

# SPECIFICATION FOR BASIC VOCATIONAL TRAINING IN PAEDIATRICS AND CHILD HEALTH

## 1.0 PREAMBLE

This specification describes the requirements for basic physician training in paediatrics and child health. It is based on the handbook 'Requirements for Physician Training, Paediatrics and Child Health' published by the Royal Australasian College of Physicians (RACP), 2004, 'and additional information provided by the College, its members, and other information sources.

This training leads on to advanced training in paediatrics and child health which is described in a separate specification, *Advanced Vocational Training in Paediatric and Child Health*.

In this specification, the term 'registrar' means registrar in training as defined in Section 3.1 Registrar Eligibility.

Other terms are defined in the CTA Head Agreement and/or Service Agreement.

## 2.0 DESCRIPTION OF SERVICE

The RACP describes basic paediatric physician training as a minimum of 36 months of clinical and educational experience from the time of graduation, 24 months of which must be in the paediatric disciplines and covers the areas considered as essential knowledge and experience for an intending paediatrician. Training may be commenced during the PGY2 year, if he/she obtains an appropriate position in an accredited hospital.

During the period of basic training the registrar should build on the knowledge, attitude and skills acquired during medical school and in the prevocational postgraduate years, to acquire a broad knowledge of the theory, practice and principles of paediatric medicine, and develop a satisfactory level of clinical competence that will equip them for advanced training. The achievement of this will be tested by the Written and Clinical Examinations. This requires clinical and other educational opportunities in a supportive learning environment, with both career guidance and guidance on learning techniques available during the course of this training.

The programme should introduce the wider aspects of vocational training including effective service delivery, resource management, health policy and population health.

Trainees will gain experience in follow-through of patient care both in in-patients, from initial presentation and admission through to discharge, and of outpatients.

At a national level, the RACP Committee for Paediatric Physician Training assesses the adequacy of the training of those preparing for the FRACP examination (basic paediatric physician training). Registrars are eligible to apply to sit this examination near the end of their second year of basic training. The examination may be sat from the third year of basic training onwards. However, if a basic trainee is successful in both the Written and Clinical Examinations, advanced training cannot commence until 36 months of Basic Training has been completed.

A local Director of Basic Paediatric Physician Training is appointed by the RACP in each accredited hospital and has responsibility for general oversight of the training programme, planning and co-ordination of the learning opportunities for the registrars (including mentor arrangements), and verification of the training experience of individual registrars to the College's Committee for Paediatric Physician Training (CPPT)

The knowledge and skills of the registrars are assessed by the FRACP examination.

## **2.1 LEARNING ENVIRONMENT**

Training is on the basis of both apprenticeship and formal teaching in an environment of excellence. The principles of adult learning apply to both models. The example set by senior medical staff and other staff strongly influences the quality of the learning experience. This requires both good role modeling by the supervisor and active participation by the registrar, with critical feedback given positively in both directions at appropriate times.

Learning takes place in clinical settings (wards, outpatient departments and ambulatory care clinics), and includes access to regular continuing medical education sessions such as journal clubs, grand rounds, departmental meetings and research seminars provided by the employer for the benefit (ongoing education) of all medical staff. An environment of excellence in these activities is an important element of training.

Knowledge is advancing quickly in medicine, and therefore one of the important elements of training is to gain self-directed learning skills to enable registrars to keep up with, and critically evaluate, current practice and scientific information. These skills form the basis of lifelong learning.

The training includes development of specialist medical professional competence and wider aspects of vocational training.

The more specific professional training experiences which basic registrars require to prepare themselves for the FRACP examination include developing:

- A thorough grounding in the theory and practice of paediatric medicine.
- High levels of skill in history taking, physical examination, diagnosis, therapeutics and rehabilitation.
- Excellent skills in communication with patients, their relatives/caregivers and other health professional staff including general practitioners.
- Skills in collation and presentation of clinical information for peer learning.
- An ability to identify medical problems and develop strategies for their solution.
- Responsibility for total management of patients in paediatrics and child health.
- An ability to work as part of a multidisciplinary team including appropriate referral to other health professionals and delegation to junior medical and other staff.
- Expertise in the efficient organisation of patient care, including discharge planning and effective communication with those having ongoing responsibility for the patient (general practitioners and other primary health care providers).
- Understanding of the application of evidence-based guidelines, including technology assessment.
- Understanding of the importance and practical application of quality assurance and monitoring of outcomes to maintain standards and improve efficiency.
- Skills in critical appraisal and assessment of medical literature.

