RCPCH Progress

Paediatric curriculum for excellence

Palliative Medicine

Sub-specialty Syllabus

Version 2
Approved by the GMC for implementation from 1 September 2021

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

This document outlines the syllabus to be used by doctors completing Palliative Medicine training in the United Kingdom (UK). It accompanies the RCPCH Progress curriculum and Assessment Strategy.

This is Version 2. As the document is updated, version numbers will be changed and content changes noted in the table below.

Version number	Date issued	Summary of changes
2	September 2021	Document reviewed as part of the Shape of Paediatrics Training review. 'Using the Syllabus with ePortfolio' (page 5) updated. Learning Outcome (LO) 3 updated - , 'considering their impact on physical, psychological and emotional health' added. LO5 updated - 'ensures good practice and provides appropriate support and guidance in decision-making and advance care planning' removed and added as a new Key Capability (KC). LO8, KCs split into three separate KCs. LO9, KCs split into two separate KCs. Assessment Grid updated with changes made to the KCs.

Introduction

This syllabus supports the completion of the RCPCH Progress curriculum and should be used with the curriculum document and Assessment Strategy.

The purpose of the curriculum is to train doctors to acquire a detailed knowledge and understanding of health and illness in babies, children and young people. The curriculum provides a framework for training, articulating the standard required to work at Consultant level through key progression points during their training, as well as encouraging the pursuit of excellence in all aspects of clinical and wider practice.

The curriculum comprises Learning Outcomes specifying the standard trainees must demonstrate to progress in training and attain a Certificate of Completion of Training (CCT). The syllabi supports the curriculum by providing further instructions and guidance on how the Learning Outcomes can be achieved and demonstrated.

Using the Syllabus

Paediatric trainees are required to demonstrate achievement of generic and sub-specialty or General Paediatric Learning Outcomes throughout their training period.

For all Level 1 and Level 2 trainees, there are 11 generic paediatric Learning Outcomes for each level. At Level 3, there are a further 11 generic paediatric Learning Outcomes for all trainees and several additional Learning Outcomes in either General Paediatrics or the sub-specialty to which the trainee has been appointed.

This syllabus contains five interlinked elements, as outlined in Figure 1 which illustrates how each element elaborates on the previous one.

Elements of the Syllabus

The **Introductory Statement** sets the scene for what makes a Paediatric Palliative Medicine (PPM) doctor.

The **Learning Outcomes** are stated at the beginning of each section. These are the outcomes which the trainee must demonstrate they have met to be awarded their Certificate of Completion of Training (CCT) in Paediatrics. Progress towards achievement of the Learning Outcomes is reviewed annually at the Annual Review of Competence Progression (ARCP).

Each Learning Outcome is mapped to the General Medical Council (GMC) Generic Professional Capabilities framework. Each trainee must achieve all the Generic Professional Capabilities to meet the minimum regulatory standards for satisfactory completion of training.

The **Key Capabilities** are mandatory capabilities which must be evidenced by the trainee, in their ePortfolio, to meet the Learning Outcome. Key Capabilities are therefore also mapped to the GMC Generic Professional Capabilities framework.

The **Illustrations** are examples of evidence and give the range of clinical contexts that the trainee may use to support their achievement of the Key Capabilities. These are intended to provide a prompt to the trainee and trainer as to how the overall outcomes might be achieved. They are not intended to be exhaustive and excellent trainees may produce a broader portfolio or include evidence that demonstrates deeper learning. It is not expected that trainees provide ePortfolio evidence against every individual illustration (or a set quota); the aim of assessment is to provide evidence against every Key Capability.

The **Assessment Grid** indicates suggested assessment methods, which may be used to demonstrate the Key Capabilities. Trainees may use differing assessment methods to demonstrate each capability (as indicated in each Assessment Grid), but there must be evidence of the trainee having achieved all Key Capabilities.

