

Community Child Health

Level 3

Paediatrics Sub-specialty Syllabus

Version 1

Approved by the GMC for implementation from 1st August 2018

This document outlines the syllabus to be used by doctors completing completing Level 3 Community Child Health training in the United Kingdom training in the United Kingdom (UK). It accompanies the RCPCH Progress curriculum and assessment strategy.

This is Version 1.0. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes

Introduction

This syllabus supports the completion of the RCPCH Progress curriculum, and should be used in conjunction with the curriculum document.

The purpose of the curriculum is to train doctors to acquire a detailed knowledge and understanding of health and illness in babies, children and young people. The curriculum provides a framework for training, articulating the standard required to work at Consultant level, and at key progression points during their training, as well as encouraging the pursuit of excellence in all aspects of clinical and wider practice.

The curriculum comprises of Learning Outcomes which specify the standard that trainees must demonstrate as they progress through training and ultimately attain a Certificate of Completion of Training (CCT). The syllabi support the curriculum by providing further instructions and guidance as to how the Learning Outcomes can be achieved and demonstrated.

Using the Syllabus

Paediatric trainees are required to demonstrate achievement of generic and sub-specialty or General Paediatric Learning Outcomes throughout their training period.

For all level 1 and level 2 trainees, there are 11 generic paediatric Learning Outcomes for each level. At level 3, there are a further 11 generic paediatric Learning Outcomes for all trainees, and several additional Learning Outcomes in either General Paediatrics or the GRID sub-specialty the trainee has been appointed into.

This syllabus contains 5 interlinked elements, as outlined in figure 1 which illustrates how each element elaborates on the previous one.

Elements of the Syllabus

The **Introductory Statement** sets the scene for what makes a Community Child Health Paediatrician.

The **Learning Outcomes** are stated at the beginning of each section. These are the outcomes which the trainee must demonstrate they have met to be awarded their Certificate of Completion of Training (CCT) in Paediatrics. Progress towards achievement of the Learning Outcomes is reviewed annually at the Annual Review of Competence Progression (ARCP). Each Learning Outcome is mapped to the General Medical Council (GMC) Generic Professional Capabilities framework. Each trainee must achieve all the Generic Professional Capabilities to meet the minimum regulatory standards for satisfactory completion of training.

The **Key Capabilities** are mandatory capabilities which must be evidenced by the trainee, in their ePortfolio, to meet the Learning Outcome. Key Capabilities are therefore also mapped to the GMC Generic Professional Capabilities framework.

The **Illustrations** are examples of evidence and give the range of clinical contexts that the trainee may use to support their achievement of the Key Capabilities. These are intended to provide a prompt to the trainee and trainer as to how the overall outcomes might be achieved. They are not intended to be exhaustive, and excellent trainees may produce a broader portfolio or include evidence that demonstrates deeper learning. It is not expected that trainees provide ePortfolio evidence against every individual illustration (or a set quota); the aim of assessment is to provide evidence against every Key Capability.

The **Assessment Grid** indicates suggested assessment methods, which may be used to demonstrate the Key Capabilities. Trainees may use differing assessment methods to demonstrate each capability (as indicated in each Assessment Grid), but there must be evidence of the trainee having achieved all Key Capabilities.

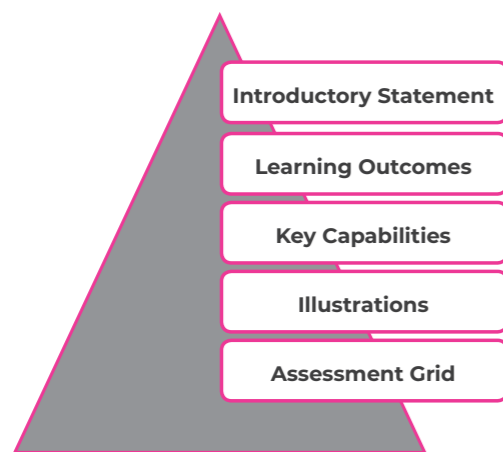


Figure 1: The 5 elements of the syllabus

Using the Syllabus with ePortfolio

Recording evidence in the ePortfolio to demonstrate progression against the learning outcomes and key capabilities can be done from any assessment or event in the ePortfolio.

At the end of any event or assessment, there is an opportunity to add tags, documents and comments. Expanding this by clicking “show more” will enable you to link your assessment to the curriculum items, where you will find the learning outcomes for each domain, key capabilities and example illustrations.

Trainees will therefore be able to track their progress in fulfilling the mandatory learning outcomes and key capabilities.



Community Child Health Introductory Statement

Introductory Statement

A Community Child Health Paediatrician is a doctor who has expertise in working with vulnerable groups of children and their carers. This includes children with developmental disorders and disabilities, those with complex behavioural presentations, and those who are at risk of abuse or are being abused. They also have a particular role with children who are “looked after” or are in the process of being adopted.

