Trainee's Guide to the Community Child Health Curriculum

British Association for Community Child Health

Every expert was once a beginner.

This guide has been created for trainees by trainees to ensure everyone training in community child health has a clear, shared understanding of required competencies, feels supported in knowing how to achieve these and has equal access to the resources and opportunities available.

The examples in this guide are not exhaustive but suggestions which other trainees have found useful. There may be other unique opportunities in your placements which would equally meet curriculum requirements and we would encourage you to explore and make the most of these.

Ultimately what you get out of your training will be related to what you put in, so we hope this guide will help ensure everyone feels supported to embrace the journey.

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National BACCH Trainee Representatives

This is a curriculum aid only and not a formal part of the curriculum, therefore whilst the guidance within may be helpful to orientate doctors in training entering a CCH post, it does not constitute mandatory requirements separate from those of the curriculum itself which is available on the RCPCH website.

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Sub-specialty Learning Outcome 1

Demonstrates proficiency in the assessment and management of vulnerable children and young people, including those with physical and psychological developmental disorders and disabilities, as well as counsels families and carers.

Key Capabilities:

1. **Demonstrates proficiency in the assessment, diagnosis and management of children and young people with a broad range of disabilities, including physical and psychological disability, genetic disorders and neurodevelopmental disorders and manages co-morbidities in these groups.**

Guidance for Trainees:

Recognises and diagnoses the developmental presentations underpinning neurodevelopmental disorders (eg Autism Spectrum Disorder [ASD] and ADHD).

Examples of ways to achieve competency:

- Observe, be supervised and then lead initial development assessments to become familiar with assessment tools eg. SOGS and confident in investigating and managing developmental delay
- Gain experience in using more in-depth development assessment tools eg. Griffiths, Bayleys, ADOS, ADI-R; observe clinics or join a course for formal training e.g. ADOS course
- Observe, be supervised and then lead a multidisciplinary ASD assessment
- Observe, be supervised and then lead a feedback session to give an ASD diagnosis
- Be familiar with ADHD scoring systems e.g. Conners
- Observe, be supervised and then lead a feedback session to give an ADHD diagnosis
- Shadow patients journey through post diagnostic support follow up for developmental delay, ASD and ADHD including shadowing local allied health professionals' services eg. speech and language therapy, occupational therapy, clinical psychology
- Teach medical students or SHOs taking the MRCPCH clinical on the development station - when we explain something to other people, we often come to understand it better ourselves

Recommended resources to read and reflect on:

- Learning portal from the Association of Child and Adolescent Mental Health (ACAMH) has lots of podcasts, videos and articles sharing best evidence to improve practice: www.acamh.org
- Become familiar with third sector organisations websites offering support for neurodevelopmental conditions eg. National Autistic Society, ADHD Foundation

Applies the principles of behavioural management for children with emotional dysregulation.	Examples of ways to achieve competency: □ Attend course on managing emotional and behavioural problems in community paediatrics eg. RCPCH online How to Manage Emotional and Behavioural Problems in Community Paediatrics course □ Watch webinars on how paediatricians can help parents with a child's behaviour eg. from RCPCH Learning: www.learning.rcpch.ac uk □ Become familiar with NHS England's Stopping The Over-Medication of children and young People with a learning disability, autism or both (STOMP) programme Recommended resources to read and reflect on: □ Become familiar with third sector organisations websites offering support and advice on behavioural management eg. Challenging Behaviour Foundation, Behaviour Support Hub, Scope, Action for Children, Barnardo's, Action for Children, Family Lives, Place2Be, Behaviour Help, YoungMinds □ Become familiar with local guidelines for managing challenging behaviour acutely
Identifies symptoms of specific mental health disorders and recognises when to refer to specialist colleagues.	Examples of ways to achieve competency: □ Attending CAMHS clinics □ Attend course on child mental health disorders eg. RCPCH online How to Manage Child Mental Health □ Link in with the multi-disciplinary colleagues eg. psychologists, specialist nurses in the hospital when working on acute shifts □ Reflect on acute mental health presentations seen in the hospital Recommended resources to read and reflect on: □ Review local escalation pathways for managing the acutely distressed child during on call shifts. □ CAMHS online resources (contains downloads, links to websites, books and videos): www.camhs-resources.co.uk □ Become familiar with third sector organisations websites offering support and advice on mental health disorders eg. YoungMinds, Beat (Eating Disorders), Place2Be, MindEd, Heads Together □ Medical Emergencies in Eating Disorders guideline: www.meed.org.uk □ Review local guidelines for managing eating disorders.
Safely counsels families on the risk/benefits of medication in ADHD and challenging behaviour.	Examples of ways to achieve competency: □ Shadow CAMHS clinics where they diagnose and review meds e.g. ADHD medications, risperidone and chlorpromazine. □ Attend community ADHD clinics and observe, be supervised and then lead on discussing the medical management of ADHD and prescribing where applicable. □ Become familiar with NHS England's Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) programme Recommended resources to read and reflect on: □ Become familiar with advice for parents available on NHS website Medicines A to Z: www.nhs.uk/medicines

