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Training in primary care paediatrics: The role of entrustable professional activities

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ABSTRACT

Primary care paediatrics is practiced throughout the countries of Europe with different structures of health care systems and identities of care providers. The best way to guarantee that paediatricians are competently trained and provide high quality care to children and adolescents in primary care is a flexible and comprehensive training program based on practice and demonstration of acquired competencies. Entrustable professional activities represent a significant step toward improving the training and assessment of future healthcare professionals. It may constitute a model that unifies the training standards in primary care and community paediatrics.

Primary care (PC) and community paediatrics is a distinct specialty/discipline that manages the comprehensive well-being of the child from birth until up to eighteen years of age or legal majority, in the context of the home, family, and community.

Although the structure of health care systems and identities of care providers differ throughout the countries of Europe[1,2] PC paediatrics is practiced in all of them.

It is important that the families and communities be ensured and confident that paediatricians are the best trained professional and provide high quality care to children and adolescents in primary care.[3]The best way to guarantee this, is a flexible and comprehensive training program based on practice and demonstration of acquired competencies. Good training means qualified paediatricians and qualified paediatricians means the best care for children and adolescents.

In the evolving landscape of medical education, the Entrustable Professional Activities (EPAs) concept was introduced in 2005. The adoption of EPAs represents a significant step toward improving the training and assessment of future healthcare professionals.

The most commonly accepted EPA concept is summarized in ten Cate's and Taylor's definition "a unit of professional practice that can be fully entrusted to a trainee once he or she has demonstrated the necessary competence to execute this activity unsupervised" .[4]

One of the key advantages of EPAs is that they focus on real-world competencies. Traditional medical education often emphasizes the acquisition of knowledge, sometimes at the expense of practical, hands-on experience. EPAs, however, are designed to ensure that learners are not only knowledgeable but also capable of applying knowledge and skills to every day's work in contacts with children and their families. This shift towards outcome-based education also allows educators to assess learners more holistically, ensuring that they are prepared to handle the complexities of patient care upon entering independent practice of each learner.

Furthermore, EPAs support a more personalized approach to medical education. Because EPAs are task-specific and tied to observable outcomes, they enable educators to tailor training programs to the individual needs of each learner. This flexibility is crucial in a field as diverse and rapidly changing as medicine, where the ability to adapt and continuously improve is essential.

EPAs represent a bridge between a competency framework and the activities involved in daily clinical practice.[5]

Since EPAs concept was introduced within paediatrics, articles have been published on EPAs in neonatology, pediatric emergency medicine, and general paediatrics. The American Board of Paediatrics has published validated experiences with the implementation of the EPAs in pediatric subspecialties, thus demonstrating the validity of EPAs as effective for the assessment of graduate medical education. However, EPAs in PC paediatrics have not yet been established.[5]

The European Confederation of Primary Care Paediatricians (ECPCP), aware of the different models of training and the lack of homogeneous standards among paediatric residents, decided to develop a curriculum specifically focussed on PC paediatrics. The ECPCP Education working group took on the task of creating a Primary Care Paediatric competence-based curriculum which was successfully published in 2014. Consecutively, in the EPAs education context, the ECPCP Education group designed a training model based on EPAs specifically for PC paediatrics. The goal of this project was to provide, to both residents and tutors, a valuable opportunity to reflect on professional practice in PC paediatric settings, by focusing on effectiveness of interventions and outcomes of professional activities. The group aimed to make the model flexible enough so that it can be adapted to different training models and different European health systems.[5,6]

The project was carried out by the ECPCP Education working group during 2017–2019 and endorsed by all other ECPCP delegates (PC paediatricians from 23 professional organizations in 19 European countries). The whole working group was involved in the development of the project with a dedicated and selfless participation. The project was

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developed in three phases. The first phase consisted in setting up the objectives, performing bibliographic research and writing a preliminary first draft. During the second phase, all EPAs were shortened and simplified to enable their understanding and their use. The final phase consisted of a comprehensive review and a final edition.

