

# NEW CURRICULA

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## Advanced Training in General Paediatrics (Paediatrics & Child Health)

### Curriculum Standards



**RACP**  
Specialists. Together

#### About this document

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

This document outlines the curriculum standards for Advanced Training in General Paediatrics (Paediatrics & Child Health) for trainees and supervisors. The curriculum standards should be used in conjunction with the Advanced Training in General Paediatrics (Paediatrics & Child Health) [LTA programs](#).

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# Program overview

## Purpose of Advanced Training

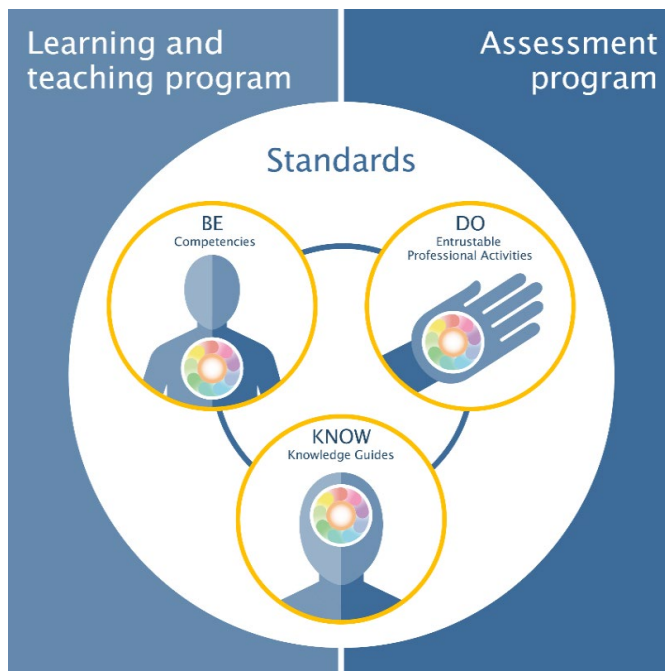
The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

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

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.



## RACP curriculum model



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.

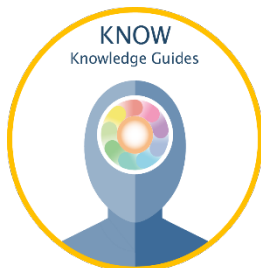
The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.



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



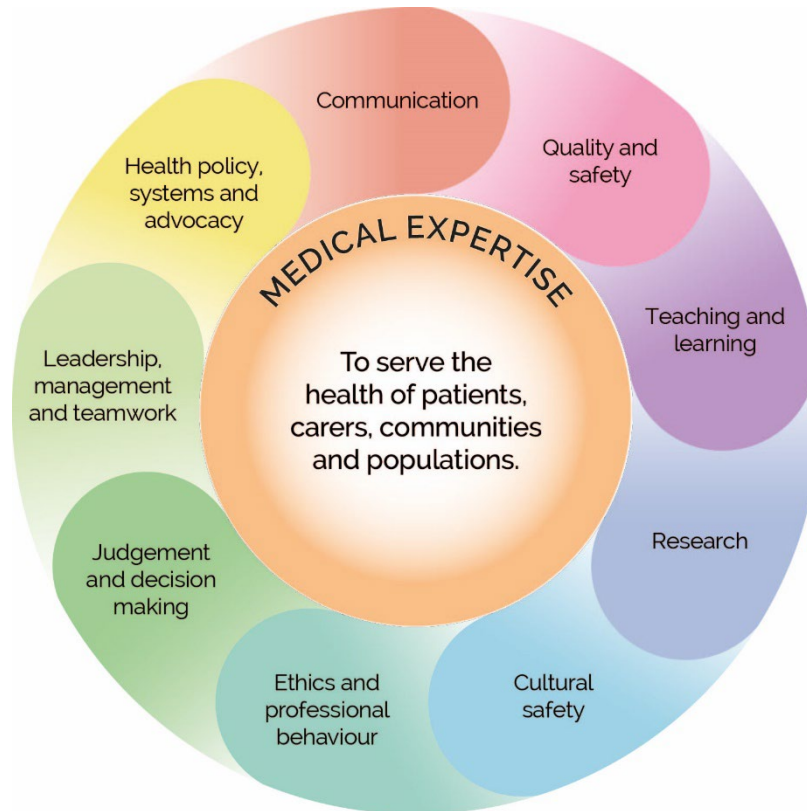
- **Entrustable Professional Activities (EPAs)** outline the essential work tasks trainees need to be able to perform in the workplace.



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

## Professional Practice Framework

The Professional Practice Framework describes 10 domains of practice for all physicians.



## Learning, teaching, and assessment (LTA) structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

Advanced Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

- 1 Specialty foundation**
  - Orient trainees and confirm their readiness to progress in the Advanced Training program
- 2 Specialty consolidation**
  - Continue trainees' professional development in the specialty and support progress towards the learning goals
- 3 Transition to Fellowship**
  - Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship
  - Support trainees' transition to unsupervised practice



Figure 1: Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- A **progress decision**, based on competence, is made at the end of each phase 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 full-time equivalent experience, and progression and completion decisions are based on evidence of trainees' competence.

# General paediatrics 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, 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 who are 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.

# General paediatrics learning goals

The curriculum standards are summarised as 21 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

<b>BE</b> Competencies	1. <a href="#">Professional behaviours</a>
<b>DO</b> EPAs	2. <a href="#">Team leadership</a> 3. <a href="#">Supervision and teaching</a> 4. <a href="#">Quality improvement</a> 5. <a href="#">Clinical assessment – essential general paediatrics</a> 6. <a href="#">Clinical management – essential general paediatrics</a> 7. <a href="#">Clinical assessment and management – neonatal and perinatal medicine</a> 8. <a href="#">Clinical assessment and management – adolescent and young adult medicine</a> 9. <a href="#">Clinical assessment and management – child safety and maltreatment</a> 10. <a href="#">Clinical assessment and management – developmental and behavioural paediatrics</a> 11. <a href="#">Acute care and procedures</a> 12. <a href="#">Communication with patients, families, and health professionals</a> 13. <a href="#">Promote improved outcomes in child and adolescent health and development</a> 14. <a href="#">Regional, rural, and remote paediatric care</a>
<b>KNOW</b> Knowledge guides	15. <a href="#">Essential general paediatrics</a> 16. <a href="#">Neonatal and perinatal medicine</a> 17. <a href="#">Acute care</a> 18. <a href="#">Developmental and behavioural paediatrics</a> 19. <a href="#">Adolescent and young adult medicine</a> 20. <a href="#">Child safety and maltreatment</a> 21. <a href="#">Regional, rural, and remote paediatrics</a>

# 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.

## Learning goal 1: Professional behaviours



### 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<sup>1</sup>, and in collaboration with the health care team.

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<sup>1</sup> 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.

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

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

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

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

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

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## 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.

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

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

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

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

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## 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.<sup>2</sup>

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

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

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

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

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

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## Research

**Professional standard.** Physicians support creation, dissemination and translation of knowledge and practices applicable to health.<sup>2</sup> 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.

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

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

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<sup>2</sup> 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.<sup>3</sup>

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**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.

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**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.

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**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.

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**Culturally safe environment.** Contribute 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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<sup>3</sup> The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below): Cultural safety can be defined as<sup>1</sup>.

- 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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## 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.

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

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

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

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

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

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## 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.

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

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

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

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

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## 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.

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**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.

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

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**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.

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

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

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

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

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## Entrustable Professional Activities

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



#	Theme	Title
2	<a href="#"><u>Team leadership</u></a>	Lead and work collaboratively with a team of health professionals
3	<a href="#"><u>Supervision and teaching</u></a>	Demonstrate commitment to ongoing professional development and health professional's education
4	<a href="#"><u>Quality improvement</u></a>	Contribute to improving the safety, efficacy, and experience of health care
5	<a href="#"><u>Clinical assessment – essential general paediatrics</u></a>	Clinically assess general paediatric patients across multiple settings
6	<a href="#"><u>Clinical management – essential general paediatrics</u></a>	Clinically manage general paediatric patients across multiple settings
7	<a href="#"><u>Clinical assessment and management – neonatal and perinatal medicine</u></a>	Clinically assess and manage neonatal and perinatal patients
8	<a href="#"><u>Clinical assessment and management – adolescent and young adult medicine</u></a>	Clinically assess and manage adolescent and young adult patients across multiple settings
9	<a href="#"><u>Clinical assessment and management – child safety and maltreatment</u></a>	Clinically assess and manage cases of suspected child maltreatment across multiple settings
10	<a href="#"><u>Clinical assessment and management – developmental and behavioural paediatrics</u></a>	Clinically assess and manage patients with development and behavioural problems
11	<a href="#"><u>Acute care and procedures</u></a>	Assess and manage acutely unwell paediatric and neonatal patients
12	<a href="#"><u>Communication with patients, families, and health professionals</u></a>	Communicate effectively and professionally with patients, carers, families, health professionals, and other community members engaging with the health service

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- 13 **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
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- 14 **Regional, rural, and remote paediatric care** Provide high-level paediatric care for patients from regional, rural, and remote areas
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## Learning goal 2: Team leadership

Theme	Team leadership	
Title	Lead and work collaboratively with a team of health professionals	
<b>Description</b>	This activity requires the ability to: <ul style="list-style-type: none"> <li>• prioritise workload</li> <li>• manage multiple concurrent tasks</li> <li>• articulate individual responsibilities, expertise, and accountability of team members</li> <li>• acquire and apply leadership techniques in daily practice</li> <li>• collaborate with teams across multiple health care settings</li> <li>• act as a role model</li> <li>• conduct case conferences</li> </ul>	
<b>Behaviours</b>		
	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>
<b>Professional practice framework domain</b>	Expected behaviours of a trainee who can routinely perform this activity without needing supervision  The trainee will:	Possible behaviours of a trainee who needs some supervision to perform this activity  The trainee may:
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>• synthesise information with other disciplines and health care professionals to develop optimal, goal-centred plans for patients<sup>4</sup></li> <li>• promote and rationalise evidence-based care to meet the needs of patients or populations</li> <li>• take measures to minimise clinical risk</li> <li>• apply clinical competence and skills by effectively supporting team members</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate adequate knowledge of health care issues by interpreting complex information</li> <li>• assess the spectrum of problems to be addressed</li> <li>• provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team</li> <li>• recognise the limits of personal expertise, and involve other health professionals as needed</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• role model a transparent and supportive consultative style by engaging patients, families, carers, relevant professionals, and/or the public in shared decision making</li> <li>• work with patients, families, carers, and other health professionals to resolve conflict that may arise when planning and aligning goals</li> <li>• lead challenging conversations competently and sensitively, such as breaking bad news and providing feedback to colleagues</li> </ul>	<ul style="list-style-type: none"> <li>• communicate appropriately with colleagues</li> <li>• communicate appropriately with patients, families, carers, and/or the public</li> <li>• respect the roles of team members</li> </ul>
<b>Teaching and learning</b>	<ul style="list-style-type: none"> <li>• promote commitment to high-quality teaching within the team and with learners who are attached to the team</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate basic skills in facilitating colleagues' learning</li> <li>• accept feedback constructively, and change behaviour in response</li> </ul>

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

	<ul style="list-style-type: none"> <li>role model openness to continuous learning, and commitment to professional developmental practices</li> </ul>	
Cultural safety	<ul style="list-style-type: none"> <li>demonstrate culturally safe relationships with colleagues and patients, including ongoing listening, learning, and seeking to improve</li> <li>promote and advocate for respect for culture and diversity</li> <li>identify and attempt to address barriers to health care, including unconscious bias, discrimination, and systemic racism</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate awareness of cultural diversity and unconscious bias</li> <li>work effectively and respectfully with people from different cultural backgrounds</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>demonstrate the ability to effectively manage own workload, and prioritise concurrent tasks</li> <li>promote a team culture of shared accountability for decisions and outcomes</li> <li>encourage open discussions of ethical and clinical concerns</li> <li>respect differences of multidisciplinary team members</li> <li>effectively consult with stakeholders, achieving a balance of alternative views</li> <li>acknowledge personal conflicts of interest and unconscious bias</li> <li>act collaboratively to resolve behavioural incidents and conflicts such as harassment and bullying</li> <li>promote and role model high standards of ethical and professional practice</li> </ul>	<ul style="list-style-type: none"> <li>support ethical principles in clinical decision making</li> <li>maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities</li> <li>respect the roles and expertise of other health professionals</li> <li>work effectively as a member of a team</li> <li>promote team values of honesty, discipline, and commitment to continuous improvement</li> <li>demonstrate understanding of the negative impact of workplace conflict</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>make appropriate decisions when faced with multiple and conflicting perspectives</li> <li>contribute effectively to shared decision making with teams and patients</li> <li>contribute medical input to organisational decision making</li> <li>apply judicious and cost-effective use of health resources to practice</li> <li>recognise limits of practice</li> <li>recognise own limitations and, when required, seek help in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>consult team members or senior staff when faced with multiple conflicting perspectives</li> <li>review new health care interventions and resources</li> <li>interpret appropriate data and evidence for decision making</li> <li>inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>promote collaboration with team members in delivering patient care or population advice</li> <li>apply effective leadership and followership skills in clinical and professional practice</li> </ul>	<ul style="list-style-type: none"> <li>understand the range of personal and other team members' skills, expertise, and roles</li> <li>acknowledge and respect the contribution of all health professionals involved in patient care</li> <li>participate effectively and appropriately in multidisciplinary teams</li> </ul>

