Royal College of Paediatrics and Child Health

College Specialist Advisory Committee in Community Child Health

Section 1: Training Documents

Section 2: Community Child Health Job Description

October 2002
TRAINING DOCUMENTS

Contents:

1. Organising the Training in Community Child Health
   1.1 Assessment Framework
   1.2 Overview of training structure
   1.3 Key Components

2. Syllabus

3. Competencies
   3.1 Introduction
   3.2 Overview
   3.3 SHO Competencies
   3.4 Competency at General SpR Level
   3.5 Competency at Higher SpR Level

4. Portfolio

5. Accreditation
1. Organising the Training in Community Child Health

1.1 Assessment Framework: Training in Community Child Health

The following documents are available as a guide to trainees and trainers in Community Child Health. They include:

1. Syllabus
2. Competencies to be achieved by SHOs
   - General Specialist Registrars (year 1 and 2)
   - Higher Specialist Registrars (year 3, 4, 5)
3. Portfolio for trainees

The syllabus sets out the subjects to be covered during training. Suggestions are given about training activities, which could provide appropriate experience to achieve the competencies set out. Competence in these areas may be obtained through various methods and this will be judged through review of portfolio and regular documented supervision with educational supervisor.

Trainee assessment will be both continuous with their clinical supervisor, through regular formal appraisal with educational supervisor, and on a number of occasions with interviews and RITA assessments as set out below.

1. Competitive interview for GSpR post
2. Continuous assessment with educational supervisor using BACCH syllabus and competency statements as a guide
3. Annual RITA assessment
4. Competitive interview for HSpR post
5. As 2 and 3
6. Penultimate year assessment
7. Completion of specialist training assessment

The formal use of competencies for assessment is not yet recommended, as their academic rigour and evaluation methods have not yet been established. However they are recommended for guidance and for use as self-assessment measures to be discussed with educational supervisors.
1.2 Overview of training structure

The syllabus outlines the objectives and gives ideas for resources but not the practical aspects of “making it happen” at a district level.

It is envisaged that two years would be the minimum period of time as a specialist registrar for those who, in the future, wish to undertake Consultant Community Paediatrician roles.

A clinical commitment in a geographical patch running through the two years is desirable to develop and maintain relationships both with parents and children and with other members of the community based multi agency team. Approximately four sessions a week clinical work will be required.

Specialist modules should occupy about two sessions per week with a further two sessions for audit/research work. Ideally there should be a regular trainees’ group to cover the non-clinical aspects of the syllabus. On call experience should be available with adequate ‘post-take’ support and supervision. On call for child protection strategy discussions/routine enquiries/immunisation advice etc. could be included during a session for administration.

The role of an MSc in Paediatrics and Child Health is currently being debated with the Royal College of Paediatrics and Child Health (RCPCH) but would be valuable for those elements of the syllabus that are not easily acquired at a local level.

1.3 Key Components of Community Child Health Training

Structure

Office - shared - not more than 3 people
Personal computer/printer
Access to secretarial skills (typing/messages etc.)
Filing cabinet
Teaching aids - OHP, slide projector, flipcharts
“Departmental library”

(a) journals
(b) text books
(c) reports

If not stored in a single place, then a list of where books are in the department should be available.
Postgraduate medical library

(a) literature search on CD ROM or Internet BIDS/MEDLINE
(b) photocopying
Adequate study leave budget
Medical illustration department
Adequate clinical equipment, including developmental assessment equipment

**Process**

Supervision (may be provided by different people)
(a) clinical
(b) organisation/management/training
(c) mentorship
(d) research

Clinical ‘patch’
- geographically defined
- range of clinical experience in:- (a) clinics
(b) schools
(c) nurseries/family centre/opportunity group

Management responsibility e.g. immunisation/CHP/special needs/child protection co-ordinator roles, involvement with local management committees.

Modules of specialist training (See syllabus)

Trainees’ group

**Outcomes**

Clinical skills - judged by supervision

Completed audit projects - primary - secondary care interface
- secondary care - community child health
- secondary - tertiary care

Ability to review research using a variety of methodologies

Project using routinely available data e.g. variations in admission rates

Production of clinical standards

Teaching sessions/materials - multidisciplinary
- unidisciplinary

Research projects

Please see portfolio document for documenting experience
British Association for Community Child Health

Syllabus

For Higher Specialist Training
In Community Child Health

July 2001
<table>
<thead>
<tr>
<th>Page</th>
<th>Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction and using the Syllabus</td>
</tr>
<tr>
<td>2</td>
<td>A. Basic Science</td>
</tr>
<tr>
<td>2</td>
<td>B. Common Clinical Skills</td>
</tr>
<tr>
<td>3</td>
<td>C. Common Technical Skills</td>
</tr>
<tr>
<td>3-4</td>
<td>D. Management Skills</td>
</tr>
<tr>
<td>4</td>
<td>E. Research/Audit/Service Evaluation Skills</td>
</tr>
<tr>
<td>5</td>
<td>F. Teaching/Learning Skills</td>
</tr>
<tr>
<td>5</td>
<td>G. UK Services</td>
</tr>
<tr>
<td>6</td>
<td>1. Health care Services</td>
</tr>
<tr>
<td>6</td>
<td>2. Non Health care Services</td>
</tr>
<tr>
<td>6</td>
<td>H. National/International Perspectives</td>
</tr>
<tr>
<td>7</td>
<td>I. Population Paediatrics/Public Health</td>
</tr>
<tr>
<td>7</td>
<td>1. Screening and Surveillance</td>
</tr>
<tr>
<td>7-8</td>
<td>2. Immunisation and Communicable Disease Control</td>
</tr>
<tr>
<td>8-9</td>
<td>3. Health Protection/Promotion/Education</td>
</tr>
<tr>
<td>9</td>
<td>4. Epidemiology</td>
</tr>
<tr>
<td>9-10</td>
<td>5. Public Health Needs Assessment</td>
</tr>
<tr>
<td>10</td>
<td>J. Social Paediatrics</td>
</tr>
<tr>
<td>10-11</td>
<td>1. The Disadvantaged Child</td>
</tr>
<tr>
<td>12-13</td>
<td>2. Child Protection</td>
</tr>
<tr>
<td>13-14</td>
<td>3. Adoption and Fostering</td>
</tr>
<tr>
<td>14</td>
<td>K. Developmental &amp; Disability Paediatrics</td>
</tr>
<tr>
<td>14-16</td>
<td>1. General Principles</td>
</tr>
<tr>
<td>16</td>
<td>2a. Problems with learning</td>
</tr>
<tr>
<td>16-17</td>
<td>2b. Specific Learning Disabilities</td>
</tr>
<tr>
<td>17</td>
<td>3a. Problems with movement</td>
</tr>
<tr>
<td>18</td>
<td>3b. Problems with co-ordination</td>
</tr>
<tr>
<td>18</td>
<td>4. Loss of Skills</td>
</tr>
<tr>
<td>19</td>
<td>5. Problems of communication</td>
</tr>
<tr>
<td>20</td>
<td>6. Acquired Disability</td>
</tr>
<tr>
<td>20</td>
<td>7. Problems with Vision</td>
</tr>
<tr>
<td>21-22</td>
<td>8. Problems with Hearing</td>
</tr>
<tr>
<td>22</td>
<td>9. Problems with Continence</td>
</tr>
<tr>
<td>22-24</td>
<td>L. Behavioural Paediatrics</td>
</tr>
<tr>
<td>24-25</td>
<td>M. Accidents and Injuries</td>
</tr>
<tr>
<td>26</td>
<td>Notes</td>
</tr>
<tr>
<td>27</td>
<td>Acknowledgements</td>
</tr>
</tbody>
</table>
Introduction

The syllabus will be for use by the Calman trainee in the specialist registrar grade who is training in community child health. It is intended to be used alongside the RCPCH curriculum and is cross-referenced to this document. The BACCH syllabus covers the whole period of training, which will take 4-5 years. All trainees will complete six months in community child health at specialist registrar level, and many will already have had exposure to community child health at SHO level. The designation G refers to the topics which should be followed by all trainees, which H covers the topics to be covered by the doctor in higher training specialising in community child health. The G section is available separately for trainees in general paediatrics.

The Syllabus is a successor to the discussion paper Guidelines for General and Higher Professional Training in Community Child Health produced by BACCH in 1994. The five main areas of training outlined in the discussion paper are expanded to allow more formal planning and appraisal of the training programme. Ideas on how to achieve the objectives of the syllabus are included and the intention would be to develop this further in future years.

Using the Syllabus

The purpose of this document is to provide a framework for trainees and trainers to use to ensure a structured, learner-centred and complete training in community child health.

For this document to stand the test of time, the format and contents must be clear and logical and not over inclusive. It is intended to be an interactive document of manageable size that meets the needs of both trainer and learner.

Knowledge and skills relevant to all the subsequent sections have been brought to the front of the document. Many of these topics should have been learnt during general professional training but some may need to be covered during higher professional training. ‘General/Acute Paediatrics’ is not covered in the syllabus since other Specialty Groups will be covering these areas, but clearly the trainee in community child health will be expected to be a good general paediatrician. Some other areas, which are well covered in the College syllabus, are not included here: for example, the management of terminal illness and training and learning methods (RCPCH.2).

Codes used in the Syllabus

- = Reading and reference
◊ = Video cassette
♦ = Attachments or visit
* = Work with tutor
⇒ = Course
≈ = Activity
A. BASIC SCIENCE

RCPCH A.1

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Physiology</td>
<td>Growth</td>
</tr>
<tr>
<td>Biochemistry</td>
<td>Development</td>
</tr>
<tr>
<td>Embryology</td>
<td>Adolescence</td>
</tr>
<tr>
<td>Psychology</td>
<td>Pharmacology</td>
</tr>
<tr>
<td>Genetics</td>
<td>Microbiology</td>
</tr>
<tr>
<td>Immunology</td>
<td>Clinical Epidemiology</td>
</tr>
<tr>
<td></td>
<td>• Undergraduate textbooks</td>
</tr>
<tr>
<td></td>
<td>• Postgraduate textbooks</td>
</tr>
</tbody>
</table>

B. COMMON CLINICAL SKILLS

RCPCH A.2,A.3,B.1.1.1.6

<table>
<thead>
<tr>
<th>Skills</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) G Listening skills</td>
<td>≈ Co-counselling experience</td>
</tr>
<tr>
<td>(ii) G Establishing of rapport</td>
<td>◊ Use of video taped interviews</td>
</tr>
<tr>
<td>(iii) G Communication skills</td>
<td>♦ Working with an interpreter</td>
</tr>
<tr>
<td>(iv) G Talking to children of different ages. Talking to the shy, embarrassed, frightened or defiant child.</td>
<td>• Communicating with children and adults, Pat Petrie, Edward Arnold 1988</td>
</tr>
<tr>
<td>(v) G Recognition of stress</td>
<td>♦ Play therapist attachment</td>
</tr>
<tr>
<td>(vi) G Record keeping</td>
<td>* Design clinical algorithm</td>
</tr>
<tr>
<td>(vii) G Problem solving</td>
<td>• RCPCH practice guidelines</td>
</tr>
<tr>
<td>(viii) G Rational investigation</td>
<td>♦ Use of Patient information resource centre</td>
</tr>
<tr>
<td>(x) G Breaking bad news</td>
<td>♦ How to do it. Vol. 1-3 BMJ 1995</td>
</tr>
<tr>
<td>(xi) G Consent</td>
<td>♦ Child’s play Ken Redgrave.</td>
</tr>
<tr>
<td>(xii) G Confidentiality</td>
<td>Public Boys and Girls Welfare Society 1987</td>
</tr>
<tr>
<td>(xiii) G Importance of interagency communication and co-operation in all areas of community child health.</td>
<td>♦ Play therapy, Virginia M. Axline, Churchill Livingstone 1989</td>
</tr>
<tr>
<td></td>
<td>• Child Health Rights, BACCH 1995</td>
</tr>
<tr>
<td></td>
<td>• Children Act 1989</td>
</tr>
<tr>
<td></td>
<td>• Right From the Start, SCOPE 1994</td>
</tr>
</tbody>
</table>
C. COMMON TECHNICAL SKILLS

RCPCH A.2.2.

