

# **A Framework of Competences**

**for Level 3 Training  
in Children's Mental Health**

July 2006  
Revised October 2008



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## **FOREWORD**

I am very pleased to present this final stage, Level 3, of our Framework of Competences in Paediatrics. This level 3 document builds on the two preceding frameworks we have published, for Basic Specialist Training and for Core Higher Specialist Training, now re-named as Levels 1 and 2. The emphasis is firmly on the achievement of competences and not on a time-based training programme. From August 2007 all trainees will enter specialty training within the framework outlined in the Modernising Medical Careers initiative. Achievement of these competences will determine a trainee's progress through the specialty training programme.

The development of this Level 3 framework, with our fifteen sub-specialty curricula, has represented a huge amount of work. I would like to thank all those chairs and members of our College Specialist Advisory Committees (CSACs) who have shown such commitment and support to this project. In particular, we would like to thank Dr Edward Wozniak and Dr Gabrielle Laing, Chairs of General Paediatrics and Community Child Health CSACs respectively, who have been involved in the development of the competences at all three levels.

The College Officers responsible for training have guided and supported this work unstintingly for the last eighteen months and I would like to thank Dr Mary McGraw, Dr Claire Smith and Dr Ian Doughty for their commitment and involvement in the project. In addition, we would like to thank Kim Brown for the development and co-ordination of this work.

These documents have been prepared for submission to PMETB in July 2006 and we hope to publish them, subject to their approval, by Christmas 2006.

Patricia Hamilton  
President, Royal College of Paediatrics and Child Health  
July 2006



## **Section 1 Introduction**

### ***Who is this book for?***

It is for doctors at Level 3 in their training in Children's Mental Health, their tutors and educational supervisors.

### ***Why do I need it?***

The book gives you and your tutors guidance about the areas you need to cover during your training. It gives a clear picture of what you have to have achieved by the end of this stage of training, before you become a consultant. You need this book as it forms the basis of your assessment at the end of Level 3 Training.

### ***How do I use the book?***

You can sit down with the book on your own and use it to help you identify areas of practice that you need to work on and those areas in which you feel fairly confident. You can talk to your tutor about the balance of your experiences and look for ways to ensure that you cover all the areas you need to.

### ***Progression***

This is the final stage in your training as a paediatrician. The competences you gained during Level 1 (Basic Specialist Training) and Level 2, Core Higher Specialist Training have formed the basis for your progression into Level 3 training and on to a Consultant post. Table 1 (page 9) illustrates this progression through your training.

### ***A note about the format of this document***

This framework sets out the competences that you need to achieve by the end of Level 3 Training. These build on and develop statements of competence set out for Levels 2 and 3. You are expected to work from all three documents throughout this final stage of your training to ensure that you maintain and continue to develop areas of competence already acquired as well as developing new ones.

Sections 2 and 3 present new statements of competence for Level 3 only, in order to keep the focus clear. Trainees will need to refer back to previous documents for Level 1 and 2 competences in General and General Clinical competences. However, we have retained statements from earlier stages of training in the sub-speciality sections in Section 4, so that the range of competences across Levels required is clear.

The competences set out in the tables appear in normal type, to indicate those brought forward from Levels 1 and 2 and in bold to highlight new levels of competence for Level 3. In Section 5, competences from Levels 1 and 2 are included. The expectation is that trainees will gain further expertise in these procedures and investigations in this final stage of training.

### **A note about assessment**

The statements in this book have been expressed as learning *objectives*. These are the focus of your training.

When it comes to your assessment, at the end of this phase of your training, we will want to know how well you have achieved these objectives and to be confident that you are fit to practise as a Paediatric Consultant. This is what we mean when we talk about your competence. So while here you may have, for example, a number of detailed objectives relating to consultation skills or communicating with children, in your assessment we will want to see how you bring all these together and how competent you are overall in your communication skills. This document is not intended as an assessment document but to support training. The assessment of your competence will be by work-based assessments already in use and currently being developed.

### **Working group:**

Kim Brown	Training and Assessment Adviser
Ian Doughty	Officer for Level 3 Specialist Training
Gabrielle Laing	Chair, Community Child Health Specialist Advisory Committee
Mary McGraw	Vice-President for Training and Assessment
Claire Smith	Donald Court Fellow
Edward Wozniak	former Chair, General Paediatrics Specialist Advisory Committee

## Progression in the Professional Development of a Paediatrician

<b>During Level 1 Training</b>	<b>During Level 2 and 3 Training</b>	<b>Continuing development as a consultant</b>
<i>Acquires fundamental knowledge base</i>	<i>Applies knowledge base to provide appropriate clinical care</i>	<i>Evaluates knowledge and modifies clinical care pathways to enhance patient care.</i>
<i>Acquires clinical examination and assessment skills and applies these in clinical practice</i>	<i>Analyses clinical findings to derive appropriate differential diagnosis and management plans.</i>	<i>Evaluates assessment findings; refines and modifies management plans.</i>
<i>Acquires all basic technical skills and basic life support</i>	<i>Proficient at all basic technical procedures, some complex procedures and provides advanced life support.</i>	<i>May relinquish some skills in these areas dependent on area of clinical practice. May acquire speciality specific skills.</i>
<i>Performs allocated tasks and begins to plan tasks</i>	<i>Plans and prioritises tasks appropriately.</i>	<i>Increasing expertise with evaluation of priorities and appropriate delegation across a wide range of professionals.</i>
<i>Performs allotted teaching tasks</i>	<i>Plans and delivers teaching to trainees and other professionals. Develops peer mentoring skills.</i>	<i>Plans and modifies curricula. Performs assessment and appraisal. Able to provide mentorship.</i>
<i>Aware of management issues</i>	<i>Develops management skills and able to take responsibility for a defined project. Contributes to Committees.</i>	<i>Can negotiate and deal with conflict. Can contribute to and lead committees. Evaluates and modifies management structures.</i>
<i>Performs allocated audit projects and understands the audit cycle</i>	<i>Designs audit project and understands risk management. Able to write appropriate clinical guidelines. Understands the Clinical Governance implications</i>	<i>Facilitates audit, and evaluates results. Evaluates guidelines and ensures implementation of appropriate changes</i>
<i>Understands the principles of critical appraisal and research methodology</i>	<i>Able to appraise the literature critically and apply to clinical practice</i>	<i>Able to evaluate critical appraisal performed by others. Able to lead research projects and support others in research.</i>
<i>Works in multi-professional teams</i>	<i>Able to take the lead and accept leadership from other members of the multi-disciplinary team</i>	<i>Evaluates and modifies multi-professional team-working</i>

## **What is a Paediatrician?**

Paediatricians have a detailed knowledge and understanding of diseases in children. They are skilled in looking at health and ill-health in babies, children and adolescents, and at specific health issues, diseases and disorders related to these stages of growth and development. They develop expertise in practical procedures specifically related to the good clinical care of small babies and children. Paediatricians work in multi-disciplinary teams and with colleagues from a wide range of professional groups in hospitals, general practice and in the community, in social services and schools and with the voluntary sector. They have strong communication and interpersonal skills and take on a variety of roles within their different communities of practice. They share expertise effectively and assume the responsibilities of teaching, leadership and management roles where appropriate. They work with colleagues to ensure consistency and continuity in the treatment and care of children and young people in all aspects of their well-being. They are committed to a policy of advocacy for a healthy lifestyle in children and young people and for the protection of their rights.

