

The National Capabilities Framework for Professionals who care for Children and Young People with Asthma



Supporting excellent asthma care for all children and young people





Foreword

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The UK has some of the highest prevalence, emergency admission and death rates for childhood asthma in Europe and outcomes are worse for children and young people living in the most deprived areas. A number of reports produced in recent years make key recommendations for all professionals involved in the care of children and young people with asthma. The National Review of Asthma Deaths and the more recent Healthcare Safety Investigation Branch report highlight the need for healthcare professionals to be competent in the management of children and young people with asthma.

The development and implementation of the National Capabilities Framework for Professionals who care for Children and Young People with Asthma, aims to ensure that all professionals involved in their care are meeting the level of competency required for their particular role in the management of that child or young person. The adoption of this framework will ensure that competent professionals are delivering effective asthma care and will therefore drive improvements in health outcomes for children and young people with asthma, as well as education and training in the future.



Matthew Clark

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The Children and Young People's (CYP) Transformation programme has committed in the NHS Long Term Plan to improve asthma outcomes for CYP.

We have been working with key stakeholders, including young people and their families, to develop a National Bundle of Care for Children and Young People with Asthma to support local systems with the management of asthma care. The programme sets out the blueprint of evidence-based interventions to help children, young people, families

and carers, to control and reduce the risk of asthma attacks and to prevent avoidable harm.

Progress depends on improving the knowledge and skills of everyone who looks after children with asthma, from sports coaches to paediatricians. This capabilities framework provides a clear structure for both health and non-healthcare professionals to understand what knowledge they need and where to access training.

My thanks to Jennifer Townshend, Oliver Anglin and everyone else involved in developing the capabilities framework, a vital element of how we will improve outcomes for CYP with asthma.



Aishah and Haania – Young Person asthma voice representatives and experts by lived experience.

During our time at school, our PE teachers misunderstood the purpose of a reliever inhaler and this created a lot of confusion as to how and when we should be taking our inhalers. Having our asthma nurses and PE teachers tell us different information about how to manage our asthma was not only confusing but also potentially detrimental to both our asthma control and our confidence.

The inconsistencies in the advice we received for our asthma care highlights the importance of the National Capabilities Framework for Professionals who care for Children and Young People with Asthma, as it clearly sets out the standards of skills and knowledge required of any professional who may need to care for a child with asthma.



This guidance will provide consistency in the advice given to children and young people about asthma care, across all professionals who may have contact with them, by ensuring these professionals have the relevant knowledge and skills. This in turn will not only support better asthma care but will help prevent any misconceptions from forming and allow young people to have a seamless asthma care journey - young people shouldn't be worrying about conflicting advice, they should have the confidence in their professionals' asthma knowledge.

Acknowledgements

NHS England and NHS Improvement would like to thank the expert clinicians involved in the development of this framework, in particular the tireless work of Jennifer Townshend and Oliver Anglin. We would also like to acknowledge the valuable contribution of children and young people and their families, the Royal College of General Practitioners, Royal College of Nursing, Royal College of Paediatrics and Child Health, the Chartered Society of Physiotherapists, Royal Pharmaceutical Society, The Healthy London Partnership, Asthma UK, Beat Asthma and Health Education England.





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Executive summary

Who is this Framework for?

The National Capabilities Framework for Professionals who care for Children and Young People with Asthma is aimed at anybody who may encounter a child or young person with asthma and includes childcare providers, those working in education, uniformed services, sports coaches, social services, local government, health care workers

Introduction

Asthma is the most common long-term medical condition in children and young people. Asthma outcomes in the UK are amongst the worst in Europe and sadly, every year, children continue to avoidably die from asthma.

Previous reports have identified lack of specific asthma expertise and knowledge amongst health professionals as a significant avoidable factor in asthma deaths with recommendations that all who care for children and young people with asthma should be better educated in how to manage it.

As part of the National Bundle of Care for CYP with Asthma, NHS England and Improvement have developed this Framework. The framework is aimed at any professional who may encounter a child with asthma, and allows individuals, employers and integrated care systems (ICS's) to be aware of the skills and knowledge that are required to safely care for a child or young person with asthma.

The Framework Tiers

The framework is divided into 5 'tiers'. A tier describes the level of care a person may be expected to deliver to a child or young person

with asthma. The more involved the care, the higher the level of tier. The tiers are not profession specific, but rather describe a level of asthma care an individual may deliver to a child or young person. Individuals should look at their own role and choose the tier most appropriate to the care they deliver. (See Summary table 1)

The Framework Capabilities

At each tier, there is a set of 10 asthma capabilities, each with an agreed set of learning outcomes relevant to that tier.

These capabilities outline the minimum knowledge and skills any individual must possess to safely carry out their role in caring for a child or young person with asthma.

Achieving the Capabilities

The capabilities can be achieved for most of the tiers through structured education programmes. Individuals working at tiers 4 and 5 may choose to complete a portfolio of evidence instead. Training programmes are intended to supplement existing professional training. A template portfolio can be downloaded [here](#).

Several national courses have been designed and accredited to meet the capabilities for tiers 1 to 4. They can be found on the HEE CYP asthma home page [here](#).

Organisations and ICSs should support individuals in achieving the skills and knowledge required for their roles. This could be by providing dedicated time to complete learning or financial support.

CYP Asthma Capability Framework Tiers

Tier	Level of care	Example profession	Knowledge and skills
1	Signposting	<ul style="list-style-type: none"> • Social care • Education staff • Childcare providers • Leaders of children's clubs • GP receptionists • Health Care Assistants 	<p>Basic awareness of asthma, its management, inhaler use and basic modifiable risk factors.</p> <p>Able to signpost families to resources.</p>
2	Supporting prescribed care	<ul style="list-style-type: none"> • Practice, School, Community and ward nurses • Health visitors • Community pharmacist • AHPs • Ambulance staff 	<p>Greater understanding of the principles of asthma management and able to deliver prescribed care both routinely and in an emergency.</p> <p>Able to view asthma as a chronic condition and identify risk factors for poor control</p>
3	Assessment and prescribing of care	<ul style="list-style-type: none"> • General Practitioners • Emergency department doctors • Paediatricians • Doctors in training • Nurses with a special interest • Clinical pharmacist 	<p>Able to diagnose, assess and manage acute and chronic asthma.</p> <p>Able to address the factors that contribute to poor control</p>
4	Assessment and prescribing for the more difficult to treat asthmas	<ul style="list-style-type: none"> • Paediatricians with special interest • Advanced nurse practitioners 	<p>In depth knowledge of asthma and the differentials and able to diagnose, assess and manage the more difficult to treat asthmatic.</p> <p>Able to work with wider teams to support all aspects of management and transition</p>
5	Managing the difficult and severe asthmas	<ul style="list-style-type: none"> • Tertiary paediatrician • AHP member of the asthma MDT 	<p>Specialist knowledge and skills to diagnose, assess and manage the most severe and difficult to treat asthmatics</p>

Part 1: Background and Context

Background

Asthma is the most common long-term medical condition in children and young people (CYP) in the UK. Around 1 in 11 CYP are living with asthma every day (reference 1) and poor control can not only impact physical health but also psychological health and educational attainment.

