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PAEDIATRICS



## Integrated Care Programme for Children

### Paediatric Health and Social Care Professional Expert Group

# Competencies for Health and Social Care Professionals working in Paediatric Healthcare Services

November 2019



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# Abbreviations and glossary of terms

<b>CPD</b>	Continuous Professional Development
<b>DCYA</b>	Department of Children and Youth Affairs
<b>EdCaN</b>	National Cancer Nursing Education Project
<b>HSCP</b>	Health and Social Care Professional
<b>HSE</b>	Health Service Executive
<b>Assent</b>	An expression of willingness or affirmative agreement to a health or social care intervention given by a young person who is not legally authorised or has insufficient understanding to be competent to give full consent. The assent procedure should reflect a reasonable effort to enable the child to understand, to the degree they are capable, what their agreement would involve.
<b>Care plan</b>	A care plan or treatment plan sets out the interventions that an individual HSCP, or a multidisciplinary team, hope to provide to a patient based on their specific needs and goals. It helps to facilitate communication and coordination between team members, and with the patient.
<b>Clinical handover</b>	The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis
<b>Consent</b>	The giving of permission or an agreement for an intervention, receipt or use of a service or participation in research following a process of communication in which the service user has received sufficient information to enable him/her to understand the nature, potential risks and benefits of the proposed intervention or service.
<b>Environment</b>	Refers to the different settings that may need to be considered in the context of assessing or treating a child, e.g. home, other family or care settings, hospitals, schools, voluntary organisations, etc.
<b>Multidisciplinary team</b>	A group of health care workers from different disciplines / professions who provide services or interventions to the patient.

## Introduction

The Integrated Care Programme for Children has been established by the Health Service Executive (HSE) to ensure that children and their families can access safe, high quality services in an appropriate location, within an appropriate timeframe, irrespective of their geographical location or social background without duplication or fragmentation of services. It builds on the work of the National Clinical Programme for Paediatrics and Neonatology and will be responsible for determining how the national model of care for neonatal and paediatric services in Ireland will be implemented.

A paediatric health and social care professional (HSCP) expert group was formed in 2017 as part of the Integrated Care Programme for Children to provide a forum for HSCPs to inform and influence strategic direction and support the programmes of work of the integrated care programme and national clinical programme. The group will provide or source subject matter expertise and assist in the development and review of guidelines and policies in line with national and international best practice. The group contains representatives from a range of professions working in acute, primary and community care settings. The current membership of this group is detailed in Appendix 1.

## Development of a Competency Framework for Paediatric Health and Social Care Professionals

Chapter 9 of the national model of care details some important considerations in workforce planning for paediatric healthcare services, reinforcing that *“the paediatric workforce must be available in adequate numbers, with the appropriate skills to deliver safe and effective services”* and that *“health and social care professionals working with children should have appropriate paediatric clinical skills and clinical experience”*. Of particular relevance to this project is the recommendation that:

*“Competency frameworks should be devised for each HSCP working across the spectrum of Paediatric and Neonatology services with children and families to ensure that each professional is clear about what is expected of them to fulfil their roles, and that discipline specific managers can support their staff by implementing the appropriate performance management cycle for each staff member.”*

The paediatric HSCP expert group, supported by the Integrated Care Programme for Children and the Primary Care Division of the HSE, has developed this document for HSCPs working in paediatric services in all healthcare settings. This document represents phase one of the project to develop a framework of competencies to support integrated workforce planning and staff development in paediatric health and social care professional services. It should be used in conjunction with the relevant code of professional practice and ethics for each health and social care profession.

