

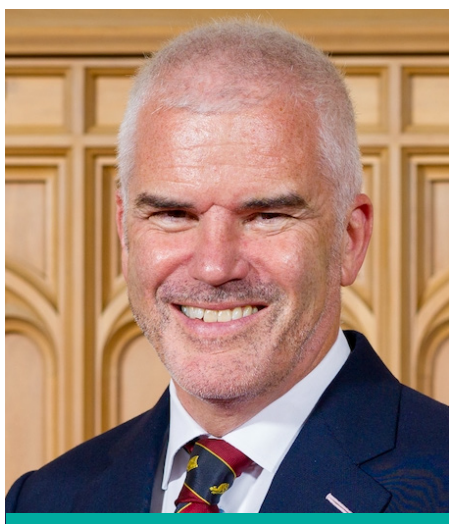
The National Capabilities Framework for Professionals who care for Children and Young People with Asthma



Supporting excellent asthma care for all children and young people

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Foreword

Simon Kenny
National Clinical Director for Children
and Young People
NHS England

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 Healthcare Safety Investigation Branch report and the more recent National Review of Asthma Deaths - CYP Asthma 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.

We know how to improve the care and outcomes for children with asthma. Now is the time to take action. Thank you for undertaking this training and I look forward to seeing outcomes improve.



Matthew Clark
National Specialty Advisor
Children and Young People's
Transformation Programme
NHS England

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 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 and Lung UK, British Paediatric Respiratory Society, National Institute of Health Visitors, Primary Care Respiratory Society, National Paediatric Respiratory and Allergy Nurses Group, Association for Respiratory Technology and Physiology.





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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 has 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. Training programmes are intended to supplement existing professional training. It is assumed that for healthcare professionals undertaking the training they will already have appropriate training and skills relevant in the care of children and young people. These courses are to provide additional training specifically relating to asthma and should sit alongside appropriate frameworks of training, supervision and mentoring as required. Individuals working at tiers 4 and 5 may choose to complete a portfolio of evidence instead. 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 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 • Health visitors 	<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 • 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 recommending or prescribing of care	<ul style="list-style-type: none"> • General Practitioners • Emergency department doctors • Paediatricians • Doctors in training • Nurses with special interest, eg practice nurses, asthma specialist nurses • 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> <p>Nurses with special interest, eg practice nurses, asthma specialist nurses</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 day¹ 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 Europe² 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 aim 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 has 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

NHS 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 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/ National Institute for Clinical Excellence (BTS/SIGN /NICE) national asthma guideline national asthma guidelines, Global Initiative for Asthma (GINA), the National Review of Asthma Deaths (NRAD) report, National Respiratory Audit Programme (NRAP) and the Healthcare Safety Investigation Branch (HSIB) investigation into childhood asthma report and recommendations and the National Child Mortality Database report on Child deaths due to asthma, anaphylaxis and allergies.

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.

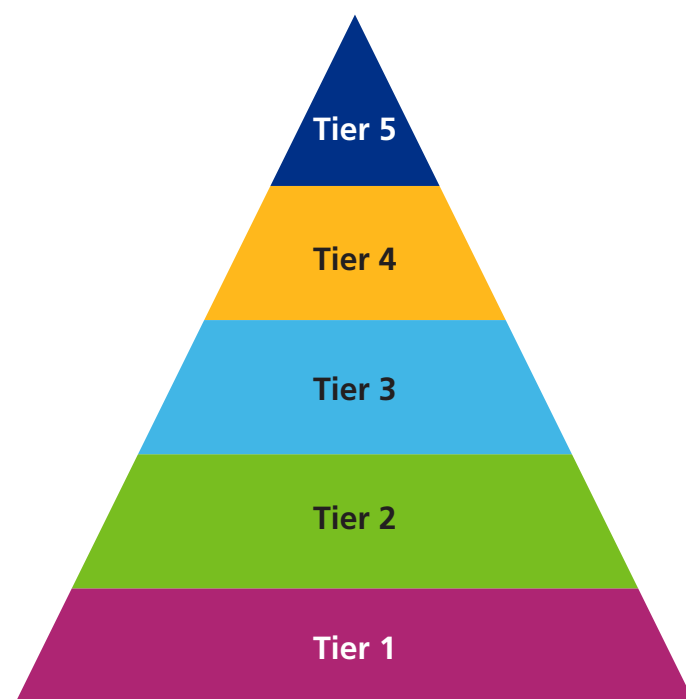
It is everyone's responsibility to ensure good asthma care for children and young people with asthma. One successful contact with a well-trained professional may be the contact that makes the difference.