Paediatricians are doctors who have a particular compassion and respect for children, young people and their families and enjoy working with them. They have an expert understanding of the ways in which illness affects the child, the parents and the rest of the family and are skilled in the management of emotionally complex family situations. They show patience and sensitivity in their communications with children and their families and a particular ability to explore each individual's perspectives of a problem. They are aware of religious and cultural beliefs that parents might hold about the treatment of their children. They know how to respond in these cases, when to seek support and where to find legal and ethical guidelines to support their practice.

Paediatricians ensure that they are up-to-date in their practice and endeavour to promote evidence-based medicine where possible. They are keen to develop innovative approaches to teaching in paediatrics and to research. They are committed to the highest standards of care and of ethical and professional behaviour within their specialty and within the medical profession as a whole. Central to their work is the principle that all decisions should be made in the best interests of the child or young person in their care.

## **Contexts for Learning**

In drawing up this framework of competences, we have envisaged a wide range of opportunities in which trainees will learn. They will be expected to work on their own, using databases and electronic libraries to research particular conditions or areas of professional practice. This work might be in preparation for a clinic, or a presentation to a group of trainees and supervisors. Trainees may engage with a distance-learning programme in order to develop greater expertise in an area that interests them or that they need to strengthen. Supervisors will need to ensure opportunities for trainees who have undertaken independent study of this kind to share their learning with others. It is through teaching about something you have read or learned or understood differently that learning is consolidated and questioned.

*Feedback* is essential at all stages of the teaching and learning process. Even in the course of a lecture or on a ward round trainees can communicate important messages about their learning needs through facial expressions and body language as well as in their answers to questions. Tutors need to be ready to pick up on these, to seek out actively trainees' responses to their teaching so that they can make adjustments accordingly and ensure that effective learning takes place.

As well as independent study, trainees will find themselves in a number of different communities of practice. In many cases, their learning will result from shared discussion around the diagnosis of a condition, for example, or the identification of an injury. Experienced colleagues from a range of disciplines may join a specialist team, each sharing their expertise, in order to come to a safe diagnosis or decision about how to proceed, for example in the case of suspected abuse. Trainees need to be encouraged to join these discussions so that they develop confidence in their communication skills with colleagues and in their ability to contribute to clinical decision-making.

Supervisors need to be aware of the importance of asking questions in these situations and of the most effective way to do this, so that trainees are fully engaged and learning as they listen. Closed and open questions have their place, and explicit educational strategies such as 'scaffolding' are essential. The teacher takes the learners, step by step, from their initial level of understanding of a condition or a process, for example, to a deeper or more extensive understanding, through a formal cycle of informing, questioning, informing, testing out and consolidating new information. Ward rounds and clinics offer good opportunities for this kind of interaction, with individual trainees and groups. The exchange may be brief or sustained and it is the close focus on understanding which gives this teaching technique its power. Trainees are also encouraged to

write a reflective log and it is important to make clear that this needs to go beyond a narrative of events to an analysis of the process of learning they are experiencing. This, in turn, will equip them well to become teachers themselves of less experienced colleagues.

The college is committed to an explicit educational approach. Identifying contexts for learning is the first step. But it is important to go beyond this to a consideration of the way in which different contexts influence the teaching and learning that take place or that are required. It is helpful to be able to identify apprenticeship models, or experiential learning but these alone do not tell us much about the teaching and learning process. The curriculum sets out what is to be learned and we know where these things will be learned. But it is also essential to understand how teachers and trainees will learn.

With the completion of the curriculum, the college is now working on resources to support the teaching and learning of its contents and on guidance for trainees and supervisors on the pedagogical process of training in Paediatrics.

For an overview of teaching and learning in postgraduate medicine, see *Liberating Learning* (COPMED, 2002).

## **Section 2    General Competences**

### **Knowledge and Understanding**

#### ***Substantial re-wording or new statements of competence for Level 3 Training***

- understand the impact of physical illness on mental functioning, for both children, young people and their parents and the effect of each upon the behaviour and functioning of the other
- understand the impact of relations and mental health upon a child's or young person's current and past emotions and behaviour
- understand the impact of culture and ethnicity in presentations of physical and psychological conditions
- know, understand and be able to compare and contrast medical and social models of disability
- understand the relationship between local health, educational and social service provision
- know about the agencies, both statutory and voluntary, that can provide general and condition-specific support to children, adolescents and their families in coping with their health problems
- know the objectives of paediatric follow-up
  
- understand and take account in their practice of risk issues to themselves and others, including those related to personal interactions, and bio-hazards
- have a working knowledge of risk assessment and its application to personal, professional, clinical and organizational practice
- understand and take account in their practice of measures to reduce clinical risk
- know how relative and absolute risks are derived and the meaning of the terms predictive value, sensitivity and specificity in relation to diagnostic tests
- know the legal and ethical guidelines to support their work, management and challenges and where to find more information when required
- be aware of the multidisciplinary investigation of sudden unexpected death in infancy
- understand the management of bereavement and be aware of national guidance documents on this
- understand the purpose of post-mortem examinations and know about procedures
- understand the process of bereavement in children and families and recognise abnormal grieving patterns

### **Competences specific to the specialty**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- know and understand the range of children's psychological and social development, including the normal range and what is outside it
- understand the impact of early nurture and care on children's functioning and presentation in terms of emotions, behaviour and relationships
- understand the impact of child, sibling and parental relations and mental health upon a child's current and past emotions and behaviour
- understand the natural history of common mental disorders across the lifespan
- understand the impact of other environmental factors on children's mental health and functioning, including the impact of violence, trauma, abuse and disruption, wherever this has occurred
- understand how a family's and child's attitude to the problem and services may be significant in affecting the presentation and its management
- understand standard classification systems for mental health problems and disorders
- know and understand when it is useful to supplement clinical assessment with standardised instruments or questionnaires for the specific conditions, and which assessments to choose
- know the theoretical basis of a range of treatments; behavioural treatments, individual non-directive treatments including psychodynamic counselling / therapy, psycho-education groups, cognitive and systemic treatments and know when other forms of psychological intervention might be appropriate
- be aware of strategies for prevention of mental health difficulties
- know the factors which help families engage with change

(see *Good Medical Practice* (GMC 2001) - Good Clinical Care: 2, 3; Delegation and Referral: 45, 46.)