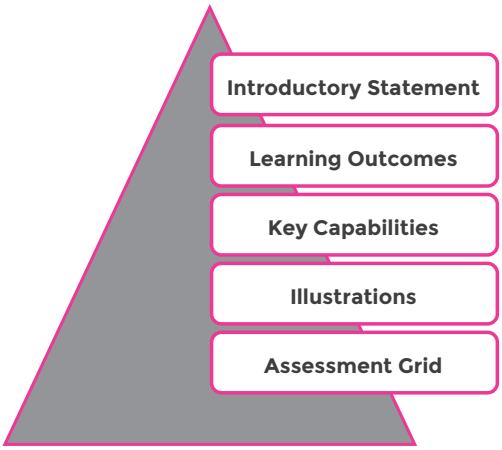

Figure 1: The five elements of the syllabus

Using the Syllabus with ePortfolio

The ePortfolio is used to demonstrate a trainee's progression using assessments, development logs and reflections. Events should be linked to the Progress curriculum specifically against the Key Capabilities at the appropriate level.

Further guidance on using the ePortfolio is available on our website: https://www.rcpch.ac.uk/resources/rcpch-eportfolio-kaizen-guidance-trainees

Paediatric Palliative Medicine Introductory Statement

Introductory Statement

A Paediatric Palliative Medicine (PPM) doctor has expertise working with babies, children and young people with life-limiting conditions and life-threatening illness and their families. These conditions include malignancy; inherited disorders; cardiac, neurological and neuromuscular diseases; and a variety of rare progressive and irreversible conditions.

PPM doctors work alongside multidisciplinary teams across hospital, hospice and community settings, providing a total approach to care and focusing on quality of life. The approach embraces physical, emotional, social and spiritual elements. These consultants provide specialist symptom management (eg nausea, pain, breathlessness and agitation), guidance on advance care planning (eg the preferred place of care and ceilings of care) and end-of-life and bereavement care, as well as offering support with complex ethical decisions (eg feeding and hydration).

The PPM doctor also plays a vital role in supporting other healthcare professionals to care for children and young people with life-limiting conditions.

Sub-specialty Learning Outcomes

	Sub-specialty Learning Outcomes	GMC Generic Professional Capabilities
1.	Demonstrates specialist expertise in the management of life-threatening illness and life-limiting conditions across the paediatric spectrum, from the unborn baby, neonate and infant to the child and young person.	GPC 3, 6
2.	Works as a specialist expert in paediatric palliative medicine across a range of settings and within the multidisciplinary team (MDT), by providing a holistic approach to care.	GPC 1, 5
3.	Recognises, assesses, anticipates and manages the full range of symptoms experienced as disease and illness progress, considering their impact on physical, psychological and emotional health.	GPC 3, 6
4.	Prescribes, reviews and monitors pharmacological treatment and non-pharmacological interventions necessary to manage patients with life-limiting illness and at the end of life; ensures non-pharmacological interventions are integrated into care at all stages of management.	GPC 1, 3, 6
5.	Works together with patients, families and professionals to facilitate decision-making regarding planning and provision of care towards the end of life.	GPC 1, 3, 6, 8
6.	Undertakes complex decisions and supports others making complex ethical decisions within the recognised UK framework.	GPC 1, 5, 6
7.	Demonstrates expertise in the physiological process and practical requirements of death and dying in childhood.	GPC 3, 6
8.	Recognises grief and the need for bereavement care, including support for all family members and those who require specialist input.	GPC 3, 6
9.	Recognises the impact of managing stressful, sensitive and often complex situations; the impact of multiple bereavements and the risk of burnout specific to palliative medicine; and the vulnerabilities of practitioners and colleagues.	GPC 1, 5, 7
10.	Works as a leader to improve evidence for, access to and provision of paediatric palliative care.	GPC 5, 6, 9
11.	Possesses the procedural skills necessary to practise competently and effectively as a palliative care consultant, with the confidence to advise and support others.	GPC 3, 5, 6

