

The RCGP Curriculum: Clinical Modules

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➤ 3.04 Care of Children and Young People

Summary

- As a general practitioner (GP) you have an important role in the care of children and young people
- Most healthcare for children and young people is delivered outside the hospital setting
- Patients under 15 years of age comprise around 20% of the average GP list and account for one in four GP consultations
- School children visit the GP between two and three times a year, but this figure is doubled in the under-fives (who visit the GP an average of six times per year)¹
- A child's and young person's experiences in early life – and even before birth – have a crucial impact on their adult health and life chances
- There is an opportunity to promote health in all contacts with children, young people and families, and this should be targeted particularly at the vulnerable and socially excluded²
- All general practitioners need to be competent in dealing with safeguarding matters concerning children
- GPs should be able to recognise the support needs of those children and young people who care for others
- General practitioners should recognise and respond to the needs of children and young people in special circumstances, through referral and joint working

¹ Van Dorp F. Consultations with children *InnovAiT* 2011; 4(7): 54–61

² *The Marmot Review: executive summary* page 10, www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Knowledge and skills guide

Core Competence: Fitness to practise

This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.

This means that as a GP you should:

- Show respect for the sensitivities of young people regarding their health attitudes, behaviours and needs
- Describe the principles of child-focussed clinical governance and risk management such as safety of treatment and care, safeguarding, the use of evidence-based practice, clinical audit, effective prescribing and referrals
- Safeguard children and young people, understanding that:
 - The welfare of the child and young person must be the paramount consideration³
 - In dealing with vulnerable children and young people, a focus on the family risks losing sight of the child
 - Often children and young people in special circumstances are ‘invisible’ to the system because they live in the shadow of their parents’ problems
 - Dealing effectively with maltreatment of children and young people involves recognising the clinical features, knowing about local arrangements for child protection, referring effectively and playing a part in assessment and continuing management, including prevention of further abuse
 - Child abuse can take many forms such as physical abuse, emotional abuse, sexual abuse and exploitation, and neglect

Core Competence: Maintaining an ethical approach

This addresses the importance of practising ethically, with integrity and a respect for diversity.

This means that as a GP you should:

- Be aware of the impact of your attitudes to treating children and young people equitably, with respect for their beliefs, preferences, dignity and rights
- Understand how to manage the issues of confidentiality and consent
- Be aware of how and when you share information with other agencies

³ Children in Scotland. The paramountcy principle, embodied in (i) 1989 Children Act: ‘When a court determines any question with respect to ... the upbringing of a child ... the child’s welfare shall be the court’s paramount consideration’ and also (ii) the Children (Scotland) Act 1995

Core Competence: Communication and consultation

This is about communication with patients, the use of recognised consultation techniques, establishing patient partnership, managing challenging consultations, third-party consulting and the use of interpreters.

This means that as a GP you should:

- Develop and apply the primary care consultation to bring about an effective doctor–patient–family relationship to enable parents or carers, children and young people to:
 - Participate in their own care-planning and delivery
 - Be routinely involved and supported in making informed decisions and choices about care, taking into account age and development, increasing autonomy with age, and the need for confidentiality balanced with the parents' need for information
 - Achieve concordance, including active listening and shared decision-making with you as their GP
 - Receive information on medicines in a clear way that is appropriate to their understanding as children, young people and parents
- Provide longitudinal continuity of care as determined by the needs of the patient and family:
 - Understanding the problems with transitions from child to adolescent, and from adolescent to adult. This applies to all children but especially the vulnerable
- Manage primary contact with children and their families – and, with older children, on their own
- Support young people with a chronic disease and their parents to negotiate the process of transition

Core Competence: Data gathering and interpretation

This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.