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 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 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 or may be used to demonstrate the additional skills acquired over and above a structured course at a lower level. 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 or may be used to demonstrate the additional skills acquired over and above a structured course at a lower level. 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.



Function	
Tier 1	Signposting Basic awareness of asthma and its impacts – to signpost and consider impacts
Tier 2	Supporting use of prescribed care Basic review, ensure correct use of devices, managing acute asthma attack
Tier 3	Assessment and recommending or prescribing of asthma care Diagnosing asthma, reviewing asthma, stepping treatment up and down, managing acute asthma attack and post attack review
Tier 4	Assessment and prescribing for more difficult to treat asthma Dealing with cases where diagnosis is uncertain, managing hard to control cases
Tier 5	Managing the difficult and severe asthmas Severe asthma service – managing children at high risk
Capability 1: Asthma awareness	
Tier 1	LO1: Is able to demonstrate a basic understanding of what asthma is LO2: Is able to demonstrate a basic understanding of why asthma is a problem LO3: Is able to demonstrate knowledge of how common asthma is and its potential impact/seriousness
Tier 2 and previous tiers	LO4: Is able to demonstrate knowledge of asthma as part of the spectrum of allergic disorders
Tier 3 and previous tiers	LO5: Is able to demonstrate knowledge of the physiological basis of asthma LO6: Is able to demonstrate knowledge of the national and international asthma guidelines, their differences and their limitations LO7: Is able to demonstrate knowledge of the difference between allergic and non- allergic asthma LO8: Is able to demonstrate knowledge of the different categories of preschool wheeze and an approach to managing them
Tier 4 and previous tiers	LO9: Is able to demonstrate knowledge of the pathophysiology of asthma, chronic airway inflammation, airway hyperresponsiveness and airway remodelling. LO10: Is able to demonstrate knowledge of the changing patterns of recurrent wheeze and asthma across children of different ages. LO11: Is able to demonstrate knowledge of and understanding of the concept of 'the asthmas' and the different approaches required to manage them
Tier 5 and previous tiers	n/a

Function	
Capability 2: Diagnosing asthma	
Tier 1	n/a
Tier 2 and previous tiers	LO1: Is able to demonstrate knowledge of the broad challenges in asthma diagnosis
Tier 3 and previous tiers	<p>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</p> <p>LO3: Is able to demonstrate knowledge of the differential diagnosis of asthma</p> <p>LO4: Is able to demonstrate knowledge of the red flag symptoms suggestive of an alternative diagnosis to asthma and if appropriate investigate further.</p> <p>LO5: Is able to demonstrate knowledge of the physiological tests used to support an asthma diagnosis and a basic approach to their interpretation and has an awareness of the Association for Respiratory Technology and Physiology (ARTP) recommendations for reporting accreditation</p> <p>LO6: Is able to demonstrate an awareness of the diagnostic algorithm for asthma at different ages and referral pathways if the diagnosis is unclear</p>
Tier 4 and previous tiers	n/a
Tier 5 and previous tiers	n/a
Capability 3: Managing Chronic asthma	
Tier 1	<p>LO1: Is able to demonstrate basic knowledge of the aims of asthma treatment and the broad principles of achieving it</p> <p>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>
Tier 2 and previous tiers	<p>LO3: Is able to demonstrate knowledge of the basic principles of chronic management of asthma</p> <p>LO4: Is able to demonstrate knowledge of the different categories of asthma inhaler (preventer vs reliever)</p> <p>LO5: Is able to demonstrate a broad understanding of the different treatment approaches of Anti-inflammatory Reliever Therapy (AIR), Maintenance and Reliever Therapy (MART) and conventional pathways and their use at different ages</p> <p>LO6: Is able to demonstrate knowledge of the different available inhaler devices appropriate to children, their different environmental impacts and knowledge of the resources available to help them understand how to use them</p> <p>LO7: Is able to discuss the importance and challenges of recognising when an inhaler device is empty and strategies to address this</p>

