

The Centre for Advancing Practice

Paediatric and child health advanced practice area specific capability and curriculum framework

Endorsed 2024



Endorsement by NHS England’s Centre for Advancing Practice

This framework has met the Centre for Advancing Practice’s criteria for endorsement as a multi-professional capability and curriculum framework and is ready for delivery.

It will be kept under regular periodic review to ensure that it remains current and responsive to changing population, patient, service delivery and workforce needs.

The development team collaborated with the reviewers of the [Multi-professional framework for advanced practice in England](#) to ensure alignment with the refreshed capabilities outlined for 2025.

Further information on the Centre’s approach to area specific capabilities is available here: <https://advanced-practice.hee.nhs.uk/>

This document has been co-produced by NHS England and the Royal College of Paediatrics and Child Health (RCPCH). The co-produced content is the property of both NHS England and RCP, as such, if any reproduction of content is required, please seek the permission of both parties.



Contents

Introduction	7
The Framework's purpose	8
The Framework's benefits	10
Benefits for higher education institutions	10
Benefits for employing organisations	11
Benefits for workplace supervisors	11
Benefits for trainees	11
The Framework in context	12
Policy context	12
Advanced-level practice	12
Area-specific advanced practice capability and curriculum frameworks	13
Royal College of Paediatrics and Child Health	14
Framework components	15
Learning outcomes	16
Key capabilities	16
Illustrations	16
Domains overview	17
Domain 1: Professional values and behaviours	21
Domain descriptor	21
Learning outcome	21
Key Capabilities	21
Illustration examples for domain 1	22
Domain 2: Advanced communication and consultation skills	24
Domain descriptor	24
Learning outcome	24
Key capabilities	24
Illustration examples for domain 2	25
Domain 3: Information gathering, interpretation and clinical procedures	31
Domain descriptor	31
Learning outcome	31
Key capabilities	31
Illustration examples for domain 3	32
Domain 4: Diagnosis and management	39

Domain descriptor	39
Learning outcome	39
Key capabilities	39
Illustration examples for domain 4	40
Domain 5: Patient safety including safe, independent prescribing of therapy, equipment and/or medication	55
Domain descriptor	55
Learning outcome	55
Key capabilities	55
Illustration examples for domain 5	56
Domain 6: Safeguarding	58
Domain descriptor	58
Learning outcome	58
Key capabilities	58
Illustration examples for domain 6	59
Domain 7: Health promotion and illness prevention	64
Domain descriptor	64
Learning outcome	64
Key capabilities	64
Illustration examples for domain 7	65
Domain 8: Quality improvement	68
Domain descriptor	68
Learning outcome	68
Key capabilities	68
Illustration examples for domain 8	69
Domain 9: Leadership, management and team-working	71
Domain descriptor	71
Learning outcome	71
Key capabilities	71
Illustration examples for domain 9	72
Domain 10: Education, training and development	74
Domain descriptor	74
Learning outcome	74
Key capabilities	74

Illustration examples for domain 10	75
Domain 11: Research, scholarship and evidence-based practice	77
Domain descriptor	77
Learning outcome	77
Key capabilities	77
Illustration examples for domain 11	78
Underpinning knowledge, understanding and skills	80
Applied anatomy, physiology and pathophysiology in infants, children and young people	80
Learning objective	81
Key capabilities	81
Illustrations	81
Implementing the Framework	85
Core engagement criteria	85
Professional ethics, standards and codes of practice	86
Equality, diversity and inclusion	86
Supervision	86
Expectations of higher education institutions	89
Expectations of the workplace	90
Workplace-based learning agreement	90
Workplace-based learning opportunities	92
Expectations of trainees	92
Approach to assessment	93
Assessment	93
Types of assessment	95
Supervisor report	95
Self-assessment	95
Multisource feedback	95
Case-based discussion	95
Direct observation of procedural skills	95
Service-user survey	96
Trainees' compilation of a portfolio	96
Assessors	97
Appendix 1: How this Framework was developed	98

Key documents and evidence base used in developing the Framework	98
Patient and public involvement (PPI)	99
Equality, diversity, and inclusion	100
Development process	100
Appendix 2: Acknowledgements	102
Framework writing group	102
Framework Advisors and Contributors	104
Appendix 3: Bibliography and sources of further information	107



Introduction

Advanced practice healthcare professionals are a vital and growing part of the NHS workforce, playing a crucial role in addressing the challenges of the future. For those who care for infants, children, and young people, it is imperative that their education and training are tailored to meet the specific needs of these vulnerable groups.

To assume advanced practice roles, practitioners must undertake dedicated education and training. This framework supports this by defining workforce development requirements to address the needs of infants, children, and young people effectively.

NHS England tasked the [Royal College of Paediatrics and Child Health \(RCPCH\)](#) with leading the development of this framework, collaborating with a multi-professional expert team. Building on the principles of the [Multi-professional framework for advanced practice in England \(2025\)](#), this document incorporates specialised paediatric expertise contributed by the [RCPCH](#).

The development process included engagement with a diverse range of stakeholders, such as healthcare practitioners, educators, commissioners, employers, children, young people, and their families or carers. This collaborative approach to consensus-building was fundamental to the success of the project and the creation of this framework.

The framework outlines area specific capabilities and a curriculum addressing the full spectrum of paediatric health needs across infants, children, and young people. It supports a multi-professional approach for workforce development, ensuring alignment with population health demands, patient care priorities, and service delivery goals.

Employers can be assured that advanced practitioners meeting the framework's standards are equipped to provide safe and effective care.

Further details on the framework's development process and the contributors involved can be found in Appendices 1 and 2. A comprehensive list of resources used to inform its development is available in Appendix 3

The Framework's purpose

This Framework defines the requirements of education and training for advanced practitioners in paediatric and child health. It is designed to expand multi-professional advanced practice capability and capacity to meet the needs of infants, children, and young people. It recognises that education and training must reflect and accommodate individual trainee advanced practitioners' scope of practice, role and service environment. It needs to be tailored to fit the needs of the infants, children, young people and families whom they serve. It should also be responsive to system and population health needs within their local health economy.

The Framework provides guidance to support and inform higher education institutions' design and delivery of advanced practice education to meet paediatric and child health needs. Its key features are outlined below:

- It focuses on meeting the needs of individual patients and different population groups within paediatrics and child health
- It is inclusive of regulated healthcare professions and of individual practitioners' scope of practice, role and practice setting
- It promotes the imperative of multi-disciplinary teamworking to uphold safe, effective and sustainable patient care and workforce development and deployment
- It has the flexibility to respond to different service delivery needs and changing models of care

The Framework has been produced to articulate the required learning outcomes, process and approach to develop the specific advanced practice capabilities required to meet the needs of infants, children and young people. It does this in the following ways:

- It provides guidance, principles and concepts to inform the design and delivery of higher education institutions' individual advanced practice curricula and programmes
- It articulates the key capabilities that need to be developed and demonstrated through advanced practice education and workforce development to meet the needs of infants, children, and young people safely, effectively and efficiently
- It has the flexibility to address the needs of individual trainees' particular area-specific advanced practice learning needs in line with the clinical population groups whose needs they serve and their personal scope of practice, role and practice setting
- While primarily focused on the advanced practice clinical capabilities required to meet the needs of infants, children, and young people, it also captures area-specific requirements within the advanced practice pillars of leadership and management, education and research

The Framework reflects the [Multi-professional framework for advanced practice in England \(2025\)](#). It also integrates the scaffolding of the Royal College of Paediatrics and Child Health's Progress curriculum (2015), which evolved into the [Progress+](#) curriculum in 2023. The rationale for structuring the document in line with the Progress curriculum is set out below.

- The range of practitioners who will use the document (as trainees and supervisors) are united by their shared focus on meeting the clinical needs of infants, children, and young people, enabled by a shared language and a common approach to education
- The Progress and subsequent Progress+ curriculum is a well-established and validated model of postgraduate medical education and training that takes an outcomes-based approach; when adapted for advanced practice, it provides a robust educational framework for multi-professional advanced practice trainees who work predominantly with infants, children and young people
- The framework's alignment with the [Progress+ curriculum](#) ensures a clear and consistent approach to workforce development and deployment. This supports better integration across medicine and the wider healthcare team, focusing on meeting the needs of infants, children, young people, and their families



The Framework's benefits

The Framework's primary purpose is to inform and support how higher education institutions work with employers to deliver advanced practice education to meet workforce development and deployment needs in paediatrics and child health. It also has strong relevance and value for other stakeholders. These include system leads, practitioners, the public, and patients and their families and carers. The Framework's use should uphold safe and effective practice and provide employers, patients and the public with confidence in the level of practice achieved.

The Framework provides a clear structured approach to learning for trainees, workplace supervisors and academic staff. It defines the knowledge, skills and behaviours that trainees need to develop and demonstrate. It takes a scaffolding approach to supporting trainees' learning and assessing their learning achievements.

The Framework supports all the following:

- Trainee advanced practitioners' education and development at level 7 (Master's)
- Workplace-based supervisors in providing safe learning opportunities for individual trainees
- System-level and employer engagement in advanced practice workforce planning and development
- Local clinical governance arrangements for the development and deployment of advanced practice capability and capacity
- Multi-professional teamworking, service re-design and the progression of new models of care
- An inclusive approach to progressing the range and diversity of advanced practice roles
- Advanced practice workforce development in response to service delivery and patient care needs

Benefits for higher education institutions

The Framework supports higher education institutions to design and deliver their individual advanced practice education with an area-specific focus on paediatrics and child health. By defining the required knowledge, skills and behaviours, it supports the following:

- A standardised approach to multi-professional education and workforce development
- Collaboration between higher education institutions and employers in devising and deploying learning, teaching and assessment strategies
- The design and delivery of more bespoke learning provision in response to population health and patient care, employer and service delivery, and workforce/professional development needs`

Benefits for employing organisations

The Framework provides guidance to employers on engaging in advanced practice workforce planning and supporting the education and training of their employees to meet their workforce development and deployment requirements in paediatrics and child health. This includes to support changes to service delivery and progressing new models of care.

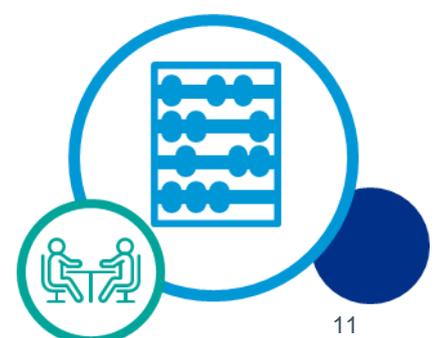
The Framework can also be used by employers to inform how they support staff members' CPD and appraisal. This includes to plan and prepare for advanced practice workforce development and to support the ongoing development of advanced practitioners. In this way, it should help employers to optimise the configuration of roles, responsibilities and skills mix across multi-disciplinary teams to deliver safe, effective and sustainable patient care.

Benefits for workplace supervisors

The Framework enables workplace supervisors to understand their role and fulfil their responsibility for supporting advanced practice trainees to develop, demonstrate and evidence their advanced practice learning in safe and effective ways and in response to patient and service delivery needs. The contents provide structure and focus for learning and assessment within the workplace.

Benefits for trainees

The Framework sets out clear expectations of what advanced practice trainees need to achieve to demonstrate their readiness to practise at advanced practice level with infants, children and young people. It supports trainees to engage in safe learning progression. This includes by providing a structure for learning needs analysis; the recognition of their prior learning (where appropriate); formulating a learning development plan; evidencing their learning and development; and keeping their learning and development under critical review.



The Framework in context

Policy context

Development of this specification was informed by:

- The acceleration of skills mix and workforce transformation to meet changing and growing population, patient and service delivery needs in sustainable ways. This includes through maximising the contribution of members of the workforce who are educated and trained to operate at advanced practice level; Department of Health and Social Care's white paper: [Working Together to Improve Health and Social Care for All](#) (DHSC, 2021)
- Implementation of the [NHS Long Term Plan](#) (NHS England, 2019) and [We Are The NHS: People Plan 2020/21](#) (NHS England, 2020), both of which identify area specific capabilities as a measure to expedite workforce development and deployment to meet service and patient care needs in sustainable ways
- The Centre for Advancing Practice's broader role in progressing advanced practice development and recognition to enhance workforce deployment in line with changing patient care, system-level and service delivery needs
- The current focus of statutory regulators on public interest and patient safety of advanced practice roles as part of the regulatory reform agenda
- Ongoing interest in exploring the scope for UK-wide collaboration on advanced practice developments within specific areas of practice to meet shared population, patient, service delivery and workforce development needs

Advanced-level practice

NHS England developed the [Multi-professional framework for advanced practice in England \(2025\)](#). to achieve national consistency in how the capabilities required of advanced-level practice are developed, demonstrated and deployed across professions, roles and settings. It also promotes awareness and understanding of advanced-level practice and roles. This is relevant for the public, patients, employers, education providers and advanced practitioners and their colleagues. NHS England recognised that advanced practice contributes to transforming and modernising pathways of care, enabling the NHS workforce to engage in safe and effective skills-sharing across traditional professional boundaries.

Advanced practitioners are experienced, regulated healthcare professionals, educated to master's degree level (either through achieving an advanced practice MSc degree or the successful completion of an ePortfolio (supported) route). They have developed professional capabilities (knowledge, skills and behaviours) across the four pillars of practice (clinical, leadership and management, education and research) to expand their scope of practice. Their practice is characterised by managing high levels of complexity, risk and uncertainty through exercising their professional judgement and independent decision-making. While advanced level practice is focused on meeting patient needs, it plays a key role in leading service development, delivery and evaluation and supporting others' learning.

The specific roles undertaken by advanced practitioners need to be determined by employers to meet population and patient care, service delivery and workforce needs. They may fit with established roles in paediatrics and child health (for example, in emergency departments) or be configured to meet the needs of specific service delivery models and locally-defined population groups.

Area-specific advanced practice capability and curriculum frameworks

Capability and curriculum frameworks define advanced practice requirements within specific areas of practice. They are designed to support transferable, recognisable, and sustainable multi-professional advanced practice education and training. They are described and endorsed by the Centre for Advancing Practice for use in England. The area-specific capabilities defined by each endorsed framework directly align with the generic capabilities articulated in the [Multi-professional framework for advanced practice in England \(2025\)](#). Frameworks are implemented for regulated healthcare professions whose professional knowledge, skills and role enable them to engage fully with its capability requirements. It is not expected that frameworks' delivery is only open to one profession.

The frameworks are designed for delivery by higher education institutions, working in partnership with employers, as an integral part of advanced practice education. They are intended to increase advanced practice capability and capacity to meet workforce demand and accelerate workforce transformation. This includes by defining standardised and nationally transferable training routes that support workforce deployment and mobility. They articulate the capabilities required by the current and future workforce in areas of high-priority need, including to deliver services within new models of care.

The Centre for Advancing Practice accredits higher education institutions' advanced practice MSc programmes in England. Centre-endorsed frameworks are primarily designed to be integrated by universities within their Centre-accredited advanced practice MSc programmes. They can also be delivered by universities on a 'standalone' basis specifically for by practitioners who have already successfully completed either an advanced practice MSc or the Centre's ePortfolio (supported) route. Practitioners' fulfilment of the capabilities, articulated in area specific capability frameworks, should be evidenced in ways that demonstrate the integration of their academic and workplace-based learning and their engagement with the demands of level 7 learning and advanced practice.

Further information on the Centre for Advancing Practice and its work streams is available on the Centre [website](#).



Royal College of Paediatrics and Child Health

The Royal College of Paediatrics and Child Health (RCPCH) has undertaken essential work in educational and career support for paediatricians since its inception in 1928 (originally as the British Paediatric Association). The College also has a broader mandate to improve child health and provide a voice to children and their families. It does this by supporting the following:

- Quality improvement initiatives and research activity and shares best practice with other health professionals who are also dedicated to optimising child health
- The professional development of the paediatric and wider child health workforce
- A multi-professional approach to workforce planning and development

The value of developing a national curriculum framework to underpin multi-professional advanced practice in paediatrics and child health has been recognised for many years by those delivering healthcare to children. By sharing its expertise and working collaboratively with other expert partners, the College has been ideally placed to lead the Framework's development.

Framework components

The framework consists of **11** distinct domains. Each domain encompasses a defined learning outcome (🎯), key capabilities (🔑-📌-📌-📌), and a range of illustrative examples across various clinical populations (⊕ 🏠 🏥 🏠 🏠 🏠 🏠).

Key

Eleven Domains	
	Domain 1 Professional values and behaviours
	Domain 2 Advanced communication and consultation skills
	Domain 3 Information gathering information interpretation and clinical procedures
	Domain 4 Diagnosis and management
	Domain 5 Patient safety including safe, independent prescribing
	Domain 6 Safeguarding
	Domain 7 Health promotion and illness prevention
	Domain 8 Quality Improvement
	Domain 9 Leadership, management, and team-working
	Domain 10 Education, training, and development
	Domain 11 Research, scholarship and evidence-based practice
Illustrations	
	Applicable to all clinical populations
	Primary and urgent care
	Emergency medicine (hospital)
	General paediatrics (hospital)
	Neonates and newborns
	Critical care and transport
	Complex care and community health needs

Learning outcomes

The Framework articulates the intended outcome for each domain. Practitioners engaging with the Framework as trainees need to demonstrate their fulfilment of all the learning outcomes at advanced practice level within their scope of practice, role and setting. Their achievement of the outcomes therefore needs to fit with the needs of the clinical population whom they serve, the practice environment in which they deliver care, and the advanced practice role for which they are being prepared.

Key capabilities

The term ‘capability’ is used within advanced practice education and development. It is a broader concept than ‘competence’. It describes the combination of knowledge, skills, attributes and values that enable individuals to provide safe and effective care flexibly within changing, unpredictable contexts.

Key capabilities are the mandatory capabilities that all trainees must evidence during their education and training (e.g. via a portfolio) to demonstrate their fulfilment of the learning outcomes.

Information on the capabilities defined in this Framework is provided in the tables that follow. The capabilities are also mapped to the capabilities in the [Multi-professional framework for advanced practice in England \(2025\)](#).

Illustrations

The illustrations below indicate how trainees need to demonstrate their underpinning knowledge and skills to work safely and effectively with infants, children and young people. They relate to common presentations across the six specific clinical population groups. They are not designed to cover every eventuality.

Trainees working in general paediatrics also need to cover adjuvant knowledge and skills content to cover foetal, perinatal and newborn physiology, and the complications of prematurity.



Domains overview

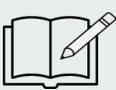
Domain	Domain descriptor	Learning Outcomes 
1. Professional values and behaviour	Advanced practitioners must be able to demonstrate professional and personal values and behaviours at an advanced level of practice. These requirements are set by the appropriate code of conduct alongside the demands of level 7 learning and advanced-level practice. This allows a safe and effective environment in which patients can be cared for.	Models compliance with legislation, respective scope of practice and professional code of conduct, adopting a reflective approach to accountability, responsibility, and autonomy, working at advanced level.
2. Advanced communication and consultation skills	Communication with patients and their families can be a challenging experience, as they do not all communicate in the same way, have the same expectations or experiences on which to base their communication. To provide safe and effective care, advanced practitioners must deploy high-level communication skills that are sensitive and responsive to the needs of individuals.	Creates an environment that enables highly effective communication with patients, families, carers and colleagues.
3. Information gathering, interpretation and clinical procedures	Patients have complex, individual needs with their care involving the management of different levels of uncertainty and risk. Advanced practitioners must be able to demonstrate high levels of appropriate professional behaviour and judgement across a wide range of clinical situations and in different practice environments, managing uncertainty, unpredictability, and complexity as part of the process of ensuring patient safety.	Undertakes a comprehensive assessment, including in emergency situations and resuscitation, involving (but not limited to) history-taking and physical assessment/examination and the effective use of diagnostic investigations and paediatric clinical procedures that are relevant to, and appropriate for, their area of practice (including their practice environment and clinical population).
4. Diagnosis and management	Patients are complex beings and with this comes a level of uncertainty and risk in their management. Advanced practitioners must be able to demonstrate high levels of appropriate professional behaviour and judgement across a	Autonomously formulates an appropriate differential diagnosis; plans appropriately tailored investigations; and produces and instigates a treatment plan to meet

	<p>wide range of clinical situations, managing uncertainty and complexity as part of the process of ensuring patient safety. Fulfilment of the key capabilities is underpinned by development and demonstration of a range of skills within the practitioners' scope of practice, role and service environment.</p>	<p>the needs of the infants, children and young people (revising as necessary).</p>
<p>5. Patient safety including safe, independent prescribing of therapy, equipment and/or medication.</p>	<p>Upholding patient safety is integral to advanced-level practice. This includes not only maintaining safety but making recommendations for the improvement of patient safety in the context of practitioners' scope and environment of practice.</p>	<p>Assesses and responds to actual and potential risks to patient safety, planning for mitigation of risk, and taking safe action (including escalation) after evaluating a potential/actual risk. This includes in the context of independent prescribing where this fits with practitioners' scope of practice and role. It is recognised that not all practitioners developing to advanced practice level necessarily have independent prescribing rights or a need to prescribe in their role. The Framework therefore takes an inclusive approach.</p>
<p>6. Safeguarding</p>	<p>Infants, children and young people by nature of their status are vulnerable. Advanced practitioners must act within the remit of their professional responsibilities regarding safeguarding. This must cover the entire process from raising concerns, seeking advice, and taking actions.</p>	<p>Integrates current evidence-based safeguarding approaches and practice in managing care at different ages, levels of development and life stages.</p>
<p>7. Health promotion and illness prevention</p>	<p>Increasingly the social determinants of health and health inequalities are being seen to impact upon the lives of children and young people. Advanced practitioners must demonstrate a developed understanding of the intersection and impact of these factors.</p>	<p>Advocates healthy behaviours from birth to adulthood, integrating the impact of cultural, social, religious, educational, and economic factors on physical, emotion and mental health, development, and well-being of infants, children and young people and their families/carers.</p>
<p>8. Quality improvement</p>	<p>Advanced practitioners have a responsibility to lead and actively engage in quality improvement activities. This should span all aspects of clinical practice, including patient</p>	<p>Adapts and applies quality improvement (QI) methodology to own clinical practice in order to construct audits and improvement projects that enhance</p>

	management, service delivery, risk management, complaints, teaching and learning and patient safety.	clinical effectiveness, patient safety and patient experience for infants, children and young people, and their parents/carers.
9. Leadership, management, and team-working	A vital component of advanced-level practice is working within and across multidisciplinary and multiagency teams. The exercise of higher-level skills in clinical leadership across a variety of contexts is integral to advanced practice relating to child health. They incorporate decision-making, risk analysis, appraisal of performance and the management of resources.	Crafts own leadership style(s) and adapts it to augment team functioning for optimal care delivery for infants, children and young people and their families, working collaboratively and constructively within a multi-disciplinary team, valuing contributions from others within the paediatric team.
10. Education, training, and development	Learning is an ongoing feature of clinical practice for infants, children and young people. Advanced practitioners need to reflect on, identify and address their own learning needs and support their colleagues to do the same, informed by changing population, patient and service delivery needs. Engagement in ongoing learning should include both informal and formal teaching and learning opportunities. mentorship and supervision	Evaluates own learning needs and demonstrates a commitment to lifelong learning by designing and developing formal and informal teaching and learning encounters with infants, children and young people, families, carers, colleagues, other professionals, and non-professionals.
11. Research, scholarly and evidence-based practice	It is essential that advanced practitioners actively engage in evidence-based practice and research activity as an integral part of their clinical activity, service delivery and contribution to high-quality patient care. This includes by critical engaging with developments in the evidence base and the relevance of these to their service delivery and contributing to new knowledge and best practice.	Integrates an evidence-based approach within clinical practice to inform clinical decision-making, enhance the quality-of-service delivery and optimise patient safety, experience and outcomes infants, children, young people, families and carers.

