

A Framework of Competences for the Level 3 Training Special Interest Module in Paediatric Neurodisability

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Section 1 Introduction

Who is this book for?

It is for doctors at Level 3 in their General Paediatric training who wish to work towards an expertise in Paediatric Neurodisability during Level 3 training. It is also there to guide tutors and educational supervisors.

Why do I need it?

This book 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 begin to develop expertise in this area, upon which to build post-CCT.

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 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 CSAC is recommended. 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. It is expected that there will be a requirement in paediatric services for consultants with special expertise provided by the module. If the consultant post allows development of the trainee's special expertise, then this training and expertise would be assimilated as part of Clinical Network of Health Care professionals in the specialist areas.

A note about the format of this document

This framework sets out the additional competences which should be achieved by the end Level 3 training. The trainee also has to achieve all the competences in the Level 3 General Paediatric Framework.

Assessment

The RCPCH Assessment Strategy (PMETB approved) for Level 3 Training will be used. Trainees working with their educational supervisors should ensure that the guidance presented on assessment covers the additional competences with it as well as the General Paediatric Assessment Standards.

Pilot

This special expertise module is being introduced as a pilot. The College will be seeking feedback from the trainees, Educational supervisors, Schools of Paediatrics, CSACs and potentially from employer trusts. This will look at:

1. Outcome of trainees undertaking the module
2. Need for training in this module
3. Addition or omission of competences unique to the module
4. Feasibility of delivering the module as part of the Level 3 General Paediatric training
5. Usefulness of the standards for training for the module

Section 2 General Competences in Paediatric Neurodisability

Knowledge and Understanding

By the end of Level 3 module in Paediatric Neurodisability, trainees will:

- know common modes of presentation, key pointers in histories, genetics, family patterns, functional consequences, early signs of potential complications, secondary disabling factors, associated medical conditions and mental health problems to look out for, prognosis and usual course of common neuro-disabling disorders, including the impact on children, young people, families, education and social life
- know the appropriate investigations for children and young people suspected of having neuro-disabling disorders, including how to interpret results
- know the range of care pathways appropriate for children and young people with neuro-disabling disorders and how to access these
- know the principles of functional assessment including awareness of standardised tools that can be used
- know the classification systems (ICD-10 and DSM-IV) and range of standardized assessment tools available for communication and social communication disorders and how to access multidisciplinary assessment to distinguish between these disorders
- know the appropriate and effective interventions to use towards the best possible quality of life for the child or young person
- know when it is appropriate to seek multi-disciplinary review
- know how to access emergency health care for a range of potential emergency situations arising for children and young people with neuro-disabling disorders
- know the roles and skills of other professionals who may be working with children and young people with neuro-disabling disorders, 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 and young people with a range of neuro-disabling disorders following a structured approach and to recognize the breadth of presentations that may be possible
- correctly elicit a range of physical including neurological signs as found in children and young people with disordered development and disabilities and correctly interpret and understand the significance of findings for diagnosis and impact on daily living
- be able to network with colleagues (e.g. Educational and/or Clinical Psychologists) towards obtaining formal detailed cognitive profiles
- be able to collect, review, summarise and interpret information from a range of sources about individual children and young people
- be able to distinguish simple developmental delay from disordered development and know when to reassure and discharge and which cases might benefit from specific or multi-disciplinary input
- be able to recognise common behavioural syndromes and phenotypes e.g. Attention Deficit Hyperactivity Disorders, Tourette Syndrome, Conduct Disorder etc, including recognising co-morbidities and to recognize indicators of psychosis in learning disabled children and young people and know how to access appropriate child psychiatric services
- be able to identify infants and children at risk of sensory impairment and be able to recognise when that impairment might contribute to developmental difficulty
- be able to arrange appropriate formal testing of hearing and/or visual functioning, appropriate to cognitive level
- For neuro-disabled children and young people where epilepsy is being considered as a potential diagnosis:
 - be able to obtain detailed eye-witness accounts of each episode type
 - evaluate and form a diagnostic opinion about episodes recorded on video or directly observed attacks
 - be able to formulate an appropriate diagnosis including seizure type,