Sub-specialty Learning Outcome 1

Demonstrates specialist expertise in the management of life-threatening illness and life-limiting conditions across the paediatric spectrum, from the unborn baby, neonate and infant to the child and young person.	GPC 3, 6

Key Capabilities

Demonstrates a holistic approach to care for all patients, showing expertise in the philosophy and models of palliative care in paediatric practice and the role of the specialist.	GPC 3, 6
Demonstrates a working understanding of a multidimensional model of human experience (physical, psychosocial and spiritual or existential) in managing the child and young person with life-limiting conditions and life-threatening illness, specifically applied to the experience of symptoms in the dying.	GPC 3, 5

Illustrations

1.	Applies knowledge of disease trajectories in paediatric palliative medicine and understanding of the common family responses to receiving a diagnosis of life-limiting illness, in relation to the duration and trajectory of illness and specifically to the impending death of a child or young person.
2.	Demonstrates understanding of the importance of a rational approach to the palliative management of children and young people, ie that it should be evidence-based where there is such evidence and empirical, where necessary.
3.	Manages issues around the transition from paediatric to adult care in adolescents with long-term conditions and contributes to transitional care services, where appropriate.

Sub-specialty Learning Outcome 2

Works as a specialist expert in paediatric palliative medicine across a range of settings and within the multidisciplinary team (MDT), by providing a holistic approach to care.	GPC 1, 5

Key Capabilities

Models the personal and professional qualities and skills required for the effective practice of paediatric palliative medicine. Demonstrates attributes of integrity, leadership and trust to manage complex human, legal and ethical factors relating to the deterioration and death of babies, children and young people.	GPC 1, 3, 5, 6
Advises, liaises and collaborates effectively with hospital, hospice and community teams to ensure robust planning and processes are in place for quality symptom management and end-of-life care.	GPC 5, 8
Demonstrates working experience in adult palliative medicine, including service provision and clinical management.	GPC 3
Works collaboratively when developing interdisciplinary care pathways for patients across clinical networks and all care settings and when leading a multidisciplinary approach to the holistic management of acute illness, long-term conditions and end-of-life care.	GPC 5, 6

Illustrations

1.	Recognises the importance of exploring an individual family's priorities and of negotiating achievable goals, including showing understanding and respect for different social and cultural beliefs and values.
2.	Demonstrates expertise in advanced communication skills in the context of difficult or bad news, including end-of-life issues, with children, young people and their families. Fosters and maintains sensitive and effective communication with colleagues.
3.	Facilitates complex discharge planning using suitable resources whilst offering clinically appropriate choice and advocating for the child, young person and family in their wishes for place of care. This includes facilitating access to the range of benefits and support, including financial, social and practical assistance from statutory and voluntary sectors.

4.	Recognises and responds to spiritual distress and existential suffering, demonstrating understanding of and respect for different spiritual beliefs and practice, accommodating these into clinical practice and patient care.
5.	Demonstrates effective, active listening skills and open questioning with children and young people and understands the need to respect their views when assessing competency, capacity and vulnerability.
Antenatal and neonatal care:	
6.	Counsels parents with an antenatal diagnosis of a life-limiting condition and identifies situations when a second opinion may be helpful, especially where there is prognostic uncertainty.
7.	Supports perinatal symptom management with clear guidance and planning, taking into account ranges in birth weight and drug administration issues.
8.	Works with neonatal-specific pathways, guidelines and specialised bereavement support services.
9.	Manages the needs of the baby and expectations of parents in the situation where the baby survives unexpectedly.
Intensive care medicine:	
10.	Implements palliative care management alongside critical care support. Discusses limitations of care within the intensive care setting.
11.	Leads and facilitates rapid discharge planning for end-of-life care from intensive care into other settings, eg home, hospice or hospital.
12.	Counsels families and manages one-way extubation and withdrawal of ventilation or cardiovascular support.
Adult palliative medicine:	
13.	Works with adult palliative care teams to gain valuable expertise in symptom management, governance and service delivery.
14.	Supports effective transition to adult services in an early and structured fashion.
15.	Demonstrates understanding of the changing illness trajectory affecting young people living with life-limiting conditions, including 'survivorship' due to medical intervention and the specific issues with this.
16.	Applies knowledge and experience in confidentiality and consent issues as they apply to young people.