The domains map to the four pillars of advanced practice, as defined by the Multi-professional framework for advanced practice in England (2025). This mapping is provided in Table B that follows.

Table B: Relationship between the Framework domains and the pillars of advanced practice

	 Clinical Practice	 Leadership	 Education	 Research
 Domain 1 Professional values and behaviours				
 Domain 2 Advanced communication and consultation skills				
 Domain 3 Information gathering information interpretation and clinical procedures				
 Domain 4 Diagnosis and management				
 Domain 5 Patient safety including safe, independent prescribing				
 Domain 6 Safeguarding				
 Domain 7 Health promotion and illness prevention				
 Domain 8 Quality Improvement				
 Domain 9 Leadership, management, and team-working				
 Domain 10 Education, training, and development				
 Domain 11 Research, scholarship and evidence-based practice				

Domain 1: Professional values and behaviours



Domain descriptor

Advanced practitioners must be able to demonstrate professional and personal values and behaviours at an advanced level of practice to deliver safe and effective patient care. The requirements they must meet are set by the appropriate code of conduct for their profession, the demands of level 7 learning, and the capabilities required of advanced level practice*. This allows a safe effective environment in which patients care be cared for.

Learning outcome

Models compliance with legislation, respective scope of practice and professional code of conduct, adopting a reflective approach to accountability, responsibility, and autonomy, working at advanced level*.

*Advanced Practice is a level of practice characterised by a high degree of autonomy and complex decision making, it reflects the demands of academic learning at level 7 undertaken by practitioners as part of their post-registration development. Adapted from [Multi-professional framework for advanced practice in England \(2025\)](#)

Key Capabilities    		Multi-professional Framework
1.1	Evaluates own accountability and responsibility and that of others to ensure safe and effective practice, including in the context of managing complex, unfamiliar and unpredictable situations.	Clinical Practice: 1.1 to 1.4 and 1.11 Education: 3.3
1.2	Evaluates own performance, acting in ways that demonstrate self-awareness of, and reflection on, their evolving practice, including the ability to autonomously adapt their practice to meet clinical need.	Clinical Practice: 1.1 to 1.3 Research: 4.1 and 4.3
1.3	Role models excellence in all aspects of practice.	Clinical Practice: 1.1 to 1.11 Leadership and Management: 2.2 to 2.11 Education: 3.3

Indicative content

- Acting with honesty and integrity in complex and changing situations
- Being respectful and courteous while maintaining patient safety and providing person-centred care
- Taking prompt action regarding issues of patient safety
- Treating people as individuals
- Having emotional resilience and situational awareness
- Recognising own limitations
- Working in an autonomous way
- Making informed safe decisions

Illustration examples for domain 1

22



23



23



23



23



23



24

Applicable to all clinical populations 	Mapping
Applies the Caldicott Principles in all areas of own practice.	1.1
Discusses assessments, diagnoses, and management plans with the multidisciplinary team (MDT) while respecting patient confidentiality.	1.1 1.4
Demonstrates knowledge of legal principles relevant to own practice and own organisation (e.g., informed consent, Gillick competence, Fraser guidelines, organisational policies of equality, diversity, etc.)	1.1
Recognises possible ethical issues in decision-making and knows when to seek advice.	1.3
Demonstrates knowledge of the principles of parental responsibility.	1.1 1.2
Demonstrates knowledge of how religious and/or cultural beliefs of parents/carers may impact assessment and/or management decisions; knows how/where to find legal and ethical guidance to support decisions.	1.1 1.2 1.3
Understands that young people may have (or develop) healthcare beliefs that conflict with those of their parents/carers and/or professionals; seeks senior/specialist support appropriately.	1.1 1.2 1.3
Explains the role of regulatory bodies and their relationship to professional issues and public protection.	1.1
Participates in discussions regarding the holistic needs of the infants, children and young people and/or family/carer that incorporates an understanding of child development and the implications of social and/or environmental factors affecting health and wellbeing.	1.1 1.2
Applies knowledge of the health, education, and social service systems as they pertain to the health and wellbeing of an infant, child and or young person and/or their family/carer.	1.1 1.2
Articulates the clinical decision-making process underpinning a request for senior/consultant review for an infant, child or young person with a concerning, complex or deteriorating condition/ presentation.	1.1 1.3
Recognises limitations of own ability to manage acuity and/or complexity by requesting additional support, transferring care appropriately, and identifying opportunities for personal continuing professional development (CPD), reflection, lifelong learning and teamworking.	1.3
Recognises and manages personal perceptions, expectations and values around advancing illness, injury, and death; recognises how personal values and beliefs can influence professional judgements and behaviours.	1.2 1.3
Recognises own role in contributing to an open and supportive working environment, characterised by approachability, adaptability, friendliness, civility and optimal team functioning.	1.3

Considers stress, mental ill-health, and burnout in self and other professionals; uses a range of methods to obtain support and offers support to colleagues.	1.3
Primary and urgent care 	Mapping
Collaborates in the development of collegial relationship with local children's acute services providers, allowing for the alignment of care pathways for common paediatric illness and for more seamless transfer when escalation to acute care is required.	1.3
Emergency medicine (hospital) 	Mapping
Critically evaluates the impact of human factors in a paediatric emergency situation.	1.1 1.2
Contributes supportively to cold debrief sessions for challenging emergency cases.	1.1 1.3
General paediatrics (hospital) 	Mapping
Facilitates the transition of rotating doctors in training to the care process and procedures in the acute paediatric ward, modelling the multi-professional nature of advanced-level practice working relationships.	1.3
Neonates and newborns 	Mapping
Discusses the clinical decision-making process underpinning the admission of a neonate to the neonatal unit, from delivery suite or obstetric theatre and resulting in separation of mother and infant.	1.1 1.2
Responds appropriately to a community referral of a neonate with weight loss, demonstrating knowledge of red flags, admission criteria, available community support, and creates a safe management plan that advocates for the family.	1.1 1.3
Critical care and transport 	Mapping
Articulates the clinical decision-making process that underpins a request for senior/consultant review for an infant, child or young person with a concerning, complex or deteriorating condition/presentation either within a critical unit or high-dependency unit, or during a transport episode.	1.1 1.2
Recognises own role in contributing to an open and supportive working environment, characterised by approachability, adaptability, friendliness, civility and optimal team functioning within critical care, high-dependency and transport settings.	1.3
Complex care and community health needs 	Mapping
Articulates the clinical justification for referring a young person to a specialist tertiary service for support with sleep or eating difficulties.	1.1
Manages own moral, emotional and psychological distress during repeated exposure to child death, demonstrating awareness of boundaries and the ability to manage relationships with families over a long period of time.	1.3

Domain 2: Advanced communication and consultation skills



Domain descriptor

Communication with patients and their families/carers can be challenging as they do not all communicate in the same way or have the same expectations or experiences on which to base their communication. To provide safe and effective care, advanced practitioners must deploy high-level communication skills that are sensitive and responsive to individuals' needs.

Learning outcome

Creates an environment that enables highly effective communication opportunities with patients, families, carers and colleagues.

Key capabilities    		Multi-professional Framework
2.1	Facilitates effective professional relationships with patients, families, carers, and colleagues, supporting them to make informed decisions.	Clinical Practice: 1.4, 1.5, 1.8, 1.9 and 1.10 Education: 3.3
2.2	Critically appraises communication strategies to optimise effective communication with both individuals and groups, supporting decision making and lifestyle choices.	Clinical Practice: 1.4, 1.5, 1.6, 1.7, 1.8 and 1.9
2.3	Adapts communication styles to demonstrate a respect towards individuals and/or groups, including those with protected characteristics.	Clinical Practice: 1.4 and 1.5
2.4	Manages highly effective consultations (both face-to-face and via digital technology) to elicit information to inform decisions about care.	Clinical Practice: 1.4 to 1.11
2.5	Demonstrates advanced skills in talking to children, young people and their families in ways they can understand, including by avoiding jargon and minimising assumptions.	Clinical Practice: 1.4 and 1.5

Indicative content

- Demonstrating advanced communication skills applicable across the lifespan of children and young people
- Using oral and written skills
- Engaging in digital and remote delivery of care
- Considering the use and interpretation of body language
- Demonstrating safe and effective handover of care
- Demonstrating effective use of the triadic consultation model

Illustration examples for domain 2



26



-



27



28



28



30



30

Applicable to all clinical populations 	Mapping
Actively involves parents and families/carers in shared decision-making, exemplifying the principles of family-centred care.	2.1
Demonstrates the ability to communicate with patients, families and colleagues clearly, concisely, and accurately during consultations and handovers (e.g., face-to-face and virtual appointments, members of the extended multidisciplinary team and specialist colleagues such as speech and language therapists, other allied health professionals and pharmacists).	2.3
Uses strategies to anticipate and respond sensitively to infants, children and young people who are uneasy or unwilling to cooperate during a consultation (as examples, an uncooperative 3-year-old with an oxygen requirement or an adolescent awaiting a Child, Adolescent and Mental Health Service (CAMHS) placement for an eating disorder who is refusing to eat).	2.2 2.3 2.5
Conducts a consultation and/or review of care that demonstrates patience, respect and sensitivity in exploring individual perspectives of a problem, in a manner that a child, young person or their family feel able to discuss difficult or emotional issues (as examples, an adolescent presenting numerous times with abdominal pain, or a 5-year-old presenting with chronic constipation).	2.1
Applies active listening skills in communicating with children and young people and their carers/families, demonstrating an understanding of the need to respect their views.	2.5
Communicates clearly, concisely and accurately in handovers with affiliated services, including hospital-based professionals, general paediatric colleagues and specialty teams.	2.5
Assesses a family/carer's understanding relating to an aspect of an infant, child or young person's care, providing relevant information using appropriate communication that addresses any potential barriers to empower the family/carer to make an informed decision.	2.6
Addresses questions and explains treatments and procedures, at the child's level of understanding (e.g., venepuncture and blood tests to investigate anaemia).	2.6
Explains to parents/carers the need for procedures involved with, and the findings of, routinely performed diagnostic tests and procedures, including their relationship to the care management plan (e.g., peak flow test and completion of diary in suspected asthma).	2.7
Demonstrates empathy and support for a family experiencing a sudden, unexpected and/or life-threatening illness/injury, including the unexpected death of an infant, child or young person.	2.5

Accurately records clinical information, including problems, symptoms, and procedures in a structured, standardised patient record in electronic and/or paper formats.	2.4
Uses electronic communication media, in both clinical practice and audit, taking account of the UK General Principles of Data Protection (UK GDPR).	2.2
Applies knowledge of developmental differences in infants, children and young people and their impact on communication.	2.2
Communicates effectively with children and young people with learning and/or communication difficulties, commensurate with their developmental age.	2.2
Demonstrates a range of communication skills in different settings and/or situations, including emergency situations, when a child or family member may not speak English, or where there is an impairment/disability (e.g., hearing loss) that may affect understanding.	2.6 2.7
Provides anticipatory guidance and counselling to families and carers of infants, children and young people with a chronic illness requiring ongoing medical care, and to families and carers of infants, children and young people requiring acute illness management.	2.2
Undertakes difficult conversations with children and young people and their families/carers confidently, firmly and diplomatically (e.g., regarding safeguarding concerns, disruptive or anti-social behaviours and/or breach of departmental safety or operating procedures).	2.4
Communicates discharge instructions, safety-netting and red flag- related information effectively, checking comprehension with children, young people and their families/carers across a range of ages, cultures, abilities, and developmental levels, using a variety of techniques (e.g., telephone-based, face-to-face interpreters and information leaflets).	2.7
Delivers 'bad news' sensitively, accurately and supportively with respect for the range of scenarios that may be interpreted as 'bad news' for individual children and young people and their families and/or carers (e.g., referral of newborn infant with suspected jaundice; diagnosis or suspicion of a childhood malignancy).	2.3
Performs an organised, safe and developmentally appropriate consultation that routinely includes biological, psychological, educational and social factors relevant to the infant, child or young person and their family/carer.	2.3
Produces complete and accurate case notes, referrals and/or patient-held records, applying the principles of information governance and appropriate information sharing with patients, families, other agencies and/or professionals (e.g., safeguarding referral/alert to all relevant professionals and using local organisational policies).	2.2
Emergency medicine (hospital)	 Mapping
Utilises strategies to anticipate and respond sensitively to infants, children and young people who are uneasy or unwilling to cooperate during a consultation (as examples, a febrile 2-year-old who has been in the waiting area for 3 hours, or an adolescent brought in by care workers for self-harming behaviours).	2.2 2.3 2.5

Conducts a consultation and/or review of care that demonstrates patience, respect and sensitivity to explore individual perspectives of a problem, including in a manner that supports a child, young person or family/carer to feel able to talk about difficult or emotional issues (as examples, an adolescent presenting to the emergency department after an alleged assault, a 5-year-old presenting with secondary enuresis, and using the HEADS-ED mental health screening tool or Pierce suicide intent scale scoring frameworks).	2.1
Addresses questions and explains treatments and procedures at the child's level of understanding (e.g., the need for examination of the genitals in a 5-year-old boy presenting with acute onset of lower abdominal pain).	2.6
Explains to parents/carers the need for routinely performed procedures and their findings and their relationship to the care management plan (e.g., C-reactive protein (CRP) results for a febrile toddler with a non-blanching rash; serum bilirubin values and observation of feeding for a jaundiced 2-day old infant).	2.7
Provides anticipatory guidance and/or injury prevention counselling to family and carers of infants, children and young people regarding common minor illnesses and injuries.	2.2
Delivers 'bad news' sensitively, accurately and supportively with respect for the range of scenarios that may be interpreted as bad news for individual children and young people, their families and/or carers (as examples, the admission of a newborn infant for phototherapy; the diagnosis or suspicion of a childhood malignancy discovered in an emergency department presentation).	2.3
General paediatrics (hospital)	 Mapping
Addresses questions and explains treatments and procedures at the child's level of understanding (as examples, the need for an MRI scan in a 6-year-old boy presenting with a history of worsening headaches and early morning vomiting).	2.6
Explains to parents/carers the need for routinely performed diagnostic tests and procedures, their findings and their relationship to the care management plan (e.g., lumbar puncture results in a febrile infant or serum bilirubin values and observation of feeding for a jaundiced 2-day old infant).	2.7
Neonates and newborns	 Mapping
Conducts antenatal counselling of a pregnant person and family who are expecting a late preterm infant, using clear, concise and accurate communication and recognising barriers and personal limitations within the consultation and actioning accordingly.	2.2
Discusses with a family member or carer the need to commence appropriate medication for an infant with abstinence syndrome, using a non-discriminatory, non-judgemental approach while advocating for the infant.	2.6
Presents a newly-admitted infant, within an appropriate clinical setting, using a standardised approach, demonstrating clear verbal and written communication to ensure all relevant data is identified and shared.	2.2 2.3

Takes a full history of an infant referred to maternity services, using a variety of communication methods and strategies to obtain key data, recording findings accurately and appropriately within all relevant patient records, including digital platforms.	2.1 2.3 2.5
Demonstrates sensitivity and empathy towards a mother and/or family/carer during an emotional situation, including by providing an appropriate supportive response.	2.8
Discusses strategies that may be deployed to build rapport with a family/carer across the neonatal journey, from antenatal counselling to postnatal ward discharge.	2.1
Gains consent for a clinical procedure, adequately explaining the benefits/risks at a level appropriate to the infant's family and adequately responding to questions and concerns.	2.7
Demonstrates empathy and support for a family experiencing a sudden, unexpected and/or life-threatening illness of their newborn.	2.8
Communicates with parents and junior staff the importance of developmental care, exemplifying this when performing clinical procedures and acknowledging the impact on an infant's development.	2.6
Clearly and sensitively shares therapy assessment information with families and the multidisciplinary team to shape understanding of what the future might hold for a young person with an evolving diagnosis/prognosis and their family.	2.2
Discusses parenteral nutrition and enteral feeds for a surgical neonate with a family and the multidisciplinary team, using clear, accurate and concise communication methods to explain clinical reasoning and respond to questions.	2.2
Leads discussions between families/carers and members of the multidisciplinary team about whether continuing oral feeding is in an infant's best interests, considering the impact on quality of life for both the infant and carers.	2.2
Clearly explains the risks/benefits of donor breast milk and formula feed to enable a family to make an informed decision that is in the infant's best interests, demonstrating respect for a family's cultural beliefs about feeding their infant.	2.6
Initiates and facilitates effective conversations with families and the multidisciplinary team to develop and agree a discharge plan, sensitively and effectively negotiating areas of conflict regarding expectations for an infant's discharge.	2.2 2.8
Creates a safe environment for peer-to-peer parent/caregiver support, ensuring that participants respect confidentiality, sensitively manage distress, gain consent, and refer parents/caregivers for additional psychological support when appropriate.	2.8

Critical care and transport 	Mapping
Demonstrates the ability to communicate with patients, families/carers and colleagues clearly, accurately and concisely during consultations and handovers (e.g., with in-patient clinicians and specialities, critical care team members, and the district general hospital team).	2.3
Presents a newly admitted infant, child or young person, within an appropriate clinical setting, using a standardised approach. Demonstrates clear verbal and written communication, ensuring all relevant data is identified and shared.	2.2 2.3
Takes a full history of an infant, child or young person referred to critical care, high dependency or transport services, using a variety of communication methods and strategies to obtain key data and recording findings accurately and appropriately within all relevant patient records, including digital platforms.	2.1 2.2 2.3 2.5
Demonstrates sensitivity and empathy towards a family member or carer during an emotional situation, providing an appropriately supportive response.	2.8
Discusses strategies that may be deployed to build rapport with families across the critical care or transport journey.	2.1
Gains consent for a clinical procedure (following local policy), adequately explaining the benefits/risks at a level appropriate to the individual family/carers and adequately responds to questions and concerns.	2.7
Explains to parents/carers the need for routinely performed diagnostic tests and procedures and their findings, including their relationship to the care management plan (as examples, blood tests for infection, chest radiology for signs of lower respiratory tract infection).	2.2
Shares information appropriately with other stakeholders in the care of infants, children and young people (e.g., nursing staff, doctors, physiotherapists, social workers, GPs and members of medical specialty and community teams).	2.2
Delivers 'bad news' sensitively, accurately and supportively with respect for the range of scenarios that may be interpreted as 'bad news' for individual children and young people and their families/carers (as examples, the admission of a newborn infant for congenital heart disease; the presentation of severe sepsis).	2.6 2.8
Complex care and community health needs 	Mapping
Demonstrates empathy and sensitivity for a family/carers where there is not a known explanation for an infant's, child's or young person's difficulties, providing relevant information and support that is focused on meeting individual needs and empowering parents/carers to make informed decisions about their child's care.	2.1 2.6
Sensitively and respectfully communicates an infant, child or young person's life-altering diagnosis with a family, supporting them to a place of understanding and acceptance and enabling them to make informed choices.	2.5
Initiates and leads challenging conversations with a family/carers (e.g., relating to end-of-life care), discussing potential situations with empathy to co-create a personalised care plan.	2.5

Clearly articulates and demonstrates the benefit of using equipment such as a communication aid to staff who may not recognise its value, supporting them to explore and use the equipment to improve the child or young person's participation and outcomes.	2.1 2.6
Explains to siblings that a brother/sister has died in a way that makes sense to them, demonstrating understanding of the grief/loss process and how that applies to children of different ages.	2.5
Effectively shares sensitive information with children and young people for whom English is not their first language through an interpreter or advocate, recognising what the child or young person is not communicating verbally and finding alternative ways to elicit this information.	2.2 2.5
Uses clear and appropriate language to explain to an adolescent the benefits and risks of taking/not taking medication, responding appropriately to questions to enable the young person to make an informed choice.	2.1
Sensitively manages conversations where different views about medication/interventions/support are held by a young person and their parents/carers, advocating for a young person's personal choices and beliefs in a way that respects everyone's views and decisions.	2.5
Communicates clearly, concisely and accurately in mediation sessions where there are disputes about an education, health and care plan, negotiating and agreeing a plan for health/care services to meet a young person's special education needs and disabilities (SEND) needs.	2.6 2.7
In an annual review, advocates for a child or young person and their family/carer when a gap in service coordination has been identified, showing sensitivity and respect for individual perspectives.	2.6
Creates a safe environment for peer-to-peer parent/carer support, ensuring participants respect confidentiality and sensitively managing distress.	2.1 2.2
Co-creates a care plan that respects the preferences and priorities of an infant, child or young person and their family/carer, using preferred pronouns and appropriately reflecting family make-up and life choices.	2.2
Demonstrates flexibility in the use of dynamic consultation and communication skills to support children and young people whose complex health needs require unique solutions.	2.4
Effectively communicates clinical reasoning, risks and benefits to a child or young person, their parents/carers and other members of the multidisciplinary team where an intervention (e.g., radiotherapy) is to be delivered outside standard protocols.	2.5

Domain 3: Information gathering, interpretation and clinical procedures



Domain descriptor

Patients have complex, individual needs. Their care involves the management of different levels of uncertainty and risk. Advanced practitioners must be able to demonstrate high levels of professional behaviour and exercise professional judgement across a wide range of clinical situations and in different practice environments, managing uncertainty, unpredictability and complexity as part of upholding patient safety.

Learning outcome

Undertakes a comprehensive assessment, including in emergency situations and resuscitation, including history-taking and physical assessment/examination and the effective use of diagnostic investigations and paediatric clinical procedures that are relevant to, and appropriate for, their area of practice (including their practice environment and clinical population).