They hold clinics in a variety of settings, including schools, with an emphasis on continuity of care, and have strong skills working with multiple agencies, particularly with education and social care.

Community paediatricians have a vital role in planning and implementing local strategies to improve the health of all children in their area, including safeguarding policies and overseeing universal and targeted lifestyle programmes.

Sub-specialty Learning Outcomes

Sub-specialty Learning Outcomes		GMC Generic Professional Capabilities
1.	Demonstrates proficiency in the paediatric assessment and management of vulnerable children, including those with developmental disorders and disabilities.	GPC 1, 3, 5, 7
2.	Adopts a leading role with children who are at risk of abuse or are being abused and for those who are “looked after”, and can contribute to the process of adoption.	GPC 1, 3, 5, 7
3.	Demonstrates strong skills in working with multiple agencies, particularly with education and social care.	GPC 5
4.	Actively participates in planning and implementing local strategies to improve the health of all children in their area, including safeguarding policy and overseeing universal and targeted lifestyle programmes.	GPC 5, 6, 7
5.	Contributes with other professionals to the management of children with life-limiting complex disability.	GPC 3, 5

Sub-specialty Learning Outcome 1



Demonstrates proficiency in the paediatric assessment and management of vulnerable children, including those with developmental disorders and disabilities.	GPC 1, 3, 5, 7
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Key Capabilities

Demonstrates proficiency in the assessment, diagnosis and management of children with a broad range of disabilities, including physical disability, genetic disorders and neuro-developmental disorders, and manages co-morbidities in these groups.	GPC 3, 5
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Illustrations

Applies specialist knowledge to investigate, diagnose and manage the following within their specialisation, recognising some areas of overlap between Community Child Health training strands:	
Behaviour/mental health:	
1.	Safely prescribes medication for Attention Deficit Hyperactivity Disorder (ADHD) and counsels families on the pros and cons of medication in ADHD, sleep disorders and challenging behaviour with colleagues from the Child and Adolescent Mental Health Service (CAMHS).
2.	Recognises and diagnoses the developmental presentations underpinning neurodevelopmental disorders (e.g. Autism Spectrum Disorder [ASD] and ADHD) and the overlapping nature of these conditions.
3.	Applies the principles of behavioural management.
4.	Identifies symptoms of specific mental health disorders and when to refer to specialist colleagues.
5.	Assesses the range of evidence-based interventions for mental health problems.
6.	Assesses and addresses problems with sleep, feeding and toileting, in the context of neurodevelopmental conditions, and advises on medication if needed.

Neurodisability/Multi-disciplinary Teamwork:	
1.	Describes common measures of cognitive function used between the ages of 0 and 18 years, their limits and usefulness.
2.	Demonstrates the ability to use and interpret validated standardised assessment tools used in the assessment of physical and behavioural neurodisabilities.
3.	Assesses development of the preschool child using a standardised assessment tool.
4.	Prescribes and monitors medication for common neurological and developmental disorders along with specialist colleagues.
5.	Undertakes comprehensive assessments and investigations, reaches appropriate differential diagnoses and institutes appropriate management plans to meet the children's medical, therapeutic, equipment, educational and social needs.
6.	Recognises the early signs of common complications, associated medical conditions and mental health problems in children with neurodisabilities – both physical and behavioural.
7.	Interprets findings from multidisciplinary assessments and explains the outcome and management plan to parents, carers and young people, offering appropriate information and support .
Vision and hearing:	
1.	Identifies when a young person may be at risk of developing a vision or hearing impairment (e.g. in association with extreme prematurity or familial/genetic conditions).
2.	Applies the principles of vision and hearing testing, interpreting the results and referring appropriately.

Sub-specialty Learning Outcome 2

Adopts a leading role with children who are at risk of abuse or are being abused and for those who are “looked after”, and can contribute to the process of adoption.	GPC 1, 3, 5, 7
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Key Capabilities

Demonstrates proficiency in assessing the health needs of “looked after” children and is able to recognise developmental and mental health conditions occurring in the “looked after” population.	GPC 1, 3, 5, 7
Formulates a comprehensive plan for a “looked after” child’s physical, developmental and emotional needs, and communicates these effectively to non-medical professionals through report writing and participation in statutory processes.	GPC 3, 5, 7
Examines the whole child, including the genitalia, recognising signs of abuse and/or neglect.	GPC 3, 5, 7
Formulates differential diagnoses, conducts appropriate investigations and advises safeguarding agencies on their findings.	GPC 3, 5, 7

Illustrations

1.	Recognises the implications of attachment difficulties, particularly for those in care or adopted.
2.	Recognises the immediate and long-term impact of parental factors on outcomes for “looked after” and adopted children, and advises adoption and fostering agencies on these issues.
3.	Conducts a holistic assessment, highlighting protective and risk factors.
4.	Recognises the impact of maltreatment and other social adversity on children’s emotional well-being.
5.	Recognises sexually transmitted infections in children and young people and refers appropriately.
6.	Recognises when an emotional or behavioural presentation may be a consequence of current or previous maltreatment, and assesses the impact of neglect over time.