- epilepsy syndrome, and demonstrate an awareness of the range of diagnostic possibilities including non epileptic paroxysmal disorders
- be able to investigate appropriately children who may have epilepsy
- be able to initiate treatment and demonstrate knowledge of the benefits and disadvantages of the range of treatment options for different epilepsy diagnoses
- recognise when children have an unusual presentation or evidence of refractory epilepsy which requires the expertise of an appropriate Paediatric Neurologist (with specific expertise in the field of epilepsy if possible)
- be able to formulate appropriate differential diagnoses and effective management plans for children and young people of different ages with neuro-disabling disorders, therapy needs and ongoing paediatric care needs including long-term care planning where appropriate
- be able to make appropriate use of neuro-diagnostic tools, including neuro- imaging, neurophysiology and metabolic biochemistry
- liaise with expert colleagues towards the specialist assessment and management of children with complex neuro-disabling disorders
- recognise indicators of progressive neuro-disabling disorders 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 neuro-disabling disorders who are undergoing statutory assessment of their special educational needs
- be able to identify, assess and manage correctly the functional consequences of associated impairments presenting in neuro-disabling disorders across a range of functional domains
- be able to anticipate, and prevent where possible, identify and manage correctly associated medical conditions, mental health problems and difficult symptoms in neuro-disabling disorders
- be able to prepare and discuss, with parents, carers and other professionals, written plans of appropriate levels of care for the individual child, including the appropriateness of resuscitation or not and intensive

care or not, taking due account of the Human Rights Act (1998), and Mental Capacity Act (2005) ensuring that the best interests of the child or young person are held as paramount at all times

- know how to help families get the support services and equipment needed for the child or young person'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

Values and Attitudes

- know the impact of legal, ethical, religious and cultural considerations on discussions and decisions about appropriate levels of care for children and young people with neuro-disabling disorders, including consideration of resuscitation or not and of intensive care or not.

Leadership and Management

- understand, implement and audit effectiveness of current national guidelines and quality standards for services for disabled children and young people
- be able to lead interagency teams providing services for disabled children and young people confidently and competently
- be able to chair effectively clinical meetings involving parents, disabled children and young people and other professionals

Section 3 Specific Clinical Competences in Paediatric Neurodisability

By the end of Level 3 Training in Paediatric Neurodisability, trainees will:

- know the broadly normal patterns of skill acquisition for the following areas in children and young people from 0-19 years: mobility; hand function; personal care/self-help skills; continence; vision; hearing; speech, language and communication; cognition; behaviour; social communication
- know the patterns of skill acquisition for different functional areas in children and young people 0-19 years with neuro-disabling conditions

Section 4 Practical Procedures and Investigations in Paediatric Neurodisability

Practical Procedures and Investigations

By the end of Level 3 Training in Paediatric Neurodisability, trainees will:

- know the indications for neuro-imaging in children and young people with neuro-disabling disorders 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
- be able to explain scan pictures to children, young people, parents and carers, pointing out and explaining any abnormalities, showing normal scan pictures for comparison where necessary
- know the indications for neurophysiological investigations in children and young people with neuro-disabling disorders, how to interpret the results and when to seek further expert opinions
- know the indications for metabolic and genetic investigations in children and young people with neuro-disabling disorders, be able to interpret results and know where and when to seek expert advice

Pharmacology and Therapeutics

By the end of Level 3 Training in Paediatric Neurodisability, trainees will:

- be able to prescribe for the range of neurodisabling disorders, 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

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 Study Module in Paediatric Neurodisability

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

1. Supervision	
1.1 An educational supervisor that is a Consultant with special responsibility for Paediatric Neurodisability or Paediatric Neurologist working predominantly in Neurodisability trained in assessment and appraisal	
1.2 An average of one hour per week of face to face supervision with a specialty consultant	
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 one Consultant in Paediatric Neurodisability to support and supervise one trainee	
2.2 More than one ST4 -8 in the children's department	
2.3 A minimum of two Paediatric Neurologists in Regional Centre	
3. Service requirements and facilities	
3.1 Specialty specific requirements of subspecialty department: All in-patient and out-patient facilities to be fully accessible with appropriate examination couches and weighing and measuring equipment for disabled children and young people. There should be clear inter-agency care pathways for children and young people presenting with potential disabilities.	
3.2 Specialty specific requirements of related clinical departments that are involved in delivery of the curriculum: Paediatric Neurology Child and Adolescent Mental Health including for learning disabled children and young people Clinical Genetics. Paediatric Gastroenterology (including feeding clinics) Paediatric Ophthalmology, Paediatric Audiology/ENT, Paediatric Orthopaedics , Access to paediatric intensive care.	
3.3 Specialty specific requirements of service departments relevant to delivery of curriculum (e.g. investigation departments, PAMs departments, surgery or anaesthesia): Access to specialist expertise in the different fields of Paediatric Neurodisability including epilepsy, rehabilitation, neuromuscular diseases, CNS motor disorders, neuro-metabolic diseases, neuro-physiology and neuro-radiology. There must be clear access routes to investigation facilities, including haematology, biochemistry, specialist metabolic, immunology, microbiology and virology, cytogenetics, molecular genetics, x-ray, CT, MRI, EEG, ECG, Echocardiography etc.	
3.4 Specialty specific requirements of clinical networks: There should be established clinical networks eg for Paediatric Neurodisability, Paediatric Epilepsy and Paediatric Palliative Care	

