

EUROPEAN BOARD OF PAEDIATRICS

TRAINING PROGRAMME FOR PRIMARY AND AMBULATORY PAEDIATRIC CARE

This is one of three recognised pathways of training within Europe, after the 'Common Trunk'. A minimum period of a further two years after the Common Trunk is required.

The starting point for the outline syllabus given here is the Common Trunk syllabus. The syllabus for further training in primary care paediatrics does not contain topics additional to those listed in the Common Trunk; rather, it is best defined by highlighting those areas of knowledge, attitudes and skills which would need to be developed to a higher level for doctors specialising in this field. The precise level of expertise needed under each heading must be defined by the country concerned, because it depends on the relationship to the network of other services and specialities.

The primary care paediatric syllabus places particular emphasis on family dynamics, and the environment and ecology of the family. It is also particularly important for trainees in this programme to have a good understanding of epidemiology, as it relates to childhood conditions in general, and stressing in particular the epidemiology of infectious diseases and how it is changing with immunisation and antibiotic usage. The relationship between paediatrics and socio-economic circumstances is important to all paediatricians but will be studied more extensively by those working in primary care.

SYLLABUS

1. Similarities and differences in primary care paediatrics between member states

Each country has different health care structures and different relationships between GPs, paediatricians and other health care personnel. For this reason, although the tasks can be defined, precise details of how they are carried out will vary; the service which provides this care is known variously as primary care, office paediatrics or ambulatory paediatrics.

The main distinction is between those countries where primary care for children is provided by doctors trained for several years as paediatricians, and those where primary care is the province of GPs - often supported as in the UK by public health doctors, community based clinic doctors, nurses and consultant community paediatricians.

In spite of these substantial differences in the provision of health care, it may be possible to define an area of practice which can be distinguished from:

- hospital inpatient care of undifferentiated acute problems (secondary level care)
- ongoing care of common chronic disorders such as diabetes or epilepsy
- tertiary or paediatric specialty care
- community or social paediatrics - in countries where this area of practice is important, there is more emphasis on pro-active care for very disadvantaged children, based on a geographic catchment area rather than a practice population; and also in many cases there is a strong “public health” element.

The content of this area of practice can be agreed between countries and it is therefore helpful to define the syllabus for primary care paediatrics and ambulatory care even though each country will implement this in its own particular way.

All paediatricians should acquire some experience of ‘office’ or primary care paediatrics, whatever their career intention.

2. Differences between training in primary and ambulatory care compared with training for secondary or tertiary level paediatrics

There is inevitably some overlap between the syllabus for the different career options after the Common Trunk, but training for primary and ambulatory paediatrics differs in the following respects from that required for secondary or tertiary paediatrics:

- Generic skills - as the name implies these are required by all paediatricians, but there are certain aspects which are of particular importance for those working in primary care.
- Basic sciences - again, a good scientific foundation is required by all paediatric trainees, but there are certain areas of basic science which are of particular importance to those working in the primary and ambulatory field.
- Clinical paediatrics - perspectives and level of skill.

This document will address each of these issues briefly in turn. Finally, it will set out the training requirements.

3. Generic skills

3.1 Relationships with patients and families - concepts of equality, respect and empowerment. Relationships and teamwork with colleagues. Understanding ethical and

legal aspects regarding limits of competence and indications for referral.

3.2 Communication skills - ability to empathise, to identify mental health problems through skilled listening; to explain to and educate parents at a level appropriate to their education and background; to provide information for parents in the form of easily understood written reports. Assess capacity of parents to supervise treatment, education, etc. of their child.

3.3 Children, family and the law - duties of health care professionals and citizens in respect of childcare and safety, child abuse and neglect, fostering and adoption; legally correct approaches to the problem of suspected child abuse. Rights of children and advocacy. Legal aspects of immunisation - ethical and legal aspects of child protection regarding the withholding of necessary treatment and preventive care. Legal definitions of childhood - age of consent, responsibilities and rights of the child; legal duties of paediatricians and other professionals to children in the school; how to use the legal system for the benefit of children. Religious and cultural differences and how they affect parents' rights and duties.