	<ul style="list-style-type: none"> <li>• initiate, actively participate in, and (where appropriate) lead multidisciplinary team meetings</li> <li>• ensure all members of the team are accountable for their individual practice</li> <li>• promote and advocate for improved wellbeing of colleagues and other health professionals</li> <li>• check in with and support colleagues</li> <li>• work within the appropriate structural systems to support colleagues in difficulty while maintaining patient safety</li> <li>• role model prioritising personal health, safety, and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>• seek out and respect the perspectives of multidisciplinary team members when making decisions</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>• advocate for the resources and support for healthcare teams to achieve improved and equitable health care</li> <li>• influence the development of organisational policies and procedures to optimise health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate awareness of organisational policies and procedures</li> </ul>

## Learning goal 3: Supervision and teaching

<b>Theme</b>	<b>Supervision and teaching</b>	
<b>Title</b>	<b>Demonstrate commitment to ongoing professional development and health professional's education</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• demonstrate commitment to health professional's education opportunities</li> <li>• provide clinical teaching in a variety of settings</li> <li>• teach and role model professional skills</li> <li>• create a safe and supportive learning environment</li> <li>• plan, deliver, and provide work-based assessments</li> <li>• support learner-driven education experiences</li> <li>• supervise learners in day-to-day work, and provide timely and constructive feedback</li> <li>• support learners to prepare for assessments</li> <li>• role model commitment to lifelong learning and continuous professional development</li> <li>• reflect on and evaluate own teaching and supervision skills</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<p><b>Ready to perform without supervision</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p><b>Requires some supervision</b></p> <p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>• combine high-quality care with high-quality teaching</li> <li>• support and undertake teaching on the run / bedside teaching, including explaining the rationale underpinning a structured approach to clinical decision making</li> <li>• enable learners to observe and/or participate in clinical experiences with appropriate supervision</li> <li>• use clinical activities as learning and teaching opportunities, appropriate to the setting and learner</li> <li>• support and facilitate medical students and health professionals to reflect and learn from clinical experiences</li> <li>• identify and support learners' strengths and areas for development, and facilitate improvement</li> </ul>	<ul style="list-style-type: none"> <li>• teach learners using basic knowledge and skills</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• establish rapport and demonstrate respect for junior colleagues, medical students, and other health professionals</li> <li>• communicate effectively when teaching, assessing, and appraising learners</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate accessible, supportive, and compassionate behaviour</li> </ul>

	<ul style="list-style-type: none"> <li>• provide timely, clear, and constructive feedback to learners, with suggestions on how to improve</li> <li>• actively promote a collaborative and safe learning environment with learners and other health professionals</li> <li>• role model and teach high-level communication skills</li> <li>• support learners to deliver clear, concise, and relevant information in both verbal and written communication</li> </ul>	
Quality and safety	<ul style="list-style-type: none"> <li>• support learners to deliver quality care while maintaining their own wellbeing</li> <li>• apply lessons learned about patient<sup>5</sup> safety by identifying and discussing risks with learners</li> <li>• assess learners' competence, and provide timely feedback to minimise risks to care</li> <li>• obtain informed consent before involving patients in teaching activities</li> <li>• maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns</li> <li>• participate in evaluation of teaching and supervision</li> </ul>	<ul style="list-style-type: none"> <li>• observe learners to reduce risks and improve health outcomes</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>• reflect on, evaluate, and seek to improve own professional practice, including actively seeking feedback from supervisors, colleagues, and mentors</li> <li>• demonstrate commitment to own learning needs, training requirements, and professional development</li> <li>• develop appropriate learning plans for required learning outcomes</li> <li>• meet with supervisors regularly to receive feedback and support</li> <li>• keep records of supervision meetings and work-based assessments</li> <li>• plan and submit assessments and reports within required time frames</li> <li>• demonstrate knowledge of the principles, processes, and skills of supervision</li> <li>• provide direct guidance to learners in day-to-day work</li> <li>• work with learners to identify professional development and</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate basic skills in the supervision of learners</li> <li>• apply a standardised approach to teaching, assessment, and feedback without considering individual learner needs</li> <li>• implement teaching and learning activities that are misaligned to learning goals</li> <li>• adopt a teaching style that discourages learner self-directedness</li> </ul>

<sup>5</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<p>learning opportunities based on their individual learning needs</p> <ul style="list-style-type: none"> <li>• participate in teaching and supervision of professional development activities</li> <li>• encourage self-directed learning</li> <li>• develop a consistent and fair approach to assessing learners</li> <li>• tailor feedback and assessments to learners' goals</li> <li>• seek feedback and reflect on own teaching and supervision skills</li> <li>• support learners to identify and attend formal and informal learning opportunities</li> </ul>	
Research	<ul style="list-style-type: none"> <li>• demonstrate the ability to incorporate and critically analyse relevant and up-to-date evidence from the literature into clinical teaching</li> <li>• collaborate with learners and colleagues who are undertaking research projects</li> <li>• clarify junior colleagues' research project goals and requirements, and provide feedback regarding the merits or challenges of proposed research</li> <li>• assist in reviewing research projects prior to submission and provide feedback to encourage and guide learners to seek out relevant research to support practice</li> </ul>	<ul style="list-style-type: none"> <li>• direct learners to review relevant literature</li> </ul>
Cultural safety	<ul style="list-style-type: none"> <li>• role model a culturally safe approach to teaching</li> <li>• encourage learners to seek out opportunities to develop and improve their own cultural safety</li> <li>• support learners to develop skills in culturally safe care of Māori and Aboriginal and Torres Strait Islander peoples</li> <li>• consider cultural, ethical, and religious values and beliefs in teaching and learning</li> </ul>	<ul style="list-style-type: none"> <li>• function effectively and respectfully when working with, and teaching with, people from different cultural backgrounds</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>• apply principles of ethical practice to teaching scenarios</li> <li>• role model professional and ethical behaviours, including respect and collegiality</li> <li>• respond appropriately to learners seeking professional guidance</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect</li> <li>• provide learners with feedback to improve their experiences</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>• prioritise workloads, and manage learners with different levels of professional knowledge or experience</li> <li>• promote joint problem solving</li> </ul>	<ul style="list-style-type: none"> <li>• provide general advice and support to learners</li> <li>• inadequately consult with senior colleagues</li> </ul>

	<ul style="list-style-type: none"> <li>• support a learning environment that allows for independent decision making</li> <li>• escalate concerns about learners appropriately, and keep appropriate documentation</li> <li>• recognise own limitations and, when required, seek help in an appropriate way</li> </ul>	
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>• maintain professional, clinical, research, and/or administrative responsibilities while teaching</li> <li>• promote an inclusive environment whereby the learner feels part of the team</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate the principles and practice of professionalism and leadership in health care</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>• advocate for suitable resources to provide quality supervision and maintain training standards</li> <li>• support innovation in health professionals' education</li> <li>• support collaboration and sharing of resources in health education</li> </ul>	<ul style="list-style-type: none"> <li>• incompletely integrate public health principals into teaching and practice</li> </ul>

## Learning goal 4: Quality improvement

Theme	Quality improvement	
Title	Contribute to improving the safety, effectiveness, and experience of health care	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• identify and report actual and potential ('near miss') errors</li> <li>• conduct and evaluate quality improvement activities</li> <li>• adhere to best practice guidelines</li> <li>• audit clinical guidelines and outcomes</li> <li>• contribute to the development of policies and protocols designed to protect patients<sup>6</sup> and enhance health care</li> <li>• monitor one's own practice and develop individual improvement plans</li> <li>• demonstrate commitment to ensuring deliverable health care is safe, timely, patient-centred, effective, efficient, and equitable</li> </ul>	
<b>Behaviours</b>		
	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>
<b>Professional practice framework domain</b>	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>• use standardised protocols to adhere to best practice, where applicable</li> <li>• demonstrate the ability to critically analyse relevant literature, refer to evidence-based guidelines, and apply this to daily practice</li> <li>• regularly monitor personal professional performance</li> </ul>	<ul style="list-style-type: none"> <li>• identify opportunities for improvement</li> <li>• recognise the importance of prevention and early detection in clinical practice</li> <li>• use local guidelines to assist patient care decision making</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• ensure patients are informed of any risks associated with their care, including investigations, procedures, and therapies</li> <li>• obtain informed consent before undertaking any investigation, procedure, or therapy</li> <li>• ensure patients are informed about fees and charges</li> <li>• assist patients to access their health information, as well as complaint and feedback systems</li> <li>• discuss with patients any safety and quality concerns they have relating to their care</li> <li>• implement the organisation's open disclosure policy, where appropriate</li> <li>• engage consumers in quality improvement activities</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate awareness of the evidence for consumer engagement and its contribution to quality improvement in health care</li> <li>• provide information in a manner so that patients, families, and carers are fully informed when consenting to any procedures</li> <li>• apply knowledge of how health literacy might affect the way patients or populations gain access to, understand, and use health information</li> </ul>

<sup>6</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> <li>provide clear, safe, timely, and effective handover during escalation and between transitions of care</li> </ul>	
Quality and safety	<ul style="list-style-type: none"> <li>demonstrate safety skills, including infection control</li> <li>participate regularly in organisational quality and safety activities, such as: <ul style="list-style-type: none"> <li>antimicrobial stewardship</li> <li>audits</li> <li>clinical incident reviews</li> <li>corrective action preventive action plans</li> <li>morbidity and mortality reviews</li> <li>review of clinical guidelines and protocols</li> <li>root cause analyses</li> </ul> </li> <li>participate in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events</li> <li>use clinical audits and registries of data on patients' experiences and outcomes, learnings from incidents, and complaints to improve health care</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate an understanding of a systematic approach to improving the quality and safety of health care</li> <li>raise appropriate issues for review at morbidity and mortality meetings</li> <li>work within organisational quality and safety systems for the delivery of clinical care</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>participate in quality and safety trainings, meetings, and activities to ensure a contemporary approach to safety system strategies</li> </ul>	<ul style="list-style-type: none"> <li>use opportunities to learn about safety and quality theory and systems</li> </ul>
Research	<ul style="list-style-type: none"> <li>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</li> <li>present critical analysis of relevant literature at departmental journal club meetings</li> <li>participate in clinical research that aims to improve patient outcomes, where applicable</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>demonstrate an understanding of the limitations of evidence and the challenges of applying research in daily practice</li> </ul>
Cultural safety	<ul style="list-style-type: none"> <li>undertake professional development opportunities that address the impact of cultural bias on health outcomes</li> <li>demonstrate a commitment to improving cultural safety in own practice</li> <li>apply frameworks and policies related to improving health care for Māori and Aboriginal and Torres Strait Islander peoples</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate commitment to improving cultural safety in own practice</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>demonstrate professional values, including compassion, empathy, respect for diversity, integrity, honesty, and partnership to all patients and health professionals</li> </ul>	<ul style="list-style-type: none"> <li>comply with professional regulatory requirements and codes of conduct</li> <li>assist in shaping an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement</li> </ul>

	<ul style="list-style-type: none"> <li>• advocate for the safety of patients and staff using appropriate systems</li> <li>• 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</li> <li>• consider young people’s capacity for decision making and consent, involving a proxy decision maker where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• consider patients’ decision-making capacity</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>• recognise own limitations and, when required, seek help in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>• inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>• formulate and implement quality improvement strategies as a collaborative effort involving all key health professionals</li> <li>• support multidisciplinary team activities to lower patients' risk of harm, and promote multidisciplinary programs of education</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate attitudes of respect and cooperation among members of different professional teams</li> <li>• partner with clinicians and managers to ensure patients receive appropriate care and information on their care</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>• participate in all applicable health care governance processes</li> <li>• 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</li> <li>• identify activities within systems to reduce errors, improve patient and population safety, and implement cost-effective change</li> </ul>	<ul style="list-style-type: none"> <li>• comply with all relevant organisational policies and procedures</li> </ul>

