

CSAC Guidance on how to achieve CCH competencies

The Community Child Health training programme consists of 2 years training in Community Child Health and a 3rd year developing further expertise in a particular area of Community Child Health or in a relevant specialty. This guidance should be read together with the checklists and questionnaires available at <http://www.rcpch.ac.uk/training-examinations/quality-training>. The competency document and guidance on assessment is available at <http://www.rcpch.ac.uk/training-examinations-professional-development/quality-training/curriculum/curriculum>. You may also wish to look at the advice and guidance available on the BACCH website at http://www.bacch.org.uk/training/training_packs.php. While some of this pack is currently being updated, much of the information and guidance on training opportunities mentioned in the syllabus is still relevant.

The CSAC recommends that a clinical commitment in a geographical patch running through two years is desirable to develop and maintain relationships both with parents and children and with other members of the community based multi agency team. However the current structure of training programmes does not always allow this to occur. As an absolute minimum, CCH trainees should spend 12 months in each placement and placements for longer than this should be encouraged. The third year should be spent in a different centre to gain breadth of experience.

There should also be the opportunity for the trainee to gain competency in the specific specialist areas identified in the Competency Framework. These include Child Public Health, Behavioural Paediatrics, Safeguarding and Neurodisability. It is suggested that about 2 sessions per week be allocated to achieving the specialist competencies over the three year training period. This can conveniently be arranged as modules, concentrating on a particular area for about 6 months. Particular experience in areas such as paediatric neurology and paediatric palliative care may be arranged during these sessions or as a six-month placement during the 'relevant specialty' period during training. A paediatric neurology placement should be a high priority for CCH trainees, due to the overlap with complex neurodisability. Please note that placements in specialties outside paediatrics e.g. a full time placement in CAMHS cannot be recognised for training in paediatrics unless it is a recognised part of the training programme.

A typical weekly timetable for a Level 3 trainee might look as follows:

Outpatient/Mainstream School clinics	2
MDT meetings/CDC assessments	1 (could alternate 1 every 2 weeks)
Special School Clinic	0.5
Patient admin incl MDT telephone liaison	2.5
Specialist modules	2
Training/protected teaching	1
Flexible	1

Clinical work (see Guidance Checklist)

The CSAC recommends that the trainee conduct at least two clinics per week as described in the Guidance Checklist. At least one clinic should have direct consultant supervision. Clinics should allow exposure to the whole range of conditions seen in community paediatrics. During the three-year rotation, the trainees should have access to the full range of complex cases including their own caseload in a range of special schools covering learning difficulties, emotional and behavioural difficulties, complex special needs and sensory impairment (perhaps rotating every 6 – 12 months to gain experience of different schools). The trainee will be expected to engage in multidisciplinary work and time should be available in programme to do this. Trainees should expect to be able to show the increasing complexity of cases they see until they are seeing unselected cases independently with minimal supervision.

On call experience should be available with adequate 'post-take' support and supervision. On call should take up approximately 1/3 of the total hours available for training. The trainee will take part in the on call rota appropriate for the Department they are working in. On call for child protection strategy discussions/routine enquiries could be included during a session for administration.

Below are some suggestions on how the CSAC expects trainees to demonstrate that they have achieved competences together with suggested resources you might like to refer to during your training. This is not intended to be a comprehensive guide, nor is any one trainee expected to do everything from every section. There is clear guidance at the beginning of each section on the minimum a trainee is expected to achieve for the section xxxx

Knowledge

Ideally there should be a regular trainees' group to cover the non-clinical aspects of the syllabus. Trainees may wish to consider the role of an MSc or MSc modules in gaining this knowledge. Trainees should have adequate access to study leave to be able to attend specialist courses and/or conferences to support their learning.

MScs in Community Child health are identified here:

- <http://www.bacch.org.uk/training/rcgp.php>

There are several e-learning programmes that support CCH competences:

- <http://www.e-lfh.org.uk/projects/healthychild/index.html> (Healthy Child programme)
- <http://www.e-lfh.org.uk/projects/egp/index.html> (Child Development incl 6-8wk check)
- <http://www.e-lfh.org.uk/projects/safeguarding/index.html> (Safeguarding Levels 1-3)
- <http://www.e-lfh.org.uk/projects/ah/index.html> (Adolescent Health)
- <http://www.e-lfh.org.uk/projects/audiology/index.html> (Audiology)
- <http://www.e-lfh.org.uk/projects/lead/index.html> (Leadership skills)

