



FELLOWSHIP HANDBOOK

ADVANCED SPECIALISED TRAINING

Paediatrics

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.

Contents

Introduction	4
Rationale	4
Credentials	4
Eligibility	5
Training	5
Education	5
Assessment.....	5
Training posts.....	6
Supervision	6
Competencies	7
Syllabus.....	8
Knowledge.....	8
Skills	11
Attributes	14
Presentations and conditions.....	14
Learning resources.....	15
Acknowledgements	16

Introduction

Fellows of ACRRM receive specialist registration as a general practitioner with the Medical Board of Australia and can practise in any location throughout Australia.

ACRRM's standards and training also prepare doctors to be rural generalists.

A rural generalist is a general practitioner who has specific expertise in providing medical care for rural and remote communities. A rural generalist understands and responds to the diverse needs of Aboriginal, Torres Strait Islander and other rural communities; this includes applying a population approach, providing safe primary, secondary and emergency care as required and providing specialised medical care in at least one additional discipline.

Paediatrics is recognised as one of the additional disciplines in which a rural generalist may undertake Advanced Specialised Training (AST).

Advanced Specialised Training in Paediatrics is a training program that builds on ACRRM Core Generalist Training in Paediatrics.

Rationale

Many rural and remote areas in Australia experience long-term shortages of specialist paediatricians. In these areas the general practitioner can usually obtain advice from a specialist paediatrician by telephone or send test results by email for an opinion. However, these clinical interactions are more complex than standard referrals, and place additional requirements on the treating rural generalist. The rural generalist will often need to deliver a broader range of services, regardless of telephone advice or assistance. Most practical skills, time-critical skills and chronic care skills are difficult or impossible for a distant specialist to deliver over the telephone. Therefore, advanced skills in paediatric diagnosis and management can be highly advantageous to rural generalists and to their young patients.

Rural and remote communities need general practitioners who are confident to deal with the acute and non-acute childhood and adolescent presentations, as well as parental concerns.

Candidates undertaking advanced specialised training in paediatrics will work within a multidisciplinary team structure to develop skills to diagnose and manage a wide range of paediatric conditions. They will also develop skills to influence community and environmental factors to promote wellness and reduce disease incidence.

Credentials

A rural generalist who has completed the advanced specialised training program in Paediatrics can:

- work independently as a senior medical officer in a rural hospital
- work without local specialist paediatric support
- work as part of an on-site team with other skilled medical, nursing and allied health practitioners
- diagnose and manage common acute and chronic paediatric conditions
- diagnose and manage less common or more complex, acute and chronic conditions with consideration of clinical services capability
- provide primary, secondary and emergency care
- provide an advisory resource in paediatrics to other rural generalists

- maximise the effectiveness of specialist outreach and telemedicine services in their communities
- assist in training rural generalists
- assist in the development, provision and promotion of paediatric services
- engage in, foster, and encourage research
- assist in the development of health policies and procedures.

Eligibility

Prior to undertaking this training, candidates must meet the following criteria:

- satisfactory completion of 12 months Core Generalist Training component of ACRRM Fellowship training or
- have completed postgraduate year two for those doctors who are not in Fellowship Training.

Training

Advanced Specialised Training in Paediatrics requires a minimum 12 months full time or equivalent part time training in an ACRRM accredited training post. If part-time, registrars should be employed no less than 0.5 FTE. The training may be undertaken in two or more blocks or concurrently with Core Generalist Training.

Education

Registrars are expected to average a minimum of four hours per week engaged in educational activities related to the AST. A record of education must be kept by the registrar and discussed with the Supervisor and Medical Educator regularly throughout training.

Registrars participate in the RACP registrar education program and education tailored to the AST curriculum.

Registrars must successfully complete the following courses:

- Advanced Paediatric Life Support (APLS) course
- Neonatal resuscitation course and
- Child protection course covering:
 - identifying and responding to children and young people at risk
 - jurisdiction reporting requirements (many short online courses are available).

