged or recurrent fevers

Conditions

- Fever in returned traveller
- Gastroenteritis
- Measles
- Meningitis and encephalitis
- Ophthalmological infections
- Osteomyelitis and septic arthritis
- Respiratory tract infections
- Septicaemia and toxic shock syndrome
- Skin and soft tissue infections
- Urinary tract and genitourinary infections
- Vaccine-preventable diseases
- Viral infections
- Varicella

Inflammatory and vascular
Conditions

- Acute rheumatic fever
- Henoch–Schonlein purpura
- IgA vasculitis
- Kawasaki disease
- Paediatric multisystem inflammatory syndrome – temporally associated with SARS-CoV-2 (PIMS-TS)
- Systemic lupus erythematosus (SLE)
- Other autoinflammatory conditions

Kidney
Presentations

- Antenatally diagnosed hydronephrosis
- Anuria
- Haematuria
- Hypertension
- Oedema
- Polyuria

Conditions

- Acid-base and electrolyte disturbance
- Acute kidney injury
- Chronic kidney disease
- Glomerulonephritis
- Hypertension
- Nephrotic syndrome
- Posterior urethral valves (PUV)
- Vesicoureteric reflux

Mental health
Presentations

- Distress
- Insomnia
- Risky behaviours
- Self-harm
- Social withdrawal
- Somatisation
- Suicidal ideation
- Trauma – direct, indirect, and intergenerational

Conditions

- Anxiety disorder
- Attachment difficulties
- Complex developmental trauma
- Depression
- Grief and bereavement
- Medical trauma
- Needle phobia
- Post-traumatic stress disorder
- Separation anxiety

Musculoskeletal and rheumatological
Presentations

- Joint pain
- Joint swelling
- Limp / Non-weight bearing
- Pain of musculoskeletal origin
- Plagiocephaly
- Torticollis

Conditions

- Arthritis
- Developmental dysplasia of the hip
- Hypermobility and associated syndromes
- Irritable hip / Transient tenosynovits
- Musculoskeletal complications of neuromuscular conditions
- Osteomyelitis
- Perthes disease
- Regional pain syndromes
- Septic arthritis
- Slipped upper femoral epiphysis
- Talipes

Neurological and rehabilitation
Presentations

- Abnormal eye movement
- Abnormal gait
- Altered sensation
- Chorea
- Developmental regression
- Headache
- Hypotonia
- Macrocephaly
- Microcephaly
- Seizures
- Visual disturbance
- Vertigo
- Weakness

Conditions

- Acute disseminated encephalomyelitis (ADEM)
- Bell's palsy
- Central nervous system infections
- Cerebral palsyDuchenne muscular dystrophy
- Encephalopathy
- Epilepsy
- Functional neurological disorder
- Guillain-Barre syndrome
- Hydrocephalus
- Infantile spasms
- Malformations of central nervous system
- Migraine
- Spina bifida
- Spinal cord injury
- Tension headache and other chronic headache disorders
- Transverse myelitis
- Traumatic brain injury

Pain Medicine
Presentations

- Chronic abdominal pain
- Chronic back pain
- Chronic headache
- Muscle spasm
- Non-cardiac chest pain
- Non-inflammatory joint pain
- Pain in children following head injury/spinal cord injury

Conditions
- Anxiety
- Avascular necrosis; Perthe's disease
- Cerebral palsy
- Chronic mixed headache
- Connective tissue disorders
- Complex regional pain syndrome (CRPS)
- Costo-chondritis
- Depression
- Functional abdominal pain
- Functional neurological disorder (FND)
- Hypermobility/EDS/Connective tissue disorders
- Inflammatory bowel disease
- Long term cancer side-effects
- Migraine
- Muscular dystrophy
- Pelvic pain
- Scoliosis, spondylolisthesis, spinal cord injury
- Short-gut syndrome
- Visceral hyperalgesia

Respiratory and sleep
Presentations
- Aspiration
- Cough
- Dyspnoea
- Shortness of breath
- Sleep disturbance
- Snoring
- Stridor
- Wheeze

Conditions
- Asthma
- Bronchiectasis
- Bronchiolitis
- Chronic neonatal lung disease
- Croup
- Cystic fibrosis
- Obstructive sleep apnoea
- Parasomnias
- Protracted bacterial bronchitis
- Respiratory tract infections
- Sleep-wake phase disorders
- Tracheomalacia

LESS COMMON OR MORE SPECIALISED PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Cardiology
- Cardiomyopathies
- Heart failure
- Hypertension
- Infective endocarditis
- Rare congenital cardiac conditions
- Pericarditis

Ear, nose, and throat
- Airway stenosis
- Cleft palate
- Pierre Robin Sequence
- Tracheostomy

Endocrinological
- Addison disease
- Congenital adrenal hyperplasia
- Cushing syndrome
- Disorders of growth
- Disorders of sexual differentiation
- Hyperthyroidism
- Osteoporosis
- Parathyroid disease
- Pituitary disease
- Rickets
- Transgender endocrine management

Gastrointestinal
- Congenital GIT malformations
- Cyclical vomiting
- Eosinophilic oesophagitis
- Hirschprung disease
- Liver disease
- Malabsorption syndromes
- Neurogenic bowel
- Pancreatitis

Genetic and metabolic medicine
- Achondroplasia
- Alagille syndrome
- Alpha-1 antitrypsin deficiency
- Angelman syndrome
- Beckwith–Wiedemann syndrome
- Fragile X syndrome

- Genetic malignancies
- Marfan syndrome
- Mitochondrial disorders
- Myotonic dystrophy
- Osteogenesis syndromes
- Prader–Willi syndrome
- Storage disorders
- Sturge–Weber syndrome
- Substrate metabolism disorders
- Treacher Collins syndrome
- Trisomy 13
- Trisomy 18
- Williams syndrome

Haematological / Oncological
- Asplenia
- Bone marrow failure
- Cancer predisposing syndromes
- Hypersplenia
- Hyposlenia
- Iron overload
- Leucocyte disorders
- Neutropenia
- Rare leukaemias
- Rare solid tumours
- Red cell structural disorders
- Thrombosis

Immunological
- Autoimmune disorders
- Complement deficiencies
- Immunodeficiency syndromes
- Neutrophil abnormalities