Skills

(i) G Intravenous cannulation
(ii) G Intra arterial cannulation
(iii) G Tracheal intubation
(iv) G Lumbar puncture
(v) G Vene puncture
(vi) G Capillary sampling
(vii) G X-ray interpretation
(viii) G Interpretation of common laboratory results
(ix) G BP measurement in upper and lower limbs
(x) G Coping with emergencies
(xi) G Pain relief
(xii) G Performing immunisation

Resources

- Immunisation against Infectious Diseases, HMSO 1996
  ⇒ APLS course
  ⇒ Anaphylaxis Training Course
- Paediatric Advanced Life Support, American Academy of Paediatrics 1994

D. MANAGEMENT SKILLS

RCPCH C.1.2.

Skills

(i) G Time management
(ii) G Chairing meetings
(iii) G Teams/team building
(iv) H Managing a budget
(v) H Appraisal/IPR
(vi) G Information technology
(vii) G Health information
(viii) H Working with the media
(ix) H Health Economics
(x) H Service planning/evaluation

Resources

⇒ Attend a time management course

  ◊ Video-J Cleese “Meetings bloody meetings”
  ♦ Attachment to a team which reviews its working
  ♦ Attend meetings between clinical director and finance department
  ⇒ Attend appraisal/assessment/IPR course
  ≈ Tutorial programmes within word processing and database packages
  ◆ Spend time with local information officer in Health Authority, to understand sources and use of local data.
  * Produce a press release and handle local media calls.
  * Produce a local newsletter
  ⇒ Attend a specific media course
  ⇒ Attend local interview skills courses
- Management for hospital doctors, Ed Maurice Burrows Butterworth, Heinemann
<table>
<thead>
<tr>
<th>Skills</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) G Study design</td>
<td><strong>See population paediatrics section - qualitative &amp; quantitative methods</strong></td>
</tr>
<tr>
<td>(ii) G Statistical methods</td>
<td>⇒ Statistics module of an MSc course or attend a course</td>
</tr>
<tr>
<td>(iii) G Evaluation of published work</td>
<td>* Attend local journal club</td>
</tr>
<tr>
<td>(iv) G Presentation skills</td>
<td>≈ Present local audit results or research results.</td>
</tr>
<tr>
<td>(v) G Literature search</td>
<td>≈ Demonstrate ability to use medline/BIDS</td>
</tr>
<tr>
<td>(vi) G Clinical Audit</td>
<td>≈ Participate in 3 clinical audit projects</td>
</tr>
<tr>
<td></td>
<td>• Selection of topics</td>
</tr>
<tr>
<td></td>
<td>• Guidelines</td>
</tr>
<tr>
<td></td>
<td>• Audit cycles</td>
</tr>
<tr>
<td>(vii) G Writing Papers</td>
<td>• Users’ Guide to Medical Literature in:</td>
</tr>
<tr>
<td></td>
<td>♦ JAMA Vol. 270, 17:2093-2097 1993</td>
</tr>
<tr>
<td></td>
<td>• How to write a paper, by George M Hall, BMJ 1994</td>
</tr>
<tr>
<td></td>
<td>• Overview of research on the provision and utilisation of the Child Health Services by Sheila Roche &amp; Margaret Stacey, University of Warwick 1991</td>
</tr>
<tr>
<td></td>
<td>• NHS EL(95) October 1995</td>
</tr>
<tr>
<td></td>
<td>• Practical statistics for medical research by Douglas Altman, Chapman &amp; Hall 1991</td>
</tr>
<tr>
<td></td>
<td>• Qualitative evaluation &amp; research methods by Michael Quinn Patton, SAGE 1990</td>
</tr>
</tbody>
</table>
### F. TEACHING/LEARNING SKILLS

**RCPCH C.2**

**Skills**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Learning styles</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>G</td>
<td>Large and small group teaching</td>
<td>⇒ Attend local university lecturer induction course.</td>
</tr>
<tr>
<td>(ii)</td>
<td>G</td>
<td>Use of audio visual aids</td>
<td>* Supervised experience in teaching methods</td>
</tr>
<tr>
<td>(iii)</td>
<td>G</td>
<td>Appreciation of computer assisted learning packages</td>
<td>⇒ Course on the use of audio visual aids</td>
</tr>
</tbody>
</table>

### G. UK SERVICES

**RCPCH B.1.1.1.2**

#### 1. Healthcare services

**Knowledge**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Organisation of the NHS and management structure – national, district and unit – models and examples of different management structures</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i)</td>
<td>G</td>
<td>The history of the NHS, recent changes and their implications for child health services</td>
<td>Attachment to Trust executive team, GP Fundholder, Commission</td>
</tr>
<tr>
<td>(ii)</td>
<td>G</td>
<td>Purchasers and providers - the process of contracting</td>
<td>• *Health Care Rationing, A Bowling,*BMJ 312:670-691 1996</td>
</tr>
<tr>
<td>(iii)</td>
<td>G</td>
<td>The NHS R&amp;D programme - evidence based medicine</td>
<td>• <em>Child Health in a Changing Society,</em> Ed. John Forfar, BPA 1988</td>
</tr>
<tr>
<td>(iv)</td>
<td>G</td>
<td>Roles of professional groups in the NHS.</td>
<td>• <em>Fit for the Future - Donald Court</em> HMSO 1976</td>
</tr>
<tr>
<td>(v)</td>
<td>G</td>
<td>Moral and ethical implications of healthcare provision, priority setting</td>
<td>• <em>Children Act</em> 1989</td>
</tr>
</tbody>
</table>
2. Non-health care services

RCPCH B.1.1.1.8

**Basic Knowledge**

(i) G Local authority services
- Education
- Social Services
- Housing
- Environmental health

(ii) G Child care services - child minders, nurseries and respite care

(iii) G Benefits and entitlements

(iv) G Voluntary sector, knowledge of groups and roles, sources of information – local and national

(v) G Mechanisms of joint planning and working

**Resources**

- NCH Action for Children factfile
  - Annual publication
- Guidelines to good practice in extended day-care and play groups, Association of Pre-school Playgroups 1993
- Child Poverty Action Group publications, 1-5 Bath Street, London EC1V 9SY
- Crossing the boundaries - a discussion of Children's Services Plans - Paul Sutton NCB 1995
- Children Act and Disabled Persons Act

H. NATIONAL/INTERNATIONAL PERSPECTIVES

RCPCH B.1.1.1.9

**Skills**

(i) G Knowledge of role and policies and their relationship to UK issues in child healthcare.

(ii) G Government structure and policies – how they are decided and implemented

(iii) G The law and the child

(iv) G Economic policy and its effects

(v) G Social policy and its effects

(vi) G Organisations and management of health care

(vii) G Global issues/organisations: WHO UNICEF, European Union

(viii) G Structure & working of the RCPCH and BACCH

(ix) G Ethnic minority health needs

(x) G Racism in the health service

**Resources**

- Taking Children Seriously, Martin Rosenbaum & Peter Newell Calouste Gulbenkian Foundation 1991
- Facing the Figures, Radical Statistics, Health Group 1987
- Child Health Rights, BACCH 1995
- Child Care Law for Health Professionals, Judith Hendrick, Radcliff Medical Press, 1993
- UN Convention of the Rights of the Child.
- The State of the World’s Children - Annual Publication by UNICEF.
- Transcultural Medicine by Bashir Qureshi Klumer Academic 1994
I. POPULATION PAEDIATRICS

1. Screening and Surveillance
RCPCH B1.1.1.4

Basic Knowledge
(i) G Understand principles of screening
(ii) G Understand surveillance
(iii) H Methods of evaluation of screening and screening programmes
(iv) H Role of Child Health Surveillance/Promotion co-ordinator
(v) G Parent Held Child Health Record
(vi) G Knowledge of Child Health Computing Systems

Resources
- Health for All Children, 3rd Ed. 1996 David Hall, Oxford University Press
- Child Health Surveillance in Primary Care 1989 John Butler
- Health Needs of School Aged Children - Leon Polnay, BPA 1995
- Together for Tomorrow's Children BPA + FPHM, 1989
- Screening and Surveillance in General Practice - Hart and Burke, 1992

2. Immunisation & Communicable Disease Control
RCPCH B.6.

Basic Knowledge
(i) G Knowledge of local and national policy
(ii) G Knowledge of infectious diseases that are controlled by immunisation
(iii) G Detailed knowledge of all childhood immunisations
(iv) H Awareness of groups who do not agree with immunisations and their reasons
(v) H Knowledge of the role of immunisation co-ordinator
(vi) G Reporting methods
(vii) H Surveillance of infectious disease
(viii) H Principles of outbreak: investigation and control

Resources
- Immunisation against Infectious Disease 1996 - Dept Health Welsh Office Scottish Home and Health Dept - HMSO
- Red Book - Report of the Committee on Infectious Disease, American Academy of Paediatrics, 1994
- Attend specialist immunisation clinics or answer immunisation telephone line enquiries.
Specific Clinical, Technical and Management Skills

(ix) H Competence in the training of and giving advice to practitioners who give immunisations

(x) H Setting up and monitoring the immunisation service including Child Health Computing Systems

(xi) H Act as immunisation co-ordinator – attend national immunisation co-ordinator meeting and disseminate appropriate information to practitioners

(xii) H Review local uptake rates, analyse results and take appropriate action to improve immunisation uptake rates when needed.

(xiii) H Participate in teaching programmes for primary health care teams

◊ Nottingham video training package

- Standards for paediatric immunisation practices MMWR Vol 42/No RR-5. Approved by US Public Health Service 22-1-93
- HEA materials

3. Health Protection/Promotion/Education

RCPCH B.1.1.1.4

Basic Knowledge

(i) G Knowledge of principles of health promotion and role of health promotion department

(ii) H How to plan a health promotion initiative

(iii) H Awareness of local and national health promotion initiatives and community development e.g. Healthy cities, healthy alliances and voluntary agency work

(iv) G Awareness of programmes for high risk groups

(v) G Particular knowledge of health promotion and education in relation to injury prevention

(vi) G Basic Sociology & Psychology relating to children

(vii) G Confidentiality (consent)

Resources

- Health Promotion Disciplines & Diversities R. Bunton, McDonald Routledge 1992
- Guidelines for Health Promotion Series, Faculty of Public Health Medicine
- Health Promotion - Naidoo J + Wills J, Balliere Tyndall 1994
- Health of Young People, WHO 1994
- Undertake/participate and evaluate a health promotion/health education project
- Health of the Nation, HMSO, DOH 1992
- Health of the Nation, HMSO 1993 Key areas handbooks, HMSO
- Teenage family planning clinic

• Health Promotion Disciplines & Diversities R. Bunton, McDonald Routledge 1992
• Guidelines for Health Promotion Series, Faculty of Public Health Medicine
• Health Promotion - Naidoo J + Wills J, Balliere Tyndall 1994
• The Nations Health: a Strategy for the 1990’s Ed Alwyn Smith & Bobbie Jacobson, King Edward’s Hospital Fund for London 1989
• Health of Young People, WHO 1994
• Undertake/participate and evaluate a health promotion/health education project
• Health of the Nation, HMSO, DOH 1992
• Health of the Nation, HMSO 1993 Key areas handbooks, HMSO
• Teenage family planning clinic
Specific, Clinical Technical and Management Skills

(viii) G Liaison with health promotion departments and other groups involved in health promotion such as health visitors GPs, teachers and school nurses
(ix) G Lifestyle issues and their effect on health – smoking, alcohol, drugs, sex, exercise
(x) H Planning and implementing health promotion initiatives
(xi) H Advocacy and empowerment

♦ Health Promotion Dept
♦ Health education officer of local authority
♦ School health education advisor
• Alcohol and Young People, RCP/BPA 1995
• Smoking and the Young, RCP 1993
• Advocacy for Paediatricians - how to do it, BACCH Briefing Paper 1966
• The Fight for Public Health: Principles of Media Advocacy, Simon Chapman - BMJ 1994

4. Epidemiology
RCPCH C.1.3.

Basic Knowledge
(i) G Study design - strengths and weaknesses of different types of studies
(ii) G Control for bias and confounding
(iii) G Statistical analysis
(iv) G Sources of data and information handling including child health

Resources
♦ Work in Commission/Trust Information Department and be able to use routinely collected data for audit.
≈ Knowledge and experience of the use of deprivation indexes based on census data.
* Evaluate/audit some aspect of population based intervention e.g. PKU/TSH or a screening test.
⇒ Attend basic epidemiology module of MSc Course or equivalent.