This means that as a GP you should:

- Manage conditions and problems which may present early and in an undifferentiated way, and recognise a seriously ill child (and intervene urgently when necessary) by:
 - Having a thorough understanding of normal development, and being able to recognise delayed development through childhood and adolescence
 - Recognising normal growth, and dealing with faltering growth and failure to thrive
 - Recognising children and young people who are at risk in some way, whether physically, mentally or emotionally
 - Being aware that consultations about children may be a presentation of a mother's postnatal depression; and being aware of the effect that postnatal depression may have on her children

- Recognising the significance of non-attending
- Showing concern and following up when children and young people fail to attend appointments (in primary or secondary care), given that they are reliant on their parent or carer to take them to the appointment
- Being conscious that failure to attend can be an indicator of a family's vulnerability, potentially placing the child's welfare in jeopardy
- Acknowledging that failure to attend can be an indicator that services are difficult for families and young people to access or considered inappropriate, and need reviewing

Core Competence: Making decisions

This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.

This means that as a GP you should:

- Use a decision-making process determined by the prevalence and incidence of illness in the community and the specific circumstances of the patient and family:
 - Being aware of normal growth and development in children and young people
 - Being aware of neonatal problems including jaundice and feeding problems, breastfeeding and nutrition
- Ensure that parents or carers, children and young people receive information, advice and support to enable them to:
 - Manage minor illnesses themselves, using community pharmacists and triage services where appropriate
 - Access appropriate services when necessary
 - Have shared responsibility for self-care of chronic conditions and exacerbations
 - Use repeat prescribing and reviews appropriately
 - Access support groups

Core Competence: Clinical management

This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.

This means that as a GP you should:

- Manage and appropriately treat common and rare but important paediatric conditions encountered in primary care, such as:
 - Neonatal problems: e.g. birthmarks, feeding problems, heart murmurs, sticky eye, jaundice
 - Constipation, abdominal pain (acute and recurrent)
 - Pyrexia, febrile convulsions

- Cough/dyspnoea, wheezing including respiratory infections, bronchiolitis
- Otitis media
- Sensory deficit, especially deafness
- Gastroenteritis
- Viral exanthems
- Urinary tract infection
- Meningitis
- Epilepsy
- Chronic disease: e.g. asthma, diabetes, arthritis, palliative conditions such as neurological disorders, and intellectual disability (see also statement 3.11 Care of People with Intellectual Disability)
- Non-accidental injury, maltreatment and neglect
- Mental health problems such as attention deficit hyperactivity disorder (ADHD), depression, eating disorders, substance misuse and self-harm, autistic spectrum disorder and related conditions (see also statements 3.10 Care of People with Mental Health Problems and 3.14 Care of People who Misuse Drugs and Alcohol)
- Psychological problems: e.g. enuresis, encopresis, bullying, school refusal, behaviour problems including tantrums
- Assessment of child and young person development (physical and psychological)
- Be aware of the early presenting symptoms of childhood cancers and possible differentials, e.g. retinoblastoma, leukaemia, medulloblastoma, Wilms tumour
- Appropriately manage common symptoms like vomiting, drowsiness, developmental delay, infantile colic, 'failure to thrive' and growth disorders, behavioural problems, obesity
- Prescribe and advise appropriately about the use of medicines in children and young people, being competent at:
 - Calculating drug doses
 - Understanding the risks and benefits of medicines in relation to children
 - Understanding the needs of ethnic minorities, and cultural differences in beliefs about illness and the use of medicines

Core Competence: Managing medical complexity

This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.

This means that as a GP you should:

- Manage simultaneously both acute and chronic problems in the child, young person and family by:
 - Assessing children and young people's developmental needs in the context of their family and environmental factors including school and community, and parenting capacity
 - Understanding the key vulnerability factors for children and young people in special circumstances, such as illness in the family, and responding to their needs, including through referral and joint working
 - Recognising inequalities and ethnic diversity, and addressing them proactively
- Recognise inappropriate eating habits such as the development of anorexia nervosa, bulimia or morbid obesity and make appropriate referrals if specialist help is required
- Recognise the importance of supporting parents who have special needs
- Recognise the needs of children of parents with substance or alcohol misuse, mental health or domestic violence and abuse problems; parents who are teenagers; and parents with severe chronic or short-term conditions that affect their capacity to look after their children. Some families may need referral for multiagency assessment and support services: this may include referral to the health visitor for a comprehensive family needs assessment to understand and address the impact of the parents' needs on the children's health and development

Core Competence: Working with colleagues and in teams

This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.