Assesses and addresses problems with sleep, feeding and toileting in the context of neurodevelopmental conditions and advises on medication, if needed.	Examples of ways to achieve competency: □ Shadow sleep clinic to learn how sleep disorders are assessed, investigated and managed including when medications are indicated □ Observe then independently manage cases where Melatonin is started and doses reviewed □ Attend regionally run sleep course eg. Southampton Sleep Training Program □ Attend local multidisciplinary complex feeding clinics, ARFID clinic or shadow dietitians when managing children with feeding difficulties or restrictive diets. □ Attend local bowel/bladder clinics □ Link in with multi-disciplinary colleagues when managing complex patients on acute shifts eg. speech and language therapists, dietitians; and reflect on these cases Recommended resources to read and reflect on: □ Become familiar with advice for parents available on NHS website Medicines A to Z eg. for Melatonin: www.nhs.uk/medicines □ Become familiar with third sector organisations websites offering support and advice eg. Eric (The Children's Bladder and Bowel Charity), Child Feeding Guide, The Sleep Charity, Cerebra
Describes common measures of cognitive function used between the ages of 0 and 18 years, including their limits and usefulness.	Examples of ways to achieve competency: □ Understand local pathways for diagnosing learning disabilities □ Observe clinical / educational psychologists undertaking formal cognitive assessments □ Become familiar with available cognitive assessment tools eg. Ravens Recommended resources to read and reflect on: □ Become familiar with NICE Clinical Knowledge Summary for Learning Disabilities: www. https://cks.nice.org.uk/topics/learning-disabilities/
Demonstrates the ability to use and interpret validated standardised assessment tools for neurodisabilities.	Examples of ways to achieve competency: □ Follow the patient journey through the Cerebral Palsy Integrated Care Pathway (CPIP) □ Become familiar with the Gross Motor Function Classification System (GMFCS) for children with CP and where possible observe physiotherapists assessment □ Attend tone clinic and become familiar with tools used in assessment eg. Modified Ashworth Scale □ Attend co-ordination clinic and become familiar with tools used in assessment eg. Peabody Developmental Motor Scales (PDMS), Movement Assessment Battery for Children (Movement ABC) Recommended resources to read and reflect on: □ Consider attending a neurodisability course if you have an interest in this area such as the Sheffield Paediatric Neurodisability Diploma (modules can also be completed independently) □ Attend e-learning or events hosted by the British Academy of Childhood Disability (BACD)