### **Skills**

#### ***Substantial re-wording or new statements of competence for Level 3 Training***

- recognise the breadth of different presentations of common disorders
- recognise features of undifferentiated illness which suggest serious or unusual pathology and initiate the appropriate clinical response with appropriate urgency
- recognise the diseases and host characteristics which make certain presentations life-threatening and manage these situations with vigilance and appropriate urgency

- be able to recognise when both physical and psychological problems are present and when more than one condition or disorder may be present
- be able to assess and manage co-morbidities associated with the range of paediatric presentations
- take a history from a child, young person and parent of the presenting difficulties to acquire information in sufficient breadth and depth in a range of possible symptom areas to allow accurate formulation of the problem
- be able to undertake an assessment of the mental state of children and young people, taking into account their age and stage of development and know whether they have the skills to help them and when to seek more expert paediatric, mental health or psychiatric assessment
- have developed observation skills to support their interpretation of children's or young people's developmental levels and possible physical signs when they are unable to co-operate with formal assessments
- be able to supplement clinical assessment with standardised instruments or questionnaires
- know when to gather information from other professionals eg those working in education, social work or from others who see the child in a variety of settings
- be able to seek the views of children and young people, whatever their illness, regarding individual care and service planning, using expert resources appropriately
- be able to make a decision on the 'most likely' diagnosis and discuss this effectively with children and young people and their parents or carers, and with other colleagues, in the context of a plan of investigation and management
- be able to formulate a management plan for complex cases
- be able to review and modify a management plan as appropriate and know when to request help from senior colleagues or other services
- be able to take responsibility for the longer-term management of common acute and chronic cases leading or working with the multi-disciplinary and multi-agency teams, sub-specialists or networks as appropriate
- have developed expertise in practical procedures specifically related to the clinical care of small babies and children, and young people
- be able to develop and work within care pathways
- be able to manage and know how to obtain support for the consequences of chronic illness for a child, young person and their family

- be able to work effectively in multi-disciplinary teams and with colleagues from a wide range of professional groups
- be able to interact effectively with professionals in other disciplines and agencies and from the voluntary sector
- be aware of their role in the team and of their impact in the team
  
- have developed skills in recording consultations accurately and sensitively whilst maintaining a good rapport with the young person and family
- have developed a wide range of effective age-appropriate communication skills specific to their work with babies, children, young people and their families
- have developed credibility in their relationships with children, young people and their families, and with colleagues through their knowledge and skills and experience in clinical practice and in their ability to work independently
- have developed strategies to manage a child's or young person's anxiety and personal anxieties
- have developed basic behavioural management skills with parents, children and young people and with other professional colleagues
- be able to recognise, acknowledge and manage different levels of parental anxiety
- be able to assess patterns of relationships and functioning within a family and how these might impact on a child's or young person's illness, seeking professional advice where appropriate
- have developed effective skills in the management of emotionally complex family situations
- be able to recognise indicators of stress or mental health problems in family members and communicate appropriately with relevant professionals
- be able to remain calm in stressful or high-pressure situations and take a timely, rational approach to the problem
- be able to approach new situations which require good clinical judgement with an analytic and informed approach
- show confidence and independence in decision-making in the care of patients
  
- be able to apply effectively to their practice the knowledge and understanding acquired during training
- have developed a reflective approach to their practice, with an awareness of their level of expertise and limitations and their development needs
- show an ability to learn from their previous good practice, and from clinical errors

- be able to practise evidence-based medicine and understand and analyse critically its limits
- be able to understand the limitations of guidelines, how to use guidelines effectively and when it is appropriate to work outside guidelines
- have skills in managing perceptions or presenting complaints and illness for instance in response to perceived stigma
- have developed skills in maintaining appropriate confidentiality in relation to the social situation of the child
- be able to discuss an assessment of the psychosocial health of a child or young person with the multi-disciplinary team while respecting patient confidentiality

### **Competences specific to the specialty**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- be able to establish a good rapport with child and parents to allow a full exploration of mental health issues, taking into account the needs of child and family as well as the setting where the assessment takes place
- take a broad history of the child's functioning, to include the child's personal history, early development, functioning in other settings and the impact of the disorder, family background and social circumstances as well as parental mental health and functioning
- be able to undertake a comprehensive assessment of the mental state of the child, taking into account their age and stage of development
- be able to make valid observations of normal and abnormal patterns of relationships and functioning within the family
- be able to summarise and integrate information from the history and from direct observation in order to make a decision about the nature and severity of any difficulties or disorder found
- be able to compare the presentation in the child with standard clinical criteria according to a variety of mental health classification schemes
- be able to recognise when more than one psychological difficulty or disorder may be present
- consider an adequate range of possible explanations for the presentation and be able to synthesise this understanding into a biopsychosocial formulation of the difficulties for any particular family
- recognise what other information may need to be acquired in order to come to valid conclusions about whether a mental disorder is present, and know how to access such information
- be able to recognise when complex mental states are present, including psychotic

- symptoms or other complex states may be present, and arrange a psychiatric assessment
- be able to recognise and assess subtle forms of emotional abuse
  - recognise signs of mental health difficulties in parents and/or carers and respond appropriately
  - be able to recognise exceptional psychosocial circumstances (e.g. child abuse or severe parental psychopathology), liaising appropriately with colleagues for example in Child and Adolescent Psychiatry or Learning Disability
  - be able to contribute to the development of a multi-agency intervention plan that includes psychological, educational and social contributions
  - be able to help a child or family to maintain hope but also to be realistic in the face of continuing impairment
  - be able to co-ordinate educational, social, and psychological interventions

(See *Good Medical Practice* (GMC, 2001) - Good Clinical Care: 2,3; Maintaining Trust: 19; Working with Colleagues 34, 36; Probity: 50.)