Workplace Based Assessment Summary

	Topics	Requirement
CBD	Public health	2
	Behaviour	3
	Child protection	3
	Neurodisability	6
	Other (at trainee/trainer discretion)	4
	Total per year	6
	Total in 3 year programme	18
Mini-Cex	Public health	0
	Behaviour	1
	Child protection	3
	Neurodisability	3
	Other (at trainee/trainer discretion)	5
	Total per year	4
	Total in 3 year programme	12
DOPS	Developmental assessment	1 per year
	Total in 3 year programme	3
SAIL	Letters including letters involving MDT	5 per year
	Total in 3 year programme	15

General competences

Trainees are expected to be competent in general and neonatal paediatrics when applying for their CCT. We do not intend to cover all these competences in this guidance but will concentrate on CCH specific competences.

CCH trainees will be able to show general competences through a variety of activities and some suggestions are outlined here. These are not exhaustive but serve to give ideas on how competences can be demonstrated using examples from CCH. There is useful guidance on Leadership training here:

Medical Leadership Competency Curriculum and Framework at

<http://aomrc.org.uk/publications/reports-guidance.html>

Paediatric Medical Leadership Framework, relating this to paediatrics is at

<http://www.rcpch.ac.uk/training-examinations-professional-development/quality-training/curriculum/curriculum> (towards the bottom of the page)

Practical ideas on how to demonstrate some of these general skills have been collated by the College of Emergency Medicine here: <https://secure.collemergencymed.ac.uk/default.asp> and search for 'management portfolio'. This can easily be adapted for use.

Formal taught courses

- All trainees should attend a Leadership or Management Skills Course towards the end of their training. Most Deaneries provide such courses but they are also provided as part of some MSc Courses and by independent commercial providers
- Attend a course on appraisal (this may be included in Leadership courses)
- Attend Medical Defence Organisation (MDDUS, MDU, MPS) courses on communication skills, report writing, record keeping and other general skills and are often free to members.
- Attend courses on risk management, root cause analysis (Trusts often provide these in house)
- Attend courses on medico-legal issues e.g. consent in children and young people, end of life decisions, negligence
- Attend courses on legal issues e.g. information governance, record keeping, data protection
- Attend a Teaching and Learning course (Deaneries often provide these)
- Attend a Presentation Skills Course
- Attend a psychopharmacology course or conference
- Attend training courses in equality and diversity, recruitment and selection (these may be included in Leadership courses)
- Attend a course in evidence based child health, perhaps through a MSc Module
- Attend a research skills course particularly one that addresses skills relevant to CCH e.g. epidemiology, qualitative methods, population surveys, perhaps through a MSc Module
- Attend a course on medical statistics
- Attend a research ethics committee meeting
- Attend a course on managing conflict
- Attend an IT skills course

Attachments/activities

- Video your consultations (with patient consent) and reflect on them with your supervisor
- Meet with a trained interpreter and practise working with them
- Find out about the benefits and housing systems, how they might be used to support families and how to make best use of paediatric skills to advocate for families
- Use reflective learning with your supervisor to consider when things have gone particularly well, or could have been done better. These can be recorded in your e-portfolio.
- Attend your department's consultant/management meetings
- Meet with your Directorate Finance Manager and find out what they do. Learn to read a Balance Sheet and to understand budgets
- Shadow your Directorate General Manager for a day or two and find out what they do
- Prepare a business case for a service development or re-design
- Attend risk management/clinical governance meetings

- Follow through a root cause analysis for an incident you have been involved with
- Meet with Trust and/or Local Authority legal advisors to discuss their role
- Take opportunities to present to a variety of audiences incl medical, nursing, AHPs, education and teaching staff, social care staff, parents and other members of the public and ask for feedback/evaluation. Show you have acted on feedback through reflection or improved evaluations
- Prepare parent/patient education leaflets or other media together with health promotion team or Trust patient information team
- Participate in devising clinical pathways, investigation strategies particularly in multidisciplinary/multiagency pathways
- Participate in devising a shared care prescribing protocol, patient group direction with a pharmacist
- Be able to show regular updating of knowledge, skills and attitudes though appropriate continuing professional development e.g. courses, conferences, personal learning
- Conduct an audit of record keeping
- Chair departmental meetings e.g. CDC intake meeting, audit meeting and ask for feedback/evaluation. Show you have acted on feedback through reflection or improved evaluations
- Take responsibility for organising departmental activity e.g. regular teaching/training, on call rota, child protection rota
- Conduct a literature review to devise/revise a clinical or management pathway/guideline
- Conduct critical appraisal of published papers or guidelines and present it at a journal club
- Conduct a multidisciplinary/multiagency audit
- Conduct workplace based assessments for colleagues