Assessment

The assessments required for Advanced Specialised Training are additional to the assessments undertaken for Core Generalist Training.

Registrars must submit to their training organisation and ACRRM the following:

- AST Plan and Progress Report completed by registrar and supervisor every three months
- Five miniCEXs conducted by their supervisor
- Five Case Based Discussions conducted by their supervisor (strongly encouraged)

Registrars must gain a pass in AST Paediatric StAMPS.

See the [Fellowship Assessment Handbook](#) for further information on assessment requirements.

Training posts

Training for the Advanced Specialised Training year in Paediatrics may be undertaken across one or more posts. An appropriate post or combination of posts must be prospectively accredited by ACRRM. To achieve the curriculum outcomes, it may be necessary for a registrar to split his/her training across more than one post. It may also be necessary to undertake one or more short-term secondments to learn specific skills.

Appropriate posts would have the following features:

- able to offer appropriate supervision by a specialist paediatrician or GP with an appropriate skill set, subject to approval by ACRRM
- able to offer a suitable range and depth of paediatric learning opportunities

Facilities that may contribute to a teaching post may include:

- 6 months in an accredited paediatric acute care unit
- 3 months community child health
- 3 months child psychiatry

A training post accredited for RACP for basic / advanced paediatric physician training will generally be suitable but must also gain accreditation for AST paediatric training. Institutions with established educational links to other institutions and involvement with undergraduate teaching and other vocational training would be highly desirable.

See [Supervisor and Training Post Standards](#) for further information.

The AST registrar must be employed as a Registrar or in an equivalent position.

Supervision

Candidates undertaking AST in Paediatrics will require specific medical, professional and personal support and supervision arrangements.

This will include at least one:

- *Specialist supervisor* – a doctor holding a Fellowship of RACP or other Fellowship with relevant qualifications and experience who is overall responsible for the clinical and educational supervision of the registrar.

See [Supervisor and Training Post Standards](#) for further information.

Competencies

Rural Generalist competencies are grouped under the eight domains of rural and remote practice. They describe the key competencies that are required in each context of practice.

These competencies are required to be met by all Rural Generalists prior to Fellowship, they are described in the [Rural Generalist Curriculum](#).

The specific competencies that are extended in Paediatrics Advanced Specialised Training are described below at Core and Advanced levels.

Competencies		Core Generalist	Advanced Specialised
1.3	Diagnose and manage common and important conditions in rural primary, secondary and emergency settings	Provides patient with most plausible diagnoses based on evidence gathered Negotiates individual evidence-based management plan, considering impact of the condition and proposed management on the patient's lifestyle/function	Diagnoses and manages less common or more complex, acute and chronic conditions with consideration of clinical services capability: Autonomously delivers a defined scope of specialised clinical practice
1.6	Appropriately order, perform and interpret diagnostic investigations	Judiciously orders investigations with the risks and benefits of investigations explained to the patient Able to explain how each investigation contributes to the patient's management. Assists with development of robust and efficient systems to ensure that results are interpreted and communicated to patients	Performs and interprets a broader range of diagnostic investigations as identified in the relevant syllabus and within clinical services capability
1.7	Ensure safe and appropriate prescribing of medications and non-pharmacological treatment options	Reviews and revises own patterns of prescribing to improve quality and safety Performs non-pharmacological treatment options from Core	Delivers a broader range of pharmacological and non-pharmacological treatment options as identified in the relevant syllabus and within clinical services capability
1.8	Formulate an appropriate management plan, incorporate specialist practitioner's advice or referral where applicable	Arranges referrals in concert with the patient and/or carer considering the balance of potential benefits, harms and costs	Works with a team on and off site to provide specialised clinical care
1.9	Demonstrate commitment to teamwork, collaboration, coordination and continuity of care	Provides leadership and participates as a respectful team member with local and distant teams to optimise quality patient care Works collaboratively, including during challenging situations and transitions of care Negotiates and manages conflict amongst the healthcare team	Provides leadership for the defined scope of specialised clinical practice

Syllabus

The Core Generalist Training knowledge and skills for paediatrics required by all rural generalists, are defined in the Rural Generalist Curriculum. The Advanced Specialised Training Paediatrics knowledge, skills and attributes that build on this core are described below.