This means that as a GP you should:

- Demonstrate an understanding of the importance of multiagency working (working across professional and agency boundaries) and the principles of information sharing
- Co-ordinate care with other primary care professionals, paediatricians and other appropriate specialists, leading to effective and appropriate care provision, taking an advocacy position for the patient or family when needed, including for palliative and end-of-life care

Core Competence: Maintaining performance, learning and teaching

This area is about maintaining performance and effective CPD for oneself and others, self-directed adult learning, leading clinical care and service development, participating in commissioning, quality improvement and research activity.

This means that as a GP you should:

- Maintain your knowledge and skills in the examination of the newborn child and the six-week check
- Be familiar with and access the best evidence about clinical management and prescribing of medicines for children
- Use significant event meetings and audit as tools with which to reflect on your clinical practice in children
- Use appraisal and your personal development plan in developing a clinical area of interest or refining existing skills
- Reflect on case-based discussions around child health and the identification of learning needs
- Reflect on this curriculum at regular intervals during your GP training and after qualification
- Reflect on aspects of protecting children and attend training

Core Competence: Organisational management and leadership

This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.

This means that as a GP you should:

- Describe the issues involved in delivering services for young people relating to access, communication, confidentiality and consent
- Provide access for young people to confidential contraceptive and sexual health advice services that are tailored to meet their needs

Core Competence: Practising holistically and promoting health

This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.

This means that as a GP you should:

- Demonstrate an understanding of the welfare of the unborn baby by:
 - Being aware of the impact of parental problems including domestic violence and abuse, substance and alcohol misuse and mental health problems
 - Being able to recognise the symptoms and presentations of such problems and to make a sensitive enquiry if concerned

- Providing information about, or referral to, local services for women who have substance and alcohol misuse problems as they are at greater risk of problem pregnancies and their care should be provided by an integrated multidisciplinary and multiagency team
- Have an awareness of disease prevention, well-being and safety in children and adolescents, including in the following areas:
 - Prenatal diagnosis
 - Breastfeeding
 - Healthy diet and exercise for children and young people
 - Social and emotional well-being
 - Keeping children and young people safe, safeguarding, accident prevention
 - Immunisation
 - Avoiding smoking, avoiding the use of volatile substances and other drugs, and minimising alcohol intake
 - Reducing the risk of teenagers getting pregnant or acquiring sexually transmitted infections
- Promote health and well-being by applying health promotion and disease prevention strategies appropriately, and using them to detect problems that may already be present but have not yet been detected, by:
 - Being aware of your role as a GP in promoting and organising immunisation
 - Being aware of your role as a GP in the prevention of accidents
- Support transitions (maximising children's achievements and opportunities, and understanding their rights and responsibilities)
- Describe the impact of disability on the child, young person and their family
- Promote physical health, mental health and emotional well-being by encouraging children, young people and their families to develop healthy lifestyles
- Describe your role as a GP in dealing with enuresis, sleep disturbance, bullying and school refusal

Core Competence: Community orientation

This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.