Key capabilities    		Multi-professional Framework
3.1	Uses expertise and advanced decision-making skills to conduct a clinical assessment, of both physical and psychological health needs, taking appropriate account of local population health needs, agencies, and networks.	Clinical Practice: 1.1 to 1.11
3.2	Directs key clinical assessments and procedures, laboratory tests and/or clinical diagnostics that fall within their individual scope of practice and are relevant to assessing, diagnosing, and/or the on-going management of the infants, children and young people, including their family and/or carer.	Clinical Practice: 1.1 to 1.11
3.3	Collaborates with infants, children and young people, family/carers and other professionals and/or multidisciplinary teams (MDTs) and agencies to ensure the correct interpretation of diagnostics, across a range of practice settings.	Clinical Practice: 1.1 to 1.11
3.4	Leads the team in recognising, and responding to emergency situations, demonstrating, and supervising (when necessary) paediatric emergency resuscitation and life support skills, in all practice environments.	Clinical Practice: 1.1 to 1.11

Indicative Content

- Managing the uncertain success rate of treatment plans
- Respecting patient autonomy
- Being resilient, thorough and diligent
- Supporting and empowering self-care
- Making reasonable adjustments as required to ensure service delivery is person-centred and inclusive

Illustration examples for domain 3



Applicable to all clinical populations 	Mapping
Demonstrates an understanding of the application and interpretation of acuity scoring and paediatric early warning systems that also reflect age-related differences among infants, children and young people (e.g., paediatric early warning score tool (PEWS) or paediatric observation priority score (POPS) and/or NICE traffic light guidance).	3.3
Demonstrates the ability to obtain a problem-focused history or handover history from another health care professional that includes the rapid assessment of a seriously and acutely ill infant, child or young person, including information that would allow for the safe initiation of life-saving treatment.	3.1
Accurately and sensitively takes an age-appropriate history that routinely includes biological, psychological, educational/vocational and social factors (e.g., relating to home, education/employment, activities, drugs/alcohol, safety/sex/suicide).	3.1
Considers issues relating to gender and sexual identity, including specific health risks, as well as issues such as acceptance.	3.4
Recognises case histories, initial presentations and/or a changing clinical course which suggest serious or unusual pathology in an infant, child or young person.	3.1
Obtains a thorough, safe and developmentally appropriate clinical examination for infants, children and young people who present with a variety of common paediatric major and minor illnesses.	3.1
Performs a primary survey in an infant, child or young person with an acute and/or life-threatening illness and assists in the assessment and management of major deterioration, if required.	3.5
Demonstrates accurate and appropriate selection of imaging modalities, clearly articulating relevant history, clinical examination findings and clinical concerns/rationale and interpreting the results, where appropriate, and co-ordinating formal reporting mechanisms for gaining an expert opinion.	3.2
Articulates sound clinical-reasoning to initiate and interpret routinely performed diagnostic tests that are predicated on key findings from the history, initial physical examination, and/or on-going clinical context/ management (e.g., full	3.2

blood count (FBC), urine and electrolytes (U&E), liver function tests (LFTs), glucose, urine microscopy, electrocardiogram (ECG)).	
Uses a variety of methods to assess pain and administer analgesia safely and appropriately amongst verbal and non-verbal children and young people (e.g., physiological parameters, faces pain scale, numeric pain scales, distraction techniques, relevant analgesia selection).	3.2
Recognises and responds to the deteriorating or peri-arrest infant, child or young person, initiating and participating in basic paediatric life support and recognising when to ask for senior support and escalate to ambulance services.	3.5
Recognises and investigates concerning features in a child's presentation, history, physical examination and/or interaction with parents/carers that could be indicative of child maltreatment presenting as a fabricated or induced illness.	3.4
Emergency medicine (hospital)	 Mapping
Obtains informed consent, from patients and/or parents/carers for a procedure routinely performed in the emergency setting, including through discussion on the relevant indications, benefits and possible risks associated with the procedure (e.g., lumbar puncture, ketamine-facilitated fracture reduction).	3.3
Selects and interprets appropriate imaging modalities for different body areas among infants, children and young people following minor injury and/or trauma.	3.2 3.3
Undertakes an active role, identified by the team leader, as part of a major incident, trauma call or resuscitation.	3.5
Safely and appropriately performs a variety of common procedures within the emergency department: <ul style="list-style-type: none"> • Intravenous cannulation • Finger/heel prick • Venepuncture blood sampling • Foreign body removal (e.g., nose, ear) • Paediatric advanced life support • Lumbar puncture (including indications, contraindications and interpretation of results) • Oxygen therapy using a variety of administration devices • Use of aseptic, non-touch, technique • Nasogastric tube insertion and placement confirmation • Collection of microbiological samples • Defibrillation and cardiac conversion • Insertion of intraosseous access needles • Primary wound closure (sutures, steri-strips or wound glue) • Limb plastering for optimal fracture stabilisation/healing • Reduction and stabilisation of joint dislocations 	3.2
Interprets physiological parameters and/or acid-base physiology within a clinical context for infants, children and young people, initiating interventions and	3.3

seeking senior support when necessary (e.g., relating to blood pressure, respiratory rate, blood gas results, capnography).	
Uses a variety of methods to assess pain and administer analgesia safely and appropriately for verbal and non-verbal children and young people (e.g., physiological parameters, faces pain scale, numeric pain scales, distraction techniques, Entonox, intranasal diamorphine, procedural ketamine use).	3.2
Selects and interprets appropriate imaging modalities for different body areas among infants, children and young people following minor injury and/or trauma.	3.2 3.3
Recognises and responds to the deteriorating or peri-arrest in infants, children and young people, initiating and participating in advanced paediatric life support and recognising when to ask for escalation and senior support.	3.5
Recognises and investigates concerning features in a child's presentation, history, physical examination and/or interaction with parents/carers that could be indicative of child maltreatment presenting as a fabricated or induced illness.	3.4
General paediatrics (hospital)	 Mapping
Articulates sound clinical reasoning to initiate and interpret routinely performed diagnostic tests, that are predicated on key findings from the history, initial physical examination, and/or on-going clinical context/ management (e.g., full range of blood tests, including lactate measurements, blood gas, electrocardiogram (ECG)).	3.2
Undertakes an active role, identified by the team leader, in a major incident, trauma call, resuscitation, and/or stabilisation and transfer of a critically ill infant, children or young person, if required as part of service delivery.	3.5
Obtains informed consent, from patients and/or parents/carers, for procedures routinely performed in the paediatric acute setting, which include a discussion of the relevant indications, benefits and possible risks associated with the procedure (e.g., lumbar puncture, longline insertion, imaging under sedation).	3.3
Safely and appropriately performs a variety of common procedures within the acute hospital settings: <ul style="list-style-type: none"> • Lumbar puncture • Cannulation and/or venous blood sampling • Long-line insertion • Paediatric advanced life support • Standard oxygen therapy and/or nebulisation • Continuous positive airway pressure (CPAP) • High-flow oxygen delivery • Nasogastric tube insertion 	3.2
Interprets physiological parameters and/or acid-base physiology within a clinical context for children and young people, initiating interventions and seeking senior support when necessary (e.g., blood pressure, respiratory rate, blood gas results, capnography).	3.3

Uses a variety of methods to assess pain and administer analgesia safely and appropriately amongst verbal and non-verbal children and young people (e.g., physiological parameters, faces pain scale, numeric pain scales, distraction techniques, relevant analgesia selection).	3.2
Recognises and responds to the deteriorating or peri-arrest infants, children or young people, initiating and participating in advanced paediatric life support and recognising when to ask for escalation and senior support.	3.5
Recognises and investigates concerning features in a child's presentation, history, physical examination, and/or interaction with parents/carers that could be indicative of child maltreatment presenting as a fabricated or induced illness.	3.4
Neonates and newborns	 Mapping
Identifies red flags within the maternal and antenatal history that may result in an admission to the neonatal intensive care unit (NICU) and discusses with the multidisciplinary team (MDT).	3.1 3.3
Gathers and interprets relevant information from maternal and antenatal history, physical assessment and knowledge of local guidance to determine the best place of care following delivery of a late preterm infant.	3.1
Obtains a thorough history and clinical assessment when reviewing an infant with abdominal distention; seeks senior review or escalation of care where appropriate.	3.1
Recognises and interprets a variety of information to facilitate the timely de-escalation of care for a term infant with transient tachypnoea of the newborn (TTN), facilitating a safe transfer of care to mother.	3.3
Completes an appropriate and accurate request for a chest x-ray on an infant admitted to NICU for respiratory support. Clearly articulates the relevant history, clinical interventions, examination findings and clinical concerns.	3.2
Accurately interpret a blood gas and apply the information gained to assess the infants ongoing respiratory support, make appropriate decisions, and refer to senior colleagues as required.	3.3
Responds appropriately to a disparity between pre and post ductal saturations in the infant by identifying potential causes, performing additional investigations, and implementing a safe management plan, providing the parent/carer with a comprehensive explanation.	3.2
Identify and responds appropriately to the abnormal heart sounds of a two-day old infant, implementing and interpreting further investigations to inform a clinical diagnosis and subsequent management plan.	3.3
Recognises relevant information from the presenting history, physical examination, cord/infant blood gases, and laboratory tests which may indicate a possible hypoxic insult. Utilises local and national guidelines and the senior team to develop an appropriate care management plan.	3.1 3.3
Interprets and articulates the results of a chest and abdominal X-ray in relation to the insertion of a medical device. Identifies the correct device placement and the action required when lines are misplaced.	3.3

Recognises and responds to the compromised infant at delivery, initiates newborn life support, escalate level of care and obtain senior support as required.	3.5
Recognises and investigates concerning features in infants presenting history or physical examination that could be indications of non-accidental injury or neglect.	3.4
Synthesises the impact of a traumatic pregnancy/birth, an infant's fragility, and the neonatal care environment to create a support plan that promotes parents/carers' interactions, involvement and confidence to look after and make decisions about their infants' care.	3.3
Evaluates clinical observations of changes to an infant's physiological stability, motor responses, state organisation and responsiveness during and after caregiving; collaborates with carers and the therapy team to create an individual management plan to protect brain development.	3.3
Evaluates the effect of parent/carer and infant interactions on an infant's sleep, communication, feeding, engagement and regulation; facilitates a shared understanding of these insights with parents/caregivers to promote attunement.	3.3
Leads a complex assessment of feed tolerance and nutritional adequacy, gathering and synthesising information from appropriate sources to create an individualised nutrition management plan.	3.2 3.3
Conducts complex dysphagia assessments, selecting approaches appropriate for the individual (e.g., ultrasound, video fluoroscopy (VFSS), fibre-endoscopic evaluation of swallowing (FEES)); articulates clinical-reasoning that considers risks to the infant; interprets findings to develop a feeding management plan.	3.2 3.3
Completes an appropriate and accurate request for blood tests and further investigations to inform a therapy management plans for metabolic bone disease; clearly articulates and records clinical reasoning for the request.	3.2
Conducts, interprets and synthesises findings from complex neurological and/or radiological assessments (e.g., magnetic resonance imaging (MRI) and cranial ultrasound) to provide robust prognostic information for families and the multidisciplinary team (MDT) and facilitates appropriate referral for early intervention.	3.2 3.3
Critical care and transport	 Mapping
Demonstrates the ability to obtain a problem-focused presenting history or hospital team handover that includes the rapid assessment of a seriously and acutely ill or injured infant, child or young person, including information to allow for the safe initiation of life-saving treatment.	3.5
Demonstrates the ability to give directive management advice for the seriously and acutely ill or injured infant, child or young person in response to referral for critical care support, either via internal hospital pathways or external referrals to the critical care transport service.	3.5
Recognises case histories, initial presentations and/or trauma calls that suggest serious or unusual pathologies in an infant, child or young person.	3.3

Completes a primary and/or secondary survey accurately and in a timely matter for an infant, child or young person with an acute and/or life-threatening illness or injury.	3.5
Makes accurate and appropriate radiology and neuroimaging requests within scope of practice, clearly articulating relevant history, clinical examination findings, clinical concerns and the rationale for requests.	3.2
Accurately interprets radiological investigations within scope of practice used in the assessment of the seriously ill/injured child or young person, recognising when more senior and or speciality support is required (e.g., chest X-ray, abdominal X-ray).	3.3
Selects and interprets appropriate imaging modalities for different body areas for an infant, child or young person following injury and/or trauma or to assist with decision-making (e.g., use of point-of-care ultrasound (POCUS)).	3.2
Interprets physiological parameter monitoring and/or acid-base physiology within a clinical context for children or young people; initiates interventions in response and seeks more senior support where necessary (e.g., electrocardiogram (ECG), cerebral functioning analysing monitor (CFAM), blood gas results).	3.3
Recognises and responds to the deteriorating or peri-arrest infant, child or young person, initiating, leading and/or participating in advanced paediatric life support; anticipates risk and recognises when to ask for escalation and more senior support.	3.5
Obtains informed consent from patients and/or parents/carers for procedures routinely performed in the critical care setting, underpinned by discussion on the relevant indications, benefits and possible risks associated with the procedure/intervention (e.g., endotracheal intubation, central/arterial line insertion, lumbar puncture).	3.3
Safely and appropriately performs a range of clinical procedures/interventions within the high-dependency unit (HDU) and critical care, including for the referring hospital as required and to facilitate safe transfer; the procedures/interventions include: <ul style="list-style-type: none"> • Advanced airway management (e.g., endotracheal intubation (oral and nasal)) • Invasive and non-invasive ventilation or additional airway support • Chest-drain insertion • Intravenous cannulation/venepuncture for blood sampling • Insertion of short-term central venous access • Insertion of a peripherally inserted central catheter (PICC) line • Insertion of arterial access (peripheral or central) • Lumbar puncture • Nasogastric tube insertion • Urinary catheter insertion 	3.2
Uses a variety of methods to assess pain and administer analgesia safely and appropriately amongst verbal and non-verbal children and young people (e.g.,	3.2

physiological parameters, faces pain scale, numeric pain scales, distraction techniques, Entonox, intranasal diamorphine, procedural ketamine use).	
Complex care and community health needs	 Mapping
Accurately and sensitively carries out a physical examination that is appropriate for an infant, child or young person's age and presenting concerns.	3.4
Accurately and sensitively carries out a global developmental assessment that considers social, emotional, cognitive and behavioural factors.	3.4
Leads a multidisciplinary assessment for an infant, child or young person with developmental delay, requesting investigations and therapy assessments to formulate a diagnosis (where appropriate); creates an intervention/support plan.	3.2 3.3 3.4
Synthesises information from multiple sources to identify factors contributing to behaviour that challenges, or a deterioration in the physical/emotional health or development of an infant, child or young person.	3.1 3.2 3.3 3.4
Identifies and responds to red flags highlighted by an assessment that may indicate an unrecognised or deteriorating neurological condition; implements and interprets further investigations to inform a clinical diagnosis and subsequent management plan.	3.2 3.3
Discusses genetic testing with a family, including risks and benefits; requests tests, where agreed.	3.2
Articulates the effect of long-term medical, social and other factors such as the presence of reflux, scoliosis and seizures on the presentation and care of an infant, child or young person with complex neuro-disabilities in the community.	3.1
Recognises and responds to a palliative care emergency, such as a spinal cord compression; identifies possible outcomes and escalates care appropriately and in accordance with the agreed care plan.	3.5
Recognises and responds when an infant, child or young person with complex neuro-disabilities/health needs is becoming acutely unwell at home; carries out diagnostic tests, within scope of practice, and requests investigations to develop an appropriate management plan.	3.2 3.3
Obtains a holistic history and conducts an appropriate clinical assessment for a child who is looked after, including to identify relevant risk factors and mental health needs.	3.1
Leads a multidisciplinary assessment for a child or young person undergoing radiotherapy to manage radiotherapy and chemotherapy-related side effects.	3.2
Uses experience and advanced clinical knowledge to differentiate between common symptoms and unusual presentations, escalating for further appropriate investigations where required.	3.3

Domain 4: Diagnosis and management



Domain descriptor

Patients are complex beings. With this, comes a level of uncertainty and risk in their management. Advanced practitioners must be able to demonstrate high levels of professional behaviour and exercise professional judgement across a wide range of clinical situations. This includes to manage uncertainty and complexity as part of upholding patient safety. Fulfilment of the key capabilities must be underpinned by developing and demonstrating a range of skills within practitioners' scope of practice, role and service environment.

Learning outcome

Autonomously formulates an appropriate differential diagnosis; plans appropriately tailored investigations; and produces and instigates a treatment plan to meet the needs of the infants, children and young people (revising as necessary).

Key capabilities    		Multi-professional Framework
4.1	Synthesises information from multiple sources to make appropriate, evidence-based judgements and/or diagnoses.	Clinical Practice: 1.1 to 1.11
4.2	Manages common presentations within their role, scope of practice and service delivery environment, including identifying serious and life-threatening conditions in infants, children and young people.	Clinical Practice: 1.1 to 1.11
4.3	Plans appropriately tailored interventions, working with the multidisciplinary team (MDT) when appropriate, to initiate a management plan that is timely and evidence-based in accordance with local and national policies, guidelines and best practice, including the monitoring, adapting and/or modifying of the management plan as patient needs change.	Clinical Practice: 1.1 to 1.11
4.4	Manages medical and clinical uncertainty and complexity, including management of acute, emergency, chronic and complex conditions/situations with recognition of own limitations, the need to escalate care and processes to ask/call for help and seek assistance when needed.	Clinical Practice: 1.1 to 1.11

Indicative Content

- History taking
- Obtaining a diagnosis
- Clinical management
- Consent to treatment
- Being compassionate to humane interventions
- Using resources effectively

Illustration examples for domain 4



-



41



43



47



49



51



55

Primary and urgent care 	Mapping
<p>Recognises and responds to a child with suspected serious and/or life-threatening illness/injury and knows how to assess, initiate initial management, and/or call for help/ seek personal support for an infant, child or young person with:</p> <ul style="list-style-type: none"> • Catastrophic haemorrhage (c) • Airway compromise and/or cervical spine injury (A) • Increased work of breathing (B) • Insufficient cardiac output (C) • Altered levels of consciousness or pupil reactivity (D) • Exposure (actual or suspected) (E) 	4.3
<p>Applies systematic and safe clinical-reasoning in developing a differential diagnosis and management plan, including self-care, for the variety of common childhood illnesses and injuries that are assessed and managed in primary care settings, including</p> <ul style="list-style-type: none"> • Cardiovascular problems • Respiratory problems • Gastrointestinal problems • Neurological problems • Skin problems • Head (and neck), eyes, ears, nose and throat problems • Musculoskeletal problems • Renal/genitourinary/gynaecological problems • Metabolic/endocrine problems • Immunology/allergy/rheumatology problems • Haematology/oncology problems • Mental health problems 	4.1
<p>Formulates a differential diagnosis and initiates a management plan for a child with an unusual case history that is suggestive of serious or unusual pathology and knows when to request senior support (e.g., symptoms suggestive of leukaemia; identification of an asymptomatic abdominal mass in a 4-year-old; acute presentation of petechiae, weight loss and faecal occult blood in the stool of an afebrile child).</p>	4.1 4.4
<p>Creates a management plan for common illnesses (e.g., upper respiratory tract illness, self-limiting viral illness, acute gastroenteritis, acute fever with localising source, viral rashes) based on the historical information gathered,</p>	4.2

physical examination findings, and potentially the results of practice-based diagnostics and/or common laboratory findings.	
Understands the importance, and potential impact of human factors on the management of the acutely unwell infant, child or young person.	4.4
Recognises and manages a child or young person with significant mental health issues in the primary care setting (e.g., deliberate self-harm, overdose, depression and eating disorders).	4.3
Recognises the need for and initiates community-based treatment; appropriately refers the neonate with early signs of sepsis.	4.3
Manages common neonatal presentations, including those relating to growth, feeding and/or development (e.g., decreased feeding, weight loss, faltering growth, jaundice, reflux, increased crying, sleepiness); recognises neonates requiring escalation and/or referral.	4.3
Uses a variety of tools to assess pain in an infant, child or young person; initiates treatment and reassesses for response to pain relief and/or changing pain levels.	4.2
Describes rashes using appropriate terminology, giving appropriate advice and/or acting on rashes that require immediate clinical management (e.g., drug allergy, systemic infection, dermal manifestations of common childhood illnesses) and/or those associated with significant systemic illness (e.g., bacterial meningitis, sepsis, toxic shock syndrome, Stephens-Johnson syndrome, immunoglobulin A (IgA) vasculitis, Kawasaki disease, and paediatric inflammatory multi-system syndrome temporarily associated with COVID-19 (PIMS-TS)).	4.3
Recognises, assesses and manages a child presenting with a new onset of non-traumatic limp, identifying, and managing common (toxic synovitis) and referring more serious causes (e.g. slipped capital femoral epiphysis (SUFE), malignancy, osteomyelitis, juvenile idiopathic arthritis (JIA), septic arthritis, Perthes, foot drop).	4.2 4.3
Recognises and manages common allergic reactions and idiopathic cases of urticaria.	4.3
Develops a differential list and management plan for prolonged fever of unknown origin.	4.2 4.4
Recognises and appropriately refers pathological causes of syncope, chest pain and/or palpitations, seeking senior support when necessary.	4.3
Recognises and appropriately refers the changing condition of a child with type 1 diabetes mellitus, including diabetic ketoacidosis (DKA).	4.3
Recognises the effects, common presentations, the potential for harm and any safeguarding concerns associated with the use of alcohol and other drugs or toxins for children and young people.	4.3
Recognises and manages constipation, identifying red flags or concerning findings in the history or physical examination.	4.2 4.3