## **Values and Attitudes**

### ***Substantial re-wording or new statements of competence for Level 3 Training***

- be committed to a policy of advocacy for a healthy lifestyle in children and young people and for the protection of their rights
- understand national and contribute to local initiatives aimed at reducing inequalities in child health and well-being
- practise with compassion and respect for children, young people and their families and act as a role model for others
- adopt an open-minded approach to equality and diversity in their practice
- be aware of the effects of social, cultural and religious context and conflict upon families
- understand the importance of cultural diversity and the difficulties where religious and cultural beliefs that parents might hold about the treatment of their children are in conflict with good medical practice
- have developed strategies to manage relationships where health-care beliefs might cause conflict
- be able to advise patients appropriately on debates and controversies in health care
- be sensitive to the effects of stigma on children and families in relation to medical conditions

- be able to work effectively with children, young people and parents or carers, to agree and help them follow management plans
- be able to work effectively with young people who may have or may develop health care beliefs which are in conflict with those of parents or professionals
- be able to accept complex and difficult challenges
- show an understanding of the importance of ensuring a healthy balance between professional and domestic priorities
- have the willingness to acknowledge and reflect on the way in which they may, influenced by their earlier life experiences, have an impact on perceptions of and interactions with young people, their families and professionals

### **Competences specific to the specialty**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- be aware of the way in which the earlier life experience of the practitioner may have an impact on perceptions of and interactions with young people, their families and professionals
- demonstrate willingness to acknowledge and reflect on the impact of personal experience in working with young people, their families and professionals
- be prepared to be an advocate for the child with mental health difficulties
- be sensitive to issues of discrimination in clinical and liaison work
- be aware of how mental health difficulties in children and families may be a source of stigma and social exclusion for them
- be prepared to challenge such stigmatisation in all aspects of work
- be able to elicit and discuss these issues openly with patients and their families and find a common way to understand mental health and dysfunction in a manner sensitive to these issues
- be able to use senior community figures to aid these discussions

(See *Good Medical Practice* (GMC, 2001) - Good Medical Practice: 1; Good Clinical Care: 5; Maintaining Trust: 19; Working with Colleagues: 36.)

## **Teaching and Research**

### ***Substantial re-wording or new statements of competence for Level 3 Training***

- have developed a range of effective teaching and learning skills in a range of clinical contexts

- be able to identify learning needs in a wide range of professionals and build on this in their teaching
- be able to elicit and act upon feedback on content and presentation of teaching
- be able to participate in teaching and research on topics within their specialty and in related areas
- conduct research with honesty and integrity, seeking ethical approval where appropriate and safeguarding the interests of patients
  
- demonstrate an understanding of 'good clinical practice' for all aspects of the conduct of clinical trials
- demonstrate an understanding of the role of ethics committees for clinical studies and the process of ethics applications
- understand the techniques used in epidemiological studies
  
- demonstrate an understanding of how to perform and interpret systematic reviews, how they differ from narrative reviews and understand the principles of meta-analysis
- understand the difference between population-based assessments and unit-based studies and be able to evaluate outcomes for epidemiological work
  
- be able to develop clinical guidelines, understand how they are produced nationally and how these should be used to guide their own practice
- be able to evaluate research effectively in paediatrics and child health
- take responsibility for the training, supervision and assessment of undergraduates and trainees and other professionals such as nurses, teachers and social workers in and outside the specialty
- have developed skills in the presentation of information relevant to their clinical practice for a range of audiences, including spoken presentations at meetings, written information for children and families and training materials for different groups of colleagues
- be able to lead departmental teaching programmes, including journal clubs
- be willing to accept mentoring as a positive contribution to their own professional development
- be willing to learn from others, to discuss cases openly and to seek advice as appropriate and as necessary

### ***Competences specific to the specialty***

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- be able to integrate the mental health experience of all present into the teaching experience

- be able to teach on mental health aspects of paediatrics to a wide variety of other professionals and students
- be able to carry out audit in a children's mental health setting and know how to identify best, evidence-based practice

(See *Good Medical Practice* (GMC, 2001) - Teaching and Training, appraising and assessing: 13, 14, 15, 16; Probity: 51.)

## **Leadership and Management**

### ***Substantial re-wording or new statements of competence for Level 3 Training***

- be able to provide specialist support to hospital- and community-based paediatric services including primary care
- be able to take on a leadership role in a multi-disciplinary team when appropriate, for example by representing the health needs of a child, young person and their family at a discharge meeting, and know when it may be inappropriate to do so
- be able to work effectively in multi-agency teams, for example, with social workers and teachers, and have developed an awareness of their own role within the team and of the skills and expertise of others
- be confident to make decisions within a team and be aware of their impact on other team members
  
- be able to advise the team providing advanced life support and to liaise effectively with anaesthetic and PICU staff
- demonstrate effective leadership skills in clinical situations, for example through their ability to organise, prioritise and delegate, and be able to help others to develop these skills
  
- have skills and strategies to manage conflict effectively
- have understanding and skills to be able to participate effectively in clinical and management meetings
- have developed effective administrative skills including ways to make best use of secretarial resources
- be able to handle enquiries from the press and other media effectively
- recognise their own working preferences and accept different approaches of colleagues

- know how to respond appropriately to health service targets and be able to participate in the development of services
- be able to work with stake-holders so that a client- or patient-centred service is created and sustained
- have gained an understanding of national and local regulatory bodies, particularly those involved in standards of professional behaviour, clinical practice and education, training and assessment
- understand the value and limitations of evidence-based medicine
- use principles of evaluation, audit, research and development in standard-setting and in improving quality
- demonstrate responsibility for ensuring reliability and accessibility of both themselves and others in their team
- have effective skills in ensuring the responsible approach of others in their team to health, stress and well-being

### **Competences specific to the specialty**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- contribute to planning and implementing population policies or strategies in the field of children's mental health, in conjunction with specialist CAMHS professionals
- be aware of the range of other agencies who may contribute to mental health interventions for children and their families

(See *Good Medical Practice* (GMC, 2001) - Working with Colleagues: 34, 35, 36, 39, 42.)

## **Personal Commitment to Professional Standards**

### **Substantial re-wording or new statements of competence for Level 3 Training**

- understand the duty of all professionals working with children to report concerns about child protection issues to Social Services
- be able to contribute to the implementation of national and local health policy initiatives
- know and follow key legal and ethical guidelines relating to confidentiality, consent to treatment, the right to refuse treatment, continuing changes in the law and its interpretation and be aware of variability in Scotland, Wales and Northern Ireland
- be able to generate local and evaluate national clinical guidelines and protocols in

paediatric practice and public health and recognise the individual patient's needs when using them

- participate and take responsibility for clinical governance activities, and encourage and support colleagues in their participation
- be able to carry out audit in a range of settings in partnership with all stakeholders in order to identify best practice
- know about and participate in clinical and research special interest groups relevant to their specialty
- know when in the interest of the child it may be necessary to break confidentiality
- know how to find, review and maintain relevant knowledge in their specialty in order to maintain their fitness to practise
- ensure that they are up-to-date in their practice and promote evidence-based medicine where possible
- be able to evaluate their own performance critically
- be open about sharing and reviewing their practice with others
- be aware of local processes for dealing with and learning from clinical errors and to be able to work within them

### ***Competences specific to the specialty***

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- contribute to the implementation of national and local mental health policies
- know and follow key legal and ethical guidelines relating to mental health treatment
- be able to contribute to local and evaluate national clinical guidelines and protocols in child mental health practice and recognise the individual patient's needs when using them
- be aware of the emotional impact on the professional of children's and families' mental health difficulties, develop strategies to cope with that and know where to go for advice and support when those strategies fail

See *Good Medical Practice* (GMC, 2001) - 1; Maintaining Good Medical Practice: 10, 12; Relationships with Patients: 17; Working with Colleagues: 35; Dealing with Problems in Professional Practice: 26, 27, 29, 30. Probity: 58.)