This means that as a GP you should:

- Adopt a family-centred approach in dealing with patients, their families and their problems. This requires:
 - Effective communication and engagement (listening to and involving children and young people, and working with parents, carers and families)
 - An understanding of the importance of supporting parents and having the skills to do this, noting that the role of fathers in parenting their children and teenagers is frequently

overlooked. Their contribution to their child's development and well-being is important. All GPs should be able to support fathers and have the skills for engaging with fathers as well as mothers

- Being aware of the child that is 'hidden' behind the parents' symptoms and illnesses
- Reconcile the health needs of patients and their families, and of the community in which they live, in balance with available resources. This requires:
 - an understanding of the legal and political context of child and adolescent care
 - an understanding of the organisation of care – care pathways and local systems of care
 - an assessment of needs, including an understanding of the assessment framework
- Describe the importance of the health care needs of the paediatric population of your community and the socio-economic and cultural features that might affect health
- Describe the importance of the workload issues raised by paediatric problems, especially the demand for urgent appointments and the mechanisms for dealing with this

Case discussion

James, a 14-year-old boy who is accompanied by his parents, presents to you in morning surgery following the discovery that he has been diagnosed with Juvenile Rheumatoid Arthritis (RA).

The parents are seeking further information from you regarding the condition, management and prognosis, as the shock of the diagnosis during their initial hospital consultation meant that they could not 'take a lot in' at the time of diagnosis.

Reflective questions

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Core Competence	Reflective Questions
<p>Fitness to practise</p> <p>This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.</p>	<p>What are my own personal values and assumptions regarding this child's diagnosis and how might these affect my judgements and behaviours?</p> <p>How would I manage a family complaint if they were unhappy with my support?</p>
<p>Maintaining an ethical approach</p> <p>This addresses the importance of practising ethically, with integrity and a respect for diversity.</p>	<p>What happens if there is a conflict between the child's and parents' wishes? What are the ethical dilemmas?</p>
<p>Communication and consultation</p> <p>This is about communication with patients, the use of recognised consultation techniques, establishing patient partnerships, managing challenging consultations, third-party consulting and the use of interpreters.</p>	<p>How might I adapt my consultation to take account of the differing needs of James and his parents?</p> <p>How confident am I in explaining prognosis?</p> <p>Which consultation models would help to improve my skills in managing this case?</p>
<p>Data gathering and interpretation</p> <p>This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.</p>	<p>How should I investigate early childhood arthropathy?</p> <p>Could there be a genetic element to this?</p> <p>What is the prevalence of early childhood arthropathy in primary care?</p> <p>Could I detect an arthropathy at an earlier stage?</p> <p>What do the terms 'sensitivity' and 'specificity' mean in the interpretation of laboratory investigation?</p>
<p>Making decisions</p> <p>This is about having a conscious, structured approach to decision-making; within the</p>	<p>How would I diagnose and manage juvenile RA (perhaps bringing in the principle of recognising acutely ill children/rare diseases)?</p>

consultation and in wider areas of practice.	
<p>Clinical management</p> <p>This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.</p>	<p>How confident am I to prescribe in this age group?</p> <p>How does juvenile RA present?</p> <p>How do I manage patients in the long term?</p>
<p>Managing medical complexity</p> <p>This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.</p>	<p>What are the risks of prescribing and monitoring disease modifying drugs in primary care?</p>
<p>Working with colleagues and in teams</p> <p>This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.</p>	<p>Which other members of the multidisciplinary team would I involve (e.g. school nurses, faith organisations, psychologist and family counsellors)?</p> <p>How can I work with my local paediatric services to manage a child with newly diagnosed RA?</p>
<p>Maintaining performance, learning and teaching</p> <p>This is about maintaining performance and effective CPD for oneself and others. This includes self-directed adult learning, leading clinical care and service development, participating in commissioning*, quality improvement and research activity.</p>	<p>What mechanisms exist in my practice to ensure that I am kept up to date with a diagnosis of juvenile RA?</p> <p>Should I be doing more to promote an awareness of childhood RA in my clinical practice and how do I do this?</p> <p>How might resource constraints prevent me from providing the best-quality care to patients with this diagnosis?</p> <p>What might be important to consider when thinking about managing long term illness in a child?</p>
<p>Organisational management and leadership</p> <p>This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.</p>	<p>What mechanisms are in place in my practice to ensure that RA patients and their relatives are reviewed on a regular basis?</p>
<p>Practising holistically and promoting health</p> <p>This is about the physical, psychological,</p>	<p>How do I plan to follow up James and his family?</p> <p>How might I manage the psychological impact of his</p>