Asthma outcomes in the UK are amongst the worst in Europe (reference 2) and sadly, every year, children and young people in the UK continue to avoidably die from asthma.

Lack of knowledge of the basics of good asthma care is a significant avoidable factor in both asthma deaths and other poor asthma outcomes. New standards are needed to ensure that all who may care for a child with asthma are adequately trained and capable to do so, from health-care professionals to non-healthcare professionals to families and asthma sufferers themselves.

NHS England and NHS Improvement have set out plans to reduce avoidable harm to CYP with asthma in the publication of the 'National Bundle of Care for CYP with Asthma', which takes a whole system approach to managing asthma. One component of this plan has been to address the educational needs of all people involved in the care of CYP with asthma and an important aspect in achieving this has been the development of the CYP National Asthma Capability Framework. This framework sets out standards of care that are required of any professional who may look after a child or young person with asthma, as well as resources to support professionals to meet these standards.

This framework will ensure that:

- Children and young people with asthma will have access to skilled and knowledgeable health and non-healthcare professionals to ensure they receive excellent asthma care

- Expectations are standardised across the country ensuring there is no geographical variation in knowledge and skills
- Services and individuals understand what is expected of them and how to achieve it
- Data collection will allow benchmarking

The National Capabilities Framework for Professionals who care for Children and Young People with Asthma is aimed at anybody who may encounter a child or young person with asthma and includes childcare providers, those working in education, uniformed services, sports coaches, social services, local government and health care workers.

Overview of the framework

Health Education England has published this framework to allow individuals, employers, and integrated care systems (ICs) to be aware of the skills and knowledge that are required to ensure they can safely care for a child and young person with asthma.

The framework is aimed at both health and non-healthcare professionals across all aspects of a child's life, including childcare providers, education providers, uniformed services, sports coaches, social services and health care workers.

Overview of the framework

Health Education England has published this framework to allow individuals, employers, and integrated care systems (ICSs) to be aware of the skills and knowledge that are required to ensure they can safely care for a child and young person with asthma.

The framework is aimed at both health and non-healthcare professionals across all aspects of a child's life, including childcare providers, education providers, uniformed services, sports coaches, social services and health care workers.

It forms a detailed framework to:

- Support individuals to address their continuing professional development needs around CYP asthma.
- Help NHS providers evidence that CYP asthma care is safe and being delivered by competent professionals. This could support the provider through the Care Quality Commission inspection process.

How the framework was developed

The framework was developed by NHS England and NHS Improvement in collaboration with key stakeholders including CYP and their families, national experts and arm's length bodies such as Royal Colleges, professional bodies and Health Education England. Current national guidelines and recommendations were incorporated including the British Thoracic Society/Scottish Intercollegiate Guideline Network (BTS/SIGN) national asthma guidelines, Global Initiative for Asthma (GINA), the NICE asthma guidelines, the National Review of Asthma Deaths (NRAD) report, National Asthma and COPD Audit Programme (NACAP) and the Healthcare Safety Investigation Branch (HSIB) investigation into childhood asthma report and recommendations.

How to use this framework

Individuals who may care for a child with asthma should:

- Review the framework and identify the tier relevant to the care they may provide
- Access the training tools relevant to their tier
- Use the framework as part of supervision, appraisal, and professional development
- Review the training every 2 years

Service providers and ICSs should:

- Ensure all potential CYP asthma care providers are aware of their responsibilities to be adequately trained
- Support individuals to achieve the capabilities and skills relevant to their individual tier.
- Comply with systems that allow data collection
- Where they exist, this framework should be used alongside any specific professional body standards, code of practice and guidance.

¹<https://www.asthma.org.uk/about/media/facts-and-statistics/>

²<https://www.england.nhs.uk/2019/09/nhs-warning-to-parents-as-asthma-season-hits>



Part 2: The tiers of the National Capabilities Framework for Professionals who care for Children and Young People with Asthma

Background

A child's or young person's asthma is everyone's responsibility. We all have a role to play in promoting good asthma self-management and care.

There are many different situations when different professionals may be called upon to deliver good asthma care. This may be:

- In an emergency when a child is having an asthma attack
- Ensuring effective preventative measures are taken to allow participation in activities or reduce the risk of asthma attacks
- Recognising poor control when others haven't and taking steps to address it, either by signposting or delivering care.

It is important that each professional has the relevant skills and knowledge to be able to deliver this care to the highest standard. The tiered nature of the National Capabilities Framework for Professionals who care for Children and Young People with Asthma aims to ensure that individuals are trained to a level that is relevant to the role they may play in a child or young person's life.

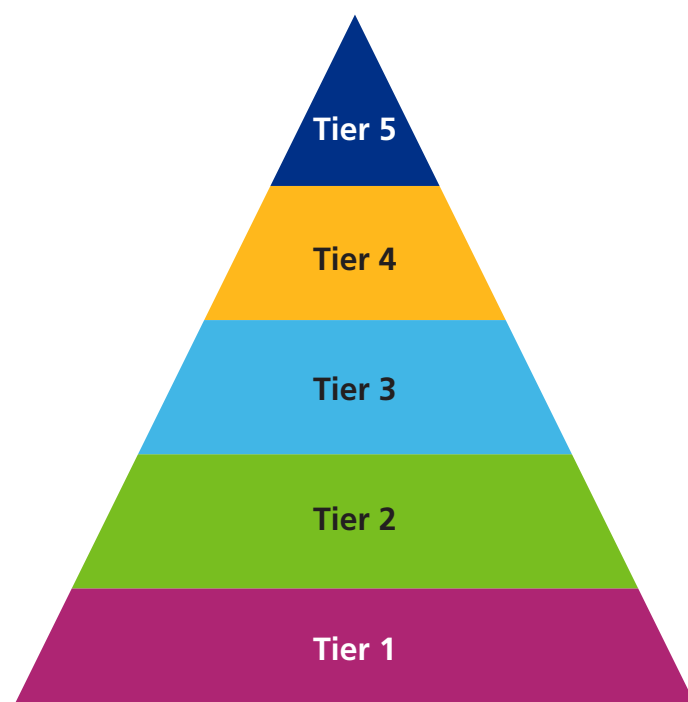
It is everyone's responsibility to ensure good asthma care for children and young people with asthma. One successful contact with a well-trained professional may be the contact that makes the difference.

How the Tiers Work

The framework divides different roles into 5 'tiers'. A tier describes the level of care a person may be expected to deliver to a child or young person with asthma. The more involved the care, the higher the level of tier.