5. Public Health Needs Assessment
RCPCH B.1.1.1.1, C.1.2.

(ii) H Assessment of population health needs
(iii) G Effectiveness and health economics of service provision
(iv) H Critical appraisal: setting the question finding the evidence evaluating published work applicability presenting the

• Simple Statistics Course Book for Social Sciences, Frances Clegg, Cambridge 1983
• Essentials of Medical Statistics, Betty Kirkwood Blackwell 1988
• Clinical Epidemiology David Sackett, Little Brown 1985
• Epidemiology for the Uninitiated, Coggon, Rose & Barker BMJ 1993
• Outcome Measurements of Child Health Allsop M, Colver A, McKinlay I - BPA 1989
• Basic Epidemiology, Beaglehole R - WHO 1993
(v)  G  Ability to use analytical software

- Epidemiology in Medicine, Hennekensch Bowing - Little Brown 1987
- Systematic Reviews, Chalmers I, Aitman DG - BMJ 1985
- Bandolier - endurance based healthcare. Available from Anglia & Oxford Authority on 01865 226132
⇒ Access to PC Software courses EPI-INFO.

J. SOCIAL PAEDIATRICS

1. The Disadvantaged Child

RCPCH B1.1.1.1

**Basic Knowledge**

(i)  G  Effect of family composition and networks on child health
(ii) G  Effect of housing, economic status, unemployment and stress on child health
(iii) G  Knowledge of housing policy and local authority services, including education
(iv) G  Know how to access benefit scheme and allowances
(v)  G  Knowledge of the different needs of urban and rural populations
(vi) G  Effect of culture, religion and ethnic background on child health including any special health issues for ethnic groups
(vii) G/H Understand effects of early vs late and short vs long term disadvantage
(viii) G/H Know about cycles of disadvantage and personal characteristics and circumstances associated with escape from disadvantage
(ix)  H  Know and understand strategies to prevent and respond to disadvantage
(x)  G  Knowledge of the agencies and services involved knowledge of where to obtain

**Resources**

- Refer to both national (CMO) and local annual reports of the Director of Public Health.
  ≈ Assess relevant statistics from OPCS: census data: morbidity and mortality
  ◇ Spend time in primary health care working in an area of social deprivation
  ◇ Clinics and school consultation in deprived areas
  ≈ Participation in healthcare plans for children “looked after”.
  ◇ Clinics in Social Services Day Centres
- Transcultural Medicine, Bashir Qureshi Klumer Academic 1994
  ◇ Visits to local social services family centres, centres for single mothers, voluntary groups working with the disadvantaged
  ◇ Sessions with a hospital social worker for children
- DSS leaflets “Which Benefit” (FB2) and “Bringing Up Children?” (FB 27)
- Child Poverty Action Group - benefit guidance
- Review The UN Convention on Rights of the Child
- The State of the World’s Children. UNICEF
social support

(xii) G Knowledge of voluntary groups/organisations e.g. National Children’s Bureau and individual charities

(xiii) H Advocacy - how to influence the political process

(xiv) G Ability to elicit accurate information about families social circumstances sensitively

(xv) G Ability to elicit accurate family tree and record it consistently according to recognised pedigree guide

(xvi) G Awareness of potential communication problems with people of different social, ethnic and racial backgrounds.

Annual Report

- Child Health Rights, BACCH 1995
- The NCH Factfile – Children in Britain National Children’s Homes 1991-95
- Polnay L, Community Paediatrics, Livingstone 1993
- Progress in Community Child Health, N Spencer, Churchill Livingstone 1995
- Townsend P and Davidson M, Inequalities in Health: The Black Report, Penguin 1982
- Child Poverty & Deprivation in the UK. Jonathan Bradshaw NCB 1990
- The Health Divide: Inequalities in Health in the 1980’s Margaret Whitehead HEC 1987
- Poverty and Child Health, Nick Spencer, Radcliffe 1996
- BACCH Briefing Paper : A “How to do it” guide to Advocacy, Summer 1996

Use of translation services - the pitfalls and advantages
2. Child Protection

RCPCH B.1.1.1.7

**Basic Knowledge**

(i) G  Know and understand various forms of child abuse

(ii) G  To be fully aware of various predisposing factors associated with abuse

(iii) G  Understanding of changes in approach to child protection

(iv) H  Knowledge of forensic medicine in particular related to sexual abuse

(v) G  Knowledge of sexually transmitted diseases, investigation and treatment

(vi) H  Knowledge of the role of covert video surveillance


(viii) G  Multi agency approach to child protection works and roles of the agencies involved

(ix) H  Consequences of child abuse strategies and agencies available to help children and families cope with child abuse

(x) G  Outcome for abused children

(xi) G  Understanding of role of designated health professional

**Specific Clinical, Technical And Management Skills**

(xii) G/H  Competence in diagnosis and medical management of child abuse

(xiii) G  Normal and abnormal genital findings

(xiv) H  Sexual abuse examination

(xv) H  Forensic sampling in relation to sexual abuse

(xvi) H  Competence in writing legal reports for police and case conferences/legal proceedings

(xvii) H  Competence and confidence

**Resources**

- *Working together under the Children Act 1991, HMSO*
- *Child Protection in Clarification of Arrangements between the NHS and other agencies. HMSO 1995*
- *Protecting Children - a guide for social workers undertaking comprehensive assessment HMSO 1988*
- *Child Protection - messages from research, HMSO 1995*

* Supervised assessment of cases of suspected child abuse within each category.

♦ Sessions at a child sexual abuse clinic, or observations of experienced doctors in individual assessments for CSA

◊ Review videos/slides of child abuse

♦ Local Child Protection Procedure documents

♦ Review reports prepared for social services and court by senior paediatricians.

* Supervised preparation of reports

♦ Session with a social worker responsible for child protection services, maintenance of the Child Protection Register

♦ Child Protection - medical responsibilities: DoH, BMA, Conferences of Medical Royal Colleges 1994

♦ * Attendance at and participation in 10 case conferences both initial and review.

♦ Attendance at local co-ordinating groups including area child protection committees, area review panels, family court group

⇒ Attend local multi-disciplinary training courses in child abuse.

♦ Sessions with child and family therapy team in treatment of children who have been abused.

♦ Sessions with social workers in treatment of children who have been abused.

♦ Session with county solicitor/local authority department.
in presenting evidence at case conferences and at court
Interagency liaison/networking
Organisation of district medical on call service to deal with referrals
Competence in training of related professional groups in recognition of possible child abuse
Knowledge of working of local child protection committee and child protection register

3. Adoption and Fostering

RCPCH B1.1.1.8

<table>
<thead>
<tr>
<th>Basic Knowledge</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Experience of the preparation and support of prospective adoptive parents and foster carers.</td>
<td>♦ * Be actively involved in assessing children for adoption and fostering and work with an experienced medical advisor, suggested minimum time one session per week for six months.</td>
</tr>
<tr>
<td>(ii) Assessment of implications of medical issues in prospective adoptive applicants.</td>
<td>♦ Attend a complete Panel meeting</td>
</tr>
</tbody>
</table>
| (iii) Understanding of the role of community paediatricians in assessment of physical developmental and emotional needs of children looked after away from home. | ♦ Access to structured reports prepared by an experienced medical advisor, physical, psychological and emotional. * Supervised assessment of children for adoption and preparation and presentation of reports to the adoption panel
⇒ Attendance at a preparation course for prospective adoptive parents, addressing issues of childlessness. |
| (iv) Understanding of the ways of recording health and developmental needs; legal requirements of the storing of health information. | * Supervised work in preparing and supporting adoptive parents in relation to children assessed by the trainee. |
| (v) Understanding of the common emotional and behavioural issues children looked after away from home. | * Supervised undertaking of assessments of children looked after by local authority |
| (vi) Capacity to respond to secure placement. | * Supervised undertaking of Boarded Out reviews addressing emotional issues |
| (vii) Preparation and support of foster carers | * Long term follow up of one or two children in foster and residential care
⇒ Involvement in training sessions for foster carers |
|                                            | * Supervised work in preparation and support of carers |
|                                            | • A child’s journey through placement, Vera Falberg; British Agency of Adoption and Fostering 1994 |
“Adoption and Fostering” (quarterly journal of British Agency of Adoption and Fostering).
⇒ • Membership of British Agency of Adoption and Fostering Medical Group (literature supplied, training sessions organised etc.).
• Good enough parenting - a framework for assessment, Ed Margaret Adcock & Richard White BAAF 1985
Planning in child care, Margaret Bryer BAAF 1988

K. DEVELOPMENTAL & DISABILITY PAEDIATRICS

1. General Principles

RCPCH B.1.1.1.5, B.2.1, B.2.2, B.2.3

<table>
<thead>
<tr>
<th>Basic Knowledge</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) G Good knowledge and experience of normal patterns of development and variants</td>
<td></td>
</tr>
<tr>
<td>(ii) G/H Awareness of the possible associated medical problems such as feeding difficulties and failure to thrive, constipation, orthopaedic and behaviour problems</td>
<td></td>
</tr>
<tr>
<td>(iii) G/H Knowledge of the role and management of the available services, agencies and the voluntary sector</td>
<td></td>
</tr>
<tr>
<td>(iv) G/H Roles of professions involved with children with disabling conditions including: -</td>
<td></td>
</tr>
<tr>
<td>- Physiotherapy (various approaches used)</td>
<td></td>
</tr>
<tr>
<td>- Occupational therapy</td>
<td></td>
</tr>
<tr>
<td>- Speech and language therapy</td>
<td></td>
</tr>
<tr>
<td>- Clinical and educational psychologist</td>
<td></td>
</tr>
<tr>
<td>- Orthoptist + ophthalmologist</td>
<td></td>
</tr>
<tr>
<td>- Orthopaedic</td>
<td></td>
</tr>
<tr>
<td>- Audiologist</td>
<td></td>
</tr>
<tr>
<td>- ENT orth and ophthal</td>
<td></td>
</tr>
<tr>
<td>- Social services</td>
<td></td>
</tr>
<tr>
<td>- Parent support groups/self help groups</td>
<td></td>
</tr>
</tbody>
</table>

‡ Undertake surveillance for 5 pre-school children
♦ Attend disability clinics with different Consultant Paediatricians
* Attend regular outpatient clinic seeing new referrals.
* Attend 3 multidisciplinary assessments
♦ Attend sessions with therapists
♦ Attend Child Development Centre
See Behavioural Paediatrics section
See Social Paediatrics section
♦ List local disability resources. Visit and understand roles and referral criteria
♦ Visit complimentary therapies e.g. osteopath and attend two multi agency planning meetings.
♦ Visit different Child Development Centres
• The Child With a Disability. Hall D & Hill P, Blackwell 1996
• Disability equality in the classroom, Mason + Reiser 78 Mildmay Grove London N1 4PJ
* Familiarity with OPCS, WHO, ICD10 and DSM4 classifications
* Audit using special needs register
⇒ Attend Education Act training
♦ Training sessions visit - regional aids and appliance centres
• a) D.F.E. “Code of Practice on Identification and
- Respite care facilities
- Other voluntary agencies

(v) G/H Knowledge and understanding of multi agency assessment and the different approaches and models used

(vi) G/H Knowledge and understanding of the different political and ethical issues involved in the care of children with disabling conditions. Parent’s views and children’s views of needs and services.