<p>socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.</p>	<p>disease on the family?</p> <p>How can I manage issues around potential school absence?</p> <p>How do I manage the child and the parents' ideas, concerns and expectations?</p>
<p>Community orientation This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.</p>	<p>Which voluntary sector organisations might be helpful to James and his family?</p> <p>What are the care services available in my area for children?</p> <p>What psychological support services are available locally to children and adolescents?</p> <p>Who can advise on benefits if one parent gives up working to become a 'carer'?</p>

How to learn this area of practice

Work-based learning

In primary care

Primary care is the ideal place to learn about the health of children and young people in the context of where they live and go to school. It is important that as a GP specialty trainee you are involved in antenatal and postnatal care, and that you follow a few babies through their first year of life. Attending an outpatient or community outreach clinic with a child and their parent is an ideal way for you to gain a better understanding of the patient's journey. Exposure to baby clinics and immunisation clinics is essential. Exposure to consultations with young people will provide you with opportunities for learning about communication skills, as well as teamworking and specialist needs in prescribing. Look for opportunities for a visit or a placement at a dedicated youth clinic, a Child and Adolescent Mental Health clinic or attend a health session aimed at young people in a community setting.

As a GP trainee you should also take the opportunity to visit patients in their homes, attend case conferences and participate in the work of the multiprofessional team, which will include practice nurses, midwives, health visitors, school nurses and social care workers.

In secondary care

Some GP training programmes contain placements of varying lengths in a paediatric department. These will give you exposure to acutely ill children, young people and those who have been admitted to hospital for specialist treatment. Specialist care is, however, mainly provided in outpatient clinics and increasingly in primary care settings – particularly for children and young people who have rare conditions or require specialist treatment, or who have proven difficult to be managed by their GP.

These are ideal places for you as a trainee to see concentrated groups of children and young people with health problems. Educational programmes provided in the hospitals are often of value for doctors who are training to be GPs; however, it is important that this education reflects the needs of GP trainees and is not just targeted at specialist registrars or for a particular specialist examination.

Self-directed learning

You will find that deaneries, often working with their local universities, trusts and social services, provide a variety of courses about child health issues including child protection, immunisation and child development. The RCGP also provides a selection of courses across the UK in both child and adolescent health. The best of these stimulate reflection on real cases seen in your work and help you as a professional to develop the knowledge, skills and attitudes required for high-quality, collaborative care. The changes taking place within child healthcare provide a significant opportunity to develop new ways of learning and teaching, especially in the interprofessional setting. To this end, the Department of Health has collaborated with all the paediatric medical colleges and e-Learning for Healthcare to produce the Healthy Child Programme learning set which is available through e-GP (www.e-GP.org). E-learning should be combined with case review and multidisciplinary reflection.

Learning with other healthcare professionals

The effective care of children and young people is a multiprofessional activity with different health professionals working in teams, often across the historical primary and secondary care divide. It is therefore essential that your learning takes place as often as possible with other health professionals. During your training for general practice you should gain experience of working in a collaborative way with other professionals in the team. You should also participate in the practice's educational programme, audit and critical event meetings.

Interprofessional case-based learning is an effective way for you as a GP to learn about child protection (safeguarding children), and to remove some of the barriers to collaboration. You should participate in interprofessional education programmes provided by child protection teams in each locality. Child protection training often concentrates on physical signs and symptoms of abuse and provides limited understanding of the emotional and psychological implications for adults of early childhood abuse, trauma and neglect, and how these effects might be manifested in the consultation. The report of the Victoria Climbié inquiry⁴ argued that child *protection* is 'everyone's business' and made a strong case for better communication between professionals. The report also made two specific recommendations that are of immediate relevance to a curriculum for the care of children and young people. The report included a recommendation (No. 87 Report, p. 381):

'The Department of Health should seek to ensure that all GPs receive training in the recognition of deliberate harm to children and in the multidisciplinary aspects of a child protection investigation, as part of their initial vocational training in general practice and at regular intervals of no less than three years thereafter.'