Sub-specialty Learning Outcome 3

Recognises, assesses, anticipates and manages the full range of symptoms experienced as disease and illness progress, considering their impact on physical, psychological and emotional health.	GPC 3, 6

Key Capabilities

Takes responsibility for the palliative care of any patient regardless of the environment (hospital, hospice or home), providing effective symptom management, including the anticipation of potential complications and emergencies and with consideration of comorbidity. Provides leadership and commitment to share care with other specialities and professionals in all settings.	GPC 3, 5, 6, 7
Applies knowledge of the scientific basis, trajectory and clinical manifestation of diseases that are life-limiting in childhood and demonstrates this skill and understanding in effective clinical practice.	GPC 1, 3, 6
Applies knowledge, understanding and skills in the management of pain, symptoms and secondary clinical problems due to life-limiting disease, applying the wide range of therapeutic options available for use.	GPC 3, 6

Illustrations

1.	Demonstrates full understanding of the physiological basis for and pathological nature of, progressive disorders, including the trajectory of common conditions presenting to palliative care.
2.	Describes the pathophysiology of the wide range of symptoms experienced in malignant and non-malignant conditions in paediatric palliative medicine.
3.	Recognises and anticipates symptoms likely to be associated with specific conditions. Remains up to date with the current evidence base for the management of symptoms.
4.	Devises and implements a rational, patient-specific, evidence-based approach to the management of symptoms within all systems. Identifies and modifies symptom control measures in order to improve quality of life.
5.	Manages the psychological aspects of physical illness (including pain and nausea) using non-pharmacological measures, such as counselling, hypnosis, acupuncture and other complementary therapies, which may include psychoactive medications.

6.	Evaluates and manages the secondary treatment symptoms of progressive disease, eg from radiotherapy, electrolyte disturbance or drug toxicity.
7.	Recognises that some symptoms may not be fully controllable or that some treatments may sometimes impose more of a burden to the child than can be justified by their benefits.
8.	Demonstrates clear understanding of the physiology, pathophysiology and neuropharmacology of pain. Identifies characteristics and explores causes for and mechanisms of pain, irrespective of the underlying condition. Recognises and acts as an expert on pain syndromes and different management strategies.
9.	Works within the biopsychosocial model of pain with a detailed knowledge of the classification, assessment and measurement of pain in babies, children and young people. Understands the nature of total pain and the limitations of pharmacological therapy alone.
10.	Demonstrates the mechanism and evidence base of and practical use for, non-pharmacological approaches to the management of any symptom.
11.	Applies knowledge of symptom patterns and clusters in specific groups of life-limiting conditions and anticipates these, even when they are not evident in the child and young person.
12.	Demonstrates, for all symptoms, knowledge of the theory, evidence base and potential risks and benefits of the use of complementary and alternative therapies in symptom management.
13.	Applies the range of interventional procedures available for symptom management (eg nerve blocks, intrathecal pumps, radiotherapy and botulinum toxin) and understands the benefits, burdens and what they entail for the patient.
14.	Demonstrates an empirical approach to the symptom management of rare disorders where there is little published evidence, liaising with experts to access information on current management strategies and anticipated issues.
15.	Manages intractable symptoms, including pain, seizures, nausea and vomiting.
16.	Prepares a detailed management plan for all palliative medicine emergencies, including the correct drug, dose and route for specific situations.
17.	Manages the changing needs of feeding and hydration within the context of palliative care.
18.	Facilitates rehabilitation and understands the principles of initiating rehabilitation to maintain function in the context of progressive conditions.
19.	Recognises the need to update knowledge of symptom management issues, as new research becomes available. Also maintains knowledge regarding new approaches to treatment in the management of life-limiting conditions.