Other Useful Reading

Management teams, why they succeed or fail. M Belbin. (Butterworth Heinemann). ISBN 0 7506 0253 8

Getting to yes. Fisher and Ury. (Arrow Business books). ISBN 0 09 924842 5

Getting past no. Ury. (Century Business) ISBN 0 7126 5523 9

Working with Emotional Intelligence. Daniel Goleman ISBN-13: 978-0747543848

Health and Social Care Management, a guide to self development. Whiteley, Ellis and Broomfield. (Arnold) ISBN 0 340 61411 0 (may be available second hand)

Understanding Organisations. Charles Handy. (Penguin Business Management). ISBN 0 14 015603 8.

People styles at work. Bolton and Bolton. (Amacom) ISBN 0 8144 7723 2

Good People: Good practice. Haman & Irvine. (Radcliffe Medical Press). ISBN-13 9781857754179 (based on general practice but a good baseline text)

Subspecialty areas of the curriculum

Child Public Health: how to achieve competences

We suggest that the equivalent of 1-2 sessions per week over 6 months should be enough to gain experience in child public health. This could include attending meetings, individual sessions with members of the team learning about their roles and attending public health teaching sessions. Some public health competences can conveniently be attained through a Masters level public health module (e.g. an understanding of epidemiology; the design of public health programmes such as screening, immunisation and health promotion programmes; critical reading skills)

You should aim to be involved in any immunisation campaigns and at least one health promotion project/audit during your training e.g. a project on obesity, screening programme review or injury prevention. You should also have the opportunity to gain experience to answer immunisation queries on complex histories with the Immunisation Coordinator, perhaps by taking the calls over a period of 2 to 3 months, depending on how busy the helpline is.

You should aim to attend meetings related to screening programmes and the Healthy Child Programme. You might also wish to contribute to training initiatives in immunisation, child health surveillance, child health promotion etc e.g. delivering some of the training sessions.

Assessment

- Evidence that the trainee has engaged in a range of public health activities, examples of which are outlined above
- Examples of audit/project work in this area in CV or eportfolio
- A minimum of 2 case-based discussions on public health topics, as outlined in the CCH assessment strategy at <http://www.rcpch.ac.uk/training-examinations-professional-development/quality-training/curriculum/curriculum>

Child Public Health: Suggested resources and activities to develop these competences

Formal taught courses

These vary from one year to the next so contact your local institution and on the web for the latest details. Examples are as follows:

- MSc in community paediatrics or child public health modules: courses currently exist in Nottingham, London, Leeds, Warwick
- MSc in Epidemiology at London School of Hygiene and Tropical Medicine and others offering a module approach e.g. environment and health, health promotion, health services management, health services research, health economics, health policy
- Masters in Public Health for example in London, Liverpool, Manchester, Sheffield, Warwick, Bristol (UWE), Cardiff, Leeds
- Immunisation Courses
<http://www.hpa.org.uk/EventsProfessionalTraining/InfectionsTraining/InfectionsTrainingResources/ImmunisationTrainingResources/trainvaccImmunisationCoursesandStudyDays/>
- E-learning for HCP (RCPCH and RCGP modules: see above)
- Media Training Courses: courses to help you develop skills in dealing with the media e.g. for immunisation campaigns or when things go wrong.
Available from
<http://royalsociety.org/training/communication-media/>
<http://www.csv.org.uk/training/media-skills>

Attachments/activities

General

- Meet the lead for Children in your local public health department to gain an understanding of what they do
- Work with the public health dept on a project (see examples below)

Immunisation and Communicable Disease

- Identify and work with your local immunisation lead/co-ordinator, attending local immunisation steering groups and participating in immunisation initiatives such as the launch of a new programme to understand immunisation programmes and the IT support needed for this
- Meet with your local Health Protection unit/CCDC to learn how they work
- Participate in the management of an infectious disease outbreak e.g. meningitis outbreak in a school/nursery
- Participate in and evaluate the local immunisation training programme e.g. teaching on local Child Development Course, HV/school nurse training, medical student or ST1-3 teaching programme
- Provide and evaluate a session or talk to parents or non health staff about immunization
- Appraise key scientific papers in relation to immunisation and adverse events e.g. MMR, pertussis
- Read web-based “anti immunisation” literature

Reading

- DH The “Green Book” – Immunisation against infectious disease
- www.immunisation.nhs.uk

- Health protection agency for immunization and infectious disease
- Joint Committee on Immunisation and Vaccination minutes
- Information for parents: NHS Choices