## Learning goal 5: Clinical assessment – essential general paediatrics

<b>Theme</b>	<b>Clinical assessment – general paediatrics</b>	
<b>Title</b>	<b>Clinically assess general paediatric patients across multiple settings</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• identify and access sources of relevant information about patients<sup>7</sup></li> <li>• perform expert and efficient assessments of paediatric patients across the age range from birth to young adulthood in inpatient and outpatient settings</li> <li>• select, organise, undertake, and interpret relevant investigations</li> <li>• synthesise findings to develop provisional and differential diagnoses</li> <li>• consider the comfort and safety of the child, and the values and beliefs of the family or carers</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
<b>Medical expertise</b>	The trainee will:	The trainee may:
	<ul style="list-style-type: none"> <li>• expertly assess paediatric patients' physical and psychological symptoms and signs</li> <li>• expertly assess common (key) and less common general paediatric inpatient presentations and conditions</li> <li>• expertly assess common (key) and less common general paediatric outpatient presentations</li> <li>• expertly assess general paediatric patients with complex, multisystem, and/or chronic conditions</li> <li>• choose evidence-based investigations or assessment tools, and frame them as an adjunct to comprehensive clinical assessments</li> <li>• minimise unnecessary, potentially harmful, and/or painful investigations, where possible</li> <li>• recognise and appropriately interpret abnormal findings, considering patients' circumstances</li> <li>• synthesise and interpret findings from histories, examinations, and investigations to devise the most likely provisional diagnoses via reasonable differential diagnoses</li> <li>• assess the severity of problems, the likelihood of complications, and clinical outcomes</li> </ul>	<ul style="list-style-type: none"> <li>• record patient-centred histories, considering psychosocial factors</li> <li>• perform accurate physical examinations</li> <li>• provide rationale for investigations</li> <li>• recognise and correctly interpret abnormal findings</li> <li>• synthesise pertinent information to direct the clinical encounter and diagnostic categories</li> </ul>

<sup>7</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

Communication	<ul style="list-style-type: none"> <li>listen and respond to patients' concerns</li> <li>document clinical histories, examinations, investigations, impressions, and management plans in medical records</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>communicate appropriately with patients during assessments</li> </ul>
Cultural safety	<ul style="list-style-type: none"> <li>demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples</li> <li>effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs</li> <li>enquire, acknowledge, and reflect on patients' beliefs and values, and how these might impact on health</li> <li>use qualified language interpreters or cultural interpreters where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>display respect for patients' cultures, and attentiveness to social determinants of health</li> <li>display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities</li> <li>appropriately access interpretive or culturally focused services</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>demonstrate and advocate for consideration of the comfort of patients by minimising distress and harm caused by medical assessments</li> <li>hold information about patients in confidence, unless the release of information is required by law, under information-sharing guidance, or public interest</li> <li>assess patients' capacity for decision making and providing consent for medical procedures</li> <li>demonstrate an awareness of complex issues related to genetic information obtained from investigations, and subsequent disclosure of such information</li> <li>demonstrate an awareness of complex issues related to the documentation of sensitive information gathered in clinical encounters, and the subsequent sharing of such information</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate professional conduct, honesty, and integrity</li> <li>consider patients' decision-making capacity</li> <li>identify patients' preferences regarding management and the role of families in decision making</li> <li>prioritise patient and social welfare over own personal interest and professional agenda</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>apply knowledge and experience to assess patients, making logical, rational decisions</li> <li>evaluate the costs, benefits, and potential risks of each investigation in clinical situations</li> <li>use a holistic approach to health, considering comorbidity, uncertainty, and risk</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate clinical reasoning by gathering focused information relevant to patients' care</li> <li>choose the most appropriate investigation for clinical scenarios, in discussion with patients</li> <li>recognise personal limitations, and seek help in an appropriate way when required</li> </ul>

	<ul style="list-style-type: none"> <li>• use the best available evidence to determine the most appropriate investigations, including not performing unnecessary investigations</li> <li>• determine the need for referral to subspecialists</li> <li>• make appropriate decisions regarding referring or transferring patients to other services for further assessment, including regional and remote patients</li> <li>• use appropriate guidelines, evidence sources, and decision support tools</li> <li>• consider possible sources of cognitive bias</li> </ul>	
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>• ensure results are checked in a timely manner, taking responsibility for following up results</li> <li>• collaborate with other health professionals to achieve accurate and thorough assessments of patients</li> </ul>	<ul style="list-style-type: none"> <li>• share relevant information with members of the health care team</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>• aim to achieve the optimal cost-effective patient care to allow maximum benefit from the available resources</li> <li>• support systems to improve access to health care</li> </ul>	<ul style="list-style-type: none"> <li>• identify and navigate components of the healthcare system relevant to patients' care</li> <li>• identify and access relevant community resources to support patients' care</li> </ul>

## Learning goal 6: Clinical management – essential general paediatrics

<b>Theme</b>	<b>Clinical management – general paediatrics</b>	
<b>Title</b>	<b>Clinically manage general paediatric patients across multiple settings</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>manage general paediatric patients across the age span from birth to young adulthood, including transition to adult care and end-of-life care</li> <li>manage common (key) general paediatric inpatient and outpatient presentations and conditions to a high standard</li> <li>manage patients with less common, more complex, multisystem, or chronic conditions, in liaison with subspecialists and other health professionals where appropriate</li> <li>develop management plans and goals in consultation with patients<sup>8</sup>, families, and/or carers</li> <li>collaborate with other health professionals and/or community agencies</li> <li>manage patients within their family and community context, considering cultural, socioeconomic, and geographical factors</li> <li>prescribe therapies tailored to patients' needs, conditions, and goals</li> <li>monitor, review, and adjust management plans</li> <li>manage and coordinate longitudinal care of patients</li> <li>manage the transition of care between health professionals, providers, and contexts</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
<b>Medical expertise</b>	The trainee will:	The trainee may:
	<ul style="list-style-type: none"> <li>identify and address current clinical concerns and longer-term clinical objectives, as appropriate to patients' context</li> <li>holistically manage general paediatric patients across the age range within their family and community context, including physical and psychological symptoms</li> <li>effectively plan for, and manage, patients' pain, distress, stress, or discomfort during treatment</li> <li>manage common (key) general paediatric inpatient presentations and conditions to a high standard</li> <li>manage common (key) general paediatric outpatient presentations and conditions to a high standard</li> <li>manage patients with less common, more complex, multisystem, or chronic conditions</li> </ul>	<ul style="list-style-type: none"> <li>develop appropriate management plans for current concerns</li> <li>develop safe management plans for general paediatric inpatients and outpatients that may not consider all holistic care needs</li> <li>select medicines for common conditions appropriately, safely, and accurately</li> <li>identify potential side effects and practical prescription points, such as medication compatibility and monitoring in response to therapies</li> </ul>

<sup>8</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> <li>• refer to, and liaise with, subspecialists and other health professionals where appropriate</li> <li>• consider and select appropriate pharmacological and non-pharmacological therapies, considering patients' age, comorbidities, adverse reactions, preparations, availability, and patients' preference</li> <li>• plan appropriate monitoring and follow-up to promote wellbeing and prevent harm</li> <li>• monitor treatment outcomes, effectiveness, and adverse events</li> <li>• regularly review the goals of care and treatment plans with patients</li> <li>• initiate opportunistic screening and management of complications and comorbid conditions</li> <li>• demonstrate knowledge of the principles of care for patients at the end of their lives, in liaison with paediatric palliative care services</li> </ul>	
Communication	<ul style="list-style-type: none"> <li>• communicate with patients about the benefits, risks, and potential side effects of proposed therapies</li> <li>• provide information to patients to enable them to make a fully informed decision from various diagnostic, therapeutic, and management options</li> <li>• educate patients about the intended use, expected outcomes, and potential side effects for each prescribed medication</li> <li>• facilitate and support open family discussions or meetings to deliver bad news or prognostic information</li> <li>• educate patients to recognise and monitor symptoms, and when to seek help</li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• discuss and explain the rationale for treatment options with patients</li> <li>• explain the benefits and burdens of therapies, considering patients' individual circumstances</li> <li>• seek further advice from experienced clinicians or pharmacists when appropriate</li> </ul>
Quality and safety	<ul style="list-style-type: none"> <li>• prescribe medications in accordance with evidence, guidelines, and protocols (including schedule 8 prescribing)</li> <li>• review medicines regularly to reduce non-adherence, and monitor treatment effectiveness, possible side effects, and drug interactions, ceasing unnecessary medicines</li> </ul>	<ul style="list-style-type: none"> <li>• identify medication errors, and institute appropriate measures</li> </ul>

	<ul style="list-style-type: none"> <li>report suspected adverse events to medications, and record it in patients' medical records</li> </ul>	
Cultural safety	<ul style="list-style-type: none"> <li>demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples</li> <li>effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs</li> <li>use qualified language interpreters or cultural interpreters where appropriate</li> <li>enquire, acknowledge, and reflect on patients' beliefs and values, and how these might impact on health and choices</li> <li>offer support to patients, families, and carers to include cultural or religious practices in their care</li> </ul>	<ul style="list-style-type: none"> <li>display respect for patients' cultures, and attentiveness to social determinants of health</li> <li>display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities</li> <li>access interpretive or culturally focused services when appropriate</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>manage and share information about patients' health care in adherence to privacy laws, confidentiality, and professional guidelines</li> <li>prepare for, and conduct, clinical encounters in a well-organised and time-efficient manner</li> <li>demonstrate an understanding of the medicolegal requirements of written communications</li> <li>recognise complexities around patient consent when there may be disputes between parents, parent and child, or court orders in place</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate professional conduct, honesty, and integrity</li> <li>identify patients' preferences regarding management and the role of families in decision making</li> <li>prioritise patient and social welfare over own personal interest and professional agenda</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>apply knowledge and experience to identify patients' problems, making logical, rational decisions, and acting to achieve positive outcomes for patients</li> <li>use appropriate guidelines, evidence sources, and decision support tools</li> <li>plan appropriate investigations, considering risk, benefit, tolerance, resources, diagnostic yield, and contribution to management</li> <li>identify and address patients' concerns, expectations, and goals</li> <li>develop management plans in consultation with patients and carers</li> <li>develop management plans considering the balance of benefit and harm by taking patients' personal sets of circumstances into account</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate clinical reasoning by gathering focused information relevant to patients' care</li> <li>consider and prioritise patients' issues using a structured approach</li> <li>recognise personal limitations, and, when required, seek help in an appropriate way</li> </ul>

	<ul style="list-style-type: none"> <li>• manage patients within their family and community context, considering cultural, socioeconomic, and geographical factors</li> <li>• ensure patients' care is in the most appropriate facility, setting, or provider</li> <li>• make appropriate decisions regarding referring or transferring patients to other services for further management, including regional and remote patients</li> <li>• use medicines safely and effectively to get the best possible results</li> <li>• recognise professional limitations</li> </ul>	
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>• coordinate holistic care for complex patients</li> <li>• work effectively as a member of multidisciplinary teams to achieve the best health outcome for patients</li> <li>• lead inpatient teams</li> <li>• efficiently manage outpatient clinics</li> <li>• manage, and plan follow-up for, patients that live in regional or remote locations, in liaison with their local health services</li> <li>• ensure care plans are communicated to all teams involved in patients' care, including primary care and other relevant community care providers</li> <li>• engage and facilitate multidisciplinary team meetings, family meetings, and complex case conferences</li> <li>• establish and follow clear transition plans for adolescent patients, using appropriate services</li> </ul>	<ul style="list-style-type: none"> <li>• share relevant information with members of the health care team</li> <li>• contribute effectively to inpatient teams</li> <li>• work effectively in outpatient clinics</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>• demonstrate appropriate use of local, regional, and national health services and systems</li> <li>• aim to achieve the optimal cost-effective patient care to allow maximum benefit from the available resources</li> <li>• support and use innovative systems, such as telehealth and digitally integrated support services</li> <li>• contribute to processes for managing risks, and identify strategies for improvement in transition of care</li> <li>• apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs</li> </ul>	<ul style="list-style-type: none"> <li>• identify and navigate components of the healthcare system relevant to patients' care</li> <li>• identify and access relevant community resources to support patients' care</li> <li>• consider transport issues and costs to patients when arranging the transfer of patients to other settings</li> </ul>