Recognises and initiates early management (including referral, where necessary) of acute and chronic abdominal pain, abdominal distention, acute obstruction and the acute surgical abdomen.	4.2 4.3
Recognises and initiates the early management of inflammatory bowel disease and/or acute colitis and their complications.	4.2 4.3
Recognises how and when to manage a child with acute and chronic stridor.	4.4
Recognises red flag features in the assessment, diagnosis, and management of an infant, child or young person that may reflect malignancy or other serious pathology (including serious bacterial infection) of the skin, respiratory, musculoskeletal, neurological, haematological, or other body system.	4.1
Risk-stratifies a child or young person attending with acute mental health issues to identify if they require admission or urgent intervention, seeking senior/specialist support in decision-making.	4.3
Formulates a management plan for headaches, including appropriate differential diagnosis.	4.2
Recognises features that suggest serious pathology in an infant, child or young person with a sore throat and/or mouth.	4.3
Manages the ongoing complex needs of an infant, child or young person with a chronic condition in the primary care setting in line with national guidance and/or shared care protocols (e.g., asthma, epilepsy, cerebral palsy).	4.2
Emergency medicine (hospital)	 Mapping
Recognises and responds to the infant, child or young person with suspected serious and/or life-threatening illness/injury and knows how to assess, initiate initial management, and/or call for help/seek personal support for an infant, child or young person with: <ul style="list-style-type: none"> • Catastrophic haemorrhage (c) • Airway compromise and/or cervical spine injury (A) • Increased work of breathing (B) • Insufficient cardiac output (C) • Altered levels of consciousness or pupil reactivity (D) • Exposure (actual or suspected) (E) 	4.3
Formulates a differential diagnosis and initiates a management plan for a child with an unusual case history that suggests serious or unusual pathology; knows when to request help/senior support (e.g., acute onset of an altered level of consciousness; identification of an asymptomatic abdominal mass in a 4-year-old; acute presentation of petechiae, weight loss and faecal occult blood in the stool of an afebrile child).	4.1 4.4
Creates a management plan for common illnesses (e.g., upper respiratory tract infection, self-limiting viral illness, acute gastroenteritis, acute fever with localising source, viral rashes) based on the historical information gathered,	4.2

physical examination findings, and potentially the results of practice-based diagnostics and/or common laboratory findings.	
Recognises and initiates management of rashes associated with serious systemic illness (e.g., bacterial meningitis, sepsis, toxic shock syndrome, Stephens-Johnson syndrome, immunoglobulin A (IgA) vasculitis, Kawasaki disease, and paediatric inflammatory multisystem syndrome temporarily associated with COVID-19 (PIMS-TS)).	4.3
Recognises and manages common allergic reactions and idiopathic cases of urticaria.	4.3
Develops a differential list and management plan for prolonged fever of unknown origin.	4.2 4.4
Recognises and manages pathological causes of syncope, chest pain and/or palpitations, seeks senior support when necessary and refers for cardiac follow-up when appropriate.	4.3
Recognises, initiates treatment, and manages the changing condition of a child with type 1 diabetes mellitus, including diabetic ketoacidosis (DKA).	4.2 4.3
Recognises the effects, common presentations, potential for harm and any safeguarding concerns associated with the use of alcohol and other drugs or toxins for children and young people.	4.3
Recognises and manages constipation, identifying red flags or concerning findings in the history or physical examination.	4.2 4.3
Recognises and initiates initial management (including referral where necessary) of acute and chronic abdominal pain, abdominal distention, acute obstruction, and the acute surgical abdomen.	4.2 4.3
Recognises and institutes initial management of inflammatory bowel disease and/or acute colitis and their complications.	4.2 4.3
Understands the importance, and potential impact of human factors on the management of the acutely unwell and injured infant, child or young person in the paediatric emergency department.	4.4
Recognises and manages the child or young person with deliberate self-harm in the acute or emergency setting.	4.3
Recognises and institutes management of the neonate with early signs of sepsis.	4.3
Manages common neonatal presentations, including those related to growth, feeding and/or development (e.g., decreased feeding, weight loss, faltering growth, jaundice, reflux, increased crying, sleepiness); recognises neonates requiring escalation and/or referral.	4.3
Uses a variety of tools to assess pain in infants, children and young people; initiates treatment and reassesses for response to pain relief and/or changing pain levels.	4.2
Applies systematic and safe clinical-reasoning in developing a differential diagnosis and management plan, including self-care, for the variety of common childhood illnesses and injuries that present to emergency settings, including as outlined below.	4.1

<p>Cardiovascular:</p> <ul style="list-style-type: none"> • Syncope • New audible murmur • Abnormal heart rhythm • New audible murmur • Abnormal heart rhythm. <p>Respiratory:</p> <ul style="list-style-type: none"> • Abdominal pain • Acute presentation of wheezing • Upper airway obstruction • Lower respiratory infection • Increased work of breathing. <p>Gastrointestinal:</p> <ul style="list-style-type: none"> • Abdominal pain • Constipation • Gastroenteritis • Neurological: • Reduced level of consciousness • Non-febrile seizure • Headache <p>Skin:</p> <ul style="list-style-type: none"> • Eczema • Non-blanching rash • Blanching rashes and skin eruptions associated with viral illnesses • Lacerations • Wounds • Burns <p>Head (and neck), eyes, ears, nose and throat (ENT):</p> <ul style="list-style-type: none"> • Lymphadenopathy • Peri-orbital cellulitis • ENT foreign body • Dental/oral cavity • Ear, nose or throat infection. <p>Musculoskeletal:</p> <ul style="list-style-type: none"> • Atraumatic limp • Hip pain - bone and joint infection • Common injuries of the upper and lower limb. <p>Renal/Genitourinary/Gynaecological:</p> <ul style="list-style-type: none"> • Urinary tract infection • Testicular pain • Painful/abnormal menstruation • Acute kidney injury. <p>Metabolic/Endocrine:</p> <ul style="list-style-type: none"> • Abnormal blood sugar 	
--	--

<ul style="list-style-type: none"> • Toxic ingestion/poisoning • Neonatal jaundice. <p>Immunology/Allergy:</p> <ul style="list-style-type: none"> • Anaphylaxis • Cow's milk protein allergy • Common childhood infections. <p>Haematology/Oncology:</p> <ul style="list-style-type: none"> • Sickle cell crisis • Fever and neutropenia • Joint swelling in a child with haemophilia. <p>Mental Health:</p> <ul style="list-style-type: none"> • Suicidal ideation • Self-harm • Eating disorders • Alcohol intoxication. 	
Describes rashes using appropriate terminology and gives appropriate advice and/or acts upon rashes requiring immediate clinical management (e.g., drug allergy, systemic infection, dermal manifestations of common childhood illnesses, etc.).	4.3
Recognises, assesses and manages the child presenting with a new onset of non-traumatic limp, identifying and managing common (toxic synovitis) and more serious causes (e.g. slipped capital femoral epiphysis (SUFE), malignancy, osteomyelitis, juvenile idiopathic arthritis (JIA), septic arthritis, Perthes, foot drop).	4.2 4.3
Recognises red flag features in the assessment, diagnosis and management of a child or young person that may reflect malignancy or other serious pathology (including serious bacterial infection) of the skin, respiratory, musculoskeletal, neurological, haematological or other body system.	4.1
Recognises how and when to manage a child with acute and chronic stridor.	4.4
Risk-stratifies a child or young person attending a paediatric emergency department with acute mental health issues to identify if they require admission or urgent intervention, seeking senior/specialist support in decision-making.	4.3
Formulates a management plan for headaches, including appropriate differential diagnosis.	4.2
Recognises features that suggest serious pathology in an infant, child or young person with a sore throat and/or mouth.	4.3
General paediatrics (hospital)	 Mapping
Recognises and responds to an infant, child or young person with suspected serious and/or life-threatening illness/injury and knows how to assess, initiate initial management and/or call for help/seek support in relation to the following:	4.3

<ul style="list-style-type: none"> • Catastrophic haemorrhage (c) • Airway compromise and/or cervical spine injury (A) • Increased work of breathing or breathing inadequacy (B) • Insufficient cardiac output (C) • Altered levels of consciousness or pupil reactivity (D) Exposure (actual suspected) (E). 	
<p>Applies systematic and safe clinical-reasoning in developing a differential diagnosis and management plan, including self-care, for the variety of common childhood illnesses and injuries that are assessed and managed in acute paediatric settings; these include</p> <ul style="list-style-type: none"> • Cardiovascular problems • Respiratory problems • Gastrointestinal problems • Neurological problems • Skin problems • Head (and neck), eyes, ears, nose and throat problems • Musculoskeletal problems • Renal/genitourinary/gynaecological problems • Metabolic/endocrine problems • Immunology/allergy/rheumatology problems • Haematology/oncology problems • Mental health problems. 	4.1
<p>Formulates a differential diagnosis and initiates a management plan for a child with an unusual case history suggestive of serious or unusual pathology and knows when to request senior support (e.g., acute onset of an altered level of consciousness; identification of an asymptomatic abdominal mass in a 4-year-old; acute presentation of petechiae, weight loss and faecal occult blood in the stool of an afebrile child).</p>	4.1 4.4
<p>Creates a management plan for common illnesses (e.g., upper respiratory tract infection (URTI), self-limiting viral illness, acute gastroenteritis, acute fever with localising source, viral rashes) based on the historical information gathered, physical examination findings, and potentially the results of practice-based diagnostics and/or common laboratory findings.</p>	4.2
<p>Understands the importance and potential impact of human factors on the management of the acutely unwell infant, child or young person.</p>	4.4
<p>Recognises and manages the child or young person with significant mental health issues in the acute setting (e.g., deliberate self-harm, overdose, depression and eating disorders).</p>	4.3
<p>Recognises and institutes management of the neonate with early signs of sepsis.</p>	4.3
<p>Manages common neonatal presentations, including those relating to growth, feeding and/or development (e.g., decreased feeding, weight loss,</p>	4.3

faltering growth, jaundice, reflux, increased crying, sleepiness); recognises neonates requiring escalation and/or referral.	
Uses a variety of tools to assess pain in infants, children and young people, initiating treatment and reassessing for response to pain relief and/or changing pain levels.	4.2
Describes rashes using appropriate terminology, giving appropriate advice and/or acting on rashes that require immediate clinical management (e.g., drug allergy, systemic infection, dermal manifestations of common childhood illnesses, etc.) and/or those associated with significant systemic illness (e.g., bacterial meningitis, sepsis, toxic shock syndrome, Stephens-Johnson syndrome, immunoglobulin A (IgA) vasculitis, Kawasaki disease, paediatric inflammatory multisystem syndrome temporarily associated with COVID-19 (PIMS-TS)).	4.3
Recognises and manages common allergic reactions and idiopathic cases of urticaria.	4.3
Develops a differential list and management plan for prolonged fever of unknown origin.	4.2 4.4
Recognises and manages pathological causes of syncope, chest pain and/or palpitations, seeking senior support when necessary and referring for cardiac follow-up when appropriate.	4.3
Recognises, initiates treatment and manages the changing condition of a child with type 1 diabetes mellitus, including diabetic ketoacidosis (DKA).	4.3
Recognises the effects, common presentations, potential for harm and any safeguarding concerns associated with the use of alcohol and other drugs or toxins for children and young people.	4.3
Recognises and manages constipation, identifying red flags or concerning findings in the history or physical examination.	4.2 4.3
Recognises and initiates initial management (including referral, where necessary) of acute and chronic abdominal pain, abdominal distention, acute obstruction, and the acute surgical abdomen.	4.2 4.3
Recognises and institutes initial management of inflammatory bowel disease and/or acute colitis and their complications.	4.2 4.3
Recognises how and when to manage a child with acute and chronic stridor.	4.4
Recognises red flag features in the assessment, diagnosis and management of an infant, child or young person that may reflect malignancy or other serious pathology (including serious bacterial infection) of the respiratory, musculoskeletal, neurological, haematological or other body system.	4.1
Risk-stratifies children or young people attending with acute mental health issues to identify those who require admission or urgent intervention, seeking senior/specialist support in decision-making.	4.3
Formulates a management plan for headaches, including appropriate differential diagnosis.	4.2
Recognises features that suggest serious pathology in an infant, child or young person with a sore throat and/or mouth.	4.3

Synthesises the wide variety of non-specific symptoms with the illnesses that they can represent (e.g., vomiting in a young baby with a urinary tract infection (UTI), acute onset of abdominal pain in a child with a lower lobe pneumonia, sleepiness and poor feeding in a baby with developing sepsis, tachypnoea, and fever in a young child with developing diabetic ketoacidosis (DKA)).	4.1
Neonates and newborns	 Mapping
Requests and interprets the clinical investigations required for an infant with hyperbilirubinemia at 6 hours of age.	4.2
Applies knowledge of infection transmission to identify risk factors within the presenting maternal, neonatal and environmental history and to support a diagnosis of suspected sepsis; initiates and implements a timely management plan.	4.1 4.2
Explains the rationale for antibiotic choice in an infant with late onset sepsis; determines actions to assess effectiveness and duration of treatment.	4.1 4.2
Recognises the clinical presentation of an infant with congenital cardiac disease, identifying the need for urgent intervention, further investigations; develops an appropriate management plan.	4.2 4.3
Applies knowledge and understanding of the respiratory system to recognise causes of respiratory compromise; initiates appropriate investigations to create a differential diagnosis.	4.1
Manages the infant requiring drug therapies for hypotension, assessing cardiac status and titrating drug therapies; initiates appropriate interventions with the support of the multidisciplinary team (MDT).	4.3
Arranges and prepares the neonate for an acute or repatriation transfer, completing all documentation and liaising with the relevant team members.	4.3
Leads the team in safely transferring an infant from delivery suite/obstetric theatre/postnatal ward to the neonatal unit.	4.3
Evaluates clinical indicators of a potential and/or emerging neuromuscular or neurological condition such as spinal muscular atrophy (SMA) or cerebral palsy; initiates appropriate investigations and leads the development of a management plan with the multidisciplinary team (MDT).	4.1
Appraises signs such as faltering growth and persistent feeding difficulties to indicate a possible emerging diagnosis; initiates onward referral to community/paediatric services for ongoing assessment, follow-up and support.	4.3
Synthesises information from clinical observations and other sources to co-produce with parents/caregivers an individualised developmental care plan for high-risk infants that supports their growth, development and wellbeing; appraises and adapts the plan in response to an infant's needs.	4.2
Develops and communicates individually-tailored strategies for settling and enabling interaction with infants with Grade III hypoxic-ischaemic encephalopathy (HIE) or neonatal abstinence syndrome (NAS), taking	4.2

account of state organisation, regulation maturity and capacity for interaction.	
Recognises the infant requiring surfactant therapy, appropriately prescribing and administering the drug; discusses the ongoing management plan for ventilation and blood gases.	4.3
Understands and initiates the appropriate use of a variety of ventilation strategies, assessing their effectiveness and adjusting settings and/or therapies accordingly.	4.1
Identifies the pathogenesis of necrotising enterocolitis (NEC); initiates the immediate care required, requests appropriate investigations, and refers in a timely manner to senior colleagues.	4.1 4.2
Recognises and institutes an appropriate fluid management plan for infants of varied gestational ages who require enteral and/or intravenous fluids, taking into consideration age, electrolytes and their clinical status.	4.3 4.4
Formulates a management plan for infants re-admitted from the community with significant weight loss; initiates the appropriate investigations and utilises the expertise of the multidisciplinary team (MDT) to deliver holistic care (e.g., breastfeeding support, tongue-tie assessment, community midwife support).	4.2
Demonstrates the ability to perform basic and advanced resuscitation skills within a variety of scenarios, recognising when to seek assistance, including in relation to <ul style="list-style-type: none"> • Extreme prematurity • Prematurity • Congenital diaphragmatic hernia • Respiratory Distress • Persistent pulmonary hypertension of the newborn (PPHN). 	4.3
Applies mastery of sensory systems to interpret the impact of care changes on an infant's physiological stability, motor responses, state organisation and responsiveness; adapts the care plan accordingly and in collaboration with the infant's carers and the multidisciplinary team (MDT).	4.3
Devises a ventilation and weaning strategy that appropriately reflects an infant's pathophysiology.	4.3
Uses advanced assessment modalities such as lung ultrasound and enhanced decision-making to contribute to comprehensive individualised airway clearance plans for infants with complex respiratory compromise.	4.2
Formulates, coordinates and communicates a shared management plan across teams for an older infant with complex developmental needs who is moving from the neonatal intensive care unit (NICU) to children's acute care services within the hospital.	4.1 4.2

Considers and assesses complex symptoms of perinatal mental health problems in parents/caregivers, escalating for specialist psychological assessment and support, as appropriate.	4.2
Justifies the rationale and reasoning behind complex nutritional interventions and feeding plans for infants with congenital hyperinsulinemia.	4.1 4.3
Critical care and transport	 Mapping
Recognises, assesses, stabilises and manages a critically ill infant, child or young person with an acute deterioration or collapse.	4.3
Demonstrates the ability to perform basic and advanced resuscitation skills within a variety of scenarios and recognises when to seek assistance.	4.3
Manages the post-resuscitation period, including in relation to: <ul style="list-style-type: none"> • Airway (basic and advanced airway interventions) • Circulation (volume and inotropic support) • Metabolic state (glucose and electrolyte levels) • Neurological state (assessment) 	4.3
Recognises and responds to an infant, child or young person with suspected serious and/or life-threatening illness and knows how to assess, initiate initial management and/or call for help/seek personal support relating to: <ul style="list-style-type: none"> • Respiratory conditions (e.g., bronchiolitis, asthma, pneumonia, croup, requirements of long-term ventilation) • Cardiovascular conditions (e.g., Coarctation of aorta, ASD, VSD, cardiomyopathy, dysrhythmias) • Neurological conditions (e.g., Head injury/trauma, raised intracranial pressure, seizure disorders) • Gastrointestinal conditions (e.g., time critical abdomen) • Sepsis, including shock, common infection-causing organisms • Metabolic and endocrine conditions (e.g., diabetic ketoacidosis, electrolyte disturbances) • Haematological conditions • Renal conditions (e.g., acute renal failure) 	4.3
Applies systematic and safe clinical-reasoning in developing a differential diagnosis and management plan for the variety of childhood illnesses and injuries commonly cared for in a critical care environment or high-dependency setting, including: <p>Cardiovascular:</p> <ul style="list-style-type: none"> • Exercise-related syncope • Pathological murmur • Abnormal heart rhythm • Heart failure <p>Respiratory:</p>	4.1

- Acute presentation of wheezing
- Upper airway obstruction
- Lower respiratory infection
- Mediastinal mass
- Pulmonary hypertension
- Pulmonary embolism

Infection:

- Sepsis
- Meningitis/meningoencephalitis/meningococcal disease
- Pneumococcal disease
- Toxic shock

Gastrointestinal:

- Gastroenteritis/acute acid/base imbalances
- Gastrointestinal bleed
- Acute abdomen
- Bowel conditions (ileus, peritonitis, pancreatitis, malrotation, obstruction atresia)
- Liver failure and hepatic encephalopathy
- Transoesophageal fistula, exomphalos, gastroschisis

Neurological:

- Reduced level of consciousness
- Seizure management
- Neuromuscular/neuromyopathies
- Encephalitis
- Spinal shock

Skin:

- Non-blanching rash
- Blanching rashes and skin eruptions associated with viral illnesses
- Lacerations
- Wounds
- Burns

Head (and neck), eyes, ears, nose and throat (ENT):

- Peri-orbital or orbital cellulitis
- Dental/oral cavity/ENT infection
- Head or neck trauma

Musculoskeletal:

- Bone and joint infection.

Renal/genitourinary/gynaecological:

- Urinary tract infection (UTI)
- Acute kidney injury
- Chronic kidney disease

Metabolic/Endocrine:

<ul style="list-style-type: none"> • Abnormal blood sugar • Toxic ingestion/poisoning • Neonatal jaundice • Hyperkalaemia • Raised anion gap • Metabolic disease • Diabetic ketoacidosis (DKA) • Diabetes • Endocrine abnormalities (cerebral salt wasting, syndrome of inappropriate antidiuretic hormone secretion (SIADH), adrenal hypothyroidism). <p>Immunology/Allergy:</p> <ul style="list-style-type: none"> • Anaphylaxis • Paediatric inflammatory multi-system syndrome (PIMS). <p>Haematology/Oncology:</p> <ul style="list-style-type: none"> • Sick cell crisis • Fever and neutropenia • Joint swelling in a child with haemophilia • Tumour lysis high white cell count (WCC) • Immunodeficient • Complications of bone marrow transplant (BMT) (graft versus host disease (GVHD), veno-occlusive disease). <p>Mental Health:</p> <ul style="list-style-type: none"> • Suicidal ideation • Self-harm • Eating disorders • Alcohol intoxication. 	
Applies knowledge and understanding of the respiratory system to recognise causes of respiratory compromise and initiate appropriate investigations to create a differential diagnosis.	4.1
Understands and initiates the appropriate use of a variety of ventilation strategies, assessing their effectiveness and adjusting settings and/or therapies (including nitric oxide) accordingly.	4.1
Recognises the clinical presentation of an infant with congenital cardiac disease, identifying the need for urgent intervention and further investigations; develops an appropriate management plan.	4.2 4.3
Manages the child or young person requiring drug therapies for hypotension, assessing cardiac status, titrating drug therapies and initiating appropriate interventions with the support of the multidisciplinary team (MDT).	4.3
Recognises and institutes an appropriate fluid management plan for a child or young person of varied ages requiring enteral and/or intravenous fluids, taking into consideration age, electrolytes and their clinical status.	4.3 4.4

Formulates a differential diagnosis and initiates a management plan for a child or young person with an unusual case history that suggests serious or unusual pathology; knows when to request help/senior support.	4.1 4.4
Arranges and prepares the infant, child or young person for an acute transfer, completing all documentation and liaising with the relevant team members (e.g., using the safe transfer of the paediatric patient (STOPP) form).	4.3
Leads the team in safely transferring an infant, child or young person from the emergency department or ward area to the critical care or high-dependency environment.	4.3
Creates a management plan for common illnesses based on the historical information gathered, physical examination findings and (potentially) the results of practice-based diagnostics and/or common laboratory findings.	4.2
Recognises and initiates management of rashes associated with serious systemic illness (e.g., bacterial meningitis, sepsis, toxic shock syndrome, Stephens-Johnson syndrome, immunoglobulin A (IgA) vasculitis, Kawasaki disease, and paediatric inflammatory multi-system syndrome temporarily associated with COVID-19 (PIMS-TS)).	4.3
Describes rashes using appropriate terminology and gives appropriate advice and/or acts upon rashes requiring immediate clinical management (e.g., drug allergy, systemic infection, dermal manifestations of common childhood illnesses).	4.2
Develops a differential list and management plan for prolonged fever of unknown origin.	4.2 4.4
Recognises, initiates treatment, and manages the changing condition of a child with diabetic ketoacidosis.	4.2 4.3
Understands the importance and potential impact of human factors on management of the seriously unwell or injured infant, child or young person.	4.4
Recognises and institutes management of the infant, child or young person with early signs of sepsis.	4.3
Uses a variety of tools to assess pain in an infant, child or young person, initiating treatment and re-assessing for response to pain relief and/or changing pain levels.	4.2
Recognises red flag features in the assessment, diagnosis and management of an infant, child or young person that may reflect malignancy or other serious pathology (including serious bacterial infection) of the skin, respiratory, musculoskeletal, neurological, haematological or other body system.	4.1
Complex care and community health needs	 Mapping
Explains the rationale for formulating a diagnosis where there is clinical uncertainty and complexity.	4.1
Recognises and responds to signs indicating the presence of co-occurring or emerging disorders/conditions when a child or young person's condition is	4.3 4.4

appropriately managed by medication; refers for further assessment and therapy support, as appropriate.	
Develops a management plan to enable school staff to care for a child or young person with complex health needs or neuro-disabilities at school; provides training and support to enable school carers to implement management plans and recognises when to escalate care or seek specialist help.	4.2
Recognises signs indicating that a child or young person is becoming acutely unwell; refers in a timely manner to tertiary services and escalates support in line with local policy.	4.3
Leads discussions with families, consultants and the multidisciplinary team (MDT) to agree intervention parameters for keeping a child or young person with complex needs or neuro-disabilities at home and identifies indicators for hospital admission.	4.1 4.4
Sets up and leads a multidisciplinary team (MDT) meeting to coordinate multiple providers, including the family, health (acute and community), education, social care and others, to plan and manage an infant, child or young person's care.	4.2
Develops a multidisciplinary clinical pathway for the assessment and management of a newly-recognised condition such as Long Covid or avoidant/restrictive food intake disorder (ARFID).	4.3 4.4
Articulates clinical-reasoning for the use of second-line or off-licence medications (e.g., for attention deficit hyper-reactivity disorder (ADHD) where first-line medications have not been successful).	4.1 4.4
Synthesises knowledge of symptoms associated with life-limiting conditions (such as pain, seizures, dystonia) with knowledge of the individual infant, child or young person to adjust pharmacological and non-pharmacological interventions and escalate/de-escalate care accordingly.	4.4
Accounts for the added complexity necessary when safety-netting and discharging an infant, child or young person with complex long-term and/or co-morbid conditions.	4.4
Applies knowledge of typical development, the known impact of a condition and environmental factors when considering an unusual presentation; initiates investigations to explore differential diagnoses.	4.1 4.3 4.4

Domain 5: Patient safety including safe, independent prescribing of therapy, equipment and/or medication



Domain descriptor

Upholding patient safety is integral to advanced-level practice. This includes not only maintaining safety, but also making recommendations to enhance patient safety within the context of practitioners' scope and environment of practice.

