

A Framework of Competences for Special Interest Module in Paediatric Epilepsies

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Section 1 Introduction

Who is this document for?

It is primarily for doctors at Level 3 in their General Paediatric training who wish to work towards an expertise in Paediatric Epilepsies during Level 3 training. It is also there to guide tutors and educational supervisors. It may be used by doctors later in their careers (for example doctors post CCT, SAS doctors) who wish to demonstrate specific expertise in Epilepsies.

Why do I need it?

This document gives you and your tutors' guidance about the competences you need to cover **in addition** to the Framework of Competences for Level 3 Training in General Paediatrics. It gives you a clear picture of what you have to achieve by the end of this module of training in order to have expertise in this area and be signed off as competent by the Neurology CSAC

How do I use the document?

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 you cover all areas you need to. It should be used by Schools and Educational Supervisors to ensure that a programme of training is developed in Level 3 which will allow the trainees to achieve these competences. In determining this programme, liaison with the relevant CSAC is important. In the appendix, there is guidance for training in the module which the programme must adhere to.

Progression

Following completion of Level 3 training and the module, the CCT holder should be competent to take up a post as a General Paediatrician with a Special Expertise in Epilepsies. It is expected that there will be a requirement in paediatric services for consultants with this special expertise. Such posts will usually form part of a Regional Paediatric Epilepsies Network.

A note about the format of this document

This framework sets out the additional competences which should be achieved by the end of Level 3 training. These will typically take at least 12 months. The trainee also has to achieve all the competences in the Level 3 General Paediatric Framework

Assessment

The RCPCH Assessment Strategy (GMC approved) for Level 3 Training will be used. CSAC will review these assessments, individuals' e-portfolio and structured reports from clinical supervisors. Trainees working with their educational supervisors should ensure that the Assessment Strategy is tailored to cover the area of Special Expertise as well as General Paediatrics and that learning and assessment are well documented within the e-portfolio. Examples of appropriate assessments are provided in all the subsequent sections of the SPIN module, but these are not exclusive, and trainees can provide any appropriate evidence of completion of the module. Successful completion will be recognized by RCPCH as evidence of competence in Epilepsies. Where individuals do not successfully complete the module there will be no additional training opportunities or remediation as this module is in addition to core level 3 training

Section 2 Specific Competences in Paediatric Epilepsies

Knowledge and Understanding

- Know pathways of presentation of the wide range of epileptic seizures and epilepsies in babies, children and young people
- Know pathways of presentations of the wide range of non-epileptic disorders which involve paroxysmal episodes in babies, children and young people
- Know the issues surrounding misdiagnosis in epilepsy and understand the effective management of diagnostic uncertainty and risk
- Be aware of the diverse aetiologies and pathophysiology of epilepsies, underlying aetiologies and co-morbidities
- Know the genetics and family patterns of epilepsies, underlying aetiologies and co-morbidities
- Know the functional consequences, prognosis and usual course of epilepsies, underlying aetiologies and co-morbidities including the impact on children, families, education and social life
- Know the appropriate assessment and investigations for children with seizures including how to interpret results
- Know and understand the classification and 'language' of epilepsy diagnoses
- Know the range of therapeutic options for epilepsies and related disorders including:
 - when to commence treatment
 - choice of treatment and treatment combinations
 - evaluate risks and benefits of therapeutic options for the individual child or young person
 - goals of treatment for the individual child
 - communication of the above to the child and family
- Know the appropriate and effective interventions to use towards the best possible quality of life for the child, minimising the functional impact of seizures and preventing or managing associated medical conditions and mental health problems
- Know the objectives of paediatric follow-up for epilepsies, for example, know the positive difference that paediatric care would make, and how frequently the child might need to be seen and why
- Know when it is appropriate to seek paediatric neurology, neurophysiologist, neuroradiologist, geneticist review or discussion

- Know how to coordinate effective emergency health care plans for a range of potential emergency situations arising for children with epilepsies
- Know how to manage acute complications in children with epilepsies for example acute toxicity, prolonged seizures, increasing seizure frequency, new seizure types, new neurology or developmental concerns
- Know the roles and skills of other professionals who may be working with children with epilepsies, including specialists in other areas of medicine and surgery, nursing, therapies, education, social services, benefits advice and the voluntary sector