Infectious diseases
- Arboviruses
- Dengue fever
- Emerging viruses
- Hepatitis viruses
- Human immunodeficiency virus (HIV)
- Infections with antibiotic resistant organisms
- Infective endocarditis
- Japanese encephalitis
- Malaria
- Mycobacterial infections
- Parasitic infections
- Typhoid fever
- Tuberculosis

Kidney

- Alport syndrome
- Bartter syndrome
- Chronic kidney disease
- Diabetes insipidus (nephrogenic)
- Gitelman syndrome
- Haemolytic uraemic syndrome
- Interstitial nephritis
- Kidney tubular disorders
- Nephrotic syndrome
- Renal calculi

Mental health
- Bipolar and related disorders
- Psychosis

Musculoskeletal and rheumatalogical
- Chronic musculoskeletal pain
- Juvenile dermatomyositis
- Juvenile idiopathic arthritis
- Localised scleroderma
- Systemic lupus erythematosus

Neurological
- Autonomic dysreflexia
- Central nervous system inflammatory and immune mediated disorders
- Central nervous system tumours
- Central venous sinus thrombosis
- Charcot–Marie–Tooth disease
- Cerebellar disorders
- Congenital eye abnormalities
- Congenital myasthenic syndromes
- Demyelinating disorders
- Idiopathic intracranial hypertension
- Motor neurone disease
- Movement disorders
- Muscular dystrophy
- Myopathy
- Neural tube defects
- Neurocutaneous syndromes
- Neurodegenerative disorders
- Peripheral neuropathy
- Spinal cord compression
- Spinal muscular atrophy
- Stroke

Respiratory
- Chylothorax
- Congenital lung abnormalities
- Excessive daytime sleepiness and hypersomnolence
- Interstitial lung disease

- Narcolepsy
- Pleural effusion
- Pneumothorax
- Respiratory failure

KEY PRESENTATIONS AND CONDITIONS

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

Presentations

- Antenatally diagnosed conditions
- Billious vomiting
- Cardiac murmurs
- Collapsed neonate
- Cyanosis
- Dysmorphic features
- Floppy infant
- Hypoglycaemia
- Hypothermia
- Jaundice
- Large for gestational age
- Neonatal resuscitation
- Poor feeding
- Preterm neonates
- Respiratory distress
- Seizures
- Slow growth
- Small for gestational age
- Vomiting

Conditions

- Air leak syndromes:
  » pneumomediastinum
  » pneumothorax
- Anaemia
- Apnoea
- Birth trauma:
  » brachial plexus palsy
  » cephalhaematoma
  » clavicular fracture
  » subgaleal haemorrhage
- Bronchopulmonary dysplasia
- Chronic lung disease
- Congenital anomalies of the kidney and urinary tract
- Congenital heart disease, including duct-dependent circulation
- Congenital malformations:
  » cleft lip or palate
  » digit / limb abnormalities
  » Pierre Robin sequence
  » sacral dimples
  » single umbilical artery
- Congenital pneumonia

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

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, pathophysiology, and clinical science
- » take a relevant clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigation
- » consider the impact of illness and disease on patients and families, and their quality of life

Manage

- » provide evidence-based management
- » for less common or more complex presentations and conditions the trainee must also seek expert opinions
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

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

- Developmental dysplasia of the hips
- Electrolyte abnormalities
- Gastro-oesophegeal reflux
- Group B strep sepsis screening and management
- Head moulding
- Hypoglycaemia
- Hypoxic ischaemic encephalopathy
- Infant of diabetic mother
- Intracranial or intraventricular haemorrhage
- Intrauterine growth restriction
- Meconium aspiration syndrome
- Meningitis and encephalitis
- Necrotising enterocolitis
- Neonatal abstinence syndrome
- Neonatal asphyxia
- Neonatal infection
- Nasolacrimal duct obstruction
- Persistent pulmonary
- Plagiocephaly hypertension
- Polycythemia
- Respiratory distress syndrome
- Retinopathy of prematurity
- Sepsis
- Shock
- Skin conditions
- Small for gestational age
- Transient tachypnoea of the newborn

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Conditions
- Ambiguous genitalia
- Choanal atresia
- Congenital adrenal hyperplasia
- Congenital and perinatal infections
- Congenital brain abnormalities
- Congenital diaphragmatic hernia
- Congenital eye abnormalities
- Congenital lung abnormalities
- Congenital skin disorders, such as ichthyosis and epidermolysis
- Chromosomal and genetic conditions
- Disseminated intravascular coagulation (DIC)
- Extreme prematurity
- Gastrointestinal emergencies
- G6PD deficiency

- Haematological conditions:
  » acute bleeding disorders:
    o lymphopenia
    o neutropenia
    o thrombocytopenia
    o vitamin K-deficient bleeding
  » haemolytic disease of the newborn
- Hereditary spherocytosis
- Herpes simplex virus – approach to infants at risk or with suspected infection
- Hyperthyrodism
- Hypothyroidism
- Larygneal lesions
- Metabolic disorders
- Neonatal encephalopathy
- Neural tube defect
- Perinatal stroke
- Periventricular leukomalacia
- Pulmonary interstitial emphysema
- Respiratory failure
- Stridor
- Supraventricular tachycardia

Surgical problems in the neonate
- Abdominal wall defects
- Atresia:
  » anal
  » duodenal
  » oesophageal
- Hirschprung disease
- Hypospadias
- Inguinal hernia
- Intestinal malrotation, with or without volvulus
- Meconium ileus
- Trachea-oesophageal fistula
- Undescended testes

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.	- Anatomy, neurodevelopment, and physiology aspects of feeding and gut maturation in term and pre-term infants - Drug metabolism in the neonate and breastfeeding mother, and appropriate and safe prescribing - Effects of intrauterine and perinatal events on outcome - Pathophysiology of common and uncommon neonatal conditions - Physiology of extra-uterine adaptation, including initiation of feeding, and changes to cardiac and respiratory physiology

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 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.