Learning outcome

Assesses and responds to actual and potential risks to patient safety, planning for mitigation of risk, and taking safe action (including escalation) after evaluating a potential/ actual risk. This includes in the context of prescribing where this fits with practitioners' scope of practice and role.

It is recognised that not all practitioners developing to advanced practice level programme necessarily have prescribing rights or that these necessarily fit within their practice role. This Framework takes an inclusive approach to different professions and scopes of practice.

Key capabilities    		Multi-professional Framework
5.1	Coordinates a range of interventions that may include prescribing of medications, equipment, therapies, lifestyle advice and/or care in their area of practice.	Clinical Practice: 1.1 to 1.11
5.2	Directs safety procedures to clinical care situations (including independent prescribing, where applicable).	Clinical Practice: 1.1 to 1.11
5.3	Adopts a collaborative approach to interpreting the law and gaining consent from children.	Clinical Practice: 1.1 to 1.11
5.4	Competently modifies practice to manage risk appropriately, including in the context of complex and unpredictable events and while supporting staff, colleagues, and teams to ensure the safety of infants, children and young people.	Clinical Practice: 1.1 to 1.11

Indicative Content

- Raising and acting upon concerns
- Crisis management
- Working collaboratively within multidisciplinary teams
- Effective pre- and de-briefing
- Managing risk
- Critically analysing the choice of medications therapies and/or equipment prescribed and ensuring an evidence-based approach to prescribing
- Effectively monitoring the effects of medication, including side-effects
- Prescribing medications in partnership with children, young people and their families/carers

Illustration examples for domain 5

58



58



58



59



59



59



59

Applicable to all clinical populations 	Mapping
Synthesises knowledge of pharmacokinetics, pharmacodynamics and clinical application of commonly prescribed drugs.	5.1
Recognises factors that may impact on the administration and formulation of medicines and actively participates in discussions to de-prescribe or amend drug therapy when reviewing patient(s).	5.1 5.3
Identifies a drug error and reports this in accordance with local/national processes; takes appropriate action to safeguard the infant, child or young person; refers to senior colleagues, as necessary, to manage care; upholds duty of candour to the family/carer.	5.2 5.3 5.4
Applies knowledge of the pharmacological basis for common treatments and medications commonly used in prescribing practice.	5.1 5.3
Considers the weight and body mass index (BMI) of the infant, child or young person as part of the prescribing process.	5.1
Applies knowledge of the factors affecting medication concordance and analyses the factors behind the issues in relation to medicines in an infant, child or young person.	5.3
Applies knowledge of the roles of the regulatory agencies involved in drug use, monitoring and licensing.	5.3
Primary and urgent care 	Mapping
Explains the mechanisms of drug resistance and the principles of antibiotic stewardship and applies local antibiotic prescribing guidance.	5.1 5.3
Explains the complications of long-term, high dose steroid use for children with asthma or severe eczema.	5.2
Emergency medicine (hospital) 	Mapping
Clearly discusses discharge medication with parents/carers ensuring understanding of drug use, side-effects and monitoring/follow-up to encourage concordance.	5.1
Calculates intravenous fluid therapy safely, appropriately and accurately when required for emergency paediatric fluid resuscitation and/or on-going fluid maintenance (e.g., requirement for rehydration, maintenance, and/or bolus fluids).	5.2
General paediatrics (hospital) 	Mapping
Attends local governance meetings to understand patterns of local drug errors and actively supports initiatives to improve processes and minimise risk.	5.2 5.3
Contributes to patient safety meetings where medical division decisions are made for the administration of intravenous immunoglobulin (IVIG) to be limited	5.2

to weekday hours (unless emergency) to align administration hours with times of greatest staff coverage and increase patient safety around potential side-effects.	
Articulates an understanding of the relationship between site of infection(s), likely organisms, severity of infection and host factors impacting on antimicrobial choice within the acute medical environment.	5.1
Neonates and newborns	 Mapping
Safely prescribes gentamicin in line with local policy; identifies when levels should be checked and the dose and/or frequency altered in accordance with the clinical situation (e.g., prematurity, cooling, or acute kidney injury (AKI)).	5.2
Prescribes an appropriate fluid therapy to meet the nutritional and glucose requirements of a preterm infant.	5.1
Critical care and transport	 Mapping
Uses knowledge of normal childhood growth and development to advise parents/carers on reconciling a child's developmental stage and age-appropriate health considerations of nutrition, elimination, sleep and safety, with transition from the critical care unit, lower dependency areas and/or subsequent discharge to community services.	5.1
Recognises the potential psychological impact of intensive care unit (ICU) admission for an infant, child or young person and their family/carers and refers for counselling, as needed.	5.2
Complex care and community health needs	 Mapping
Applies knowledge of policies and procedures across acute/community/hospice services to safely prescribe interventions for an infant, child or young person requiring lifelong supported care.	5.1 5.2 5.4
Articulates clinical-reasoning for prescribing environmental controls for a child or young person with complex needs; evaluates the impact on the child or young person's independence at home, at school and in the community.	5.2 5.3

Domain 6: Safeguarding



Domain descriptor

Infants, children and young people, by nature of their age status, are vulnerable. Advanced practitioners must act within the remit of their professional responsibilities regarding safeguarding. This must cover the entire process from raising concerns, seeking advice, and taking actions.

Learning outcome

Integrates current evidenced- based safeguarding approaches and practice across the management of children of all ages, levels of development and life stages e.g. family, adverse childhood experiences (ACEs), trauma informed approaches; transitional safeguarding; and contextual safeguarding.

Key capabilities    		Multi-professional Framework
6.1	Recognises and responds to the multiple and varied presentations of safeguarding concerns and generates the taking of appropriate action.	Clinical Practice: 1.1 to 1.6
6.2	Integrates knowledge of local guidelines and policies for managing cases of suspected abuse, neglect, and maltreatment (including sexual abuse).	Clinical Practice: 1.1 to 1.6 Leadership and Management: 2.1 to 2.5
6.3	Develops care programmes taking account parental responsibility, consent and statutory regulation.	Clinical Practice: 1.1 to 1.6 Leadership and Management: 2.1 to 2.5
6.4	Identifies vulnerability, distress and families in need of early support and intervention, applying knowledge of local interagency procedures for children in need of safeguarding support.	Clinical Practice: 1.1 to 1.6
6.5	Demonstrates communication strategies relating to safeguarding concerns, that ensure accurate records.	Clinical Practice: 1.1 to 1.6 Leadership and Management: 2.1 to 2.5
6.6	Recognises the long-term impact of adverse childhood experiences (ACEs) on health, development and life opportunities, and modifies management plans to respond to this.	Clinical Practice: 1.1 to 1.6 Leadership and Management: 2.1 to 2.5

6.7	Recognises unconscious bias and the role of collusion in safeguarding children; acts as a role model to mitigate these barriers to good practice and is an effective advocate for children.	Clinical Practice: 1.1 to 1.6 Leadership and Management: 2.1 to 2.5
6.8	Considers possible maltreatment including by paying attention to broader family functioning and the child's developmental, physical, and mental health status.	Clinical Practice: 1.1 to 1.6 Leadership and Management: 2.1 to 2.5
6.9	Follows the local system of assessment, referral and follow-up for children who may have been sexually abused.	Clinical Practice: 1.1 to 1.6 Leadership and Management: 2.1 to 2.5

Indicative content

- Demonstrating advanced knowledge of all aspects of safeguarding children and young people
- Demonstrating the application of safeguarding policies and procedures in the context of clinical practice, including communication in difficult safeguarding conversations and/or documentation of consultations where safeguarding concerns feature, including body mapping

Illustration examples for domain 6



61



64



64



64



64



64



65

Applicable to all clinical populations	Mapping
Recognises and outlines the management of children in need, including children at risk of maltreatment.	6.1
Applies knowledge of the different categories of abuse and recognises that they commonly occur together (e.g., physical, emotional, sexual, neglect and fabrication of an illness by a child or young person).	6.2
Recognises the risk factors that contribute to vulnerability, including disability in children and the role of adverse childhood experiences (ACEs).	6.1 6.4 6.6
Recognises that frequent emergency department attendance may be a presentation of child abuse, neglect and/or maltreatment.	6.1
Recognises that internet bullying, grooming or abuse may present as self-harm or psychological disturbances.	6.1
Applies knowledge to recognise the diversity of physical signs and symptoms that might indicate or mimic child abuse, including skin injury and genital warts.	6.1

Recognises the health indicators of possible neglect, including failure to meet the child's routine health needs, delayed presentations for medical treatment, school absence and/or severe, untreated dental caries.	6.1 6.6 6.8
Recognises that behaviour changes, including soiling and/or bed-wetting, can be a presentation of child maltreatment, including emotional abuse or neglect.	6.1
Identifies the physical and behavioural indicators of sexual abuse and is aware of the local referral pathways.	6.1 6.9
Recognises the presenting features of possible abusive head trauma in infants.	6.1
Recognises the possible signs of fabricated and induced illness (FII) and perplexing symptomatology.	6.1
Recognises the importance of capturing the voice of the child.	6.7
Acts as an effective advocate for the child (with supervision, as required).	6.7
Contributes to safeguarding decision-making for an infant, child or young person within the emergency department.	6.1
Articulates the role of emergency department clinicians have in the assessment of apparent life-threatening events (ALTE), and processes required for sudden unexpected death in infancy or childhood (SUDIc)	6.2
Recognises the unique needs of unaccompanied children, abandoned children and asylum-seeking families and discusses these needs with senior colleagues and/or the safeguarding team.	6.2
Explains organisational procedures for children or young people presenting to the emergency department as unaccompanied, abandoned and/or as part of an asylum-seeking family.	6.4
Responds to the safeguarding needs of the unborn child, including situations in which there is evidence of domestic abuse.	6.2 6.3
Applies knowledge of the principles and practice of common legal processes and legislation relating to safeguarding children and those considered vulnerable.	6.3
Applies knowledge of the ways in which personal beliefs, experiences and attitudes may influence professional involvement in safeguarding work.	6.7
Applies knowledge of the potential emotional impacts of abuse, neglect and maltreatment on the child, families/carers and professionals.	6.6
Assesses, with supervision, injuries in relation to history, developmental stage and the ability of the child.	6.1
Assesses and supports the needs of children in families where there are safeguarding issues.	6.4 6.8
Recognises the significance of repeated or bizarre physical (and emotional) symptoms.	6.1
Recognises children at risk of genital mutilation.	6.1 6.8
Recognises the early signs of potential radicalisation in children or young people and knows what action to take.	6.1 6.2

Identifies the risk factors for child sexual exploitation (e.g., missing from home and/or school, and presenting with a controlling adult).	6.1
Recognises the parent/carer who presents to the emergency department with their child while under the influence of drugs or alcohol and initiates appropriate safeguarding procedures.	6.4 6.8
Recognises the importance of noting observations of child demeanour and interactions with parents or carers.	6.1 6.8
Recognises that internet bullying, grooming or abuse may present as self-harm or psychological disturbance.	6.1 6.8
Recognises the differences between medically unexplained symptoms (MUS), perplexing presentations (PP), and fabrication or induced illness (FII), including potential alerting signs and the importance of discussing these with senior clinicians and the safeguarding team.	6.1
Recognises the role adverse childhood events (ACEs) on future health and well-being.	6.6
Applies knowledge of organisational policies regarding the recognition, management, communication and reporting of suspected cases of child abuse, neglect and/or maltreatment.	6.2
Applies knowledge about child exploitation issues, including child trafficking, child sexual exploitation, child labour, child soldiers and unaccompanied asylum seekers.	6.1
Applies knowledge about the effects of armed conflict on children.	6.1 6.5
Applies knowledge that child abuse must be considered as part of the urogenital history and examination.	6.1
Applies mandatory requirements to refer cases of female genital mutilation (FGM), including visible signs, for children and young women under the age of 18.	6.2
Initiates a social services alert, inquiry or referral for potential safeguarding concerns (e.g., to multi-agency safeguarding hub (MASH) or the use of multi-agency referral forms (MARF)), with supervision.	6.2
Applies knowledge of how different disciplines and agencies collaborate locally with respect to 'looked after' children, children with disabilities, and safeguarding issues.	6.2 6.9
Applies knowledge of what is required when asked to give evidence in court as a professional witness (a witness of fact).	6.2 6.3
Recognises the importance of noting all observations of child demeanour and interactions with parents or carers.	6.5 6.8
Takes a safeguarding history and records all relevant findings on a suitable form, with supervision.	6.5

Primary and urgent care		Mapping
Initiates an appropriate safeguarding plan (e.g., when the practice pharmacist flags up that a repeat prescription has not been collected for a 14-year-old who is being treated for epilepsy).		6.1 6.2 6.5
Emergency medicine (hospital)		Mapping
Initiates an appropriate management plan where there are concerns regarding parental behaviour in the emergency department; applies knowledge of organisational policies regarding recognition, communication and reporting of suspected child abuse, neglect and/or maltreatment.		6.8
Discusses possible safeguarding concerns (e.g., with a maternal grandmother of a 4-year-old girl who has attended the emergency department because she has 'fallen over' and the presenting injuries are not consistent with the grandmother's history); demonstrates an appreciation for the immediate and long-term risks to safeguard the child and other members of the family.		6.1 6.2
General paediatrics (hospital)		Mapping
Instigates a discussion with safeguarding lead; e.g., about the interaction between mother and her partner on the ward regarding controlling behaviour, aggressive tone of voice, use of offensive language; triggers a safeguarding referral in line with local policy (including through discussion with nursing staff and senior clinicians) regarding concerns about the mother's aggressive interactions with her child on the ward and mother's mental health.		6.1 6.2 6.4 6.8
Neonates and newborns		Mapping
Discusses with a mother the need to commence drug therapy for an infant with neonatal abstinence syndrome.		6.3
Recognises unconscious bias while demonstrating professionalism to advocate for the infant.		6.7
Recognises and responds appropriately when concerns are raised regarding a lack of parental engagement with their infant and health care providers.		6.8
Critical care and transport		Mapping
Works effectively with multi-agency professionals to ensure the safe discharge of an infant, child or young person and family/carers to lower dependency health care settings where social and community support services will continue to be required (e.g., discharge planning meetings/safeguarding meetings/police and court services).		6.2
Contributes to safeguarding decision-making for an infant, child or young person within the high-dependency unit (HDU) or intensive care unit (ICU) environment.		6.1
Recognises the parent/carer who appears at time of transport or in the HDU/ICU environments with their child to be under the influence of drugs or alcohol; initiates appropriate safeguarding procedures.		6.1 6.2

Complex care and community health needs 	Mapping
Attends a child protection conference on behalf of the multidisciplinary team and represents the team's views clearly and accurately.	6.2 6.5
Liaises with social services, school nurse, GP, designated doctor for safeguarding and relevant others where there are potential child protection or safeguarding concerns (e.g., regarding the clinical management of an infant, child or young person whose medication review appointments have been missed, or where inappropriate feeding practices have been reported).	6.2 6.5

Domain 7: Health promotion and illness prevention



Domain descriptor

Increasingly the social determinants of health and health inequalities are being seen to impact on the lives of infants, children and young people. Advanced practitioners must demonstrate a developed understanding of the intersection and impact of these factors.

Learning outcome

Advocates healthy behaviours from birth to adulthood, integrating the impact of cultural, social, religious, educational, and economic factors on physical, emotion and mental health, development, and well-being of infants, children and young people and their families/carers.

Key capabilities    		Multi-professional Framework
7.1	Analyses and evaluates factors which contribute to child health inequalities and the consequences of those inequalities.	Clinical Practice: 1.7 to 1.10
7.2	Develops strategies to apply public health initiatives into their practice environment.	Clinical Practice: 1.7 to 1.10
7.3	Recognises the impact of social/ educational/financial determinants of health and the implementation of preventive measures.	Clinical Practice: 1.7 to 1.10
7.4	Designs programmes of health improvement that refers to cultural, social, religious, educational, environmental, and/or economic factors and their impact on physical, mental health and development of infants, children, young people and their families/carers.	Clinical Practice: 1.9 and 1.10
7.5	Develops programmes of improvement activity with knowledge of the local, regional and/or national health and education systems and resources that promote child physical and mental health, learning/development, and disease prevention.	Clinical Practice: 1.9 and 1.10
7.6	Supports transitioning from childhood to adult services and from hospital to home and/or community services, anticipating immediate and longer-term health needs and encouraging development of self-management skills.	Clinical Practice: 1.9 and 1.10
7.7	Formulates and encourages healthy behaviours in children and young people and their families/carers, such as balanced diet/nutrition.	Clinical Practice: 1.7 to 1.9
7.8	Understands typical child development and behaviour, responding to developmental delays by providing appropriate,	Clinical Practice: 1.7 to 1.9

	evidence-based advice or escalating for further investigation/support.	
7.9	Participates in programmes relating to child public health (e.g., childhood vaccinations, control of infectious diseases, the Healthy Child Programme, etc.).	Clinical Practice: 1.7 to 1.9
7.10	Collaborates with health visitors and school nurses in the provision of public health support for infants, children and young people, and how referrals are made and managed.	Clinical Practice: 1.7 to 1.9

Indicative Content

- Enacting the principles of public health
- Enacting the principles of promoting good health
- Engaging with individual, regional and population health needs
- Engaging with the physical, mental, social and economic dimensions of health
- Engaging with global health and its consequences
- Applying strategic approaches to public health initiatives in their practice environment

Illustration examples for domain 7



Applicable to all clinical populations	Mapping
Advises parents/families of the health systems and resources that are available to promote and support physical/mental health, development, and disease prevention, such as GP/health visitor (HV) surveillance, national advisory bodies and support associations.	7.3 7.5
Applies knowledge of child behaviour and development to advise parents/families on age-/developmental level-appropriate anticipatory guidance regarding feeding/nutrition, elimination, sleep, cognitive, physical and emotional growth/development, and safety in their infant, child or young person.	7.5 7.6
Evaluates factors that contribute to health inequalities for infants, children and young people (e.g., indices of social deprivation, poor access to health care, adverse childhood experiences (ACEs), mental health conditions).	7.1
Supports baby-friendly guidelines for breastfeeding mothers attending with their infants, discussing expected weight gain for an exclusively breast-fed baby, differences in stool (and stooling patterns), maternal calorie and fluid intake during breastfeeding, the advantages of breastfeeding, and community-based sources of breastfeeding support.	7.5 7.6

Primary and urgent care		Mapping
Assesses risks factors for respiratory-related problems and makes every contact count; refers parents/carers to smoking cessation programmes available within general practice.		7.2 7.5
Advises on normal infant skin practices and how these may contribute to the maintenance of healthy skin and/or exacerbate skin problems such as eczema.		7.5
Emergency medicine (hospital)		Mapping
Discusses the epidemiology of common injuries in infants, children and young people, recognising the injuries may be preventable and discussing the principles of safety and advice to prevent injuries (e.g., use of protective equipment when skateboarding, helmets on bicycles, appropriate supervision, and the use of safety-net enclosures with trampolines).		7.5
Elicits the perspectives of children and young people and their families/carers by using tools (e.g., patient-reported experience measures (PREMS) and/or 'What matters to you' discussions/questionnaires) to structure and target health promotion discussions.		7.2 7.3 7.5
General paediatrics (hospital)		Mapping
Discusses the respective roles of temperament, development and environment and their importance of understanding behaviour among infants, children and young people with chronic health conditions and the implications for concordance with management plans.		7.2
Facilitates early discussions and interventions for young people with chronic health conditions who are transitioning from paediatric to adult services (e.g., negotiated plans for care, meetings with adult teams).		7.4
Neonates and newborns		Mapping
Advises parents/families of health systems and resources that are available to promote and support neonatal physical/mental health, development and disease prevention such as GP/health visitor (HV) surveillance, national advisory bodies and support associations.		7.3 7.5
Advises parents/families on their infant's care plan post-discharge in relation to the transition from hospital to community settings and from neonatal to paediatric services.		7.4
Critical care and transport		Mapping
Leads on discussions around safety in mobility issues with the family of an adolescent going home after a traumatic brain injury.		7.4
Initiates a sensitive discussion regarding vaccine-preventable diseases with family members of an unimmunised pre-schooler after admission to the intensive care unit (ICU) with pertussis.		7.5 7.7

Explains the epidemiology of life-threatening injuries in infants, children and young people, recognising that injuries may be preventable and discussing the principles of safety advice to prevent injuries (e.g., the use of seat belts and car seats when travelling, protective equipment when cycling, appropriate supervision, and safety-net enclosures in the use of trampolines).	7.3
Complex care and community health needs 	Mapping
Designs and delivers sexual health education and support for young people with physical disabilities and evaluates the impact of these programmes.	7.4 7.5 7.6
Formulates a personalised self-management plan for use after the conclusion of therapeutic sessions to support a young person's independence.	7.4 7.5

Domain 8: Quality improvement



Domain descriptor

Advanced practitioners have a responsibility to lead and actively engage in quality improvement activities. This should span all aspects of clinical practice, including patient management, service delivery, risk management, complaints, teaching and learning and patient safety.

