



















# 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.

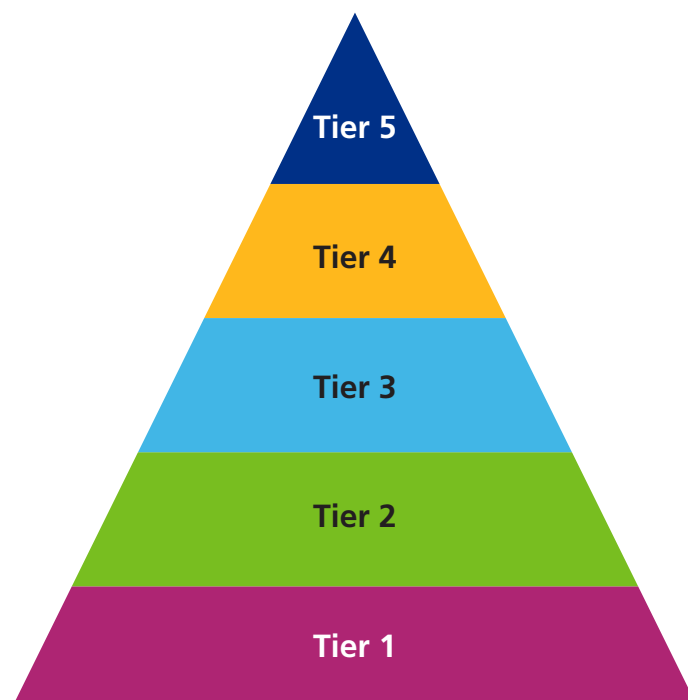
It is everyone's responsibility to ensure good asthma care for children and young people with asthma. One successful contact with a well-trained professional may be the contact that makes the difference.

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

Function	
Capability 2: Diagnosing asthma	
Tier 1	n/a
Tier 2 and previous tiers	<b>LO1:</b> Is able to demonstrate knowledge of the broad challenges in asthma diagnosis
Tier 3 and previous tiers	<p><b>LO2:</b> 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><b>LO3:</b> Is able to demonstrate knowledge of the differential diagnosis of asthma</p> <p><b>LO4:</b> Is able to demonstrate knowledge of the red flag symptoms suggestive of an alternative diagnosis to asthma and if appropriate investigate further.</p> <p><b>LO5:</b> 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><b>LO6:</b> 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><b>LO1:</b> Is able to demonstrate basic knowledge of the aims of asthma treatment and the broad principles of achieving it</p> <p><b>LO2:</b> 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><b>LO3:</b> Is able to demonstrate knowledge of the basic principles of chronic management of asthma</p> <p><b>LO4:</b> Is able to demonstrate knowledge of the different categories of asthma inhaler (preventer vs reliever)</p> <p><b>LO5:</b> 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><b>LO6:</b> 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><b>LO7:</b> Is able to discuss the importance and challenges of recognising when an inhaler device is empty and strategies to address this</p>