Screening and the Healthy Child Programme

- Meet with the local HCP Coordinators to understand their role
- Read the programme documents to become familiar with the activities in the programme
- Attend local planning group for the Healthy Child and screening programmes
- Undertake an audit/evaluation of a local screening/surveillance programme
- Participate in designing an intervention or programme re-design
- Attend/participate in the local HCP training programme e.g. teaching on local Child Development Course, HV training, medical student or ST1-3 teaching programme

Health promotion incl injury prevention

- Identify and meet with the Childrens' Leads on these issues
- Attend the local injury prevention steering group
- Attend local steering group for childhood obesity
- Participate in a health promotion or injury prevention initiative

Epidemiology incl commissioning/service planning

- Read your local Children and Young People's plan (or equivalent)
- Work with local data analyst to analyse a particular aspect of service
- Participate in service planning/development
- Participate in devising a service specification for a new or existing service
- Observe or participate in commissioning/procurement meetings
- Find out how your librarian can support access to literature and evidence
- Refine critical appraisal skills through MSc / MPH

You might also wish to pursue more in depth participation through:

- Health Protection Agency Fellowship
- British Paediatric Surveillance Unit Fellowship
- Attachment to a Public Health Observatory e.g. York and Humber

Other Useful Reading

- Child Public Health By [Mitch Blair](#), [Sarah Stewart-Brown](#), [Tony Waterston](#), [Rachel Crowther](#). Oxford Scholarship Online: 2010
- Poverty and child health. N Spencer. 2nd ed.) Radcliffe Medical Press
- [Social Determinants of Health](#) by Michael Marmot and Richard Wilkinson 2nd edition Oxford University Press
- A Life Course Approach to Chronic Disease Epidemiology Edited by Diana Kuh and Yoav Ben Shlomo Second Edition, Oxford Scholarship on line
- Public Health Practice & the School-Age Population. Ed Diane DeBell. Hodder Arnold, 2007
- Oxford Handbook of Public Health. Pencheon D et al. 2nd Ed. OUP 2006
- Mastering Public Health (textbook). Lewis G, Sherringham J et al, RSM Press, 2008
- Children of the 21st century: from birth to 9 months. Edited by Shirley Dex and Heather Joshi. The Policy press. 2005
- Social Paediatrics, Soencer et al. Epidemiol Community Health 2005;59:106-108 doi:10.1136/jech.2003.017681

Web sites (see also e-learning above)

- Child public health interest group: www.cphig.org.uk
- Faculty of Public Health Network Group on Child Public Health (open to non-FPH members) <http://new.fph-groups.org.uk/default.php>

- Healthy schools <http://home.healthyschools.gov.uk/>
- European Society of Social Paediatrics www.essop.org
- Children, Families and Maternity Bulletin
www.dh.gov.uk/en/Publicationsandstatistics/ChildrenFamiliesandMaternitybulletin/
- Child and Maternal health observatory <http://www.chimat.org.uk/>
- National Childrens Bureau Policy Briefings
http://www.ncb.org.uk/vss/policy/policy_briefings.aspx
- National screening committee <http://www.screening.nhs.uk/>
- The Healthy Child Programme
 - Pregnancy and the first 5 years
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107563
 - 2yr review
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107565
 - 5-19
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107566
- BPSU <http://www.rcpch.ac.uk/bpsu>

Behavioural Paediatrics

We suggest that the equivalent of 1- 2 sessions per week over 6 months should be enough to gain experience in behavioural paediatrics, usually through an attachment to a local Child and Adolescent Mental Health Service (CAMHS) Team. This will be in addition to the exposure to behaviour cases in community paediatrics.

Trainees should aim to attend some of the referrals meetings to gain an understanding of referral patterns. They might wish to attend a parenting course, perhaps acting as a co-facilitator with one of the CAMHS team. There should be an opportunity to see cases referred to the CAMHS team, either co-working cases with CAMHS workers or seeing individual cases with supervision from a consultant psychiatrist. Involvement with Learning Disability CAMHS would also be an advantage.

Assessment

- Evidence that the trainee has engaged in behavioural paediatrics activities examples of which are outlined above
- Evidence of effective working with a Multi-disciplinary team (MSF; SAIL)
- A minimum of 1 Mini-Cex and 3 CBDs on behavioural paediatrics as outlined in the CCH assessment strategy. Some of these may be conducted in CAMHS and others in CCH.