⁴ Report of the Victoria Climbié Inquiry HMSO, 2003, www.gov.uk/government/uploads/system/uploads/attachment_data/file/273183/5730.pdf

Multiprofessional education and interprofessional education need to be distinguished. In multiprofessional education, different professionals happen to coincide in an educational event of mutual interest. By contrast, interprofessional education involves an explicit examination of different roles. Interprofessional barriers can be a real problem in practice, particularly at times of change or stress within the health service, and this applies as much to education as it does to service delivery. Amongst other health professionals, negative attitudes about medical practitioners wanting to be involved in interprofessional education programmes can be a problem. These conclusions are supported by a survey of Primary Care Trusts, conducted by the London Deanery. This survey revealed that although all localities have Area Child Protection Committees, which are responsible for providing multiprofessional education in child protection, neither GP trainees nor established general practitioners were involved. Others have also reported similar findings. However, successful schemes bringing together GPs, health visitors and community paediatricians are possible. A key component of successful initiatives is that the teaching team should include a mix of professionals who are prepared to look at their own different roles and to challenge the stereotypes that many professionals have about each other.

A further challenge is the national shortage of health visitors. Health visitors, working in close partnership with GPs, have traditionally been central to the provision of child health promotion. Partly in response to the recruitment crisis and, in England and Wales, to the introduction of the Healthy Child Programme (2009), health visitors have recently been redefining their jobs, taking on a greater public health role and, in many areas, withdrawing from GP surgeries. This has caused tension both within and outside the health visiting profession.

Some aspects of a curriculum for the care of children and young people will be appropriately delivered in a uniprofessional format (i.e. tailored to the needs of one particular profession), but there should be an increasing emphasis on interprofessional approaches in order to encourage collaboration with other professionals. The challenge involved in this should not be underestimated.

Useful learning resources

Books and publications

- British Medical Association and Royal Pharmaceutical Society of Great Britain. *The British National Formulary* London: BMJ Publishing Group
- British Medical Association, Royal Pharmaceutical Society of Great Britain, Royal College of Paediatrics and Child Health. *BNF for Children* London: BMJ Publishing Group
- Craft A and Killen S. *Palliative Care Services for Children and Young People in England: an independent review for the Secretary of State for Health* London: Department of Health, 2007,
- Department of Health. *Healthy Child Programme, pregnancy and the first five years* London, Department of Health, 2009
http://webarchive.nationalarchives.gov.uk/20130107105354/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107563
- Department of Health. *Healthy Child Programme, from 5-19 years old* London, Department of Health, 2009
http://webarchive.nationalarchives.gov.uk/20130107105354/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566

- Department of Health. *The Pregnancy Book* London: Department of Health, 2009
http://webarchive.nationalarchives.gov.uk/20130107105354/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107302
- Department of Health. *Birth and beyond: a review of the evidence about antenatal education* London: Department of Health, 2009
http://webarchive.nationalarchives.gov.uk/20130107105354/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109832
- Department of Health. *Birth to Five* London: Department of Health, 2010
http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107303
- Department of Health. *National Service Framework for Children, Young People and Maternity Services* London: Department of Health, 2004
- Hall D and Elliman D. *Health for All Children (4th edn)* Oxford: Oxford University Press, 2003
- Lissauer T and Clayden G. *Illustrated Textbook of Paediatrics (4th edn)* London: Mosby, 2011
- Office for Standards in Education (Ofsted). *Safeguarding Children 2008 report*
- Royal College of General Practitioners and Royal College of Nursing. *Getting it Right for Young People in Your Practice 2014*, www.rcn.org.uk/__data/assets/pdf_file/0008/78542/004509.pdf
- Simon C, Everitt H, Kendrick T. *Oxford Handbook of General Practice (2nd edn)* Oxford: Oxford University Press, 2005
- Teenage Pregnancy Unit, Department of Health. *Best Practice Guidance on the Provision of Effective Contraceptive and Advice Services for Young People*, 2000,
www.wales.nhs.uk/sites3/Documents/441/Bestpracticecontraception.pdf
- Valman B. *ABC of the First Year (6th edn)* London: BMJ Books, 2009
- Valman B. *ABC of One to Seven (5th edn)* London: BMJ Books, 2010