Eleven EPAs were identified centering on the daily roles and activities in the PC paediatrician's office (Table 1). This set of EPAs should represent a valid coverage of the profession and constitute the major guidelines for training and assessment and strongly determine the resulting individual's professional profile.[7]

The EPA structure includes: 1) **A title** which provides an informative description that specifies the kind of medical activity and defines the particular group of patients to which it is directed; 2) **A description of the activity; 3) A selection of the domains of competence**. The domains describe the areas of competences that are included within each specific EPA. Some EPAs might be excellent to demonstrate competence in organizational matters whereas others offer the opportunity to illustrate cooperation or health advocacy, etc.; 4) **Competencies within each domain** and 5) **Required knowledge and skills** needed to perform each EPA.

The progression in training requires the learner to demonstrate the ability to perform the EPA successfully at the different stages of development. For this reason, the trainer should take the entry–level of the resident into account and decide for which new responsibilities or activities he or she is to be trained. The established entry-level position determines the number and nature of EPAs that the resident can attain. As the trainee progresses through the training program, the schedule may be adapted, according to the progress made.[7] Flexibility in postgraduate medical training programs provides residents with the opportunity to develop in a chosen direction, at a speed that can be adjusted to their capabilities.

Once the learner demonstrates the ability to provide safe and effective patient care, while acting without supervision, the task may be safely entrusted to the trainee, who will be acknowledged as having successfully reached the specific EPA level by receiving the designation "EPA reached" .[7] The EPAs furnish criteria which ensure that residents acquire the knowledge, skills, and attitudes necessary for advancing in their program.

At the end of each EPA, a table containing the learning objectives (described in "outcome" terms) corresponding to the EPA, allows for the evaluation of the trainee with one of the 3-level rating scale. The table constitutes a practical and easy–to–manage model for an objective assessment. This type of assessment will serve as a road map for trainees as well as for trainers.[6]

The full document of the EPAs in PC paediatrics is available for download on the ECPCP website (https://www.ecpcp.eu). It includes detailed instructions on how to use the EPAs in clinical practice.

In order to gradually incorporate this methodology into the training of PC paediatric residents, ECPCP education group has developed training videos for trainers, in which we explain clearly and concisely what the EPAs consist of and how to use them, so that EPAs can be more easily included in the daily routine.

EPAs can facilitate learning in the PC setting. *A* training program based in PC paediatrics. EPAs may constitute a model that unifies the training standards in PC and community pediatrics.[8]

Homogenizing PC paediatrics training throughout Europe would help to ensure that PC paediatricians are prepared to provide excellent medical care for children**.** Basing on EPAs will increase confidence of clinical skills for trainees and mentors and will serve to improve cooperation across varying specialties that care for children in ambulatory settings. In essence EPAs pave the way from competency-based to outcome-based education.

Table 1
List of 11 Entrustable Professional Activities (EPAs) in primary care paediatrics from the curriculum working group of the European Confederation of Primary Care Paediatricians.

EPA 1	Provide recommended age-related paediatric health screening and anticipatory guidance.
EPA 2	Care of the adolescent.
EPA 3	Care of patients with acute medical problems.
EPA 4	Carry out appropriate procedures and management plans for the diagnosis and treatment of acute and chronic diseases.
EPA 5	Care for children with complex illnesses, developmental, behavioural, and psychosocial problems and children with suspect abuse or neglect.
EPA 6	Manage children with common physical injuries.
EPA 7	Manage children suffering from acute/potentially life-threatening events.
EPA 8	Provide continuous and coordinated care for children with chronic conditions and/or disabilities.
EPA 9	Collaborate as a member of an interprofessional team.
EPA 10	Network in the community.
EPA 11	Assure patient safety and provide quality assurance.

EPA: Entrustable professional activity.

CRediT authorship contribution statement

C. Villaizán Pérez: Conceptualization, Writing – original draft, Writing – review & editing. **M. Aparicio Rodrigo:** Conceptualization, Writing – review & editing. **F. Fehr:** Writing – review & editing.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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