

GP Specialty Training Programme

Paediatrics

Relevant Sections of the RCGP Curriculum

- 2.02 Patient safety and quality of care
- 2.03 The GP in the wider professional environment
- 2.04 Enhancing professional knowledge
- 3.04 Care of children and young people

Learning Needs

To help identify learning needs in relation to the GP Curriculum the GPStR we recommend that you review the document below and highlight those areas where you feel less, this should be completed before the initial meeting of the GPStR with their Clinical Supervisor. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed, please record this as a placement planning meeting in your ePortfolio.

Assessments and Reviews

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

- A placement planning meeting reviewing the learning objectives and producing an educational plan (within the first 3 weeks of the post)
- 3 CBD assessments
- 3 mini-CEX assessments
- Suggested CEPS – paediatric examinations, baby checks, testing for blood glucose
- An end of post meeting to discuss your progress and entering the Clinical Supervisor's Report on the e-Portfolio

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

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Learning Objectives & Assessment in Paediatrics

What the GPStR can learn (adapted from AKT content guide)

CHILDREN AND YOUNG PEOPLE

Normality

A very important element of child health in general practice is the recognition of the range of normality in physical, psychological and behavioural development such as:

- Normal developmental milestones and assessment of development delay including language, gross and fine motor and social development
- Normal growth including interpretation of growth charts
- Normal maturation including puberty
- Normality in the neonatal period including screening e.g. phenylketonuria, hypothyroidism, cystic fibrosis,
- Normality of physical development with normal variations e.g. orthopaedic such as genu valgus and varus, plagiocephaly

Symptoms and signs

A key feature of knowledge about child health is the interpretation of symptoms and signs in different age ranges. For example, back pain or abdominal pain in childhood, adolescence and adulthood are likely to have different underlying causes and natural histories. This can have significant and potentially serious consequences if not fully recognised when considering differential diagnoses

The relevant symptoms and signs are listed in each of the systems sections as well as more specific paediatric themes such as:

- Behavioural problems
- Developmental problems
- Failure to thrive
- Features of the acutely unwell child including fever, rashes, irritability, breathing and circulatory signs

Investigations

- Appropriate investigations for specific diseases e.g. asthma, urinary tract infection
- Prenatal diagnosis including current screening available in UK for disorders such as Down's syndrome, spina bifida, structural defects such as congenital heart disease, renal tract abnormalities

Specific conditions

- Acute paediatric emergencies such as febrile convulsions, anaphylaxis, epiglottitis, asthma, septicaemia, meningitis, surgical conditions
- Behavioural problems such as enuresis, encopresis, eating disorders, sleep disorders, tantrums
- Childhood infections including exanthemata such as mumps, measles, rubella, chickenpox, herpes simplex, parvovirus, Coxsackie, Kawasaki's, other infections listed in Skin disorders
- Childhood malignancies such as retinoblastoma, neuroblastoma, nephroblastoma, leukaemias, sarcoma, brain tumours
- Chromosomal disorders such as Down's syndrome, Fragile X, Klinefelter's syndrome, trisomy 18, Turner's syndrome
- Congenital abnormalities such as:
 - CVS – congenital heart disease (cyanotic and non-cyanotic), coarctation of the aorta, situs inversus
 - endocrine such as hypothyroidism, congenital adrenal hyperplasia
 - gut abnormalities e.g. imperforate anus, tracheo-oesophageal fistula, Hirschsprung's disease, volvulus, pyloric

stenosis, diaphragmatic hernia, gastroschisis

- musculoskeletal such as talipes equinovarus, absent or reduced limb development, hip dysplasia
 - neurological abnormalities such as cerebral palsy, microcephaly, plagiocephaly, hydrocephalus
 - renal – structural abnormalities such as duplex kidneys, urethral valves
 - sensory impairment such as sight e.g. congenital cataract, hearing e.g. inherited sensorineural deafness
- Diagnosis and management of diseases relating to children such as asthma, diabetes, epilepsy, respiratory infections such as pneumonia, bronchiolitis, croup
 - Failure to thrive and underlying causes such as cystic fibrosis, coeliac disease, chronic infection, parenting difficulties
 - GI diseases relevant to children such as appendicitis, Meckel's diverticulum, intussusception, malabsorption such as coeliac disease, lactose intolerance, cystic fibrosis
 - Immunisation in children – routine primary schedule and other immunisations
 - Learning disabilities in children such as autism, dyspraxia, Asperger's syndrome
 - Musculo-skeletal problems relevant to children such as inflammatory arthritides (infective, autoimmune), osteochondritis, Osgood-Schlatter's, Perthes' disease, slipped epiphysis, injuries such as greenstick fractures, pulled elbow
 - Neonatal:
 - congenital abnormalities as above
 - feeding problems (breast and bottle feeding), gastro-oesophageal reflux, hypoglycaemia
 - jaundice (e.g. breastfeeding, haemolytic and haemorrhagic disease of the newborn, biliary atresia)
 - respiratory problems such as respiratory distress syndrome, sleep apnoea
 - skin disorders such as birthmarks, urticaria, milia
 - Neurological problems relevant to children including seizures such as febrile convulsions, epilepsy, degenerative neurological diseases such as Rett 's syndrome
 - Renal diseases relevant to children including recurrent urinary tract infections, structural anomalies such as posterior urethral valves, haemolytic uraemic syndrome
 - Safeguarding children – recognition of non-accidental injury including physical, emotional and sexual abuse, and appropriate actions
 - Sex identity and intersex, appearance of genitals including fused labia, hypospadias, clitoral hypertrophy