Sub-specialty Learning Outcome 4

Prescribes, reviews and monitors pharmacological treatment and non-pharmacological interventions necessary to manage patients with life-limiting illness and at the end of life; ensures non-pharmacological interventions are integrated into care at all stages of management.	GPC 1, 3, 6

Key Capabilities

Formulates and maintains a rational approach to prescribing, with application of polypharmacy and drug interactions in complex and progressive disease and at the end of life.	GPC 3, 6
Safely and expertly prescribes opioids in the baby, child and young person with complex or severe illness.	GPC 6
Effectively adjusts medication regimens in altered metabolism, organ failure, disease progression and dying patients across the paediatric spectrum.	GPC 3, 6

Illustrations

1.	Safely prescribes drugs beyond their product licence or those without a product licence in children and young people, ensuring correct procedures are followed, including gaining the appropriate consent.
2.	Recognises the importance of specialist palliative medicine formularies to inform prescribing. Develops a practice of consulting other professions in complex drug calculations.
3.	Explains the pharmacodynamics and pharmacokinetics of opioids in relation to age, body size, health and disease, including the implications of opioid genomics.
4.	Applies knowledge of conversion ratios for enteral and parenteral administration of major opioids. Demonstrates urgent opioid titration via any route.
5.	Understands and applies the concept of equianalgesic doses of major opioids and dose conversion to the practice of opioid switching, showing clear rationale.
6.	Recognises and manages adverse effects of opioid therapy.
7.	Applies a rational approach to prescribing multimodal analgesia, including the indications for and dose range, mechanism and adverse effects of all major non-opioid or mixed opioid analgesics.

8.	Formulates a rational approach to anti-emesis based on an understanding of the likely mechanism and receptor complementarity and interaction.
9.	Prescribes and sets up a subcutaneous syringe driver confidently and accurately, understanding stability and miscibility issues. Anticipates, recognises and appropriately manages complications of syringe driver use, including precipitation and irritation.
10.	Safely prescribes, monitors and titrates analgesia using nurse-, patient- or proxy-controlled analgesia (NCA/PCA) within safe governance systems.

Sub-specialty Learning Outcome 5

Works together with patients, families and professionals to facilitate decision-making regarding planning and provision of care towards the end of life.	GPC 1, 3, 6, 8

Key Capabilities

Interacts effectively with colleagues in neonatal and paediatric intensive and high dependency care units to augment specialist palliative care management alongside intensive care intervention.	GPC 3, 6
Uses decision-making models and assesses capacity in children and young people.	GPC 3, 5
Ensures good practice and provides appropriate support and guidance in decision-making and advance care planning.	GPC 1, 2, 3, 5, 6

Illustrations

1.	Prepares and discusses with parents, carers and other professionals advance care plans and "Do Not Attempt Resuscitation" policies, taking due account of the Human Rights Act (1998) and ensuring that the best interests of the child and young person are held paramount at all times.
2.	Manages situations of clinical uncertainty, especially with respect to prognosis and the likelihood of death.
3.	Seeks the views of children and young people regarding their individual needs and wishes for care, understanding that this is often time- and decision-specific.
4.	Implements a process for resolving disagreements which may arise regarding the child's or young person's best interests.
5.	Applies understanding of the specific needs of families whose child has non-malignant life-limiting conditions when making decisions, including in the perception of quality of life, when there is uncertainty about the long-term outcomes of treatments and when dealing with challenging prognostication issues.

