

# GP Specialty Training Programme

# PAEDIATRICS

## GP Curriculum

As this forms part of a GP Specialty Training Programme it is important that Trainees (GPStRs) work towards the learning objectives of the RCGP GP Curriculum throughout the post.

Main sections covered	8
Supplementary sections that may be covered	

## Learning Needs

To help identify learning needs in relation to the GP Curriculum the GPStR should complete the self-assessment rating scale tool.

This should be completed before the initial meeting of the GPStR with their Clinical Supervisor. It can then be used to help identify areas that require development. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed.

Please note that it may not be possible to cover all of the GP Curriculum learning objectives within this post. The GP Educational Supervisor will be able to assist the GPStR in identifying ways to cover these potential gaps as part of the overall GP Specialty Programme.

## Assessments and Reviews

During this 6 month post it is the responsibility of the GPStR to arrange the following with their Clinical Supervisor:

- An initial induction meeting reviewing the learning objectives and producing an educational plan (within the first 3 weeks of the post)
- 3 CBD assessments
- 3 mini-CEX assessments
- DOP assessments – as appropriate
- An end of post meeting to discuss your progress and entering the Clinical Supervisor's Report on the e-Portfolio

Please note that this is the minimum requirement for assessments and your Clinical Supervisor may feel that more are required in order for you to meet the required competency areas.

## Study Leave

Any study leave must be congruent with learning outcomes of the GP Curriculum and approved by the GP Educational Supervisor. The GPStR is recommended to use up their study leave entitlement within the 6month post and spend as much time as possible in general practice with their Educational Supervisor. This may include their 6 monthly Educational Supervisor review. It is the responsibility of the GPStR to book any study leave with the relevant hospital department.

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## Learning Objectives & Assessment in PAEDIATRICS

What the GPStR can learn	Assessment Modality		
	CbD	Mini-CEX	DOPS
<b><u>Appreciation of important issues identified:</u></b>			
1. <b>Communication and Consultation Skills</b> e.g. with Uncooperative Children and Anxious Parents	✓	✓	
2. <b>What is Normal/Abnormal?</b>	✓		
3. <b>Pharmacy</b> – Prescribing in Children	✓		
4. <b>Child protection</b> – Protocols, Also social issues including drug and alcohol misuse	✓		
5. <b>Prevention/Health Promotion</b>	✓		
<b><u>Knowledge of specific clinical cases:</u></b>			
1. Acute admissions – SICK CHILD – Recognition and Management	✓	✓	
Specific Presentations –			
- Fever,	✓	✓	
- Vomiting,	✓	✓	
- Rash,	✓	✓	
- Abdominal Pain,	✓	✓	
- Convulsions	✓	✓	
2. Common Chronic Illness e.g.			
– Asthma,	✓	✓	
– DM,	✓	✓	
– Epilepsy	✓	✓	
3. Mental Health Problems inc Psychological problems	✓	✓	
<b><u>Appreciation of Roles of Others</u></b>			
1. Health Visitor – including Health Promotion	✓		
2. Child and Adolescent Psychiatry	✓		
3. Midwives (in Neonatal period)	✓		
4. Child Care Services – including an awareness of the structure of services	✓		
5. Community Paediatricians – including Developmental medicine	✓		

	CbD	Mini-CEX	DOPS
<b>Specific Skills:</b>			
1. Paediatric phlebotomy			✓
2. Paediatric CPR			✓
3. Postnatal/Neonatal Assessments (especially now earlier discharges)		✓	

## How the GPStR can learn

### LEARNING OPPORTUNITIES IN HOSPITAL SETTING

1. **Outpatient Clinics** – Seeing the type of patients commonly referred by GPs and their management e.g. cases which have proven difficult for GP to manage, cases which are followed up in secondary care (e.g. CF)
2. **Specialised Clinics** e.g. Developmental Delay
3. **Acute Receiving – Paediatric Admissions** for exposure to acutely unwell children
4. **Case Based Discussion/Case Presentations** – These should take a particular focus. eg Follow a patient from admission to discharge
5. **Formal Teaching Sessions**
6. **Teaching Ward Rounds**
7. **Child and Adolescent Psychiatry exposure**

### FURTHER PRIMARY CARE OPPORTUNITIES

1. **Child Health Clinic**
2. **Case Based Discussion** - Exposure to Common Childhood presentations  
eg Constipation, Asthma
3. **On Call Doctor** – Again more exposure to acutely unwell children

# GP Specialty Training Programme PAEDIATRICS

Educational Plan from ..... to .....

GPStR:.....

email:.....

Clinical Supervisor:.....

email:.....

Educational Supervisor:.....

email:.....

**Learning Needs Identified:**

**How will these be addressed?**

## Assessment Planner

Assessment	Focus of assessment	When?
CbD 1		
CbD 2		
CbD 3		
Mini-CEX 1		
Mini-CEX 2		
Mini-CEX 3		
Additional		

**Signed & agreed:**

<b>GPStR:</b>		<b>Date:</b>
<b>Clinical Supervisor:</b>		<b>Date:</b>