(vii) G/H Incidence/prevalence of disability

(viii) G/H Working knowledge and understanding of the Education Act and Children Act

(ix) G/H Knowledge and understanding of rehabilitation medicine including aids and appliances

(x) G/H Knowledge of educational medicine including SSENs, special schools; types, approaches and policies; roles of teachers and some knowledge of theories and methods of teaching

(xi) H Awareness of adolescent and young adult services, mechanisms of transfer of care, Care Plans

(xii) G Effect of disability on family functioning

Specific Clinical Technical And Management Skills

(xiii) G Effect on family of child’s illness and/or disability

(xiv) G Rational investigation and conditions at different ages.

(xv) G Communicating with parents and children

(xvi) G Good interagency management skills

(xvii) G Fundoscopic examination

(xviii) G Otoscopic examination

(xix) H Produce medical reports for Assessment of Special Educational Needs”.


- c) Polnay - Health Needs of School Age Children, Chapter 7, BPA 1995

≈ Write care plan for some adolescents with summary of medical past and future needs.

≈ Read consensus statements on medical investigations

≈ Review current assessment scales. Denver, Bailey, Griffiths, WISC, Vineland

≈ Develop competence in one or more scales ⇒ Counselling course

≈ Diagnostic Dysmorphology by Jon Aase Plenum 1990

Familiarity with:-

- ICD 10

- ICIDH

- Disability in Childhood - Towards Nationally Useful Definitions - BACCH/DH 1994

- Tutorials with paediatrician responsible for special needs Register
Educational statements
Identification of children with disability
- definition of disability
- data capture
- parental involvement in registration
- hardware & software
- data outputs
- sharing data with other agencies
- role of special needs register

2(a). Problems with learning
RCPCH B.2.6.

Basic Knowledge

General Learning difficulty

(i) Assessment and aetiology

Resources
- Smith’s recognisable patterns of malformation, Saunders 1988
- WISC, Bailey, Kaufman, Griffiths scales and observe their use and understand their significance
- Visit Portage. Opportunity Group
- Developmental Screening and the Child with Special Needs by Drillien + Drummond 1983
- Attachment to Educational Psychology
- Developmental/behavioural paediatrics Levine, Carey, Crock’s

2(b). Specific Learning Disabilities

(ii) - reading, writing, numeracy etc.
- genetics
- assessment scales
- explanation to parents/ teacher
- associated problems e.g. self esteem
- local resources

(iii) Know how autism and language

Resources
- Child & Adolescent Psychiatry: Modern Approaches, Rutter M, Hesor L-Blackwell 1993
- Genetics attachment
- Attachment to speech and language therapist
problems affect development and be able to discuss this with their teachers and parents and advise on management including behaviour.

(iv) Awareness of acquired language disorder such as Llandau-Kleffer or other epilepsy associated problems

3(a). Problems with movement

RCPCH B.2.5.

Basic Knowledge

Problems affecting motor development

- normal variations, rollers shuffles
- prematurity
- abnormal patterns
- severe visual impairment

Cerebral Palsy

- early diagnosis
- aetiology
- classifications
- assess severity and function
- assessment of other function e.g. vision/cognition in a child with CP
- rational investigation assessment and management of deformity
- knowledge of associated medical problems
- seating/mobility aids,
- communication aids
- local services, voluntary groups
- gait analysis

Resources

- The Child with Delayed Speech by Rutter & Martin - Mackeith Press 1972
- Learning & Behaviour Problems of School Children by Paul Dworkin - WB Saunders 1985

- Physiotherapy attachment
- Orthopaediatric Management of Cerebral Palsy, Eugene Bleck, Mackeith Press 1987
- Attend orthopaedic and orthotic clinics
- Physical Disability in Childhood - McCarthy GT - Churchill Livingstone 1996
- The Child with a disability, Hall D, Hill P. Churchill Livingstone 1996
- Visit ACE centres
- Visit special schools
3(b). Problems with co-ordination

**Basic Knowledge**

**The Clumsy child**
- understand possible aetiologies
- awareness of associated problems
- principles of assessment – sensory, integrative, and motor disturbance
- understand principles of management
- natural history

**The Ataxic Child**
- differential diagnosis
  static, progressive and intermittent disorders
- rational investigation
- management of individual disorders

**Resources**
- Occupational therapy attachment
- Neurology/physical disability module of MSc or equivalent

4. Loss of skills

**Basic Knowledge**

**Motor**
see movement disorders
see ataxic disorders

**Cognitive**
(i) Metabolic conditions-
  biochemistry/genetics investigations
(ii) Autism, Retts - identification and assessment
(iii) Psychosis/depression - recognition and principles of management
(iv) Abuse presenting as regression
(v) Illness behaviour & chronic fatigue syndrome
5. Problems of communication

RCPCH B.2.3

**Basic Knowledge**

**Language Delay**
- Common causes
- Assessment differentiation and articulation problems
- Associated problems
- Differentiation from more complex disorders

**Language disorder**
- Common causes
- Assessment differentiation
- Be able to take a skilled history of communication and language development
- Associated problems
- Differentiation from more complex disorders
- Know how autism and language problems affect development and be able to discuss this with their teachers and parents and advise on management including behaviour.
- Awareness of acquired language disorder such as Llandau-Kleffer or other epilepsy associated problem.

**Autistic Spectrum Disorder**
RCPCH B.2.7.4

Aetiology, assessment and management strategies

**Resources**
- Speech and Language Therapist attachment
- Reynell, watch this and other assessments
- European Journal of Disorders of Communication
- Autism, Explaining the enigma: Frith, Blackwell.
- Learn to use one of the standard interviews for autism diagnosis and assessment (e.g. ADI)
- Journal of Autism
- Why does Chris do That? - T Attwood, the National Autistic Society
6. Acquired Disability

**Basic Knowledge**
- common causes
- accidents
- CNS tumours
- encephalopathies

**Specific clinical, Technical and Management Skills**

Assessment of the acutely neurological ill child

---

7. Problems with Vision

RCPCH B.2.3, B.5.8

**Basic Knowledge**

(i) **G** Understand anatomy, physiology and principles of assessment of visual function

(ii) **G** Develop competence in the identification of visual disorders:
   a. red reflex
   b. following responses
   c. cover test
   d. acuity tests

(iii) **H** Develop competence in assessment of visual disorders referred from screening/surveillance programmes

(iv) **H** Understand the principles of management for reduced visual acuity and squint.

(v) **G** Understand management and appropriate investigation for cataracts, a mass behind the lens and tumours of the visual pathway

(vi) **H** Understand the development of the severely visual impaired child & treatments/therapies used.

(vii) **H** Understand effect on social motor & communication development

(viii) **H** Understand colour defects – their recognition and effects

**Resources**

- Attachment to neurological unit for children
- Attend head injury clinic

---

**Basic Knowledge**

(i) **G** Understand anatomy, physiology and principles of assessment of visual function

(ii) **G** Develop competence in the identification of visual disorders:
   a. red reflex
   b. following responses
   c. cover test
   d. acuity tests

(iii) **H** Develop competence in assessment of visual disorders referred from screening/surveillance programmes

(iv) **H** Understand the principles of management for reduced visual acuity and squint.

(v) **G** Understand management and appropriate investigation for cataracts, a mass behind the lens and tumours of the visual pathway

(vi) **H** Understand the development of the severely visual impaired child & treatments/therapies used.

(vii) **H** Understand effect on social motor & communication development

(viii) **H** Understand colour defects – their recognition and effects

**Resources**

- Chapter 6. Child with a Disability, David Hall 1996, Blackwell
  ⇒ Attend child health surveillance course
- Familiarity with tests of acuity
  - Stycar
  - Snellen
  - Sonksen Silver Acuity System
- Orthoptist sessions
- Ophthalmology sessions
- Attend surgical list for squint surgery
  ⇒ Reynell-Zinkin scales
- Sessions with advisory teacher for visually impaired
- Sessions in school for visually impaired
- Session with specialist resource centre for visually impaired
- A Guide to colour vision tests Pt 1+2, The Optician 4-20 by Janet Voke 1973
- Taking the Time - Telling parents their child is blind or partially sighted, RNIB 1996
  ⇒ SENSE courses
  ⇒ The Visually Impaired Child (Course run at Institute of Child Health, London)
on learning and career counselling

(ix) H Understand the unique problems of the deaf-blind child

### 8. Problems with hearing

RCPCH B.2.3, B.5.9

<table>
<thead>
<tr>
<th>Basic Knowledge</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>(iii) H Be able to assess children referred from screening/surveillance programmes using distraction, free field and close field techniques.</td>
<td>- Attend and assess children in secondary assessment clinics</td>
</tr>
<tr>
<td>(iv) H Understand principles of assessment and management of neurosensory hearing impairment hearing impairment investigation otoacoustic emissions, BAERs hearing aids communication aids role of speech therapy genetics cochlear implants</td>
<td>- Spend two sessions with teacher for the hearing impaired.</td>
</tr>
<tr>
<td>(v) G Understand principles of assessment, management of middle ear disease natural history tympanogram medical approach surgical approach alternative therapies</td>
<td>- Sessions in school for hearing impaired.</td>
</tr>
<tr>
<td>(vi) G Knowledge of secondary effects of hearing impairment on behaviour and language</td>
<td>- Read material from voluntary groups</td>
</tr>
<tr>
<td>(vii) H Knowledge and understanding</td>
<td>- Attend ENT clinics.</td>
</tr>
</tbody>
</table>

Resources:
- Attend audiology/hearing aid clinics
- Spend two sessions with teacher for the hearing impaired.
- Sessions in school for hearing impaired.
- Attend ENT clinics.
- Attend surgical list for grommets.
- Time with complementary therapists
- Attend course on acoustics; amplification and selection of hearing aids.
- Attend clinics/schools for multiply disabled children
- Visit education and social service provisions e.g. adult training centre, resources centres, etc.
hearing impairment in the multiply disabled child
- principles of assessment and management

(viii) G Understand relationships of health/social/educational voluntary sector organisations for hearing impaired people

9. Problems with Continence

Basic Knowledge

(i) G Know anatomy/physiology of bowel and bladder systems
(ii) G Understand stages of normal development
(iii) G Appropriately investigate and manage enuresis and encopresis

Resources

- A Guide to Enuresis Christina Blackwell
  ERIC (Enuresis Resource and Information Centre) 1989

L. BEHAVIOURAL PAEDIATRICS

RCPCH B.2.7

Basic Knowledge

(i) G Continuum of disturbance and methods of supporting parents and encouraging change in behaviour
(ii) G Know the roles of the members of the child and family counselling team.
(iii) G Know how to judge whether referral to child psychiatry / psychology services is appropriate/well timed
(iv) G Know what other health service resources are available to the families
(v) G Know how to apply a child psychiatry perspective to normal as well as abnormal illness behaviour as encountered in all aspects of child health

Resources

General Child Health Work
- Routine pre-school checks: 6/52; 8/12; 18/12; 3 year. Experience gained in recognition of normal patterns of behavioural development; recognition and management of common behavioural problems.
  ♦ Visits to social services day nurseries
  ♦ Regular clinical sessions, reviews and liaison with social services staff.
- School health reviews - both primary and secondary schools.
- General paediatric clinics and paediatric inpatient work.
- Clinics at schools/units for behaviourally disturbed children, including visits to residential schools.