Overall objectives for training will be provided to registrars and supervisors, and performance assessed against these objectives at regular intervals throughout training. These objectives may be met through clinical placements, formal teaching, and other educational opportunities.

Registrars shall be released from service to attend theoretical training, and receive supervision and training, and are expected to keep a log-book which should be examined by the Supervisor of Training at a minimum of three monthly intervals.

Standard of Practice: Trainees and Fellows will be expected to practise in a manner that is consistent with Medical Council of New Zealand standards of clinical competence, cultural competence and ethical conduct.

### **2.1.1 Clinical Supervision**

#### ***General Requirements***

Clinical placement of a registrar shall be to a clinical team with responsibility for patients in the specialties of paediatrics and child health on either an inpatient or ambulatory basis, or both.

These placements must be designed to develop a graded responsibility through each training year.

The range of clinical duties will be sufficient to allow the training objectives to be met, or supplementary sessions will be arranged in order to comply with all training objectives.

Support will be available for registrars to attend prescribed courses of study and tutorials directly related to the training programme. This responsibility is shared between employers and registrars and is likely to be four hours per week of employed time.

The principles of culturally appropriate care shall be applied to all aspects of clinical practice.

A knowledge of, and good practice in, medico-legal and ethical aspects of professional practice is also a requirement of training.

Workplace safety issues are the responsibility of the service provider and will apply to all registrars.

### ***Specific Requirements***

To meet the outcomes of the programme all registrars and supervisors must receive and agree on specific educational objectives for each individual placement. Evaluation of the placements and assessment of registrars' progress are measured against these objectives.

There is a minimum of 24 months core training in paediatrics and child health, of which:

- Not less than 12 months shall be in a hospital with full accreditation by the RACP.
- At least six months shall be spent in general paediatrics (ie, not specialty paediatrics);
- Not more than six months may be spent in any particular specialty.
- No more than three months may be spent on a full night duty service in paediatrics, rotating night duties as a part of a predominant day-focused rotation are not included in this three months;
- No more than three months may be spent on a relieving roster in paediatrics;
- No more than three months on paediatric surgery,

The remaining 12 months can be spent in paediatric medical rotations.

The DPPT may also allow, if in the opinion of the DPPT the terms have adequate supervision and provide good experience:

- Up to six months in emergency medicine;
- Up to six months in internal medicine;
- Up to six months in supervised research;
- Up to six months in obstetrics
- Up to six months in supervised general practice;
- Up to three months in each of night duty and relieving roster (paediatric rotations).

Training is focused on gaining sufficient knowledge and experience to pass the FRACP examination, and on developing broad-based skills appropriate to a specialist paediatrician.

### **2.1.2 Formal Teaching Programme**

Formal teaching is organised and delivered by appropriately skilled and experienced staff, applying currently accepted educational principles to the teaching programme.

Support will be available for supervisors to prepare for tutorials directly related to the training programme.

Training should be available for clinical and educational supervisors and teachers on current teaching and learning principles and techniques.

The structured educational programme provided in a currently recognised educational format should be a minimum of 120 hours per year duration (e.g. four hours per week for 30 weeks).

All registrars and supervisors must receive a copy of the relevant handbook.

The principles of culturally appropriate care shall be applied to all aspects of clinical practice.

A knowledge of, and good practice in, medico-legal and ethical aspects of professional practice is also a requirement of training.

Workplace safety issues are the responsibility of the service provider and will apply to all registrars.

### **2.1.3 Access to Resources**

To meet the objectives of the training programme, the registrar requires access to general facilities and resources which include:

- A library, containing recognised texts and a relevant range of current journals, ideally with a computerised database.
- Facilities for teaching in a clinical setting.
- Facilities for meetings and teaching sessions.
- A quality assurance programme.
- A structured learning programme.
- Audio-visual teaching equipment.

A broad range of clinical staff are expected to have input into the registrar's learning experience.

## **2.2 SUPERVISION**

There is a local Director of Paediatric Physician Training (DPPT) appointed by the RACP in consultation with hospital management in each accredited hospital who has overall responsibility for the training programme. In addition, there are clinical supervisors and other contributors to the educational supervision of the registrars.

### **2.2.1 Clinical Supervision**

The clinical supervisor is usually the consultant in charge of the clinical team to which the registrar is attached.

Clinical supervisors usually have no more than two basic trainees under their supervision.