In addition to the specific asthma capabilities outlined in the framework, it is assumed that any person working at the level of tiers 2-5 will also possess the generic clinical skills relevant to the level of care they are providing.

The tiers are not profession specific, but rather describe the minimum required knowledge and skills any individual must possess to safely carry out their role in caring for a child or young person with asthma.



Individuals should look at their own role and choose the tier most appropriate to the care they deliver.

These are some suggestions of which tier different professions may fit into, but as every job is different it is important that individuals choose the tier most relevant to their role, not their profession. The suggestions are not an exhaustive list of professions that may need to deliver asthma care but rather a set of examples to help individuals decide which tier is most relevant to their role.

Tier 1 - Signposting
 Basic awareness of asthma and its impacts and knowledge of when and to whom to signpost

Indicative Profession

Non-clinical professionals who may come in to contact with children with asthma but have no direct responsibility for their long-term care e.g.

- Education Staff
- Social care and housing support officers
- Teaching staff
- Leaders of children's clubs (cubs, sports, after school clubs, children's centre staff)
- GP Receptionists
- Health care assistants



Tier 2 - Supporting use of prescribed care
 Basic review, ensure correct use of devices, managing acute asthma attack

Indicative Profession

- Community pharmacist
- Ward/community nurses,
 - Health Visitors
 - School nurses
- Practice nurses, nursing associates
- Hospital play therapists
- Allied Health Professionals (AHP)
 - Ambulance staff



Tier 3 - Assessment and prescribing of asthma care

Diagnosing asthma, reviewing asthma, stepping treatment up and down

Indicative Profession

- General Practitioners
 - Paediatricians
- Emergency Department Doctors
 - Practice nurses with a special interest
 - Clinical pharmacists
 - Doctors in Training

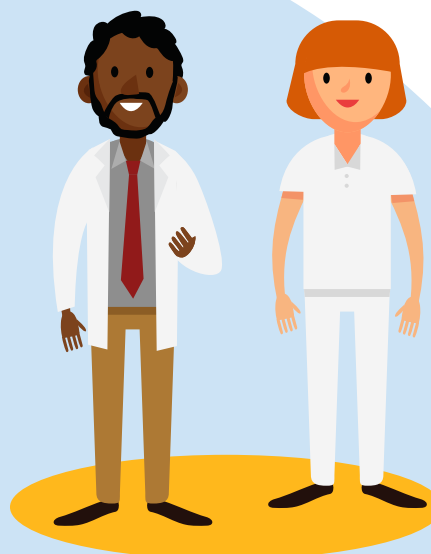


**Tier 4 -
Assessment and
prescribing for more difficult
to treat asthma**

Dealing with cases where diagnosis is uncertain, managing hard to control cases

Indicative Profession

- Specialist asthma and allergy clinicians
 - Paediatricians with special interest in asthma
- Advanced Clinical Practitioners
- Advanced Nurse Practitioners



**Tier 5 –
Managing the
difficult and severe asthmas**

Severe asthma service – managing children at high risk

Indicative Profession

- Tertiary Paediatricians
- AHP members of the asthma Multi-disciplinary team (MDT)



Evolving Roles

Sometimes, an individual's role may evolve, and their responsibilities increase. In this situation, they may be required to meet a higher tier of capability to safely carry out the evolved role.

For example, a practice nurse may be capable in their role with tier 2 training, but over time develops a nurse-led asthma clinic requiring a tier 3 level of capability.

Part 3: Achieving the capabilities

There are 2 different models for achieving the capabilities depending on which tier of asthma care an individual is providing.

The capabilities can be achieved for most of the tiers through structured education programmes. This will ensure that all capabilities are met, and individuals stay up to date. Individuals working at tiers 4 and 5 may choose to complete a portfolio of evidence instead as individuals working at this level of tier are likely to already have had in-depth specific asthma training in order to deliver their role.

A model is therefore needed that avoids significant repetition of learning as well as recognising the level of care an individual may already provide.

Tiers 1-3: Achieving the capabilities

Individuals providing CYP asthma care at the level of Tiers 1-3 should complete a structured education programme that has been accredited to show it meets the capabilities at the relevant tier. It is recommended that all education programmes are supported by ongoing experiential learning.

Accreditation is important as this provides assurance that an individual who completes a programme has met the required standard. There are two approved accreditation providers. These are:

- The Royal College of Paediatrics and Child Health (RCPCH) for all tiers.
- The Royal College of General Practitioners (RCGP) for tiers 1-3 only.

Several national courses have been designed and accredited to meet the capabilities for tiers 1-3. They can be found on the HEE CYP asthma home page [here](#)

Individual ICSs or organisations may wish to create their own education programme more specific to the needs of their population. It is important that local programmes undergo accreditation with an approved accreditation provider so learners can be assured they have achieved the relevant skills and knowledge for their tier.

As part of the accreditation process, education providers will be required to demonstrate that their education programme will:

- Address all the skills and capabilities for the relevant tier
- Show sound educational design
- Include an assessment process.

Accreditation is a straightforward process and can be done by contacting the accreditation provider directly. (The list of contact details for accreditation providers can be found in appendix 1)

To stay up to date of any changes to CYP asthma care, individuals should recertify every 2 years.

Tiers 4-5: Achieving the Capabilities

The model required to achieve the capabilities at tiers 4-5 depends on whether an individual is already working at that tier, or if they are new to the role.

Individuals new to the role must show they have the necessary knowledge and skills to deliver this level of asthma care by either:

1. Their certificate of completion specialist training (CCST) either in Paediatrics with Paediatric Respiratory medicine or in Paediatrics with evidence of completion of the Special interest module (SPIN) in Paediatric Respiratory Medicine.
2. Completing a course aimed at this level of asthma care.
3. Developing a portfolio of evidence demonstrating they are capable to deliver the skills and the Learning Outcomes of each of the 10 capabilities. The portfolio of evidence may be supported by an appropriate 'update' course if required. A suggested template for the portfolio can be found in appendix 2. The portfolio should then be reviewed through an agreed Integrated Care System led process to certify the individual has achieved the required level of capability to deliver that tier of CYP asthma care. This process may involve review by the local asthma network, or a nominated ICS asthma lead.

Individuals already working at tier 4-5 are likely to be delivering regular CYP asthma care.

They should be able to demonstrate they have the appropriate skills and knowledge by either:

1. Completing a course aimed at this level of asthma care and/or
2. Developing a portfolio of evidence demonstrating they are capable to deliver the skills and the Learning Outcomes of each of the 10 capabilities. The portfolio of evidence may be supported by an appropriate 'update' course if required. A suggested template for the portfolio can be found in appendix 2. The portfolio should then be reviewed through an agreed Integrated Care System led process to certify the individual has achieved the required level of capability to deliver that tier of CYP asthma care. This process may involve review by the local asthma network, or a nominated ICS asthma lead.