## Learning goal 7: Clinical assessment and management – neonatal and perinatal medicine

<b>Theme</b>	<b>Clinical assessment and management - neonatal and perinatal medicine</b>	
<b>Title</b>	<b>Clinically assess and manage neonatal and perinatal patients</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• assess healthy newborns</li> <li>• expertly assess and manage common (key) neonatal presentations and conditions to a high standard</li> <li>• recognise and plan investigations and management of less common or more complex neonatal presentations or conditions, in consultation with subspecialists</li> <li>• prepare for, perform, and lead effective advanced neonatal resuscitation</li> <li>• lead the inpatient team management of neonatal patients<sup>9</sup> not requiring intensive care</li> <li>• initiate management of critically unwell neonates</li> <li>• recognise neonatal patients who require transfer, and prepare the patient for transfer</li> <li>• communicate and collaborate with neonatologists, neonatal transport teams, other health professionals, and community providers, including when planning transfer of care and/or discharge</li> <li>• manage patients within their family and community context, considering cultural, socioeconomic, and geographical factors</li> <li>• plan appropriate care and follow-up of neonatal patients on discharge</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<p><b>Ready to perform without supervision</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p>	<p><b>Requires some supervision</b></p> <p>Possible behaviours of a trainee who needs some supervision to perform this activity</p>
<b>Medical expertise</b>	<p>The trainee will:</p> <ul style="list-style-type: none"> <li>• anticipate the need for resuscitation at complex births</li> <li>• recognise immediate life-threatening neonatal conditions and critically unwell neonates, and respond appropriately</li> <li>• prepare for, and perform, effective advanced neonatal resuscitation</li> <li>• assess healthy newborns and common neonatal presentations</li> <li>• manage patients with common (key) neonatal / perinatal concerns to a high standard</li> <li>• recognise and plan investigation and management of less common or more complex neonatal presentations or conditions, in consultation with subspecialists</li> </ul>	<p>The trainee may:</p> <ul style="list-style-type: none"> <li>• recognise and correctly interpret abnormal findings</li> <li>• synthesise pertinent information to direct clinical encounters and diagnostic categories</li> <li>• apply basic neonatal life support</li> <li>• initiate management of acutely unwell neonates, with support from other clinicians</li> </ul>

<sup>9</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> <li>• systematically identify causes of acute deterioration in health status</li> <li>• choose evidence-based investigations or assessment tools, and frame them as an adjunct to comprehensive clinical assessments</li> <li>• synthesise and interpret findings from histories, examinations, and investigations to devise the most likely provisional diagnoses via reasonable differential diagnoses</li> <li>• initiate care of seriously unwell neonatal patients requiring surgery and/or transfer to intensive care unit</li> <li>• manage acutely unwell neonates suitable for the inpatient ward and not requiring intensive care</li> <li>• initiate ventilation and inotropic support of neonatal patients, with support from appropriate intensive care specialists or emergency staff</li> <li>• assess the severity of problems, the likelihood of complications, and the nature and extent of potential clinical outcomes</li> <li>• develop plans of multidisciplinary treatment, rehabilitation, and secondary prevention following acute events</li> </ul>	
Communication	<ul style="list-style-type: none"> <li>• communicate with patients about the benefits, risks, and potential side effects of proposed therapies</li> <li>• educate patients about the intended use, expected outcomes, and potential side effects for each prescribed intervention</li> <li>• facilitate and support open family discussions or meetings to deliver bad news or prognostic information</li> <li>• communicate effectively with other health professionals and community providers, including on discharge and/or transfer of care</li> </ul>	<ul style="list-style-type: none"> <li>• discuss and explain the rationale for treatment options with patients</li> <li>• explain the benefits and burdens of therapies, considering patients' individual circumstances</li> </ul>
Quality and safety	<ul style="list-style-type: none"> <li>• prescribe therapies in accordance with evidence, guidelines, and protocols</li> <li>• report adverse events, and carry out appropriate open disclosure and management of complications</li> </ul>	<ul style="list-style-type: none"> <li>• identify errors and escalate appropriately</li> <li>• adhere to guidelines and protocols</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>• effectively teach and supervise junior doctors and other health professionals in neonatal resuscitation, newborn examination, and recognition and management of common neonatal conditions</li> </ul>	<ul style="list-style-type: none"> <li>• participate in neonatal teaching activities</li> </ul>

Cultural safety	<ul style="list-style-type: none"> <li>• demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples</li> <li>• effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs</li> <li>• use qualified language interpreters or cultural interpreters where appropriate</li> <li>• enquire, acknowledge, and reflect on patients' beliefs and values, and how these might impact on health and choices</li> <li>• offer support to patients, families, and carers to include cultural or religious practices in their care</li> </ul>	<ul style="list-style-type: none"> <li>• display respect for patients' cultures, and attentiveness to social determinants of health</li> <li>• display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities</li> <li>• access interpretive or culturally focused services when appropriate</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>• manage and share information about patients' health care in adherence to privacy laws, confidentiality, and professional guidelines</li> <li>• recognise complexities around patient consent when there may be disputes between parents, carers and health care providers, or court orders in place</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate professional conduct, honesty, and integrity</li> <li>• identify carers' preferences regarding management and the role of families in decision making</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>• manage patients within their family and community context, considering cultural, socioeconomic, and geographical factors</li> <li>• identify and address carers' concerns, expectations, and goals</li> <li>• develop management plans in consultation with carers</li> <li>• assess if patients' current location (such as regional unit, postnatal ward, or perinatal centre) can provide the appropriate level of care or if the patient needs to be transferred to another location</li> <li>• make appropriate decisions regarding referring or transferring patients to other services for further management, including regional and remote patients</li> <li>• recognise professional limitations</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate clinical reasoning by gathering focused information relevant to patients' care</li> <li>• consider and prioritise patients' issues using a structured approach</li> <li>• recognise personal limitations, and, when required, seek help in an appropriate way</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>• lead advanced neonatal resuscitations and inpatient care</li> <li>• manage and plan follow-up, including for patients that live in regional or remote locations, in liaison with their local health services</li> </ul>	<ul style="list-style-type: none"> <li>• share relevant information with members of the health care team</li> <li>• contribute effectively to inpatient teams</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>• support care that is closest to home for the patient and their family or carers</li> </ul>	<ul style="list-style-type: none"> <li>• identify and navigate components of the healthcare system relevant to patients' care</li> </ul>

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- demonstrate appropriate use of local, regional, and national health services and systems
  - identify and access relevant community resources to support patients' care
  - consider transport issues and costs to patients when arranging the transfer of patients to other settings
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## Learning goal 8: Clinical assessment and management – adolescent and young adult medicine

<b>Theme</b>	<b>Clinical assessment and management – adolescent and young adult medicine</b>	
<b>Title</b>	<b>Clinically assess and manage adolescent and young adult patients across multiple settings</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>holistically assess and manage adolescents and young people in inpatient and outpatient settings</li> <li>perform appropriate, comprehensive, and opportunistic psychosocial and health risk assessments of adolescents and young people</li> <li>manage patients<sup>10</sup> within their personal, family, and community context, considering their development stage and cultural, socioeconomic, and geographical factors</li> <li>plan, manage and support transition to adult care</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<p><b>Ready to perform without supervision</b></p> <p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p><b>Requires some supervision</b></p> <p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>
	<p><b>Medical expertise</b></p> <ul style="list-style-type: none"> <li>perform comprehensive adolescent psychosocial health assessments, including risk, mental health, sexual health, and substance use</li> <li>assess and manage acute presentations in adolescents</li> <li>assess and manage common (key) adolescent presentations and conditions to a high standard</li> <li>assess and manage less common or more complex adolescent presentations and conditions, in liaison with subspecialists</li> <li>identify stage of cognitive and sociocultural development</li> <li>assess and manage the psychosocial impacts of medical conditions</li> <li>manage patients with common mental health concerns, in liaison with mental health support services</li> <li>plan appropriate monitoring and follow-up to promote wellbeing and prevent harm</li> <li>monitor treatment outcomes, effectiveness, and adverse events</li> <li>regularly review the goals of care and treatment plans with patients</li> </ul>	<ul style="list-style-type: none"> <li>develop appropriate management plans for current concerns</li> <li>develop safe management plans for general paediatric inpatients and outpatients that may not consider all holistic care needs</li> <li>select medicines for common conditions appropriately, safely, and accurately</li> <li>identify potential side effects and practical prescription points, such as medication compatibility and monitoring in response to therapies</li> <li>identify neurodevelopmental and behavioural concerns for patients</li> <li>identify mental health concerns for patients</li> </ul>

<sup>10</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> <li>• initiate opportunistic screening and management of complications and comorbid conditions</li> <li>• appropriately plan and manage transition to adult services</li> </ul>	
	<ul style="list-style-type: none"> <li>• undertake appropriate consultation with adolescents and young adults, including allowing review time independent of carers during part of the consultation</li> <li>• establish and apply requirements and limits of confidentiality when interviewing adolescents and young adults by themselves</li> <li>• recognise the development of health independence and requirements around consent when working with adolescent patients</li> <li>• build rapport with adolescents, and support development of autonomy in the young person's individual health care that is appropriate to their developmental stage</li> <li>• provide information to patients and carers to enable them to make a fully informed decision from various diagnostic, therapeutic, and management options</li> </ul>	<ul style="list-style-type: none"> <li>• discuss and explain the rationale for treatment options with patients</li> <li>• explain the benefits and burdens of therapies, considering patients' individual circumstances</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• educate patients about the intended use, expected outcomes, and potential side effects for each prescribed medication</li> <li>• facilitate and support open family discussions or meetings to deliver bad news or prognostic information</li> <li>• educate patients to recognise and monitor symptoms, and when to seek help</li> <li>• use motivational interviewing to achieve healthy behaviour change</li> <li>• 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</li> <li>• write comprehensive and accurate summaries of care, including discharge summaries, clinic letters, and transfer documentation</li> </ul>	
Quality and safety	<ul style="list-style-type: none"> <li>• recognise and appropriately deal with aggressive and violent behaviours in accordance with health service policies and procedures</li> <li>• obtain informed consent before undertaking any investigation or procedure</li> </ul>	<ul style="list-style-type: none"> <li>• take precaution against assaults from confused or agitated patients, ensuring appropriate care of patients</li> <li>• identify medication errors, and institute appropriate measures</li> </ul>

	<ul style="list-style-type: none"> <li>analyse adverse incidents and sentinel events to identify system failures and contributing factors</li> </ul>	
Cultural safety	<ul style="list-style-type: none"> <li>demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples</li> <li>effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs</li> <li>use qualified language interpreters or cultural interpreters where appropriate</li> <li>enquire, acknowledge, and reflect on patients' beliefs and values, and how these might impact on health and choices</li> <li>offer support to patients, families, and carers to include cultural or religious practices in their care</li> <li>incorporate appropriate LGBTQIA+ safe language</li> </ul>	<ul style="list-style-type: none"> <li>display respect for patients' cultures, and attentiveness to social determinants of health</li> <li>display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities</li> <li>access interpretive or culturally focused services when appropriate</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>hold information about patients in confidence unless the release of information is required for safety of patients or others, or by law or public interest</li> <li>access and keep up to date with current legislation regarding mental health and mandatory reporting requirements</li> <li>respect, where appropriate, patients' decisions to refuse investigations or treatment, even if their decisions may not be appropriate or evidence based</li> <li>demonstrate awareness of complex issues related to genetic information obtained from investigations, and subsequent disclosure of such information</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate professional conduct, honesty, and integrity</li> <li>consider patients' decision-making capacity</li> <li>identify patients' preferences regarding management and the role of families in decision making</li> <li>not advance personal interest of professional agendas at the expense of patient or social welfare</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>apply knowledge and experience to identify patients' problems, making logical, rational decisions, and acting to achieve positive outcomes for patients</li> <li>manage patients within their family and community context, considering cultural, socioeconomic, and geographical factors</li> <li>use care pathways effectively, including identifying reasons for variations in care</li> <li>recognise own limitations and, when required, seek help in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate clinical reasoning by gathering focused information relevant to patients' care</li> <li>inadequately consult with senior colleagues</li> </ul>

<p>Leadership, management, and teamwork</p>	<ul style="list-style-type: none"> <li>• coordinate holistic care for complex patients</li> <li>• work effectively as a member of multidisciplinary teams to achieve the best health outcome for patients</li> <li>• lead inpatient teams</li> <li>• efficiently manage outpatient clinics</li> <li>• engage and facilitate multidisciplinary team meetings, family meetings, and complex case conferences</li> <li>• establish and follow clear transition plans for adolescent patients, using appropriate services</li> </ul>	<ul style="list-style-type: none"> <li>• share relevant information with members of the health care team</li> <li>• contribute effectively to inpatient teams</li> <li>• work effectively in outpatient clinics</li> </ul>
<p>Health policy, systems, and advocacy</p>	<ul style="list-style-type: none"> <li>• participate in health promotion, disease prevention and control, screening, and reporting notifiable diseases</li> <li>• contribute to processes for managing risks, and identify strategies for improvement in transition of care</li> <li>• apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs</li> </ul>	<ul style="list-style-type: none"> <li>• identify and navigate components of the healthcare system relevant to patients' care</li> <li>• identify and access relevant community resources to support patients' care</li> </ul>