Prescribes and monitors medication commonly used to manage neurodisabilities, along with specialist colleagues.	Examples of ways to achieve competency: □ Attend local specialist epilepsy, botox, movement disorders and tic clinics. □ Join neurosurgical and orthopaedic teams for discussions with patients and families. □ Observe then independently manage cases where Baclofen is started and doses reviewed □ Attend tone management course eg. British Paediatric Neurology Association (BPNA) Approaching Children's Tone (ACT) course □ Attend seizure management course eg. British Paediatric Neurology Association (BPNA), Paediatric Epilepsy Training (PET) Recommended resources to read and reflect on: □ Become familiar with third sector organisations websites offering support and advice eg. Children's Cerebral Palsy
Undertakes comprehensive assessments and investigations, reaches appropriate differential diagnoses and institutes appropriate management plans to include safety netting for common complications and meet the child and young person's medical, therapeutic, equipment, educational and social needs	Examples of ways to achieve competency: □ Reflect on cases seen in clinic where differentials or comorbidities have changed management plans eg. refer to ENT for sleep apnoea, respiratory for recurrent chest infections, gastroenterology/surgical when assessment of PEG required etc. □ Become familiar with using the Ready Steady Go toolkit to support young people with transitioning to adult services: www.readysteadygo.net □ Attend local or national teaching on genetic testing □ Observe, be supervised and then lead giving feedback on positive test results to families □ Attend local complex patient meetings □ Arrange case-based discussions with consultant supervisors for all cases where there is diagnostic uncertainty or complexity Recommended resources to read and reflect on: □ Become familiar with NICE guidelines for follow up eg. for Downs Syndrome, Cerebral Palsy; consider running an audit locally to assess if standards being met and quality improvement project to improve care pathways if not
Identifies when a young person might be at risk of developing a vision or hearing impairment (eg in association with extreme prematurity or familial/genetic conditions) and refers appropriately to specialist colleagues.	Examples of ways to achieve competency: □ Attend local audiology and ophthalmology clinic □ Attend teaching from audiologist / ophthalmologist on referrals □ Attend teaching on follow up for common genetic disorders □ Become familiar with public health newborn hearing screening programme and how this is run locally, following a patient's journey where possible. □ Reach out to, speak to and spend time with qualified teachers for vision impairment / hearing impairment / multi-sensory impairment Recommended resources to read and reflect on: □ Become familiar with NICE guidelines for follow up eg. for Downs Syndrome □ Become familiar with third sector organisations websites offering support and advice eg. National Deaf Children's Society, Royal National Institute of Blind People □ Become familiar with the UK's hearing screening programme on the government's website.

Sub-specialty Learning Outcome 2

Adopts a leading role with children and young people who are at risk of abuse and neglect or are being abused and for those who are "looked after", including contributing to the process of adoption.

Key Capabilities:

1. **Demonstrates proficiency in assessing the health needs of "looked after" children and young people, recognising developmental and mental health conditions occurring in the "looked after" population.**

2. **Formulates a comprehensive plan for a "looked after" child and young person's physical and psychological developmental and emotional needs, communicating these effectively to non-medical professionals through report writing and participation in statutory processes.**

3. **Examines the whole child and young person, including both physical and psychological development, the genitalia, recognising signs of abuse and/ or neglect.**

4. **Formulates differential diagnoses, conducts appropriate investigations and advises safeguarding agencies on their findings.**

Guidance for Trainees:

Conducts a comprehensive initial health assessment or review health assessment in a child or young person who is looked after.

Examples of ways to achieve competency:

- □ Observe, be supervised and then lead IHAs and RHAs for a range of children and young people including infants, children, adolescents and Unaccompanied Asylum-Seeking Children.
- □ Shadow CLA specialist nurse clinic.
- □ Complete an e-portfolio discussion of correspondence (DOC) with consultant supervisor to get feedback on CLA report writing
- □ Attend teaching on statutory processes for children and young people who are looked after.
- □ Attend a training course working with asylum seekers and refugees eg. RCPCH How to Manage: Children and young people seeking asylum and refugees

Recommended resources to read and reflect on:

- □ Become familiar with statutory guidance from government: Promoting the health and well-being of looked-after children
- □ Become familiar with NICE guideline: Looked-after children and young people (NG205)
- □ Health resources and guidelines for unaccompanied asylum seekers: www.uaschealth.org