Individuals delivering tier 4-5 asthma care will be providing it regularly as part of their day-to-day role and should include evidence of maintaining the capabilities in their annual appraisal and through continued professional development.

Organisations and ICSs should support individuals in achieving the skills and knowledge required for their roles. This could be by providing dedicated time to complete the learning or financial support.

Part 4: National Capabilities Framework for Professionals who care for Children and Young People with Asthma

The Capabilities

The framework is made up of 10 capabilities which together, address every aspect of asthma care for children and young people.

Each capability has several learning outcomes relevant to that tier.

The 10 Capabilities are:

1. Asthma awareness
2. Diagnosing asthma
3. Managing Chronic asthma
4. Recognition of poor asthma control
5. Recognition of an acute attack
6. Management of an acute attack
7. Socioeconomic aspects of asthma
8. Supporting families
9. The wider environment and asthma
10. Leadership and Education

Each tier includes the new learning outcomes for that tier (written in the coloured text), as well as the all the learning outcomes from the tier below.

Each tier also describes a set of skills an individual delivering that tier of care must possess.

An individual should demonstrate they have the skills, as well as the knowledge for each learning outcome, within each capability at their relevant tier.



Tier 1: Signposting

Function
Basic awareness of asthma and its impacts – to signpost and consider impacts
Capabilities and Learning Outcomes
<p>Capability 1: Asthma awareness:</p> <ul style="list-style-type: none"> LO1: Have a basic understanding of ‘What is asthma?’ LO2: Have a basic understanding of why is it a problem? LO3: Understand how common it is and its potential impact/seriousness <p>Capability 2: Diagnosing asthma:</p> <ul style="list-style-type: none"> LO1: n/a <p>Capability 3: Managing Chronic asthma:</p> <ul style="list-style-type: none"> LO1: Is able to demonstrate basic knowledge of the aims of asthma treatment and the broad principles of achieving it LO2: Is able to demonstrate basic knowledge of why spacers and other devices are used across the ages and awareness of resources to support good technique <p>Capability 4: Recognition of poor chronic asthma control:</p> <ul style="list-style-type: none"> LO1: Is able to demonstrate understanding that it is everyone’s responsibility if a child’s asthma control is inadequate LO2: Is able to demonstrate the ability to recognise signs of poorly controlled asthma (cough, wheeze, overuse of reliever inhalers, school absence, sleep disturbance) and the dangers of over-reliance on SABAs LO3: Is able to demonstrate how and to whom to escalate if there are concerns <p>Capability 5: Recognition of an acute attack:</p> <ul style="list-style-type: none"> LO1: Is able to demonstrate knowledge of the signs of an asthma attack <p>Capability 6: Management of an acute attack:</p> <ul style="list-style-type: none"> LO1: Is able to demonstrate knowledge of who to call for help if a child is having an asthma attack in the community and the first steps of emergency management. <p>Capability 7: Socioeconomic aspects of asthma:</p> <ul style="list-style-type: none"> LO1: Is able to demonstrate knowledge of basic modifiable risk factors of poor adherence, smoking including second-hand smoke exposure and obesity and tools available to support addressing them <p>Capability 8: Supporting families:</p> <ul style="list-style-type: none"> LO1: Is able to demonstrate basic knowledge of how to support families when they have a child with asthma and how to support them to access additional resources LO2: Is able to demonstrate knowledge around the possibility of poor asthma control as warning sign for safeguarding. Ability to recognise, gather facts in a non-confrontational manner and react to safeguarding concerns <p>Capability 9: The wider environment and asthma:</p> <ul style="list-style-type: none"> LO1: Is able to demonstrate basic knowledge of the influence of seasonal, food and other allergens, and air pollution and internal air quality on respiratory morbidity and strategies to address them
Skills
How to use an inhaler and spacer and how to care for it

Tier 2: Supporting use of prescribed care

Function

Basic review, ensure correct use of devices, managing acute asthma attack

Capabilities and Learning Outcomes

Capability 1: Asthma awareness:

LO1: Have a basic understanding of 'What is asthma?'

LO2: Have a basic understanding of why is it a problem?

LO3: Understand how common it is and its potential impact/seriousness

LO4: Is able to demonstrate knowledge of asthma as part of the spectrum of allergic disorders

Capability 2: Diagnosing asthma:

LO1: Is able to demonstrate knowledge of the limitations in asthma diagnosis

Capability 3: Managing Chronic asthma:

LO1: Is able to demonstrate basic knowledge of the aims of asthma treatment and the broad principles of achieving it

LO2: Is able to demonstrate basic knowledge of why spacers and other devices are used across the ages and awareness of resources to support good technique

LO3: Is able to demonstrate knowledge of the basic principles of chronic management of asthma

LO4: Is able to demonstrate knowledge of which medicines are needed and why (Preventers vs. relievers)

LO5: Is able to demonstrate knowledge of the different available inhaler devices appropriate to children, including DPIs, and knowledge of the resources available to help understand how to use them

LO6: Is able to discuss the importance and challenges of recognising when an inhaler device is empty and strategies to address this

LO7: Is able to explain an asthma action plan

LO8: Is able to demonstrate the ability to use the age-appropriate ACT questionnaire and recognise that a low score is an indicator of poor control and requires action

LO9: Is able to demonstrate awareness of the challenges of remote consulting

Capability 4: Recognition of poor chronic asthma control:

LO1: Is able to demonstrate understanding that it is everyone's responsibility if a child's asthma control is inadequate

LO2: Is able to demonstrate the ability to recognise signs of poorly controlled asthma (cough, wheeze, overuse of reliever inhalers, school absence, sleep disturbance) and the dangers of over-reliance on SABAs

LO3: Is able to demonstrate how and to whom to escalate if there are concerns

Capability 5: Recognition of an acute attack:

LO1: Is able to demonstrate knowledge of the signs of an asthma attack

LO2: Is able to demonstrate the ability to recognise the signs of an asthma attack and initial management

Capability 6: Management of an acute attack:

LO1: Is able to demonstrate knowledge of who to call for help if a child is having an asthma attack in the community and the first steps of emergency management.

Tier 2: Supporting use of prescribed care

Capability 7: Socioeconomic aspects of asthma:

LO1: Is able to demonstrate knowledge of basic modifiable risk factors of poor adherence, smoking including second-hand smoke exposure and obesity and tools available to support addressing them

LO2: Is able to demonstrate knowledge of and identify the socioeconomic issues that can contribute to sub-optimal asthma control

Capability 8: Supporting families:

LO1: Is able to demonstrate basic knowledge of how to support families when they have a child with asthma and how to support them to access additional resources

LO2: Is able to demonstrate knowledge around the possibility of poor asthma control as warning sign for safeguarding. Ability to recognise, gather facts in a non-confrontational manner and react to safeguarding concerns

LO3: Is able to identify and react to links between poor asthma control, poor medicine adherence and non-attendance

LO4: Is able to demonstrate knowledge of services available to support the management of the non-adherent family or the family disengaged from asthma services.