Skills

- be able to undertake comprehensive paediatric assessments of children with a range of epilepsies or other seizure disorders
- Understand the vital role of accurate history taking in effectively diagnosing and classifying epilepsies, being aware of the range of paroxysmal disorders presenting in childhood
- Be able to effectively elicit relevant signs and symptoms and investigation results important in the diagnosis of seizures, epilepsy syndromes, aetiologies and co-morbidities
- Be able to use the ILAE classification system and be familiar with diagnostic tools for relevant co-morbidities
- Be able to assess children's developmental levels
- Be able to collect, review, summarise and interpret information from a range of sources about individual children
- Recognise symptoms and signs of serious acute and chronic life-threatening neurological disorders and initiate an appropriate and timely clinical response
- Be able to formulate effective management plans for children of different ages with epilepsies, including explaining, planning and interpreting investigations and treatment choices
- Be able to make appropriate use of diagnostic tools, including neuroimaging, neurophysiology, genetic and metabolic investigations
- Liaise with expert colleagues towards the specialist assessment and management of children with epilepsies requiring additional input

- Recognise indicators of neurodegenerative diseases and liaising appropriately with expert colleagues, for example Paediatric Neurology, regarding further assessment and management
- Be able to prepare Medical Advice for Education for children with epilepsies who are undergoing statutory assessment of their special educational needs
- Be able to anticipate, and prevent where possible, identify and manage correctly associated medical conditions, mental health problems and other co-morbidities associated with epilepsies
- Know how to help families get the support and correct advice needed for the child's participation in social and educational activities
- Be able to recognise, plan for, and minimise, the adverse impact of times of transition and crisis
- Be able to discuss adult models of care with young people and parents at appropriate times
- Understand the importance of seamless care for the child

Values and Attributes

- Know the impact of legal, ethical, religious and cultural considerations on discussions and decisions about appropriate levels of care for children and young people epilepsies

Leadership and Management

- Be able to plan and implement population policies or strategies in the field of childhood epilepsies
- Understand and participate in structured planning of services for children with epilepsies both within health and across agencies in partnership with parents, children and young people, including development of care pathways
- Understand, implement and audit effectiveness of current national guidelines and quality standards for services for children with epilepsies
- Be able to chair effectively clinical meetings involving parents, disabled children and other professionals
- Be able to work effectively with other committed colleagues in regional neurology clinical networks

Section 3 Specific Clinical Competences in Paediatric Epilepsies

- Know the broadly normal patterns of skill acquisition for the following areas in children from 0-19 years: language and communication; vision; hearing; speech,; cognition; behaviour; social communication mobility; hand function; personal care/self-help skills; continence
- Understand the principles of quantitative assessment of children's development and functioning

Section 4 Practical Procedures and Investigations in Paediatric Epilepsies

- Know the indications for acute and non-acute neuroimaging in children and young people with epilepsies and how to interpret reports, including knowing when to seek further expert opinions on scan films, to get the best possible information from the investigation
- Know the indications and purpose for the individual child or EEG investigations standard EEG, sleep EEG, ambulatory and video EEG
- Know the indications for metabolic and genetic investigations in children and young people with epilepsies
- Know how to interpret results of neuroimaging, neuro-physiological, genetic and metabolic investigations and how to seek appropriate advice when uncertain
- Be able to explain scan pictures and EEG results to children, young people, parents and carers, pointing out and explaining any abnormalities, showing normal scan pictures for comparison where necessary
- Be able to prescribe for the range of epilepsies, both on and off label medications as appropriate, including being able to explain the implications of treatment (or not), side effects and potential adverse interactions to children, young people and other relevant professionals
- Be able to understand the role of non-pharmacological treatments including ketogenic diet, vagal nerve stimulation and epilepsy surgery and be able to participate in the shared care of these children

Appendix 1

Paediatric Standards Checklist

These standards were derived to assist in the assessment of the paediatric training standards of in your deanery

Speciality: Special Interest Module in Paediatric Epilepsies

The Programme (which may consist of several posts) should provide:

1. Supervision	./x
1.1 An educational supervisor that is a Paediatric Neurologist with an interest in Epilepsy trained in assessment and appraisal	
1.2 An educational supervisor who provides an average of 1 PA per 4 trainees per week of educational supervision	
1.3 Evidence that the assessment strategy is being delivered	
1.4 Trainers receive appropriate training on the delivery of the assessment strategy	
2. Other Personnel	
2.1 A minimum of 2 <i>consultants in Neurology</i> to support and supervise and/or a consistent General Paediatrician with expertise working as part of a Regional Network	
2.2 More than one ST4 -8 in the children's department	
2.3 specialist epilepsy nurses, access to expertise in paediatric neurology, paediatric epilepsy neurosurgery, neurophysiology, adult neurology, child psychology and psychiatry, paediatric neuro0radiology and paediatric neurodisability	
3. Service requirements and facilities	
3.1 Specialty specific requirements of subspecialty department:	
3.2 Specialty specific requirements of related clinical departments that are involved in delivery of the curriculum: Good links with EEG department, regional services and transitional care	
3.3 Specialty specific requirements of service departments relevant to delivery of curriculum (e.g. investigation departments, PAMs departments, surgery or anaesthesia): Standard EEG, sleep EEG, ambulatory EEG, videotelemetry, ECG and other cardiac investigations and neuroimaging	
3.4 Specialty specific requirements of clinical networks: There is a clear inter-agency pathway for children and young people presenting with seizures, epilepsies and related disorders Established clinical networks for epilepsy	
4. Educational activities and training	
4.1 Specialty specific clinical exposure required to provide sufficient learning opportunities (NB if giving workload data ensure it is explicit whether this is number per annum or number trainee would be expected to be exposed to over entire programme): Complete 40 new outpatient assessments Review 100 children Attend at the child psychiatry clinic to observe 10 children Attend EEG departments	
4.2 Specialty specific requirements for structured training opportunities to include courses: BPNA distance learning course module in epilepsy PET course level 1 and 2	
4.3 Specialty specific requirements for other experiential learning(excluding clinics and ward rounds): Environment must facilitate gaining an understanding of services, benefits and allowances available	

5. Working patterns		
5.1 Safe cover arrangements for paediatric department out of hours in line with RCPCH guidance		
5.2 Evidence of compliance with existing employment rules to working time		
5.3 Working intensity and pattern that is appropriate for learning		
5.4 Access to sub-specialty training time which allows achievement of the competences throughout the programme		
5.5 This post forms part of a complete paediatric training programme which provides a minimum of 5 years of acute clinical experience, including out of hours		
6. Specific Post requirements		
6.1 for specialty training this post should permit acquisition of all required clinical competences. 6 months paediatric neurology or neurodisability with a further 12 months general paediatrics where there is an epilepsy service		
7. Enabled to learn new skills, necessary skills and curriculum coverage (speciality specific) <i>This section can be used to highlight marker conditions to which trainee should be exposed or the numbers of cases/procedures that trainee will be expected to see/do. Ensure that it is clear whether any numbers are for whole training programme or per annum</i>		
7.1 Specialty specific marker conditions trainee should be exposed to:		
8. Access to clinics and ward rounds and long term care of patients		
8.1 Specialty specific numbers and types of clinics expected to attend (including outreach clinics): 1 designated seizure clinic per week		
8.2 Specialty specific combined clinics expected to attend: Regular joint clinics with tertiary colleagues in Paediatric neurology		
8.3 Specialty specific ward rounds consultant led and independent per week:		
8.4 Specialty specific involvement in transitional care: Desirable for clinics concentrating on transition/teenagers with epilepsy-plus		
9. Meetings		
9.1 Specialty specific number and types of MDT meetings expected to be exposed to: Attend joint neurophysiology meetings Regular clinical and service team meetings		
9.2 Specialty specific multi-professional meetings expected to be exposed to: Attend regional and service epilepsy interest groups		
10. Clinical audit		
11. Teaching appraising and assessing		
11.1 Opportunities for formal and informal teaching		
11.2 For senior trainees: opportunities for involvement of assessment of others		
11.3 For senior trainees: opportunity to be involved in the appraisal of others		
X-ref	Comments	