Behavioural Paediatrics: Suggested resources and activities to develop these competences

Formal taught courses

- Since the closure of the 'child in mind' programme by the RCPCH, there are no regular courses directly relevant to trainee's needs.
- Look at the BPMHG website at www.bpmhg.org.uk for upcoming conferences and events.

Attachments/activities

- Ascertain what local mental health services are available for children with learning disabilities and attend specialist clinics or team meetings
- Visit local organisations/services working with young people who abuse drugs, alcohol
- Regular clinical sessions with local CAMHS team
- Attending local CAMHS referral meetings
- Work with local liaison psychiatric services

Reflective practice

- We would encourage regular writing of reflective notes, and discussion with supervisors and colleagues, on cases with a mental health dimension.

Other Useful Reading

- The BPMHG resources library (www.bpmhg.org.uk/resources)
- Goodman and Scott, Child Psychiatry 2nd edition
- ADDISS website www.addiss.org.uk
- Autism websites <http://www.autism.org.uk/>
- Young minds website www.youngminds.org.uk
- Royal College of Psychiatry resources
<http://www.rcpsych.ac.uk/mentalhealthinfoforall/youngpeople.aspx>
- For a comprehensive guide to Paediatric Mental Health Resources, see the Assessment pack at www.bpmhg.org.uk/training

Safeguarding including Adoption & Fostering and Looked After Children

Safeguarding

This module conveniently can be arranged by a six-month module spending 1 to 2 sessions per week concentrating on safeguarding and children in special circumstances.

Child protection

While we recognise that safeguarding issues present in all paediatric settings through routine clinical work, a dedicated period of Safeguarding training will give the trainee an opportunity to learn about and participate in the more specialised aspects of this work. Experience can be obtained both through a specific on call rota for safeguarding and also by dealing with child protection and child in need issues in clinical cases seen both in community and hospital paediatrics.

Trainees should be able to see the whole range of presentations of child safeguarding issues including physical abuse, child sexual abuse, emotional abuse, neglect and factitious illness. They should prepare their own reports with supervision, perhaps completing in the order of 15 - 20 cases over 3 years. Trainees should have an opportunity to attend case conferences, core groups and strategy meetings on cases they are involved with and should present their cases at the departmental Peer Review meeting.

Adoption & Fostering, Looked After Children and Children in Need

Experience should include doing initial and review Looked After Child (LAC) medicals on children of various ages and with a variety of issues, perhaps 10 – 15 in all, filling in the appropriate forms and providing reports for Panel. Trainees should have the opportunity to attend at least 1 Panel and be offered the opportunity to present one of their cases with supervision from the Adoption Advisor. Attachments to social workers to observe how social care assessments are conducted could also be beneficial. Trainees should also have the opportunity to attend Child in Need meetings on children under their care.

Assessment

- Evidence that the trainee has engaged in safeguarding activities examples of which are outlined above
- Evidence that the trainee has attained Level 2+ Safeguarding training (Child Protection in Practice Course).
- Evidence of effective working with a Multi-disciplinary team (MSF; SAIL)
- A minimum of 3 Mini-Cexes on these issues including at least 1 case with social/behavioural difficulties and including taking consent for a medical examination for suspected abuse in at least one case; and a minimum of 3 CBDs, including at least 1 on LAC/adoption as outlined in the CCH assessment strategy.

Safeguarding including Adoption & Fostering and Looked After Children : Suggested resources and activities to develop these competences

Safeguarding

Formal taught Courses

- See e-learning above incl RCPCH courses
- Local multi-agency courses
- Court Skills Course. There are various courses around the UK incl the RCPCH course, The Havens, Liverpool

Attachments/activities

- Identify the local Named and Designated Doctors (Lead Clinicians) for Safeguarding and shadow them.
- Attend the Local Safeguarding Children Board and its subgroups with the Designated Doctor for Child Protection
- Get involved in a Serious Case Review if possible, attending meetings about the Review and doing some of the chronology and analysis if appropriate
- Arrange a 'mini pupilage' with a local Judge (can be arranged through your Designated Doctor or through the RCPCH), to shadow and observe the court system.
- Participate in a project related to safeguarding e.g. review policies/protocols, develop new guidelines or audit an aspect of the safeguarding service
- Participate in Safeguarding training e.g. for the primary health care team, hospital staff incl ST1-3, nurses, A&E or non-clinical staff in safeguarding issues