Specific activities in behavioural paediatrics
  ♦ * Structured discussions with health visitors.
(vi) G/H Understanding of concept of therapeutic interventions used and perspectives in child psychiatry, psychology and psychiatric work work and an understanding of and use of the language of these disciplines

(vii) H Understand use of behaviour questionnaires

(viii) G Understanding of normal patterns of behavioural/ emotional development

(ix) G Knowledge and understanding of common behavioural / emotional problems and their management

(x) G Knowledge and understanding of drug and alcohol abuse

(xi) G Knowledge of the effects of stress at different ages and recognition of abnormal patterns

(xii) G Knowledge of normal and abnormal reactions to stress, bereavement, chronic illness and death

Specific Clinical, Technical And Management Skills

(xiii) H How to take a detailed well focused child psychiatry history

(xiv) G How to elicit painful information efficiently and sensitively

(xv) H How to carry out a mental state examination

(xvi) G Establish rapport under difficult circumstances

(xvii) G How to use and understand non-verbal communication

(xviii) G How to use crayons, paints, toys, plasticine and tapping imagination as means of communication

(xix) H Interpretation of play drawings etc.

(xx) H How to interview groups of

To include reviews of behaviour screening questionnaires and levels of advice/intervention offered by health visitors.

♦ * Sessions with child psychologist. To include structured discussions of normal and abnormal patterns of childhood behaviour; observing clinical practice in assessment and management of children with disturbed behaviour.

♦ Sessions with child psychiatrist. Observation of clinical practice in assessment and management of a range of psychiatric disorders. Discussions of psychiatric problems seen by the trainee.

♦ Attend family therapy clinics. Observation of family therapy for a variety of problems. Discussion with therapists of the models used.

♦ Attend enuresis/encopresis clinics.

♦ Attend urodynamics clinic

♦ Sessions with educational psychologist and educational welfare officer. Observation of assessments; structured discussions of behavioural problems in school.

♦ Visits to adolescent day treatment centre and in-patient adolescent unit

♦ Visit drug rehabilitation centre / Police unit for dealing with drug/solvent abuse e.g. area drug advisory service

♦ Visit to children's hospice/oncology team / home-care service for terminally ill

♦ Visit hospital play therapist

• Obtain information from self help and national groups

• Barker P., Basic child psychiatry. 6th edn. Blackwell science 1995

• ERIC manuals

• Garralda ME., Managing children with psychiatric problems. BMJ 1993

• Green C., Babies, Simon & Schuster 1988

• Green C., Toddler Taming, Vermillion 1993

• Hoare. Essential child psychiatry, Churchill Livingstone 1993


• Alcohol & Young People, RCP & BPA 1995

• Smoking & the Young, RCP

Review current literature on topics such
more than three (dynamics)

(xx) G How to be sensitive to opportunities for therapeutic intervention during history taking

(xxi) H Present interview in comprehensible and meaningful ways to colleagues, families and patients.

(xxii) H Basic skills in supportive psychotherapy, cognitive therapy, behaviour therapy, play and family therapy

(xxiii) H Assessment of self esteem & management of bullying

(xxiv) G Skills in managing difficult interviews, breaking bad news, angry parents

(xxv) G/H Assessment of self esteem & management of bullying

(xxvi) H Institutional/Community strategies to prevent behavioural problems

(xxvii) H Violence prevention strategies

as:

- Attention deficit hyperactivity disorder
- Autism, including screening
- Behaviour screening
- Post Traumatic stress disorder
- Substance abuse and deliberate self harm
- Emotional development
- “Behaviour can change”
- School bullying programmes
- Substances use
- Alternatives to violence programmes
- The Anatomy of Bereavement - Beverley Raphael, Unwin Hysion 1984
- Developing Parenting Programmes, Celia Smith National Children’s Bureau 1996
- Children and Violence: A report of the commission on children and violence.
- Olwens D, Bullying at School: What We Know and What We Can Do. Blackwell 1995
- Valerie Besag, Bullies and Victims in Schools: a guide to understanding and management OUP 1989
- BACCH Briefing Paper on Bullying 1996

M. Accidents and Injuries

RCPCH B.1.2

Basic Knowledge

(i) G Epidemiology of childhood injuries

(ii) G Common injuries such as burns, head injuries, accidental ingestion and fractures

(iii) G Sequelae of accidents

(iv) H Injury surveillance systems and use of their data

(v) H Identification and management of recurrent A&E attendees

Resources

* Join local accident prevention group
◊ Visit ROSPA

- Benson A, Collection and Documentation of accident data, CAPT 1993

- Robertson LS, Injury Epidemiology 1992, Oxford University Press
Effective intervention to prevent unintentional injuries

Specific Clinical, Technical and Management Skills

Liaison with accident and emergency departments with regard to training of staff, provision of child appropriate service and setting up of information systems

Competence in assessment and management of major accidental injury
Differentiation for NAI
Medico legal sequaelae

Oxford University Press

- Pless B, The scientific basis of injury prevention - a review of the medical literature, CAPT London
- Towner E et al, Reducing Childhood Accidents, HEA 1993
- Audit Commission 1996, By accident or design: improving A&E services in England and Wales
- BACCH Briefing Paper - Cars and Child Health 1996
- Effectiveness Bulletin, Accidental Injuries 1996
Notes
Acknowledgements

This syllabus was developed by Dr Simon Lenton with the assistance of Dr Emma Curtis and Dr Anthony Waterston.

Additional assistance was received from:

- Dr Jean S Davis
- Dr John Hedematt
- Dr Cliona Ni Bhrolchain
- Dr Allan Colver
- Dr Jason E Shorland
- Dr M P Wailoo
- Dr Valerie Shrub
- Dr Peter Sidebotham
- Dr Stuart Logan
- Dr Leslie Davidson
- Professor Stephen Jarvis
3. Competencies for SHOs, General SpRs & Higher SpRs in Community Child Health

Contents

3.1 Introduction
3.2 Overview
3.2 SHO Competencies
3.3 Competency at General SpR Level
3.4 Competency at Higher SpR Level

3.1 Introduction

This paper sets out a framework for training and assessment in community Child health and should be read in conjunction with the syllabus. In the ideal world it should read in conjunction with a commissioning framework describing the health needs of population and a description of the service to meet those needs. Following that description a series of job descriptions would be written each including the competencies required. The purpose of training would be to meet those competencies and so this paper follows that approach.

The competencies described are NOT the only ones needed; they are proposed to reflect important aspects of training. For competencies to be a useful tool for trainers and trainees the items chosen should be relevant to practice, agreed, valid, reliable and repeatable. This is not yet the case and the CPRG is working on developing valid indicators. Ideally when used at different stages of training there should be a clear progression of competence over a period of time. This should be documented in the trainees portfolio together with training experience, reviews and training plans.

Those individuals and centres providing training also need to be competent, and likewise robust methods to assess their performance need to be developed, but at the present time trainee feedback at the time of RITAs and inspection visits must suffice.
3.2 **Overview of Competencies in Community Child Health**

**Screening and Surveillance**

- **SHO** - Demonstrate competence in undertaking child health surveillance
- **GSpR** - Undertake an audit of a screening test of health promotion procedure
- **HSpR** - Introduce an element of child health surveillance practice, agree, implement evaluate and change

**Immunisation and Communicable Disease**

- **SHO** - Give advice to parents on indications and contraindications of vaccines
- **GSpR** - Manage “problem” immunisation histories/reactions
- **HSpR** - Manage an outbreak of disease or errors of immunisation practice

**Public Health/Commissioning role**

- **SHO** - Knowledge of NHS structure
- **GSpR** - Ability to critically review a published paper
- **HSpR** - Produce a review of effectiveness or demonstrate a case of need

**Child Protection**

- **SHO** - Ability to examine and document findings
- **GSpR** - Ability to produce and present a report for Social Services/Police
- **HSpR** - Ability to give an expert opinion using information from a variety of sources

**Disadvantage**

- **SHO** - Recognise health impact of disadvantage
- **GSpR** - Knowledge of and ability to make appropriate referrals to local agencies/services
- **HSpR** - Ability to advocate for children in need and disadvantaged groups
Adoption and Fostering

SHO - Knowledge of practice/procedures

GSpR - Ability to undertake and document comprehensive medical assessment of children looked after by the Local Authority

HSpR - Ability to present health assessment of children to be adopted at an adoption panel

Development/Disability - clinical

SHO - Knowledge of range of normal, ability to undertake developmental assessment

GSpR - Ability to clinically assess and record children with 'simple' disabilities (learning difficulties, Hemiplegia)

HSpR - Ability to clinically assess children with 'complex' disability (ASD, cerebral palsy with learning disability)
- appropriately investigate these children

Development/Disability - teamwork

SHO - Knowledge of professions allied to medicine

GSpR - Ability to write appropriate letters to PAM's

HSpR - Ability to chair multi-agency planning meetings

Behavioural Paediatrics

SHO - Knowledge of normal behavioural patterns

GSpR - Ability to assess and manage ‘simple’ behaviour problems. Make appropriate referrals to CAMHS

HSpR - Ability to assess and manage common behaviour problems in children with complex disabilities within the context of a multidisciplinary team

General Clinical

SHO - Ability to recognise an ill child and institute immediate, appropriate management and investigation.

GSpR - Appropriate assessment, investigation and management of common long term childhood conditions.
HSpR - Appropriate assessment, investigation referral and management of more complex childhood conditions.

- Appropriate advice to other agencies re management of common long term childhood conditions.

Information

SHO - Ability to access electronic data bases for clinical information

GSpR - Evidence of effective self directed learning. Ability to frame a question, conduct a literature search and critically appraise and evaluate results

HSpR - Ability to teach evidence based medicine

Self Learning

SHO - Recognise limits of own knowledge and act accordingly

GSpR - Ability to find and present relevant information for the investigation and management of a clinical problem

HSpR - ability to perform audit, write guidelines and achieve consensus amongst clinicians

Communication

SHO - Ability to engage with a child for the purpose of history taking and examination

GSpR - Ability to empathise with parents/carers and ascertain sensitive information

HSpR - Ability to break bad news and discuss difficult diagnosis

Ethics

SHO - Awareness of ethical issues in paediatrics

GSpR - Ability to participate in discussion of paediatric ethical issues

HSpR - Ability to lead discussion on paediatric ethical issues
3.3 **SHO Competencies**

**Child health surveillance**

**COMPETENCY:** To demonstrate competence in child health surveillance  
**Formal training** Recognized training course

**Practical experience**  
- Clinic sessions  
- Audiology  
- Orthopaedics

**Comments**  
*Practical experience* needed for all ages, including HV and GP clinics.

**Immunisation and communicable disease**

**COMPETENCY:** To give advice to parents on indications and contraindications of vaccines in children without complex medical problems.  
**Formal training** Introductory e.g. trust based course plus green book

**Practical experience**  
- GP clinics  
- School based clinics  
- Specialist clinics e.g. Paediatric OPD, chest, allergy

**Public health commissioning role**

**COMPETENCY** To understand NHS structure  
**Formal training** e.g. trust management introduction

**Practical experience** Observation of at least three professionals in Public Health roles, attendance at HA or Trust public meeting  
Reading of local Public Health annual report

**Child Protection**

**COMPETENCY** To examine children and document findings  
**Formal training** Local child protection procedures

**Practical experience** Observation of at least 3 CP examinations (min 1)  
Attendance at 2 case conference sessions (min 1)  
Multiagency planning meeting (min 1 child)

**Disadvantage**

**COMPETENCY** To recognize the health impact of disadvantage  
**Formal training** Theory or short researched project/essay, 2 written case histories to be discussed with trainer
Practical experience  Patch based observation over minimum three Socio-economic areas e.g. school based Social work assessments (minimum 1 child)

Adoption/fostering

COMPETENCY  To acquire knowledge of practice/procedures
Formal training  Legalities/Children Act

Practical experience  Fostering medicals (min 1 child) plus discussion Adoption medicals (min 1 child) plus discussion

Development and disability

COMPETENCY  To acquire knowledge of the range of normal and basic developmental assessment. To acquire knowledge of roles of professionals allied to medicine
Formal training  Awareness of developmental assessment techniques