Sub-specialty Learning Outcome 3

Demonstrates strong skills in working with multiple agencies, particularly with education and social care.	GPC 5
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Key Capabilities

Works effectively with other agencies (such as educational and social care) and the voluntary sector to support and manage children with neuro-developmental conditions/disabilities, including providing advice for statutory processes (e.g. the Education Health and Care Plan [EHCP]).	GPC 3, 5
Formulates a comprehensive report on a child’s physical, developmental and emotional presentation and communicates these effectively to both non-medical professionals and the courts through report writing and participation in statutory processes.	GPC 3, 5

Illustrations

1.	Confidently undertakes a leading role in local multi-agency training.
2.	Manages and supports a range of vulnerable children, including children with additional needs.
3.	Writes reports on medical or developmental conditions for parents and non-clinical staff in other agencies to explain the implications of the conditions and how they may impact on the child and his or her carers.
4.	Interprets educational assessments.
5.	Demonstrates knowledge of the policy context, organisation and regulation of the Special Educational Needs and Disability (SEND) provision within schools.
6.	Advocates for the interests of children with SEND within settings such as nurseries and schools.
7.	Works with specialist colleagues to manage sensory impairments in children.
8.	Investigates and manages children with suspected visual and/or hearing impairment(s) using a multi-disciplinary team (MDT) approach with specialist colleagues e.g. Audiovestibular medicine (AVM) and ophthalmology.

Sub-specialty Learning Outcome 4

Actively participates in planning and implementing local strategies to improve the health of all children in their area, including safeguarding policy and overseeing universal and targeted lifestyle programmes.

GPC 5, 6, 7

Key Capabilities

Applies knowledge of public health to work with other agencies to provide paediatric input for the commissioning and planning of services for children.

GPC 4, 5, 6, 7

Illustrations

1.	Identifies the range of services available for a child with challenging behavioural issues.
2.	Demonstrates knowledge of available outcome measures (such as the Public Health Outcomes Framework) and how they might be used to improve service delivery.
3.	Demonstrates awareness of procedures followed by local health protection teams during acute public health crises.
4.	Contributes to the development of standards, protocols, measures and guidelines with a population perspective, including a needs assessment.
5.	Applies the evidence base for effective interventions in injury prevention.
6.	Explains how families can influence the well-being of children and what lifestyle changes may be beneficial.
7.	Follows child death procedures and understand the function of the Child Death Overview Panel (CDOP).
8.	Demonstrates experience with and an understanding of commissioning processes for children's services in their area, including the importance of public health data and surveys.

Sub-specialty Learning Outcome 5

Contributes with other professionals to the management of children with life-limiting complex disability.

GPC 3, 5

Key Capabilities

Contributes to end-of-life care plans for children with complex disability.

GPC 3, 5

Illustrations

Contributes to the assessment and management of children with complex disability who are life-limited.

Assessment Grid

This table suggests assessment tools which may be used to assess the Key Capabilities for these Learning Outcomes. This is not an exhaustive list, and trainees are permitted to use other methods within the RCPCH Assessment Strategy to demonstrate achievement of the Learning Outcome, where they can demonstrate these are suitable.

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AOP)	Paediatric Case-based Discussion (ePaed Cbd)	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)
Demonstrates proficiency in the assessment, diagnosis and management of children with a broad range of disabilities, including physical disability, genetic disorders and neuro-developmental disorders, and manages co-morbidities in these groups.			✓						✓	✓
Demonstrates proficiency in assessing the health needs of "looked after" children and is able to recognise developmental and mental health conditions occurring in the "looked after" population.					✓				✓	✓
Formulates a comprehensive plan for a "looked after" child's physical, developmental and emotional needs, and communicates these effectively to non-medical professionals through report writing and participation in statutory processes.					✓				✓	✓
Examines the whole child, including the genitalia, recognising signs of abuse and/or neglect.									✓	✓
Formulates differential diagnoses, conducts appropriate investigations and advises safeguarding agencies on their findings.									✓	

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Works effectively with other agencies (such as educational and social care) and the voluntary sector to support and manage children with neuro-developmental conditions/disabilities, including providing advice for statutory processes (e.g. the Education Health and Care Plan [EHCP]).					✓				✓	✓
Formulates a comprehensive report on a child's physical, developmental and emotional presentation and communicates these effectively to both non-medical professionals and the courts through report writing and participation in statutory processes.						✓			✓	✓
Applies knowledge of public health to work with other agencies to provide paediatric input for the commissioning and planning of services for children.						✓			✓	✓
Contributes to end-of-life care plans for children with complex disability									✓	✓