Other useful reading

- www.core-info.cf.ac
- Child Protection Companion April 2006
- RCPCH The Physical Signs of Child Sexual Abuse March 2008 Management of Suspected Sexually Transmitted Infections in Children and Young People 2000.BASHH (currently being revised)
- Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse 2007 RCPCH and Faculty of Forensic and Legal Medicine
- Working Together 2006
- Standard for Radiological Investigations of Suspected Non-Accidental Injury March 2008 RCPCH and Royal College of Radiologists
- Fabricated or Induced Illness by Carers (FII): A Practical Guide for Paediatricians (<http://www.rcpch.ac.uk/Policy/Child-Protection/Child-Protection-Publications>)
- NICE guideline: [CG89 When to suspect child maltreatment: NICE guideline](#) 16 December 2009
- DH Guidelines Safeguarding children in whom illness is fabricated or induced 2008
- RCPCH Guidelines on Peer Review. Thomas and Mott
- Safeguarding disabled Children Practice guidance 2009 <https://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00374-2009>
- The ABCD (Abuse and Children who are disabled) Training and resource pack, NSPCC
- Parental Learning Disability and Children's Needs: Family Experiences and Effective Practice. Cleaver and Nicholson DCSF publication 2008
- Hidden Harm 3 years on: Realities, Challenges and Opportunities. Advisory Council on the Misuse of Drugs (ACMD) February 2007
- This far and no further: towards ending the abuse of disabled children Westcott and Cross Venture Press 1996 ISBN 1 873878 19 2

Adoption & Fostering, Looked After Children and Children in Need

Formal taught courses

- BAAF Courses on <http://www.baaf.org.uk/training> (may wish to use 'Health' filter although some of the general courses also applicable)

Attachments/activities

- Participate in a project related to adoption/LAC e.g. review policies/protocols, audit of how health care needs are being met
- Participate in local training sessions for foster carers

Other useful reading

- Promoting the Health of Looked After Children DH:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_108501

- British Association for Adoption & Fostering website <http://www.baaf.org.uk/>
- <http://www.youngminds.org.uk/publications/all-publications/mental-health-of-looked-after-children>
- NICE guidance: <http://guidance.nice.org.uk/PH28>
- DCFS 2000 Framework for the Assessment of Children in Need and their Families. HM Stationary Office
- Doctors for Children in Public Care: A Resource Guide Advocating, Protecting and Promoting Health. Mary Mather, Daphne Batty, Heather Payne ISBN-10: 1873868812 BAAF (may be available second hand – training resources useful)
- Promoting the Health of Looked After Children BMJ 2000 320661662
- Achieving health for children in public care Hill CM, Mather M BMJ Mar 15:326 973890: 560-1)
- The care of looked after children Rees C Current Paediatrics Vol 16 Issue 2 83-90
- Richman N. In the Midst of the Whirlwind A Manual for helping Refugee Children Trentham Books 1998
- Spiralling Tool Kit for Safer Healthier Relationships Bristol Domestic Abuse Prevention Project for Schools. <http://www.bdaf.org.uk/professionals/spiralling-dvd-and-toolkit>

Sudden Unexpected Death in Infancy/Childhood (SUDI/C) incl Child Death Overview Panel (CDOP) Formal taught courses

- Warwick Advanced Course in the Management of Unexpected Childhood Deaths
http://www2.warwick.ac.uk/fac/med/study/cpd/subject_index/childhealth/sudc/

Attachment/activities

- Follow the process when involved in a case of sudden unexpected death in hospital or community.
- Participate in a home visit following an unexpected death
- Identify the paediatrician on the CDOP, find out what they do and attend a Panel meeting
- Assist the paediatrician in reviewing a death or in compiling annual statistics on local deaths

Other Useful Reading

- <http://www.rcpath.org/resources/pdf/SUDI%20report%20for%20web.pdf>
- http://www.childbereavement.org.uk/training/course_details
- Cruse
- Bereavement Care
- Child Bereavement Network

Neurodisability: : Suggested resources and activities to develop these competences

Experience will be gained throughout the 3-year programme in weekly clinics and MDT meetings. A CDC placement may be available throughout e.g. the trainee conducting the CDC/CDT assessment on their own patients, or though dedicated time during the neurodisability placement, perhaps for 6 – 12 months.