Learning outcome

Adapts and applies quality improvement (QI) methodology to own clinical practice in order to construct audits and improvement projects that enhance clinical effectiveness, patient safety and patient experience for infants, children, young people and their parents/carers.

Key capabilities    		Multi-professional Framework
8.1	Proactively identifies opportunities for quality improvement within a paediatric or child health workplace setting and/or child health workforce.	Leadership and Management: 2.9 Research: 4.1, 4.5
8.2	Leads quality improvement projects and service audits to improve clinical effectiveness, patient safety and patient experience for infants, children and young people.	Leadership and Management: 2.9 Research: 4.1, 4.4, 4.6, 4.8
8.3	Evaluates qualitative and quantitative data from infants, children and young people and their parents/carers to guide improvements for individuals, services, organisations, and populations.	Leadership and Management: 2.9 Research: 4.1
8.4	Understands the unique outcome measures, relevant data sources and care processes intrinsic to advanced practice with infants, children and young people and that need to be applied within quality improvement projects.	Leadership and Management: 2.9 Research: 4.1 and 4.6

Indicative content

- Engaging in research in action in the context of quality and/or service improvement or redesign

Illustration examples for domain 8

71



71



71



72



72



72



72

Applicable to all clinical populations 	Mapping
Uses available tools to plan and execute a quality improvement project that focuses on infants, children or young people and/or their parents/carers (e.g., the plan, do, study, act cycle (PDSA)), using an appropriate model to implement change at a local level and re-auditing for sustained improvement.	8.1 8.4
Contributes to the development of high-quality paediatric and child health clinical guidelines; understands how guidelines are produced across a network and nationally and recognises how they will guide future practice.	8.2
Discusses data and outcome measures related to a quality improvement change within practice by applying and implementing the principles of infant-child- or young person-focused research to local service delivery.	8.3 8.4
Uses the principles of evaluation, audit, research, development and standard-setting to improve quality in paediatric and child health service delivery.	8.2 8.4
Evaluates strategies for balancing risk and benefit when considering a quality improvement change in services and departmental care practice for infants, children and young people.	8.2
Conducts an audit and/or service evaluation of practice; presents findings in a departmental and/or directorate governance/audit meeting.	8.2
Explains the complaints procedure to parents/carers and families and signposts them to the patient advice and liaison service (PALS); understands organisational responses, including the multidisciplinary nature of the complaints process, and participates in complaints audits and reviews and related service improvements.	8.4
Primary and urgent care 	Mapping
Leads an annual medication review for an infant born 10 weeks prematurely in line with quality outcomes framework (QOF) requirements.	8.2 8.3 8.4
Develops the audit proforma for a review of antibiotic prescribing for children or young people presenting with a sore throat.	8.1 8.2 8.3
Emergency medicine (hospital) 	Mapping
Articulates what quality in the paediatric emergency department means and ways to measure it.	8.4
Engages in the development of high-quality, emergency paediatric clinical guidelines; understands how they are produced and how they will guide future practice.	8.2

General paediatrics (hospital) 	Mapping
Uses the principles of service evaluation and audit to assess care bundles, with a view to reducing the incidence of central-line infections among children on acute medical wards; deploys strategies/interventions to eliminate variations in practice.	8.2
Operationalises the principles of service evaluation to address difficulties in ward processes and identify possible solutions (e.g., change of equipment and/or ward routines to accommodate the special needs of parents with seriously ill infants).	8.2
Neonates and newborns 	Mapping
Reflects on neonatal practice expectations (e.g., delivery attendance) to identify areas where services could be improved in efficiency and/or safety; initiates discussions with the senior team to address them (e.g., resus record sheets and situation, background, assessment, recommendation (SBAR) handover).	8.1
Demonstrates awareness of national drivers, such as the maternity and neonatal safety improvement programmes to optimise neonatal outcomes; leads local projects to improve clinical effectiveness, patient safety and patient experience alongside the multidisciplinary team (MDT).	8.3
Critical care and transport 	Mapping
Applies knowledge of clinical guideline development in critical care and transport as a strategy to reduce/minimise variations in care.	8.3
Recognises the need for continuous quality improvement in critical care and transport and the role of audit to promote standard-setting and quality assurance.	8.1
Complex care and community health needs 	Mapping
Reviews learning from developments in adult services (e.g., regarding radiotherapy), adapting and tailoring approaches for a paediatric population.	8.1 8.2 8.3
Audits compliance with medication or interventions that have negative consequences for infants, children and young people, such as a noxious taste or unpleasant side-effects; recommends alternatives that are more acceptable, including those usually considered second-line treatments.	8.1

Domain 9: Leadership, management and team-working



Domain descriptor

A vital component of advanced-level practice is working within and across multi-disciplinary and multi-agency teams. The exercise of higher-level skills in clinical leadership across a variety of contexts is integral to advanced practice relating to child health, incorporating decision-making, risk analysis, performance appraisal, and the management of resources.

Learning outcome

Crafts own leadership style(s) and adapts it to augment team functioning for optimal care delivery for infants, children and young people and their families/carers, working collaboratively and constructively within a multi-disciplinary team, valuing contributions from others within the paediatric team.

Key capabilities    		Multi-professional Framework
9.1	Proactively initiates and creates effective professional relationships with paediatric and child health professionals as well as other health and care professionals and multi-disciplinary teams.	Leadership and Management: 2.1
9.2	Evaluates own practice and participates in peer review, and service/team evaluation, formulating and implementing strategies to act on learning and make improvement to infants, children and young peoples' service function, effectiveness, and quality.	Leadership and Management: 2.3 and 2.5
9.3	Demonstrates leadership and team-working skills, including resilience and determination in the management of situations that are unfamiliar, complex, or unpredictable.	Leadership and Management: 2.3, 2.6, 2.7 and 2.9
9.4	Actively leads and engages with local organisational clinical governance processes that are appropriate to the management of services and care for infants, children and young people.	Leadership and Management: 2.3, 2.7 and 2.9
9.5	Role models advanced level practice for paediatric and child health junior colleagues and members of the multi-disciplinary teams.	Leadership and Management: 2.3
9.6	Modifies and adapts practice following feedback and constructively challenges others and/or escalates concerns that could affect patient safety.	Leadership and Management: 2.3, 2.6 and 2.7
9.7	Actively seeks feedback and involvement from individuals, including children and young people and their families/carers, as well as communities and colleagues in the co-production of service improvements.	Leadership and Management: 2.6 and 2.9

Indicative content

- Engaging with leadership styles in healthcare.
- Evaluating and critiquing leadership styles, recognising the ongoing need for adaptation in a dynamic working environment.
- Demonstrating effective leadership in unfamiliar, complex and unpredictable situations.
- Managing risk, resources and the performance of teams and systems

Illustration examples for domain 9



74



74



75



75



75



75



75

Applicable to all clinical populations 	Mapping
Demonstrates commitment to developing and improving own leadership and management skills, supported by mentorship and supervision from a paediatric or child health professional.	9.2 9.6
Facilitates the leadership development of others through coaching and mentoring paediatric and child health junior staff and through collaborative, multi-professional working to develop clinical guidelines, parent information resources and parental surveys.	9.1 9.5
Leads the resuscitation and/or stabilisation and/or transfer of care for the deteriorating or compromised infant, child or young person, demonstrating teamwork, resilience, problem-solving and advanced communication skills.	9.3
Ensures continuity of care through the effective handover to other health professionals and/or different organisations, service departments and specialities.	9.1
Recognises the importance of, and need for, timely senior support in clinical situations where there is uncertainty with differential diagnoses, management and/or when there is serious pathology, significant acuity, a high degree of complexity and/or deterioration of an infant, child or young person; requests support in a timely, efficient, and effective manner.	9.6
Demonstrates engagement with clinical governance processes through developing a clinical portfolio that addresses the application of all four pillars of advanced practice in the context of a specific paediatric population.	9.4
Contributes to the development, wellbeing and support of junior paediatric and child health staff.	9.5
Primary and urgent care 	Mapping
Provides representation to the regional medicines management group to ensure the adaptation and/or adoption of best evidence-based practice to local care delivery for infants, children and young people in the local integrated care system (ICS); participates actively in the group and updates/aligns clinical practice within the surgery to the recommendations agreed by the regional group.	9.4

Identifies and escalates concerns for a colleague regarding controlling behaviour at home and its potential impact on their wellbeing and safety while at work.	9.5 9.6
Emergency medicine (hospital) 	Mapping
Takes an active role in emergency department simulations with paediatric scenarios, including supported experience as a strategic intervention materials (SIM) team leader or facilitator.	9.1 9.5
Participates in hot and cold debriefs after a significant event, major incident, or resuscitation in a paediatric emergency department.	9.2
General paediatrics (hospital) 	Mapping
Contributes effectively to multidisciplinary team (MDT) care planning led by other professionals.	9.5
Demonstrates the ability to participate and contribute to senior service departmental decision-making (e.g., safe staffing and/or bed management).	9.5
Neonates and newborns 	Mapping
Takes initial leadership in the resuscitation/stabilisation and implementation of care of a preterm/compromised infant, demonstrating teamwork, resilience, problem-solving and communication skills.	9.3 9.5
Actively contributes to neonatal service departmental meetings and processes (e.g., morbidity and mortality reviews, serious case reviews, audit meetings, journal clubs and education/simulation forums); translates learning into practice improvements.	9.4
Critical care and transport 	Mapping
Recognises the need for an elective intubation and leads the team on procedure; clarifies individual roles, advocates, and ensures patient safety throughout.	9.3
Participates in critical care and/or transport team meetings and processes (e.g., serious case reviews, morbidity and mortality meetings, simulation, journal clubs, audits, governance, quality improvement and research);	9.4
Participates in hot and cold debriefs after a significant event in critical care or transport.	9.4
Complex care and community health needs 	Mapping
Evaluates the role of regulatory bodies such as the Health and Care Professions (HCPC) and the Nursing and Midwifery Council (NMC); demonstrates a wider understanding of their own profession and role in clinical governance.	9.1
Builds relationships with other organisations to develop and share leadership skills; adapts and applies knowledge creatively.	9.1 9.4

Domain 10: Education, training and development



Domain descriptor

Ongoing learning is a key feature of clinical practice with infants, children and young people. Advanced practitioners need to reflect on, identify and address their own learning needs and support their colleagues to do the same, informed by changing population, patient and service delivery needs. Their engagement in ongoing learning should include both informal and formal teaching and learning opportunities, mentorship and supervision.

Learning outcome

Evaluates own learning needs and demonstrates a commitment to lifelong learning by designing and developing formal and informal teaching and learning encounters with infants, children and young people, families, carers, colleagues, other professionals, and non-professionals.

Key capabilities    		Multi-professional Framework
10.1	Demonstrates engagement in self-directed learning by critically assessing and addressing one's own learning needs, in relation to the advancing practice of the care of infants, children and young people.	Education: 3.1, 3.2
10.2	Creates safe and effective learning environments and opportunities, across a range of paediatric settings.	Education: 3.3,3.4
10.3	Plans and delivers teaching and learning experiences for paediatric and child health professionals in a range of clinical contexts, using differing teaching and learning strategies and platforms, e.g., digital learning.	Education: 3.1 to 3.7
10.4	Provides feedback, which is effective, constructive and non-judgmental.	Education: 3.8
10.5	Acts as a coach/mentor for paediatric and child health professionals, alongside acting as a supervisor in practice.	Education: 3.8

Indicative content

- Engaging with:
 - Education theory and evidence-based approaches to optimise effectiveness
 - Digital literacy and learning resources
 - Mentorship
 - Coaching
 - Supervision within the clinical context

Illustration examples for domain 10

78



78



78



78



79



79



79

Applicable to all clinical populations 	Mapping
Reflects on factors that contribute to good mentoring, clinical supervision and/or coaching relationships and how these can be implemented to optimise the learning environment for self and other paediatric and child health professionals.	10.2
Delivers evidence-based teaching within the multidisciplinary team (MDT), including on basic and advanced practical procedures.	10.3 10.2 10.4
Provides constructive feedback to support the professional development of members of the multidisciplinary team (MDT) (e.g., through the use of multi-source feedback (MSF), 360-degree feedback, and other methods of informal feedback).	10.4
Actively participates in the delivery of departmental study days to include content that focuses on infants, children and young people, including multidisciplinary team (MDT) teaching, simulation and/or journal clubs; acts on feedback to develop future teaching.	10.2
Develops a personal development plan that reflects learning needs across the four pillars of advanced practice in partnership with their coordinating educational supervisor and associate workplace supervisors.	10.1
Develops an online teaching resource for paediatric and child health professionals or patients that is interactive; enables learners to engage with peers and ensures learning objectives are met.	10.3
Provides honest, clear and constructive written feedback, within a portfolio of evidence, to support a learner's development towards a paediatric and/or child health professional qualification.	10.4
Primary and urgent care 	Mapping
Actively develops and delivers sessions in the local practice/centre teaching programme on child health-/paediatric-specific topics (e.g., the long-term management of asthma in children).	10.3
Emergency medicine (hospital) 	Mapping
Integrates evidence-based guidance on safety-netting advice for a family of a three-year-old discharged from paediatric emergency department with a non-blanching rash.	10.3
Obtains advanced paediatric life support (APLS) general instructor status.	10.5
General paediatrics (hospital) 	Mapping
Takes on the role of team leader in a unit-based simulated instruction model (SIM) activity (e.g., respiratory arrest, anaphylaxis, prolonged seizures).	10.5

Leads a session for junior staff on changing a tracheostomy tube.	10.5
Neonates and newborns 	Mapping
Provides appropriate, evidence-based advice and instruction to a mother who is aiming to establish successful breastfeeding.	10.3 10.4 10.5
Provides constructive feedback to support the professional development of a trainee neonatal advanced practitioner peer via multi-source feedback (MSF), 360-degree feedback, or other methods of informal feedback.	10.4
Critical care and transport 	Mapping
Takes an active role in education and/or simulations, including supported experience as a critical care simulation instruction model (SIM) team leader or facilitator.	10.3 10.4 10.5
Complex care and community health needs 	Mapping
Works with national and regional bodies, leading developments for specific areas of practice (e.g., paediatric oncology) and staff training and education.	10.2 10.3 10.4 10.5

Domain 11: Research, scholarship and evidence-based practice



Domain descriptor

It is essential that advanced practitioners actively engage in evidence-based practice and research activity as an integral part of their clinical activity, service delivery and contribution to high-quality patient care. This includes by critically engaging with developments in the evidence base, appraising the relevance of these to their own service delivery and patient care, and contributing to new knowledge and best practice.

Learning outcome

Integrates an evidence-based approach within clinical practice to inform clinical decision-making, enhance the quality-of-service delivery and optimise patient safety, experience and outcomes for infants, children, young people, families and carers.

Key capabilities    		Multi-professional Framework
11.1	Critically engages and participates in research activities, that are related to practice with infants, children and young people.	Research: 4.1 and 4.6
11.2	Critically appraises and analyses evidence, research methodologies and outcomes, synthesises and applies findings from best practice in the paediatric arena.	Research: 4.2 to 4.7
11.3	Identifies areas of practice within services and care for infants, children and young people that merit and have the potential for further research to be undertaken.	Research: 4.8
11.4	Shares research findings with children and young people and their families/carers in accessible formats to facilitate informed, shared decision-making.	Research: 4.8

Indicative content

- Applying critical appraisal techniques and tools
- Using, developing and implementing clinical guidelines
- Engaging with research methodologies and their selection and application to address different questions and needs
- Engaging with ethical considerations in healthcare research, including recruitment to clinical trials
- Understanding the specific requirements and considerations relating to engaging children in research

Illustration examples for domain 11

81



81



81



81



81



82



82

Applicable to all clinical populations 	Mapping
Demonstrates skills of research appraisal through participation in the departmental journal club.	11.1
Plans an infant-, child- or young person-focused research project and identifies how ethical and funding issues should be approached in line with local and national guidance.	11.1 11.3
Successfully completes good clinical practice (GCP) training to ensure compliance with research activities.	11.2
Primary and urgent care 	Mapping
Produces a desktop evidence-based review to consider shifting current practice in the urgent care centre from oral prednisolone to dexamethasone to better manage acute exacerbations of asthma among infants, children and young people in the community.	11.3
Presents at a national primary care conference on findings from a paediatric advanced practitioner-led, same-day, acute illness service, indicating decreased acute admission rates at the local district general hospital.	11.1
Collaborates with the site principal investigator in a multi-centre trial on the early use of antibiotics in at-risk children with influenza-like illness (ARCHIE).	11.1
Emergency medicine (hospital) 	Mapping
Leads in the revision of new guidance on assessing and managing diabetic ketoacidosis (DKA) in the paediatric emergency department.	11.1 11.3
Actively identifies and seeks consent from families for enrolment in a study of new-onset wheezing presenting in children who are under two-years-old in the paediatric emergency department.	11.4
General paediatrics (hospital) 	Mapping
Presents master's degree dissertation to the acute paediatric service as part of departmental education/research activities.	11.2
Initiates service-based discussions to identify where best-practice research findings can be incorporated into practice in the paediatric assessment unit.	11.2
Neonates and newborns 	Mapping
Consults with parents of a preterm infant to obtain their consent to participate in a research study designed to evaluate a new treatment/procedure/therapy; reflects on the importance of informed consent.	11.4
Leads an audit of a recognised standard of neonatal care and maps the findings to national recommendations; ensures local processes are followed	11.3

for registering and monitoring audits; presents the findings and makes recommendations to improve practice.	
Critical care and transport	 Mapping
Participates in critical care and transport-related research projects.	11.1
Recognises where best-practice research findings can be incorporated into critical care and transport practice.	11.2
Complex care and community health needs	 Mapping
Demonstrates knowledge of the ethics of research with children and young people, including issues of consent for looked-after children.	11.1
Initiates a service-based discussion that identifies where best-practice findings can be incorporated into practice within a community service in the absence of published evidence.	11.3

Underpinning knowledge, understanding and skills

Applied anatomy, physiology and pathophysiology in infants, children and young people

The Framework is designed to be accessible to and inclusive of members of the wide range of regulated healthcare professions that can meet paediatric and child health needs at advanced practice level. This includes across the full continuum of illness and health among infants, children and young people.

All practitioners who engage with the Framework as trainees must hold the required underpinning breadth and depth of pathophysiological and basic science knowledge to undertake clinical assessments and make clinical decisions about the care of infants, children and young people.

All trainees must therefore demonstrate their achievement of learning in these areas by the end of the first year of engaging with a programme through which the Framework is delivered. They can do this in one of the following ways:

- Provide evidence of their existing relevant academic credit and the currency of this.
- Secure recognition of prior learning (RPL) by the higher education institution (HEI) overseeing their take-up of the Framework; this should be through the institution enacting its standard recognition of prior learning regulations and processes and with appropriate input from clinical experts.
- Their successful completion of a specific module or series of modules that cover and assess the required components of learning.

The learning objective and key capabilities relating to underpinning and applied knowledge and skills are set out below. Illustrative examples of how the learning objective and capabilities can be demonstrated are also provided.



Learning outcome

To develop and demonstrate trainees' synthesis of their understanding and application of sciences relating to normal and abnormal physiological, psychological, anatomical, biochemical and/or pathological processes that affect infants, children and young people.

Key capabilities



1. Integrates the principles of human anatomy, psychology and physiology principles to understand normal and abnormal signs, symptoms and presentations in infants, children and young people
2. Synthesises psychology, physiology and pathophysiology principles to appraise abnormal signs and symptoms and presentations in infants, children and young people
3. Integrates the above with results from an appropriate combination of the following to synthesise diagnoses and manage the care of infants, children and young people:
 - a. Clinical assessments
 - b. Common laboratory investigations/assessments (e.g., mechanical, psychosocial, biochemical, haematological, microbiological, or any other pathology-related laboratory services)
 - c. Radiological and/or procedural investigations/assessments
 - d. On-going assessment

Each of these capabilities relates to capability 1.11 in [Multi-professional Framework for Advanced Practice in England \(2025\)](#)

Teaching and learning approaches must include interactive sessions to support trainees to develop, apply and evidence their theoretical knowledge and basic clinical skills in a clinical context. Learning activities should therefore involve trainees' engagement in a mix of case-based discussions, clinical scenarios, simulation activities, and evidence-based discussions around local practice and guidelines.

Illustrations - for applied anatomy, physiology and pathophysiology in infants, children and young people

The illustrations below indicate how trainees need to demonstrate their underpinning knowledge and skills to work safely and effectively with infants, children and young people. They relate to common presentations across the six specific clinical population groups. They are not designed to cover every eventuality.

Trainees working in general paediatrics also need to cover adjuvant knowledge and skills content to cover foetal, perinatal and newborn physiology, and the complications of prematurity.