	□ Read 'Undertaking a Health Assessment' published by CoramBAAF
Recognises the implications of attachment difficulties, maltreatment and social adversity on children and young people's emotional well-being, particularly for those in care or adopted.	Examples of ways to achieve competency: □ Review latest literature on adverse childhood experiences (ACEs) and delivering trauma informed care □ Listen to children's and young people's experiences of their journey through the care system and the impact this has had on them, reflect on learnings and where opportunities present explore doing a quality improvement project (co-designed with young people wherever possible). Recommended resources to read and reflect on: □ Become familiar with third sector organisations websites offering support for looked after children eg. Coram, Become Charity, Solace, National Youth Advocacy Service, NSPCC □ Reflect on latest research and resources for professionals shared by third sector organisations eg. Early Intervention Foundation, ACEs Matter □ Watch 'How childhood trauma affects health across a lifetime' TED talk
Recognises the immediate and long-term impact of parental factors on outcomes for "looked after" and adopted children and young people and advises adoption and fostering agencies on these issues.	Examples of ways to achieve competency: □ Complete an e-portfolio discussion of correspondence (DOC) with consultant supervisor to get feedback on pre-adoption medical report writing □ Attend an adoption panel as observer □ Shadow Medical Advisor for Adoption in meeting with potential adopters □ Complete a case-based discussion (CBD) on Fetal Alcohol Spectrum Disorder (FASD) □ Attend course on FASD eg. RCPCH How to Manage FASD in Community Paediatric Services Recommended resources to read and reflect on: □ Become familiar with advice given regarding the adoption process to children, young people and families: www.coramadoption.org.uk
Conducts a holistic child protection medical assessment, highlighting protective and risk factors.	Examples of ways to achieve competency: □ Independently perform child protection medical assessments in children presenting with different kinds of abuse including physical, emotional and neglect □ Complete e-portfolio discussion of correspondences (DOCs) with consultant supervisors to get feedback on child protection medical report writing □ Attend and present cases at child protection peer reviews □ Attend strategy meetings □ Attend a case conference □ Attend a review meeting for a child on a Child Protection Plan □ Attend multi agency safeguarding hub risk review meeting □ Complete level 3 safeguarding course eg. ALSG's Child Protection: Recognition and Response (CPRR), RCPCH Child Protection: from examination to court

- □ Reflect on any safeguarding cases seen acutely whilst covering hospital on calls
- □ Contribute to child protection teaching locally to medical students or SHO's or by becoming an ALSG CPRR instructor (recommended for instructor potential at the end of a completed course or self-nomination with recommendation of a senior colleague) - when we explain something to other people, we often come to understand it better ourselves
- □ Attend safeguarding partnership meetings
- □ Shadow a Named or Designated Doctor for Safeguarding Children
- □ Spend time with the ICB safeguarding team (Designated Doctor and Nurse for Safeguarding Children)

Recommended resources to read and reflect on:

- □ RCPCH Child Protection Portal has the latest safeguarding evidence-based resources
- □ Prevent e-learning training around the risks of radicalisation and the roles involved in supporting those at risk
- □ NSPCC National Case Review is a repository of published case reports to share learnings
- □ Reflect on latest research and resources for professionals shared by third sector organisations eg. NSPCC, Barnardo's, Unicef
- □ Home Office Child exploitation disruption toolkit

Recognises sexually transmitted infections in children and young people and refers appropriately.

Examples of ways to achieve competency:

- □ Attend a sexual assault referral centre (SARC) clinic
- □ Observe and where possible be supervised seeing cases with the team on call for child sexual abuse if that service is provided by a community paediatric team locally
- □ Attend a child sexual abuse course eg. The Havens Introductory Training Course in Sexual Offence Medicine
- □ Attend local / regional teaching sessions on child sexual abuse and FGM

Recommended resources to read and reflect on:

- □ RCPCH Child Protection Companion has a chapter on the latest recommendations for managing child sexual abuse
- □ Become familiar with the Sexual Behaviours Traffic Light Tool
- □ Become familiar with resources available from the Centre of expertise on child sexual abuse (funded by the Home Office and hosted by Barnardo's)

Recognises when an emotional or behavioural presentation may be a consequence of current or previous maltreatment and assesses the impact of neglect over time.

Examples of ways to achieve competency:

- □ Reflect on any cases seen when a safeguarding concern has been included in your differential diagnosis and how you explored this.
- □ Attend local/ regional / national teaching on recognising and investigating neglect and fabricated or induced illness
- □ Become familiar with using child neglect screening tools eg. Graded Care Profile 2 (GCP2)

Recommended resources to read and reflect on:

- □ Read RCPCH guideline on Perplexing Presentations (PP)/ Fabricated or Induced Illness (FII) in children
- □ Become familiar with third sector organisations websites offering support for foster parents eg. Foster Care Associates

Sub-specialty Learning Outcome 3

Demonstrates strong skills in working with multiple agencies, particularly with education, primary care and social care.