See also for all of these sections: *Good Medical Practice in Paediatrics and Child Health*,<sup>2</sup> London: Royal College of Paediatrics and Child Health (2002).

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<sup>2</sup> *Good Medical Practice in Paediatrics and Child Health*, London: Royal College of Paediatrics and Child Health (2002). Online at [www.rcpch.ac.uk/publications/recent\\_publications.html](http://www.rcpch.ac.uk/publications/recent_publications.html)

## **Communication Skills in Paediatrics**

### ***Substantial re-wording or new statements of competence for Level 3 Training***

- understand the importance of directing communications to the baby, child or young person as well as to parents and carers
- have developed skills to establish a child's or young person's and family's understanding of a situation, from what has been said or written, and to build on this effectively in discussion about the condition and its management
- understand the importance of seeking the views of all children and young people to inform decisions about their individual care and to encourage their participation in their care
- encourage children and young people to participate in their individual care and in the development of services, using expert resources appropriately
  
- have effective active listening skills in consultations with children and young people and understand the need to respect their views in accordance with their age and maturity and to respond appropriately where, for example, a child or young person is felt to be vulnerable
- have developed effective skills in working with children, young people and families to achieve concordance in planning management and treatment, enabling children and young people to maximise control over their illness and its management
- be able to respond appropriately, and know where to find assistance, in cases where a child, young person or family may not all speak English or where there is a sensory impairment that may affect understanding
- be able to respond to babies, disabled children or young people who may not be able to express themselves verbally, including those who might be in pain or distress
- be able to recognise, interpret correctly and respond to verbal and non-verbal cues from children, young people and parents
- have developed observation skills to support their interpretation of children's or young people's developmental levels and possible physical signs when they are unable to co-operate with formal assessments
- demonstrate appropriate responses and empathy for children, young people and their families experiencing difficulty and distress
- have developed a range of language strategies, such as the use of metaphor or images which relate to everyday life, to explain clearly to a child or young person and their family, their symptoms, condition or treatment, their feelings or behaviour

- be able to counsel parents about serious conditions and abnormalities within their area of expertise
- have effective strategies for careful and appropriate use of language in difficult and challenging circumstances, for example, at the birth of a baby with disabilities or where there is a conflict with colleagues
- be able to discuss the indications, benefits and adverse events of a procedure to patients, relatives and carers in a manner that will allow informed consent
- have developed a range of approaches to communicating the breadth of diagnostic possibilities and other clinical information to children, young people and their families so that consent is always informed and the plan and progress of treatment understood
- be able to advise children, young people and their families about the importance of concordance and about medication interactions and side-effects
- be able to convey and share effectively difficult or bad news, including end-of-life issues, with children, young people, parents or carers and help them to understand any choices they have or decisions to be made about ongoing management
- be able to prepare and discuss with parents, carers and other professionals “Do not attempt resuscitation” policies as appropriate, taking due account of the Human Rights Act (1998), ensuring that the best interests of the child are held as paramount at all times
- be able to seek consent for post-mortem examinations and communicate effectively with the Coroner
  
- be able to explain the role of other professionals and agencies to children, young people and their families
- be able to explain the role of other professionals and agencies to children, young people and their families
- have the confidence to be firm and diplomatic in difficult situations, for example, when dealing with angry parents
- understand the limits of their competence, particularly in stressful situations and be willing to seek help in managing sensitive and complex situations
- be able to demonstrate to trainees how to communicate a diagnosis and prognosis effectively to children, young people and their families
- be able to demonstrate and explain to trainees strategies used to conduct effective consultations with babies, young children, adolescents and their families
  
- have effective skills in written communications for a range of audiences, for patients and their families, colleagues and other professional organizations

- ensure that spoken and written communications with patients and families are presented in clear, straightforward English, avoiding jargon whenever possible
- ensure that written information in the form of booklets, leaflets, information sheets and websites support verbal communications wherever possible
- ensure that written communications summarise accurately discussions with children, young people and parents or carers, and, to avoid confusion and anxiety, do not include information that was not part of the original discussion
  
- be able to liaise with parent support and self-help groups when necessary
- be able to prepare a court report as a professional witness and develop the skills to present such material in court
- know how to write reports about alleged abuse of children and young people for social services or the courts
- be able to write reports that explain the condition of a child or young person to non-health personnel working in the courts, social services or education
- be able to use electronic communication media, taking into consideration the principles of confidentiality outlined in the Data Protection Act
- have developed effective professional networks to support clinical practice and other activities, including research, education and management

### ***Competences specific to the specialty***

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- be able to discuss and agree a treatment plan with a patient and parents or carers, taking account of their concerns and modifying the approach appropriately
- be able to recognise and address power differentials (arising from differences in age, confidence, perceived wisdom and respect) and their impact on service users and their families
- develop an appropriate mutual understanding of the aims and methods to be achieved in cases where staff are offered consultation
- be able to understand the roles of differing team members in CAMHS multidisciplinary teams
- be able to communicate with other team members so that they know what the paediatrician uniquely has to offer in the CAMHS context

## **Section 3    General Clinical Competences**

### **Development**

#### ***Substantial re-wording or new statements of competence for Level 3 Training***

- know the range of patterns of normal development from birth to adulthood
- know and understand the range of children's or young people's psychological and social development, including the normal range and what is outside it
- be able to identify when patterns of development are abnormal and where there may be a risk of abnormality which may only become apparent with time
- know the causes of disability, how disability might affect clinical examination and assessment and be able to contribute to a multi-disciplinary approach to management
- understand the severity of the presentation, taking into account normal development in appropriate domains
- know how to institute further assessment and investigation
- know about different modes of screening and health promotion strategies
  
- understand the ways in which children's or young person's mental health difficulties may present in infancy, childhood and adolescence
- understand the impact of biological factors, including genetic and cognitive factors, on the mental health of children and young people
- understand the impact of other environmental factors (including violence, trauma, neglect, abuse and disruption, wherever this has occurred) on a child's development, mental health and functioning
- be able to assess the effects of recurrent or chronic illness and its treatment on growth, psycho-social, emotional, physical and sexual development and have strategies to minimize adverse effects