Additional specialist experience may be gained in the following areas using 1-2 sessions over 6 – 12 months:

- Attend in the order of 3 multidisciplinary feeding clinics/feeding assessments for children with feeding issues due to disability to understand role of SALT, dietician and medical investigation
- Sensory module attachment to audiology and vision assessment (perhaps 1 session each over 3 months: see below).
- By the end of this attachment, to understand the role of different hearing tests, including the ages at which there might be used, be able to interpret an audiogram and to understand when hearing aids might be indicated
- Also to understand the role of different vision tests, including the ages at which there might be used, be able to interpret their results and to understand when ophthalmic or vision impaired teaching support might be indicated
- Clinical genetics through attachment to genetics clinics either at a tertiary centre or outreach clinics in peripheral centres (perhaps 3-6 clinics in all).
- Specialist Neurology clinics, particularly Feeding, Neuromuscular and Spasticity clinics. These can be arranged on an individual basis but may also be attained through a 3-6 month neurology placement.
- Special Educational Needs (SEN)/Educational Medicine: Writing Medical Advice for SEN should be a regular part of training, arising from clinical cases seen. Attendance at management meetings at a senior level with local Education managers would be beneficial, for example attending SEN panel or strategic planning meetings with the Designated Medical Officer. Ideally, trainees should be offered the opportunity to give medical advice on a few cases with supervision from the DMO. If participation at Panel is not possible e.g. the service does not attend Panel, it should be possible for the trainee to attend as an observer to gain an understanding of the roles and responsibilities of different agencies, how resources are allocated and the health contribution to this process.
- Trainees may also wish to gain a deeper understanding of the management of medical conditions in school e.g. by conducting an audit of medicines management, providing clinical advice for relevant guidelines e.g. anaphylaxis or other appropriate projects.

Assessment

- Evidence that the trainee has engaged in neurodisability activities, examples of which are outlined above
- Evidence of effective working with a Multi-disciplinary team (MSF; SAIL)
- A minimum of 3 Mini-Cexs, at least 1 chairing a MDT meeting, and 6 CBDs covering a range of conditions and age groups as outlined in the CCH assessment strategy with at least 1 involving transition to adult services for a child with complex needs.

Suggested resources and activities to develop these competences

General

Formal taught courses

- Sheffield MSc in Disability
- Disability modules on other Masters courses
- While not compulsory, trainees may wish to attend a course on a formal developmental assessment tool e.g. Griffiths; Bayley Scales
- Attain competence in using standardised assessment –ADI, ADOS. 3DI, DISCO by attending a recognised course or self-directed learning using DVD.
- Paediatric Epilepsy Courses <http://www.bpna.org.uk/pet/>
- National Autistic Society Courses <http://www.autism.org.uk/our-services/training-and-consultancy.aspx>

Attachments/activities

- Attendance with physiotherapists and occupational therapists at seating and orthotic clinics-opportunity to observe assessments in the home or school setting when a child has complex physical needs.
- Attend clinic with specialist SALT to observe complex assessment e.g. ASD
- Attend an Augmentative and Assistive Communication assessment
- Shadow and observe assessments by clinical psychologist, educational psychologist.
- Read the Legislation around Special Educational Needs (SEN) incl the SEN Code of Practice and related guidance e.g. Toolkits.
- If an opportunity arises, participate in a project related to neurodisability/SEN e.g. writing guidelines, auditing a particular aspect of service
- Attendance at specialist clinics e.g. paed neurology, regional epilepsy clinics, EEG, MRI scan meetings
- Visit other Trusts with different models of Child Development Service e.g. Child Development Centre vs Team Around the Child approach
- Ascertain what local mental health services are available for children with learning disabilities and attend specialist clinics or team meetings.
- Contribute to child protection plan for a child with a disability.
- Attendance at neonatal follow up clinics
- Observation of specialist health visitor or social work role
- Discussion/observation of a clinical nurse specialist in genetics
- Use a formal developmental tool to assess children and interpret results with parents and other professionals
- Observe local specialist groups for children with autistic spectrum disorders e.g. Early Bird, parental support groups
- Meet with local specialist teachers around their role and specific cases
- Meet with third sector organisation e.g. parent support groups and find out what they do.

Other useful reading

- SEN Code of practice at <http://www.education.gov.uk/childrenandyoungpeople/sen/sen/guidance/a0013160/the-sen-code-of-practice>
- SEN Toolkits (to support the Code) at <http://www.education.gov.uk/childrenandyoungpeople/sen/sen/guidance/a0013144/sen-toolkit> (includes advice on writing Medical Advice in Section 8 and advice for Health Professionals in Section 12)
- Early support materials –access to information and “blue box” http://www.direct.gov.uk/en/CaringForSomeone/CaringForADisabledChild/DG_180165
- Medicines in school <http://www.education.gov.uk/schools/pupilsupport/pastoralcare/b0013771/managing-medicines-in-schools>