3.4 Costs of health care - health economics. Understanding of the significance of world-wide concern over health care costs and their relationship to national wealth; appreciation of the basic concepts of how health care can be costed in various ways - notions of cost effectiveness and cost benefit. Ethical problems raised by the need to make choices when resources are limited.

3.5 Methods of measuring effectiveness and outcome

3.6 Critical thought - how to search the literature and study it objectively; self evaluation and self monitoring; reflective evidence based practice; insights into professional behaviour and intra- and inter-professional rivalries.

3.7 Medical ethics - how to make use of new and emerging knowledge. Staff working in the primary care setting (like all health professionals) must be aware of the limits of their competence and understand the ethical and legal imperatives of obtaining other and more specialist opinions for their patients when appropriate.

3.8 Environmental issues - exposure to adverse influences such as pornography, violence - impact on child, research evidence, ethical and practical aspects of advice to parents.

4. Basic sciences that underpin primary care:

4.1 Developmental psychology - the normal sequence of development and what affects it; genetic and environmental influences; the role of brain damage; concepts of sensitive and how they interact with child development. Neurophysiological aspects of development.

4.2 Biology of growth - how and why children grow; genetic, environmental and hormonal influences; trajectories of growth; puberty and its variations; growth charts - how they are constructed and what they mean.

4.3 Social sciences: social impact on disease; poverty and deprivation; social networks; role and image of professionals; cross-cultural influences - understanding behaviour of other cultures.

4.4 Nutrition: macro and micro-nutrients; regulation of intake (biological and social); food safety and hygiene; sensitivity and allergy to foodstuffs; social and cultural aspects of diet body mass index, failure to thrive.

4.4 Epidemiology - patterns of health and disease; sources of data in each country; responsibility of clinicians to participate in surveillance and public health data collection; the basic statistics of health care; disease and poverty statistics.

4.6 Epidemiology and critical thought applied to individual cases: probability of a disorder being present - sensitivity and specificity of investigations, positive predictive value; the decision making processes of professionals and their impact on health care.

4.8 Public health - how disease patterns change and can be changed; public attitudes - role of advocacy; inter-sectoral work with education, social services, road safety teams, non-governmental organisations.

5. Aspects of paediatric medical practice

A paediatrician in primary care or ambulatory paediatrics needs to have a broad familiarity with the whole range of paediatric medicine. However, the perspective is different. A paediatrician in this type of practice will not see a large number of the more uncommon conditions and the main task therefore is to identify the child who needs referral and further investigation by a paediatrician with access to more specialised facilities. The primary care paediatrician also has to change their perspective if they have had their Common Trunk training mainly in hospital paediatrics - the probability of any given set of symptoms or signs being due to a particular condition changes according to whether one works in the primary, secondary or tertiary care setting. Thus a re-orientation is required and this can only be obtained by experience in the primary care setting.

The syllabus should include experience in accident and emergency medicine since this is an excellent way to become familiar with the triage of an undifferentiated patient population, with opportunities to become more expert in prompt recognition of the sick child or the child with an unusual condition - it also offers experience in basic life support which would be useful in the primary care setting on rare occasions.

It is not possible to list all the disease entities with which the primary care paediatrician should be familiar, but examples include upper and lower respiratory disorders, ENT problems, functional murmurs, dermatologic problems, care of the newborn, minor orthopaedic anomalies, urinary tract infections, and febrile fits.

Clearly, parents will expect a paediatrician practising in the primary care setting to be completely familiar with the common conditions and to identify situations where there is some unusual aspect requiring further investigation.

In addition however, there is an area of paediatrics which for many trainees will not have been very extensively covered in their Common Trunk training. These are aspects of care with which the primary care paediatrician must be totally familiar. The following list cannot be exhaustive but indicates the areas to be covered.

5.1 Disorders of psychological and emotional development: normal and abnormal progression, deviant patterns; situations with good and bad prognosis; language delay, autistic spectrum, motor disorders, clumsy children - when to refer. (N.B.: detailed assessment and care of complex handicap is not included in this syllabus, though the day to day basic paediatric care of such children should be part of the primary care paediatrician's role.)

The use of psychometric tests is not considered to be part of the core syllabus. Some member states may recommend this but it should be considered as an additional certificate or as part of continuing medical education rather than being part of the core syllabus for primary and ambulatory paediatric care.