Function	
	<p>LO8: Is able to explain an asthma action plan (including MART and AIR)</p> <p>LO9: Is able to demonstrate awareness of the benefits and challenges of remote consulting</p>
Tier 3 and previous tiers	<p>LO10: Is able to demonstrate an awareness of the different types of inhalers, their different potencies, and their use in different ages groups and in different treatment approaches.</p> <p>LO11: Is able to demonstrate the ability to teach a CYP, parent or carer about the different available inhaler devices including how to use them and their different environmental impacts.</p> <p>LO12: Is able to demonstrate awareness of the potential neuropsychiatric side effects of Montelukast and the skills to discuss them with patients and their carers.</p> <p>LO13: 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</p> <p>LO14: Is able to demonstrate an awareness of the importance of risk stratification and targeted care and its importance in addressing health inequalities</p> <p>LO15: Is able to demonstrate knowledge of transition pathways to adult services</p>
Tier 4 and previous tiers	<p>LO16: Is able to demonstrate knowledge of links to transition pathways to adult services and the ability to support care through them</p> <p>LO17: Is able to demonstrate knowledge of the pharmacology of both common and unusual asthma medication</p>
Tier 5 and previous tiers	<p>LO18: 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</p>
Capability 4: Recognition of poor chronic asthma control	
Tier 1	<p>LO1: Is able to demonstrate understanding that it is everyone's responsibility if a child's asthma control is inadequate</p> <p>LO2: Is able to demonstrate the ability to recognise signs of poorly controlled asthma and the dangers of over-reliance on reliever medications</p> <p>LO3: Is able to demonstrate how and to whom to escalate if there are concerns regarding poor control</p>
Tier 2 and previous tiers	<p>LO4: Is able to demonstrate the ability to use the age-appropriate Asthma Control Test (ACT) questionnaire and recognise that a low score is an indicator of poor control and requires action</p> <p>LO5: Is able to demonstrate an awareness of the markers that may signal poor control</p>
Tier 3 and previous tiers	<p>LO6: 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.</p> <p>LO7: Is able to demonstrate knowledge of medicine adherence and its impact on good asthma control</p>

Function	
Tier 4 and previous tiers	n/a
Tier 5 and previous tiers	n/a
Capability 5: Recognition of an acute attack	
Tier 1	LO1: Is able to demonstrate knowledge of the signs of an asthma attack LO2: Is able to demonstrate an awareness of 'normal' breathlessness in the context of exercise in a well controlled asthmatic
Tier 2 and previous tiers	LO3: Is able to demonstrate the ability to recognise the signs of an asthma attack and initial management
Tier 3 and previous tiers	n/a
Tier 4 and previous tiers	n/a
Tier 5 and previous tiers	n/a
Capability 6: Management of an acute attack:	
Tier 1	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 and previous tiers	n/a

Function	
Tier 2 and previous tiers	<p>LO2: Is able to demonstrate knowledge of asthma management plans and how to complete and follow them</p> <p>LO3: Is able to demonstrate the ability to manage an acute asthma attack to the level relevant to your role, and an awareness of the subsequent management steps</p> <p>LO4: Is able to demonstrate knowledge of the importance of, and ability to carry out a post-attack review</p> <p>LO5: Is able to demonstrate the ability to recognise a near fatal asthma attack and subsequent need for referral to specialist services.</p> <p>LO6: Is able to demonstrate knowledge the presentation of anaphylaxis and how this can mimic an asthma attack</p>
Tier 3 and previous tiers	n/a
Tier 4 and previous tiers	n/a
Capability 7: Socioeconomic aspects of asthma	
Tier 1	LO1: Is able to demonstrate knowledge of basic modifiable risk factors of poor adherence, smoking and vaping (active or passive) and obesity and tools available to support addressing them
Tier 2 and previous tiers	LO2: Is able to demonstrate knowledge of and identify the socioeconomic issues that can contribute to sub-optimal asthma control
Tier 3 and previous tiers	n/a
Tier 4 and previous tiers	n/a
Tier 5 and previous tiers	n/a
Capability 8: Supporting families	