Knowledge

- AS.K.1 Describe the physiological differences between a neonate, child and adolescent
- AS.K.2 Discuss the principles and issues relating to patterns of inheritance, newborn screening and counselling
- AS.K.3 Describe early attachment theory
- AS.K.4 Demonstrate knowledge and understanding of the causes of inter-uterine conditions likely to cause developmental delay, including:
 - anomalies of the central nervous system
 - low birth weight – especially less than 1000 grams
 - chromosomal abnormalities – including fragile X syndrome
 - congenital infections
 - cerebral palsy
 - disorders of the sense organs
 - inborn errors of metabolism
 - neuromuscular disorders
 - foetal alcohol spectrum disorder (FASD) and maternal drug ingestion
 - orthopaedic abnormalities
 - poverty and maternal malnutrition
- AS.K.5 Discuss advanced understanding of the five domains of developmental disability:
 - speech and language delay
 - gross motor delay
 - fine motor delay
 - personal and social delay
 - global delay
- AS.K.6 Discuss pervasive developmental disorders, including:
 - Autistic Spectrum Disorder (ASD)
 - Rett's Syndrome
 - childhood disintegrative disorder
 - pervasive developmental delay not otherwise specified
- AS.K.7 Describe learning disabilities and the protocols for administering and interpreting the results of the Wechsler Intelligence Scale for Children (WISC)
- AS.K.8 Explain aspects relating to nutrition, including:
 - causes and implications of low birth weight, prematurity and intrauterine growth retardation

- the principles and issues associated with nutritional goals by age group including flexible feeding patterns, risk factors for deficiencies, as well as food allergy and sensitivity.
- the application of knowledge to age-specific exercise, recreation and fitness programs and reducing the risk of obesity and other related diseases

AS.K.9 Describe when a child can consent to medical treatment on their own behalf, and without their parents' knowledge.

AS.K.10 Discuss issues relating to adolescents, including:

- rights of children and adolescents including individual rights, use of chaperones, age of consent, confidentiality, and power of guardians over the rights of minors, in everyday patient care
- normal striving for independence and the issues of concern to young people as they progress through adolescence
- barriers perceived by adolescents which may limit access to effective medical care and how best to address these
- effect of peer pressure, school, mass media and employment prospects on the attitude and behaviour of adolescents
- common developmental issues for adolescents including individuation, sexual maturation, cognitive development and self-esteem
- strategies to manage problems that can arise during adolescence including peer issues, and problems with body image, support/alienation from family/school/peers, oppositional behaviour, school dysfunction and self-harm
- strategies to manage psycho-social issues in adolescents including effects of homelessness, unemployment and their health impact, risk-taking behaviour including substance misuse (normal, experimentation, at risk, out of control), suicidal intention or self-harm, dysfunctional families, eating disorders
- financial and compliance issues when prescribing for adolescents
- family development and dynamics affecting children including parental substance use, the effects of smoking, childhood caffeine use and high-risk families

AS.K.11 Discuss issues relating to Aboriginal and Torres Strait Islander children, including:

- knowledge of the diseases over-represented in Aboriginal children,
- understanding the impact of poor living conditions and over-crowding
- management of acute episodes of disease
- long-term management of chronic conditions
- population health initiatives for disease prevention and management
- understanding Cultural Safety
- understanding Guardianship within communities
- understanding barriers to effective prevention, treatment, and compliance with advised care

AS.K.12 Discuss sexual health issues, including:

- knowledge of child protection including knowing the relevant laws in their state or territory
- knowing the role of chlamydia testing and screening in teenagers
- knowing when to take a more detailed sexual history

- having information and resources available regarding common sexually transmitted diseases
- know the local resources
- know local treatment protocols

AS.K.13 Describe toxicology, poisoning and envenomation, including:

- know the venomous animals etc in their area of work and the principles of treatment – local spiders, snakes, marine animals
- know the treatment of common childhood poisons and overdoses and be competent in their treatment
- be familiar with the Poisons Information Centre including the phone numbers

AS.K.14 Discuss palliative care in childhood, including:

- principles of palliative care in the paediatric setting
- knowledge of local resources and referral protocols
- knowledge of local support services and other patient resources
- understanding the importance of supporting the child and family in a culturally appropriate manner
- pain management

AS.K.15 Discuss vaccine preventable infectious diseases:

- advanced knowledge of the immunisation schedule
- ability to describe the complications of immunisations
- ability to discuss the myths of immunisations
- knowledge of the immunisation preventable diseases

AS.K.16 Discuss growth and nutrition including:

- growth faltering/failure to thrive,
- overweight/obesity,
- specific nutritional deficiencies including iron deficiency,
- vitamin D deficiency outside of the neonatal period.

AS.K.17 Discuss diagnostic testing in children, including:

- understanding of the indications, contra-indications and techniques for an extended range of paediatric diagnostic investigations
- how to arrange a wide range of paediatric tests and interpret their results, taking into consideration age variation and findings relevant to different age groups
- explaining to parents and caregivers the relevance of the results

AS.K.18 Discuss principles and practices for pharmaceutical prescribing in children, including differences between paediatric and adult prescribing, including but not limited to:

- thrombolytic therapy
- treatment of bleeding disorders
- inotropic therapy
- disease modifying anti-rheumatic drugs
- insulin therapy

- chemotherapy
 - advanced palliative care
 - anticoagulation
 - mental health conditions
- AS.K.19 Discuss the indications, contra-indications and techniques for an extended range of paediatric diagnostic investigations
- AS.K.20 Describe formulas for paediatric resuscitation, including:
- weight
 - endotracheal tube size
 - fluid resuscitation
 - dose of adrenaline
 - joules for electrical shock
- AS.K.21 Describe appropriate pain relief: oral sucrose for infants, topical amethocaine
- AS.K.22 Discuss characteristics of rural and remote settings and their implications for child and adolescent health practice, including:
- types of conditions likely to be encountered
 - impact of rural and remote attitudes
 - impact of distance – including delays in transport/referrals
 - impact of limited resource availability
- AS.K.23 Utilisation of technology where useful, including video/tele conferencing, video-otoscopy, picture archiving and communication system (PACS) utilisation including USS 'quality control', and microscopy of CSF

Skills

- AS.S.1 For the less common or more serious conditions and presentations of childhood and adolescence with consideration of clinical services capability:
- recognise the presentation
 - establish a provisional diagnosis
 - plan and arrange appropriate initial investigation
 - initiate empiric therapy
 - discuss broad therapeutic options
 - refer appropriately
 - provide ongoing management
- AS.S.2 Obtain a clinical history including:
- maternal
 - family – including cultural and social factors
 - genetic
 - birth
 - neonatal
 - developmental

- nutritional
- immunisation
- environmental
- past medical

AS.S.3 Engage with and perform a relevant physical examination and developmental assessment including:

- elucidation of a wide range of clinical signs including subtle clinical signs indicative of dysmorphology
- investigation for negative signs (i.e. signs that are absent)
- assessment of developmental age and/or learning ability
- neonatal examination
- growth and serial measurement
- examination and assessment of a child with a convulsion and/or altered level of consciousness
- assessment for physical signs of nutritional and metabolic disorders including growth failure, obesity and insulin resistance
- identify physical signs and behaviour patterns associated with neglect and abuse
- examination of all joints for differential diagnosis

AS.S.4 Order and/or perform diagnostic tests, including:

- full blood count – understand and advise on normal blood results
- Point of care testing and interpretation of urine, Hb, WCC, chem8, chem4, international normalized ratio (INR), brain natriuretic peptide (BNP)
- gram stain on cerebrospinal fluid (CSF)
- specialised blood tests – including arterial blood gases, renal biochemistry, liver function tests (LFTs), bacterial serology and viral serology
- chest X-ray – interpretation of chest X-rays in children and adolescents, understanding and advising on age-appropriate variations and abnormalities
- growth charts – understand the normal growth patterns in childhood, and appropriate use and interpretation of growth charts
- abdominal ultrasound
- bronchoscopy
- CT scan interpretation
- MRI interpretation
- electroencephalogram (EEG)
- electrocardiogram (ECG)
- bone marrow examination
- behavioural assessments and specialised developmental testing

AS.S.5 Manage abnormal results, including:

- screening of high-risk pregnancies – including cervical cytology
- vitamin D deficiency
- screening for Haemoglobinopathies

- varicella, cytomegalovirus and toxoplasmosis serology
- chlamydia screening
- thyroid function test
- 'triple' or 'quadruple' testing
- ultrasound for nuchal translucency
- neonatal fever and suspected neonatal sepsis
- neonatal jaundice
- neonatal hypoglycaemia
- ability to perform a heel prick test and discuss with parents the conditions it is used to test for
- reasons for administration of Vitamin K, BCG and Hepatitis B vaccine at birth
- respiratory distress in the newborn
- feeding of the newborn
- management of the infant of a diabetic mother

AS.S.6 Assess and manage children with psychosocial issues including:

- behaviour management – including children with challenging behaviours
- sleep difficulties
- nocturnal enuresis
- parenting issues
- eating disorders
- swearing problems
- issues relating to the context of childhood within the family
- children at risk of child abuse
- grief responses
- school performance issues

AS.S.7 Assess and manage mental health conditions, including:

- ability to perform a mental health screen for children and adolescents
- high prevalence anxiety and mood disorders
- the child whose mother has depression especially post-natal depression
- intervening in a case where a child or adolescent is at risk for suicide
- early psychosis with appropriate support or referral

AS.S.8 Identify early indicators of 'at risk' behaviours of adolescents and initiate harm minimisation strategies

AS.S.9 Use range of adolescent communication/assistance strategies including:

- emergency strategies
- confidential history taking
- minimising anxiety
- encouraging compliance
- direct family counselling and

- assist in coping with imprisonment
- AS.S.10 Prevent occurrence and recurrence of primary conditions and prevent secondary complications from primary conditions
- AS.S.11 Recognise conditions in childhood that may only show their consequences in adulthood eg obesity, bone health, rapid weight gain in growth retarded infants
- AS.S.12 Manage acute conditions requiring inpatient admission specific to children and adolescents including:
 - head injury
 - hypovolaemia
 - hyper and hypoglycaemia
 - acidosis
 - hypoxia and
 - blood transfusion
- AS.S.13 Estimate and administer fluid requirements for ongoing maintenance
- AS.S.14 Manage neonates admitted with common neonatal medical conditions
- AS.S.15 Meet mandatory reporting requirements, as relevant to state or territory
- AS.S.16 Manage conditions overrepresented in Aboriginal and Torres Strait Islander children
- AS.S.17 Competent, confident and independent performance of the child and adolescent procedural logbook skills

Attributes

- At.1 Accountability
- At.11 Integrity
- At.7 Empathy

Presentations and conditions

- Upper respiratory, mouth, eye and ear, including recurrent viral infections, croup (acute, recurrent), stridor, laryngomalacia, rhinitis, sinusitis, nasal septal haematoma, epistaxis, sleep apnoea, hearing loss, otitis media, chronic suppurative otitis media, otitis externa, cholesteatoma, stomatitis, thrush, herpes, coxsackie virus, teething, caries prevention, tonsillitis, epiglottitis, cervical adenopathy, congenital glaucoma, cataract, blocked tear duct, conjunctivitis: infectious & allergic, unilateral red eye, retinoblastoma, amblyopia, squint, periorbital cellulitis
- Lower respiratory, including recurrent bronchitis, bronchiolitis, asthma, wheezy cough under three years, cough, psychogenic cough, pneumonia, atypical pneumonia, pertussis, cystic fibrosis, tuberculosis, bronchiectasis
- Cardiac, including murmurs (innocent and pathological), coarctation of the aorta, supraventricular tachycardia, abnormal blood pressure, subacute bacterial endocarditis prophylaxis
- Gastrointestinal, including abdominal pain, acute abdomen, headache, vomiting, diarrhoea, acute and chronic, dehydration as a factor in acute illness, rehydration techniques, gastro-oesophageal reflux disease, pyloric stenosis, coeliac disease, appendicitis, hernia, abdominal mass, intussusception, constipation, encopresis, rectal bleeding, jaundice, hepatitis