5.2 Psychological guidance: advising parents on common child-rearing problems (ensuring that advice is appropriate to culture and understanding); how to avoid escalation of behaviour and management problems; recognising differences between self-limiting problems and those with strong temperamental traits and adverse prognosis (such as aggression); use of standard techniques such as extinction, time-out, reinforcement and incentive schemes. Recognition of family strife and its management; understanding why behavioural techniques alone may not work; knowledge of presentation and recognition of postnatal depression and other parental mental illness, familiarity with substance abuse in parents and teenagers. Understanding of the impact of mental illness and mental handicap in parents, on child care and development.

5.3 Adolescent medicine: specific skills needed for adolescents with chronic illness; development of autonomy, responsibility, independence; giving advice and information; role of peer support; how to organise a service for this age group.

5.4 Understanding of vision and hearing testing (what tests are preferred and by whom they are performed depends on each country's policy and services; however, any paediatrician doing such tests must be trained in procedures whose validity is endorsed by the relevant specialist professionals).

5.5 Medical skills for adolescent health care: mental health problems, self-harm and its management; contraception including emergency contraception; STDs; eating disorders, substance abuse, depression, delayed puberty. Skin and body image problems. Paramount importance of privacy and confidentiality. Legal situation with regard to the medical care of minors. Termination of pregnancy.

5.6 Management of children with chronic disorders - disabling conditions, diabetes, malignancy, etc. Usually these will be managed in partnership with a secondary or tertiary care specialist, but often the primary care paediatrician will provide a continuity of care and an overview of the child's medical needs which would not be possible for a hospital based

specialist. The syllabus must include opportunities to experience good models of “shared” care.

6. Prevention

6.1 Understanding concepts of health promotion and screening. Familiarity with schedules of routine care and surveillance. On-going analysis of preventive health care methods with response to new evidence.

6.2 Immunisation - detailed knowledge of all aspects, both medical and sociological. Reasons for non-immunisation, public attitudes, ethical issues. Public health monitoring. Reasons for changes in the schedules of immunisation.

6.3 Accident prevention strategies at individual and community level; advocacy role of paediatricians in accident prevention.

7. Implementation of this syllabus

For some member states this will be much more difficult than others. The syllabus requires opportunities to gain experience in a wide variety of settings: this may include office or general practice, health centres, A & E departments, schools and nurseries (kindergartens), and in addition the trainee should be familiar with approaches to collaboration with other agencies - e.g. attending meetings with social services on child protection, or with the local transport department on road safety; sitting in on conferences with education departments regarding difficult or disabled children.

7.1 Financial constraints will undoubtedly present difficulties in implementing these proposals for some member states. Although a trainee can assist with the workload in the various situations listed above, often the net effect is to slow down the patient turnover and this has financial implications particularly for those in private practice.

7.2 Some academic input from university departments and from other specialists will be required. This is particularly so for topics such as epidemiology and developmental psychology.

7.3 In addition, **support for study and training** is required from tutors or mentors. These individuals must be remunerated unless they already have an academic or teaching contract. In some states, training in primary care is offered by practices who have been approved for the purpose and who receive remuneration in return - they are expected to perform to a pre-set standard. Feedback from the trainees would be required in order to monitor performance.

7.4 Training records: the monitoring of training should be accomplished by the use of a log book and portfolio; training should ideally be carried out at centres and training schemes

which have been duly accredited.

7.5 Appraisal and assessment: *appraisal* is regarded as a confidential and informal process by which the trainee receives feedback from their trainer or educational supervisor at regular intervals. *Assessment* is a formal process which cannot be entirely confidential. It may be based on an interview, backed up by presentation and inspection of the logbook and portfolio, or by a formal examination.

7.6 Examinations: It is considered premature to come to any final decision as to whether it will be desirable or feasible to establish an examination that would be acceptable to all the member states, though this may turn out to be the most objective way of establishing a uniform standard across Europe.

7.7 For the **immediate future**, a more attainable aim is the establishment of a pattern of training records and portfolios, and the setting of agreed standards for the content of training. The development of this training syllabus goes some way to meet this aim.

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