Function	
Tier 1	<p>LO1: Is able to demonstrate basic knowledge of how to support families when they have a child with asthma including how to support them to access additional resources and advising them to contact a healthcare professional if control deteriorates</p> <p>LO2: Is able to demonstrate knowledge around the possibility of poor asthma control as a warning sign for safeguarding and the ability to recognise, gather facts in a non-confrontational manner and react to safeguarding concerns</p> <p>LO3: Is able to demonstrate basic knowledge of the need for education settings and health services to work together to provide in-school asthma self-management education programmes</p>
Tier 2 and previous tiers	<p>LO4: Is able to identify and react to links between poor asthma control, poor medicine adherence and non-attendance</p> <p>LO5: Is able to demonstrate knowledge of services available to support the management of the non-adherent family or the family disengaged from asthma services.</p>
Tier 3 and previous tiers	n/a
Tier 4 and previous tiers	LO6: 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
Tier 5 and previous tiers	LO7: 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	
Tier 1	LO1: Is able to demonstrate basic knowledge of the influence of seasonal, food and other allergens, and indoor and outdoor air pollution on asthma control and strategies to address them
Tier 2 and previous tiers	<p>LO2: Is able to demonstrate the ability to discuss and advise patients on the impact of seasonal, food and other allergens, and indoor and outdoor air pollution on asthma control and strategies to address them</p> <p>LO3: Is able to demonstrate knowledge of the interplay between asthma, allergy and anaphylaxis and the ability to explain this to patients</p> <p>LO4: Is able to demonstrate knowledge of and the ability to advise on the disposal of inhalers and medication</p>
Tier 3 and previous tiers	n/a

Function	
Tier 4 and previous tiers	<p>LO5: Is able to demonstrate knowledge of gene-environment interactions, including the role of viral infections and their effect on the airways.</p> <p>LO6: Is able to demonstrate knowledge of controversies on allergen avoidance measures</p>
Tier 5 and previous tiers	n/a
Capability 10: Leadership and education	
Tier 1	n/a
Tier 2 and previous tiers	n/a
Tier 3 and previous tiers	<p>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</p> <p>LO2: Awareness of the issues surrounding accurate asthma coding</p>
Tier 4 and previous tiers	LO3: Is able to demonstrate the ability to perform an educational role at a local/ regional level
Tier 5 and previous tiers	<p>LO4: Is able to demonstrate the ability to work within and lead an MDT in the assessment and management of the complex asthmatic</p> <p>LO5: Is able to demonstrate the ability to work in a shared care setting and form links with primary and secondary care</p> <p>LO6: Is able to demonstrate the ability to have a leadership role in local asthma networks</p>
Skills	
Tier 1	<ul style="list-style-type: none"> How to use and teach the use of a DPI inhaler and an MDI inhaler and spacer and how to care for it
Tier 2 and previous tiers	<ul style="list-style-type: none"> How to use and teach the use of a peak flow meter How to signpost to reputable digital platforms to reinforce the teaching Ability to communicate an asthma action plan Ability to communicate a post-attack discharge plan

Function	
Tier 3 and previous tiers	<ul style="list-style-type: none"> • Ability to undertake a post attack 48-hour review • Appropriate focused clinical examination to determine diagnosis and assess for severity of acute exacerbation including pulse, chest examination, expiratory Flow Rate (PEFR) and oxygen saturations • Ability to interpret diagnostic investigations of PEFR, spirometry and Fractional Exhaled Nitric Oxide (FeNO) and apply these to further management • Ability to carry out and communicate an annual review • Ability to demonstrate basic breathing control exercises when breathlessness is caused by dysfunctional breathing • Ability to use audit tools to identify the most 'at risk' patients
Tier 4 and previous tiers	<ul style="list-style-type: none"> • Ability to lead the management of infants and older children with acute and chronic wheezing disorders within a multi-disciplinary team (MDT) • To know the evidence basis for asthma treatments at different age • Participate in local asthma networks
Tier 5 and previous tiers	<ul style="list-style-type: none"> • Ability to evaluate difficult asthma, arrange investigations and understand potential further treatments appropriate to the individual's profession. • Ability to use Quality Improvement 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>

Please note, this process is different to applying for to the RCPCH for CPD approval. What is referred to as accreditation in this document is referred to by the RCPCH as 'endorsement'.

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.

In some cases, the portfolio may be used to demonstrate only the additional skills acquired over and above a completed course at a lower level.

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 will be tailored to the individual system's needs and staffing structure but some examples are:

- a review by the local asthma network
- a review by the ICS asthma lead
- peer to peer review

[CYP portfolio example](#)

