

## **Community Paediatrics: Definition and International Precedents**

The American Academy of Pediatrics defines community paediatrics as focusing on all children in a community. It considers the influence of social determinants on the health and functioning of children. It integrates clinical practice with the principles of public health to promote children's health within the context of the family and community. It also links community partners to advocate for quality and equitable services for children.

The subspecialty in community paediatrics or community child health (CCH) has existed in the UK since the 1980s. The community paediatrician in this setting works in secondary care and has skills in caring for vulnerable families; diagnosing and managing neurodevelopmental and long-term health conditions; and child public health. The subspecialty has improved child health, although increasing rates of poverty, inequity, and non-communicable diseases challenge the gains made.

Community Child Health was recognised as a subspecialty in Australia in 1998. The main domains of the subspecialty include child protection, child development and behaviour and child population health.

Globally, 90% of children live in low- and middle-income countries (LMIC) and are affected by infectious diseases, malnutrition, long-term health conditions, injuries, mental health problems and environmental health issues. Although the number of childhood deaths has declined, under-5 child deaths, stunting and the failure of children to reach their developmental potential are prevalent due to poverty and poor nutrition.

There is a call for paediatricians to be more active locally, regionally and internationally in meeting the health, developmental and social needs of children through education and training of the paediatric workforce; taking on leadership roles; and forging linkages with providers in PHC, education and social services.

### **The Need for Training in Community Paediatrics in South Africa**

In South Africa, the need for a child public health focus is underpinned by an under-five mortality (U5MR) currently estimated to be 32 per 1000 live births. Considerable work needs to be done in reaching the third Sustainable Development Goal (SDG) and the U5MR target of <25 per 1000 live births by 2030. Common preventable conditions such as neonatal problems, diarrhoea, pneumonia, malnutrition, and HIV/AIDS are the main contributors to under-five deaths. These causes mask many other conditions which are pervasive within communities and impact the quality of life of children, including hunger and food insecurity, chronic disease, disability, child abuse, domestic violence, mental health problems, teen pregnancy, substance abuse and crime. Social determinants, which include poor environmental conditions are the main drivers of this poor state of health. A shift is needed in the training of paediatricians and other healthcare cadres working at the district and regional levels to ensure that children survive and thrive within an enabling environment, this includes training not only to

acquire clinical skills but also knowledge and skills in child public health and in working with other relevant sectors.

A previous survey of paediatricians working at regional hospitals and responsible for child health services within their catchment area indicated that while they had acquired the necessary clinical skills during their training, there were several gaps in their knowledge which limited the impact of their work at the primary level of care. These included teaching and training, health management, policy development, clinical governance, and management of long-term child health conditions, including neuro-developmental conditions.

This subspecialty will equip paediatricians to strengthen the delivery of child health services within the various districts in the country; it has been designed to meet the training needs and skills of paediatricians working at regional and district levels who want to take on a public health responsibility for children in their catchment area; it is aligned with the role and functions of the district paediatricians who are part of the District Clinical Specialist Teams (DCSTs).

In 2008, the Heads of Paediatric Departments at eight academic institutions supported the University of Cape Town (UCT) in developing a sub-speciality and training curriculum in Community Paediatrics. Subsequently, a special interest group was convened to develop a syllabus and portfolio of learning for the sub-specialty, which was approved by the Colleges of Medicine in 2012. The sub-specialty was registered by the Health Professions Council of South Africa (HPCSA) in 2020. The UCT MPhil in Community Paediatrics is a subspecialty qualification and training programme accredited by the Higher Education Quality Committee (HEQC) of the Council on Higher Education in 2024. Simultaneously, the HPCSA approved the UCT Community Paediatrics training sites at New Somerset Hospital, Mitchell's Plain Hospital, Victoria Hospital, and Red Cross War Memorial Children's Hospital.

### **M Phil (Community Paediatrics) at UCT**

The MPhil in Community Paediatrics aims to strengthen child health services and programmes and improve the health outcomes for children by providing paediatricians sub-specialising in Community Paediatrics with specialised knowledge, understanding and skills.

The programme will:

- Deepen and advance, using an evidence-based and experiential approach, specialised knowledge, understanding and skills in community and general paediatrics of paediatricians working at primary and secondary levels of care.
- Educate and train those undertaking the subspecialty in health systems research to enable them to critically evaluate and contribute to knowledge on community paediatrics at an advanced level.

The UCT Master of Philosophy in Community Paediatrics (MPhil Community Paediatrics) is a 180-credit NQF level 9 professional master's degree comprising three components: coursework, a portfolio of learning, and a research project. The training takes place over 2 years.

Table 1. Summary of MPhil Comm Paediatrics Programme

<b>Part</b>	<b>Year</b>	<b>Component</b>	<b>Content</b>	<b>Credits</b>
1	1 & 2	Coursework	Advocacy and Children's Rights Long-term Health Conditions Child palliative care Infant, Child Adolescent Mental Health Health Information Systems Child Health Policies and Programmes Adolescent health care Epidemiology, Biostatistics, Research Appraisal Child Protection, abuse and neglect Communication, education and training Health management and leadership Rural and remote child health Quality Improvement	90
2	1 & 2	Portfolio of Learning	Work-integrated learning with Entrustable Professional Activities (EPA's), and the application of learning concepts are reflected in the logbook for the CMSA.	45
3	2	Research Project	The focus will be on health systems research	45

### **Course learning objectives:**

On completing the coursework, learners will demonstrate specialised knowledge and competencies of:

1. Key principles of epidemiology including the main concepts, disease causation, study design, measuring disease and diagnostic tests.
2. Key biostatistical concepts and apply these when covering the relevant epidemiological units using published research.
3. Finding and critically evaluating reliable sources of evidence, correctly interpreting, and applying these to specific practice settings to children with long-term conditions and the development of clinical guidelines.
4. Health promotion approaches and be able to apply and monitor these within the child health context.
5. Ranking, planning, and implementing priority child health interventions at the primary and secondary levels of care.
6. The pattern of child morbidity and mortality; be able to critically interrogate and analyze child health policies and programmes.
7. Advocating for the realisation of children's rights, the ethical issues and legislation relating to child health care.
8. Management as part of the health system; health management and leadership values, practices, and competencies; managing change; human resource management; and financial management.
9. Knowledge and understanding of the different health information systems; health indicators; quality improvement in healthcare; monitoring and evaluation of healthcare programmes.
10. The theories of communication; intercultural communication; effective verbal and written communication; and communication in small and large groups.
11. Applying adult education principles to in-service training of health personnel; applying active teaching and learning methods; and applying the main principles of feedback and assessment.

## **Teaching and learning methodology**

Trainees will need to complete coursework tasks aligned with learning outcomes, with assessment by a tutor or supervisor.

The portfolio of learning will focus on competency-based medical education, including entrustable professional activities (EPAs) related to clinical and child public health tasks. Trainees will participate in academic clinical ward rounds and meetings, contributing to discussions and presentations. Clinical skills will be acquired through work-based learning and assessment in paediatric outpatient settings and during outreach visits. Trainees will be required to assess, diagnose, manage, and follow up with children with long-term health conditions. Tasks related to child public health will be undertaken in primary health care settings.

Consultants will supervise trainees at different training sites. Work-based learning and assessment will be captured in an ePortfolio, accessible to supervisors for assessment. Trainees must reach specific competency levels for different tasks and reflect on their learning experiences.

The research project will focus on health systems-related research. Trainee assessment will include a presentation to key stakeholders and a written report, assessed by internal and external examiners.

## **Faculty**

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