RCPCH Progress

Paediatric curriculum for excellence

Paediatric Neurology

Level 3

Paediatrics Sub-Specialty Syllabus

Version 1

Approved by the GMC for implementation from 1st August 2018

RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

This document outlines the syllabus to be used by doctors completing completing Level 3 Neurology training in the United Kingdom training in the United Kingdom (UK). It accompanies the RCPCH Progress curriculum and assessment strategy.

This is Version 1.0. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes

Introduction

This syllabus supports the completion of the RCPCH Progress curriculum, and should be used in conjunction with the curriculum document.

The purpose of the curriculum is to train doctors to acquire a detailed knowledge and understanding of health and illness in babies, children and young people. The curriculum provides a framework for training, articulating the standard required to work at Consultant level, and at key progression points during their training, as well as encouraging the pursuit of excellence in all aspects of clinical and wider practice.

The curriculum comprises of Learning Outcomes which specify the standard that trainees must demonstrate as they progress through training and ultimately attain a Certificate of Completion of Training (CCT). The syllabi support the curriculum by providing further instructions and guidance as to how the Learning Outcomes can be achieved and demonstrated.

Using the Syllabus

Paediatric trainees are required to demonstrate achievement of generic and sub-specialty or General Paediatric Learning Outcomes throughout their training period.

For all level 1 and level 2 trainees, there are 11 generic paediatric Learning Outcomes for each level. At level 3, there are a further 11 generic paediatric Learning Outcomes for all trainees, and several additional Learning Outcomes in either General Paediatrics or the GRID sub-specialty the trainee has been appointed into.

This syllabus contains 5 interlinked elements, as outlined in figure 1 which illustrates how each element elaborates on the previous one.

Elements of the Syllabus

The **Introductory Statement** sets the scene for what makes a General Paediatrician.

The **Learning Outcomes** are stated at the beginning of each section. These are the outcomes which the trainee must demonstrate they have met to be awarded their Certificate of Completion of Training (CCT) in Paediatrics. Progress towards achievement of the Learning Outcomes is reviewed annually at the Annual Review of Competence Progression (ARCP).

Each Learning Outcome is mapped to the General Medical Council (GMC) Generic Professional Capabilities framework. Each trainee must achieve all the Generic Professional Capabilities to meet the minimum regulatory standards for satisfactory completion of training.

The **Key Capabilities** are mandatory capabilities which must be evidenced by the trainee, in their ePortfolio, to meet the Learning Outcome. Key Capabilities are therefore also mapped to the GMC Generic Professional Capabilities framework.

The **Illustrations** are examples of evidence and give the range of clinical contexts that the trainee may use to support their achievement of the Key Capabilities. These are intended to provide a prompt to the trainee and trainer as to how the overall outcomes might be achieved. They are not intended to be exhaustive, and excellent trainees may produce a broader portfolio or include evidence that demonstrates deeper learning. It is not expected that trainees provide ePortfolio evidence against every individual illustration (or a set quota); the aim of assessment is to provide evidence against every Key Capability.

The **Assessment Grid** indicates suggested assessment methods, which may be used to demonstrate the Key Capabilities. Trainees may use differing assessment methods to demonstrate each capability (as indicated in each Assessment Grid), but there must be evidence of the trainee having achieved all Key Capabilities.

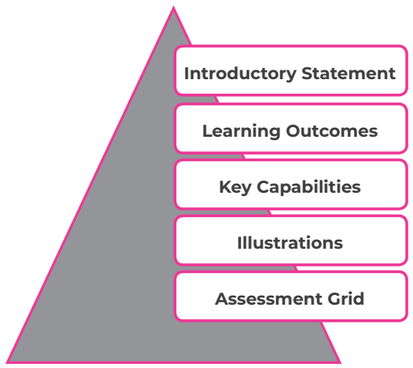

Figure 1: The 5 elements of the syllabus

Using the Syllabus with ePortfolio

Recording evidence in the ePortfolio to demonstrate progression against the learning outcomes and key capabilities can be done from any assessment or event in the ePortfolio.

At the end of any event or assessment, there is an opportunity to add tags, documents and comments. Expanding this by clicking “show more” will enable you to link your assessment to the curriculum items, where you will find the learning outcomes for each domain, key capabilities and example illustrations.