## Learning goal 9: Clinical assessment and management – child safety and maltreatment

<b>Theme</b>	<b>Clinical assessment and management – child safety and maltreatment</b>	
<b>Title</b>	<b>Clinically assess and manage cases of suspected child maltreatment across multiple settings</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>thoroughly and appropriately identify, assess, and document children presenting with signs or symptoms of child maltreatment</li> <li>appropriately manage patients where there are concerns for child maltreatment, in conjunction with relevant agencies</li> <li>perform and document detailed forensic examinations for the detection of injury</li> <li>formulate defensible decisions regarding possible child maltreatment</li> <li>communicate and collaborate with relevant child statutory child protection agencies and police</li> <li>produce appropriately peer reviewed medicolegal reports for the child protection and criminal justice system</li> <li>demonstrate knowledge of regulatory and legal requirements related to child maltreatment information and reporting</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
<b>Medical expertise</b>	The trainee will:	The trainee may:
	<ul style="list-style-type: none"> <li>recognise signs of child maltreatment, such as physical or sexual abuse, neglect, emotional maltreatment, exposure to violence and drug endangerment</li> <li>identify, assess, and document children presenting with signs or symptoms of child maltreatment</li> <li>perform detailed examinations for the detection of injury in infants, children, and adolescents</li> <li>manage patients<sup>11</sup> where there are concerns for child maltreatment, in conjunction with other relevant agencies</li> <li>conduct chaperoned external genitalia examination in consenting children and adolescents, where indicated, in the appropriate clinical setting (in line with RACP Guidance on genital examinations)</li> </ul>	<ul style="list-style-type: none"> <li>recognise injury types, and describe simple injury mechanisms</li> <li>demonstrate the ability to formulate differential diagnosis for presentation of child maltreatment</li> <li>demonstrate appropriate escalation for support and supervision to perform examinations in suspected child maltreatment</li> </ul>

<sup>11</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> <li>• arrange appropriate evidence-based investigations in cases of suspected child maltreatment</li> <li>• 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</li> <li>• consult specialists, such as child maltreatment specialist paediatricians, radiologists, neurosurgeons, and ophthalmologists, in cases of child maltreatment</li> <li>• formulate defensible evidence-based opinions in relation to likelihood of child maltreatment, in consultation with child maltreatment specialist paediatricians</li> </ul>	
Communication	<ul style="list-style-type: none"> <li>• clearly document assessment findings in patients' medical records, including necessary forensic documentation</li> <li>• 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</li> <li>• communicate effectively with other professionals involved in patients' lives to promote wellbeing, such as those working in education, mental health, allied health, statutory child protection services, and police</li> <li>• produce comprehensive medicolegal reports, that are appropriately peer reviewed, for the child protection and criminal justice system</li> </ul>	<ul style="list-style-type: none"> <li>• document objective findings of injuries in children</li> <li>• appropriately report cases of suspected child maltreatment to statutory child protection agencies</li> </ul>
Quality and safety	<ul style="list-style-type: none"> <li>• identify and respond to all injuries in pre-mobile infants</li> <li>• recognise clinical presentations in which child maltreatment should be a considered differential diagnosis in the absence of obvious injury</li> <li>• identify limits of expertise, and determine the need for child maltreatment specialist involvement</li> </ul>	<ul style="list-style-type: none"> <li>• recognise various clinical presentations that may occur because of child maltreatment</li> <li>• follow local jurisdictional procedures for the notification of suspicions of child maltreatment</li> </ul>
Cultural safety	<ul style="list-style-type: none"> <li>• advocate for cultural safety in clinical settings</li> <li>• demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples</li> <li>• link patients with culturally appropriate support services</li> <li>• collaborate with families and communities to optimise patient</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate cultural safety</li> </ul>

	<p>health outcomes in a culturally safe manner</p> <ul style="list-style-type: none"> <li>• use qualified language interpreters or cultural interpreters where appropriate</li> </ul>	
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>• demonstrate an awareness of complex issues related to the documentation of sensitive information gathered in clinical encounters, and subsequent sharing of such information</li> <li>• demonstrate an understanding of the medicolegal requirements of written communications</li> <li>• obtain informed consent from patients and families to conduct general physical examinations, such as photographic recording of injuries and anogenital examinations</li> <li>• follow regulatory and legal requirements and limitations regarding reporting child maltreatment</li> </ul>	<ul style="list-style-type: none"> <li>• follow regulatory and legal requirements and limitations regarding reporting child maltreatment</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>• make appropriate decisions regarding reporting suspected child maltreatment to statutory child protection agencies</li> <li>• formulate defensible medicolegal opinions based on current literature and evidence</li> <li>• develop management plans considering the balance of benefit and harm by taking patients' personal sets of circumstances into account</li> </ul>	<ul style="list-style-type: none"> <li>• recognise personal limitations and, when required, seek help an appropriate way</li> <li>• consider the best interest of the child in decision making</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>• engage and facilitate multidisciplinary team meetings, family meetings, and complex case conferences</li> <li>• work collaboratively with police and statutory child protection agencies</li> </ul>	<ul style="list-style-type: none"> <li>• participate in multidisciplinary child maltreatment meetings</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>• advocate for appropriate resources to assist families and protect children</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate understanding of the social determinants of health at a population level</li> </ul>

## Learning goal 10: Clinical assessment and management – developmental and behavioural paediatrics

<b>Theme</b>	<b>Clinical assessment and management – developmental and behavioural paediatrics</b>	
<b>Title</b>	<b>Clinically assess and manage patients with developmental and behavioural problems</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>effectively manage outpatient clinics with neurodevelopmental and behavioural patients<sup>12</sup></li> <li>perform comprehensive and appropriate assessments of children’s development, behaviour, learning, and emotions within their biopsychosocial context</li> <li>holistically manage neurodevelopmental and behavioural presentations and conditions, including safe and evidence-based prescribing and monitoring of psychotropic medications</li> <li>formulate appropriate management plans and goals that are strengths-based</li> <li>collaborate with and lead multidisciplinary teams, including community providers</li> <li>practice patient- and family-centred care that considers the patients’ cultural, socioeconomic and geographical context</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
<b>Medical expertise</b>	The trainee will:	The trainee may:
	<ul style="list-style-type: none"> <li>assess and manage patients with common (key) neurodevelopmental and behavioural presentations and conditions to a high standard</li> <li>assess and manage patients with less common or more complex neurodevelopmental and behavioural presentations and conditions, in coordination with other health professionals</li> <li>assess and manage patients with common mental health concerns, in liaison with mental health support services</li> <li>perform a comprehensive assessment of a child’s development, behaviour, learning, and emotions, taking into account biological, psychosocial, comorbidity, and social environmental factors, including family dynamics</li> <li>choose evidence-based investigations or assessment tools, and frame them as an adjunct to comprehensive clinical assessments</li> </ul>	<ul style="list-style-type: none"> <li>synthesise pertinent information to direct clinical encounters and diagnostic categories</li> <li>develop appropriate management plans for current concerns</li> <li>select medicines for common conditions appropriately, safely, and accurately</li> <li>identify potential side effects and practical prescription points, such as medication compatibility and monitoring in response to therapies</li> <li>identify neurodevelopmental and behavioural concerns for patients</li> <li>perform basic aspects of assessing and managing common neurodevelopmental conditions, with support</li> <li>identify mental health concerns for patients</li> </ul>

<sup>12</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

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- minimise unnecessary, potentially harmful, and/or painful investigations where possible
  - synthesise and interpret findings from histories, examinations, 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
  - use diagnostic formulations to construct an individualised, multimodal management plan
  - devise a strengths-based approach to the care of patients with developmental or behavioural challenges, neurodiversity, or disabilities
  - identify and refer patients to appropriate early intervention and developmental services
  - 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

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### Communication

- 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
  - clearly explain diagnoses and management in ways that both patients and families and carers understand
  - communicate management plans with recommendations and goals for treatment to patients effectively, including in written form
  - encourage patients to ask questions, and answer them thoroughly
- adapt communication style in response to patients' age and developmental level, and cognitive, physical, cultural, socioeconomic, and situational factors
  - discuss and explain the rationale for treatment options with patients
  - 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

	<ul style="list-style-type: none"> <li>clearly and concisely document assessment findings, recommendations, and management plans in patients' medical records and written reports</li> <li>provide medical evidence, assessments, and correspondence to support patients to access disability, mental health, and other support services</li> <li>prioritise positive and strengths-based language in communication regarding patients</li> </ul>	
Quality and safety	<ul style="list-style-type: none"> <li>practice patient- and family-centred care</li> <li>prescribe medications in accordance with evidence, guidelines, and protocols (including schedule 8 prescribing)</li> <li>review medicines regularly to reduce non-adherence, and monitor treatment effectiveness, possible side effects, and drug interactions, ceasing unnecessary medicines</li> </ul>	<ul style="list-style-type: none"> <li>identify medication errors, and institute appropriate measures</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>provide clear and appropriate education to patients, families, carers, and other providers regarding child health and development</li> </ul>	<ul style="list-style-type: none"> <li>explain the expected developmental stages of a child</li> </ul>
Cultural safety	<ul style="list-style-type: none"> <li>demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples</li> <li>effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs</li> <li>use qualified language interpreters or cultural interpreters where appropriate</li> <li>enquire, acknowledge, and reflect on patients' beliefs and values, and how these might impact on health and choices</li> <li>offer support to patients, families, and carers to include cultural or religious practices in their care</li> </ul>	<ul style="list-style-type: none"> <li>display respect for patients' cultures, and attentiveness to social determinants of health</li> <li>display an understanding of at least the most prevalent cultures in society, and an appreciation of their sensitivities</li> <li>access interpretive or culturally focused services when appropriate</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>demonstrate professional values, including compassion, empathy, respect for diversity, integrity, honesty, and partnership to all patients</li> <li>demonstrate an awareness of complex issues related to documentation of sensitive information gathered in clinical encounters, and subsequent sharing of such information</li> </ul>	<ul style="list-style-type: none"> <li>prioritise patient and social welfare over own personal interest and professional agenda</li> <li>demonstrate professional conduct, honesty, and integrity</li> </ul>

	<ul style="list-style-type: none"> <li>demonstrate an awareness of complex issues related to genetic information obtained from investigations, and subsequent disclosure of such information</li> </ul>	
Judgement and decision making	<ul style="list-style-type: none"> <li>apply knowledge and experience to identify patients' problems, making logical, rational decisions, and acting to achieve positive outcomes for patients</li> <li>manage patients within their family and community context, considering cultural, socioeconomic, and geographical factors</li> <li>recognise own limitations and, when required, seek help in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>seek support to manage patients in challenging contexts</li> <li>inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>coordinate holistic care for complex patients</li> <li>work effectively as a member of multidisciplinary teams to achieve the best health outcome for patients</li> <li>efficiently manage outpatient clinics</li> <li>engage and facilitate multidisciplinary team meetings, family meetings, and complex case conferences</li> </ul>	<ul style="list-style-type: none"> <li>work effectively in outpatient clinics</li> <li>refer and liaise with multidisciplinary teams</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs</li> <li>advocate for, or contribute to, systems or structures that provide equitable access to care for all paediatric patients</li> <li>advocate for child- and family-friendly clinical and support services</li> </ul>	<ul style="list-style-type: none"> <li>support patients to link with relevant community services</li> <li>identify systems or structures that are a barrier to equitable access to health care</li> </ul>

## Learning goal 11: Acute care and procedures

<b>Theme</b>	<b>Acute care and procedures</b>	<b>Gen-Paeds-EPA-06</b>
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<b>Title</b>	<b>Assess and manage acutely unwell paediatric and neonatal patients</b>	
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<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• assess seriously unwell paediatric and neonatal patients<sup>13</sup>, and initiate management</li> <li>• lead and perform effective paediatric resuscitation</li> <li>• plan, prepare for, perform, and provide aftercare for procedures expected of a general paediatrician, as listed in this EPA</li> <li>• manage ongoing care of acutely unwell paediatric and neonatal patients suitable for the inpatient ward and not needing intensive care</li> <li>• recognise and respond to clinical deterioration</li> <li>• escalate care where appropriate</li> <li>• participate in and, where appropriate, lead the resuscitation team</li> <li>• liaise with paediatric intensive care or neonatal intensive care units, retrieval services, and referral centres</li> <li>• safely prepare and handover acutely unwell patients at change of shift or change in patient status or location</li> <li>• communicate with family and carers regarding acute situations and plans</li> </ul>
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### Behaviours