Clinical assessment tools
- Neonatal growth charts (Fenton)
- Newborn hearing screening
- Postnatal assessment of gestestional age (Ballard/Dubowitz)

Investigations
- Blood tests:
  » bacterial and viral PCR
  » biochemistry
  » blood gas
  » endocrinological
  » genetic investigations
  » haematological
  » inflammatory markers
  » metabolic screening tests
  » microscopy:
    o culture and antimicrobial sensitivity
  » newborn screening
- Cardiac studies:
  » echocardiography
  » electrocardiography (ECG)
- Electroencephalography (EEG)
- Other pathology:
  » cerebral spinal fluid microscopy:
    o culture and antimicrobial sensitivity
  » swabs from sterile and non-sterile sites
  » urine microscopy:
    o biochemistry
    o culture and antimicrobial sensitivity
    o metabolic screening
  » viral PCR
- Radiology:
  » MRI
  » plain x-rays
  » ultrasound
  » upper gastrointestinal contrast study

Procedures
- Awareness of role of adjuncts to diagnostic assessment and procedures, such as:
  » point of care ultrasound (POCUS)
  » transcutaneous bilirubinometer
  » transilluminator
- Intramuscular injections:
  » vaccinations
  » vitamin K injection
- Intubation
- Lumbar puncture
- Needle thoracostomy and intercostal drain insertion
- Nasogastric (N-G) tube placement
- Peripheral intravenous (IV) access, including knowledge of:
  » mid lines
  » peripherally inserted central catheters (PICC)

- Suprapubic aspirate
- Surfactant administration
- Transfusion of blood and blood products
- Umbilical venous and arterial catheterisation
- Urinary catheter insertion

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Administration of maternal medications such as magnesium sulfate, steroids, and tocolytics for prevention of premature birth, prevention of perinatal morbidity, and neuroprotection
- Antenatally diagnosed conditions, such as:
  » cerebral ventricular dilatation
  » choroid plexus cysts
  » congenital heart disease
  » dilated kidney system
- Antenatal screening
- Breastfeeding difficulties and support
- Congenital conditions associated with maternal conditions, such as:
  » maternal infections
  » maternal medical diseases
  » maternal substance use / misuse
  » teratogens
- Continuous positive airway pressure (CPAP) and humidified high-flow oxygenation
- Developmental care for neonates
- Early intervention services
- Extreme prematurity – decision making, along with obsteric colleges, regarding:
  » immediate care of the neonate
  » limits of viability
  » managing labour
- Feeding difficulties
- Growth patterns in newborn period
- Immunisation of term and preterm infants
- Implications and considerations in the redirection of care and palliative care
- Implications of congenital abnormalities for continuation of pregnancy and method of delivery
- Implications of congenital abnormalities for development, physical, and psychological function during childhood and adolescence
- Implications of congenital abnormalities for genetic counselling
- Infant care, feeding, and sleep
- Infant caregiver relationship
- Local resources available to ensure monitoring of growth and development in the newborn
- Manual and mechanical ventilation, including bag mask and T-piece
- Multiple pregnancies and complications
- Neonatal fluid management, including intravenous fluid prescription
- Neonatal resuscitation
- Neurodevelopmental outcomes and follow-up
- Normal growth and development in neonates
- Normal neuro-developmental milestones in preterm infants
- Nutritional requirements of term and preterm infants:
  » enteral feeding and parenteral nutrition

- Parental counselling
- Perinatal epidemiology
- Postnatal depression
- Preterm neonate complications, such as:
  - » anaemia
  - » chronic neonatal lung disease
  - » electrolyte disturbances
  - » intraventricular haemorrhage
  - » long-term neurodevelopmental disability
  - » metabolic bone disease
  - » necrotising enterocolitis and spontaneous intestinal perforation
  - » nosocomial infection
  - » patent ductus arteriosus
  - » retinopathy of prematurity
- Prevention of perinatal mortality and low birth weight
- Principles of stabilisation and management of neonate prior to and during transport
- Procedural pain management, including sucrose and non-pharmacological supports
- Risk factors for neonatal sepsis and neonatal sepsis calculators
- Transport and retrieval issues
- Transport and retrieval services
- Vitamin, probiotic, and mineral supplementation and fortification options in premature infants

KEY PRESENTATIONS AND CONDITIONS

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

More detailed conditions and presentations are presented as an appendix.

Common and key presentation types

- Abdominal pain
- Accidental ingestion / poisoning
- Acute behavioural disturbance
- Acute mental health presentations
- Acute presentations in adolescents / young adults
- Acute presentations in child with developmental disability
- Acute presentations in neonate / young infant
- Altered conscious state
- Anaphylaxis and allergy
- Back pain
- Breathing difficulties, such as:
  - » cough
  - » stridor
  - » wheeze
- Cardiorespiratory arrest
- Collapse
- Constipation
- Diarrhoea
- Feeding difficulties
- Fever
- Fluid and electrolyte disturbance
- Gait disturbance
- Gynaecological conditions
- Headache
- Infection
- Jaundice
- Joint pain or swelling
- Limp
- Lymphadenopathy
- Metabolic disorder
- Neonatal resuscitation
- Oncological presentations
- Pain:
  - » generalised
  - » localised
- Pallor
- Penile and testicular conditions
- Rashes
- Recurrent unexplained presentations
- Seizures
- Seriously ill child

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

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, pathophysiology, and clinical science
- » take a relevant clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigation
- » consider the impact of illness and disease on patients and families, and their quality of life

Manage

- » provide evidence-based management including use of medications
- » for less common or more complex presentations and conditions, the trainee must also seek expert opinions
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

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

- Seriously injured child
- Shock
- Slow growth
- Substance use
- Suspected child abuse and neglect
- Vomiting
- Weakness:
  - » generalised
  - » localised

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Basic toxicology
- Clinical pharmacology
- Pathophysiology of cardiovascular failure
- Pathophysiology of coma
- Pathophysiology of respiratory failure
- Pathophysiology of shock
- Physiology of acid–base and electrolyte disturbances

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 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.