Capability 9: The wider environment and asthma:

LO1: Is able to demonstrate basic knowledge of the influence of seasonal, food and other allergens, and air pollution and internal air quality on respiratory morbidity and strategies to address them

LO2: Is able to demonstrate knowledge of the impact of air pollution, both indoor and outdoor, on asthma control and the ability to advise patients on their impact

LO3: Is able to demonstrate knowledge of the impact of allergies and allergens on asthma control and severity and the ability to discuss and advise patients on the impact

LO4: Is able to demonstrate knowledge of the interplay between asthma, allergy and anaphylaxis and the ability to explain this to patients

Skills

- How to use an inhaler and spacer and how to care for it
- How to use and teach the use of a peak flow meter
- How to use and teach the use of a spacer and inhaler to treat an acute asthma attack and knowledge to signpost to reputable digital platforms to reinforce the teaching
- Ability to create, review and communicate an asthma action plan
- Ability to create and communicate a post-attack discharge plan and undertake a post attack 48-hour review
- Ability to carry out and communicate an annual review

Tier 3: Assessment and prescribing of asthma care

Function

Diagnosing asthma, reviewing asthma, stepping treatment up and down, managing acute asthma attack and post attack review

Capabilities and Learning Outcomes

Capability 1: Asthma Awareness

LO1: Have a basic understanding of 'What is asthma?'

LO2: Have a basic understanding of why is it a problem?

LO3: Understand how common it is and its potential impact/seriousness

LO4: Is able to demonstrate knowledge of asthma as part of the spectrum of allergic disorders

LO5: Is able to demonstrate knowledge of the physiological basis of asthma

LO6: Is able to demonstrate knowledge of the different National and Local guidelines

LO7: Is able to demonstrate knowledge of the difference between allergic and non-allergic asthma and the various types of recurrent wheezing in preschool children

Capability 2: Diagnosing asthma:

LO1: Is able to demonstrate knowledge of the limitations in asthma diagnosis

LO2: Is able to recognise the symptoms and signs of asthma and to demonstrate the ability to take a detailed history to make a diagnosis

LO3: Is able to demonstrate knowledge of the differential diagnosis of asthma

LO4: Is able to demonstrate knowledge of the red flag symptoms suggestive of an alternative diagnosis to asthma and if appropriate investigate further.

LO5: Is able to demonstrate knowledge of physiological tests and the ability to interpret them to support an asthma diagnosis and referral pathways if the diagnosis is unclear

Capability 3: Managing Chronic asthma:

LO1: Is able to demonstrate basic knowledge of the aims of asthma treatment and the broad principles of achieving it

LO2: Is able to demonstrate basic knowledge of why spacers and other devices are used across the ages and awareness of resources to support good technique

LO3: Is able to demonstrate knowledge of the basic principles of chronic management of asthma

LO4: Is able to demonstrate knowledge of which medicines are needed and why (Preventers vs. relievers)

LO5: Is able to demonstrate knowledge of the different available inhaler devices appropriate to children, including DPIs, and knowledge of the resources available to help understand how to use them

LO6: Is able to discuss the importance and challenges of recognising when an inhaler device is empty and strategies to address this

LO7: Is able to explain an asthma action plan

LO8: Is able to demonstrate the ability to use the age-appropriate ACT questionnaire and recognise that a low score is an indicator of poor control and requires action

LO9: Is able to demonstrate awareness of the challenges of remote consulting

LO10: Is able to demonstrate detailed knowledge of the different available inhaler devices and their different potencies appropriate to children and knowledge of the resources available to help understand how to use them and can demonstrate the ability to teach a child or parent how to use them.

Tier 3: Assessment and prescribing of asthma care

LO11: Is able to demonstrate the ability to carry out a detailed asthma review including how to interpret and explain the age-appropriate ACT questionnaire and record the score and step treatment up or down appropriately

LO12: Is able to demonstrate an awareness of the markers that may signal poor control and the knowledge of how to escalate

LO13: Is able to demonstrate knowledge of transition pathways to adult services

Capability 4: Recognition of poor chronic asthma control:

LO1: Is able to demonstrate understanding that it is everyone's responsibility if a child's asthma control is inadequate

LO2: Is able to demonstrate the ability to recognise signs of poorly controlled asthma (cough, wheeze, overuse of reliever inhalers, school absence, sleep disturbance) and the dangers of over-reliance on SABAs

LO3: Is able to demonstrate how and to whom to escalate if there are concerns

LO4: Is able to recognise the contribution of co-morbidities to asthma control and demonstrate knowledge of strategies to manage them including food and inhalant allergies, rhinitis, obesity and mental health.

LO5: Is able to demonstrate knowledge of medicine adherence and its impact on good asthma control

LO6: Is able to recognise when to refer to more specialist care

Capability 5: Recognition of an acute attack:

LO1: Is able to demonstrate understand LO1: Is able to demonstrate knowledge of the signs of an asthma attack

LO2: Is able to demonstrate the ability to recognise the signs of an asthma attack and initial management

Capability 6: Management of an acute attack:

LO1: Is able to demonstrate knowledge of who to call for help if a child is having an asthma attack in the community and the first steps of emergency management.

LO2: Is able to demonstrate knowledge of asthma management plans and how to complete and follow them

LO3: Is able to demonstrate the ability to carry out the advanced management of an acute asthma attack

LO4: Is able to demonstrate knowledge of the importance of, and ability to carry out a post-attack review

LO5: Is able to demonstrate the ability to recognise a near fatal asthma attack and subsequent need for referral to specialist services.

LO6: Is able to demonstrate knowledge the presentation of anaphylaxis and how this can mimic an asthma attack

Capability 7: Socioeconomic aspects of asthma:

LO1: Is able to demonstrate knowledge of basic modifiable risk factors of poor adherence, smoking including second-hand smoke exposure and obesity and tools available to support addressing them

LO2: Is able to demonstrate knowledge of and identify the socioeconomic issues that can contribute to sub-optimal asthma control

Tier 3: Assessment and prescribing of asthma care

Capability 8: Supporting families:

LO1: Is able to demonstrate basic knowledge of how to support families when they have a child with asthma and how to support them to access additional resources

LO2: Is able to demonstrate knowledge around the possibility of poor asthma control as warning sign for safeguarding. Ability to recognise, gather facts in a non-confrontational manner and react to safeguarding concerns

LO3: Is able to identify and react to links between poor asthma control, poor medicine adherence and non-attendance

LO4: Is able to demonstrate knowledge of services available to support the management of the non-adherent family or the family disengaged from asthma services.

