

Entrustable Professional Activities (EPAs)

List of EPAs for Paediatric Medicine

EPA Title	EPA Entrustment Level to be Attained by Exit
EPA 1: Providing holistic care for children of all ages including health screening	Level 4
EPA 2: Performing common procedures in general paediatric practice	Level 4
EPA 3: Resuscitating and stabilising term and pre-term newborns	Level 4
EPA 4: Caring for the newborn in the hospital setting	Level 4
EPA 5: Managing children with acute, common paediatric diagnoses in an ambulatory, emergency or inpatient setting	Level 4
EPA 6: Managing severely ill children in emergency or inpatient settings	Level 4
EPA 7: Providing care for critically ill children as a member of an intensive care team	Level 4
EPA 8: Providing appropriate care for children with complex, chronic, or special health care needs	Level 4
EPA 9: Providing initial management for children with abnormal development and behaviour	Level 4
EPA 10: Providing initial management for children presenting with surgical conditions in an ambulatory, emergency or inpatient setting	Level 4
EPA 11: Facilitating the transition of children with chronic illness from paediatric to adult healthcare	Level 4

Entrustment Scale

Entrustment Level	Description
1	Not allowed to practise EPA, allowed to observe.
2	Allowed to practise EPA only under proactive, full supervision.
3	Allowed to practise EPA only under reactive/on-demand supervision.
4	Allowed to practise EPA unsupervised.
5	Allowed to supervise others in practice of EPA independently

General Paediatrics EPA 1

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Title	Providing holistic care for children of all ages including health screening.
Specification and limitations	<p>Holistic care of children involves assessing their growth and development, providing anticipatory guidance and recommending health screening. The paediatrician must be able to distinguish between normal and abnormal patterns of growth, behaviour and development, and individualize care. Anticipatory guidance includes information about the benefits of healthy lifestyles and practices that promote disease and injury prevention. Screening, which serves the purpose of early identification and treatment of populations of patients, is an important element of preventive health care. Holistic care involves a partnership between patient, family, paediatrician and community resources. This activity requires the paediatrician to be a key facilitator and champion of patient and family centered care for children and adolescents.</p> <p>The specific functions which define this EPA include:</p> <ol style="list-style-type: none"> 1. Assessing the needs of the patient and family 2. Identifying, accessing, and coordinating resources to address these needs 3. Establishing a therapeutic partnership with the patient and family to provide family-centered care 4. Recommending appropriate health screening tests 5. Delivering efficient and cost-effective healthcare to children
	<p>Limitations:</p> <ol style="list-style-type: none"> 1. This EPA involves children (neonates, infants, toddlers, school-age children, and adolescent) in ambulatory and inpatient settings. 2. This EPA does not cover management of acute illness and chronic medical conditions.
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Performing common procedures in general paediatric practice.
Specification and limitations	<p>Paediatricians should be able to perform the following medical, diagnostic, and therapeutic procedures as listed in Annex 2A:</p> <p>The specific functions which define this EPA include:</p> <ol style="list-style-type: none"> 1. Knowing and understanding the clinical indications and complications of procedures, as well as post-procedure monitoring and management. 2. Demonstrating the skills necessary to safely and effectively perform the procedure <p>Limitations: This EPA involves children (neonates, infants, toddlers, school-age children, and adolescent) in all settings (outpatient and inpatient settings).</p>
EPA Entrustment Level to be Attained by Exit	See Annex below

ANNEX 2A – LIST OF REQUIRED PROCEDURES FOR GENERAL PAEDIATRIC PRACTICE

COMPULSORY PROCEDURES

Procedure	EPA Entrustment Level to be Attained by Exit
Bladder catheterization	Level 4
Capillary Blood Sampling	Level 4
Intra-muscular Injection	Level 4
Intravenous cannulation	Level 4
Lumbar Puncture	Level 4
Venepuncture	Level 4
Conscious Sedation	Level 4
Endotracheal Intubation	Level 4

ADDITIONAL “GOOD TO KNOW” PROCEDURES

“Good to Know” procedures are not exit requirements to graduate from the residency programme as general paediatricians. Additionally, not all residents may experience the opportunity to perform these procedures under supervision. However, should the opportunity to perform these procedures arise, residents should ideally progress to levels of supervision as stipulated below.

Procedure	Entrustment Level
Bone Marrow Aspiration and Biopsy	Level 4
Administration of Surfactant	Level 3
Arterial Cannulation	Level 4
Central Venous Cannulation	Level 3
Exchange Transfusion	Level 2
Intra-osseous Needle Insertion	Level 3
Laryngeal Mask Airway Insertion	Level 3
Percutaneous Long Line Insertion	Level 3
Thoracocentesis and Chest Tube Insertion	Level 2
Umbilical Venous Catheter Insertion	Level 3