Investigations
- Blood tests:
  - » bacterial and viral PCR
  - » biochemistry
  - » culture and antimicrobial sensitivity
  - » endocrinological
  - » haematological
  - » inflammatory markers
  - » serology
- Cerebral spinal fluid:
  - » culture and antimicrobial sensitivity
  - » microscopy
  - » role for additional testing (autoimmune / metabolic)
- Echocardiography
- Radiology:
  - » CT scan
  - » MRI
  - » plain x-rays
  - » ultrasound
- Site swabs and samples:
  - » culture and antimicrobial sensitivity
  - » microscopy
- Urine:
  - » culture and antimicrobial sensitivity
  - » biochemistry
  - » microscopy
  - » toxicology screen

Clinical assessment
- A – E assessment of the critically unwell child
- Primary, seconday, and tertiary survey

Procedures

- Airway stabilisation procedures
- Indwelling catheter insertion
- Intercostal catheter insertion
- Intraosseous needle insertion
- Intravenous cannulation
- Lumbar puncture
- Midline insertion
- Nasogastric tube insertion
- Needle thoracocentesis
- Percutaneous long line
- Point of care ultrasound (POCUS), including an understanding of its role in procedures and as a diagnostic aide
- Suprapubic aspiration
- Umbilical venous catheter insertion

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Advanced paediatric life support algorithms
- Basic principles of postoperative care for critically unwell surgical neonates, infants, children, or young people:
  - » preoperative requirements for newborns, infants, children, or young people undergoing major surgery
  - » risks of major surgery for newborns, infants, children, or young people with chronic disability and illness
- Clinical handover and referral, including use of tools
- Complications of in situ medical devices, such as:
  - » central venous access devices
  - » intrathecal baclofen pumps
  - » ventriculoperitoneal shunt
- Crisis resource management principles
- Criteria for ICU admission, and recognition of differing resources in different clinical contexts
- Critical incident debriefing principles
- Drug management of infants or children for safe ETT paralysis and sedation
- Fluid management
- Inotropes – understand the indications and commencement in resuscitation
- Local escalation and emergency procedures
- Manual and mechanical ventilation
- Medicolegal requirements for certifying death of a child
- Neuroprotective measures
- Non-invasive ventilation:
  - » bilevel positive airway pressure (BiPAP)
  - » continuous positive pressure ventilation (CPAP)
  - » use of T-piece device (e.g., Neopuff)
- Nutritional requirements of critically ill infants, children, or young people:
  - » enteral feeding and parenteral nutrition
- Oxygen delivery, including evidence-based use of humified high-flow oxygen
- Procedural sedation, anxiety, and pain management:
  - » non-pharmacological – child life therapist
  - » pharmacological
- Resuscitation calculators and emergency guidelines

- Retrieval services:
  - » receiving patients
  - » referral and transfer
  - » understanding of key issues for stabilisation
- Use of modern ventilators, especially modes for neonatology and paediatrics in the work setting

APPENDIX

Advanced trainees will have knowledge of a variety of acute presentations and conditions across the scope of general paediatrics, including but not limited to those listed here.

Advanced trainees should be able to recognise conditions, and be familiar with initial stabilisation and resources / referral pathways for ongoing care.

- Acute presentations in neonates / young infants:
  - » apnoea
  - » bradycardia
  - » brief resolved unexplained event (BRUE)
  - » congenital abnormalities
  - » feeding difficulties
  - » jaundice
  - » meconium aspiration
  - » respiratory distress syndrome
  - » sepsis
  - » slow growth
  - » unsettled infant
  - » vomiting

Acute injury
Presentations
- Acute sexual assault
- Burns
- Cervical spine injury
- Envenomation
- Foreign bodies:
  - » ingested
  - » inhaled
  - » inserted
- Fracture
- Haemorrhage
- Head injury or concussion
- Immersion
- Ingestion / Poisoning
- Laceration
- Ocular trauma or foreign body
- Pulled elbow
- Unexplained / Non-accidental injury

Allergy and immunology
- Adverse drug reactions
- Acute urticaria
- Anaphylaxis
- IgE mediated and non-IgE mediated food allergies, including food protein enterocolitis syndrome (FPIES)
- Primary immune deficiencies

Behavioural and psychiatric
Presentations

- Aggression
- Agitation
- Depression
- Overdose
- Substance use
- Suicidal and self-harming behaviour

Conditions
- Anxiety
- Acute psychosis
- Borderline personality disorder
- Despression
- Eating disorders

Cardiovascular
Presentations
- Chest pain
- Cyanosis
- Hypertension
- Palpitations
- Tet spells

Conditions
- Arrhythmias and rhythm disorders
- Congenital heart disease, including duct-dependent lesions
- Heart failure
- Myocarditis
- Pericarditis

Endocrinological and metabolic
Conditions
- Adrenal crisis
- Diabetic ketoacidosis (DKA)
- Glucocorticoid insufficiency
- Hypercalcaemia
- Hyperglycaemia, including diabetes mellitus
- Hypocalcaemia
- Hypoglycaemia
- Inborn errors of metabolism
- Pituitary crisis
- Thyroid crisis

Ear, nose, and throat
Presentations
- Dental pain
- Ear pain or discharge
- Stridor
- Throat pain

Conditions
- Croup

- Ear infections
- Epiglotitis
- Mastoiditis
- Peritonsillar abscess
- Retropharyngeal abscess
- Tonsillitis:
  - » bacterial
  - » viral
- Tracheitis

Fluid and electrolytedisturbance
- Dehydration
- Fluid overload
- Hyperkalaemia
- Hypernatraemia
- Hypokalaemia
- Hyponatraemia

Gastrointestinal and nutrition
Presentations
- Abdominal pain:
  - » acute
  - » chronic or recurrent
- Abdominal trauma
- Bloody stools
- Constipation
- Diarrhoea
- Vomiting

Conditions
- Appendicitis
- Coeliac disease
- Colitis:
  - » allergic
  - » infective
  - » inflammatory
- Gastritis
- Gastroenteritis
- Gastro-oesophegeal reflux
- Hernias
- Intussusception
- Malnutrition
- Meckel diverticulum
- Mesenteric adenitis
- Micronutrient deficiencies
- Pancreatitis
- Pyloric stenosis
- Slow growth
- Volvulus

Genitourinary

Presentations

- Dysuria
- Haematuria
- Scrotal swelling
- Testicular pain – acute
- Urinary retention

Conditions

- Epididymo-orchitis
- Hernia
- Nephrotic syndrome
- Testicular / Appendage torsion
- Urinary tract infection

Gynaecological

- Ectopic pregnancy
- Dysmenorrhoea and heavy menstrual bleeding
- Mittelschmerz
- Other pregnancy complications
- Ovarian torsion
- Pelvic inflammatory disease
- Ruptured ovarian cyst
- Sexually transmitted infections
- Vaginal and vulval conditions

Haematological / oncological
Presentations:

- Disseminated intravascular coagulation
- Febrile neutropaenia
- Haemophagocytic lymphohistiocytosis / macrophage activation syndrome
- Jaundice
- Lymphadenopathy
- Oncological emergencies
- Oncological new presentations
- Pallor

Conditions:

- Anaemia
- B12 deficiency
- Bleeding disorders, including haemophilia
- Haemolysis, including G6PD deficiency
- Haemolytic uraemic syndrome
- Iron deficiency
- Sickle cell crisis

Infectious disease
Presentations

- Fever and petechiae

- Fever in returned travellers
- Fever in neonates / young infants
- Fever:
  - » with a focus
  - » without a focus
- Prolonged fever
- Toxic shock syndrome

Conditions
- Lymphadenitis
- Meningitis and encephalitis
- Orbital and periorbital cellulitis
- Osteomyelitis and septic arthritis
- Post-infectious conditions, such as:
  - » paediatric multisystem inflammatory syndrome – temporally associated with SARS-CoV-2 (PIMS-TS)
  - » rheumatic fever
- Pyelonephritis
- Rare infections, including endocarditis
- Respiratory tract infections, such as:
  - » complex pneumonia
  - » pneumonia
- Sepsis
- Skin and soft tissue infections
- Urinary tract infections
- Viral infections
- Viral rashes

Inflammatory / rheumatological
- Henoch–Schonlein purpura
- Juvenile idiopathic arthritis, including systemic onset
- Kawasaki disease
- Other autoinflammatory conditions

Musculoskeletal
Presentations
- Joint pain / swelling
- Limp / Non-weight bearing
- Torticollis

Conditions
- Irritable hip
- Osteomyelitis
- Perthes disease
- Septic arthritis
- Slipped capital femoral epiphysis

Neurological
Presentations
- Acute confusion
- Acute visual disturbance

- Altered conscious state
- Ataxia
- Headache
- Seizure:
  » afebrile
  » complex
  » febrile
  » prolonged
- Weakness:
  » focal
  » generalised

Conditions
- Acute flaccid paralysis
- Bell's palsy
- Central nervous system infections
- Demyelinating conditions
- Encephalopathy
- Epilepsy
- Inflicted head injury
- Migraine
- Raised intracranial pressure
- Spinal cord injury
- Stroke
- Transverse myelitis
- Traumatic brain injury

Respiratory
Presentations
- Apnoea
- Cough
- Respiratory distress
- Stridor
- Upper airway obstruction
- Wheeze

Conditions
- Asthma
- Bronchiolitis
- Croup
- Epiglotitis
- Pneumonia
- Respiratory infections
- Tracheititis

Skin
Presentations
- Angioedema
- Blistering rashes
- Petechiae / Purpura

- Urticaria

Conditions
- Birth marks
- Eczema
- Haemangioma
- Molluscum contagiosum
- Seborrhoeic dermatitis
- Viral exanthem

Undifferentiated
Presentations
- Death of a child
- Somatoform disorder
- Sudden infant death syndrome (SIDS) or sudden unexpected death in infancy (SUDI)

KEY PRESENTATIONS AND CONDITIONS

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

Presentations

- Academic and learning difficulties
- Adverse childhood experiences (ACEs)
- Aggression
- Attention and concentration difficulties
- Communication difficulties
- Defiance
- Delayed (motor) developmental milestones
- Developmental risk factors
- Emotional dysregulation
- Hearing impairment
- Hyperactivity
- Neurodiversity
- Repetitive behaviours
- School refusal
- Sensory difficulties
- Separation anxiety
- Sleep problems
- Social skills concern
- Tics and other motor stereotypies
- Vision impairment

Conditions

- Anxiety
- Attachment difficulties
- Attention deficit hyperactivity disorder (ADHD)
- Autism Spectrum Disorder
- Complex neurodevelopmental disorders
- Developmental delay
- Developmental language disorder
- Fetal alcohol spectrum disorder
- Gross motor delay
- Intellectual disability
- Learning disorders
- Speech and language delay
- Trauma
- Visual impairment

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

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, pathophysiology, and clinical science
- » take a relevant clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigation
- » consider the impact of illness and disease on patients and families, and their quality of life

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, work within, and lead multidisciplinary teams to optimise individual patient care

Consider other factors

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

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS Advanced Trainees will understand these presentations and conditions. Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.	• Conduct disorder • Developmental regression • Functional disorders • Genetic conditions impacting development • Obsessive compulsive disorder • Oppositional defiant disorder

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES
 	
Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.
	• Clinical pharmacology, including:
	  » ADHD medication
	  » anti-depressants
	  » anti-psychotics
	  » anxiolytics
	  » mood stabilisers
	  » sleep medications
	  » other common psychotropic medications used in children and young people
	• Health, education, and support needs of children with developmental differences
	• Importance and impact of early intervention / investment
	• Physiological, psychological, and social factors influencing child development, including adverse childhood experiences and infant mental health
	• Typical child behaviour, development, and growth
	• Typical childhood development and variations

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 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
	Clinical assessment tools
	• Behavioural questionnaires, such as Conners Early Childhood Screen
	• Developmental screening tools for focused assessment of development and behaviourVisual assessment
	
	Investigations
	• Audiology
	• Blood tests:
	  » biochemistry
	  » endocrinological
	  » genetic investigations
	  » haematological
	  » metabolic screening tests
	  » nutritional and toxin screening
	• Neuroimaging
	• Urine metabolic screening

informed consent where applicable.

