

Guidance on how to evidence Paediatric Key Capabilities in the 2021 curriculum

General guidance

- 1 Anaesthetists in training can draw on a broad range of evidence including SLEs, personal activities and personal reflections to demonstrate attainment of the key capabilities.
- 2 Evidence should be collected throughout each stage of training, but it is desirable that a dedicated block of paediatric training is delivered at either stage 2 or 3, or both if possible.
- 3 The use of a Triple C form is recommended for all stages of training for the assessment of paediatric key capabilities. This Triple C form should be completed by the designated trainer for the paediatric module. This may be a different designated trainer for each of the stages of the 2021 curriculum (depending on the different departmental arrangements), but this information should be clearly accessible for both trainers and anaesthetists in training. Schools of anaesthesia are encouraged to have a consistent approach across their region.
- 4 There is no requirement for a minimum number of SLEs, sessions or logbook numbers at each stage. The anaesthetist in training should use SLEs in a formative way to demonstrate reflection on learning and progress.
- 5 Anaesthetists in training should use appropriate SLEs to clearly demonstrate that they have achieved each of the key capabilities. These should be supported by completion of an MTR.
- 6 Anaesthetists in training do not have to have a specific SLE with the suggested supervision level to meet the HALO requirements, but they do need to demonstrate progress, and the HALO trainer or Lead Faculty decision will be based on all the evidence supplied and observation in practice.
- 7 A single piece of evidence can be used to evidence more than one of the key capabilities or a key capability cluster, where appropriate.
- 8 Where examples of evidence are listed, these are not the only form of acceptable evidence. They are examples, not requirements.

Stage 1

The key capabilities at this stage are outlined below with examples of evidence that can be used to demonstrate achievement of each key capability. All key capabilities (both clusters and individual) should have appropriate evidence linked.

The key capabilities span the Safeguarding, General Anaesthesia, Perioperative Medicine, Pain and Intensive Care HALOs.

Summary of what is required

- Multiple SLEs and reflective pieces which support the achievement of the key capabilities below
- Supportive logbook evidence
- MTR which supports the achievement of the key capabilities below at the required supervision levels

Safeguarding

Explains local procedures for safeguarding vulnerable children (KC A)

Recognises potential forms of abuse of vulnerable children and the various contexts in which they may occur (KC D)

Examples of evidence

- Evidence of completion of a Child Safeguarding course.
- SLE or reflective piece of a relevant case where potential abuse may have occurred e.g. NAI, neglect and how these are recognised.

Perioperative Medicine and Health Promotion

Explains the specific perioperative care requirements of children including anxiety management (KC M)

Examples of evidence

- SLE with supervision level 2a demonstrating use of pharmacological and/or non-pharmacological methods of managing perioperative anxiety e.g. play therapy and premedication, including patient selection, drug and route selection, timing and dosing.

General Anaesthesia
Explains the principles of paediatric anaesthesia taking into account the anatomical, physiological, psychological and pharmacological differences from adults and their implications for safe anaesthetic practice (KC O)
Examples of evidence
- SLE with focused discussion of paediatric issues and the differences between children and adults - Reflections on educational sessions and cases.
Provides safe general anaesthesia for ASA 1 to 2 children undergoing non-complex elective AND emergency surgery (KC P);
- Aged 5 to 10 years with supervision level 2a (in theatre suite, available to guide aspects of activity through monitoring at regular intervals) - Aged 10 years and over with supervision level 2b (within hospital for queries, able to provide prompt direction / assistance)
Examples of evidence
- A-CEX with supervision level 2a for the anaesthetic management of a patient 5 to 10 years old for emergency and elective surgery (e.g. laparoscopic appendicectomy, scrotal exploration, grommet insertion or dental extractions), including preoperative assessment, induction, maintenance, emergence and post-operative pain relief. - A-CEX with supervision level 2b for the anaesthetic management of a patient 10 years and over for emergency and elective surgery (e.g. laparoscopic appendicectomy, scrotal exploration, grommet insertion or dental extractions), including preoperative assessment, induction, maintenance, emergence and post-operative pain relief. - DOPS could be used to evidence capabilities with basic paediatric skills e.g. IV cannulation, airway management, use of Ayres T-piece.

Pain
Describes the special circumstances in assessing and managing perioperative pain in specific patient groups including children (KC F)
Examples of evidence
- SLE or reflective piece describing the management of postoperative pain e.g. use of multimodal analgesia and when to use PCA / NCA.