- Genitourinary, including abnormal/ambiguous genitalia, fluid - electrolyte imbalance, hydrocoele, undescended testis (early, late), inguinal hernia, urinary tract infection, vesicoureteral reflux, congenital abnormality urinary tract, acute urinary obstruction, glomerulonephritis, nephrotic syndrome, enuresis, vulvitis, labial adhesions, phimosis, paraphimosis, torsion of testis, circumcision, tumours
- Dermatological, including normal skin variation, aboriginal skin problems, birth marks, viral exanthems (specific and non-specific), solar pathology/prevention, napkin rash, thrush, tinea, kerion, eczema, psoriasis, seborrheic dermatitis, scabies, lice, molluscum contagiosum, orf, pityriasis, perianal streptococcus, infections, impetigo, urticaria, drug/food rashes, septicaemia, meningococcus
- Musculoskeletal, including limp, Perthes' disease, hip dysplasia, lower limb problems, patello-femoral syndromes, epiphysitis, apophysitis, soft tissue trauma, minor dislocations, progressive muscular weakness, sepsis, bone/joint infections
- Infections, including measles, mumps, rubella, Epstein-Barr virus, herpes simplex, haemophilus influenza B, meningococcus, varicella zoster, streptococcus, staphylococcus, chronic viral, HIV, hepatitis, tropical infestations, congenital (rubella, cytomegalovirus, hepatitis)
- Haematological, immunological, and rheumatological, including normal age haematology, anaemia, lymphoma, leukaemia, inherited conditions, purpura, haemophilia, thalassaemia, sickle cell disease, allergies (general concepts and fads), vasculitides, angioedema, Kawasaki syndrome, autoimmune disease, general arthralgia, systemic lupus erythematosus, rheumatoid arthritis, immunodeficiency, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS)
- Endocrine, including diabetes, thyroid disorder/s, short stature, abnormal puberty
- Neonatal, including respiratory distress, asphyxia, cyanosis, hypoglycaemia, hypothermia, vomiting, failure to pass meconium, physiological jaundice, non-physiological jaundice, intraterm and neonatal infection, seizures, maternal syphilis, hepatitis B & C, HIV
- General issues, including neonatal checks, Well/Normal baby/child checks, Growth problems, failure to thrive, obesity, behavioural issues, (normal versus 'problem'), the social context, developmental delay, disruptive children, attention deficit hyperactivity disorder (ADHD), autism spectrum disorder, sleep disorder, the crying baby, oppositional behaviour and alienation, disability, (learning: specific/general), intellectual disability (sub normality), physical disability, language disability, sudden infant death syndrome (SIDS) prevention and management
- Over represented in Aboriginal and Torres Strait Islander children: diarrhoeal disease, chronic, malnutrition, Type II diabetes and insulin resistance, failure to thrive, urinary tract infections and renal stones, chronic suppurative otitis media and associated hearing loss, chronic suppurative lung disease/bronchiectasis, trachoma, iron deficiency, scabies, parasitic infestations, impetigo, rheumatic fever, post strep glomerulonephritis, and other infectious diseases such as parasitic diseases

Learning resources

ACRRM online courses are mapped to the Rural Generalist Curriculum. A range of courses are available on paediatrics, these may be identified through the [search function](#). These courses also provide links to external learning resources.

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