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Assessment and diagnosis:
  » diagnostic criteria and assessment pathways
  » information provided in reports by allied health professionals
  » longitudinal aspects of and assessment intervals for infants, children, and young people with developmental delay / disabilities
  » role of allied health in assessment of infants, children, and young people with developmental delay / disabilities
- Broad health and wellbeing considerations of the child and their context, such as:
  » adverse childhood experiences and early life trauma, including antenatal exposures
  » cultural, geographical, and socioeconomic barriers to health
  » inequities in child health
  » intergenerational trauma
- Child health and wellbeing implications and impact of colonisation, ongoing colonialism, and current and historical government policies on First Nations People
- Child health and wellbeing implications and impact of conflict / persecution / disaster fled, transit journeys, and current and historical government policies on refugee and asylum seeker children, and those with refugee-like backgrounds
- Culturally safe behaviour and attitudes by health professionals
- Education system considerations, such as:
  » impact of disrupted education
  » preschool and school structures
  » preschool, school, and education processes for infants, children, and young people with developmental delays / disabilities
  » role of preschool and school-based assessments for infants, children, and young people with developmental delays / disabilities
  » school access and educational support
- Family consideration, such as:
  » family violence awareness and screening
  » impact of psychosocial issues on parenting behaviours
  » parenting strategies for children and young people with developmental difficulties and neurodiversity
  » parenting style and behaviour management resources available to parents
  » range of parenting styles, considering psychosocial and cultural variations
- Health policies, resources, and services, such as:
  » availability of services in regional and remote communities
  » communication processes and relationships between acute care services, community centres, primary health, and private sector
  » delivery of health services within individual communities
  » education resources and support for families with neurobehavioral and developmental conditions
  » increasing role for digital solutions, especially for bridging access gaps
  » local, regional, and national disability support accessibility, policies, services and resources
  » local, regional, and national public health policy and legislation affecting the health and wellbeing of infants, children, and young people

- » role of government and non-government agencies in managing infants, children, and young people with developmental delays / disabilities
  - » role of paediatrician in community care
  - » role of primary health, local, and community-based services in delivery of health care for infants, children, and young people
  - » services and service gaps
- Health and wellbeing needs of children, families, and communities across multiple cultural domains, including:
  - » disability
  - » ethnicity
  - » gender
  - » Indigenous status
  - » religious or spiritual belief
  - » sexual orientation
  - » socioeconomic status
- Health status and needs of children and families from priority populations:
  - » asylum seekers, migrants, and refugees
  - » children in out-of-home care
  - » regional and remote communities
- Historical First Nations trauma and post-traumatic stress disorder
- Interpersonal, personal, and structural racism
- Management:
  - » alternative medications and methods of autism spectrum disorder (ASD) management
  - » awareness of behavioural modification techniques in children, adolescents, and young adults
  - » complications / comorbidities of ASD
  - » importance and role of case conferences
  - » medications used in the management of ASD, including atypical antidepressants and antipsychotics
  - » non-pharmacological and pharmacological behaviour management strategies for children and young people
  - » non-pharmacological and pharmacological management of ADHD and comordities
  - » psychoactive medications available for children and young people
  - » regulations for prescribing stimulant medications
  - » role of allied health professionals when managing infants, children, and young people with developmental delays / disabilities
- Principles of Indigenous trauma infomed care
- Principles of patient-centred care
- Principles of trauma-informed care
- Psychosocial impacts of child health, such as:
  - » bullying
  - » infant mental health
  - » maternal-infant dyad
  - » social media

- Rehabilitation considerations, such as:
  - » assessment of degree of impairment, disability, and activity limitation or participation restriction, and potential for rehabilitation

- » assessment of patients following brain injury, including assessment of the severity of injury and the need for ongoing therapy and follow-up
- » biopsychosocial model and its application to patient care
- » indications for referral to:
  - o child life therapy
  - o occupational therapy
  - o orthotics
  - o physiotherapy
  - o psychology
  - o speech therapy
- » long-term follow-up of infants born low birth weight, premature, or with serious medical conditions
- » pain and irritability assessment in children with severe disability who are nonverbal
- » sequelae following brain injury, and appreciation of executive dysfunction and its impact on learning
- » use and purpose of early screening for cerebral palsy, including general movements assessment and Hammersmith Infant Neurological Examination, and referral pathways for children identified as at risk
- Social determinants of health, including Indigenous determinants
- Values, beliefs, and traditions related to country, family, identity, and spirituality of First Nations People, and the relation to health and wellbeing

KEY PRESENTATIONS AND CONDITIONS

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

Presentations

- Academic and learning difficulties
- Acute-on-chronic neurodevelopmental disability
- Anxiety / Depression
- Attention and concentration difficulties
- Body image concerns
- Bullying and other forms of victimisation and social exclusion
- Chronic pain
- Constipation
- Diarrhoea
- Dysmenorrhoea or heavy menstrual bleeding
- Eating issues:
  » food refusal
  » picky eating
- Family dysfunction
- Fatigue / tiredness
- Gender identity concerns
- Headaches
- Loss of consciousness / Fainting
- Medication / Treatment non-adherence
- Physical violence
- Self-harm
- Social media use concerns
- Skin concerns
- School refusal and excessive absenteeism
- Sleep disorders
- Suicidal ideation
- Transition from paediatric to adult care
- Underweight / overweight

Conditions

- Acne
- Attention deficit hyperactivity disorder (ADHD)
- Autism spectrum disorder (ASD)
- Avoidant restrictive food intake disorder
- Chronic fatigue syndrome
- Chronic health conditions

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

Synthesise

» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a developmentally comprehensive clinical history
» conduct an appropriate examination
» 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
» consider the impact of illness and disease on growth and the bidirectional impact on education, peers, and family relationships

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

Consider other factors

» identify individual and social factors and the impact of these on diagnosis and management
» identify educational / vocational pathways

- Complex neurodevelopmental disorders
- Contraception
- Depression and anxiety
- Diabetes
- Disabilities and associated conditions
- Disorders of pubertal development
- Eating disorders
- Epilepsy
- Functional neurological disorders
- Gender incongruence / dysphoria
- Headaches
- Menstrual conditions
- Sexually transmitted infections
- Substance use disorders

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations
- Amenorrhoea
- Electronic device addiction
- Genital dermatology
- Sexual abuse
- Sexual dysfunction
- Suicide attempt
- Unexplained physical symptoms

Conditions
- Complex post-traumatic stress disorder
- Hypermobile Elhers–Danlos syndrome
- Postural orthostatic tachycardia syndrome
- Pregnancy

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Brain development
- Cognitive development and capacity to consent
- Common causes of mortality and morbidity
- Early developmental trauma and its impact on adolescent development
- Epidemiology of alcohol and other drug use
- Epidemiology of mental health and risk-taking behaviours
- Normal and abnormal adolescent development, including normal and abnormal patterns of growth and pubertal development
- Social determinants of health

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 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.