Practical experience  Observation of secondary developmental assessments (min. 4 children) Supervised secondary assessment (min 4 children) MLD school session - SLD school session, - PH school session Observation physio./OT/speech/orthotic

Behavioural Paediatrics

COMPETENCY  Knowledge of normal behaviour patterns
Formal training  Course, trust teaching

Practical experience  HV visits for parenting skills Child and adolescent mental health sessions E.g. Clinical psychology, family therapy, individual therapy, music/play therapy, substance abuse session

General clinical

COMPETENCY  Ability to recognize an ill child and institute immediate, appropriate management and investigation. Covered in main by acute attachments, plus
Formal training  Introduction to general practice, community nursing, Day case assessment procedures.
Practical experience
- Ambulatory sessions
- General practice sessions
- GP/deputising on-call
- Children’s community nursing
- Information

COMPETENCY: Ability to access electronic databases for clinical information
Formal and practical Training
- IT skills (WP, spreadsheets, databases)
- Population systems
- Special needs registers
- Medline etc
- Parent held records

Self-learning

COMPETENCY: Recognize limits of own knowledge and act accordingly.
Training
Complete portfolio of training, experience, assessments, Discussions, needs (min hr/week for recording)

Communication

COMPETENCY: Ability to engage a child for the purpose of history taking and examination.
Training
- Observation experienced staff,
- Specific feedback sessions (1 per 6 month job) to include formal written
- Appraisal

Ethics

COMPETENCY: Awareness of ethical issues in Paediatrics
Formal training
- Reading and taught sessions where available
Practical experience
- 2 written reports of discussion of difficult cases
3.4 Competency at General Specialist Registrar Level

Screening and Surveillance

COMPETENCY Undertake an audit of a screening test of health promotion procedure
Formal experience Recognized audit training course
Practical experience Complete audit cycle
Comments

Immunisation and Communicable Disease

COMPETENCY Manage “problem” immunization histories/reactions
Practical experience Either performs immunization clinic or answers immunization queries on telephone
Comments

Public Health/Commissioning role

COMPETENCY Ability to critically review a published paper
Formal experience Undertake CASPE course or equivalent
Practical experience Review papers for journal club
Comments

Social Paediatrics

Child Protection

COMPETENCY Ability to produce and present a report for Social Services/Police
Practical experience Examine and document findings - 6 children
Write and present 2 child protection reports at case conferences
Attend family/criminal court
Comments

Disadvantage

COMPETENCY Knowledge of and ability to make appropriate referrals to local agencies/services
Practical experience Spend time with local agencies that work in deprived areas
Comments

Adoption and Fostering

COMPETENCY Ability to undertake and document comprehensive medical assessment of children looked after by the Local Authority
Formal experience Undertake basic course covering adoption and fostering
Practical experience Examine 5 children under supervision of adoption adviser
Comments

Development/Disability

A. Development

**COMPETENCY** Ability to clinically assess and write report for children with ‘single’ disabilities (learning difficulties, hemiplegia)

*Formal experience* Attend assessment course e.g. Griffiths
*Practical experience* Examine 20 children
Attend eye and hearing clinics
Knowledge of specialist assessment measures e.g. autism/vision
Behavioural assessment use of questionnaire
Link in multi disciplinary assessment (20)
Sit in on 5 assessments with PAM’s (5)
Knowledge/practical wheelchair, seating appliances
Feeding assessment for disabled children (5)
Benefits/voluntary services/respite care options (5)
Annual review/transition plans + complete medical advice (5)
Knowledge of Special Needs Register use

Comments

B. Service organization

**COMPETENCY** Ability to write appropriate letters to PAM’s

*Practical experience* Sample 5 letters to include in portfolio

Comments

Behavioural Paediatrics

**COMPETENCY** Ability to assess and manage ‘simple’ behaviour problems. Make appropriate referrals to CAMHS

*Formal experience* Tutorials and practical supervision - enuresis, Soiling. ADHD, temper, crying, sleeping problems, feeding

*Practical experience* Links with HV Home assessment
3.5 Competencies at Higher Specialist Registrar Level

Screening and Surveillance

COMPETENCY: Introduce an element of Child Health Surveillance practice, agree, implement, evaluate and change.

Attain by:
1. Ensure up-to-date knowledge of national recommendations
2. Attendance at meetings presenting new national guidelines.
3. Membership of Trust’s Child Health Surveillance and/or School Health Management working parties.
4. Allocation of specific task by agreement.
5. Managing the change and evaluation by leading a small working party over a 6-12 month period, overseeing implementation and auditing the outcomes.

Comments

Immunisation and Communicable Disease.

COMPETENCY: Manage an outbreak of disease or errors of immunization practice.

Attain by:
1) Ensuring up-to-date on national guidance.
2) Working with Trust Immunization Coordinator, possibly as a deputy, attending meetings and taking part in the rota to man the immunization advice line. Managing problems such as suspected faulty batches or unexpected reactions.
3) Observing the management of an acute public health crisis such as a meningitis outbreak and write and present a critique of the process and its outcomes.

Comments

Public Health /Commissioning role.

COMPETENCY: Produce a review of effectiveness or demonstrate a case of need.

Attain by:
1) Attachment to the Public Health Department for fixed sessions over a period of time in order to complete a project that evaluates the effectiveness of one health intervention contracted for including critical evaluation of the data collection system used.
2) Work with a planning officer, using epidemiological and health data, to demonstrate a case of need that should be contracted for. Write the business case together and follow it through.
Comments

Social Paediatrics.

a) Child Protection.

COMPETENCY Ability to give an expert opinion using information from a variety of sources.

Attain by:

1) Full knowledge of the local child protection procedures.

2) In cases of physical abuse and neglect, taking part in the on-call rota and assessing, writing a report, giving advice to Social Services and/or Police, attending case conference and court if necessary in at least 12 cases,

3) Child sexual abuse;
   a) Attending *Formal training* course including forensic training.
   b) Observing 2 joint interviews with social services and police.
   c) Observing 6 medical assessments.
   d) Doing 6 examinations under supervision.
   e) Attending 1 ACPC meeting.

4) Following through 3 children known personally to observe ongoing counselling work with social services or child guidance and write-up cases.

Comments

b) Disadvantage.

COMPETENCY Ability to advocate for children in need and disadvantaged groups.

Attain by:

1) Attending and playing active role in relation to known children at multidisciplinary planning meetings and local education placement panels. 6 cases.

2) Providing specialist advisory reports for
   - Educational Special Needs assessments.
   - Social Services.
   - Housing.
   - Respite care.
   - Disability Living Allowance.
   - Mobility Allowance.
   - Voluntary Agencies.
   On average, at least 6 of each.
3) Reviewing locality profiles, identifying areas of need and addressing with colleagues or commissioning groups.

Comments

C) Adoption and Fostering.

COMPETENCY Ability to present health assessments of children to be adopted at adoption panel.

Attain by:
1) Working for a fixed number of weekly sessions over a designated period with the Medical Adoption Advisor.
2) In at least 6 cases, assess and provide reports that are presented and discussed at the local panel by the Registrar.
3) In at least 6 cases, assess and provide reports on children accommodated or in-care.
4) Attend at least 1 BAAF national meeting and ensure familiarity with BAAF guidelines.

Comments

Development and Disability.

COMPETENCIES 1) Ability to clinically assess and appropriately investigate children with complex disability.
2) Ability to chair multi-agency planning meetings

Attain by:
1) Working in a patch or locality-based service area for 2 fixed sessions per week over the entire training period to ensure continuity and the establishment of professional and multi-agency lines of communication, with the following responsibilities;
   a) Taking an active role in locality referral meetings to the Child Development Service.
   b) Running a secondary child development clinic and evaluating.
   c) Setting health care plans for all complex children seen, initiating appropriate investigations and referral, reviewing and evaluating.
   d) Chairing case discussions on children with complex disability.
   e) Managing cases of chronic health need in partnership with community paediatric nurses.
   f) Managing challenging behaviour in partnership with colleagues.
   g) Taking the school medical officer role over a school year for 2 separate special schools to gain experience in at least 2 areas of disability, e.g. SLD and PD.
   h) Attendance at feeding clinics, orthotic clinics and wheelchair clinics with known children.
i) Attendance at joint clinics.
j) Attendance at a 2nd child development course to ensure at least knowledge of at least 2 methods of assessment e.g. Sheridan, Griffiths, Schedule of growing skills.
k) Attendance at courses for assessment of children with physical disability and visual impairment. Paediatric vision clinic attendance.
l) Attachment to audiology clinics, 1 session a week over 4-6 months
m) Neurology module, at least 6 sessions a week over a 6 month period
n) Genetic attachment over a 3 month period at referral and assessment clinics.

Comments

Behavioural Paediatrics

COMPETENCY Ability to assess and manage common behavioral problems in children with complex disabilities within the context of a multidisciplinary team.

Attain by:
1) Taking part in the management of children attending special clinics viz.; sleep, young child, attention deficit disorder and clinical psychology clinics. Attending 6 autism assessments.
2) Sitting on the SLD and Autism team or its district equivalent and managing children with challenging behaviour.
3) Working with the Child and Family Guidance team in a specific module, learning to manage challenging behaviours in school and home settings with emphasis on individual and family therapy.

General Clinical

COMPETENCIES 1) Appropriate advice to other agencies re management of common chronic childhood conditions.
2) Appropriate assessment, investigation, referral and management of more complex childhood conditions.

Attain by:
1) On-call and post-take ward rounds.
2) General paediatric clinics alongside consultant in community settings.
3) Management of common clinical problems in children attending the child development clinics and seen in special schools.

Information.

COMPETENCY Ability to teach evidence-based medicine.
Attain by: 1) Critiquing articles and data.
2) Running journal club for department.
3) Assembling teaching material and presenting.
4) Taking an active role in undergraduate and SHO teaching programmes.

Self-Learning

COMPETENCY Ability to perform audit, write guidelines and achieve consensus amongst clinicians.

Attain by: Designing at least 1 clinical audit proforma, carrying out, presenting and discussing data, implementing change and re-auditing.

Communication

COMPETENCY Ability to break bad news and discuss difficult diagnosis.

Attain by: 1) Course attendance.
2) Read Scope papers (and others) on parental perceptions of professional communications.
3) Clinic experience.
4) Discussion meetings with parents.

Ethics

COMPETENCY Ability to lead discussions on paediatric ethical issues.

Attain by: Discussions within journal club and within team. One day course or seminar attendance. Scheduling discussion of current issues within formal supervision sessions.
4. Portfolio

At all three levels, SHO, core specialist registrar and higher specialist registrar, the trainee will be expected to produce a portfolio of experience. An example is included as an appendix.

For each competency, the trainee should describe, clearly, how the competency has been achieved. The portfolio should include, therefore, under each competency heading:

1. Dated clinical sessions attended, form of session attended, supervisor at sessions (e.g. doctor, nurse, PAM, with indication of seniority)
2. Summary of cases seen, summary of discussions
3. Written work in the form of case histories and essays
4. Papers and books read, critical appraisal, audit projects, self-directed learning
5. External courses
6. Local courses and teaching sessions
7. Date of institutions visited with comments
8. Date of teaching of practical skills/techniques, trainer(s), number of times skill used with comments
9. Teaching of others including topic and summary of content
10. Research
11. Copies of written assessments on trainee
Guidance to the trainee on the use of this portfolio

This portfolio is your personal property for use throughout training in order to keep a record of your training.

The purposes of keeping a record of training in this way are as follows:

- To facilitate the supervision of your training in a way which ensures that you are able to seek guidance and opportunities appropriate to your experience and needs.
- To ensure continuity in your training when you move departments or work with a variety of supervising consultants.
- To support assessment of your progress at annual reviews.
- To facilitate the preparation of your curriculum vitae and other supporting material when undergoing job interviews.