Capability 9: The wider environment and asthma:

LO1: Is able to demonstrate basic knowledge of the influence of seasonal, food and other allergens, and air pollution and internal air quality on respiratory morbidity and strategies to address them

LO2: Is able to demonstrate knowledge of the impact of air pollution, both indoor and outdoor, on asthma control and the ability to advise patients on their impact

LO3: Is able to demonstrate knowledge of the impact of allergies and allergens on asthma control and severity and the ability to discuss and advise patients on the impact

LO4: Is able to demonstrate knowledge of the interplay between asthma, allergy and anaphylaxis and the ability to explain this to patients

Capability 10: Leadership and education

LO1: Is able to demonstrate the ability to work as part of a wider multi-disciplinary team to support CYP and families with broader factors that can influence outcomes

LO2: Awareness of the issues surrounding accurate asthma coding

Skills

- How to use an inhaler and spacer and how to care for it
- How to use and teach the use of a peak flow meter
- How to use and teach the use of a spacer and inhaler to treat an acute asthma attack and knowledge to signpost to reputable digital platforms to reinforce the teaching
- Appropriate focused clinical examination to determine diagnosis and assess for severity of acute exacerbation including pulse, chest examination, PEFr and oxygen saturations
- Ability to interpret diagnostic investigations of PEFr, spirometry and FENO and apply these to further management
- Ability to create, review and communicate an asthma action plan
- Ability to create and communicate a post-attack discharge plan and undertake a post attack 48-hour review
- Ability to carry out and communicate an annual review
- Ability to use audit tools to identify the most 'at risk' patients

Tier 4: Assessment and prescribing for more difficult to treat asthma

Function

Dealing with cases where diagnosis is uncertain, managing hard to control cases

Capabilities and Learning Outcomes

Capability 1: Asthma Awareness

LO1: Have a basic understanding of 'What is asthma?'

LO2: Have a basic understanding of why is it a problem?

LO3: Understand how common it is and its potential impact/seriousness

LO4: Is able to demonstrate knowledge of asthma as part of the spectrum of allergic disorders

LO5: Is able to demonstrate knowledge of the physiological basis of asthma

LO6: Is able to demonstrate knowledge of the different National and Local guidelines

LO7: Is able to demonstrate knowledge of the difference between allergic and non-allergic asthma and the various types of recurrent wheezing in preschool children

LO8: Is able to demonstrate knowledge of the pathophysiology of asthma, chronic airway inflammation, airway hyperresponsiveness and airway remodelling.

LO9: Is able to demonstrate knowledge of the changing patterns of recurrent wheeze and asthma across children of different ages.

LO10: Is able to demonstrate knowledge of and understanding of the concept of 'the asthmas' and the different approaches required to manage them

Capability 2: Diagnosing asthma:

LO1: Is able to demonstrate knowledge of the limitations in asthma diagnosis

LO2: Is able to recognise the symptoms and signs of asthma and to demonstrate the ability to take a detailed history to make a diagnosis

LO3: Is able to demonstrate knowledge of the differential diagnosis of asthma

LO4: Is able to demonstrate knowledge of the red flag symptoms suggestive of an alternative diagnosis to asthma and if appropriate investigate further.

LO5: Is able to demonstrate knowledge of physiological tests and the ability to interpret them to support an asthma diagnosis and referral pathways if the diagnosis is unclear

LO6: Is able to demonstrate in-depth knowledge of the individual conditions in the differential diagnosis of asthma, including their potential co-existence with asthma and the interplay between them, including infection, Bronchopulmonary dysplasia, Inducible Laryngeal Obstruction, Breathing Pattern Disorder and mental health.

Capability 3: Managing Chronic asthma:

LO1: Is able to demonstrate basic knowledge of the aims of asthma treatment and the broad principles of achieving it

LO2: Is able to demonstrate basic knowledge of why spacers and other devices are used across the ages and awareness of resources to support good technique

LO3: Is able to demonstrate knowledge of the basic principles of chronic management of asthma

LO4: Is able to demonstrate knowledge of which medicines are needed and why (Preventers vs. relievers)

LO5: Is able to demonstrate knowledge of the different available inhaler devices appropriate to children, including DPIs, and knowledge of the resources available to help understand how to use them

LO6: Is able to discuss the importance and challenges of recognising when an inhaler device is empty and strategies to address this

Tier 4: Assessment and prescribing for more difficult to treat asthma

LO7: Is able to explain an asthma action plan

LO8: Is able to demonstrate the ability to use the age-appropriate ACT questionnaire and recognise that a low score is an indicator of poor control and requires action

LO9: Is able to demonstrate awareness of the challenges of remote consulting

LO10: Is able to demonstrate detailed knowledge of the different available inhaler devices and their different potencies appropriate to children and knowledge of the resources available to help understand how to use them and can demonstrate the ability to teach a child or parent how to use them.

LO11: Is able to demonstrate the ability to carry out a detailed asthma review including how to interpret and explain the age-appropriate ACT questionnaire and record the score and step treatment up or down appropriately

LO12: Is able to demonstrate an awareness of the markers that may signal poor control and the knowledge of how to escalate

LO13: Is able to demonstrate knowledge of transition pathways to adult services

LO14: Is able to demonstrate knowledge of links to transition pathways to adult services and the ability to support care through them

LO15: Is able to demonstrate knowledge of the pharmacology of both common and unusual asthma medication

Capability 4: Recognition of poor chronic asthma control:

LO1: Is able to demonstrate understanding that it is everyone's responsibility if a child's asthma control is inadequate

LO2: Is able to demonstrate the ability to recognise signs of poorly controlled asthma (cough, wheeze, overuse of reliever inhalers, school absence, sleep disturbance) and the dangers of over-reliance on SABAs

LO3: Is able to demonstrate how and to whom to escalate if there are concerns

LO4: Is able to recognise the contribution of co-morbidities to asthma control and demonstrate knowledge of strategies to manage them including food and inhalant allergies, rhinitis, obesity and mental health.

LO5: Is able to demonstrate knowledge of medicine adherence and its impact on good asthma control

LO6: Is able to recognise when to refer to more specialist care

Capability 5: Recognition of an acute attack:

LO1: Is able to demonstrate knowledge of the signs of an asthma attack

LO2: Is able to demonstrate the ability to recognise the signs of an asthma attack and initial management

Capability 6: Management of an acute attack:

LO1: Is able to demonstrate knowledge of who to call for help if a child is having an asthma attack in the community and the first steps of emergency management.

LO2: Is able to demonstrate knowledge of asthma management plans and how to complete and follow them

LO3: Is able to demonstrate the ability to carry out the advanced management of an acute asthma attack

LO4: Is able to demonstrate knowledge of the importance of, and ability to carry out a post-attack review

LO5: Is able to demonstrate the ability to recognise a near fatal asthma attack and subsequent need for referral to specialist services.