Clinical assessment tools
- ADHD assessment tools
- Broad psychosocial assessment, including HEEADSS assessment
- Mental health questionnaires
- Mental state examination

Investigations
- Blood tests
- ECG
- EEG / Neuroimaging
- Medical imaging
- Sexually transmitted infection investigations

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care

- ADHD:
  - » management of sleep and other complications
  - » non-pharmacological and pharmacological management of ADHD and comorbidities
  - » regulations for prescribing stimulant medications
- Adolescent development and stages:
  - » cognitive development and psychosocial development
  - » gender development and identity
  - » normal and abnormal physical development
  - » sexual development and identity
- Autism spectrum disroder (ASD):
  - » awareness of behavioural modification techniques in adolescents and young adults with neurodevelopmental disorders
  - » complications of ASD
  - » medications used in management of ASD, including atypical antidepressants and antipsychotics
  - » neurodiversity and need for supports to change during adolescence
  - » role of allied health professionals when managing young people with developmental disabilities
- Chronic pain:
  - » non-pharmacological and pharmacological management of chronic pain and comorbidities
  - » understanding the role of allied health and patient education
- Eating disorders:
  - » acute medical complications
  - » liaising with allied health / mental health services
  - » medical and nutritional stabilisation of malnutrition in eating disorders / management of in-patient eating disorders
  - » refeeding syndrome
  - » understanding psychological treatment approaches, including FBT and CBT-E
- Education system:
  - » impact of disrupted education

- » school access and educational support
- » school and education processes for young people with developmental delays / disabilities
- » school and post-secondary education structures
- Engage and build rapport with adolescents and young adults:
  - » HEEADSS assessment
  - » interviewing young people by themselves
  - » motivational interviewing
- Families:
  - » family domestic violence awareness and screening
  - » impact of psychosocial issues on families and young people
  - » improving communication within families
  - » parenting strategies for young people with developmental difficulties and neurodiversity
  - » range of parenting styles appropriate for adolescents and young adults
- Gender dysphoria:
  - » non-pharmacological and pharmacological management of gender dysphoria and comorbidities
  - » understand the role of allied health and capacity assessment
- Health policies, resources, and services:
  - » availability of services in regional and remote communities
  - » common barriers to health care
  - » communication processes and relationships between acute care services, community centres, primary health, and private sector
  - » delivery of health services within individual communities
  - » education resources and support for young people with neurobehavioural and developmental conditions
  - » local, regional, and national disability support accessibility, policies, services, and resources
  - » local, regional and national public health policy and legislation affecting health and wellbeing of young people
  - » managing young people with developmental disabilities and neurodiversity
  - » role of government and non-government agencies
  - » role of primary health, local, and community-based services
  - » role of school health services for adolescents
- Health status of priority populations:
  - » Aboriginal and Torres Strait Islander peoples
  - » culturally and linguistically diverse backgrounds, including young people in refugee and asylum seeker families
  - » Māori and Pasifika peoples
  - » neurodiverse young people
  - » regional and remote communities
  - » socioeconomically disadvantaged young people
  - » unhoused young people
  - » young people in out-of-home care / juvenile justice settings
  - » young people with disability
- Integrating mental health within medical settings
- Manage chronic health conditions, including promoting adherence to treatment
- Management:
  - » biopsychosocial model and its application to patient care
  - » importance and role of case conferences
  - » role of allied health professionals when managing young people
  - » use of motivational interviewing for behavioural change

- » use of patient-centred care with shared goal setting with young people
- Mental health:
  - » counselling and supporting distressed young people
  - » management of common mental health conditions, both non-pharmacological and pharmacological
  - » management of risk-taking behaviours, violence, and harm minimisation
- Peers:
  - » intimate partner violence and safe relationships
  - » personal safety with social media
  - » psychosocial impacts of bullying
  - » psychosocial impacts social media
- Principles of effective health services for adolescents and young adults
- Principles of trauma-informed care
- Provision of health care:
  - » assessing capacity and consent
  - » legal aspects and limits to providing confidential health care
  - » mental health risk assessment
- Strengths-based care:
  - » capability-based – build skills and promote participation
  - » holistic – understand the context of young peoples' lives
  - » relational – partnership-, patient-, and family-centred
- Substance use:
  - » complications of substance use disorders
  - » non-pharmacological and pharmacological management of substance use disorders
  - » withdrawal management
- Support adolescents and young adults transitioning to adult health care settings

KEY PRESENTATIONS AND CONDITIONS

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

Presentations

- Child sexual abuse, such as:
  » sexually transmitted infections and their relationship to child sexual abuse
- Patterns of inflicted and accidental injury, such as:
  » abdominal and thoracic injuries
  » burns
  » consideration of all injuries in pre-mobile infants
  » fractures
  » head injuries
  » intra-oral bleeding and injuries
  » perplexing presentations (PP) and fabricated or induced illness (FII) in children
  » poisonings
  » skin and soft tissue injuries
  » strangulation and suffocation

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

Synthesise

» recognise the clinical presentation
» identify relevant epidemiology, prevalence, pathophysiology, and clinical science
» take a comprehensive clinical and biopsychosocial history
» conduct an appropriate examination
» identify protective factors, i.e., supports for child and family
» prepare a genogram for the understanding of family and social function, including supports and family histories of medical conditions
» establish a differential diagnosis
» obtain / reconcile different accounts from different sources of information, i.e., parents, health, education, and other agencies
» plan and arrange appropriate investigations and consultations
» document history, examination, and investigation findings carefully and accurately
» consider the impact of injury and disease on patients and their quality of life when developing a management plan
» complete appropriate child safety referrals to statutory child protection agencies
» produce peer reviewed medicolegal reports for the child protection and criminal justice system

Manage

» maintain knowledge of developments in the evidence-based research around injury interpretation, and child maltreatment prevention and assessment
» recommend therapies tailored to patients' needs and conditions
» recognise potential complications of disease and its management, and initiate preventative strategies
» involve multidisciplinary teams
» involvement of interagency partners, NGOs, community, and society to promote child wellbeing
» consult with other medical professionals and subspeciality experts around opinions and formulation

Consider other factors

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

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Biopsychosocial risk factors
- Emotional or behavioural presentation as a consequence of current or previous maltreatment, and the impact of neglect over time
- Health needs of children and young people in the care and protection systems, such as:
  » children in out-of-home care
  » developmental, medical, and mental health conditions occurring in the population, including those in gateway clinics
  » management of such children long term
- Impact of social determinants of health, Adverse Childhood Events (ACEs), neurobiological impacts of exposure to chronic stress, and the importance of supporting resilience
- Impact of societal biases in child protection systems
- Intergenerational trauma:
  » child maltreatment presentations, such as:
    o exaggeration
    o fabrication
    o falsification
    o induction of illness or symptoms
  » emotional maltreatment
  » exposure to interpersonal violence
  » neglect
  » special consideration of all injuries in non-ambulatory infants
  » unexplained or repeated incidents of non-accidental injury, such as:
    o abdominal and thoracic injuries
    o burns
    o child sexual abuse
    o fractures
    o head injuries

o   intra-oral injuries
o   skin and soft tissue injuries
- Legislative requirements
- Population health significance of child maltreatment and primary, secondary, and tertiary prevention strategies
- Potential risk factors for harm to the child and their siblings within the family / environment
- Protective factors, such as positive relationships and supports, and how they may help modify risk and augment management
- Referral pathways, and community and hospital services for vulnerable children and their families

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 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.