Function	
	<p><b>LO8:</b> Is able to explain an asthma action plan (including MART and AIR)</p> <p><b>LO9:</b> Is able to demonstrate awareness of the benefits and challenges of remote consulting</p>
<p><b>Tier 3</b> and previous tiers</p>	<p><b>LO10:</b> 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><b>LO11:</b> 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><b>LO12:</b> 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><b>LO13:</b> 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><b>LO14:</b> Is able to demonstrate an awareness of the importance of risk stratification and targeted care and its importance in addressing health inequalities</p> <p><b>LO15:</b> Is able to demonstrate knowledge of transition pathways to adult services</p>
<p><b>Tier 4</b> and previous tiers</p>	<p><b>LO16:</b> Is able to demonstrate knowledge of links to transition pathways to adult services and the ability to support care through them</p> <p><b>LO17:</b> Is able to demonstrate knowledge of the pharmacology of both common and unusual asthma medication</p>
<p><b>Tier 5</b> and previous tiers</p>	<p><b>LO18:</b> 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	
<p><b>Tier 1</b></p>	<p><b>LO1:</b> Is able to demonstrate understanding that it is everyone's responsibility if a child's asthma control is inadequate</p> <p><b>LO2:</b> Is able to demonstrate the ability to recognise signs of poorly controlled asthma and the dangers of over-reliance on reliever medications</p> <p><b>LO3:</b> Is able to demonstrate how and to whom to escalate if there are concerns regarding poor control</p>
<p><b>Tier 2</b> and previous tiers</p>	<p><b>LO4:</b> 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><b>LO5:</b> Is able to demonstrate an awareness of the markers that may signal poor control</p>
<p><b>Tier 3</b> and previous tiers</p>	<p><b>LO6:</b> 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><b>LO7:</b> 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	<b>LO1:</b> Is able to demonstrate knowledge of the signs of an asthma attack <b>LO2:</b> Is able to demonstrate an awareness of 'normal' breathlessness in the context of exercise in a well controlled asthmatic
Tier 2 and previous tiers	<b>LO3:</b> 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	<b>LO1:</b> 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><b>LO2:</b> Is able to demonstrate knowledge of asthma management plans and how to complete and follow them</p> <p><b>LO3:</b> 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><b>LO4:</b> Is able to demonstrate knowledge of the importance of, and ability to carry out a post-attack review</p> <p><b>LO5:</b> Is able to demonstrate the ability to recognise a near fatal asthma attack and subsequent need for referral to specialist services.</p> <p><b>LO6:</b> 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	<b>LO1:</b> 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	<b>LO2:</b> 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	
<b>Tier 1</b>	<p><b>LO1:</b> 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><b>LO2:</b> 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><b>LO3:</b> 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>
<b>Tier 2 and previous tiers</b>	<p><b>LO4:</b> Is able to identify and react to links between poor asthma control, poor medicine adherence and non-attendance</p> <p><b>LO5:</b> 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>
<b>Tier 3 and previous tiers</b>	n/a
<b>Tier 4 and previous tiers</b>	<b>LO6:</b> 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
<b>Tier 5 and previous tiers</b>	<b>LO7:</b> 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	
<b>Tier 1</b>	<b>LO1:</b> 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
<b>Tier 2 and previous tiers</b>	<p><b>LO2:</b> 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><b>LO3:</b> Is able to demonstrate knowledge of the interplay between asthma, allergy and anaphylaxis and the ability to explain this to patients</p> <p><b>LO4:</b> Is able to demonstrate knowledge of and the ability to advise on the disposal of inhalers and medication</p>
<b>Tier 3 and previous tiers</b>	n/a

Function	
<b>Tier 4</b> and previous tiers	<p><b>LO5:</b> Is able to demonstrate knowledge of gene-environment interactions, including the role of viral infections and their effect on the airways.</p> <p><b>LO6:</b> Is able to demonstrate knowledge of controversies on allergen avoidance measures</p>
<b>Tier 5</b> and previous tiers	n/a
Capability 10: Leadership and education	
<b>Tier 1</b>	n/a
<b>Tier 2</b> and previous tiers	n/a
<b>Tier 3</b> and previous tiers	<p><b>LO1:</b> 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><b>LO2:</b> Awareness of the issues surrounding accurate asthma coding</p>
<b>Tier 4</b> and previous tiers	<b>LO3:</b> Is able to demonstrate the ability to perform an educational role at a local/ regional level
<b>Tier 5</b> and previous tiers	<p><b>LO4:</b> Is able to demonstrate the ability to work within and lead an MDT in the assessment and management of the complex asthmatic</p> <p><b>LO5:</b> Is able to demonstrate the ability to work in a shared care setting and form links with primary and secondary care</p> <p><b>LO6:</b> Is able to demonstrate the ability to have a leadership role in local asthma networks</p>
Skills	
<b>Tier 1</b>	<ul style="list-style-type: none"> <li>• How to use and teach the use of a DPI inhaler and an MDI inhaler and spacer and how to care for it</li> </ul>
<b>Tier 2</b> and previous tiers	<ul style="list-style-type: none"> <li>• How to use and teach the use of a peak flow meter</li> <li>• How to signpost to reputable digital platforms to reinforce the teaching</li> <li>• Ability to communicate an asthma action plan</li> <li>• Ability to communicate a post-attack discharge plan</li> </ul>

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

## 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](#)