Sub-specialty Learning Outcome 6

Undertakes complex decisions and supports others making complex ethical decisions within the recognised UK framework.	GPC 1, 5, 6

Key Capabilities

Demonstrates the theoretical understanding and application of ethics in clinical practice and skill in the ethical reasoning and decision-making of complex situations and end-of-life care.	GPC 3, 6
Practises paediatric palliative medicine within a legal framework, with access to appropriate help and support, when necessary.	GPC 1, 3, 6

Illustrations

1.	Applies the principle of balancing burden and benefit and the concept of futility in considering therapeutic interventions in children and young people with life-limiting conditions, taking into consideration physical, spiritual, social, psychological and emotional issues and only proceeding with an intervention if it can be reasonably supposed that it will do more good than harm.
2.	Recognises and understands how the law relating to consent and the Mental Capacity Act applies within paediatric palliative medicine, particularly in regard to young people.
3.	Recognises potential conflicts in paediatric palliative medicine, such as the withdrawal of life-sustaining treatment and seeks a second opinion or legal ruling when appropriate. Provides medicolegal statements and presents such material in court.
4.	Appreciates the role of local and specialised support in ethical decision-making (eg local ethics committees and trust legal advisors), including communicating with and contributing to committees, where appropriate.
5.	Identifies and responds to unique and specific safeguarding issues within the palliative care setting.
6.	Demonstrates skill in ethical reasoning and decision-making in end-of-life care, for their own patients and for those referred in their advisory capacity.
7.	Advises on the ethical aspects of withdrawing or withholding treatment for children and young people, based on a rational and holistic balance of burden and benefit and the concept of futility.

8.	Recognises collusion between parents and professionals to deny a child and young person's impending death and the impact this may have on a child or young person. Challenges collusion effectively if necessary, but recognises when such challenge is inappropriate.
9.	Seeks the opinion and counsel (clinical and legal) of others in ethical dilemmas and when making decisions about resuscitation, withholding and withdrawing treatment.

Sub-specialty Learning Outcome 7

Demonstrates expertise in the physiological process and practical requirements of death and dying in childhood.	GPC 3, 6

Key Capabilities

Provides optimal care for the dying child, young person and their family. Demonstrates full understanding of end-of-life management, including in controlling symptoms, undertaking procedures and in care after death, while respecting cultural and religious values.	GPC 3, 6

Illustrations

1.	Applies understanding of the final pathway of disease processes, prognostic indicators and their application and limitations, including diagnosis of imminent death.
2.	Anticipates likely symptoms in the period immediately before death and ensures that support and appropriate medication are available by the appropriate route in good time.
3.	Demonstrates broad knowledge of the needs of the dying child, young person and family, including the cultural, spiritual and religious aspects of care. Demonstrates broad knowledge of attitudes to life and death for the main religious faiths in the UK and how to access more information and expertise on these issues.
4.	Expert in the process of death verification and certification, including the procedure for confirming brain death, in accordance with the law.
5.	Expert in the statutory obligations and the responsibilities of those involved in complying with relevant child death process and procedures
6.	Understands the role and powers of the coroner (or equivalent, for example the procurator fiscal in Scotland) and when to refer, including advice on the procedures they will follow.
7.	Organises a post-mortem and organ donation. Understands and advises on procedures for post-mortem biopsy and retained tissue.
8.	Assesses the impact of anxieties about death, hidden or overt, among professionals, patients and families, including how these might affect the multidisciplinary team.
9.	Recognises that unwillingness to explore issues or focusing on future plans could represent either damaging denial or be a useful coping strategy. Distinguishes between these and manages further discussions appropriately.
10.	Works with relatives of a sick and dying child or young person, including siblings, parents and grandparents, ensuring appropriate support is in place.

Sub-specialty Learning Outcome 8

Recognises grief and the need for bereavement care, including support for all family members and those who require specialist input.	GPC 3, 6

Key Capabilities

Provides effective support to parents, carers and siblings in the bereavement of a child or young person.	GPC 3, 6
Recognises grief and ensures appropriate bereavement support is in place with an appreciation of spiritual, cultural and religious needs.	GPC 2, 3, 6
Recognises risk for and features of abnormal grief reactions and accesses specialist services.	GPC 2, 3, 6, 7

Illustrations

1.	Recognises common family responses to the impending death of a child and young person.
2.	Applies knowledge of the process of bereavement in children, young people and families and recognises normal and abnormal grieving patterns. Advises on bereavement models, including children and young person's attitudes to death and how they change with age and development.
3.	Leads on bereavement consultations and refers to appropriate bereavement services.
4.	Understands the epidemiological and resource aspects of grief.
5.	Risk-assesses a child, young person, family or carer for vulnerability to dysfunctional grief, anticipating prolonged or complicated grief reactions.