Web resources

Contact a Family

Contact a Family is a charity that exists to support the families of disabled children whatever their condition or disability. They provide resources for healthcare professionals including information for GP practices to assist them in coordinating care, Information to give to families and reliable medical information on a wide range of conditions. www.cafamily.org.uk/professionals

eLearning for Healthcare (eLfh)

The eLfh platform includes an RCGP-endorsed Level 3 course in Safeguarding Children. This course is available free of charge and can be found in both the Safeguarding Children and the e-GP e-learning programmes. www.e-lfh.org.uk

General Medical Council (GMC)

Resources include:

- Guidance for doctors involved in the care of children aged 0 to 18 years www.gmc-uk.org/guidance/ethical_guidance/children_guidance_index.asp
- Guidance on the child protection responsibilities of doctors www.gmc-uk.org/guidance/ethical_guidance/13257.asp

Great Ormond Street Hospital for Children NHS Trust (GOSH)

The GOSH website provides a useful resource for health professionals and parents on a variety of children's conditions. www.gosh.nhs.uk

International Children's Palliative Care Network (ICPCN)

The ICPCN is the only international network of organisations and individuals working within all children's palliative care services across the world. www.icpcn.org

Medikidz

Online and printed resources in comic book superhero format, providing good medical information for children. www.medikidz.com

National Institute for Health and Care Excellence (NICE)

BNF for Children. www.evidence.nhs.uk/formulary/bnfc/current

CG89: When to suspect child maltreatment, <http://guidance.nice.org.uk/CG89>

(Also other resources on constipation, fever, urinary tract infections.)

Patient

Advice and health information for patients. <http://patient.info>

Royal College of General Practitioners (RCGP) www.rcgp.org.uk

The e-GP course on the Care of Children and Young People includes topics such as care of neonates and infants, care of children, adolescent health and safeguarding children, as well as the Healthy Child Programme learning set. www.e-GP.org

Other RCGP resources include:

- RCGP Child and Adolescent Health information page, including link to RCGP Child Health Strategy, 2010–2015, www.rcgp.org.uk/clinical-and-research/clinical-resources/child-and-adolescent-health.aspx
- RCGP Safeguarding Children and Young People Toolkit, www.rcgp.org.uk/clinical-and-research/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx

Royal College of Paediatrics and Child Health

The college's mission statement is to transform child health through knowledge, innovation and expertise. The website provides useful training updates and educational materials. www.rcpch.ac.uk

Royal College of Psychiatrists

A number of useful leaflets on young people's mental health conditions. www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo.aspx

Together for Short Lives

One of the resources available on this comprehensive site is the Children's palliative care handbook for GPs www.togetherforshortlives.org.uk

UNICEF Baby Friendly Initiative

This site includes an e-learning package on breastfeeding. www.babyfriendly.org.uk

United Nations Convention on the Rights of the Child (UNCRC)

The Convention on the Rights of the Child is a universally agreed set of standards and obligations. Children have the same general human rights as adults but they are particularly vulnerable and so also have particular rights that recognize their special need for protection. www.unicef.org/crc

Youthhealthtalk

A website with interviews and video clips of young people's real-life experiences of health and lifestyle. www.healthtalk.org/young-peoples-experiences