	<b>Ready to perform without supervision</b> Expected behaviours of a trainee who can routinely perform this activity without needing supervision	<b>Requires some supervision</b> Possible behaviours of a trainee who needs some supervision to perform this activity
<b>Professional practice framework domain</b>	The trainee will:	The trainee may:
<b>Medical expertise</b>	<ul style="list-style-type: none"> <li>• recognise immediate life-threatening paediatric and neonatal conditions and critically unwell patients, and respond appropriately</li> <li>• prepare for, and perform, effective advanced paediatric life support and neonatal resuscitation</li> <li>• recognise and respond to clinical deterioration</li> <li>• assess, diagnose, and initiate management of acute undifferentiated clinical presentations</li> <li>• select investigations that exclude or diagnose critical patient issues</li> <li>• manage acutely unwell children and neonates suitable for the inpatient ward and not requiring intensive care</li> </ul>	<ul style="list-style-type: none"> <li>• recognise seriously unwell patients requiring immediate care</li> <li>• initiate paediatric and neonatal resuscitation as indicated</li> <li>• identify potential causes of current deterioration, and comply with escalation protocols</li> <li>• facilitate initial tests to assist in diagnosis</li> <li>• develop management plans for immediate treatment</li> <li>• document information to outline the rationale for clinical decisions and action plans</li> <li>• assess patients, and identify indications for procedures</li> <li>• consider risks and complications of procedures</li> </ul>

<sup>13</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

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- 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-osseous 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
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	<ul style="list-style-type: none"> <li>• systematically identify causes of acute deterioration in health status</li> <li>• develop plans of multidisciplinary treatment, rehabilitation, and secondary prevention following acute events</li> <li>• optimise medical management before and after operations, where appropriate</li> <li>• effectively manage acute pain and distress</li> <li>• demonstrate knowledge and skills in procedural pain management, such as sedation and analgesia, as well as non-pharmacological strategies</li> <li>• document treatment given without consent in an emergency, according to local guidelines</li> </ul>	
Communication	<ul style="list-style-type: none"> <li>• use <a href="#">closed-loop</a> and clear communication with other health care team members during resuscitation and escalation</li> <li>• facilitate early sensitive communication with patients during escalation and resuscitation to allow shared decision making</li> <li>• explain procedures clearly to patients, including reasons for procedures, potential alternatives, and possible risks, to facilitate informed choices</li> <li>• accurately document procedures in clinical notes, including informed consent, indications for procedures, medicines given, aseptic technique, difficulties encountered, and aftercare</li> <li>• liaise appropriately with paediatric and neonatal intensive care specialists and retrieval services</li> <li>• provide clear and effective clinical handover during change of shift or change in patient status or location</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate communication skills to sufficiently support the function of multidisciplinary teams</li> <li>• communicate with patients in a timely and appropriate manner</li> <li>• provide timely and safe handover during escalation and transitions of care</li> <li>• explain the process of procedures to patients without providing a broader context</li> <li>• discuss postprocedural care with patients</li> <li>• complete relevant patient documentation</li> </ul>
Quality and safety	<ul style="list-style-type: none"> <li>• set up all necessary equipment required for procedures, and consistently use universal precautions and aseptic technique</li> <li>• confirm patients' identification, verify the procedure, and, where appropriate, the correct position / site / side / level for the procedure</li> </ul>	<ul style="list-style-type: none"> <li>• comply with safety requirements of the health service</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>• maintain up-to-date certification in advanced paediatric life support and neonatal resuscitation</li> <li>• participate in multidisciplinary practice of resuscitation skills, including, where available, simulation</li> </ul>	<ul style="list-style-type: none"> <li>• maintain life support requirements of the health service</li> </ul>

	<ul style="list-style-type: none"> <li>• seek guidance and feedback from supervisors and other health professionals to reflect on clinical deterioration or resuscitation events and improve future patient care</li> <li>• refer to and/or be familiar with relevant published procedural guidelines prior to undertaking procedures</li> <li>• organise or participate in in-service training on new technology</li> <li>• provide appropriate supervision to learners carrying out procedures</li> </ul>	
Cultural safety	<ul style="list-style-type: none"> <li>• negotiate health care decisions in a culturally appropriate way, considering variation in family structures, cultures, religion, and belief systems</li> <li>• use qualified language interpreters or cultural interpreters where appropriate</li> <li>• integrate culturally safe care of Māori and Aboriginal and Torres Strait Islander peoples into patient management</li> <li>• consider cultural, ethical, and religious values and beliefs in leading multidisciplinary teams</li> </ul>	<ul style="list-style-type: none"> <li>• practise cultural safety</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>• apply ethical principles to life-saving treatments and patients' and family members' rights to decide on management, including withdrawal of care</li> <li>• facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making</li> <li>• hold information about patients in confidence, unless the release of information is required by law or public interest</li> </ul>	<ul style="list-style-type: none"> <li>• communicate medical management plans as part of multidisciplinary plans</li> <li>• establish, where possible, patients' wishes and preferences about care</li> <li>• contribute to building a productive culture within teams</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>• recognise the need for escalation of care or patient transfer, and escalate to appropriate staff or services</li> <li>• use appropriate guidelines, evidence sources, and decision support tools</li> <li>• identify roles and optimal timing for diagnostic procedures</li> <li>• select appropriate investigations on the samples obtained in diagnostic procedures</li> </ul>	<ul style="list-style-type: none"> <li>• involve additional staff to assist in a timely fashion when required</li> <li>• recognise personal limitations, and, when required, seek help in an appropriate way</li> <li>• assess personal skill levels, and seek help with procedures when appropriate</li> </ul>

	<ul style="list-style-type: none"> <li>reconcile conflicting advice from other specialties, and support shared clinical decisions in the presence of uncertainty</li> <li>use care pathways effectively, including identifying reasons for variations in care</li> </ul>	
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>collaborate effectively with staff in the emergency department, paediatric and neonatal intensive care units, and other subspecialty inpatient units</li> <li>demonstrate effective leadership and followership in acute care situations, including appropriate role allocation of team members</li> <li>explain critical steps, anticipated events, and equipment requirements to team members before planned procedures</li> <li>provide staff with clear procedural aftercare instructions</li> <li>explain how to recognise possible procedural complications</li> <li>identify relevant management options with colleagues, according to their level of training and experience, to reduce error, prevent complications, and support efficient teamwork</li> <li>manage transitions of care of acute medical patients</li> <li>check in and support team members' wellbeing, and, where necessary, support psychological first aid and formal debriefing</li> </ul>	<ul style="list-style-type: none"> <li>collaborate with other team members, based on their roles and skills</li> <li>ensure appropriate multidisciplinary assessment and management</li> <li>encourage an environment of openness and respect to lead effective teams</li> <li>involve appropriate team members to undertake procedures safely</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>use a considered and rational approach to the responsible use of resources, balancing costs against outcomes</li> <li>prioritise patients' care based on need, and consider available health care resources</li> <li>collaborate with emergency medicine staff and other colleagues to develop policies and protocols for the investigation and management of common acute medical problems</li> </ul>	<ul style="list-style-type: none"> <li>understand the systems for the escalation of care for deteriorating patients</li> <li>understand the role of clinician leadership and advocacy in appraising and redesigning systems of care that lead to better patient outcomes</li> </ul>

## Learning goal 12: Communication with patients, families, and health professionals

<b>Theme</b>	<b>Communication with patients, families, and health professionals</b>	
<b>Title</b>	<b>Communicate effectively and professionally with patients, carers, families, health professionals, and other community members engaging with the health service</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>communicate and build rapport with children and young people</li> <li>communicate and build working relationships with families and/or carers</li> <li>practice patient-<sup>14</sup> and family-centred care</li> <li>communicate with team members and other health professionals across different contexts and modalities</li> <li>synthesise clinical information into accurate and safe handovers and summaries</li> <li>negotiate mutually agreed plans</li> <li>deliver education to patients, families, carers, and health professionals at appropriate levels of understanding</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
<b>Medical expertise</b>	The trainee will:	The trainee may:
	<ul style="list-style-type: none"> <li>clearly communicate working diagnoses, other possible diagnoses, and rationale behind management plans to patients and other health professionals</li> <li>anticipate, and be able to correct, any misunderstandings patients may have about their conditions and/or risk factors</li> <li>inform patients of all aspects of their clinical management, including assessments and investigations, and give them adequate opportunity to question or refuse interventions and treatments</li> <li>provide information to patients to enable them to make informed decisions about diagnostic, therapeutic, and management options</li> <li>provide patients with a chronic disease management plan</li> <li>define, summarise, and clarify the concerns and goals of patients, and plan management in partnership with them</li> </ul>	<ul style="list-style-type: none"> <li>explain the scientific basis of health and disease to patients</li> <li>demonstrate an understanding of the clinical problem being discussed</li> <li>formulate management plans in partnership with patients</li> <li>present a working diagnosis to colleagues, and a rationale for management plans</li> </ul>

<sup>14</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

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- provide timely updates to patients and care providers when there are changes in plans or new results
  - 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 raising 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
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## 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
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- encourage patients to share their thoughts or explain management plans 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 carers 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 the 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 and appropriately peer reviewed medicolegal reports for the child protection and criminal justice system

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### 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	<ul style="list-style-type: none"> <li>• provide research information to patients that is based on national guidelines</li> <li>• obtain informed consent or other valid authority before involving patients in research</li> <li>• provide information to patients in a way they can understand before asking for their consent to participate in research</li> <li>• communicate any research findings to appropriate stakeholders</li> <li>• understand when young people are able to consent for participation in research</li> </ul>	<ul style="list-style-type: none"> <li>• obtain an informed consent or other valid authority before involving patients in research</li> <li>• refer to evidence-based clinical guidelines</li> <li>• demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice</li> </ul>
Cultural safety	<ul style="list-style-type: none"> <li>• demonstrate effective and culturally safe communication with Māori and Aboriginal and Torres Strait Islander peoples</li> <li>• communicate effectively with members of other cultural groups by meeting patients' specific language, cultural, and communication needs</li> <li>• use qualified language interpreters or cultural interpreters where appropriate</li> <li>• demonstrate consideration and accommodation for differing gender and parenting roles in communication interactions</li> <li>• provide plain language and culturally appropriate written / digital materials to patients, where appropriate</li> <li>• use qualified language interpreters or cultural interpreters, where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• identify when to use interpreters</li> <li>• allow enough time for communication across linguistic and cultural barriers</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>• encourage and support patients and, when relevant, their families or carers, in caring for themselves and managing their health</li> <li>• demonstrate respectful professional relationships with patients</li> <li>• demonstrate communicating strengths-based holistic care</li> <li>• prioritise honesty, patients' welfare, and community benefit above self-interest</li> <li>• practice with a high standard of personal conduct, consistent with professional and community expectations</li> <li>• support patients' rights to seek second opinions</li> <li>• manage and share information about patients' health care in adherence to privacy laws, confidentiality, and professional guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• respect the preferences of patients</li> <li>• communicate appropriately, consistent with the context, and respect patients' needs and preferences</li> <li>• maximise patient autonomy, and support their decision making</li> <li>• avoid sexual, intimate, and/or financial relationships with patients</li> <li>• demonstrate a caring attitude towards patients</li> <li>• respect patients, including protecting their rights to privacy and confidentiality</li> <li>• behave equitably towards all, irrespective of gender, age, culture, socioeconomic status, sexual preferences, beliefs, contribution to society, illness-related behaviours, or the illness itself</li> <li>• use social media ethically and according to legal obligations to protect patients' confidentiality and privacy</li> </ul>

	<ul style="list-style-type: none"> <li>• demonstrate strict adherence to patient confidentiality, and consideration for the setting of clinical discussions with patients and team members</li> <li>• seek consent from patients to communicate with other organisations involved in patients' care</li> <li>• complete clinical notes and correspondence efficiently and within a reasonable time frame</li> <li>• ensure all appropriate recipients are included in patient correspondence</li> <li>• maintain professional boundaries with patients, according to professional codes of conduct</li> </ul>	
Judgement and decision making	<ul style="list-style-type: none"> <li>• recognise own limitations and, when required, seek help in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>• inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>• consistently communicate effectively, collaboratively, and respectfully with team members, other health professionals, and community members</li> <li>• communicate effectively with local service providers, primary care, and other community organisations in planning and management of care, including referring and receiving health services</li> <li>• facilitate an environment whereby all team members feel they can contribute and their opinion is valued</li> <li>• formulate strategies to respectfully negotiate plans in the best interest of patients at times when there are differences in opinions between health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• answer questions from team members</li> <li>• summarise, clarify, and communicate responsibilities of health care team members</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>• use appropriate digital technologies and systems to facilitate improved communication</li> </ul>	<ul style="list-style-type: none"> <li>• communicate with and involve other health professionals as appropriate</li> </ul>