The level of supervision of the registrar is dependent on ability, and will vary as the registrar progresses through the programme. Opportunities for directly supervised, indirectly supervised and monitored but relatively independent, clinical practice should be provided according to the ability of the registrar. As a minimum, four hours per week of direct registrar/supervisor clinical contact is expected, including one hour of registrar/supervisor individual contact. Trainees are required to record their clinical experiences in their logbooks or personal learning portfolios.

Normal lines of clinical service responsibility and accountability shall apply to registrars at all times.

The registrar is essentially apprenticed to (i.e. works with and learns from) the clinical supervisor. As well as the direct clinical responsibility carried by the specialist for the work of all medical members of the clinical team, the additional responsibilities of a clinical supervisor are to:

- Review the training objectives for each placement with the registrar at the beginning of the placement, and objectively assess progress against these objectives at least every three months and at the end of each placement.
- Create a suitable individual learning environment for the registrar.
- Ensure that a wide range of opportunities for clinical skill development is available to the registrar.
- Provide guidance and advice to trainees regarding the cultural appropriateness of care provided.

Clinical supervisors may be called upon to contribute to an objective-based assessment of the registrar's suitability to sit the FRACP examination.

### **2.2.2 Educational Supervision**

Individual direct educational supervision provided by the supervisor includes:

- Ensuring that the registrar makes effective use of the learning environment provided.
- Directing and focusing learning so the registrar develops good self directed and lifelong learning techniques.
- Ensuring the registrar develops an understanding of the wider aspects of vocational training.

Ensure trainees receive a minimum of four hours per week educational supervision. Trainees are required to record their educational experiences in their logbooks or personal learning portfolios.

The overall educational supervision is given by the Director of Paediatric Physician Training (see below).

It is noted that the College encourages each registrar to choose a 'mentor' to guide them through their career development in addition to his / her clinical/educational supervisor, to advise on general career planning and to support the registrar through his / her training experience. This may be the Director of Paediatric Physician Training, or the role may be vested in a senior colleague who has empathy with the registrar.

## 2.3 PROGRAMME COORDINATION

The Director of Paediatric Physician Training's primary role is to help registrars achieve the objectives of the basic paediatric physician training programme. This is through coordinating, teaching, information sharing and motivating registrars at all stages of training. The basic tasks relate to basic training and preparation for the exam.

The tasks of the Director of Paediatric Physician Training are to:

### Develop a Training Programme

- Formulate a programme of educational activities aimed at basic trainees and potential basic trainees within the hospital.
- Assist in the development of appropriate rotations.
- Determine appropriate positions.

### Select basic trainees and allocate term

- Identify and counsel doctors who are considering physician training.
- Be involved in the selection process for trainees.

### Training and examination

- Organise regular meetings with basic trainees.
- Monitor the progress of individual trainees, giving feedback and advice where appropriate.
- Administrative responsibilities relating to registration of trainees and applications for the examination.
- Assist with trial written and clinical examinations.
- Liaise with the Committee for Examinations of the College on arrangements for the examinations.
- Review examination results with individual trainees, including if necessary facilitating counseling of failed candidates.
- Discuss advanced training options with individual trainees.
- Advocate for the registrars with the RACP and the employer.
- Evaluate the educational value of clinical placements at least every three years.

## 2.4 EXPECTED OUTCOMES

### 2.4.1 Trainee Outcomes

Success in this period of training is seen as:

- Completion of 36 months minimum of approved clinical experience.
- Satisfactory performance during training as determined by an objective based, validated assessment process.
- Success in both the written and clinical parts of the basic paediatric physician training of the FRACP examination.

The purpose of the FRACP examination is to assess competence in all facets of pediatrics and child health practice.

The written examination is held in March annually.

The clinical examination is held in June annually, with a supplementary examination held in Australia in August/September if necessary.

All registrars successful in the FRACP examination should move on to advanced training.

**Standard of Practice:** Trainees will be expected to practise in a manner that is consistent with Medical Council of New Zealand standards of clinical competence, cultural competence and ethical conduct.

## **2.4.2 Client/Service Outcomes**

The overall aim of the training programme is to develop a combination of knowledge and understanding, skills and attitudes which are a foundation for advanced training and for lifetime practice as a pediatrician.