### **Emotional development**

#### ***Substantial re-wording or new statements of competence for Level 3 Training***

- understand and recognise somatisation disorders and know how to provide initial management and how to access appropriate support
- recognise pointers to fabricated and induced illnesses and know how to provide initial management and how to access available support

- understand the emotional impact of illness and hospitalisation on children, young people and their families and take action to minimize this impact
- understand how a family's, child's or young person's attitude to the problem and services may have a significant impact on the presentation and its management
- recognise the need for specialised input in cases of serious emotional distress or mental illness and ensure their needs are met within local health provision
- understand the emotional dimensions of eating disorders and recognise and initiate treatment
  
- be able to assess parenting skills and recognise and respond to indications of unsatisfactory or unsafe parenting
- know how to access help in cases where children or young people of different ages might be deprived of opportunities to play and to learn
- know how to manage common behavioural problems

## **Social development**

### ***Substantial re-wording or new statements of competence for Level 3 Training***

- be able to recognise and understand the impact of autistic spectrum disorders and other organic disorders on social development

## **Educational development**

### ***Substantial re-wording or new statements of competence for Level 3 Training***

- demonstrate, in all aspects of their practice, an understanding, of the vulnerability of a child or young person with learning difficulties

## **Growth and Nutrition**

### ***Substantial re-wording or new statements of competence for Level 3 Training***

- know the reasons for faltering growth, including emotional factors and how to investigate appropriately
- understand and assess normal and abnormal pubertal development and its relationship to growth

- understand the environmental factors contributing to obesity and how these might be altered
- be able to recognise feeding problems and work with parents directly to offer simple advice and to treat co-morbid conditions
- know about the principles and methods and indications for nutritional support and common problems that may arise from invasive methods or refeeding
- be able to identify nutritional deficiencies and growth failure which may occur in children and young people who undergo unsupervised dietary modification

## **Adolescence**

### ***Substantial re-wording or new statements of competence for Level 3 Training***

- understand what the specific needs of young people are, in terms of their emotional, mental and physical health, and how these are different from those of children
- know the epidemiology of the main causes of morbidity and mortality in young people
- ensure that young people have access to 'in-patient', 'outpatient' and other medical services that best meet their needs
- understand why young people harm themselves and respond appropriately to actual or threatened episodes of self-harm in adolescents
- understand the consequences of self-harm and be able to work as part of a clinical network in the management of the young person who self-harms
- be able to discuss sexual health issues including basic contraceptive advice and know how to help the young person access appropriate sexual health or genetic advice
- know about national policies concerning the health care of young people, including those which help to reduce teenage pregnancy
- understand the processes of adolescence including experimental behaviours, learning by experience, achieving independence from the family, and the consequences of these on health and illness in young people
- be able to discuss comfortably with young people important health behaviours such as the use of tobacco, alcohol or recreational drugs, and intimacy and sexual activities together with the promotion of appropriate strategies for these in relation to specific conditions such as asthma, diabetes, cystic fibrosis, physical disability
- understand the particular needs of adolescents with regard to their independence and autonomy, education and work, body image and sexual identity, concordance with medication and risk-taking and understand how these factors may be affected in young people with chronic conditions

- be able to support young people in self-management of both acute and chronic disease where they want to, and have an understanding as to how to best help when the young person cannot or does not want to manage this
  - be able to discuss the implications of chronic illness or disability for career options
  - where appropriate and at a negotiated time, be able to raise and agree management of end-of-life issues with young people and their families and record conclusions in medical notes
- 
- understand issues around transition from paediatric to adult care in adolescents with chronic conditions and disabilities, and be able contribute effectively to transitional care services
  - understand and value the roles of members of the multidisciplinary team in the delivery of a transitional care programme

## **Section 4      Specialty-specific Competences in Children's Mental Health**

### **Neuropsychiatric and neurodevelopmental disorders (including both generalised and specific learning difficulties)**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- recognise when children's levels of cognitive functioning fall outside the broadly normal range for age
- be able to undertake comprehensive assessments of children with both generalised developmental and specific learning disorders, recognising:  
indicators of significant organic disease (e.g. epilepsy), how coexisting neurobehavioural or developmental disorders may modify the presentation and how both generalised and specific learning disorders may affect behaviour and emotional development
- recognise indicators of developmental regression (as may occur in some epileptic syndromes, Rett's syndrome and other neurodegenerative disorders) and liaise with colleagues, for example Paediatric Neurologists, towards appropriate investigation and expert assessment
- be able to interpret formal assessments of language, cognition, motor and perceptuo-motor function and understand their implications
- be able to assess and diagnose all main syndromes and behavioural phenotypes at all ages and stages of development
- be able to reach appropriate differential diagnoses and institute appropriate management plans for children across the range of intellectual ability
- be able to elicit a history and perform an examination to identify developmental coordination disorder (dyspraxia).
- be able to recognise both delay and disorder in expressive, receptive and non-verbal communication that may be indicators of specific language impairments, selective mutism, pragmatic language deficits or social communication disorders, such as autistic spectrum disorders (including high functioning autism / Asperger syndrome), and other complex language disorders
- be able to understand the possible effects of communication disorders on behaviour.
- be able to assess deficits in empathy and social understanding, and impairments in social communication within the autistic spectrum and be aware of recognized diagnostic tools (e.g. DISCO, 3Di, ADI, ADOS).
- be able to assess deficits in executive function as seen in disorders of attention control, impulsive behaviour and hyperactivity, to diagnose Hyperkinetic disorder, ADHD and

related disorders.

- be able to recognise Chronic Tic disorder and Tourette syndrome (with regard to the possibility of a PANDAS presentation as indicated in OCD below)
- be able to diagnose all the above neuropsychiatric and neurodevelopmental disorders when presenting alone or as part of a complex picture of multiple comorbidity using standard diagnostic criteria
- be able to recognise other conditions that are often associated with part of the differential diagnosis and arrange further detailed assessments and/or management advice where necessary.

