Sir,

Effective Primary Care is the foundation of high-quality health care. It is estimated that young children consult their GP on average three times per year\(^1\), with up to six additional visits in the first 18 months of life for immunisations. Only one in 20 of these consultations in Ireland results in referral to a Paediatric consultant\(^2,3\). The recently introduced free GP care to children under 6 years which requires GPs to provide regular childhood health checks and annual asthma care reviews, is clear evidence of the Irish government’s intention to ensure comprehensive healthcare for Irish children within General Practice. Our study was performed to measure GP trainees’ perceived competence in managing common paediatric presentations in General Practice. The study was also designed to identify possible deficits in experience and training and to explore the perceived need for more training in Paediatrics.

In order to ascertain GP trainee’s competence in delivering paediatric care in General Practice a questionnaire, informed by the Core Curriculum for Specialist Training developed by the Irish College of General Practitioners (ICGP) was distributed. Trainees at three of Ireland’s 14 specialist GP training schemes were surveyed. Trainees were invited to comment on 82 different skills, presentations and conditions that relate specifically to the practice of Paediatrics within the General Practice setting.

Forty-five percent (58/128) of those surveyed responded. All questions were scored according to a Likert scale where 1 indicated ‘strongly disagree’ and 5 indicated’ strongly agree’. Improvement in self-reported competence was detected as trainees progressed through their training with hospital based trainees rating their competence in Paediatrics as 3.67/5 and practice based trainees scoring their competence as 4.13/5. Trainees were next asked to comment on their competence performing paediatric specific skills and managing specific presentations.

The assessment of normal childhood mental and physical development were the skills where the greatest perceived deficit in trainee competence was detected, while the assessment of hearing and vision in children were also shown to be skills where trainees reported low levels of competence.

Management of crisis presentations such as non-accidental injury, sudden infant death, psychiatric problems and behavioural issues were the paediatric presentations where trainees reported their poorest perceived competence. While some common presentations such the management of feeding issues, food intolerance, orthopaedic problems and sleep disturbance completed the list of the most challenging presentations to manage.

The findings of our study are consistent with findings of GP training programs internationally. Training in Paediatrics for GPs varies between European countries but is generally considered to be too short\(^4\). Offering GP trainees the opportunity for more paediatric clinical experience and training, in the areas where they reported deficits in their paediatric training is likely to improve their perceived competence.
Opportunities to achieve this might include increasing the time currently spent in hospital paediatric training (usually 6 months), or delivering paediatric education outside the hospital setting with input from allied health professionals (Public Health nurses, Psychologists and Physiotherapists etc.).

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References