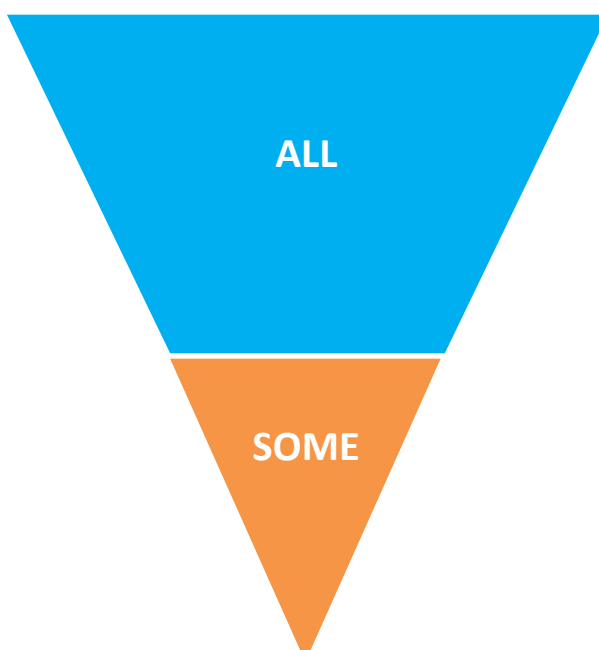
# Domains of Competence

This competency framework for paediatric HSCPs has been adapted from the framework used by the National Clinical Programme for Palliative Care (2014), which was in turn based on the Australian National Cancer Nursing Education Project (EdCaN) model for nurses working in the oncology setting (2009). Paediatric HSCP expert group members identified six core areas of competence, together with associated indicators and measurable activities, following extensive discussion and engagement with colleagues in order to reach consensus.

Paediatric HSCP competencies are described within this document under six domains:

Domain 1	Principles of child health
Domain 2	Communication
Domain 3	Child- and family-centred
Domain 4	Quality and safety
Domain 5	Collaborative practice
Domain 6	Professional and ethical practice

These competencies will be common to all paediatric HSCPs, and should be central to all activities undertaken in the delivery of healthcare services for infants, children and young persons. Domains and indicators may be interrelated, so activities that support the attainment of competence may address more than one area of competence. Some paediatric HSCPs will require more specific or specialised competence which may be achieved through further study and/or additional clinical experience in a particular setting to develop a deeper knowledge within their field. This will be described in more detail in phase two of this project.



## Phase 1:

Competencies for 'all' paediatric health and social care professionals, irrespective of staff grade or care setting.

## Phase 2:

Competencies for 'some' paediatric health and social care professionals working in paediatric services.

## Domain 1: Principles of child health

Indicators	Measurable activities	Yes/No/NA
1.1	<p>Ensures appropriate levels of knowledge in paediatrics, and that this is maintained through continuous professional development.</p>	<ul style="list-style-type: none"> <li>• Understands how different paediatric conditions or diagnoses relate to the individual's area of professional practice</li> <li>• Demonstrates an awareness of relevant clinical guidelines and standards of care</li> <li>• Documents evidence of participation in a range of CPD activities that are relevant to role</li> </ul>
1.2	<p>Has an understanding of the infant/child/young person in the context of their family / caregivers, environment and wider social context.</p>	<ul style="list-style-type: none"> <li>• Engages in professional and therapeutic relationships with families/caregivers and other professionals/agencies</li> <li>• Ensures that assessment and care planning takes into account the wider environment of the infant/child/young person and how this can impact on outcomes</li> </ul>
1.3	<p>Has a holistic understanding of the significance of physical, developmental, psychological, social, cultural, emotional, spiritual, economic and environmental factors affecting the infant/child/young person and their families/caregivers.</p>	<ul style="list-style-type: none"> <li>• Shows how information from a number of sources is collected, assessed and analysed in determining an appropriate diagnosis and care plan</li> <li>• Has an awareness of own and organisational cultural beliefs and values, as well as those of the child and family/caregivers, and how this may influence practice</li> <li>• Demonstrates empathy and understanding in addition to appropriate levels of clinical judgement at all times</li> </ul>
1.4	<p>Ensures that, where possible, interventions and care plans aim to maximise the potential health and wellbeing of the Infant / child / young person.</p>	<ul style="list-style-type: none"> <li>• Ensures that interventions and care plans not only address short term or acute priorities, but also aim to positively influence health, wellbeing and long term outcomes</li> </ul>
1.5	<p>Able to assess, interpret and intervene within an appropriate time frame in accordance with best practice.</p>	<ul style="list-style-type: none"> <li>• Demonstrates ability to appropriately analyse findings and develop evidence-based care plans</li> <li>• Manages caseload appropriately to ensure effective and equitable use of available clinical resource</li> </ul>
1.6	<p>Able to plan and provide care which is age – and /or developmentally appropriate.</p>	<ul style="list-style-type: none"> <li>• Ensures that assessment and care planning takes into account the age and stage of development of the infant/child/young person and their ability to achieve desired outcomes</li> </ul>