Child with respiratory distress

Trainees must develop and demonstrate the following knowledge, understanding and skills:

- Their understanding of normal respiratory physiology
- Their ability to relate presenting symptoms and signs to the underlying pathophysiology sufficiently to explain these concisely and accurately to a peer professional or senior colleague
- Their understanding of key features that require urgent action
- Their ability to describe common/important diagnoses at different stages of childhood (newborn, infancy, early childhood and adolescence)
- Their understanding of the causes of respiratory distress originating outside the respiratory system
- Their ability to request and interpret accurately key laboratory and radiological investigations
- Their understanding of respiratory pathogens
- Their understanding of the rationale for antimicrobial treatment (including the principles behind antimicrobial treatment choices in their local guideline)
- Their understanding of the importance of immunisation in prevention and wider public health strategies

Septic shock

Trainees must develop and demonstrate the following knowledge, understanding and skills:

- Their understanding of normal cardiovascular physiology
- Their ability to relate presenting symptoms and signs to underlying pathophysiology sufficiently to explain them concisely and accurately to a peer professional or senior colleague
- Their understanding of key features that require urgent action, including the mechanisms/implications of multi-organ failure
- Their ability to describe other potential causes of shock, including hypovolaemia, cardiac failure, and important diagnoses at different stages of childhood (e.g., congenital heart disease in the neonatal period)
- Their understanding of the rationale for emergency treatment protocols and their ability to relate these to practice in their service delivery setting
- Their ability to request and interpret accurately key laboratory and radiological investigations

Diabetic ketoacidosis

Trainees must develop and demonstrate the following knowledge, understanding and skills:

- Their understanding of metabolic pathways involved in glucose metabolism
- Their ability to relate presenting symptoms and signs to underlying pathophysiology sufficiently to explain them concisely and accurately to a peer professional or senior colleague

- Their understanding of key features that require urgent action
- Their understanding of the rationale for emergency treatment protocols and their ability to relate these to practice in their service delivery setting
- Their understanding and ability to explain the principles of day-to-day insulin treatment, the home management of diabetes and common factors (including family, social and educational) leading to treatment failure
- Their ability to request and interpret accurately key laboratory (biochemical) investigations

Child with growth failure

Trainees must develop and demonstrate the following knowledge, understanding and skills:

- Their understanding and ability to describe and assess normal growth from foetus to neonate through adolescence to adulthood
- Their understanding of the importance of nutrition and dietary assessment
- Their understanding of pathophysiology of gastrointestinal, endocrine and metabolic causes, including the impact of chronic diseases
- Their understanding of the implications of broader family and psychosocial factors (including neglect and other abuse, mental health and eating disorders) for normal growth
- Their understanding of the role of the multi-professional team in assessing and treating potential contributory factors
- Their ability to develop a plan of investigation and assessment
- Child with bruises and/or petechiae

Trainees must develop and demonstrate the following knowledge, understanding and skills:

- Their understanding of the physiology of normal clotting and haematological pathways
- Their understanding of the range of potential clotting disorders and the broader range of clinical conditions associated with deranged clotting (e.g. disseminated intravascular coagulation)
- Their understanding of the potential for accidental trauma and non-accidental injury
- Their ability to map the above to processes within their service delivery setting to escalate safeguarding concerns
- Their ability to request and interpret key laboratory (haematological) and radiological investigations accurately

Child with neuro-disability

Trainees must develop and demonstrate the following knowledge, understanding and skills:

- Their understanding of and ability to describe and assess normal development from birth
- Their ability to undertake a neurological and developmental assessment, underpinned by their physiological and anatomical knowledge



- Their ability to explain the common causes of long-term neuro-disability.
- Their ability to understand the potential range of a child's complex ongoing complex needs
- Their understanding of the multi-professional team required and local health, education, and social care resources to support a child with complex ongoing complex needs

Implementing the Framework

Implementation of this Framework should focus on supporting and enabling trainees to utilise level 7 academic and workplace-based learning to build and demonstrate their readiness to practise at advanced practice level with infants, children and young people.

Higher education institutions, employing organisations and those supervising trainees' workplace-based learning should use this Framework to plan learning and teaching arrangements in partnership with trainees. Taking a joined-up, collaborative approach is key to maximising trainees' learning and development opportunities and optimising their learning outcomes and achievements.

It is therefore vital that both trainees' supervisors in clinical practice and academic teaching staff work closely together to ensure trainees' safe, adequate learning progression and to keep trainees' progress under review. This includes through identifying support requirements for trainees who are at risk of not making the expected progress.

The Framework must be undertaken in one of the following ways:

- As part of a full advanced practice MSc programme
- Following successful completion of either an advanced practice MSc programme or the Centre's ePortfolio (supported) route

If the Framework is delivered for take-up by practitioners who have already successfully completed an advanced practice MSc or the Centre's ePortfolio (supported) route, the requirements of individuals' prospective learning must be defined. This is to ensure that their learning in relation to the Framework outcomes and key capabilities:

- Is sufficient to support them to develop and demonstrate fully the area-specific capabilities set out in this Framework
- Reflects their personal scope of practice, role and setting and the clinical population groups whose needs they are serving
- Gives appropriate recognition of their prior learning

Core engagement criteria

To engage safely and effectively with the Framework as a trainee, practitioners must meet the following pre-requisite criteria:

- Hold current registration with the relevant statutory regulator required for the practice of their profession in the UK
- Have gained sufficient, relevant clinical experience to enable their full, safe and effective engagement with the Framework capabilities
- Have a current scope of practice and be practising in a role and setting that will enable them to engage with the full demands of the Framework
- Work for a minimum of 70% of their clinical practice time with infants, children or young people
- Have the support of their employer to engage with the Framework as part of undertaking an advanced practice MSc or to engage with the Framework following their successful

completion either of an advanced practice MSc programme or the Centre for Advancing Practice's ePortfolio (supported) route

- Have the support of their employer to access and engage with structured workplace-based supervision, learning and assessment arrangements in ways that are sufficient to meet the full demands of this Framework, with ordinarily this support being secured through practitioners being employed in a training post during this time

Recognition of prior learning

Practitioners as prospective trainees may hold existing academic credit or be able to demonstrate that they hold equivalent knowledge and skills to demonstrate that they already meet some of the Framework learning outcomes and key capabilities. Where the case, higher education institutions should apply their standard mechanisms, processes and regulations to assess and give appropriate recognition for individuals' prior learning (RPL). Key considerations in conferring recognition for prior learning must be that an individual practitioner's existing learning:

- Maps to fully to the specific capabilities set out in this Framework
- Is current
- Reflects the demands of level 7 learning and advanced-level practice

Professional ethics, standards and codes of practice

All trainee advanced practitioners are accountable to the statutory regulator with which they must hold current registration to practise their profession. They must continue to abide by these standards of practice and codes of conduct set by their regulator.

Equality, diversity and inclusion

Delivery of this Framework, from recruitment through to completion, must comply with the requirements of equality and diversity legislation. This includes considering and addressing the impact of potential differences arising from trainees' (and prospective trainees') professional background, practice environment and work pattern.

Supervision

For the purposes of this Framework, workplace-based supervision describes arrangements to provide safe and effective supervision for developing trainees' advanced practice capability in their workplace. Supervision does the following:

- Forms a cornerstone of developing professional capability in practice, alongside higher education and workplace-based learning
- Supports wider clinical governance arrangements, thereby helping to manage risk and uphold patient safety
- Provides trainees with regular, structured feedback on their progress to inform their critical engagement and reflection on their own learning and development

All trainees must be supported throughout their engagement with and progression through the Framework by a coordinating education supervisor. This is to provide them with a consistent supervisory relationship throughout their advanced practice development and to

guide their safe development to meet all the requirements of advanced-level practice in relation to meeting the needs of infants, children and young people.

Trainees' coordinating education supervisor needs to meet the following criteria:

- Adhere to the minimum supervision standards for advanced practitioners
- Be experienced in using a variety of supervision and assessment methods to develop and test trainees' achievement of the capabilities set out in the Framework and have a good understanding of the demands of level 7 learning and advanced-level practice
- Have a good understanding of their trainee's scope of practice and the clinical population group(s) for whom they are providing care
- Ensure that trainees develop and demonstrate the Framework capabilities to deliver safe and effective care to the clinical population group(s) they serve and in line with their scope of practice, role and practice environment
- Be experienced in facilitating advanced-level practice learning opportunities across the four pillars of practice in line with the demands of level 7 learning
- Support and encourage trainees to seek out additional learning opportunities in line with their development needs
- Support trainees to focus their learning activity on achieving the Framework learning outcomes and capabilities within the context of their scope of practice, role, practice setting and the clinical population groups whose needs they serve

Trainees' workplace-based learning must also be supported by associate workplace supervisors. Those acting in this role play an important part in supporting trainees' learning and development. They are workplace-based practitioners who are experienced in workplace-based education and the supervision of experienced registered professionals.

Trainees can expect to work with a variety of associate workplace supervisors. Each should be matched to support their development of specific, identified aspects of advanced practice capability and/or competence. Associate workplace supervisors should be appraised of the multi-professional considerations associated with advanced practice development and supervision.

The role of associate workplace supervisors is to do the following:

- Work collaboratively with individual trainees and their coordinating education supervisor
- Provide in-depth understanding and expertise in a particular area, in support of trainees' advanced practice learning and development
- Support trainees' learning and development in a specific, defined aspect of their advanced practice development within paediatrics and child health, including in terms of a focus on a particular subspecialty, patient pathway or service delivery setting
- Guide trainees' development in the specific, defined aspect of their advanced practice learning and development

- Bring an in-depth understanding of the specific aspect of (clinical, education, leadership/management or research) of advanced practice in relation to the practitioner's specified advanced practice role
- Be aware and understand the range of professions that can safely, effectively and efficiently engage in advanced practice development to meet the needs of different clinical population groups among infants, children and young people
- Have completed and continue to engage in professional development with a focus on supervision and workplace-based education

The Centre for Advancing Practice provides a range of resources to support advanced practice workplace-based supervision, learning and assessment. These should be followed in the implementation (delivery and take-up) of this framework. They can be accessed via the following link: [Workplace Supervision for Advanced Clinical Practice](#)

Expectations of higher education institutions

Academic staff within higher education institutions delivering the Framework should use the document to inform the design and delivery of their own curriculum and as an integral part of delivering an advanced practice MSc programme and/or stand-alone activity. The key principles can be integrated into individual institutions' curricula and syllabi.

The Framework can be used to plan the learning and teaching strategies to maximise the educational opportunities in both academic and workplace settings. This should allow trainees to develop their knowledge, behaviours and skills to achieve the Framework capabilities by engaging with a variety of learning methods. Ideally, the approach taken to learning and teaching should use a variety of strategies. Examples include the following:

- Lectures
- Seminars
- Workshops
- Use of digital technologies and online learning
- Simulations
- Role-playing activities
- Case presentations
- Clinical seminars
- Journal clubs
- Face-to-face and virtual meetings
- Participation in audit and/or research projects
- Reflective practice exercises
- Self-directed learning

The underpinning philosophy of the Framework is to support a workplace-based learning approach and to enable trainees to interact with service users, families, colleagues and members of the multi-professional team. Higher education institutions have a key role to play in ensuring that trainees' workplace-based learning is supervised and complements their academic development. This includes to ensure the effective integration of trainees' academic and workplace-based learning in line with meeting the demands of level 7 and advanced practice learning.

Expectations of the workplace

Structured and supportive workplace-based learning opportunities and workplace supervision must support trainees to meet the requirements of the Framework. Similarly, workplace-based assessment arrangements must form an integral component of trainees' engagement with and progression through the Framework. Arrangements for trainees' workplace-based supervision, learning and assessment must support safe, effective and efficient workforce development. They must reflect individual trainees' scope of practice, role, practice setting and the specific needs of the clinical population groups whose needs trainees serve.

It is recommended that trainees are employed in a training post (see eligibility criteria above). This is to optimise opportunities for trainees' learning and development in line with the full requirements of the Framework. This includes to formalise arrangements for trainee access to structured workplace-based supervision and support.

Expectations of arrangements for trainees' workplace-based supervision, learning and assessment are set out below. They seek to do the following:

- Avoid unhelpful prescription.
- Enable flexibility to fit with the specific nature of paediatric and child health patient care and service delivery models.
- Uphold safe, effective and efficient workforce development.
- Support the learning and development of individual trainees.
- Collaboration

Local organisation(s)/employer(s), workplace educational supervisor(s) and the higher education institution delivering the Framework should agree precisely how the academic and workplace-based components should be integrated to enable trainees' advanced practice development within their local clinical population/service.

Workplace-based learning agreement

The agreed approach to achieving integration of workplace-based and academic learning should be set out in a workplace-based learning agreement for individual trainees. The agreement should cover arrangements for workplace supervision, assessment and verification. This is to ensure that trainees' advanced practice learning can be differentiated, coordinated and quality- assured. As a key principle, trainees' employer should retain full responsibility for all aspects of clinical governance in the workplace.

Arrangements and access should be put in place before trainees formally engage with the Framework. This includes in relation to the following:

- Online learning facilities and libraries, including e-resources
- Induction to local policies, procedures and arrangements comparable to senior decision-makers
- Electronic patient records consistent with their level of training and in line with all data security requirements and protocols

- Resources to enable safe and effective learning
- Storage for confidential training records
- Appropriate local training

Learning needs analysis

Individual trainees should undertake a learning needs analysis with their coordinating education supervisor at the outset of engaging with the Framework. The analysis should respectively identify their existing strengths and their new learning needs, fully mapped to the Framework outcomes and capabilities. The results of individual trainees' learning needs analysis should be shared with the higher education institution at which they are enrolling. This is to inform trainees' academic learning activities and the specific academic support made available to them.

Formulation of a personal development plan

Trainees and their coordinating educational supervisor should use the results of their learning needs analysis as the basis for creating a personal development plan. Again, plans should be specific to individual trainees. Plans should form a structured approach to setting clear expectations, timelines and requirements for trainees' safe and effective learning and development. They should also define arrangements for evaluating trainees' learning progression against the Framework learning outcomes and capabilities.

The approach taken to producing trainees' personal development plans should do the following:

- Place due emphasis on trainees' responsibility for their own learning and development in line with their status as regulated practitioners and the demands of level 7 learning and advanced-level practice
- Reflect and address individual trainees' specific learning needs, as identified through their learning needs analysis
- Optimise the full range of learning opportunities available within trainees' workplace setting, role and activities
- Support trainees to engage with diverse workplace learning opportunities that align with meeting the Framework outcomes and capability requirements
- Support trainees to seek and gain additional learning opportunities relevant to the context of their scope of practice, role and practice setting and the clinical population groups whom they serve
- Support the structured review of trainees' progress against the Framework outcomes and capabilities
- Monitor trainees' pace of learning achievement against their expected progression to identify if they are trailing in their progress and whether they require additional support

All trainees should have annual reviews of their progress. Reviews should involve the following:

- Trainees' coordinating supervisor, associate workplace supervisors and academic tutors, as well as individual trainees themselves

- A consideration of their portfolio of evidence, their performance in assessments, and their progress to date

Workplace-based learning opportunities

Trainees' workplace-based learning opportunities should involve the following:

- Liaison with senior practitioners
- Working closely with colleagues within multidisciplinary teams
- Involvement in referrals (as appropriate), discharge planning, follow-up and on-going care reviews/management

Trainees' opportunities for workplace-based learning should occur within every encounter in the clinical or service setting. These include a wide variety of work-based care locations and situations such as:

- Acute settings
- Community settings
- Outpatient clinics
- Theatres
- Handovers
- Home visits
- Ward rounds
- Child protection meetings
- Quality and safety meetings
- Multi-disciplinary meetings
- Case conferences
- SEND (special educational needs and disability) reviews
- Quality improvement activities

Self-directed learning should form an integral part of trainees' learning and development. Individual trainees should be aware of, seek out and engage with activities that will safely and effectively support their learning. Examples include in-house study events, case reviews and shadowing opportunities.

Expectations of trainees

Trainees are required to develop and demonstrate their fulfilment of all the Framework learning outcomes and capabilities through their active engagement with all defined learning activities and assessments defined within the personal development plan. This requires trainees' commitment at all stages as they progress through their advanced practice education and training.

The Framework learning outcomes are broadly couched to be relevant to and inclusive of individual trainees' scope of practice, role and practice environment. Trainees should aim to provide evidence of their learning against every key capability. However, the depth and

scope of their evidence will vary according to the clinical population group(s) whom they serve.

All trainees must engage with the following:

- An initial learning needs analysis
- Formulation of a personal development plan
- Seeking and using regular feedback on their learning and development, including their ongoing learning needs
- Maintenance of a portfolio of evidence
- Regular reviews of their progress

Approach to assessment

The Framework assessment strategy is designed to allow trainees to demonstrate their fulfilment of the learning outcomes and key capabilities. Assessment of trainees' workplace-based and academic learning achievements require the integration of learning and test and demonstrate their fulfilment of the outcomes and capabilities. This process is essential for upholding safety and ensuring that trainees meet the demands of advanced-level practice in working with infants, children and young people within their scope of practice, role and practice environment and to meet the clinical population group(s) whose needs they serve.

The purpose of the assessment strategy is to define the principles for a proportionate, robust and consistent approach to trainee assessment. The approach should do the following:

- Enable trainees to demonstrate the integration of their academic and workplace-based learning
- Enable a progression from formative assessment to summative assessment
- Integrate critical reflection on learning and development
- Evidence trainees' engagement in evidence-based practice
- Be recorded in trainees' portfolio of evidence
- Achieve consistency in assessment decisions
- Avoid over-assessment

Assessment

Trainees' safe and effective progression and completion of the framework must be underpinned by assessments that evaluate all the capabilities set out in the Framework. The approach should integrate and triangulate a range of techniques and activities that are appropriate and applicable to trainees' scope of practice and role. Assessment approaches need to test trainees':

- Critical reflection on their learning and practice
- Engagement with, and the management of, complexity and ambiguity
- Critical engagement with the evidence base

It is recognised that employers and higher education institutions may already have established assessment processes for workplace-based and academic assessment. It is not the intention that this Framework should add another 'layer' of assessment where this is the case. Rather, it is to support them to work with each other to ensure that their assessment processes align with and fulfil the requirements of this Framework, and that the assessment load remains proportionate for all parties.

Trainees' progress towards achieving each learning outcome and key capability must be recorded by gathering evidence from their practice. Their fulfilment of all the outcomes and key capabilities must be developed and tested through an integration of academic and workplace learning and assessment. It should also be supported by feedback and feedforward mechanisms. This should include workplace-based assessments conducted by workplace-based supervisors in the clinical setting. Trainees' progression should be considered formative until they have met each learning outcome, established through summative assessment, and informed by key parties' feedback. The number of formative assessments undertaken before summative assessment is not stipulated.

Overall, approaches to assessment should:

- Ensure trainees' safe ongoing learning progression to meet the requirements of advanced-level practice
- Demonstrate and test trainees' integration of their academic and work-place-based learning and the four pillars of practice
- Reflect the multi-faceted nature of advanced practice capabilities

Types of assessment

A range of assessment methods should be used to test trainees' fulfilment of the Framework outcomes and capabilities. These include exams, coursework and practical activities, alongside the compilation of a portfolio. Other types of assessment can be used either on a formative or summative basis. They include, but are not limited to, those listed below.

Case-based discussion (CBD)

A case-based discussion is an interview conducted with trainees by their workplace-based supervisor. It is designed to assess their knowledge, reasoning and decision-making focused on written case records. It enables either formative or summative assessment and feedback to be documented.

Direct observation of procedural skills (DOPS)

The direct observation of procedural skills is used to assess trainees' professional skills in performing a range of diagnostic and interventional procedures. Their assessor does not have to be trainees' workplace-based supervisor. The assessor provides written feedback for trainees' portfolio and verbal developmental feedback. Trainees may already be proficient in the capability being observed. The outcome must be recorded in trainees' portfolio and approved by a suitably qualified/competent assessor.

Mini Clinical Evaluation Exercise (Mini-CEX)

A mini-CEX is an assessment tool designed to generate useful feedback on a practitioner's skills in their clinical setting. These should evidence a range of clinical presentations within the practitioner's scope, aligned with any personal development plans in place.

Multisource feedback (MSF)

This is used to gather feedback on generic skills, such as communication, leadership and teamworking, alongside assessing behaviours. Feedback is sought from people who trainees have cared for (and their families and carers) and from trainees' colleagues. These should include their manager, peers, junior staff, administrators and other health professionals.

Supervisor report

This is designed to help capture the opinions of experienced practitioners who supervised individual trainees. They are asked to comment on knowledge, skills and behaviours and various important aspects of trainee performance.

Self-assessment

Trainees undertake self-assessment that encourages their analysis of their existing knowledge and skills and their preferred learning style. The analysis should include trainees' reflection on self, performance, task and suitability. They should encourage trainees to explore, develop and evaluate their capability and interpersonal skills.

Service-user survey

The service-user survey is aimed at triangulating the feedback trainees receive from service users while they are undertaking an episode of care. It captures feedback on trainees' interpersonal and professional skills. This includes behaviours and attitudes, with a focus on ensuring that episodes of care are person-centred.

Trainees' compilation of a portfolio

Trainees are expected to develop a portfolio of evidence to demonstrate their achievement of the Framework learning outcomes and key capabilities. Evidence of their learning activities and achievements must be recorded in their portfolio, mapped to the Framework learning outcomes and key capabilities.

Trainees' portfolio should capture their defined learning pathway, progress, assessments and appraisals against the Framework outcomes and capabilities. It should include the following key documents:

- The results of their learning needs analysis
- Their personal development plan
- Records of their academic and workplace-based learning activities
- Records of their supervision sessions
- The outcomes of their academic assessments
- The outcome of their workplace-based assessments
- Feedback on their learning progress and achievements from others
- Their critical reflection on their own learning progression and their integration of their academic and workplace-based learning
- Their critical engagement with, and use of, the evidence base in their learning and practice
- Trainees should also add their own self-assessment ratings to record their view of their progress against the learning outcomes and key capabilities. The aims of this self-assessment are as follows:
 - To provide trainees with the opportunity to reflect on and evaluate their learning and practice on a regular basis
 - To inform trainees' discussions with their supervisors to develop their joint insight and assist in developing trainees' personal development plans
 - To identify gaps in trainees' experience and learning progression against the Framework capabilities and to guide their future clinical exposure and learning to address these gaps
 - To support their plans for their ongoing development

The focus should be on the quality of trainees' evidence in their portfolio, rather than its quantity. It is acknowledged that assessment drives learning. As such, trainees should be encouraged to seek assessment of their progress and feedback on their performance. Evidence should be derived from a variety of sources. This includes from academic and workplace-based activities and from both formative and summative assessments. The

assessment process should involve the triangulation and integration of different evidence sources. These include written, observational and oral evidence.

No two trainees will have the same evidence to demonstrate their fulfilment of the Framework outcomes and capabilities. Their evidence will be individual to them, reflecting their scope of practice, role, and practice environment and the clinical population group(s) whom they serve. However, trainees' achievement of each capability must be demonstrated through sufficient, valid, proportionate evidence. The nature of the evidence needs to reflect the demands of level 7 and advanced-level practice.

Assessors

Trainees' assessors should typically be paediatric or child health advanced practitioners or other child health senior health or care professionals who are appropriately qualified and skilled in assessment and who have delegated authority.

The following arrangements should be enacted:

- Assessors' registration status, registration number, role, level of seniority and relevant experience should be verified and evidenced in assessment documents
- Assessors should undertake both formative and summative assessments
- They must be competent in the specific area(s) they assess and be familiar with the standard of, and approach to, assessment required
- They must have a good knowledge and understanding of the Framework learning outcomes and key capabilities
- They must assess trainees against the Framework outcomes and capabilities.
- They should provide feedback to trainees in line with the outcomes and capabilities to optimise the value of their comments for supporting trainees' ongoing learning and development and their progression through the Framework

Appendix 1: How this Framework was developed

Development of this framework was commissioned by NHS England as part of a wider initiative to develop area-specific multi-professional advanced practice capability and curriculum documents.