Trainees will therefore be able to track their progress in fulfilling the mandatory learning outcomes and key capabilities.

Paediatric Neurology Introductory Statement

Introductory Statement

A Paediatric Neurologist is a doctor who has knowledge and understanding of disorders of the nervous system that affect infants, children and young people. They need to have expertise in conditions including; the epilepsies, movement disorders, cerebrovascular disease, neuromuscular disorders, neuro-genetic, inflammatory and demyelinating disorders, neonatal neurology, acquired brain injury and neurorehabilitation. There is an increasing range of neurological disorders that are amenable to more effective and innovative management and 'personalised medicine' approaches.

In addition, Paediatric Neurologists have generic expertise in neuroimaging, genetics (molecular) medicine and neurosurgical disorders. Some will sub-specialise and work largely or exclusively in this field. Paediatric Neurologists are usually based in a regional neuroscience centre providing tertiary and secondary level services working in out-patient and hospital settings.

In the acute setting they manage a wide spectrum of disorders and provide shared care management of patients on Paediatric Intensive Care Units (PICU), Neonatal Intensive Care Units (NICU) and those undergoing neurosurgery. They provide specialist support advice to paediatric specialty colleagues. They advise on diagnosis and ongoing management of chronic and complex disease.

Paediatric Neurologists work particularly closely with Neurodisability paediatricians, Neurosurgeons, Neurophysiologists, Neuropsychiatrists, Neuroradiologists and Neurogeneticists.

Sub-specialty Learning Outcomes

	Specialty Learning Outcomes	GMC Generic Professional Capabilities
1.	Recognises, assesses and manages the full range of paediatric neurological conditions, including acute neurological disorders with common and uncommon presentations, anticipating possible pitfalls and complications, while recognising and managing high-risk situations.	GPC 1, 3, 4, 5
2.	Coordinates urgent and complex clinical management, including the provision of non-acute clinic services and ward-based neurogenetic, neuroradiological or neurophysiological multidisciplinary meetings; completes appropriate onward referrals and discharges; and communicates clearly with colleagues.	GPC 1, 3, 4, 5
3.	Promotes the neurological and developmental health of a child with a neurological disorder.	GPC 1, 4, 5, 6, 7, 8, 9
4.	Assumes the role of paediatric neurological team leader and takes responsibility for this area of service.	GPC 1, 5, 6, 8
5.	Practises safe child neurology, including when prescribing medication, and initiates and completes a quality improvement project applicable to child neurology.	GPC 1, 5, 6, 9
6.	Keeps up to date and engages in, supports and stimulates research in child neurology.	GPC 9

Specialty Learning Outcome 1

Recognises, assesses and manages the full range of paediatric neurological conditions, including acute neurological disorders with common and uncommon presentations, anticipating possible pitfalls and complications, while recognising and managing high-risk situations.	GPC 1, 3, 4, 5

Key Capabilities

Assesses and manages children presenting with acute and sub-acute neurological emergencies from birth through to adulthood, including chronic developmental disorders and age-specific neurological syndromes, through the application of the understanding of neurogenetic, neuroradiological and neurophysiological techniques, in relation to: • Epilepsies in the newborn, infancy, childhood and adolescence • Neonatal neurology • Cerebrovascular disorders • Neuromuscular disorders • Inflammatory and demyelinating disorders • Neurodegenerative and neurometabolic disorders • Movement disorders, including cerebral palsy • Neuropsychiatric and neuropsychological disorders, and medically unexplained neurological syndromes • Neurorehabilitation and acquired brain injury • Headaches and disorders of raised intracranial pressure • Neuro-oncology	GPC 1, 3, 5, 7
• Carries out a wide range of routine, complex and challenging paediatric neurological assessments and investigations appropriately and consistently, based on the history and examination, the probability, costs and the risk–benefit ratio.	GPC 1, 3, 4, 5, 6, 7