## Domain 2: Communication

Indicators	Measurable activities	Yes/No/NA
<p><b>2.1</b> Understands the importance of different types of communication (e.g. verbal, non-verbal, visual, electronic and written) in providing care, and utilises strategies to ensure effective communication.</p>	<ul style="list-style-type: none"> <li>• Demonstrates ability to appropriately use effective listening, verbal, non-verbal and written communication skills when engaging with children and families/caregivers</li> <li>• Translates technical or scientific information into practical advice and guidance using a variety of different media</li> <li>• Modifies communication style depending on the individual needs of the infant/child/young person and their family/caregiver</li> <li>• Ensures that information technology and social media are used responsibly in accordance with code of professional practice and local policies</li> </ul>	
<p><b>2.2</b> Demonstrates sensitive and effective communication at all times with children and families/caregivers from diverse cultures and different backgrounds, as well as with the multidisciplinary team and any other individuals or agencies.</p>	<ul style="list-style-type: none"> <li>• Displays empathy and establishes trust and rapport when communicating with others</li> <li>• Confirms understanding and tailors communication appropriately to the individual</li> <li>• Uses professional interpreters/cultural mediators and/or uses assistive communication technology where necessary</li> <li>• Demonstrates adherence to best practice guidelines when communicating sensitive information to families/caregivers</li> </ul>	
<p><b>2.3</b> Supports and empowers the infant/child/young person and their family/caregivers to understand and participate in all aspects of their care to the extent that they are able to and wish to do so.</p>	<ul style="list-style-type: none"> <li>• Uses active listening to maintain rapport and confirm understanding</li> <li>• Provides children and families/caregivers with practical advice and skills to increase autonomy and active participation</li> </ul>	
<p><b>2.4</b> Ensures that informed consent/assent is received for any interventions in line with employer requirements and code of professional practice and ethics.</p>	<ul style="list-style-type: none"> <li>• Understands the concepts of informed consent and assent as it pertains to children and young people, and the interaction of same with their rights and the rights of their parents/caregivers at different ages and stages of their development</li> <li>• Explains the planned assessment and/or intervention to children and families/caregivers, together with any risks, benefits and alternative options in a manner that is non-judgemental and easily understood</li> <li>• Considers the rights of infant/child/young person and their family/caregivers to refuse recommended interventions, while working in their best interests at all times in line with Children First (see 3.6 and 4.2 also)</li> <li>• Maintains appropriate records of all interventions</li> </ul>	



## Domain 3: Child- and family-centred

Indicators		Measurable activities	Yes/No/NA
3.1	Recognises that the infant / child / young person and their family / caregivers are central to the care process.	<ul style="list-style-type: none"> <li>• Demonstrates through clinical practice that services provided are child- and family-centred</li> <li>• Works in partnership with children and families / caregivers in relation to planning any assessments and/or interventions</li> <li>• Provides clear information on any risks, benefits and alternative options so that children and families / caregivers can make informed decisions about their care</li> </ul>	
3.2	Works to minimise the impact of diagnosis, illness or disability, and maximise opportunities for growth and development	<ul style="list-style-type: none"> <li>• Demonstrates good understanding of their relevant clinical area and delivers appropriate interventions in line with best available evidence</li> <li>• Ensures that interventions not only address acute priorities but also consider long term outcomes, growth and health potential</li> </ul>	
3.3	Anticipates and responds to the needs of the infant/child/young person and their family / caregiver.	<ul style="list-style-type: none"> <li>• Modifies interventions according to the changing needs of the child and family / caregivers</li> </ul>	
3.4	Displays a respectful and compassionate approach to care of the Infant / child / young person and their family / caregivers.	<ul style="list-style-type: none"> <li>• Works respectfully with individuals and groups from different cultural, economic and social backgrounds</li> </ul>	
3.5	Works collaboratively with the family/caregivers towards shared goals.	<ul style="list-style-type: none"> <li>• Works with children and families / caregivers to develop care plans based on shared goals</li> <li>• Recognises the expertise of families / caregivers specific to their child and individual circumstances</li> </ul>	
3.6	Recognises the rights of infants/children/young persons and their parents / caregivers / families, and ensures that where there is conflict the child's welfare comes first.	<ul style="list-style-type: none"> <li>• Supports children and their families / caregivers to make informed choices based on best available evidence, which prioritises the welfare of the child (see 2.4 and 4.2 also)</li> </ul>	
3.7	Consults with, and advocates for, the child / young person taking into account age and understanding.	<ul style="list-style-type: none"> <li>• Includes the 'voice of the child' in planning, delivering and modifying any interventions</li> <li>• Identifies and promotes opportunities to improve health outcomes and advocates for the child/young person to realise same</li> </ul>	
3.8	Supports transition between care settings and services.	<ul style="list-style-type: none"> <li>• Plans and supports transition to other services or care settings in collaboration with the child, their family / caregivers, and other agencies / institutions</li> </ul>	