## **Behavioural Difficulties**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- be able to recognise different temperamental characteristics in children and advise parents appropriately
- be able to recognise the nature and severity of behavioural difficulties in the context of developmental stage and social context
- be able to recognise when symptoms are sufficiently persistent and pervasive to reach diagnostic criteria for oppositional defiant and conduct disorders
- be able to identify physical and psychological co-morbid difficulties
- be able to establish the impact of the disorder on family, peers and educational context
- be able to deliver individual behavioural treatment with parents and young people

## **Obsessive Compulsive Disorders (OCD)**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- know how to identify and distinguish obsessional thoughts, ruminations, actions (rituals and compulsions)
- know how to ascertain whether there is a voluntary element and identify the level of impairment caused in child and family
- recognise indicators of psychotic features and arrange timely expert assessments and management advice
- be alert to the concept of Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections (PANDAS) and current consensus treatment recommendations

## **Epileptic and Non-epileptic Paroxysmal Events**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- be able to undertake comprehensive paediatric assessments of children where epilepsy *may* be a component of a complex developmental or behavioural presentation
- be able to obtain detailed eye-witness accounts of possible epileptic episodes
- understand the possible effects of epilepsy on behaviour, emotions and development and the behavioural syndromes associated with epilepsy
- recognise the mechanism of the development and presentation of, non epileptic paroxysmal conditions such as psychogenic fits
- understand the way fits, faints and funny turns present
- recognise the mechanisms for the development of, and be able to distinguish, factitious presentations

## **Attachment Difficulties**

(and the range of behaviours in children who have been subject to disruption and abuse)

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- understand the concept of attachment and its expression at different ages and developmental stages
- understand how, when there are problems with attachment, this may present differently at later developmental stages
- understand the intrinsic factors within the child, and parent and psychosocial factors in the situation and how all these factors might interact to produce patterns of attachment behaviour and alter internal emotional states
- understand the links between early childhood abuse and trauma and attachment difficulties
- understand factors or interventions which can ameliorate such difficulties and actively support and promote appropriate interventions
- know how to use observations of carer and child in clinical assessments to draw valid and reliable conclusions about the quality of relationships
- know how different social circumstances may have an impact on these relationships and work with colleagues to create the best individual outcomes treatment plan

## **Encopresis and Enuresis**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- be able to differentiate between encopresis and other causes of faecal soiling e.g. chronic constipation with overflow, toilet phobia etc
- know that the encopresis and chronic constipation may co-exist and how management of one influences the course of the other
- recognise the frequency of comorbid psychological problems in the child
- be able to take a history in sufficient breadth and depth to be able to recognise how family relationships and aspects of the family environment are relevant to these symptoms and their management by child and parent
- be able to synthesise the understanding of symptoms, problems, family relationships and behavioural analysis to introduce an appropriate behavioural intervention

## **Psychological and Psychiatric Effects of Chronic Medical Conditions**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- be familiar with physical disorders which may present with psychiatric symptoms
- understand the range of psychological and psychiatric difficulties seen in children with chronic medical conditions, and recognise how disorders may alter in their presentation in these circumstances
- have developed effective skills in working with children and families to achieve concordance in planning management and treatment, enabling children to maximise control over their illness and its management
- recognise the ways in which risk factors for mental health difficulties and pre-existing or coexisting mental health difficulties may interact with the demands of chronic medical conditions to worsen adjustment and mental health, and how coping mechanisms may be fostered
- be able to work effectively in partnership with the team providing specialist medical care to ensure that psychological and psychiatric symptoms are appropriately managed

## **Substance Misuse**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- be aware of and recognise the impact of substance misuse on physical and mental health

- understand the range of substances used and the epidemiology of their use in young people
- understand the impact of substance misuse on the physical health of young people, including direct physical effects, tolerance, dependence, the effects of injecting substances, of intoxication and poor diet
- understand the indirect effects of substance misuse on mental and physical health, through risky behaviour and lifestyle; on personal safety through risk-taking and income generation and disinhibition through involvement in sex
- understand the effects of substance abuse on educational, emotional and behavioural development and the impact on self-care skills
- be able to recognise and manage young people presenting acutely in paediatric settings with acute intoxication and withdrawal, knowing when to seek the assistance of psychiatric and other CAMHS colleagues
- be able to work with and engage young people who are especially vulnerable and hard to reach
- be able to use harm-minimisation approaches

## **Sleep Disorders**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- understand the possible impact of a sleep disorder on child and family
- be aware of the association of sleep disorder in developmental disorders such as ADHD, ASD, Learning Disability
- be able to take a detailed history and identify disordered patterns of sleep behaviour such as parasomnias, or disruption of the sleep/wake cycle
- be able to manage sleep disorders with behavioural techniques

## **Feeding and Eating Disorders**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- know how to assess feeding and eating difficulties in the context of early parent-child relationships
- be able to recognise and identify eating disorders, including those in their early stages
- understand anorexia nervosa, bulimia, and their psychological and physical consequences

- be able to offer nutritional management of early eating disorders
- understand and plan the medical and psychological management of the re-feeding syndrome
- be able to recognise complex behavioural feeding problems and manage the child and the extended family appropriately
- understand obesity and its different causes
- be able to represent children and understand local nutritional styles and influences so that they are able to educate and advocate for appropriate but culturally sensitive nutrition for children

## **Medically Unexplained Physical Symptoms**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- understand how children present with a wide range of 'medically unexplained' symptoms
- recognise and distinguish adjustment reactions, dissociative (conversion) disorders and the range of somatoform disorders
- be able to assess, examine and investigate children with single or multiple unexplained symptoms such as headaches or abdominal pain
- be able to take a history which identifies specific biopsychosocial factors in child and family likely to predispose, precipitate and maintain medically unexplained physical symptoms
- understand the place of explanation and reassurance and recognise when reassurance has failed, impairment is continuing and further intervention is required
- understand the mechanisms of chronic pain and the multidisciplinary approach to its management, either alone or in conjunction with wider medically unexplained physical symptom presentations
- be able to diagnose a range of transient and longer term 'dissociative disorders', adjustment reactions and a range of somatoform disorders and distinguish from other medically unexplained physical symptom presentations
- recognise co-morbid psychological symptoms (such as anxiety and depression) and complex presentations when presenting with medically unexplained physical symptoms
- be able to help families recognise the impairment resulting from disorders and help them engage with CAMHS services for a range of treatment inputs

## **Chronic Fatigue Syndrome / ME**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- be able to recognise different fatigue syndromes, including Chronic Fatigue Syndrome/ ME, and differentiate from other fatigue syndromes
- understand the principles of multi-disciplinary treatment of and know how to treat chronic fatigue syndrome/ME
- be able to recognise co-morbidity including anxiety and depression
- understand the principles of engaging the family with a rehabilitative approach
- know about the regional organisation of services for CFS/ME
- know about resources to be able to measure fatigue, pain and other symptoms
- be able to formulate a positive diagnosis of CFS/ME using evidence based guidelines
- be able to support young people and their families with this condition
- understand the implications for education and how to access appropriate education

## **Self-Harm**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- understand why young people harm themselves and the consequences of these behaviours
- be able to assess young people, including an initial assessment of risk to self and others
- be able to offer appropriate support and interventions, including involvement of a wider range of mental health expertise, other services and agencies