Illustrations

1.	Recognises acutely presenting neurological disorders e.g. encephalopathy, paralysis, seizures (including status epilepticus and status dystonicus), central nervous system (CNS) infection, traumatic brain injury, stroke and raised intracranial pressure.
2.	Investigates and manages a wide range of childhood neurological disorders, including genetic and developmental malformations of the nervous system from neurometabolic, neurodegenerative, vascular, neuroinflammatory, toxic and traumatic causes.
3.	Recognises the neurological disorders that may present with a critical illness and require ICU management, and the neurological complications that may occur in patients admitted to ICU with non-neurological disorders.
4.	Demonstrates understanding of normal neurological development patterns and their variants.
5.	Demonstrates skills in the assessment of a child with a possible movement disorder. Recognises normal variants and differential diagnoses in infants, children and young people and formulates strategies for investigation and management.
6.	Constructs clear management strategies for a child with a complex movement disorder, including relevant potential medical, surgical, physical and psychological therapies.
7.	Demonstrates an understanding of the impact of associated learning and behavioural problems in a child with a neurological disorder.
8.	Liaises effectively with hospital and community specialist teams who manage paediatric neurology.
9.	Is conversant with the following essential specialty branches of children's neurosciences: • Neurogenetics • Neuroradiology • Neurophysiology • Headache and disorders of raised intracranial pressure • Acute brain and spinal injury • Epilepsies in the newborn, infancy, childhood and adolescence • Neonatal neurology • Cerebrovascular disorders • Neuromuscular disorders • Neurodegenerative and neurometabolic disorders • Movement disorders, including cerebral palsy • Neuropsychiatric and neuropsychological disorders, and medically unexplained syndromes • Neurorehabilitation, including after acquired brain and spinal injury • Neuro-oncology

10.	Recognises the common false positive results of investigations in a healthy child that may present to a neurologist, e.g. imaging, biochemical investigations, electroencephalography (EEG), electroretinography (ERG), visual evoked potentials (VEP), brainstem auditory evoked potentials (BAEP), somatosensory evoked potential (SSEP), central motor conduction time (CMCT), electromyography (EMG), nerve conduction velocity (NCV), single-fibre electromyography (SFEMG), and other neurophysiological techniques.
11.	Recognises disorders which require neurosurgical management and evaluates the suitability for surgical treatment, in collaboration with neurosurgical colleagues.
12.	Demonstrates understanding of the peri-operative management of children undergoing neurosurgical procedures and the diagnosis and management of common complications.
13.	Investigates and manages a child on the ICU following cardiac arrest or severe hypoxic ischaemic encephalopathy (e.g. near drowning) and is capable of conducting and interpreting brainstem death testing.
14.	Recognises the clinical features, and has knowledge of the investigation and management of children with CNS tumours, including the late effects of treatment.
15.	Supports the neurological management of a child with a posterior fossa tumour. Demonstrates knowledge of the risks of surgery, the management of complications including posterior fossa syndrome and neurorehabilitation goals.
16.	Demonstrates knowledge of the international classification of headache disorders in children and applies it to support diagnosis and management in the outpatient setting.
17.	Recognises the clinical features, and has knowledge of the investigation and management of neurological disorders typically presenting in adults but that may occur in children or young adults, e.g. multiple sclerosis (MS), parkinsonism, amyotrophic lateral sclerosis (ALS), and paraneoplastic disorders.
18.	Recognises the symptoms and signs of inherited white matter disorders and is familiar with their magnetic resonance imaging (MRI) characteristics and classification.
19.	Demonstrates understanding of the potential results of whole genome sequencing and discusses these with families, including the relevance of polymorphisms, variants of unknown significance, and likely pathogenic mutations
20.	Coordinates the care of a young adult with Duchenne muscular dystrophy transitioning to adult services. Understands the risk of associated health problems and strategies for their management, including respiratory, cardiac and postural management. Formulates an individual care plan to support emotional, social and physical well-being.