- The child with a disability –David Hall ISBN-13: 978-0632047763 (may be available second hand)
- From Birth to 5 years - Mary Sheridan ISBN-13: 978-0415164580
- Illingworth RS- Development in the infant and young child normal and abnormal (may be available second hand)
- National Autism Plan for Children <http://www.autism.org.uk/about-autism/autism-library/magazines-and-reports/reports/other-reports/the-national-autism-plan-for-children.aspx>
- Diagnosis of autism Gillian Baird, Hilary Cass BMJ August 2003
- Autism interventions, a critical update -Francis Dev Med Child neurology 2005
- Information on medical aspects of Downs' Syndrome www.dsmig.org.uk
- Support websites for over 1000 childhood conditions: www.yourchildshealth.org.uk
- Support for families: <http://www.cafamily.org.uk/>
- A shared framework and language for childhood disability Colver Dev Med child neurology Nov 2005
- Feeding and nutrition in children with children with neurodevelopmental disability-Peter B Sullivan.
- Dysmorphology and neurogenetics data base

Visual impairment

Formal taught courses

- The RNIB run occasional courses on the management of visual impairment

Attachments/activities

- Attendance at in the order of 4 to 6 specialist vision assessment clinics conducted by a community paediatrician with a special interest jointly with education and vision colleagues
- Become familiar with the investigation of causes of visual impairment and congenital cataract
- Meet a senior member and/or qualified teacher from the local education sensory support team/VI service and accompany them to observe assessment
- Manage a child with visual impairment, under supervision, jointly with the multi-disciplinary specialized team
- Link with paediatric ophthalmologist to observe some clinics for disabled children including orthoptic clinics and Low Vision Aids Clinic
- Visit a special school or unit for children with visual impairment to understand what services they can provide
- Attendance at a local multiagency steering group for children with visual impairment

Other useful reading

- Visual Impairment Scotland www.viscotland.org.uk
- Royal National Institute for the Blind www.rnib.org.uk
- Developmental journal for babies and children with visual impairment, <http://www.education.gov.uk/childrenandyoungpeople/sen/earlysupport/resources/b0067411/the-early-support-developmental-journals/developmental-journal-for-babies-and-children-with-visual-impairment>
- Paediatric Ophthalmology - Fundamentals in Clinical Ophthalmology by Anthony Moore ISBN 9780727912039
- Visual Impairment in Children Due to Damage to the Brain: Clinics in Developmental Medicine: 186 (2010)
- Rahi J S, Cable N . Severe Visual Impairment and Blindness in Children in the UK. The Lancet 2003 ; 362 : 1359 -1365
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- Sonksen PM., Dale N. Visual Impairment in Infancy: Impact on neurodevelopmental and neurobiological processes. Developmental Medicine and Child Neurology 2002 ; 44 : 782-791
- Webster A. Children with Visual Impairments: Social interaction, Language and Learning. Routledge 1998 ISBN 9780415148160

- Fielder AR, Best AB, Bax MCO: The Management of Visual Impairment in Childhood. Cambridge University Press 1993 ISBN 0521451507
- Sonksen PM, Levitt S, Kitsinger M. Identification of constraints acting on motor development in young visually disabled children and principles of remediation, Child : Care, Health and Development, 1984, 10, 273-286
- Sonksen PM, The assessment of 'Vision for Development' in severely visually handicapped babies, Acta Ophthalmologica Supplement, 1983, 157,82-91
- Sonksen PM, Sound and the visually handicapped baby, Child :Care Health and Development, 1979, 5, 413-420
- Reynell J, Developmental patterns of visually handicapped children, Child : Care, Health and Development, 1978, 4, 291-303

Hearing impairment

Formal taught courses

BAPA courses on aetiological investigation

Certificate, Diploma or MSc in audiology (for those who wish to practise in audiology)

<http://www.ucl.ac.uk/prospective-students/graduate-study/degrees/pgt/TMSICHSAVM01>

Attachments/activities

- Meet your local specialist teacher for children with hearing impairment
- Manage some children with sensorineural hearing impairment, jointly with the multi-disciplinary specialized team
- Link with paediatric audiology team and observe their work
- Attend specialist clinics with audiovestibular physician
- Link with/observe ENT department
- Attendance at in the order of 10 to 12 specialist hearing assessment clinics conducted by a paediatric audiovestibular physician, audiological scientist and/or a community paediatrician with a special interest jointly with education and ENT colleagues
- Accompany a senior member and/or qualified teacher from the local education sensory support team/HI service to observe assessment
- visit a special school or unit for children with hearing impairment to understand what services they can provide
- become familiar with the investigation of causes of hearing impairment
- attendance at a local multiagency steering group for children with hearing impairment

Other Useful Reading