LO6: Is able to demonstrate knowledge the presentation of anaphylaxis and how this can mimic an asthma attack

Tier 4: Assessment and prescribing for more difficult to treat asthma

Capability 7: Socioeconomic aspects of asthma:

LO1: Is able to demonstrate knowledge of basic modifiable risk factors of poor adherence, smoking including second-hand smoke exposure and obesity and tools available to support addressing them

LO2: Is able to demonstrate knowledge of and identify the socioeconomic issues that can contribute to sub-optimal asthma control

Capability 8: Supporting families:

LO1: Is able to demonstrate basic knowledge of how to support families when they have a child with asthma and how to support them to access additional resources

LO2: Is able to demonstrate knowledge around the possibility of poor asthma control as warning sign for safeguarding. Ability to recognise, gather facts in a non-confrontational manner and react to safeguarding concerns

LO3: Is able to identify and react to links between poor asthma control, poor medicine adherence and non-attendance

LO4: Is able to demonstrate knowledge of services available to support the management of the non-adherent family or the family disengaged from asthma services.

LO5: Is able to demonstrate in depth knowledge of the role of the wider teams to support adherence and demonstrate the ability to work with these teams

Capability 9: The wider environment and asthma:

LO1: Is able to demonstrate basic knowledge of the influence of seasonal, food and other allergens, and air pollution and internal air quality on respiratory morbidity and strategies to address them

LO2: Is able to demonstrate knowledge of the impact of air pollution, both indoor and outdoor, on asthma control and the ability to advise patients on their impact

LO3: Is able to demonstrate knowledge of the impact of allergies and allergens on asthma control and severity and the ability to discuss and advise patients on the impact

LO4: Is able to demonstrate knowledge of the interplay between asthma, allergy and anaphylaxis and the ability to explain this to patients

LO5: Is able to demonstrate knowledge of gene-environment interactions, including the role of viral infections and their effect on the airways.

LO6: Is able to demonstrate knowledge of controversies on allergen avoidance measures.

Capability 10: Leadership and education

LO1: Is able to demonstrate the ability to work as part of a wider multi-disciplinary team to support CYP and families with broader factors that can influence outcomes

LO2: Awareness of the issues surrounding accurate asthma coding

LO3: Is able to demonstrate the ability to perform an educational role at a local/regional level

Skills

- How to use an inhaler and spacer and how to care for it
- How to use and teach the use of a peak flow meter
- How to use and teach the use of a spacer and inhaler to treat an acute asthma attack and knowledge to signpost to reputable digital platforms to reinforce the teaching
- Appropriate focused clinical examination to determine diagnosis and assess for severity of acute exacerbation including pulse, chest examination, PEFr and oxygen saturations
- Ability to interpret diagnostic investigations of PEFr, spirometry and FENO and apply these to further management

Tier 4: Assessment and prescribing for more difficult to treat asthma

- Ability to create, review and communicate an asthma action plan
- Ability to create and communicate a post-attack discharge plan and undertake a post attack 48-hour review
- Ability to carry out and communicate an annual review
- Ability to use audit tools to identify the most 'at risk' patients
- Ability to lead the management of infants and older children with acute and chronic wheezing disorders within an MDT
- To know the evidence basis for asthma treatments at different age
- Participate in local asthma networks

Tier 5: Managing the difficult and severe asthmas

Function

Severe asthma service – managing children at high risk

Capabilities and Learning Outcomes

Capability 1: Asthma Awareness

- LO1: Have a basic understanding of 'What is asthma?'
- LO2: Have a basic understanding of why is it a problem?
- LO3: Understand how common it is and its potential impact/seriousness
- LO4: Is able to demonstrate knowledge of asthma as part of the spectrum of allergic disorders
- LO5: Is able to demonstrate knowledge of the physiological basis of asthma
- LO6: Is able to demonstrate knowledge of the different National and Local guidelines
- LO7: Is able to demonstrate knowledge of the difference between allergic and non-allergic asthma and the various types of recurrent wheezing in preschool children
- LO8: Is able to demonstrate knowledge of the pathophysiology of asthma, chronic airway inflammation, airway hyperresponsiveness and airway remodelling.
- LO9: Is able to demonstrate knowledge of the changing patterns of recurrent wheeze and asthma across children of different ages.
- LO10: Is able to demonstrate knowledge of and understanding of the concept of 'the asthmas' and the different approaches required to manage them

Capability 2: Diagnosing asthma:

- LO1: Is able to demonstrate knowledge of the limitations in asthma diagnosis
- LO2: Is able to recognise the symptoms and signs of asthma and to demonstrate the ability to take a detailed history to make a diagnosis
- LO3: Is able to demonstrate knowledge of the differential diagnosis of asthma
- LO4: Is able to demonstrate knowledge of the red flag symptoms suggestive of an alternative diagnosis to asthma and if appropriate investigate further.
- LO5: Is able to demonstrate knowledge of physiological tests and the ability to interpret them to support an asthma diagnosis and referral pathways if the diagnosis is unclear
- LO6: Is able to demonstrate in-depth knowledge of the individual conditions in the differential diagnosis of asthma, including their potential co-existence with asthma and the interplay between them, including infection, Bronchopulmonary dysplasia, Inducible Laryngeal Obstruction, Breathing Pattern Disorder and mental health.

Capability 3: Managing Chronic asthma:

- LO1: Is able to demonstrate basic knowledge of the aims of asthma treatment and the broad principles of achieving it
- LO2: Is able to demonstrate basic knowledge of why spacers and other devices are used across the ages and awareness of resources to support good technique
- LO3: Is able to demonstrate knowledge of the basic principles of chronic management of asthma
- LO4: Is able to demonstrate knowledge of which medicines are needed and why (Preventers vs. relievers)
- LO5: Is able to demonstrate knowledge of the different available inhaler devices appropriate to children, including DPIs, and knowledge of the resources available to help understand how to use them
- LO6: Is able to discuss the importance and challenges of recognising when an inhaler device is empty and strategies to address this

Tier 5: Managing the difficult and severe asthmas

LO7: Is able to explain an asthma action plan

LO8: Is able to demonstrate the ability to use the age-appropriate ACT questionnaire and recognise that a low score is an indicator of poor control and requires action

LO9: Is able to demonstrate awareness of the challenges of remote consulting

LO10: Is able to demonstrate detailed knowledge of the different available inhaler devices and their different potencies appropriate to children and knowledge of the resources available to help understand how to use them and can demonstrate the ability to teach a child or parent how to use them.

LO11: Is able to demonstrate the ability to carry out a detailed asthma review including how to interpret and explain the age-appropriate ACT questionnaire and record the score and step treatment up or down appropriately

LO12: Is able to demonstrate an awareness of the markers that may signal poor control and the knowledge of how to escalate

LO13: Is able to demonstrate knowledge of transition pathways to adult services

LO14: Is able to demonstrate knowledge of links to transition pathways to adult services and the ability to support care through them

LO15: Is able to demonstrate knowledge of the pharmacology of both common and unusual asthma medication.