Intensive Care

Recognises the acutely ill child and initiates management of paediatric emergencies (*KC D*)

Examples of evidence

- Evidence of attendance on a paediatric resuscitation course.
- SLE or reflective piece describing the initial management of the acutely ill child e.g. sepsis, trauma, acute asthma, status epilepticus.

Stage 2

The key capabilities at this stage are outlined below with examples of evidence that can be used to demonstrate achievement of each key capability. All key capabilities (both clusters and individual) should have appropriate evidence linked.

The Key Capabilities span the General Anaesthesia, Perioperative Medicine, Resuscitation and Transfer, Intensive Care and Safeguarding HALOs.

Summary of what is required

- Multiple SLEs and reflective pieces which supports the achievement of the key capabilities below
- Supportive logbook evidence including exposure to neonates
- Attendance on a paediatric life support course or evidence of training in paediatric life support skills
- Attendance on a child safeguarding course
- MTR which supports the achievement of the key capabilities below at the required supervision levels

Safeguarding

Identifies, documents and acts on child protection and vulnerable patient concerns (KC A)

Examples of evidence

- Evidence of completion of Child Safeguarding Level 1 and 2 or other child safeguarding training.
- SLE or reflective piece describing the management of consent with a child or adolescent involving parents or another individual with parental responsibility.
- SLE or reflective piece describing the management of safeguarding issues e.g. NAI, sexual abuse, emotional abuse, neglect, including how these are identified, documented and actions taken.

General Anaesthesia
Provides safe general anaesthesia for ASA 1-3 children undergoing non-complex elective and emergency surgery (KC U)
- Aged 1 to 5 years with supervision level 2a (in theatre suite, available to guide aspects of activity through monitoring at regular intervals) - Aged 5 and above with supervision level 2b (within hospital for queries, able to provide prompt direction / assistance)
Examples of evidence
- A-CEX with supervision level 2a for the anaesthetic management of a patient between 1 and 5 years old for emergency and elective surgery (e.g. laparoscopic appendicectomy, scrotal exploration, grommet insertion or dental extractions), including preoperative assessment, induction, maintenance, emergence and post-operative pain relief. - A-CEX with supervision level 2b for the anaesthetic management of a patient between 5 and 10 years old for emergency and elective surgery (e.g. laparoscopic appendicectomy, scrotal exploration, grommet insertion or dental extractions), including preoperative assessment, induction, maintenance, emergence and post-operative pain relief.
Explains the principles of anaesthetic care for children of all ages with complex medical problems and/or requiring complex surgical procedures (KC V)
Examples of evidence
- SLE describing the anaesthetic management of a complex child e.g. congenital cardiac disease, Trisomy 21, Cerebral Palsy. - SLE describing the anaesthetic management of a child presenting for complex surgery e.g. Scoliosis surgery, major abdominal surgery, craniotomy.
Explains the principles of the general anaesthetic care of neonates (KC W)
Examples of evidence
- SLE or reflective piece discussing the principles of the general anaesthetic care of neonates including preoperative assessment, intraoperative considerations (e.g. fluid management, temperature control, vascular access, monitoring) and postoperative care (e.g. apnoea monitoring, analgesia). - Logbook evidence of involvement in neonatal cases.

Perioperative Medicine and Health Promotion

Demonstrates adjustments in perioperative care for children with co-morbidity (ASA 1- 3) (KC R)

- **Aged 1 to 5 years with supervision level 2a** (in theatre suite, available to guide aspects of activity through monitoring at regular intervals)
- **Aged 5 years and over with supervision level 2b** (within hospital for queries, able to provide prompt direction / assistance)

Examples of evidence

- SLE with supervision level 2b for the management of a patient 5 years and over with a co-morbidity e.g. patient with OSA for adenotonsillectomy. The SLE should discuss pre, peri and postoperative considerations.
- SLE with supervision level 2a for the management of a patient aged 1 to 5 years with a co-morbidity such as Asthma, Diabetes Mellitus, CF, congenital cardiac disease. The SLE should discuss pre, peri and postoperative considerations.
- Evidence of experience in preoperative assessment clinics e.g. reflective logbook.

