

ST1+2 Job Description

JOB DESCRIPTION – Paediatrics

INTRODUCTION

This post will be for doctors on the 3 year GP Training Programme in South Manchester and will be for 6 months.

Job Title: GPST1 and GPST2

Speciality: Paediatrics

Duration of Post: 6 months as part of the GP Specialist training programme

Base: UHSM Wythenshawe Hospital

Responsible to: Consultants in Paediatrics

Working Hours: 48 hours

On-call: Full shift

Duties of the Post

GP Speciality Trainees are responsible to the Consultants and the Trust for:

General Medical Ward

- Regular daily ward round and responsibility for general paediatric beds
- Emergency admissions/admissions through the Paediatric Observation and Assessment Unit.
- Investigation of day patients.

All Posts

- Assessment, diagnosis and initial management of acutely ill children referred to secondary care paediatrics by primary care and Emergency Medicine services.
- To answer without unreasonable delay any request for assistance from the Casualty Officer or other colleagues if they wish to refer a patient for opinion.
- Checking Radiology and Pathology reports and ensuring that appropriate action is taken.
- Duties outside the Hospital that may be agreed by the Department (e.g. clinics, transfer of patients between hospitals etc).
- To contact personally Laboratory technicians and Radiographers on-call when they are required in cases of emergency.
- To interview relatives of patients, as required.
- Prompt and effective communication of discharge of patients to relevant professionals within the primary care team.
- Maintenance of adequate and proper records on patients for both clinical and audit purposes (including data input into the computer system) and for the furnishing of letters, reports and other documentation as required for medical, legal and statutory purposes.
- Instruction of nursing staff, FY1, FY2 and, from time to time medical students, under training within the Department.
- Coding diagnostics and treatment of patients on the information system
- To attend the designated teaching sessions of the department.

In addition to the above, GPSTs will be expected to provide reasonable continuity of care - particularly to seriously ill patients - **and to remain on duty until the doctor relieving them is present.**

Clinical Governance

Undertake induction and mandatory training, including completion of the Educational Agreement.

In accordance with the Educational Contract, take part in audit.

Teaching

Manchester undergraduates are attached to the unit. The post holder is encouraged to teach them informally, and give them opportunities to clerk patients and present their histories

Educational Aspects of the Post

Educational content

The post holder will have a named clinical supervisor who is accountable for the overall educational experience of the job.

The post holder will also be expected to attend the weekly GP teaching programme arranged by the Primary Care Medical Educators at the Education and Research Centre at UHSM.

The post holder will participate in a continuing programme of education in Paediatrics within the hospital department. This will be encouraged by various educational methods including self directed learning, tutorials, random case analysis, project work, audit, case studies, computer based learning and clinical practice.

The post holder will be entitled to study leave in accordance with national and local guidelines.

The post holder should record progress in their e-portfolio.

The Appraisal and Educational Assessment

Trainees should be appraised at the beginning of their job, mid-way and at the end of the job to provide educational feedback and suggest ways forward. Educational appraisal and assessment should be based on the GP core curriculum.

At the end of the post the clinical supervisor will complete the supervisors report in the trainee's e-portfolio. The trainee should give feedback on the training post.

Learning Objectives for GPST Paediatric Post

1. Be competent in identifying, giving acute treatment for and appropriately admitting/referring important serious or life threatening paediatric conditions including:
 - Angioedema and Anaphylaxis
 - Meningitis and meningococcal sepsis
 - Acute severe asthma
 - Convulsion
 - Unconscious child
 - Epiglottitis / stridor
 - Diabetic ketoacidosis & hypoglycaemia
 - Injuries & poisoning
 - Dehydrated child
 - Acute abdomen