Key Capabilities:

1. **Works effectively with other agencies (such as educational, primary care and social care) and the voluntary sector to support and manage children with neuro-developmental conditions/disabilities, including providing advice for statutory processes (eg the Education Health and Care Plan [EHCP]).**

2. **Formulates a comprehensive report on a child and young person's physical and psychological developmental and emotional presentation, communicating these effectively to both non-medical professionals and the courts through report writing and participation in statutory processes.**

Guidance for Trainees:

Confidently undertakes a leading role in local multi-agency training.	Examples of ways to achieve competency: □ Delivers multidisciplinary training eg. simulation, coordinating MDT CPD events, instructing on safeguarding courses □ Completes a teaching, train the trainer or integrated care professional development course Recommended resources to read and reflect on: □ Become familiar with latest research around delivering integrated care eg. The King's Fund, Programme for Integrated Child Health
Manages and supports a range of vulnerable children and young people, including patients with additional needs.	Examples of ways to achieve competency: □ Case based discussions (CBD) or reflections on vulnerable children seen in neurodevelopment, neurodisability, CLA, safeguarding or specialist school clinics □ Attend course on child poverty eg. RCPCH How to Manage: Child Poverty □ Explore local services available to support vulnerable children and reflect on signposting families to access these or do a quality improvement project in this area to reduce local health inequalities Recommended resources to read and reflect on: □ Become familiar with the RCPCH health inequalities toolkit

- □ Review The Health Foundation and NHS England reports on reducing health inequalities eg. Tackling inequalities in healthcare access, experience and outcomes
- □ Review Children's Commissioner reports eg. How do we better support vulnerable children and young people?
- □ Become familiar with latest research around reducing health inequalities eg. The Institute of Health Equity, The King's Fund
- □ Become familiar with third sector organisation's websites offering support for children with additional needs eg. Remap, Sky Badger, Family Fund, AccesAble, Contact, The Naval Children's Charity, Council for Disabled Children

Writes reports on medical or developmental conditions for parents and non-clinical staff in other agencies to explain the implications of the conditions and how they may impact on the child or young person and his or her carers.	Examples of ways to achieve competency: □ Complete an e-portfolio discussion of correspondence (DOC) with consultant supervisor to get feedback on clinic report writing □ Complete an e-portfolio discussion of correspondence (DOC) with consultant supervisor to get feedback on providing supporting information for an educational health care plan (EHCP) / individual development plan (IDP) / Coordinated support plan (CSP) □ Gain experience in writing letters to schools, for housing and medical referrals □ Complete and update children's health passports when needs identified Recommended resources to read and reflect on: □ Become familiar with Academy of Medical Royal College guidance: Please write to me; Writing outpatient clinic letters to patients
Interprets educational assessments.	Examples of ways to achieve competency: □ Become confident in reading and interpreting reports written by educational psychologists and use this to support referrals to other services eg. clinical genetics □ Become familiar with local processes for diagnosing learning disabilities in children and shadow assessments where possible □ Work with GPs to ensure children/ young people with learning disabilities receive an annual health check – or support audit / quality improvement work in this area. Recommended resources to read and reflect on: □ Be aware of assessment tools used to assess for learning disabilities by educational psychologists eg. Wechsler Intelligence Scale for Children (WISC-V)
Demonstrates knowledge of the policy context, organisation and regulation of the Special Educational Needs and Disability (SEND) provision within schools.	Examples of ways to achieve competency: □ Observe and partake in specialist school clinics □ Meet and liaise with local SEND practitioners and where there are opportunities to improve practice / training / communications carry out quality improvement initiatives Recommended resources to read and reflect on: □ Reviewed the UK government's SEND code of practice: 0-25 years