Resuscitation and Transfer

Demonstrates resuscitation skills in neonates and children (KC C)

Examples of evidence

- Evidence of attendance on simulation and resuscitation courses e.g. paediatric life support, neonatal resuscitation.
- SLE (at supervision level 2b) or reflective piece demonstrating paediatric resuscitation.

Manages inter-hospital transfers of adults and children by land, including time-critical transfers, in line with local and regional policy (KC F)

Examples of evidence

- Reflective logbook of paediatric transfers (intra and inter hospital).
- This key capability is primarily directed towards the inter-hospital transfer of adults and older children, this may be illustrated by SLEs, including A-CEX and CBD.
- Experience in the preparation of younger paediatric patients for inter-hospital transfer would also be relevant and may be illustrated by SLEs.
- Experience of relevant transfer courses and simulation-based training.

Intensive Care

Recognises the acutely ill child and initiates management of paediatric emergencies (*KC D*)

Examples of evidence

- Evidence of attendance on a paediatric resuscitation course.
- Evidence of attendance on a paediatric emergencies simulation course.
- SLE or reflective piece describing the initial management of a paediatric emergency e.g. cardiac arrest, anaphylaxis, sepsis, major trauma, acute severe asthma, status epilepticus.

Stage 3

The key capabilities at this stage are outlined below with examples of evidence that can be used to demonstrate achievement of each key capability. All key capabilities (both clusters and individual) should have appropriate evidence linked.

The key capabilities span the Safeguarding, General Anaesthesia and Pain HALOs.

The anaesthetist in training also needs to demonstrate that they have maintained the key capabilities obtained in earlier stages of training.

Summary of what is required

- Multiple SLEs and reflective pieces which support the achievement of the key capabilities below
- Supportive logbook evidence including
 - Evidence of anaesthetising children between the ages of 1 to 3 years
 - Paediatric resuscitation cases
- MTR which supports the achievement of the key capabilities below at the required supervision levels

Safeguarding

Explains the effect of parental behaviour on children and young people and interagency response (KC C)

Examples of evidence

- SLE or reflective piece describing a case where parental behaviour was challenging and how it was managed e.g. parental anxiety or aggressive behaviour.

Determines when and how to safely restrain and safeguard vulnerable patients in distress (KC F)

Examples of evidence

- SLE or reflective piece describing the management of a vulnerable child in distress with potential to require restraint including a discussion on when and how to use physical and / or pharmacological restraint.
- This key capability can be evidenced in a range of clinical settings and is not limited to paediatric anaesthesia practice.

General Anaesthesia

Provides safe anaesthetic care for common non-complex elective and emergency surgical procedures in children one year and over (KC N)

- **Aged 1 to 3 years with supervision level 2b** (within hospital for queries, able to provide prompt direction / assistance)
- **Aged 3 years and over with supervision level 3 (minimum)** (supervisor on-call from home for queries, directions via phone or non-immediate attendance)

Examples of evidence

- A-CEX with supervision level 2b (or above) for the anaesthetic management of a patient between 1 and 3 years old for emergency and elective surgery (e.g. scrotal exploration, suturing of laceration, grommet insertion or dental extractions), including preoperative assessment, induction, maintenance, emergence and post-operative analgesia.
- A-CEX with supervision level 3 (or above) for the anaesthetic management of a patient aged between 3 and 5 years old for emergency and elective surgery (e.g. laparoscopic appendicectomy, scrotal exploration, adenotonsillectomy or dental extractions), including preoperative assessment, induction, maintenance, emergence and post-operative analgesia.
- ALMAT with supervision level 3 (or above) for the management of a paediatric list aged 3 years and over.

Provides emergency anaesthetic care for paediatric patients pending inter-hospital transfer to a tertiary unit (KC O)

Examples of evidence

- SLE with supervision level 3 (or above) for the emergency management of a paediatric patient including resuscitation and preparation for transfer e.g. use of local or regional retrieval services guidelines.
- Logbook of paediatric resuscitation cases.
- Attendance on a paediatric resuscitation course.

Pain

Demonstrates safe effective pharmacological management of acute procedure pain in all age groups (KC B)

- Reflective logbook of paediatric acute pain ward rounds and reviews.
- SLE (with supervision level 4) or reflective piece describing the recognition, evaluation and management of paediatric pain in recovery.
- SLE (with supervision level 4) demonstrating leading the management of acute paediatric pain on the postoperative ward e.g. paediatric acute pain rounds, troubleshooting of PCAs, NCAs and regional techniques.