21.	Demonstrates knowledge of potential management therapies in development for neurological disorders, for example: • Immunomodulation for acute and chronic neuroinflammatory disorders • Gene therapies, relevant therapeutic research studies and treatment programmes for neuromuscular disorders, such as spinal muscular atrophy and Duchenne muscular dystrophy • Deep brain stimulation for movement disorders • Acute stroke management in childhood
22.	Recognises the complications of acute spinal cord injury and is familiar with their management, including autonomic dysfunction, neuropathic bladder and bowel disorders.
23.	Recognises and manages neuropathic bladder and bowel disorders to prevent complications (e.g. chronic renal failure associated with a neuropathic bladder), by establishing a programme of clean intermittent catheterisation.
24.	Describes the role of neurogenetics in patient stratification, precision medicine and counselling for management and treatment options (e.g. specific medication known to benefit specific neurogenetic conditions), opting to employ neurosurgical techniques for intractable epilepsy.
25.	Differentiates between the epilepsies, movement disorders and parasomnias.
26.	Confidently manages children with a wide range of childhood epilepsies and can discuss the risks and benefits of specific antiepileptic drug treatments. Recognises the role of non-pharmacological treatments such as the ketogenic diet and vagal nerve stimulation and the criteria for referral for epilepsy surgery.
27.	Evaluates and manages children with sleep disorders, e.g. night terrors, sleep-disordered breathing, nocturnal epilepsies, narcolepsy and restless legs syndrome (RLS).
28.	Evaluates a teenager with medically unexplained symptoms by discriminating functional and organic symptoms and signs. Discusses the likely diagnosis with the young person and their family and formulates a strategy for management involving the multidisciplinary team (MDT)

Specialty Learning Outcome 2

Coordinates urgent and complex clinical management, including the provision of non-acute clinic services and ward-based neurogenetic, neuroradiological or neurophysiological multidisciplinary meetings; completes appropriate onward referrals and discharges; and communicates clearly with colleagues.	GPC 1, 3, 4, 5

Key Capabilities

Considers the full range of treatment and management options available, including new and innovative therapies, relevant to paediatric neurology.	GPC 3, 5
Demonstrates skills in the management of all aspects of acute neurological disorders presenting to district general and regional centres. Recognises when management is required in a regional neuroscience unit, paediatric intensive care or a high dependency unit (HDU) setting, e.g. status epilepticus; status dystonicus, chorea and myoclonus; coma and acute disturbances of consciousness; traumatic brain injury; childhood stroke, metabolic and immune-mediated neuroinflammatory encephalopathy and infectious causes of encephalitis.	GPC 1, 3, 4, 5, 6, 7
Coordinates, supervises and performs urgent or complex clinical management, including the provision of non-acute clinic services and multidisciplinary meetings (e.g. ward-based multidisciplinary team [MDT], neurogenetics MDT, neuroradiology MDT, and neurophysiology MDT meetings). Completes appropriate onward referrals and discharges, and communicate clearly with colleagues.	GPC 1, 3, 5, 6, 7
Describes and utilises genetic investigations in the diagnosis of neurological disorders, including knowledge of how to utilise and interpret the results of next generation sequencing (NGS), and utilises and interprets neuroradiological and neurophysiological investigations in the assessment and ongoing management of children with neurological and neurosurgical disorders.	GPC 1, 3, 5, 6, 7
Explains the role of neuroimaging in the clinical diagnostic and management plan.	GPC 5
Describes the role of neurophysiological investigations in the clinical diagnostic and management plan.	GPC 5

Illustrations

1.	Assesses indication(s) for urgent or elective neuroimaging with and without general anaesthesia and obtains informed consent for the procedure in discussion with clinical colleagues.
2.	Determines indication for an EEG with and without sleep in the urgent or elective clinical setting, in discussion with clinical colleagues.
3.	Evaluates indications for EEG video telemetry (VT) and the relative urgencies.
4.	Considers the role of neurogenetic testing in the provision of personalised neurological management and counselling, in discussion with clinical colleagues.
5.	Applies knowledge of anaesthetic, cardiac and respiratory risks for specific neurological disorders.
6.	Interprets normal and abnormal intracranial pressure recordings and has knowledge of the factors that influence it.
7.	Requests, interprets, acts on and communicates the significance of normal and abnormal neuroimaging within a multidisciplinary setting, including neurosurgical emergencies requiring emergency and out-of-hours neuroimaging interpretation.
8.	Requests, interprets, acts on and communicates the results of neurophysiological investigations such as EEG, sleep EEG, video telemetry, electromyography, nerve conduction studies (NCS), electroretinography, visual evoked potentials, brainstem auditory evoked potentials, somatosensory evoked potential, central motor conduction time, transcranial magnetic stimulation (TMS), and transcranial direct current stimulation (tDCS).
9.	Recognises the multisystem nature of many of the neurological disorders.
10.	Demonstrates understanding of the pathophysiology, presentation, diagnosis, management, prognosis and outcome of neurological disorders including those outlined in other specialty programmes, e.g. neurological complications of cardiac, renal, haematological, endocrine, ENT, rheumatological, infectious, endocrine and dermatological diseases.