## Learning goal 13: Promote improved outcomes in child and adolescent health and development

<b>Theme</b>	<b>Promote improved outcomes in child and adolescent health and development</b>	
<b>Title</b>	<b>Take actions to promote improved health and developmental outcomes for paediatric patients in healthcare systems and the community</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>• identify strengths, capacities, and barriers to health at individual, family, community, and/or policy level</li> <li>• identify and manage child and adolescent safety concerns</li> <li>• actively work to improve health equity and address barriers to health at an individual, family, community, and/or policy level</li> <li>• provide effective holistic care for children and adolescents with consideration for their family, community, and cultural context</li> <li>• take a leadership role in advocating for improved health and developmental outcomes for paediatric patients<sup>15</sup></li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
<b>Medical expertise</b>	The trainee will:	The trainee may:
	<ul style="list-style-type: none"> <li>• provide specialised holistic paediatric care to address the needs, according to best practice and local, national, and international guidelines, of: <ul style="list-style-type: none"> <li>» children from low socioeconomic backgrounds</li> <li>» children from rural and remote areas</li> <li>» children in out-of-home care</li> <li>» children with disability</li> <li>» children with diversity</li> <li>» Māori and Aboriginal and Torres Strait Islander peoples</li> <li>» refugee and asylum seeker children, and children with refugee-like backgrounds</li> </ul> </li> <li>• provide goal-directed care, aiming to improve function and quality of life, to patients with complex needs</li> <li>• devise strategies that consider and improve the social and emotional wellbeing of patients</li> <li>• support strategies that promote inclusion and participation</li> </ul>	<ul style="list-style-type: none"> <li>• identify children with specific vulnerabilities</li> <li>• identify barriers to health</li> <li>• address and manage patients with child protection and safety concerns</li> <li>• undertake screening for psychosocial risk factors with adolescent patients</li> <li>• identify patients needing to access disability and other support services</li> <li>• identify risks present in children's physical and/or social environments</li> </ul>

<sup>15</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> <li>• provide medical evidence, assessments, and correspondence to support patients to access disability, mental health, and other support services</li> <li>• identify and refer patients to appropriate early intervention and developmental services</li> <li>• devise a strengths-based approach to the care of patients with developmental or behavioural challenges, neurodiversity, or disabilities</li> <li>• advocate for the effective mitigation of risks in patients' physical and social environments</li> <li>• identify and address, or advocate for reducing, individual barriers to health, including adverse childhood experiences</li> <li>• advocate for conditions that promote optimal child and adolescent development across the age range</li> <li>• undertake screening and develop management plans for psychosocial risks of adolescents</li> </ul>	
Communication	<ul style="list-style-type: none"> <li>• prioritise positive and strengths-based language in communication regarding patients</li> <li>• practice trauma-informed care</li> <li>• sensitively and constructively explore barriers to health and adherence to management plans</li> <li>• provide opportunistic health education to families and carers, and promote optimal patient health</li> <li>• safely and appropriately communicate with police and statutory child protection agencies, including limitations of knowledge, evidence base, and expertise</li> </ul>	<ul style="list-style-type: none"> <li>• explore socioeconomic backgrounds with patients</li> <li>• refer to local service providers</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>• educate families, carers, medical students, other health professionals, and/or community members about strategies to improve child health in all domains</li> <li>• build knowledge of community resources that support patients' health and wellbeing within community of practice</li> </ul>	<ul style="list-style-type: none"> <li>• provide health promotion education to families and carers</li> </ul>
Research	<ul style="list-style-type: none"> <li>• contribute to research that improves health equity, where applicable</li> </ul>	
Cultural safety	<ul style="list-style-type: none"> <li>• collaborate with families and communities to optimise patient health outcomes in a culturally safe manner</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate cultural safety</li> </ul>

	<ul style="list-style-type: none"> <li>• demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples</li> <li>• use qualified language interpreters or cultural interpreters where appropriate</li> <li>• support improving patient health and development within the patients' cultural and family context</li> <li>• advocate for cultural safety in clinical settings</li> <li>• link patients with culturally appropriate support services</li> </ul>	
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>• practice advocacy with respect for patient confidentiality, autonomy, and dignity</li> <li>• facilitate and advocate for the safety and rights of children, including adherence to child protection laws and policies</li> <li>• support and empower families and carers to provide optimal care for children</li> </ul>	<ul style="list-style-type: none"> <li>• adhere to child protection laws and policies</li> </ul>
Judgement and decision making	<ul style="list-style-type: none"> <li>• practice patient-centred care, considering the family, community, and cultural context in establishing management plans</li> <li>• demonstrate an understanding of relevant consent and information-sharing laws</li> <li>• demonstrate an understanding of the role and requirements of paediatricians as expert witnesses in cases of child maltreatment</li> <li>• recognise own limitations and, when required, seek help in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>• seek support to manage patients in challenging contexts</li> <li>• inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>• work collaboratively within teams that aim to improve patient health and developmental outcomes</li> <li>• advocate for quality, safe, and effective care in the best interest of patients and health priorities</li> </ul>	<ul style="list-style-type: none"> <li>• advocate for appropriate care for patients</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>• advocate for child- and family-friendly clinical and support services</li> <li>• seek to address, or advocate for addressing, the determinants of health of the population</li> <li>• advocate for, and promote, child safety and the rights of children</li> <li>• participate in health promotion, disease prevention and control, screening, and reporting notifiable diseases</li> <li>• demonstrate an awareness of population health priorities</li> </ul>	<ul style="list-style-type: none"> <li>• demonstrate an awareness of activities that promote health and prevent disease in children and young people</li> <li>• support patients to link with relevant community services</li> <li>• identify systems or structures that are a barrier to equitable access to health care</li> </ul>

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- 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
-

## Learning goal 14: Regional, rural, and remote paediatric care

<b>Theme</b>	<b>Care for patients from rural and remote areas</b>	
<b>Title</b>	<b>Provide high-level paediatric care for patients from rural and remote areas</b>	
<b>Description</b>	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> <li>manage patients<sup>16</sup> with consideration for their geographical context and access to health resources</li> <li>identify and work to address barriers to health in rural and remote areas</li> <li>adopt an independent, flexible, and resourceful approach to rural paediatrics</li> <li>provide optimal paediatric care with effective use of health care resources, within and beyond the patients' local community</li> <li>provide care to patients that is linked between inpatient, outpatient, and community settings</li> <li>liaise and coordinate with local, regional, and referral services</li> <li>plan and coordinate appropriate longitudinal follow-up that is closest to the patients' home</li> </ul>	
<b>Behaviours</b>		
<b>Professional practice framework domain</b>	<b>Ready to perform without supervision</b>	<b>Requires some supervision</b>
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
<b>Medical expertise</b>	The trainee will:	The trainee may:
	<ul style="list-style-type: none"> <li>perform comprehensive assessments of paediatric patients with broad presentations across all organ systems</li> <li>independently manage inpatients and outpatients in a regional setting, while recognising when to seek assistance from colleagues</li> <li>liaise appropriately with off-site subspecialists (e.g. metropolitan or tertiary centre) to instigate investigation and management, where appropriate</li> <li>undertake opportunistic health screening, considering local and environmental health priorities</li> <li>provide opportunistic and directed health promotion education, considering local and environmental health priorities</li> <li>demonstrate the ability to function effectively across inpatient and community contexts in parallel</li> <li>consider local and regional burden of disease in possible differentials and antibiotic selection</li> </ul>	<ul style="list-style-type: none"> <li>identify own limitations, and seek support of other health professionals</li> <li>manage patients' presenting complaints without consideration for their broad health needs or context</li> <li>provide phone advice without consideration for the local context</li> </ul>

<sup>16</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> <li>tailor management plans to target the strengths and limitations of patients' context</li> <li>provide safe and effective phone advice for health professionals caring for patients in rural and remote locations</li> </ul>	
Communication	<ul style="list-style-type: none"> <li>communicate closely with regional paediatricians, GPs, child health nurses, and other community health professionals in planning patient management and follow-up</li> <li>communicate sensitively, respectfully, and collaboratively with local health professionals, appreciating the challenges and limitations of rural and remote services</li> <li>communicate in a variety of means appropriate to the context, including remote, virtual, and telehealth</li> <li>communicate and make joint decisions with retrieval services, including discussion around stabilisation and mode of retrieval</li> </ul>	
Quality and safety	<ul style="list-style-type: none"> <li>comply with local safety and quality standards</li> <li>monitor and report adverse events</li> <li>consider practical solutions to improving health care safety and quality in rural and remote sites</li> </ul>	<ul style="list-style-type: none"> <li>identify errors or limitations in care</li> </ul>
Teaching and learning	<ul style="list-style-type: none"> <li>take action to develop knowledge and skills to improve care provided to local populations</li> <li>provide planned and opportunistic education of local health care workers and students in paediatric medicine</li> </ul>	
Cultural safety	<ul style="list-style-type: none"> <li>support the management of patients within cultural and family contexts, appreciating the importance of connection to Country and family roles</li> <li>demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples</li> <li>use qualified language interpreters or cultural interpreters where appropriate</li> <li>advocate for, and practice, culturally safe care</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate awareness of cultural considerations</li> </ul>
Ethics and professional behaviour	<ul style="list-style-type: none"> <li>demonstrate consideration of the social, cultural, and psychological impact of referral and travel to large metropolitan hospitals on patients and families</li> <li>appropriately use health care resources, considering costs and benefits</li> </ul>	

	<ul style="list-style-type: none"> <li>take efforts to ensure patients access available services to reduce barriers to health care, such as subsidised patient transport</li> </ul>	
Judgement and decision making	<ul style="list-style-type: none"> <li>demonstrate sound initiative to problem solve independently, where appropriate</li> <li>recognise disease burden and risk in patients' geographical locations</li> <li>recognise the limitations of local health services, and refer and transfer care appropriately and in a timely manner</li> <li>use available investigations appropriately, and consider the cost, benefits, and potential impact of referral for further investigations in metropolitan centres</li> <li>demonstrate a flexible and adaptable approach to managing patients to a high standard with limited resources</li> <li>demonstrate consideration for medical, physical, and logistical complexities of patient retrieval</li> <li>recognise own limitations and, when required, seek help in an appropriate way</li> </ul>	<ul style="list-style-type: none"> <li>communicate with referral hospitals to assist with decision making</li> <li>inadequately consult with senior colleagues</li> </ul>
Leadership, management, and teamwork	<ul style="list-style-type: none"> <li>lead and coordinate care of patients with multisystem and chronic disease, with input from metropolitan subspecialists</li> <li>work collaboratively within teams to optimise patient-centred care in the regional setting</li> <li>demonstrate effective teamwork skills to support other members of the health care team within regional or remote settings</li> <li>advocate for quality, safe, and effective care in the best interest of patients</li> <li>advocate for access to necessary resources to benefit the health and development of patients in rural and remote settings</li> </ul>	<ul style="list-style-type: none"> <li>liaise with metropolitan subspecialists when required</li> </ul>
Health policy, systems, and advocacy	<ul style="list-style-type: none"> <li>demonstrate an awareness of population health priorities in regional areas</li> <li>recognise and work within limitations of local health services, such as reduced access to primary care</li> <li>communicate with local stakeholders and community members to address the health care needs of rural and remote patients</li> <li>seek to address and/or advocate for addressing the determinants of health of the population, and</li> </ul>	<ul style="list-style-type: none"> <li>understand the structure of local and regional health services</li> </ul>

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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
15	<a href="#">Essential general paediatrics</a>
16	<a href="#">Neonatal and perinatal medicine</a>
17	<a href="#">Acute care</a>
18	<a href="#">Developmental and behavioural paediatrics</a>
19	<a href="#">Adolescent and young adult medicine</a>
20	<a href="#">Child safety and maltreatment</a>
21	<a href="#">Regional, rural, and remote paediatrics</a>



## 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
- Developmental delay
- Diarrhoea
- 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
- Pain, chronic
- Palpitations
- Rash

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<sup>17</sup> 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

<sup>17</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

- Recurrent fever / Recurrent illness
- Recurrent urinary tract infection
- School refusal
- Seizures
- Sensory issues
- Shortness of breath
- Skin conditions
- Sleep difficulties
- Speech / Language delay
- Suspected abuse and neglect, including suspected sexual abuse
- Syncope / Collapse
- Toxidrome
- Unsettled infant
- Unwell infant or child
- Urinary incontinence (day and night)
- 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
- Diagnosis, natural history, and treatment options for infants, children, and young people with complex, multisystem, and chronic disorders
- 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
- Pharmacology of medications prescribed in children and adolescents, including paediatric use of:
  - » attention deficit hyperactivity disorder (ADHD) medications
  - » antidepressants
  - » antipsychotics
  - » 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

### **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

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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.

