

Community Child Health

Sub-specialty Syllabus

Version 3

Approved by the GMC for implementation from 1 August 2023

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

This is Version 3. As the document is updated, version numbers will be changed and content changes noted in the table below.

| Version number | Date issued | Summary of changes |
|----------------|----------------|---|
| Version 2 | September 2021 | <p>Document reviewed as part of the Shape of Paediatrics Training review.</p> <p>'Using the Syllabus with ePortfolio' (page 5) updated.</p> <p>Introductory statement amended: 'lifestyle' removed and replaced with 'health promotion and protection'.</p> <p>Learning Outcome (LO) 1 amended: 'physical and psychological'; 'as well as counsels families and carers' added. Key Capability (KC) amended: 'and psychological' added.</p> <p>LO2 amended: 'and neglect' added. KC2 amended: 'physical and psychological' added. KC3: 'both physical and psychological development' added.</p> <p>LO3 and KC1 amended: 'primary care' added. KC2 amended: 'and psychological' added.</p> <p>LO4 amended 'physical and mental health' added and 'lifestyle' replaced with 'health promotion and protection.</p> <p>LO5 amended: 'physical and mental health of' added.</p> <p>Assessment Grid updated to reflect the changes to the KCs.</p> |
| Version 3 | August 2023 | <p>Updated from Progress to Progress+.</p> <p>Using the syllabus (page 3) updated: reference to Level 1, 2 and 3 removed and replaced with Core and Specialty training.</p> |
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This information is correct and up to date at time of publication.
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Introduction



This syllabus supports the completion of the RCPCH Progress+ curriculum and should be used with the curriculum document and Assessment Strategy.

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

The curriculum comprises Learning Outcomes specifying the standard trainees must demonstrate to progress in training and attain a Certificate of Completion of Training (CCT). The syllabi supports the curriculum by providing further instructions and guidance on how the Learning Outcomes can be achieved and demonstrated.

In the context of clinical training and service the term “babies, children and young people” is a common term used by those working in paediatric and child health areas to mean any of those instances in context with clinical training or service. Therefore, in relation to the assessment, the trainee needs to achieve the capabilities for either a baby, child or young person.

Using the Syllabus

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

For core trainees (ST1 – 4), there are 11 generic paediatric Learning Outcomes. For specialty training (ST5 – 7), there are a further 11 generic paediatric Learning Outcomes and several additional Learning Outcomes in either General Paediatrics or the sub-specialty to which the trainee has been appointed.

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

Elements of the Syllabus

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

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

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

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

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

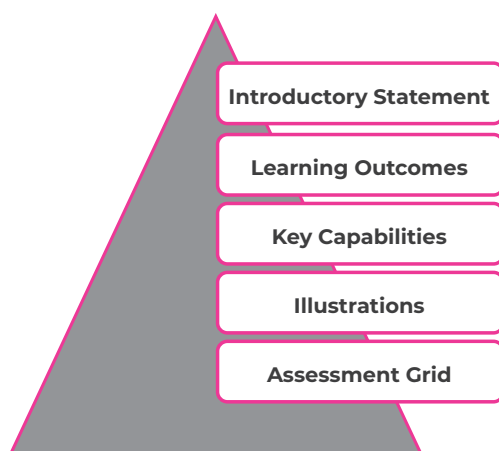


Figure 1: The five elements of the syllabus

Using the Syllabus with ePortfolio

The ePortfolio is used to demonstrate a trainee's progression using assessments, development logs and reflections. Events should be linked to the Progress+ curriculum specifically against the Key Capabilities at the appropriate level.

Further guidance on using the ePortfolio is available on our website: <https://www.rcpch.ac.uk/resources/rcpch-eportfolio-guidance-doctors>

Community Child Health Introductory Statement



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

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

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

Sub-specialty Learning Outcomes

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

Sub-specialty Learning Outcome 1

| | |
|---|----------------|
| Demonstrates proficiency in the assessment and management of vulnerable children and young people, including those with physical and psychological developmental disorders and disabilities, as well as counsels families and carers. | GPC 1, 3, 5, 7 |
|---|----------------|

Key Capabilities

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

Illustrations

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

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

Sub-specialty Learning Outcome 2

| | |
|--|----------------|
| Adopts a leading role with children and young people who are at risk of abuse and neglect or are being abused and for those who are “looked after”, including contributing to the process of adoption. | GPC 1, 3, 5, 7 |
|--|----------------|

Key Capabilities

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

Illustrations

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

Sub-specialty Learning Outcome 3

| | |
|--|-------|
| Demonstrates strong skills in working with multiple agencies, particularly with education, primary care and social care. | GPC 5 |
|--|-------|

Key Capabilities

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

Illustrations

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

Sub-specialty Learning Outcome 4

| | |
|---|-------------|
| Actively participates in planning and implementing local strategies to improve the physical and mental health of all children and young people in their area, including safeguarding policy and overseeing universal and targeted health promotion and protection programmes. | GPC 5, 6, 7 |
|---|-------------|

Key Capabilities

| | |
|--|----------------|
| Applies knowledge of public health to work with other agencies to provide paediatric input for the commissioning and planning of services for children and young people. | GPC 4, 5, 6, 7 |
|--|----------------|

Illustrations

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

Sub-specialty Learning Outcome 5

Contributes with other professionals to the management of physical and mental health of children and young people with life-limiting complex disability.

GPC 3, 5

Key Capabilities

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

GPC 3, 5

Illustrations

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

Assessment Grid



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

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

| Key Capabilities | Assessment / Supervised Learning Event suggestions | | | | | | | | | |
|--|--|--|--|--------------------------------|--|------------------------------------|-----------------------------------|---|--|--|
| | Other | Paediatric Carers for Children Feedback (Paed CCF) | Paediatric Multi Source Feedback (MSF) | Handover Assessment Tool (HAT) | Clinical Leadership Assessment Skills (LEADER) | Discussion of Correspondence (DOC) | Acute Care Assessment Tool (ACAT) | Directly Observed Procedure / Assessment of Performance (DOP/AOP) | Paediatric Case-based Discussion (CbD) | Paediatric Mini Clinical Evaluation (Mini-CEX) |
| Works effectively with other agencies (such as educational, primary care and social care) and the voluntary sector to support and manage children with neuro-developmental conditions/disabilities, including providing advice for statutory processes (eg the Education Health and Care Plan [EHCP]). | | | | | ✓ | | | | ✓ | ✓ |
| Formulates a comprehensive report on a child and young person's physical and psychological developmental and emotional presentation, communicating these effectively to both non-medical professionals and the courts through report writing and participation in statutory processes. | | | | | ✓ | | | | ✓ | ✓ |
| Applies knowledge of public health to work with other agencies to provide paediatric input for the commissioning and planning of services for children and young people. | | | | | ✓ | ✓ | | | ✓ | ✓ |
| Contributes to end-of-life care plans for children and young people with complex disability. | | | ✓ | | ✓ | | | | ✓ | ✓ |