Investigations: the role of investigations to assess for occult injury, and medical causes or contributors to presentations of child maltreatment

- Forensic tests on biological specimens
- Imaging (radiology), such as:
  » bone scan
  » CT scan
  » MRI
  » radiographic skeletal survey
  » ultrasound
- Pathology tests, such as tests for:
  » bleeding disorders
  » bone fragility
  » drugs
  » genetic conditions
  » metabolic conditions
  » toxins
- Reporting requirements:
  » ethical, legal, and professional responsibilities around sharing of information regarding child safety, harm, and protection
  » reporting requirements and mandatory reporting obligations
- Subspeciality consultations and procedures, including retinal examination
- Tests for sexually transmitted infections

Physical examination
- Consideration of different injury types and their clinical findings
- Documentation of examination findings using body diagrams and photographs
- Evaluating parent–child interactions regarding emotional maltreatment
- Genital examination, including identification of normal genital development and anatomical variants
- Identification and recognition of the signs of child sexual abuse
- Identification and recognition of the signs of neglect
- Identification and recognition of the signs of physical abuse
- Observe parent–child interaction
- Top-to-toe examinations for the detection of injuries, including the significance of sentinel injuries in young infants and children 4 years and younger

IMPORTANT SPECIFIC ISSUES

- Awareness of personal reactions to childhood behaviours, disability, family situations, and illnesses, and the impact these may have on professional practice

| Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care. | Child rights Different types of child maltreatment and child neglect: » educational » emotional » medical » physical » supervisory Effective prevention for child maltreatment Effects on children of being a perpetrator of violence, victim, or witness Enablers and barriers to obtaining information in child maltreatment situations Family and domestic violence Family dysfunction, including poverty and disadvantages, and impact of social determinates of health Impact of vicarious trauma on clinician wellbeing Impact on the long-term health and wellbeing of children involved in the care and protection system Management of physical and emotional maltreatment Methods involved in developing a differential diagnosis for maltreatment victims Parent or carer involvement in shared decision making Peer review processes and support Principles and procedures of forensic sample collection, including collection of biological specimens for DNA analysis 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 |

KEY PRESENTATIONS AND CONDITIONS

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

Presentations

- Undifferentiated general paediatric presentations (Knowledge Guide 1)
- Neonatal and perinatal medicine presentations (Knowledge Guide 2)
- Acute care paediatric presentations (Knowledge Guide 3)
- Developmental paediatric presentations (Knowledge Guide 4)
- Adolescent and young adult medicine presentations (Knowledge Guide 5)
- Child safety and maltreatment presentations (Knowledge Guide 6)

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

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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

Consider other factors

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

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

Health and wellbeing status of rural children

» Child health priorities for rural and remote populations
» Disease prevalence in rural and remote populations
» The influence of the physical environment on the health and wellbeing of children and young people, including the role of:
» regional climate and climate change.
» exposure to natural environments.
» environmental risks of injury/drowning.
» environmental exposures (eg dust/smoke, lead exposure)
- The influence of the social environment on the health and wellbeing of children and young people in rural and remote areas, including factors such as:
  » isolation
  » connection to family and culture
  » social expectations
- The influence of the built environment on the health of children and young people in rural and remote areas, including factors such as:
  » household crowding

» water quality and sanitation.
- Regional measures of the health and wellbeing of children and young people, eg the Australian Early Development Census.
- Key factors contributing to the discrepancy in health and developmental outcomes of children and young people in rural and remote areas when compared to those in metropolitan areas

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

Clinical practice in rural and remote regions

- Appreciation for nuances of providing safe and effective paediatric care with reduced access to on-site resources, such as:
  » collaboration with communtiy and primary health
  » flexible approaches
  » independent practice
  » resource utilisation
  » use of technology
- Basic principles of retrieval medicine including key issues in preparing paediatric and neonatal patients for safe aeromedical transport.
- Broad paediatric knowledge, including robust knowledge of management strategies for common conditions while waiting for support or referral to tertiary services (refer to other General Paediatrics knowledge guides for specific presentations and conditions)
- Importance of continuing professional development and upskilling
- Level and type of paediatric care that can be provided within the regional context with guidance by subspecialist/s (at a distance) for complex paediatric patients or those with uncommon conditions
- The uses and limitations of telehealth services for:
  » paediatric specialist medical care
  » developmental assessments and ongoing care
  » disability services including allied health
  » support for paediatric acute care and resuscitation
- Appreciate the relative costs and benefits of requiring travel for clinical investigations, interventions, and other aspects of paediatric care, noting the financial and other physical or social burdens that this travel places on families and health systems.

Rural and remote context

- Appreciation of geographical distances between rural and remote communities and nearest hospital, and nearest metropolitan centre
- Barriers to health for children living in rural and remote regions
- Disparities in health status and access to health care of children living in rural and remote areas
- Sociodemographic and cultural profile of rural and remote communities and regions within the jurisdiction of practice and more broadly

Rural and remote health services

- Availability, functions, and access to patient retrieval services
- Available resources of rural hospitals and remote clinics
- Regional health service structures and referral pathways

- The role of rural generalist doctors, nurses, and allied health professionals who are not specialised in paediatrics in providing paediatric care in consultation with paediatric specialists.
- Service availability in regions within jurisdiction of practice, including:
  » allied health
  » disability and other support services
  » emergency care
  » primary care
  » specialist paediatric care
- Strategies and availability of resources to improve access to health care, such as funding for transport