LO16: Is able to demonstrate knowledge of the different biologic medications available in asthma care and ability to prescribe and monitor them and assess their effectiveness

Capability 4: Recognition of poor chronic asthma control:

LO1: Is able to demonstrate understanding that it is everyone's responsibility if a child's asthma control is inadequate

LO2: Is able to demonstrate the ability to recognise signs of poorly controlled asthma (cough, wheeze, overuse of reliever inhalers, school absence, sleep disturbance) and the dangers of over-reliance on SABAs

LO3: Is able to demonstrate how and to whom to escalate if there are concerns

LO4: Is able to recognise the contribution of co-morbidities to asthma control and demonstrate knowledge of strategies to manage them including food and inhalant allergies, rhinitis, obesity and mental health.

LO5: Is able to demonstrate knowledge of medicine adherence and its impact on good asthma control

LO6: Is able to recognise when to refer to more specialist care

Capability 5: Recognition of an acute attack:

LO1: Is able to demonstrate knowledge of the signs of an asthma attack

LO2: Is able to demonstrate the ability to recognise the signs of an asthma attack and initial management

Capability 6: Management of an acute attack:

LO1: Is able to demonstrate knowledge of who to call for help if a child is having an asthma attack in the community and the first steps of emergency management.

LO2: Is able to demonstrate knowledge of asthma management plans and how to complete and follow them

LO3: Is able to demonstrate the ability to carry out the advanced management of an acute asthma attack

LO4: Is able to demonstrate knowledge of the importance of, and ability to carry out a post-attack review

Tier 5: Managing the difficult and severe asthmas

LO5: Is able to demonstrate the ability to recognise a near fatal asthma attack and subsequent need for referral to specialist services.

LO6: Is able to demonstrate knowledge the presentation of anaphylaxis and how this can mimic an asthma attack

Capability 7: Socioeconomic aspects of asthma:

LO1: Is able to demonstrate knowledge of basic modifiable risk factors of poor adherence, smoking including second-hand smoke exposure and obesity and tools available to support addressing them

LO2: Is able to demonstrate knowledge of and identify the socioeconomic issues that can contribute to sub-optimal asthma control

Capability 8: Supporting families:

LO1: Is able to demonstrate basic knowledge of how to support families when they have a child with asthma and how to support them to access additional resources

LO2: Is able to demonstrate knowledge around the possibility of poor asthma control as warning sign for safeguarding. Ability to recognise, gather facts in a non-confrontational manner and react to safeguarding concerns

LO3: Is able to identify and react to links between poor asthma control, poor medicine adherence and non-attendance

LO4: Is able to demonstrate knowledge of services available to support the management of the non-adherent family or the family disengaged from asthma services.

LO5: Is able to demonstrate in depth knowledge of the role of the wider teams to support adherence and demonstrate the ability to work with these teams

LO6: Is able to demonstrate knowledge of pathways for engaging with social care teams in cases where adherence or family issues are thought to be contributory to poor control

Capability 9: The wider environment and asthma:

LO1: Is able to demonstrate basic knowledge of the influence of seasonal, food and other allergens, and air pollution and internal air quality on respiratory morbidity and strategies to address them

LO2: Is able to demonstrate knowledge of the impact of air pollution, both indoor and outdoor, on asthma control and the ability to advise patients on their impact

LO3: Is able to demonstrate knowledge of the impact of allergies and allergens on asthma control and severity and the ability to discuss and advise patients on the impact

LO4: Is able to demonstrate knowledge of the interplay between asthma, allergy and anaphylaxis and the ability to explain this to patients

LO5: Is able to demonstrate knowledge of gene-environment interactions, including the role of viral infections and their effect on the airways.

LO6: Is able to demonstrate knowledge of controversies on allergen avoidance measures.

Capability 10: Leadership and education

LO1: Is able to demonstrate the ability to work as part of a wider multi-disciplinary team to support CYP and families with broader factors that can influence outcomes

LO2: Awareness of the issues surrounding accurate asthma coding

LO3: Is able to demonstrate the ability to perform an educational role at a local/regional level

LO4: Is able to demonstrate the ability to work within and lead an MDT in the assessment and management of the complex asthmatic

LO5: Is able to demonstrate the ability to work in a shared care setting and form links with primary and secondary care

LO6: Is able to demonstrate the ability to have a leadership role in local asthma networks

Tier 5: Managing the difficult and severe asthmas

Skills

- How to use an inhaler and spacer and how to care for it
- How to use and teach the use of a peak flow meter
- How to use and teach the use of a spacer and inhaler to treat an acute asthma attack and knowledge to signpost to reputable digital platforms to reinforce the teaching
- Appropriate focused clinical examination to determine diagnosis and assess for severity of acute exacerbation including pulse, chest examination, PEFr and oxygen saturations
- Ability to interpret diagnostic investigations of PEFr, spirometry and FENO and apply these to further management
- Ability to create, review and communicate an asthma action plan
- Ability to create and communicate a post-attack discharge plan and undertake a post attack 48-hour review
- Ability to carry out and communicate an annual review
- Ability to use audit tools to identify the most 'at risk' patients
- **Ability to lead the management of infants and older children with acute and chronic wheezing disorders within an MDT**
- **To know the evidence basis for asthma treatments at different age**
- **Participate in local asthma networks**
- **Ability to evaluate difficult asthma, arrange investigations and understand potential further treatments appropriate to the individual's profession.**
- **Ability to use QI and other methods to continually improve population asthma care**

Appendix One

Details on how to apply for accreditation for an education programme for any tier through the RCPCH can be found here:

<https://www.rcpch.ac.uk/resources/endorsement-educational-programmes-application-process>

Details on how to apply for accreditation of tiers 1-3 education programme through the RCGP can be found here:

<https://www.rcgp.org.uk/learning/rcgp-educational-accreditation-for-education-providers.aspx>

It is important to include which tier of the National Capabilities Framework for Professionals who care for Children and Young People with Asthma the education programme is aimed at in the application.



Appendix Two

Suggested templates for developing a portfolio of evidence:

Suggested templates for both the initial development of a portfolio of evidence and for the review and update of an existing portfolio of evidence can be found here. These templates can be adapted for local use. The purpose of the portfolio is to demonstrate that a health care professional is capable to deliver the skills and the Learning Outcomes of each of the 10 capabilities at tiers 4 or 5.

The portfolio should be reviewed through an agreed Integrated Care System led process to certify the individual has achieved the required level of capability to deliver that tier of CYP asthma care. This process may involve review by the local asthma network, or a nominated ICS asthma lead.

<https://www.e-lfh.org.uk/wp-content/uploads/2022/03/CYP-Asthma-Tier-4-5-Professional-Development-Tool-Review-final-03032022.docx>