Specialty Learning Outcome 3

Promotes the neurological and developmental health of a child with a neurological disorder.	GPC 1, 4, 5, 6, 7, 8, 9

Key Capabilities

Demonstrates understanding of the impact of having a disabled child in the family, including those with life-limiting disorders. Leads multidisciplinary discussions and coordinates multi-professional care for, and management of, children with neurological disorders.	GPC 3, 4
Identifies and manages risks of safeguarding issues in children with complex neurological disorders, including those relating to child, family and wider society.	GPC 3, 4, 7

Illustrations

1.	Applies interventions to prevent blindness through appropriate management and surveillance of hydrocephalus and other causes of raised intracranial pressure in collaboration with ophthalmic, neuroradiological and neurosurgical colleagues
2.	Recognises the multisystem nature of many of the neurological disorders.
3.	Ensures immunisations are up to date in children with long-standing neurological disorders, and in siblings of children with neurological disorders

Specialty Learning Outcome 4

Assumes the role of paediatric neurological team leader and takes responsibility for this area of service.	GPC 1, 5, 6, 8

Key Capabilities

Leads an MDT and applies communication skills in a range of environments and situations with children, young people and families in challenging circumstances, and communicates effectively with external agencies, including when authorising legal documents and child protection reports.	GPC 3, 5, 7
Performs the full range of clinical investigations and procedures relevant to forming a diagnosis in paediatric neurology, including appropriately coordinating the skills of other health professionals when required.	GPC 3
Anticipates the need for transition from paediatric services to adult services and plans accordingly.	GPC 1, 4, 5

Illustrations

1.	Takes the lead in coordinating a regional case review and strategy planning meeting for a child following acute brain injury secondary to encephalitis.
2.	Provides sub-specialist input into the MDT in the assessment, investigation and management of a child with a possible inflicted head and/or spinal injury.
3.	Identifies factitious neurological diseases e.g. salt poisoning, medication overdose or non-compliance.
4.	Coordinates an MDT meeting between paediatric intensive care, palliative care services, and family or carers regarding withdrawal of care.
5.	Liaises effectively with the regional hospital and community specialist teams to ensure safety and timely assessment for children with a range of neurological disorders.
6.	Liaises with other professionals to organise specialist investigations in another institution, e.g. positron emission tomography (PET) imaging for complex epilepsy.
7.	Contributes to a national patient group meeting for a patient with a rare disease.

Specialty Learning Outcome 5

Practises safe child neurology, including when prescribing medication, and initiates and completes a quality improvement project applicable to child neurology.	GPC 1, 5, 6, 9

Key Capabilities

Takes responsibility for investigating, reporting and resolving risks to patients, including communication with patients and families or carers. Evaluates safety mechanisms across a range of healthcare settings, applying a reflective approach to self and team performance.	GPC 5, 6
Identifies quality improvement opportunities, supervises healthcare professionals in relation to improvement projects, and leads and facilitates reflective evaluation.	GPC 6

Illustrations

1.	Effectively manages and coordinates patient flow, staffing, safety and quality in the context of a busy paediatric neurology department.
2.	Demonstrates participation in a serious case review.
3.	Participates in regular mortality meetings, e.g. for a child who has experienced sudden unexpected death in epilepsy (SUDEP).
4.	Initiates a quality improvement project for routine investigations, e.g. a survey of cost-effectiveness, or how the results influence management or cause inconvenience or harm.

Specialty Learning Outcome 6

Keeps up to date and engages in, supports and stimulates research in child neurology.	GPC 9

Key Capabilities

Demonstrates independent development and revision of guidelines and procedures to improve service delivery, centred around current clinical research and evidence-based healthcare.	GPC 9

Illustrations

1.	Completes a higher degree qualification, e.g. MSc or PhD.
2.	Publishes in a peer-reviewed journal.
3.	Participates in a clinical trial.
4.	Participates in a British Paediatric Neurology Association (BPNA) National Clinical Research Network project to implement a guideline, undertake an audit, participate in a Delphi exercise, or estimate the incidence of a disease or condition.