4. Educational activities and training	
<p>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):</p> <p>Over the entire Programme, the trainee is expected, with Specialty Consultant supervision, to have assessed at least:</p> <p>30 New Patients with potential or established disabilities across the age range 0-19 years, including: learning disability, motor disorder, communication/social communication disorder, epilepsy, sensory impairment, progressive neurological disorder; acquired neurological disorder.</p> <p>Plus:</p> <p>100 Review Patients with a range of established disabilities in a range of settings e.g. hospital out-patient clinics, clinics in Child Development Centres, Special School clinics, Children’s Centre clinics, Home Visits etc</p>	
<p>4.2 Specialty specific requirements for structured training opportunities to include courses:</p> <p>Access and support to undertake the Sheffield Postgraduate Diploma in Paediatric Neurodisability or equivalent, recognising that this may be completed once in an established Consultant post</p>	
<p>4.3 Specialty specific requirements for other experiential learning(excluding clinics and ward rounds):</p> <p>Observation of the following are required:</p> <p>2 Formal Cognitive Assessments done by an Educational or Clinical Psychologist</p> <p>2 Assessments of Social Communication using a validated tool</p> <p>Opportunities to observe directly and work jointly with speech and language specialists, physiotherapists, occupational therapists and psychologists, as well as to observe formal psychometric and functional assessments of children and young people with a range of disabilities and to work with community children’s nurses, specialist health visitors, children’s learning disability nurses, behavioural management support teams, specialist teachers e.g. for children with sensory impairments, specialist social workers for disabled children, respite and short break facilities including children’s hospice teams.</p>	
5. Working patterns	
<p>5.1 Safe cover arrangements for paediatric department out of hours in line with RCPCH guidance</p>	
<p>5.2 Evidence of compliance with existing employment rules to working time</p>	
<p>5.3 Working intensity and pattern that is appropriate for learning</p>	
<p>5.4 Access to sub-specialty training which allows achievement of the competences throughout the programme</p>	
6. Specific Post requirements	
<p>6.1 The overall programme should provide at least 10 sessions in Paediatric Neurology and 5 sessions in Child and Adolescent Mental Health, including for Learning Disabled Children and Young People. NB If the latter is not available within the Region, arrangements should be made to access a LD CAMHS service out of region and Neurodisability CSAC can provide up to date information about centres providing such training opportunities.</p>	

7. Enabled to learn new skills, necessary skills and curriculum coverage (speciality specific)	
7.1 <i>Specialty specific marker conditions trainee should be exposed to:</i> Complex disability with epilepsy. Cerebral palsy. Autism Spectrum Disorder. End of life care for disabled child.	
8. Access to clinics and ward rounds and long term care of patients	
8.1 <i>Specialty specific numbers and types of clinics expected to attend (including outreach clinics:</i> 2 Clinical Genetics clinics 2 Paediatric Disability Feeding/Gastroenterology clinics 2 Paediatric Orthopaedic Clinics 1 Paediatric Spinal Orthopaedic Clinic 1 Paediatric Ophthalmology Clinic 1 Paediatric ENT Clinic 1 Paediatric Audiology Clinic 1 Paediatric Wheelchair Assessment Clinic 1 Paediatric Orthotics Clinic 1 Complex Communication Aid Clinic	
8.2 <i>Specialty specific combined clinics expected to attend:</i> Regular access to joint clinics with tertiary colleagues in Paediatric Neurology, Clinical Genetics etc.	
8.3 <i>Specialty specific ward rounds consultant led and independent per week:</i> The trainee is expected to keep up to date and be actively involved on a daily basis whenever possible with any of the Neurodisability Consultant's patients who are on the wards.	
8.4 <i>Specialty specific involvement in transitional care:</i> Attendance is expected at least at one transition clinics or transition meeting as per local arrangements	
9. Meetings	
9.1 <i>Specialty specific number and types of MDT meetings expected to be exposed to:</i> Attendance is expected at at least 3 clinical multi-disciplinary meetings and at least 1 inter-agency strategic planning meetings.	
9.2 <i>Specialty specific multi-professional meetings expected to be exposed to:</i> Clinical: multi-professional meetings centred on the pre-school disabled child Statutory educational review meetings Transition planning meetings	
9.3 <i>Specialty specific other meetings:</i> Relevant clinical network meetings	
10. Clinical audit	
10.1 Evidence of trainees participation in clinical governance (at least 1 full audit/year and attendance at critical incident meetings)	
10.2 Evidence of trainees participation in clinical guideline development	
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	

12. Research	
12.1 Provide formal teaching on research ethics and research methodology	
12.2 Provide opportunities to be involved in clinical research	

13. Management	
13.1 Opportunities to be involved in management e.g. participation in management meetings and projects	

X-ref	Comments