	□ Become familiar with third sector organisation's websites offering support for children with SEN eg. SNAP Cymru, IPSEA, SNED Family Support, Sense
Advocates for the interests of children and young people with SEND within settings, such as nurseries and schools.	Examples of ways to achieve competency: □ Observe and partake in specialist school clinics □ Attend Team around the Family (TAF) meetings □ Complete an e-portfolio discussion of correspondence (DOC) with consultant supervisor to get feedback on providing supporting information for an educational health care plan (EHCP) / individual development plan (IDP) / Coordinated support plan (CSP) Recommended resources to read and reflect on: □ Become familiar with third sector organisation's websites offering support with SEND advocates eg. SNED Advocacy, IPSEA, CoramVoice
Works with specialist colleagues to manage sensory impairments in children and young people.	Examples of ways to achieve competency: □ Observe occupational therapists clinic □ Attend teaching or case-based discussion with local occupational therapists on managing sensory impairments □ Attend audiology clinic □ Attend ophthalmology clinic □ Attend Makaton course or teaching by speech and language therapists Recommended resources to read and reflect on: □ Become familiar with third sector organisation's websites offering support with sensory impairments eg. VICTA Parent Portal, Sense, COESI □ Become aware of local educational services for sensory impairments □ Review resources for clinicians available from the Royal College of Occupational Therapists (RCOT)
Investigates and manages children/ young people with suspected visual and/or hearing impairment(s) using a multi-disciplinary team (MDT) approach with specialist colleagues, eg Arteriovenous Malformation (AVM) and ophthalmology.	Examples of ways to achieve competency: □ Attend local audiology and ophthalmology clinic □ Attend teaching from audiologist / ophthalmologist on managing children/ young people with suspected visual and/or hearing impairment(s) □ Attend specialist clinics available eg. auditory processing disorders clinic, visual impairment clinic, genetics □ Attend courses on alternative communication for children with visual / hearing impairments Recommended resources to read and reflect on: □ Become familiar with NICE guidelines for follow up eg. for Downs Syndrome □ Become familiar with third sector organisations websites offering support and advice eg. National Deaf Children's Society, Royal National Institute of Blind People, VICTA Parent Portal, Sense, COESI □ Review resources for clinicians available from the British Association of Paediatricians in Audiology

Sub-specialty Learning Outcome 4

Actively participates in planning and implementing local strategies to improve the physical and mental health of all children and young people in their area, including safeguarding policy and overseeing universal and targeted health promotion and protection programmes.

Key Capabilities:

1. **Applies knowledge of public health to work with other agencies to provide paediatric input for the commissioning and planning of services for children and young people.**

Guidance for Trainees:

Identifies the range of services available for a child and young person with challenging behavioural issues.

Examples of ways to achieve competency:

- Attending and observing locally run managing challenging behaviour workshops for children & families
- Observing CAMHS clinics for children / young people with challenging behavioural issues
- Observe clinical psychology clinics
- Shadowing CAMHS liaison/outreach team within acute settings
- Attend specialist school clinic in centre for children with challenging behaviour
- Reflection on signposting/safety netting families for behavioural support or doing quality improvement work in this area

Recommended resources to read and reflect on:

- Become familiar with third sector organisations websites offering support and advice for children with challenging behaviour eg. Challenging behaviour foundation, Youngminds, Kooth, Behaviour Support Hub, Scope, Action for Children, Barnardo's, Action for Children, Family Lives, Place2Be, Behaviour Help
- Attend course on managing challenging behaviour eg. RCPCH online How to Manage Emotional and Behavioural Problems in Community Paediatrics course
- Watch webinars on how paediatricians can help parents with a child's behaviour eg. from RCPCH Learning: www.learning.rcpch.ac.uk

Demonstrates knowledge of available outcome measures (such as the Public Health Outcomes Framework) and how

Examples of ways to achieve competency:

- Familiarisation with freely available public health databases eg. Public Health Outcome Framework – Fingertips, The Health