Sub-specialty Learning Outcome 9

Recognises the impact of managing stressful, sensitive and often complex situations; the impact of multiple bereavements and the risk of burnout specific to palliative medicine; and the vulnerabilities of practitioners and colleagues.	GPC 1, 5, 7

Key Capabilities

Ensures sound personal and organisational practices and support mechanisms are in place to build resilience, maintain professional boundaries and reduce the risks of burnout.	GPC 1, 5, 7
Offers or arranges support for colleagues and for oneself, where appropriate.	GPC 1, 2, 5

Illustrations

1.	Recognises personal values and belief systems and how these influence professional judgements and behaviours in the provision of paediatric palliative medicine.
2.	Recognises the limitations of the ability to evaluate and intervene in complex emotional situations and appropriately refers to other professionals.
3.	Recognises, reflects on and deals with conflicts of belief, priorities and values within the team.
4.	Recognises the emotional impact of paediatric palliative care work on oneself, taking responsibility for enhancing personal resilience and support.

Sub-specialty Learning Outcome 10

Works as a leader to improve evidence for, access to and provision of paediatric palliative care.	GPC 5, 6, 9

Key Capabilities

Contributes to research activity and understands service development strategy within the sector.	GPC 5, 6, 9

Illustrations

1.	Recognises the need to develop services to support the child, young person and family through palliative care and death in their preferred place, eg home, hospital or hospice.
2.	Offers expert advice and support to colleagues, other teams and family carers supporting a child or young person, including through written plans and telephone advice at a distance, in hours, out of hours and in an emergency.
3.	Applies knowledge about current local, national and international policy in paediatric palliative care service development.
4.	Recognises and understands the appropriate legal, professional and governance guidelines; regulations specific to paediatric palliative care, including those relating to hospices and nursing homes; and charity and company law; applying these in practice.
5.	Recognises the extent and limitations of the current evidence base to inform paediatric palliative care practice, including the benefits and limitations of extrapolating principles from adult clinical practice and research to paediatric palliative medicine practice.
6.	Supports, mentors, teaches, assesses, appraises and supervises trainees sensitively and effectively, especially when they encounter the unexpected, uncertain, unfamiliar and unknown.
7.	Obtains advice through the paediatric palliative medicine community.

Sub-specialty Learning Outcome 11

Possesses the procedural skills necessary to practise competently and effectively as a palliative care consultant, with the confidence to advise and support others.	GPC 3, 5, 6

Key Capabilities

Ensures competence is achieved and maintained in relevant procedural skills.	GPC 3

Illustrations

1.	Sets up and maintains subcutaneous syringe driver infusions and intravenous pumps and manages peripherally-inserted central venous catheters and Hickman lines.
2.	Manages tracheostomies, including complications (eg secretions and blockages) and performs a simple tracheostomy change.
3.	Demonstrates a working knowledge of the indications for and day-to-day management of non-invasive ventilation, cough-assist machines and suction apparatus in the palliative care setting.
4.	Performs the practical management of nasogastric tubes, gastrostomies and jejunostomies and in particular common practical problems, such as tube blockage, infection and displacement, including the solutions to these.
5.	Manages nerve blocks, epidurals and intrathecal pumps, including their complications.
6.	Advises on and applies a transcutaneous electrical nerve stimulation (TENS) machine.

Assessment Grid

This table suggests assessment tools which may be used to assess the Key Capabilities for these Learning Outcomes. This is not an exhaustive list and trainees are permitted to use other methods within the RCPCH Assessment Strategy to demonstrate achievement of the Learning Outcome, where they can demonstrate these are suitable.