## Domain 4: Quality and safety

Indicators	Measurable activities	Yes/No/NA
<p><b>4.1</b> Ensures service delivery complies with the policies, procedures and safe practice of the Irish healthcare system by adhering to legislation, regulations, guidelines and standards.</p>	<ul style="list-style-type: none"> <li>• Demonstrates compliance with national and local policies, procedures and guidelines</li> <li>• Attends appropriate training on quality and safety, including mandatory training</li> <li>• Participates in audit, research, activity recording/reporting and service evaluation to support delivery of high quality services and shares results with professional and multidisciplinary colleagues</li> </ul>	
<p><b>4.2</b> Aware of responsibilities with regard to child protection and welfare and follow through on these in conjunction with a multidisciplinary team and other individuals/agencies as appropriate.</p>	<ul style="list-style-type: none"> <li>• Completes training, and maintains good working knowledge, on Children First legislation and child protection including the role of the mandated person</li> <li>• Takes appropriate action when any child protection concerns arise</li> </ul>	
<p><b>4.3</b> Ensures that every effort is made to minimise harm and optimise outcomes so that the infant/child/young person and their family/caregivers receive the safest and highest quality of care possible.</p>	<ul style="list-style-type: none"> <li>• Works to minimise risks and provide a safe and appropriate environment for children and families/caregivers</li> <li>• Maintains clinical competence and effectiveness through compliance with requirements for CPD and professional registration</li> </ul>	
<p><b>4.4</b> Endeavours to provide an age- and developmentally-appropriate environment.</p>	<ul style="list-style-type: none"> <li>• Applies knowledge of child's age and developmental stage to ensure that interventions, activities and resources used support achievement of outcomes</li> <li>• Identifies and appropriately escalates risks in relation to the care environment</li> </ul>	

## Domain 5: Collaborative practice

Indicators		Measurable activities	Yes/No/NA
5.1	Engages in an interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of health care providers to synergistically influence care provided	<ul style="list-style-type: none"> <li>• Understands contribution of own profession within scope of practice when working collaboratively with others</li> <li>• Recognises and considers the contribution, diverse roles and responsibilities of others when planning and delivering services</li> <li>• Demonstrates a good working knowledge of relevant referral pathways</li> <li>• Develops and maintains good working relationships with other members of the MDT</li> </ul>	
5.2	Works effectively with the infant/child/young person, their family/caregivers, other members of the multidisciplinary team and other individuals or agencies across a range of settings in order to achieve agreed goals or outcomes.	<ul style="list-style-type: none"> <li>• Ensures that the best interests of the infant/child/young person and their parents/caregivers are upheld at all times</li> <li>• Participates in collaborative care planning and measurement of outcomes with the child, family/caregiver and other key professionals</li> <li>• Ensures that relevant profession-specific goals are integrated effectively into the wider care plan for the individual child and family/caregivers</li> <li>• Provides appropriate clinical handover to colleagues in different agencies/institutions to support efficient and effective transitions between care settings</li> </ul>	