## **Anxiety and Depression**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- be able to take an appropriate history and recognise symptoms of anxiety and depression in children of different ages, taking into account developmental stage in history-taking and single or co-morbid diagnoses
- be able to distinguish depressive and anxiety symptoms and moods from mild, moderate and severe disorders and from other disorders
- be able to adjust assessment to take into account concurrent physical symptoms and disease
- be able to assess children and families in relation to their suitability for psychodynamic,

cognitive, group, systemic and psychopharmacological inputs

- be able to involve colleagues appropriately to help with assessment and deliver complex interventions for anxiety and depression in both parents and children
- be able to monitor progress of symptoms and interventions, with consideration of impact on academic, peer group and family functioning
- be able to work with the families of depressed and anxious young people to address the young person's needs

## **Adjustment, Loss, Bereavement and Post-traumatic Reactions**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- know the immediate and longer term reactions to stress, bereavement, loss and trauma
- know the types of intervention which are appropriate and which interventions in immediate response to stress and trauma are likely to be unhelpful or helpful
- recognise when emotional and behavioural symptoms may be a time-limited response to psychological or social stress
- be able to reassure and advise parents, and professionals on management, explaining normal adjustment and bereavement processes and distinguishing them from more significant psychopathology
- be able to recognise when adjustment or bereavement process are not proceeding smoothly, and to engage more extensive and skilled input as required

## **Section 5**

### **Practical Procedures and Investigations**

*By the end of Level 3 Training, trainees will:*

- know the appropriate indications for practical procedures and investigations
- know the contraindications and complications of procedures
- know the local and national guidelines for obtaining informed consent
- know the local and national guidelines for undertaking investigations or procedures
- know the local guidelines for providing sedation and pain relief for practical procedures
- know the relevant anatomical markers for invasive procedures
- know and practise scrupulous aseptic techniques
- be aware of safety issues for patients and staff in relation to investigations of body fluids and radiation
- understand the importance of post-mortem investigations
- know the national and local guidance for obtaining consent for post-mortem
- be able to interpret results of investigations requested and respond appropriately
- be able to record results and document procedures legibly and accurately
- be able to give appropriate medical information when requesting investigations
- know that results should be requested clearly and retrieved promptly
- understand common age-appropriate normal ranges or appearances
- be able to use all equipment required to undertake common procedures and investigations
- be able to explain the investigation results to parents and/or the child
- be aware of the factors that are likely to influence the anxiety of the child, parent and doctor and know how to enlist effectively the help of play-leaders, nursing staff and more senior paediatric staff when necessary
- be receptive to feedback from patients and parents/carers on the effects of medication/treatment
- know about the role of complex investigations eg CT and MRI scans and their diagnostic potential and complications
  
- recognise when the results of commonly-used radiological investigations are abnormal
- have developed confidence in independent performance of practical procedures
- be able to supervise and teach others
- recognise complications of procedures and be able to respond appropriately

- understand and follow the local guidelines for the prevention and management of needle-stick injury
- be able to recognise the importance of universal precautions as well as the disposal of sharps within the department
- have experience of speaking to parents when complications have occurred
- know about processes for critical incident reporting
- obtain informed consent appropriately
- supervise handover of results that still need to be obtained at the end of shifts

## **Diagnostic Procedures**

*By the end of Level 3 Training, trainees will be able to perform the following diagnostic procedures independently:*

- collection of blood from central lines
- umbilical artery and venous cannulation and sampling
- peripheral arterial cannulation
- venesection
- capillary blood sampling
- suprapubic aspiration of urine
- urethral catheterisation
- routine testing of urine
- perform basic lung function tests
- electrocardiogram
- lumbar puncture
- non-invasive blood pressure measurement

## **Therapeutic Procedures**

*By the end of Level 3 Training, trainees will be able to perform the following therapeutic procedures independently:*

- administer intradermal, subcutaneous, intramuscular, intravenous injections
- percutaneous long-line insertion
- bag, valve and mask ventilation
- needle thoracocentesis for pleural effusion or pneumothorax
- tracheal intubation

- intubation of newborn infants of most gestations
- administration of surfactant
- external chest compression
- insertion of intraosseous needle

### **Competences specific to the specialty**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- know an outline of the theoretical basis of the range of psychotherapeutic interventions used in child mental health
- know how to deliver individual behavioural interventions and when these are and are not appropriate

## **Pharmacology and Therapeutics**

*By the end of Level 3 Training, trainees will:*

- know and understand the pharmacological basis for treatments
- know the approved indications and justification for prescribing drugs in common paediatric problems
- know the pharmacokinetics and pharmacodynamics of commonly prescribed drugs
- be able to calculate drugs accurately according to specific dose for weight, or age/weight range or on a specific dose/surface area basis
- know the risks of prescribing in the child-bearing years, in pregnancy and in breast-feeding mothers
- know about the roles of the regulatory agencies involved in drug use, monitoring and licensing ( for example the National Institute of Clinical Excellence, the Committee on Safety of Medicines, the Medicines and Healthcare products Regulatory Agency and Hospital Formulary Committees)
- be able to find out information necessary for safe prescribing through use of paediatric formularies and pharmacy liaison
- know about drug interactions of commonly used drugs
- know about procedures for obtaining consent in children and young people for the administration of drugs
- be able to use the local and national guidelines for the relief of pain in children
- know and follow local policies for intrathecal cytotoxic therapy

- respond appropriately to errors of prescription or administration and be able to talk to parents about this
- be able to prescribe safely and supervise prescription for the newborn, and for children of all ages
- know about the licensing of medicines for paediatric patients and unlicensed and off-label use and the implications of extemporaneous products
- know how to explain relevant potential adverse side-effects
- be able to advise and supervise safe prescription of intravenous fluids to medical and surgical patients
- be able to prescribe in a manner that enhances adherence and provide information and explanation that enhances concordance

### **Competences specific to the specialty**

*By the end of Level 3 Training in Children's Mental Health, trainees will:*

- be able to understand the role of pharmacotherapy in the context of a holistic therapeutic approach to management that will always include psycho education and may where appropriate include individual, parent, family therapy as well as support and advice to education professionals, psychological therapists for child, parent or family
- be able to use pharmacotherapy according to national clinical guidelines, as part of a treatment plan
- be able to initiate and manage pharmacotherapy for the following conditions:
  - ADHD in those of the full range of cognitive ability or in the context of associated developmental syndrome*
  - Tic disorders*
  - Sleep disorders as part of a sleep management programme*
  - Unipolar Depression as part of a depression treatment plan*
  - Uncomplicated Obsessive Compulsive disorder and PANDAS*
  - Disruptive behaviours when management is within a multidisciplinary context*
- be able to continue to oversee anticonvulsant treatment in Epilepsy initiated by epilepsy specialist or other paediatrician

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