2. Be able to perform basic life support of infants, children and young people
3. Know how to diagnose and manage the following common paediatric conditions, including for those conditions being able to:
 - take a logical structured history and undertake a relevant examination
 - identify children's and parents'/carers' ideas, concerns and beliefs about their disorder and how their disorder impacts on their life
 - choose and undertake appropriate investigations
 - interpret clinical findings to make a logical diagnosis or differential diagnosis
 - explain diagnoses and negotiate relevant management plans
 - neonatal problems: birthmarks, feeding problems, heart murmur, 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 exanthemas,
 - urinary tract infection,
 - epilepsy
 - chronic disease: asthma, diabetes, arthritis, learning disability
 - mental health problems such as attention deficit hyperactivity disorder, depression, eating disorders, substance misuse and self-harm, autistic spectrum disorder and related conditions
 - psychological problems: enuresis, encopresis, bullying, school refusal, behaviour problems including tantrums
 - child and young person development (physical and psychological)
4. Have gained appropriate knowledge and skills to be accredited for child health promotion including:
 - Awareness of developmental milestones
 - Knowledge of normal growth and physical development and deviation from this
 - How to holistically and systematically assess an individual child's, young person's and family's needs
 - Evidence based childhood screening
 - Awareness of the principles of nutrition and infant feeding
 - Knowledge of vaccination schedules and ability to advise appropriately
 - Ability to assess stages of puberty
 - Awareness of the functions of health visitors, school nurses
 - The principles of how to deliver child health promotion in primary care
 - Be able to perform an adequate examination and assessment of the newborn child
 - Be able to perform an adequate six-week examination and assessment

5. Understand the principles of child protection including:
 - Being able to recognise the clinical features of child abuse
 - Knowing the different pathways for referral
 - Knowing how to play a part in assessment of child abuse and the common assessment framework
 - Knowing about local arrangements for child protection, including the functioning of the Area Child Protection Committees and case conferences

6. Know the principles of primary prevention how to offer health advice regarding
 - breastfeeding;
 - healthy diet and exercise for children and young people;
 - social and emotional well-being;
 - keeping children and young people safe; child protection, accident prevention
 - immunisation
 - avoiding smoking, using volatile substances and other drugs and minimising alcohol intake,
 - reducing the risk of teenagers getting pregnant or acquiring sexually transmitted infections.

These learning objectives are based on the Royal College of General Practitioners Curriculum Statement 8: Care of Children.

Consultant StaffCONSULTANT PAEDIATRICIANS

NAME	INTERESTS\SPECIAL CLINICS
Dr. Naveen Rao	Allergy, C.F., Dermatology
Dr F Al-Zidgali	Neonates
Dr. Miles Riddle (RCPCH Tutor)	Diabetes, Endocrinology, Education
Dr. Lydia Bowden	Neonates.
Dr R Nawaz (Clinical Lead)	Gastroenterology
Dr Alice Setti	Neonates
Dr Elazabi	Neonates, Rheumatology
Dr Clare Wilkins (Trafford)	Diabetes & Endocrinology, Safeguarding Lead (Trafford)
Dr Helen Lewis (Trafford)	Neurodevelopmental
Dr Lap Yeung	Epilepsy/Neurology
Dr Gopi Vemuri	Neonates

COMMUNITY PAEDIATRICIANS

Dr. Wendy Rankin
Dr. Maureen McArdle

PAEDIATRIC SURGERY

Mr S Hennyake

CHILD AND ADOLESCENT PSYCHIATRISTS

Dr. Helen Fitzpatrick
Dr. Ann Shortall

CLINICAL PSYCHOLOGISTS

Mrs J Hopper
Ms. Helen Bowers
Ms. J. Roberts

PAEDIATRIC NEUROLOGIST

Dr. Imelda Hughes

ADMISSIONS PROCEDURES

GP referrals for acute admission are seen in POAU between 9am-8pm (7 days a week) and assessed by the Paediatric junior doctor attached here.

GP referrals outside these hours and other emergencies are admitted by the “on-call” junior doctor

Patients aged sixteen or over are routinely admitted to the adult wards unless they are under the care of a Paediatrician, e.g.: cystic fibrosis, asthma, diabetes.

All children admitted to the paediatric wards with medical problems must be under the care of one of the Consultant Paediatricians.

Accept admissions from GPs, Emergency Medicine, Community Paediatric Nurses, Midwives and Social Workers.

Referrals for urgent out-patient appointments or opinions are discussed with the Hot Week Consultant and passed to secretaries or out-patients reception.