they might be used to improve service delivery.	Foundation Local Authority Dashboard, Department of Health and Social Care National General Practice Profiles □ Reflect on accessing and reviewing health data from the area where you work □ Critically appraise public health databases recognising their strengths and weaknesses □ Reflect on health inequalities data and actively use this to focus improvements for service delivery to meet local needs eg. healthy eating/lifestyle programmes to address high rates of childhood obesity □ Review cases seen where children were not brought (or audit these locally) to assess for any themes in contributing factors and if identified, carry out quality improvement work to improve local practices □ Attend public health training course eg. BACCH trainee study day, Programme for Integrated Child Health Recommended resources to read and reflect on: □ Article from The Health Foundation on 'Measuring what really matters: Towards a coherent measurement system to support person-centred care □ Quality Improvement Essentials Toolkit from the Institute for Healthcare Improvement □ RCPCH, State of Child Health in the UK Report (2020)
Demonstrates awareness of procedures followed by local health protection teams during acute public health crises.	Examples of ways to achieve competency: □ RCPCH webinars on epidemics eg. measles outbreak □ Local teaching by infection control teams on how to manage local outbreaks □ Reflection on changes to local following recent epidemics/pandemics eg. COVID-19 □ Reflection of a case and describing how protocols were followed including notification to public health of communicable disease Recommended resources to read and reflect on: □ Become familiar with local, regional and national guidance on procedures for responding to infectious outbreaks eg. Framework for managing the response to pandemic diseases from NHS England □ Awareness of local infection control policy and process for managing notifiable diseases
Contributes to the development of standards, protocols, measures and guidelines with a population perspective, including a needs assessment.	Examples of ways to achieve competency: □ Take part in an audit and QIP that aims to improve standards/protocols □ Complete a needs-based assessment for local population health needs, e.g. local survey involving patients/public □ Develop or contribute to the development of a targeted project to address a health need within a particular population □ Attend a quality improvement course Recommended resources to read and reflect on: □ Read and review 'Health needs assessment: A practical guide' available from Healthcare Improvement Scotland

- □ Read latest QIP advice eg. The BMJ Guide: Quality Improvement Project
- □ Health systems and UK health policies relevant for children and families with a population perspective to reflect on:
    - Court Report (1976)
    - Kennedy Reports (1998, 2002)
    - National Service Framework (NSF) for children and families (2004)
    - Every Child Matters (2004)
    - Laming Report (2009)
    - Health and Social Care Act (2011)
    - Berwick report; A promise to learn (2013)
    - Health and Care Act (2022)
    - The Health of the nation (1992)
    - Saving Lives: Our Healthier Nation (1999)
    - Marmot Review (2010)
    - Prevention is better than cure (2018)
    - Darzi Report (2024)

Applies the evidence base for effective interventions in injury prevention.

Examples of ways to achieve competency:

- □ Presentation of review of evidence at journal club.
- □ Reflection on a case where public health advice has been given, for example 'back to sleep' advice.
- □ Liaise with health visiting teams about what advice they give; shadow HV on home visit where possible.
- □ Reflect on advice given to social worker or foster carer for CLA .
- □ Reflection on injury prevention in the non-ambulant/non-verbal child & consider the associated safeguarding considerations.

Recommended resources to read and reflect on:

- □ Become familiar with third sector organisations websites offering support and advice for accident prevention eg. Lullaby trust, Chid Accident Prevention Trust, Healthier together (accidents and injuries – keeping your child safe in the home).
- □ Review NICE public health guideline 'Unintentional injuries in the home: interventions for under 15s'
- □ Review recommendations by the Royal Society for the Prevention of Accidents
- □ For those in wales, review Keep Kids Safe Programme

Explains how families can influence the well-being of children and young people, including what lifestyle changes may be beneficial.

Examples of ways to achieve competency:

- □ Reflection on public health advice given to families seen in clinic and CP medical assessments eg. screen advice, sleep hygiene, healthy diet, exercise, activities to do as a family, drugs & vaping, social media, underpants rule
- □ Reflection on advice for young people on transition services
- □ Reflection on discussion around smoking cessation clinics and support for parents
- □ Complete a review of signposting advice given locally and carry out a quality improvement project in this area
- □ Be familiar with the UK immunisation schedule and reflect on cases when you have discussed vaccination
- □ Reflect on cases where a child's BMI has been calculated as obese or overweight and the opportunistic advice offered

Recommended resources to read and reflect on:

- □ Become familiar with RCPCH advice on screen time.
- □ Become familiar with third sector organisations websites offering support and advice on children's lifestyle eg. Eric (The Children's Bladder and Bowel Charity), Child Feeding Guide, The Sleep Charity, Cerebra
- □ Review the UK immunisation schedule on the government's website
- □ Awareness of health determinants
    - Personal characteristics
    - Family Factors
    - Economic factors
    - Nutrition
    - Lifestyle factors
    - Social and community networks
    - Living and learning conditions
    - Environmental conditions