## **3.0 ELIGIBILITY**

### **3.1 REGISTRAR ELIGIBILITY**

Entrants to the programme must:

- Be a graduate in Medicine and Surgery of a Medical School recognised by the Medical Council of New Zealand; and
- Have general registration as a medical practitioner from the Medical Council of New Zealand.
- Be formally registered with the Royal Australasian College of Physicians as a trainee on the Basic Physician Training Programme

Eligibility to sit the FRACP examination is determined by the College Committee for Pediatric Physician Training on advice from the local Director of Paediatric Physician Training, and the registrar's record of clinical experience.

Medical registrars who do not meet the above criteria may be considered on a case by case basis.

### **3.2 PROVIDER ELIGIBILITY**

Training in Pediatrics and Child Health may only be undertaken in hospitals fully or partially accredited by the RACP for basic paediatric physician training.

Hospitals may be granted full accreditation or partial accreditation by the RACP. Full accreditation allows the whole of the basic training programme for any one registrar to be taken at that hospital. Partial accreditation allows for up to two years of the total basic training programme for any one individual registrar to take place at that hospital.

A list of fully and partially accredited hospitals for paediatrics and child health is available from the RACP offices, or on the website <http://www.racp.edu.au>.

### **4.0 LOCATION AND SETTING**

Training will be provided at an accredited or partially accredited hospital.

Any secondment of a registrar to another location for further training experience must comply with Part 9 of the CTA Head Agreement.

### **5.0 ASSOCIATED LINKAGES**

The training programme has established linkages with:

- Royal Australasian College of Physicians (RACP), including the Committee for Paediatric Physician Training, and the Committee for Examinations.
- Advanced RACP registrars at the same location.
- Provincial hospitals which have registrar placements.
- Schools of Medicine.
- Other DHB based continuing medical education programmes.
- Patient Advocates for Code of Health and Disability Services Consumer Rights and Privacy Issues.
- Other relevant providers, e.g. Maori health providers

### **6.0 PURCHASE UNIT AND REPORTING UNIT**

#### **6.1 PURCHASE UNIT**

A registrar on the RACP Basic Paediatric Physician Training programme, who is registered with the RACP and has declared to a Director of Paediatric Physician Training his/her intention to sit FRACP Part I Examinations within 15 months.

Fundable Part-time registrars are those who work no less than a 0.5 full time equivalent week. They will be funded on a pro-rata training unit basis.

It is expected that registrars will complete the Basic programme in three years and funding will support this. In exceptional circumstances funding for a fourth year may be considered on a case by case basis. Maximum funding per trainee for Basic training will be four years

## **7.0 QUALITY STANDARDS: PROGRAMME SPECIFIC**

*This section should be read in conjunction with Schedule 1 Part 3 of the CTA Head Agreement, which specifies **generic** quality standards for all programmes under this contract.*

### **The Provider will:**

- Ensure placements are appropriate to the basic registrar's level of knowledge and experience, so that the training experience can be graduated and ongoing.

### **The Clinical Supervisor will:**

- Ensure all registrars receive the required level of clinical supervision and training experiences in their day to day work with the minimum number of training hours described above.
- Ensure all registrars are provided with a written copy of general and specific objectives for each clinical placement, and that evaluations are based on these objectives.
- Ensure clear lines of accountability for patient care at all times, with backup available appropriate to the level of experience of the registrar.

### **The Educational Supervisor will:**

- Ensure that reports on registrars' progress are provided to the programme co-ordinator by the due date.

### **The Director of Paediatric Physician Training will:**

- Ensure clinical supervisors are provided with overall and placement specific educational objectives, and are consistent in their assessment of registrars using measurable validation procedures.
- Encourage registrars to select a mentor for advice on their career development.
- Audit supervisors to ensure that recognised practices are applied and that a consistent approach is taken to registrar assessment, using measurable validation procedures.
- Have a record of registrars preparing for the FRACP examination available on request, detailing their associated clinical and educational supervisors and career mentors.

## **8.0 REPORTING REQUIERMENTS: PROGRAMME SPECIFIC**

*This section should be read in conjunction with Schedule 1 Part 1 of the CTA Head Agreement, which specifies **generic** reporting requirements for all programmes provided under the contract.*

### **8.1 PROGRESS REPORTING**

Section 2.4 of the specification details the expected outcomes of the training programme purchased.

### **8.2 QUALITY REPORTING**

Reports as described in Schedule 1 Part 1 of the CTA Head Agreement require a summary of the programme. Schedule 1 Part 3 of the Head Agreement requires that the provider have a quality plan in place for the ongoing monitoring of the training provided. The summary should refer to the outcomes of this internal quality management and make reference to the programme specific quality standards in Section 7.0 above, particularly supervision.