The Framework was grounded in using the extensive expertise of UK-based, multi-professional, paediatric advanced practitioners, educators and leaders who have been at the forefront of paediatric advanced practice education, role development, multi-professional working, and advanced practice policy making for over 15 years.

As a starting point, a national engagement event was held in May 2019, attended by multi-professional, advanced paediatric practice stakeholders and paediatric medical colleagues. It also included higher education and commissioner representatives.

Building on the event, a core writing group was formed in August 2020 to develop the Framework. The group was chaired jointly by Katie Barnes and Professor Colin Morgan. It drew in the paediatric and child health expertise of practising advanced practitioners from nursing, pharmacy and the allied health professions. Members collectively had active roles in frontline clinical care, clinical leadership, advanced practice education and supervision, and experience in advanced practice research, policy-making and multi-professional collaboration. The group members and their wider networks collectively represented all six clinical populations and primary, secondary and tertiary care settings, as well as achieving a UK-wide geographical distribution.

Project management support, educational expertise and national project oversight were provided by the Royal College of Paediatrics and Child Health (RCPCH). Close links were maintained with the Centre for Advancing Practice.

Key documents and evidence base used in developing the Framework

Publications that guided the document's development are listed in Appendix 3. They included outcomes-based curricula from medicine, guidance from professional bodies, the international advanced practice evidence base, NHS strategy documents and important child-focused research.

The group noted that pioneering work in the USA, specific to paediatric advanced practice education, identified foundational skills such as history-taking, physical assessment, diagnosis, and management (as early as 1967) as critical components for the preparation of non-physicians providing primary care to children. Further refinements to education and training requirements for paediatric advanced practice continued in America. UK-based paediatric health care professionals have provided leadership to adapt, expand and extend this work to produce guidance for multi-professional advanced practice education and role development. This includes articulating the required links between advanced practice capabilities, education and role development. These foundational principles underpinned the Framework's development.

Patient and public involvement (PPI)

Patient and public involvement was considered crucial to the development of this framework. It was facilitated by the College activity to secure the voice and perspective of children and young people. The writing group had access to the *RCPCH & Us* network and *Voices Matters - Paediatrics 2040* programme. The network has an established diversity model underpinning its work, ensuring that children, young people and their families from a variety of experiences are included. Further information on the network and *Voices Matter* initiative can be found at: <https://paediatrics2040.rcpch.ac.uk/methodology/voice-children-young-people/>

Engagement activities that were designed to incorporate the voice of children into development of the curriculum included a 'gingerbread man' exercise. This involved giving children of different ages a blank gingerbread man outline (A4-sized for older children and an almost life-sized one for younger children and small groups). They were encouraged to talk about, draw or fill-in behaviours and characteristics 'that made someone really good at looking after children.' Responses focused on being inclusive and a good listener, working together and being honest. The gingerbread activities were carried out at the College roadshows, special interest groups events and the College's own 'bring your child to work day.' It enabled the curriculum to include the voices of healthy, disabled, and unwell children from universal, targeted and specialist health experience backgrounds.

In total over 200 people participated (170 children and young people, and 30 parents/carers) in London, Birmingham, Bristol, Liverpool, Glasgow, Pontyclun, Belfast and Buckingham. Some online responses were also gained.

The College also participated in the national 'Takeover Challenge' through which young people were invited into the workplace to get a view of the world of work. The activity designed to capture the perspective of young people involved a 'Big Brother' chair and two local health clinicians who were interviewed by the young people about what it is like to work in paediatrics and what were the important skills required to do this well. The young people analysed the results and brought their own thinking to design a capability to go into the new curriculum. Key results included approachability and friendliness, the ability to apply knowledge of developmental differences (and their impact on communication), and empowering children and young people to speak out. Results from all the events were incorporated into the capabilities and illustrations for **Domain 2 (Advanced Communication and Consultation Skills)**, **Domain 7 (Health Promotion and Illness Prevention)** and **Domain 8 (Quality Improvement)**

Members of the writing group also joined colleagues at Great Ormond Street Hospital for children in 2023 for a planned public and patient involvement event. This used similar activities to inform the discussion and subsequent feedback for the framework.

The Framework's development has therefore been informed by children, young people as well as their advocates, carers and families. This approach will continue through the framework's ongoing development and evaluation. Currency of the framework will be maintained in the following ways:

- Using the College's public and patient involvement networks and activities.

- The requirement that delivery of the framework involves children, young people and their parent/carers/advocates.

Equality, diversity, and inclusion

The Royal College of Paediatrics and Child Health's 'RCPCH & Us' events enabled College curriculum development to include the voices of healthy, disabled, and unwell children from universal, targeted and specialist health experience backgrounds and across all four countries of the UK. The engagement events led by the College's working group also addressed issues of equality, diversity, and inclusion. This provided assurance that:

- The Framework content was developed, reviewed, and revised by a diverse range of individuals, including via formal engagement events in which participants with a range of protected characteristics were involved
- Careful consideration was given to how the learning outcomes and key capabilities were framed, with feedback encouraged through consultation activity, on their relevance and the rationale for their inclusion, including to attempt to eliminate (as far as is possible) any unintended or unnecessary barrier to access or achievement
- There was diverse representation in the writing group, allowing for the review of the framework's components through an equality, diversity and inclusion lens
- The Framework documents will be published (electronically, including for downloading in an accessible format) in a font type and size that are appropriate for a wide range of audiences and optimised for readability
- Information about the Framework will be made available through a range of media, acknowledging individuals' differing learning styles

Development process

The Framework's development involved consultation and engagement with key paediatric advanced practice stakeholders. This occurred across nursing, medicine, pharmacy and nine of the allied health professions. Bespoke events were also conducted with employers, higher education advanced practice leads and NHS policy makers.

An iterative, consultative methodology was used in the Framework's development. This enabled repeated critique, review and testing at all stages of the document's production. The writing group members' extensive networks with expert peers and via organisational and governance structures (including within the NHS and across the higher education sector) were key to adopting this approach. Informal networking was also used to sense-check and gain feedback on refinements to the document content in the later stages of its development.

Several iterations of the Framework were developed and refined, based on the findings of the review of the literature and in consultation with the project writing group and other framework advisors and contributors.

Formal and informal feedback from these activities identified issues related to clinical language, procedures, prescribing and or management plans. Importantly, a recurring highlight of this work was enabling contribution that clinical population illustrations made in evidencing relevant applications of the Framework across the complex, interconnected and multi-professional landscape of paediatrics and child health. All feedback was incorporated

into the iterative versions of the Framework. It was used to amend the document's language and tone, including to achieve a fully inclusive multi-professional approach in the learning outcomes and capabilities.

Through consensus-building a draft was developed for external review. The draft Framework and a link to an on-line survey was shared with the higher education institution community via relevant networks. An analysis of responses enabled further amendments to be made to the Framework. A final draft was agreed by the Framework writing group.

The full document was submitted for independent review within the Centre's endorsement process. Changes were made in response to Centre feedback, resulting in the final publication.

Appendix 2: Acknowledgements

Framework writing group

	Role(s)	Place of work
Katie Barnes (Co-chair)	Associate Chief Nurse (Advanced Practice) Paediatric Advanced Practitioner (Emergency Department) National AP Development Group Lead (Paediatrics)	Alder Hey Children's NHS Foundation Trust
Prof Colin Morgan (Co-chair)	Consultant Neonatologist National Lead for AP (Paediatrics) Head of School (Paediatrics), Honorary Clinical Professor Deputy Research Programme Director	Liverpool Women's Hospital NHS Trust Health Education England Northwest School of Paediatrics, University of Liverpool Starting Well, Liverpool Health Partners
Stephen-Andrew Whyte (Lead for primary and urgent care, higher education institutions, and pharmacy)	Deputy Director of Education and Professional Lead for Advancing Practice	Great Ormond Street Hospital for Children NHS Foundation Trust
Claire Osborne (Lead acute paediatrics)	Trust Lead for Advancing Practice; Non-Medical Prescribing Co-Lead; Paediatric Advanced Nurse Practitioner Lecturer - Advanced Practice	Oxford University Hospitals, NHS Foundation Trust Oxford Brookes University, Faculty of Health and Life Sciences (HLS)
Sally Payne (Lead children with community and complex needs)	Professional Advisor Paediatric Occupational Therapist	Royal College of Occupational Therapists University Hospitals Birmingham
Diane Keeling (Lead for assessment/supervision and neonatology/ newborn health)	Supervision and Assessment Lead Neonatal Nurse Consultant BAPM Nurse Representative	South-West Regional Faculty of Advancing Practice University Hospitals Plymouth

Kirsti Soanes (Lead for emergency paediatrics)	Consultant AP Paediatric Emergency Medicine, Corporate Lead for Advanced Practice	University Hospitals of Birmingham NHS Trust
Emma Sturgess (Lead for critical care and transport)	Advanced Practitioner, Children's Acute Transport Service (CATS) Head of Education (Advanced Clinical Practice)	Great Ormond Street Hospital for Children NHS Trust
Colin Veal	Advanced Transport Nurse Practitioner AP Chairperson	Wales and West Acute Transport for Children Service (WATCH) Paediatric Critical Care Society
Daniel Waeland	Director of Education and Training	Royal College of Paediatrics and Child Health
Yvonne Savage	Quality and Standards Coordinator	Royal College of Paediatrics and Child Health
Lorraine Bullard	Quality and Standards Manager	Royal College of Paediatrics and Child Health
Carolyn Charlton	Curriculum Project Coordinator	Royal College of Paediatrics and Child Health
Robert Curd	Curriculum Project Administrator	Royal College of Paediatrics and Child Health

Framework Advisors and Contributors

	Role (s)	Place of work
Beverley Harden	National AHP Lead, Deputy CAHPO, Multi-Professional Advanced and Consultant Practice Lead; Visiting Professor	NHS England
Sally Gosling	Subject Matter Expert, Credentials	Centre for Advancing Practice, NHS England
Michaela Dixon	Advanced Transport Nurse Practitioner	Wales and West Acute Transport for Children Service (WATCH)
Rachael Morrison	Advanced Practitioner PICU and Critical Care Transport	Birmingham Women & Children's Hospital/KIDS NTS
Nancy Nunn	Paediatric Osteopath, Consultant	Institute of Osteopathy, Osteopathic Centre for Children/Foundation for Paediatric Osteopathy
Sue O'Neill	Head of Neonatal Nursing Liverpool Neonatal Partnership Advanced Neonatal Nurse Consultant	Liverpool Women's Hospital NHS Trust
Jennifer Deeney	Deputy Director of Nursing and Quality	Liverpool Heart and Chest NHS Foundation Trust
Susan Thong	Directorate Manager, Paediatrics	St Helen's & Knowsley Teaching Hospitals NHS Trust
Kerri McLennan	Safeguarding Nurse, Rainbow Centre	Alder Hey Children's NHS Trust
Annette Hall	Lead Advanced Paediatric Nurse Practitioner (General Paediatrics)	Alder Hey Children's NHS Trust
Cheryl Clarke	Advanced Paediatric Nurse Practitioner (General Paediatrics)	Countess of Chester NHS Trust
Christine Murray	Advanced Paediatric Nurse Practitioner (Response Team)	Alder Hey Children's NHS Trust
Kate O'Hagan	Advanced Paediatric Nurse Practitioner (General Paediatrics)	Alder Hey Children's NHS Trust
Julia Taylor	Advanced Paediatric Nurse Practitioner (High Dependency Unit)	Alder Hey Children's NHS Trust
Elaine Kenyon	Advanced Paediatric Nurse Practitioner (High Dependency Unit)	Alder Hey Children's NHS Trust

Kim Williams	Lead Nurse Cheshire and Merseyside Paediatric Network Consultant Nurse Emergency and Unplanned Care	Kids' Health Matters, CIC and Cheshire and Merseyside CYP Network
Naomi Lowe-Lennon	Advanced Neonatal Nurse Practitioner	Bolton NHS Foundation Trust
Tess Alcroft	Advanced Neonatal Nurse Practitioner	Leeds Teaching Hospitals NHS Trust
Natalie Anders	ANNP Neonatal Transport	Connect North West
Nathan Griffiths	Consultant Nurse and Clinical Lead (Paediatric Emergency Department/Observation and Assessment Unit)	PANDA Unit, Salford Care Organisation, Part of the Northern Care NHS Alliance, Salford Royal Hospital
Jenny Edmonds	(Retired) Advanced Clinical Practitioner, RCEM accredited	
Clare Sutherland	NMC Advanced Practice Nurse Adviser (England) Professional Practice Advanced Clinical Practitioner Associate Dean Interprofessional Learning Senior Professional Advisor	Nursing and Midwifery Council University Hospitals Derby and Burton NHS Foundation Trust NHSE East Midlands NHSE National
Claire Griffiths	Paediatric Lead and Advanced Paediatric Nurse Practitioner	Smithdown Children's Walk-In Centre, Mersey Care NHS Trust
Angela Armitage	Paediatric Advanced Clinical Practitioner Emergency Department	Alder Hey Children's NHS Trust
Emma Hudson	Advanced Clinical Practitioner (Paediatric Emergency Medicine) Associate Professional Officer PEDSiG Media Team Member	University Hospitals of Derby and Burton NHS Foundation Trust Royal College of Paediatrics and Child Health (RCPCH) Don't Forget The Bubbles (DFTB)
Kelly Owens	Consultant Nurse (Paediatric Emergency Medicine)	Brighton and Sussex University Hospitals NHS Trust
Amy Clarkson	Senior Paediatric Advanced Clinical Practitioner	Shrewsbury and Telford Hospital NHS Trust
Jacqueline Smith	Neonatal Clinical Lead	Neonatal Nurses Association
Pippa Clark	Training Programme Lead Midwifery/Women's Health	Faculty of Advancing Practice, South East
Jonathan O'Keeffe	Advanced Neonatal Nurse Practitioner South East Region Advanced Practice Training Programme Lead; (Neonates and Paediatrics)	Evelina Children's Hospital, Health Education England South East

Cliona Ni Bhrolchain	(Retired) Consultant Community Paediatrician	
Lisa Cooke	Head of Paediatric Nutrition, Dietetics and SALT Joint AHP Lead for Women's and Children's Clinical Lead for APP Masters (Paediatric Dietetics)	Bristol Royal Hospital for Children Plymouth University
Simon Jones	Chair Children's Podiatry Special Advisory Group	Children's Podiatry Special Advisory Group
Catherine Tuffrey	Consultant Paediatrician and Clinical Lead (Community Paediatric Medical Service - Solent East)	Solent NHS Trust
Mark Wilson	Osteopath (Paediatric Pathway Course Director)	Sutherland Cranial College of Osteopathy (SCCO)
Sienna Forrester	Drama therapist Executive Committee Member	British Association of Drama therapists (BADth)
Katie Elwig	Clinical Lead and Specialist Paediatric Dietitian (BMT/Haem/Onc)	Imperial College Healthcare NHS Trust, St Mary's Hospital
David Lewis	Designated Doctor for Safeguarding and Looked After Children	Herefordshire and Worcestershire Clinical Commissioning Group
Kenny Gibson	Deputy Director	NHS Safeguarding
Heidi Green	Advanced Neonatal Nurse Practitioner	University Hospital of Wales, Cardiff
Julian Barratt	Lead for the Centre for Advancing Practice Centre for Advancing Practice Regional Faculty Lead for Advancing Practice Faculty for Advancing Practice (Midlands) Honorary Research Fellow	Faculty of Education, Health and Wellbeing University of Wolverhampton

Appendix 3: Bibliography and sources of further information

American Occupational Therapy Association (OTA) (2020) [Occupational Therapy Code of Ethics](#). *American Journal of Occupational Therapy*; 74 (Supplement 3): 1-13.

APRN (Advanced Practice Registered Nurse) Consensus Work Group and National Council of State Boards of Nursing (2008) Consensus model for APRN regulation: licensure, accreditation, certification, and education. *Journal of the American Association of Nurse Practitioners*; 25(4): 180-185.

Aruda MM, Griffin VJ, Schwartz K & Geist M. (2016) Evolving role of paediatric nurse practitioners. *Journal of the American Academy of Nurse Practitioners*; 28(2):68-74.

The Association of Faculties of Paediatric Nurse Associates/Practitioners Programs (AFPNP) (1981) Philosophy, conceptual mode, terminal competencies for the education of paediatric nurse practitioners. Washington, DC: AFPNP

Barnes, K., Williams, K., McClennan, C., Minford, S. and Williams, S. (2019) [Cheshire and Merseyside Governance Framework for Advanced Clinical Practice: Paediatrics and Neonates](#). [online] [Accessed May 2022]

Barnes, K., Williams, K., McClennan, C., Minford, S. and Williams, S. (2019) [Career Development Pathway and Assessment Tool](#). [online]. [Accessed May 2022]

Black, D. (2016) [An end to box ticking: an overhaul of competency-based education](#). *BMJ*, [online] p.i3020. [Accessed June 2022].

Chartered Society of Physiotherapists. (2020) [Advanced Practice in Physiotherapy](#). [online]. [Accessed September 2020].

Department of Health and Social Care (DHSC) (2021) [Working together to improve health and social care for all](#). [Accessed March 2021]

General Medical Council (2013). [Good Medical Practice](#). [online]. [Accessed November 2019].

General Medical Council (2017). [Generic Professional Capabilities Framework](#). [online]. [Accessed November 2019]

Health Education England and Skills for Health (2017) [Person-Centred Approaches](#). [online] [Accessed November 2020]

NHS England (2025) [Multi-professional framework for advanced practice in England](#). [online]. [Accessed pre-publication November 2024].

Health Education England (2020) [Core Capabilities Framework for Advanced Practice \(Nurse\) Working in General Practice/Primary Care in England](#). [Accessed October 2020].

Health Education England (2020) [Advanced Practice Mental Health Curriculum and Capabilities Framework](#). [online] [Accessed October 2020]

Health Education England (2020). [Advanced Practice in Acute Medicine Curriculum Framework](#). [online] [Accessed October 2020].

Health Education England, School of Pharmacy and Medicines Optimisation (North). (2022). [Implementing Advanced Pharmacist Practice Development](#). [online]. [Accessed October 2022]

Health Education England (2021) [Workplace Supervision for Advanced Clinical Practice: An integrated multi-professional approach for practitioner development](#). [online] [Accessed September 2022].

Hyde R, MacVicar S & Humphrey T. (2020). Advanced practice for children and young people: a systematic review with narrative summary. *Journal of Advanced Nursing*; (76): 135-146.

Hyde, R., (2021). We need to appreciate the nuances and make connections to outcomes. *British Journal of Nursing*, [online] 30(5), pp.280-280.

Jones, T., Webster, K., Hodson, J., Couper, J., Keeling, D., Preston, W., Lewis, L., Mayes, A., Carpenter, M. and Dinwiddy, K., (2019). [Recognising the need for a career pathway for advanced neonatal nurse practitioners](#). [online]

Livesley, J., Waters, K. and Tarbuck, P., (2009). The management of advanced practitioner preparation: a work-based challenge. *Journal of Nursing Management*, [online] 17(5), pp.584-593.

Maclaine K. (2017). [Principles to support high quality Advanced Clinical Practice Education](#) [online] Association of Advanced Practice Educators UK. [Accessed October 2020]

Morgan C, Barry C & K Barnes. (2012). Master's programs in advanced nursing practice: new strategies to enhance course design for subspecialty training in neonatology and paediatrics. *Advances in Medical Education and Practice*; (3): 129-137.

National Organisation of Nurse Practitioner Faculty (NONPF). (2013). *Population-focused nurse practitioner competencies: neonatal, pediatric acute care, pediatric primary care*. Washington, DC: NONPF.

NHS England, (2016). [Healthy Children: Transforming Child Health Information](#). [online] [Accessed October 2020]

NHS England (2019) [The NHS Long Term Plan](#). [online] [Accessed October 2020]

NHS England (2020) [We are the NHS: People Plan 2020/21 – action for us all](#) [online] [Accessed October 2020]

Nicolson, P., Burr, J. and Powell, J., (2005). [Becoming an advanced practitioner in neonatal nursing: a psycho-social study of the relationship between educational preparation and role development](#). *Journal of Clinical Nursing*, [online] 14(6), pp.727-738. [Accessed May 2022].

Nielsen F (2018). [Advanced clinical practice education in England](#). Councils of Deans of Health. [online] [Accessed October 2020]

Northern Ireland Department of Health. (2019). [Advanced Practice AHP Practice ñ Guidance for Supporting Advanced Allied Health Professionals Practice in Health and Social Care](#). [online]. [Accessed October 2020]

Paediatrics 2040 (2021) [Voice matters](#) [online]

Petty, J., Jarvis, J. and Thomas, R., (2019). [Understanding parents' emotional experiences for neonatal education: a narrative, interpretive approach](#). *Journal of Clinical Nursing*, [online] 28(9-10), pp.1911-1924.

Petty, J., Jarvis, J. and Thomas, R., (2019). [Listening to the parent voice to inform person-centred neonatal care](#). *Journal of Neonatal Nursing*, [online] 25(3), pp.121-126. Available at:

Royal College of Paediatrics and Child Health (2018). [RCPCH Progress General Curriculum](#). [online]. [Accessed May 2019]

Royal College of Nursing (2017). [Getting it Right for Children and Young People](#), Royal College of Nursing. [online] [Accessed May 2022]

Royal College of Nursing (2018). [Standards for Advanced Level Nursing Practice](#). [online].

Royal College of Paediatrics and Child Health, (2018). [RCPCH Progress curriculum](#). [online] [Accessed October 2020].

Royal College of Paediatrics and Child Health (RCPCH). (2020). [The NHS Long Term Plan: A Summary of Child Health Proposals](#). [online]. [Accessed November 2020].

Royal College of Paediatrics and Child Health, (RCPCH). (2015). [Facing the Future standards for paediatric care](#). [online]. [Accessed May 2022]

Royal College of Podiatry, (2021). [Podiatry Career Framework](#). [online] [Accessed 2022]. Available at: [Royal College of Podiatry publishes Careers Framework \(rcpod.org.uk\)](http://rcpod.org.uk)

Royal Pharmaceutical Society (2013) [The RPS Advanced Pharmacy Framework](#). [online]

Silver HK, Ford LC & Steady SG. (1967). [A program to increase health care of children: the pediatric nurse practitioner program](#). *Pediatrics*; 39(5): 756-760

Snelson E & Hoskins J. (2019). [Models of paediatric learning for UK primary care](#). *Health Education Journal*; 78(3): 366-374.