Use of the portfolio is optional but you do need to document your experience. You may wish to maintain it on a computer or to keep a paper copy in a lever arch file.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training programme and task descriptions</td>
<td>4.4</td>
</tr>
<tr>
<td>Clinical record</td>
<td>4.12</td>
</tr>
<tr>
<td>Reflective journal</td>
<td>4.13</td>
</tr>
<tr>
<td>Project work record</td>
<td>4.14</td>
</tr>
<tr>
<td>Study leave record</td>
<td>4.16</td>
</tr>
<tr>
<td>Self directed learning</td>
<td>4.17</td>
</tr>
<tr>
<td>Audit projects</td>
<td>4.18</td>
</tr>
<tr>
<td>Presentations and publications</td>
<td>4.19</td>
</tr>
<tr>
<td>Training and research</td>
<td>4.20</td>
</tr>
<tr>
<td>Training record book</td>
<td>4.21</td>
</tr>
<tr>
<td>Record of achievement in competencies</td>
<td>4.22</td>
</tr>
<tr>
<td>Record of enrolment, RITA assessments and CCST date</td>
<td>4.23</td>
</tr>
<tr>
<td>Record of progress with examinations (MSc; Diploma; MRCPCH/other)</td>
<td>4.24</td>
</tr>
<tr>
<td>Current CV</td>
<td>4.25</td>
</tr>
<tr>
<td>Job description</td>
<td>4.26</td>
</tr>
<tr>
<td>Training correspondence, reports and other relevant material</td>
<td>4.27</td>
</tr>
</tbody>
</table>
Minutes of meetings with your trainer and a summary of your training objectives for the next 2 years or period of attachment.

**Training programme**

It is up to you and your trainer to decide precisely what form your training programme should take. It needs to outline a long-term (two years) plan for your training and a detailed short-term (three months) plan.

A suggested format is given on the following two pages but do please use whatever style of paperwork you and your trainer find helpful. If regular review is to be achieved it is probably most practical to stick to short notes and lists.

When you set yourself dates for review of the training programme you may find it helpful to make a note against that date in your and your service trainer’s diaries. You should keep brief minutes, and action points of meetings with your trainer in this section.

**Competency and objectives**

A competency is a statement of proficiency in an area. Objectives are the tasks that need to be completed before a competency can be claimed. The objectives should tie together parts of the BACCH Syllabus
A: BASIC DETAILS

Name of trainee:

Name of Secretary providing support to Trainer:

Name of Educational Supervisor:

Name of Mentor:

Name of Clinical Tutors:

Name of Regional Advisor:

Sessions/hours worked:
B: ONE/TWO-YEAR PLAN

Planned attachments/secondments/specialist modules:

Dates of reviews/upgrading interview/visits etc:

Continuing experience needed in:*  

Any areas where special emphasis is required:*  

Any areas where experience already sufficient:

Date completed:

Date for review/revision of two-year plan:

* These sections to be completed after discussion between trainer and trainee of past experience and training needs with reference to RITA assessment and progress against competencies in the Training Record Book.
C: THREE TO SIX MONTH PLAN

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing clinics/commitments:</td>
<td>(List with estimated dates for review or completion if possible.)</td>
</tr>
<tr>
<td>New work:</td>
<td></td>
</tr>
<tr>
<td>Ongoing academic training:</td>
<td></td>
</tr>
<tr>
<td>Participation in teaching:</td>
<td></td>
</tr>
<tr>
<td>Potential modules/attachments for future consideration:</td>
<td>(List)</td>
</tr>
<tr>
<td>Date completed:</td>
<td></td>
</tr>
<tr>
<td>Date for review/revision of three to six month plan:</td>
<td></td>
</tr>
</tbody>
</table>
Objective description (for each major objective in training plan)

Date: ..............................................................
<table>
<thead>
<tr>
<th>TO BE COMPLETED AT OUTSET</th>
<th>COMMENTS SIX MONTHS LATER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of objective:</td>
<td></td>
</tr>
<tr>
<td>Syllabus components:</td>
<td></td>
</tr>
<tr>
<td>Deadline and time to be devoted:</td>
<td></td>
</tr>
<tr>
<td>Intended benefits to trainee in terms of learning:</td>
<td></td>
</tr>
<tr>
<td>Intended benefits to the Department (if appropriate):</td>
<td></td>
</tr>
<tr>
<td>Sources of help and guidance:</td>
<td></td>
</tr>
</tbody>
</table>
**Task description (E X A M P L E)**

Date: ................................................................. 1/12/99

<table>
<thead>
<tr>
<th>TO BE COMPLETED AT OUTSET</th>
<th>COMMENTS SIX MONTHS LATER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of objective:</strong></td>
<td></td>
</tr>
<tr>
<td>To introduce Meningitis C immunisation</td>
<td></td>
</tr>
<tr>
<td><strong>How task was generated:</strong></td>
<td></td>
</tr>
<tr>
<td>DoH directive</td>
<td></td>
</tr>
<tr>
<td><strong>Stages of the process:</strong></td>
<td></td>
</tr>
<tr>
<td>1. Read background material</td>
<td></td>
</tr>
<tr>
<td>2. Form implementation group</td>
<td></td>
</tr>
<tr>
<td>3. Training of staff</td>
<td></td>
</tr>
<tr>
<td>4. Monitor</td>
<td></td>
</tr>
<tr>
<td><strong>Deadline and time to be devoted:</strong></td>
<td></td>
</tr>
<tr>
<td>Six months</td>
<td></td>
</tr>
<tr>
<td>About a day a week</td>
<td></td>
</tr>
<tr>
<td><strong>Intended benefits to trainee in terms of learning contract competencies:</strong></td>
<td>Outcome</td>
</tr>
<tr>
<td>Policy and planning/knowledge – existing services and future developments.</td>
<td></td>
</tr>
<tr>
<td>Improve knowledge about immunisation delivery</td>
<td></td>
</tr>
<tr>
<td>Health Service Evaluation</td>
<td></td>
</tr>
<tr>
<td>.</td>
<td></td>
</tr>
<tr>
<td><strong>Intended benefits to the Department/District:</strong></td>
<td></td>
</tr>
<tr>
<td>Health gain by reducing acute illness</td>
<td></td>
</tr>
<tr>
<td><strong>Sources of help and guidance:</strong></td>
<td></td>
</tr>
<tr>
<td>CCDC</td>
<td></td>
</tr>
<tr>
<td>Immunisation Co-ordinator</td>
<td></td>
</tr>
<tr>
<td>HEA materials</td>
<td></td>
</tr>
</tbody>
</table>
This section should record the clinics you have undertaken, the patient mix seen in the clinic and your clinical supervisor.

<table>
<thead>
<tr>
<th>CLINIC</th>
<th>PATIENT MIX</th>
<th>SUPERVISOR</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient follow-up</td>
<td>General</td>
<td>Dr.</td>
<td>Weekly</td>
</tr>
<tr>
<td>Neonatal follow-up</td>
<td>Infant</td>
<td>Dr.</td>
<td>Monthly</td>
</tr>
</tbody>
</table>
Reflective journal

This section should record clinical issues that have stretched your learning. It should include problem formulation, data/information analysed, intervention and outcome.
This section is for keeping a summary of the clinical work that you do during training. This will simplify the regular updating of your Curriculum Vitae and the completion of your logbook. Fill it in as you go along because it is difficult to remember dates once time has passed.

This record is intended to be a master list of clinical work that you undertake during your training. The previous section (training plan and objectives) differs in that it is more about planning work as you go along. Also the objectives are not necessarily completed for all the work that you do.

Some trainees choose to use the objective descriptions for “project work” and the work record documenting everyday experience. It is entirely up to you to choose how you use these sections.

When noting items in the Work Record you may also find it helpful to turn to the BACCH Syllabus and write the areas, which you feel this work has helped you with against the project.

For example

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Outcome e.g. report etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member Accident Prevention Forum</td>
<td>R - Preschool injury report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P - Setting priorities. Injury conference</td>
</tr>
</tbody>
</table>

PI = Publication  
R = Report          
Pr = Presentation  
Cs = Course        
Cf = Conference    
C1 = Clinic        
Wr = Ward Round
<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>REPORT etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Keep a record here of all study leave taken, and details of the purpose for which it was used. This should include MSc courses or modules. You should also record either educational events or lectures attended, even if they are not formally study leave.

<table>
<thead>
<tr>
<th>DATE</th>
<th>STUDY LEAVE</th>
<th>PURPOSE/EVENT</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other events**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TITLE</th>
<th>AUDIENCE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Self directed learning

This section should contain a description of books/papers read, critical appraisals undertaken, other self-directed learning experience.
Audit projects
Keep a list of all presentations made, the date and audience. Keep a list of all publications, including reports, peer reviews, articles, date and purpose of reports. Keep a copy of the reports in the file, if not too large, or maintain a separate file.

### Presentations

<table>
<thead>
<tr>
<th>DATE</th>
<th>TITLE</th>
<th>AUDIENCE</th>
<th>FEEDBACK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Publications

<table>
<thead>
<tr>
<th>DATE</th>
<th>TITLE</th>
<th>AUDIENCE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Keep a record of all research and teaching experience. Formal tuition in these areas should be recorded. Experience in curriculum development and examination setting and marking should be recorded. Progress towards any higher degrees should be recorded here. For research this will include initiating research projects and writing grant applications, as well as original data collection and analysis.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC</th>
<th>AUDIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In this section you should keep the BACCH Syllabus & logbook.
In this section you should keep a short one- to two-page record of how you achieved the required competencies of each of the areas in the training logbook. Core competencies are defined but feel free to develop the concept to meet your own needs. This will be required at your next assessment.

<table>
<thead>
<tr>
<th>COMPETENCIES</th>
<th>KNOWLEDGE</th>
<th>ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of experience in that area</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Record of enrolment, RITA assessments and CCST date

This section is for filing the written records of your enrolment for specialist training with the College, details of your RITA assessments and their outcome, and your expected CCST date and any changes to it.

The format allows you to keep a summary sheet, which records the date and nature of appraisals, with the fuller paper records filed behind this.

For example:

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION OF ASSESSMENT/APPRaisal</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/09/99</td>
<td>Enrolment with College CCST date: 31/8/04</td>
</tr>
<tr>
<td>09/05/00</td>
<td>First annual review. RITA Form C. Summary of outcome at review.</td>
</tr>
<tr>
<td>12/05/01</td>
<td>Second annual review. RITA Form C. Summary of outcomes.</td>
</tr>
</tbody>
</table>
Record of progress with examinations

(MSc; Diploma; MRCPCH/other)
Keep a current version of your CV in this section.
Job description

Keep your job description here for easy reference.
Training correspondence, reports and other relevant material
5. Accreditation Report for Community Child Health Training Centres

Criteria for accreditation of training centres for higher specialist training in community child health

These criteria should be used for inspection visits by Regional Advisers and deputies of the CSAC in community child health

I. General Information:

Date of visit: ___  ___  ___

Name of centre: ________________________________________________________________

Deanery: ________________________________________________________________

Trainees:

Number in district: ________

Number interviewed: ________

SpR Years: 3  4  5  6 (please circle)

Trainers: (HST/CCH)

Number in district: ________

Number interviewed: ________

Programme Coordinator: Y / N

Facilities

1. Office: Y / N
2. Own desk: Y / N
3. Computer with internet access readily available: Y / N
4. Designated secretarial support: Y / N
5. Library with appropriate community child health books and materials Y / N
6. Clinical facilities: community based: Y / N
7. Hospital based: Y / N

Assess adequacy of clinical facilities in terms of appropriateness for children, for general physical examination, developmental assessment (equipment), child protection assessment, nursing support, etc.