Assessment Grid

This table suggests assessment tools which may be used to assess the Key Capabilities for these Learning Outcomes. This is not an exhaustive list, and trainees are permitted to use other methods within the RCPCH Assessment Strategy to demonstrate achievement of the Learning Outcome, where they can demonstrate these are suitable.

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion(ePaed CbD)	Directly Observed Procedure / Assessment of Performance (DOP/ AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Carries out a wide range of routine, complex and challenging paediatric neurological assessments and investigations appropriately and consistently, based on the history and examination, the probability, costs and the risk–benefit ratio.	✓	✓						✓		
Considers the full range of treatment and management options available, including new and innovative therapies, relevant to paediatric neurology.	✓	✓						✓		
Demonstrates skills in the management of all aspects of acute neurological disorders presenting to district general and regional centres. Recognises when management is required in a regional neuroscience unit, paediatric intensive care or a high dependency unit (HDU) setting, e.g. status epilepticus; status dystonicus, chorea and myoclonus; coma and acute disturbances of consciousness; traumatic brain injury; childhood stroke, metabolic and immune-mediated neuroinflammatory encephalopathy and infectious causes of encephalitis.	✓	✓						✓		
Coordinates, supervises and performs urgent or complex clinical management, including the provision of non-acute clinic services and multidisciplinary meetings (e.g. ward-based multidisciplinary team [MDT], neurogenetics MDT, neuroradiology MDT, and neurophysiology MDT meetings). Completes appropriate onward referrals and discharges, and communicate clearly with colleagues.	✓	✓								
Explains and utilises genetic investigations in the diagnosis of neurological disorders, including knowledge of how to utilise and interpret the results of next generation sequencing (NGS), and utilises and interprets neuroradiological and neurophysiological investigations in the assessment and ongoing management of children with neurological and neurosurgical disorders.	✓	✓							✓	
Describes the role of neuroimaging in the clinical diagnostic and management plan.	✓	✓								
Describes the role of neurophysiological investigations in the clinical diagnostic and management plan.	✓	✓	✓					✓		
Demonstrates understanding of the impact of having a disabled child in the family, including those with life-limiting disorders. Leads multidisciplinary discussions and coordinates multi-professional care for, and management of, children with neurological disorders.	✓	✓			✓			✓	✓	
Identifies and manages risks of safeguarding issues in children with complex neurological disorders, including those relating to child, family and wider society.	✓	✓			✓			✓	✓	
Leads an MDT and applies communication skills in a range of environments and situations with children, young people and families in challenging circumstances, and communicates effectively with external agencies, including when authorising legal documents and child protection reports.	✓	✓				✓		✓		
Performs the full range of clinical investigations and procedures relevant to forming a diagnosis in paediatric neurology, including appropriately coordinating the skills of other health professionals when required.	✓	✓	✓					✓		
Anticipates the need for transition from paediatric services to adult services and plans accordingly.	✓	✓			✓			✓		

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion(ePaed CbD)	Directly Observed Procedure / Assessment of Performance (DOP/ AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Assesses and manages children presenting with acute and sub-acute neurological emergencies from birth through to adulthood, including chronic developmental disorders and developmentally age-specific neurological syndromes, through the application of the understanding of neurogenetic, neuroradiological and neurophysiological techniques, in relation to epilepsies in the newborn, infancy, childhood and adolescence, neonatal neurology, cerebrovascular disorders, neuromuscular disorders, Inflammatory and demyelinating disorders, neurodegenerative and neurometabolic disorders, movement disorders (including cerebral palsy), neuropsychiatric and neuropsychological disorders, and medically unexplained neurological syndromes, neurorehabilitation and acquired brain injury, headaches and disorders of raised intracranial pressure, neuro-oncology.	✓	✓	✓	✓				✓		
Takes responsibility for investigating, reporting and resolving risks to patients, including communication with patients and families or carers. Evaluates safety mechanisms across a range of healthcare settings, applying a reflective approach to self and team performance.	✓	✓				✓		✓		
Identifies quality improvement opportunities, supervises healthcare professionals in relation to improvement projects, and leads and facilitates reflective evaluation.	✓	✓				✓				
Demonstrates independent development and revision of guidelines and procedures to improve service delivery, centred around current clinical research and evidence-based healthcare.	✓	✓				✓				