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

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- Skin prick testing
  - Wood lamp examination

#### **Procedures**

- Blood collection
- Blood product transfusion
- Bowel wash out protocol
- 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

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### **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 misuse substances
  - » 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 Aboriginal and Torres Strait Islander peoples and Māori
- Child health and wellbeing implications and impact of conflict / persecution / disaster-fleeing, 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

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- » 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:
      - anxiety
      - depression
      - family disharmony
      - insomnia
      - school loss
      - work loss
    - » awareness of treatment strategies for chronic pain management, including pharmacological and non-pharmacological and specific strategies for children with autism spectrum disorder 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 patients' 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:
    - » Aboriginal and Torres Strait Islander peoples

- 
- » asylum seekers, migrants, refugees, and children with refugee-like backgrounds
  - » 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
      - other allied health services
      - physiotherapy
      - psychology
      - speech therapy
    - » 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:
  - » continuous positive airway pressure (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 the importance of the first 1000 days
- Values, beliefs, and traditions related to country, family, identity, and spirituality of Aboriginal and Torres Strait Islander peoples and Māori, 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

- Arrhythmia 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
  - Tonsillitis

## **Gastrointestinal**

### **Presentations**

- Abdominal mass
- Abdominal pain:
  - » acute
  - » chronic
- Anorexia
- Bloody stools
- Constipation
- Diarrhoea
- Dysphagia
- Encopresis
- Jaundice
- Malnutrition
- Mucositis
- Vomiting and nausea

### **Conditions**

- Abdominal migraine
- Abdominal pain:
  - » chronic
  - » functional
- 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
- Macrocephaly
- Microcephaly
- Short or tall stature

### **Conditions**

- 22q11.2 deletion or duplication syndromes

- 
- Cystic fibrosis
  - Duchenne muscular dystrophy
  - Fragile X syndrome
  - Inborn errors of metabolism / Metabolic disorder
  - Klinefelter syndrome
  - Neurofibromatosis type 1
  - Noonan syndrome
  - Trisomy 21
  - Tuberous sclerosis
  - Turner syndrome

## **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 thrombocytopenic 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
- Varicella
- Viral infections

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## **Inflammatory and vascular Conditions**

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

## **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
  - » 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 tenosynovitis
- 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
- Vertigo
- Visual disturbance
- Weakness

#### **Conditions**

- Acute disseminated encephalomyelitis (ADEM)
- Bell's palsy
- Central nervous system infections
- Cerebral palsy
- Duchenne muscular dystrophy

- 
- Encephalopathy
  - Epilepsy
  - Functional neurological disorder
  - Guillain–Barré disease
  - Hydrocephalus
  - Infantile spasms
  - Malformations of the central nervous system
  - Migraine
  - Spina bifida
  - Spinal cord injury
  - Tension headache and other chronic headache disorders
  - Transverse myelitis
  - Traumatic brain injury

## **Pain medicine**

### **Presentations**

- Abdominal pain, chronic
- Back pain, chronic
- Headache, chronic
- Muscle spasm
- Non-cardiac chest pain
- Non-inflammatory joint pain
- Pain in children following head injury / spinal cord injury

### **Conditions**

- Anxiety
- Avascular necrosis (Perthes disease)
- Cerebral palsy
- Complex regional pain syndrome (CRPS)
- Connective tissue disorders
- Costochondritis
- Depression
- Functional abdominal pain
- Functional neurological disorder (FND)
- Hypermobility / EDS / Connective tissue disorders
- Inflammatory bowel disease
- Long-term cancer side-effects
- Migraine
- Mixed headache, chronic
- 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

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### **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
- Pericarditis
- Rare congenital cardiac conditions

#### **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 gastrointestinal 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
- Hyposplenia
- 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
  - Tuberculosis
  - Typhoid fever

### **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 rheumatological**

- 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
- Cerebellar disorders
- Charcot–Marie–Tooth disease
- 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 / 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
- 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

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<sup>18</sup> 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

<sup>18</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

- » single umbilical artery
- Congenital pneumonia
- Developmental dysplasia of the hips
- Electrolyte abnormalities
- Gastro-oesophageal reflux
- Group B strep sepsis screening and management
- Head moulding
- Hypoglycaemia
- Hypoxic ischaemic encephalopathy
- Infant of mother with diabetes
- Intracranial or intraventricular haemorrhage
- Intrauterine growth restriction
- Lung disease, chronic
- Meconium aspiration syndrome
- Meningitis and encephalitis
- Nasolacrimal duct obstruction
- Necrotising enterocolitis
- Neonatal abstinence syndrome
- Neonatal asphyxia
- Neonatal infection
- 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
- Chromosomal and genetic conditions
- 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
- Disseminated intravascular coagulation (DIC)
- Extreme prematurity

- G6PD deficiency
- Gastrointestinal emergencies
- Haematological conditions:
  - » acute bleeding disorders:
    - lymphopenia
    - neutropenia
    - thrombocytopenia
    - vitamin K-deficient bleeding
  - » haemolytic disease of the newborn
- Hereditary spherocytosis
- Herpes simplex virus – approach to infants at risk or with suspected infection
- Hyperthyroidism
- Hypothyroidism
- Laryngeal 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

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## **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 gestational age (Ballard / Dubowitz)

### **Investigations**

- Blood tests:
  - » bacterial and viral PCR
  - » biochemistry
  - » blood gas
  - » endocrinological
  - » genetic investigations
  - » haematological
  - » inflammatory markers
  - » metabolic screening tests
  - » microscopy:
    - culture and antimicrobial sensitivity
  - » newborn screening
- Cardiac studies:
  - » echocardiography
  - » electrocardiography (ECG)
- Electroencephalography (EEG)
- Other pathology:
  - » cerebral spinal fluid microscopy:
    - culture and antimicrobial sensitivity
  - » swabs from sterile and non-sterile sites
  - » urine microscopy:
    - biochemistry
    - culture and antimicrobial sensitivity
    - 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 neuroprotection and prevention of premature birth and perinatal morbidity
- Antenatal screening
- Antenatally diagnosed conditions, such as:
  - » cerebral ventricular dilatation
  - » choroid plexus cysts
  - » congenital heart disease
  - » dilated kidney system
- Breastfeeding difficulties and support
- Congenital conditions associated with maternal conditions, such as:
  - » maternal:
    - infections
    - medical diseases
    - 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 obstetric colleagues, 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 neurodevelopmental 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 services and issues
  - 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

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<sup>19</sup> 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

<sup>19</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

- Recurrent unexplained presentations
- Seizures
- Seriously ill child
- 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
  - » coma
  - » respiratory failure
  - » 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.

### **Clinical assessment**

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

### **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:
  - » biochemistry

- 
- » culture and antimicrobial sensitivity
  - » microscopy
  - » toxicology screen

### 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

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### 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 endotracheal intubation 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 humidified 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

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## 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

- 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
- Sexual assault, acute
- Unexplained / Non-accidental injury

### Allergy and immunology

- Adverse drug reactions
- Anaphylaxis
- IgE mediated and non-IgE mediated food allergies, including food protein enterocolitis syndrome (FPIES)

- 
- Primary immune deficiencies
  - Urticaria, acute

## **Behavioural and psychiatric**

### **Presentations**

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

### **Conditions**

- Anxiety
- Borderline personality disorder
- Depression
- Eating disorders
- Psychosis, acute

## **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
- Epiglottitis
- Mastoiditis
- Peritonsillar abscess
- Retropharyngeal abscess
- Tonsillitis:
  - » bacterial
  - » viral
- Tracheitis

#### **Fluid and electrolyte disturbance**

- Dehydration
- Fluid overload
- Hyperkalaemia
- Hyponatraemia
- 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-oesophageal 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 diseases**

#### **Presentations**

- Fever:
  - » with a focus
  - » without a focus
- Fever and petechiae
- Fever in:
  - » neonates / young infants
  - » returned travellers
- 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**

- Altered conscious state
- Ataxia
- Confusion, acute
- Headache
- Seizure:
  - » afebrile
  - » complex
  - » febrile
  - » prolonged
- Visual disturbance, acute
- Weakness:
  - » focal
  - » generalised

### **Conditions**

- Bell's palsy
- Central nervous system infections
- Demyelinating conditions
- Encephalopathy
- Epilepsy
- Flaccid paralysis, acute
- 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

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**Conditions**

- Asthma
- Bronchiolitis
- Croup
- Epiglottitis
- Pneumonia
- Respiratory infections
- Tracheitis

**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 (ASD)
- 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<sup>20</sup> 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

<sup>20</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

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## 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

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## 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
  - » antidepressants
  - » antipsychotics
  - » anxiolytics
  - » mood stabilisers
  - » other common psychotropic medications used in children and young people
  - » sleep medications
- 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

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## 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

### Clinical assessment tools

- Behavioural questionnaires, such as Conners Early Childhood Screen
- Developmental screening tools for focused assessment of development and behaviour
- Visual assessment

### Investigations

- Audiology
- Blood tests:
  - » biochemistry
  - » endocrinological
  - » genetic investigations
  - » haematological
  - » metabolic screening tests
  - » nutritional and toxin screening
- Neuroimaging
- Urine metabolic screening

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procedural risk and obtain informed consent where applicable.

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## **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 Aboriginal and Torres Strait Islander peoples and Māori
- Child health and wellbeing implications and impact of conflict / persecution / disaster-fleeing, 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

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- » 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 trauma and post-traumatic stress disorder of Aboriginal and Torres Strait Islander peoples and Māori
  - Interpersonal, personal, and structural racism
  - Management:
    - » alternative medications and methods of 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 comorbidities
    - » 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 patient-centred care
  - Principles of trauma-informed care
  - Principles of trauma-informed care for Aboriginal and Torres Strait Islander peoples and Māori
  - Psychosocial impacts of child health, such as:
    - » bullying
    - » infant mental health
    - » maternal-infant dyad
    - » social media

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- 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:
      - child life therapy
      - occupational therapy
      - orthotics
      - physiotherapy
      - psychology
      - 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 determinants for Aboriginal and Torres Strait Islander peoples and Māori
  - Values, beliefs, and traditions related to country, family, identity, and spirituality of Aboriginal and Torres Strait Islander peoples and Māori, 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
- School refusal and excessive absenteeism
- Self-harm
- Skin concerns
- Sleep disorders
- Social media use concerns
- Suicidal ideation
- Transition from paediatric to adult care
- Underweight / Overweight

#### Conditions

- Acne
- Attention deficit hyperactivity disorder (ADHD)
- Autism spectrum disorder (ASD)

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<sup>21</sup> 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

<sup>21</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

- Avoidant restrictive food intake disorder
- Chronic fatigue syndrome
- Chronic health conditions
- 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 Ehlers–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

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## 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
- Electrocardiography (ECG)
- Electroencephalography (EEG) / Neuroimaging
- Medical imaging
- Sexually transmitted infection investigations

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## 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
- ASD:
  - » awareness of behavioural modification techniques in adolescents and young adults with neurodevelopmental disorders
  - » complications of ASD
  - » medications used in the 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

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- 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

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- 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
      - 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<sup>22</sup> 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

<sup>22</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

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## 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

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## 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:
    - exaggeration
    - fabrication
    - falsification
    - 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:
    - abdominal and thoracic injuries
    - burns
    - child sexual abuse
    - fractures

- head injuries
- intra-oral injuries
- 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
  - » neglect
  - » 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 four years and younger

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## 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.

- Awareness of personal reactions to childhood behaviours, disability, family situations, and illnesses, and the impact these may have on professional practice
- 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 (Learning goal 15)
- Neonatal and perinatal medicine presentations (Learning goal 16)
- Acute care paediatric presentations (Learning goal 17)
- Developmental paediatric presentations (Learning goal 18)
- Adolescent and young adult medicine presentations (Learning goal 19)
- Child safety and maltreatment presentations (Learning goal 20)

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 history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients<sup>23</sup> and their quality of life when developing a management plan

#### 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
- 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
- Regional measures of the health and wellbeing of children and young people, e.g. the Australian Early Development Census

<sup>23</sup> References to patients in the remainder of this document may include their families, whānau, and/or carers.

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- 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
  - The influence of the physical environment on the health and wellbeing of children and young people, including the role of:
    - » environmental exposures, such as dust / smoke and lead exposure
    - » environmental risks of injury / drowning
    - » exposure to natural environments
    - » regional climate and climate change
  - 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:
    - » connection to family and culture
    - » isolation
    - » social expectations
- 

## **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**

- 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 this travel places on families and health systems
- Appreciation for nuances of providing safe and effective paediatric care with reduced access to on-site resources, such as:
  - » collaboration with community 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 knowledge guides in this document 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:
  - » developmental assessments and ongoing care
  - » disability services, including allied health
  - » paediatric specialist medical care
  - » support for paediatric acute care and resuscitation

### **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 for 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

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### **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
- Service availability in regions within the 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
- 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 specialist