- Community facilities adequate: Y / N
- Hospital facilities adequate: Y / N

Comment:
II. Training

II.1 Nature of training posts: Purely community Y / N  
               Integrated          Y / N  
               Acute on-call      Y / N  
               Rota
Comment:

II.2 Training Structure of Specialty Areas:

   Modular     Y / N
   Self structured      Y / N
   Other

II.3 Attachments available:
   Child and adolescent psychiatry   Y / N
   Multidisciplinary team    Y / N
   Child development centre       Y / N
   Child public health/epidemiology  Y / N
   Child sexual abuse     Y / N
   Paediatric neurology     Y / N
   Psychiatry of learning disability  Y / N
   Audiology         Y / N
   ENT, eyes           Y / N
   General practice    Y / N
   General paediatrics Y / N
   Specialist paediatric (e.g. resp, GI)  Y / N
   Other - please specify

II.4 Time spent in:
   Specialty module
   Community
   Research
   (note no. of sessions and % of sessions available)

II.5 Defined educational objectives for attachments:     Y / N
   Reviewed         Y / N
Comment:

II.6 Defined educational objectives for community training: Y / N
   Reviewed         Y / N
Comment:
II.7 Involvement in school health  
Y / N  
Comment: (team working, SEN work, mental health, health promotion)

II.8 Liaison work with social services and the LEA:  
Y / N  
Comment: ________________________________________________

II.9 Attendance at community team meetings:  
Y / N

II.10 Involvement with voluntary sector/com. development:  
Y / N

Comment: ________________________________________________

II.11 Structured registrar training programme:  
Y / N

Frequency:  __________________
District or deanery  
Review syllabus  
Based on BACCH syllabus  

Y / N

Comment: ________________________________________________

II.12 Research:  
Training in research methods  
Protected time:  Y / N
Research supervisor:  Y / N
Prepared projects:  Y / N

Y / N

Comment: ________________________________________________

II.13 MSc  
Available:  
Y / N

Comment: ________________________________________________

II.14 Management Training:  
Available  
Attachment  Y / N
Taught course  
Involvement of SpR in decision making  
Y / N

Y / N

Comment: ________________________________________________

II.15 I.T. Training:  
Available  
Y / N

Comment: ________________________________________________

II.16 Involvement in teaching:  
undergraduate  
postgraduate  
Y / N

Y / N

Comment: ________________________________________________

II.17 Study Leave:  
Appropriately available:  
Y / N

Comment: ________________________________________________
III. Supervision Structure

III.1 Identified supervisor Y / N
    Identified mentor Y / N
    Frequency of meetings __________________

III.2 How is the appraisal done?
    Planned, repeatable structure Y / N
    Use of other staff Y / N

III.3 Use of portfolio Y / N
    Comment: ________________________________________________

III.4 Use of syllabus Y / N
    Comment: ________________________________________________

III.5 Trainers’ assessment of programme:
    ____________________________________________________________________________
    ____________________________________________________________________________
    Satisfaction Rating:
    1  2  3  4  5
    Poor  V.good

III.6 Trainees’ assessment of programme:
    ____________________________________________________________________________
    ____________________________________________________________________________
    Satisfaction Rating:
    1  2  3  4  5
    Poor  V.good

III.7 CSAC Rep.’s assessment of programme:
    ____________________________________________________________________________
    ____________________________________________________________________________
    Satisfaction Rating:
    1  2  3  4  5
    Poor  V.good
Other comments
Section 2.

COMMUNITY CHILD HEALTH JOB DESCRIPTION

Contents:

1. Outline Job Description p 2-4
2. Clinical Duties p 5-7
3. Personal Specification p 8

October 2002
1. Outline Job Description for Consultant Paediatricians with a special interest in Community Child Health (CPCCH)

**Job summary**
- One sentence on “what this job is about” – main duties/responsibilities
- How this post came about
- new
- service reconfiguration
- retirement
- Clinical base

**A Geographical/Overview**
- The Paediatric/Child Health department provides services to……
- Works closely with the following Trusts/Services who provide……
- The following Local Authorities overlap the geographical boundaries……
- Health Services are commissioned from……

**The Trust Profile**
- Size of the Trust
- Directorate Structure
- Other services provided

**Community Child Health Department**

Brief population overview – numbers of children, schools, unique features of the clinical area – ethnic mix, socio-economic status etc. A description of how the department works – who does what. A structure could be:

**Public Health**
- immunisation, child health promotion, screening programmes, injury control

**Disability Services**
- preschool, school, transition to adulthood

**Social Paediatrics**
- child protection, fostering + adoption, children in need

**Behavioural Paediatrics**
- interface with child + family guidance, ADHD, liaison with education.

**Long Term Illness**
- palliative care, specialist clinics, liaison with tertiary services etc.

**Other lead duties**
- Medical education, clinical governance etc

**Miscellaneous**
- Internal CPD arrangements, management meetings, clinical directorate structure
Staffing and facilities structure in Community Child Health
- Staffing structure community, consultant + non consultant
- Patch responsibilities
- Special interests/responsibilities
- bases
- offices
- beds
- facilities
- other unique features e.g. academic facilities
- nursing staff
- professionals allied to medicine
Trainees in the department

The Paediatric/Hospital Department
- Staffing structure – acute, consultant + non consultant
- Patch responsibilities
- Special interests/responsibilities
- bases
- offices
- beds
- facilities
- other unique features e.g. academic facilities
- nursing staff
- professionals allied to medicine
- Relationships with tertiary services
Trainees in the department

Future plans for the Community Child Health department
- Relationships with PCG/Ts
- Relationships with Hospital departments
- Relationships with LA services
- Relationships with CAMHS teams
- Other new developments

Responsibilities of the post
a) Clinical responsibilities:
   i) general
   ii) specialist
b) Management responsibilities
c) Education and training responsibilities – including trainee supervision, audit/clinical governance responsibilities
d) Research opportunities/expectations
e) Other duties
f) Lines of accountability and review
   i) professional
   ii) management
   iii) other
g) On call commitments - community and hospital
h) General
   - clinical leadership
   - set standards
   - supervision of trainees
- committees
- working with other agencies

**Lines of accountability**

- Reports to Clinical Director
- Responsible to Chief Executive via Medical Director

**The Job Plan**

One month plan
Indication of fixed clinical sessions
List of other duties in flexible sessions
On call arrangements (and ward round expectations at weekends)
Arrangements for job plan review ie performance review

**The Appointment Process**

- Eligibility
- Timescale

**Study Leave and Continuing Professional Development Opportunities**

**Administrate/Secretarial Support/Office Arrangements/IT Support**

**Person Specification**

- GMC
- Professional qualifications
- Experience
- Driving Licence

**Conditions of Service**

- Residence
- Removal Expenses
- Start Date
- Salary
- Holiday entitlement
- Sick pay arrangements
- Travelling expenses
- Job Share Opportunities

**Medical Examination/Screening**

**Rehabilitation of Offenders Act Statement**

**Contact Points**

- Clinical Director
- Medical Director
- Chief Executive
Clinical duties to be included in a job description for a Consultant Paediatrician in Community Child Health

JOB SUMMARY

The Consultant Paediatrician in Community Child Health (CPCCH) is accountable to the Trust Board for the provision of consultant services in community child health to support the contractual commitments of the Trust to service purchasers. This includes providing clinical leadership, setting standards of clinical care, offering professional advice to Local Authorities, PCGs/PCTs and other commissioners, and promoting closer integration of primary and secondary health care services for children.

The CPCCH provides clinical care for children within the x area of the x Health District, and also has a district-wide responsibility for x and for developing innovative ways of improving their health.

JOB RESPONSIBILITIES

1. General

♦ Provides clinical leadership
♦ Sets standards of clinical care
♦ Has a responsibility for teaching and training
♦ Promotes integration between primary and secondary care services
♦ Provides preventative health care
♦ Offers professional advice to Local Authorities, PCG/Ts and other commissioners.
  Initiates and undertakes research and audit.

2. Clinical Duties

♦ Sees children and families referred from child health surveillance programmes. Sees children referred by general practitioners for a second opinion
♦ Works with child and family counselling service for medical assessment
♦ Assesses children under the 1981 Education Act
♦ Assess children where there are child protection concerns by Police or Social Services
♦ Ensures high standards of clinical care by providing clear standards, providing advice and encouraging audit
♦ Co-ordinates medical opinion in the best interests of patient care
♦ Provides clinical support for all those providing community child health services, including nursing and professions allied to medicine
♦ Identifies unmet need and contributes toward the development of service provision to meet that need

This work will be performed in a variety of settings, eg. school clinics, opportunity groups, health care centres, and hospitals.
3. Special interest
   ✦ See detailed proforma

4. Management Responsibilities
   ✦ Responsible for the management of community child health doctors working in the x patch
   ✦ Creates and maintains effective and efficient multidisciplinary secondary health care team
   ✦ Provides clear standards and encourages high quality care
   ✦ Works within the Trust providing clinical advice
   ✦ Represents child health opinion in the joint planning committees in x
   ✦ Chairs local childrens services planning forum

5. Training and Teaching
   ✦ Supervises the training of doctors and medical students in the Community Child Health Service
   ✦ Participates in GP training especially in child health surveillance
   ✦ Participates in the training of nursing staff, professions allied to medicine and voluntary groups
   ✦ Participates in education and social services staff training
   ✦ Participates in university undergraduate and postgraduate teaching
   ✦ Participates in police and ambulance staff training

6. Integration of Services
   ✦ Provides links between hospital, community and primary health care teams
   ✦ Promotes co-ordinated care between Local Authority agencies with children and families
   ✦ Develops links with the University

7. Preventative Health Care
   ✦ Initiates and participates in the evaluation of preventative health care strategies
   ✦ Provides medical input into primary, secondary and tertiary prevention services

8. Local Authority: Advice

   Education Department
   - Child health advice in schools
   - Education Act 1981 administrative procedures
   - Education psychology services
   - Work with portage groups

   Social Services Department
   - Area child protection committee
   - Child protection training steering group
   - Child protection review panel
   - Disability services
PCG/Ts and Health Authority

- Accreditation for child health surveillance
- Development of clinical standards
- Clinical Audit

♦ Voluntary Groups

- Supporting development and feedback on reports

9. University/ Research

♦ Researches into health consequences of poor social environment (intra or extra familial)
♦ Supervises postgraduate students undertaking research projects on health issues in childhood
♦ Lectures on child health topics
♦ Encourages relevant research within the health service
♦ Encourages and supervises community health staff and others in research work, research may be supported through BURP
♦ Conducts audit and presents findings to paediatric audit committee

WORKING RELATIONSHIPS

The CPCCH is one of employed by the Trust. Overall clinical leadership for the service is exercised by the Clinical Director, who is accountable as Head of Service to the Chief Executive for ensuring the proper co-ordination of consultant activity and management of resources.

The CPCCH works closely with managers and staff of other professional disciplines, and also with senior managers of the Trust in developing plans for service improvements and their implementation. The CPCCH also collaborates with managers of the Wiltshire Health Care Trust in ensuring the effective delivery of day to day care to children in Wiltshire.

ACCOUNTABILITY AND REVIEW

The CPCCH is ultimately accountable as a Chief Officer to the Trust Board, by whom he/she is appointed and dismissed. Management responsibility is exercised on behalf of the Trust Board by the Medical Director, to whom the CPCCH is accountable for purposes of Trust employment policies and procedures. This post is subject to the terms and conditions of the Trust, and the CPCCH is expected to observe agreed policies and procedures of the Trust, which will be drawn up with professional consultation on clinical matters.

The CPCCH is also expect to observe the standing orders and financial instructions of the Trust in carrying out management responsibilities, and to follow local and national employment and personnel policies and procedures.

The Medical Director agrees with the CPCCH appropriate job plans on an annual basis, and monitors performance in carrying them out.

The job description for this post will be subject to regular review and to appropriate modification by mutual agreement with the Head of Service and Medical Director.
<table>
<thead>
<tr>
<th>3. Person Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Person specification</strong></td>
</tr>
<tr>
<td><strong>Essential</strong></td>
</tr>
<tr>
<td><strong>Qualifications</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Experience</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Knowledge and skills</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Academic</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Management</strong></td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
</tbody>
</table>

*To be altered to meet the requirements of the particular post*