## Domain 6: Collaborative practice

Indicators		Measurable activities	Yes/No/NA
6.1	Complies with the code of professional practice and ethics appropriate to the profession at all times.	<ul style="list-style-type: none"> <li>For regulated professions, maintains professional registration in accordance with appropriate code of professional practice and ethics</li> <li>For all other professions, maintains standards of professional practice in line with appropriate professional bodies</li> <li>Recognises own scope of professional practice and limitations, seeking support from others when needed</li> </ul>	
6.2	Respects the needs, vulnerability, diversity and economic status of infants/children/ young persons and their family/caregivers at all times.	<ul style="list-style-type: none"> <li>Demonstrates ability to evaluate diverse needs and circumstances</li> <li>Works respectfully with individuals and groups from different backgrounds</li> </ul>	
6.3	Maintains own competence through continuous professional development, reflective practice and supervision.	<ul style="list-style-type: none"> <li>Provides evidence of a blended learning approach to a range of appropriate paediatric CPD activities</li> <li>Actively participates in supervision and reflective practice as relevant to the role</li> </ul>	
6.4	Contributes to the professional development of students, colleagues and others through consultation, education, training, leadership, supervision, mentoring and coaching.	<ul style="list-style-type: none"> <li>Participates in training, mentoring and supervision of students and junior colleagues</li> <li>Provides education and training to individuals and groups appropriate to their role</li> <li>Participates in groups and committees working in the area of paediatric healthcare</li> </ul>	
6.5	Conducts audit and research in an ethical manner.	<ul style="list-style-type: none"> <li>Complies with relevant national and local policies and/or procedures with regard to the ethical aspects of conducting audit or research</li> <li>Ensures required standard of documentation are met when conducting audit or research</li> <li>Demonstrates an awareness of the DCYA guidance for developing research projects involving children (2012)</li> </ul>	

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## Appendix 1: Membership of Paediatric HSCP Expert Group

Membership of group correct as of May 2018:

<b>Tanya Brady</b>	Speech and Language Therapy Coordinator	Central Remedial Clinic, University Hospital Waterford
<b>Claire Browne</b>	Dietitian Manager In Charge III	Temple Street Children's University Hospital
<b>Emma Butler</b>	Consulting Occupational Therapist in private practice	
<b>Eleanor Campbell</b>	Clinical Specialist Radiographer	Our Lady of Lourdes Hospital Drogheda
<b>Ruth Creighton</b>	Physiotherapy Manager	Temple Street Children's University Hospital
<b>Martin Cromb</b>	Audiology Manager	Temple Street Children's University Hospital
<b>Caroline Flynn</b>	Senior Play Specialist	Temple Street Children's University Hospital
<b>Jennifer Grehan</b>	Radiography Lecturer	University College Dublin
<b>Vivienne Hand</b>	Occupational Therapy Manager	Our Lady's Children's Hospital Crumlin
<b>Eoghan Hayden</b>	Clinical Engineer	National Maternity Hospital Dublin
<b>Louise Higgins</b>	Senior Clinical Psychologist	CHO 7
<b>Sheila McCrory</b>	Head Medical Social Worker	Our Lady's Children's Hospital Crumlin
<b>Aoife O'Brien</b>	Senior Physicist	University Hospital Galway
<b>Niamh O'Keefe</b>	Senior Dietitian	CHO 8
<b>Margaret Rafferty</b>	Physiotherapy Manager	CHO 1 (Cavan/Monaghan)
<b>Irene Regan</b>	Chief Medical Scientist	Our Lady's Children's Hospital Crumlin
<b>Helena Rushe</b>	Psychology Manager	Temple Street Children's University Hospital
<b>Mairead Ryan</b>	Chief I Respiratory Physiologist	Our Lady's Children's Hospital Crumlin
<b>Margaret Mary Smith</b>	Clinical Specialist Speech and Language Therapist	Cork University Maternity Hospital
<b>Aoife Timothy</b>	Principal Social Worker	Central Remedial Clinic, Clontarf
<b>Grace Turner</b>	Senior Programme Manager	Integrated Care Programme for Children, HSE

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