Follows child death procedures and understands the function of the Child Death Overview Panel (CDOP) or Child Death Review (CDR) process.	Examples of ways to achieve competency: □ Attend and present when possible at a Child Death Overview Panel (CDOP), child death review (CDR) or Joint Agency Response (JAR) meeting □ Attend teaching from the designated doctor for child death on local procedures. □ Attend child bereavement course eg. Child Bereavement UK study day, RCPCH How to manage: when a child dies. □ Reflects upon case study/patient contact of planned or unexpected child death Recommended resources to read and reflect on: □ Become familiar with third sector organisations websites offering support and advice eg. Child Bereavement UK. □ Be aware of the National Child Mortality Database □ RCPCH, State of Child Health, Child Mortality □ NSPCC learning - Child deaths due to abuse or neglect: statistics briefing □ Become familiar with national guidelines and practice eg. Child Death Review, Statutory and Operational Guidance (England), Child Safeguarding Practice Reviews (England), Child Death Review process (Scotland), learning reviews (Scotland), Child Death Review Programme (Wales), Single Unified Safeguarding Reviews (Wales) or Case Management Reviews (Northern Ireland) □ The Royal College of Pathologists: Investigation of Sudden Unexpected Death In Infancy and Childhood □ National Guidance on Learning from Deaths □ Working Together to safeguard children
Demonstrates experience with and an understanding of commissioning processes for children and young people's services in their area, including the importance of public health data and surveys.	Examples of ways to achieve competency: □ Identify a service being developed in the local area by attending a local business meeting or meeting with clinical leads or service managers. □ Attend teaching from the clinical heads of service about how services are commissioned locally. □ Attend NHS management course eg. understanding NHS finances course.

- □ Attend an event run by the local Integrated Care Board (ICB) or regional health board and ask to shadow your local clinical lead to their next meeting with the ICB or regional health board.
- □ Attend leadership course eg. LSP Transition to consultant' study day, the Edward Jenner programme.

Recommended resources to read and reflect on:

- □ The Kings Fund has lots of resources on how the NHS works
- □ Explore your local ICB website to familiarise with local commissioning set up.
- □ Review 'Introductory guide to NHS Finance' resource from the Healthcare Financial Management Association (HFMA)
- □ Review Darzi Report (2024)

Sub-specialty Learning Outcome 5

Contributes with other professionals to the management of physical and mental health of children and young people with life-limiting complex disability.

Key Capabilities:

1. **Contributes to end-of-life care plans for children and young people with complex disability.**

Guidance for Trainees:

Be able to understand the role of palliative care and how to talk about children's palliative care with families	Examples of ways to achieve competency: □ Attend local / regional palliative care simulation day □ Observe consultant clinics when children with life-limiting conditions are known to be attending □ Shadow palliative care ward round with local palliative care team □ Attend palliative care multi-disciplinary meeting (there is often the option to join virtually if the service is not local) □ Reflect on cases seen in the hospital where end of life care has been considered Recommended resources to read and reflect on: □ Become familiar with the resources produced by Heard, a parent-led charity that aims to shift the narrative about care for very unwell children: www.heard.org.uk
Contribute to the assessment and management of children and young people with complex disability who are life-limited.	Examples of ways to achieve competency: □ Attend local training days on Advanced Care Plans, palliative care or palliative care simulations (often coordinated by local hospice) □ Attend local / regional / national webinars on palliative care eg. BACCH trainee study day, APPM events □ Complete a palliative care course eg. the European Certificate in Essential Palliative Care □ Join palliative care team virtual MDT meeting □ Complete an e-portfolio discussion of correspondence (DOC) with consultant supervisor on an advance care plan □ Complete an e-portfolio case based discussed (CBD) with consultant supervisor on a child with a terminal diagnosis Recommended resources to read and reflect on: □ Become familiar with third sector organisations websites offering support and advice on palliative care eg. Together for Short Lives, Child Bereavement UK

- □ Become familiar with the Association of Paediatric Palliative Medicine (APPM) Master Formulary used to guide palliative symptom management plans
- □ Become familiar with Project ECHO (Extension of Community Healthcare Outcomes)