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaed CbD)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Demonstrates a holistic approach to care for all patients, showing expertise in the philosophy and models of palliative care in paediatric practice and the role of the specialist.	✓	✓						✓		
Demonstrates a working understanding of a multidimensional model of human experience (physical, psychosocial and spiritual or existential) in managing the child and young person with life-limiting conditions and life-threatening illness, specifically applied to the experience of symptoms in the dying.	✓	✓				✓		✓	✓	
Models the personal and professional qualities and skills required for the effective practice of paediatric palliative medicine. Demonstrates attributes of integrity, leadership and trust to manage complex human, legal and ethical factors relating to the deterioration and death of babies, children and young people.	✓	✓				✓		✓		
Advises, liaises and collaborates effectively with hospital, hospice and community teams to ensure robust planning and processes are in place for quality symptom management and end-of-life care.	✓	✓			✓	✓		✓		
Demonstrates working experience in adult palliative medicine, including service provision and clinical management.	✓	✓						✓		ePortfolio reflection
Works collaboratively when developing interdisciplinary care pathways for patients across clinical networks and all care settings and when leading a multidisciplinary approach to the holistic management of acute illness, long-term conditions and end-of-life care.	✓	✓				✓		✓		

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaed CbD)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Takes responsibility for the palliative care of any patient regardless of the environment (hospital, hospice or home), providing effective symptom management, including the anticipation of potential complications and emergencies and with consideration of comorbidity. Provides leadership and commitment to share care with other specialities and professionals in all settings.	✓	✓				✓	✓		✓	
Applies knowledge of the scientific basis, trajectory and clinical manifestation of diseases that are life-limiting in childhood and demonstrates this skill and understanding in effective clinical practice.	✓	✓								
Applies knowledge, understanding and skills in the management of pain, symptoms and secondary clinical problems due to life-limiting disease, applying the wide range of therapeutic options available for use.	✓	✓								
Formulates and maintains a rational approach to prescribing, with application of polypharmacy and drug interactions in complex and progressive disease and at the end of life.	✓	✓								
Safely and expertly prescribes opioids in the baby, child and young person with complex or severe illness.	✓	✓	✓							
Effectively adjusts medication regimens in altered metabolism, organ failure, disease progression and dying patients across the paediatric spectrum.	✓	✓			✓					
Interacts effectively with colleagues in neonatal and paediatric intensive and high dependency care units to augment specialist palliative care management alongside intensive care intervention.	✓	✓			✓	✓	✓	✓		
Uses decision-making models and assesses capacity in children and young people.	✓	✓						✓	✓	
Ensures good practice and provides appropriate support and guidance in decision-making and advance care planning.	✓	✓						✓	✓	
Demonstrates the theoretical understanding and application of ethics in clinical practice and skill in the ethical reasoning and decision-making of complex situations and end-of-life care.	✓	✓						✓	✓	
Practises paediatric palliative medicine within a legal framework, with access to appropriate help and support, when necessary.	✓	✓								ePortfolio reflection

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaed CbD)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Provides optimal care for the dying child, young person and their family. Demonstrates full understanding of end-of-life management, including in controlling symptoms, undertaking procedures and in care after death, while respecting cultural and religious values.	✓	✓						✓	✓	
Provides effective support to parents, carers and siblings in the bereavement of a child and young person.	✓	✓						✓	✓	
Recognises grief and ensures appropriate bereavement support is in place with an appreciation of spiritual, cultural and religious needs.	✓	✓						✓	✓	
Recognises risk for and features of abnormal grief reactions and accesses specialist services.	✓	✓				✓				
Ensures sound personal and organisational practices and support mechanisms are in place to build resilience, maintain professional boundaries and reduce the risks of burnout.	✓	✓				✓				
Offers or arranges support for colleagues and for oneself, where appropriate.	✓	✓				✓				
Contributes to research activity and understands service development strategy within the sector.	✓	✓								ePortfolio
Ensures competence is achieved and maintained in relevant procedural skills.	✓	✓								