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Title	Resuscitating and stabilizing term and preterm newborns
Specification and limitations	<p>Paediatrician must be competent in supporting and resuscitating both term and preterm newborns who are 32 weeks of gestation and above with cardiorespiratory compromise at birth and in the neonatal period, and able to stabilize the newborn post resuscitation as well as jointly manage newborns requiring intensive care along with a neonatologist.</p> <p>The goals of training include:</p> <ul style="list-style-type: none"> • Acquiring knowledge & skills in identifying neonates in need of cardiorespiratory support, facilitate transition and resuscitation of newborns, and provide post-resuscitation stabilization of critically ill neonates • Achieving competency in initiating basic neonatal intensive care management <p>The scope of practice for this EPA includes the delivery of cardiorespiratory stabilization in emergency situation, and support the initial care of neonates in the neonatal intensive care (level 3)</p> <p>The specific functions which define this EPA include:</p> <ol style="list-style-type: none"> 1. Resuscitating and supporting neonates guided by the national neonatal resuscitation algorithm. This encompasses competencies in anticipation and preparation of resuscitative equipment, delivery of initial steps of resuscitation, airway management {including bag & mask ventilation, application of continuous positive airway pressure (CPAP), and endotracheal intubation}, provision of chest compression and emergency intravascular access 2. Leading a team of healthcare workers during resuscitation 3. Providing post-resuscitation stabilization 4. Ensuring safe transfer to the intensive care unit or nursery 5. Initiating basic neonatal intensive care
	<p>Limitations:</p> <p>This EPA does not include extreme and very premature newborns (below 32 weeks of gestation) and neonates with known major congenital anomalies (e.g., hydrops, diaphragmatic hernia, airway anomalies).</p>
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Caring for the newborn in the hospital setting
Specification and limitations	<p>Care of the newborn in the immediate perinatal period is an essential skill expected of a paediatrician. This will occur predominantly in the newborn nursery and involves the care of term and late preterm infants.</p> <p>The scope of practice for this EPA includes neonatal Level 1 care (well newborn nursery), Level 2 care (special care nursery) and Level 3 care (work as part of the team caring for neonate in the intensive care unit). A paediatrician is expected to manage the common problems that occur in these newborns.</p> <p>The specific functions which define this EPA include:</p> <ul style="list-style-type: none"> • Identifying the antenatal risk factors that impact newborns • Performing a comprehensive screening of the newborn including physical examination to look for normal variations, abnormal signs and congenital anomalies and interpreting screening tests • Identifying and applying key evidence-based guidelines for care of the newborn • Providing routine care, as well as addressing common problems that develop within the first 28 days of life • Using clinical judgment and in partnership with parents determine the appropriate timing for transition of care and facilitate the transition of care from hospital to home • Providing anticipatory guidance to parents with confidence, placing the parents at ease with involvement of community resources
	<p>Limitations:</p> <p>A general paediatrician is not expected to independently manage complex neonatal patients admitted in the NICU under level III care.</p>
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Title	Managing children with acute, common paediatric diagnoses in an ambulatory, emergency or inpatient setting
Specification and limitations	<p>The ability to manage children who present with common acute illnesses is a key activity of a paediatrician. This includes well children and children with chronic underlying disease who present with an acute illness, in an ambulatory, emergency, or inpatient setting. Paediatricians must be able to recognize and manage common acute paediatric problems, as well as provide counselling and education to patients and families.</p> <p>The specific functions which define this EPA include:</p> <ol style="list-style-type: none"> 1. Assessing the severity of illness and using judgment as to whether or not immediate or emergency intervention, stabilization, or transfer to a higher acuity facility are necessary for treatment of urgent or life-threatening problems 2. Acquiring knowledge of the evidence related to the primary problem and applying the evidence to the patient's care in developing a diagnostic work-up and plans for management and follow-up 3. Demonstrating systems-based practice and provision of cost effective and efficient healthcare based on the needs of the patient. <p>Limitations:</p> <ol style="list-style-type: none"> 1. This EPA involves children (neonates, infants, toddlers, school-age children, and adolescent) in ambulatory, emergency and inpatient settings. 2. This EPA does not involve management of complex or chronic medical conditions or special health care needs. 3. The General Paediatrician may have to access support from subspecialists and there may be a need to transfer patients to higher acuity facilities (high dependency and intensive care facilities), if and when needed.
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Managing severely ill children in the emergency or inpatient setting
Specification and limitations	<p>The Paediatrician may be called upon to assess and manage a severely ill or injured child, prior to transport to a high dependency or intensive care unit that can provide appropriate critical care / level 3 care.</p> <p>The specific functions which define this EPA include:</p> <ol style="list-style-type: none"> 1. Identifying and managing severely ill patient requiring resuscitation 2. Resuscitating an ill patient with acute decompensation and potential impending systemic failure requiring initiation of medical therapy as well as prescribing or performing invasive procedures. 3. Embracing the importance of and engaging in reflection after resuscitation 4. Handing over the care of patients to a high-dependency or intensive care unit after initial stabilization
	<p>Limitations:</p> <p>This does not include severely ill patients managed in the intensive care unit setting</p>
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Providing care for critically ill children as a member of an intensive care team
Specification and limitations	<p>This EPA is specific to management of critically ill children within a team setting in the Paediatric ICU. Care of the critically ill or injured patient, from the neonatal period through adolescence, is an essential part of the paediatric resident's training. Paediatricians should know the principles involved in managing critically ill children in the intensive care unit, and be able to manage these children as part of a team in the intensive care unit under the supervision of a paediatric intensivist. Paediatricians should also be familiar with the utility and appropriateness of the use of advanced and invasive technology in the overall care of patients.</p> <p>The specific functions which define this EPA include:</p> <ol style="list-style-type: none"> 1. Identifying and providing initial management of critically ill paediatric and neonatal patients prior to transfer to an intensive care unit 2. Initiating acute resuscitation for infants and children 3. Initiating basic intensive care management 4. Managing and resolving ethical issues that arise in patient care, and to seek advice from appropriate professional bodies when the need arises <p>Limitations: This EPA excludes management of critically ill premature neonates.</p>
EPA Entrustment Level to be Attained by Exit	Level 4

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Title	Providing appropriate care for children with complex, chronic, or special health care needs
Specification and limitations	<p>Appropriate care for children with complex, chronic and special health care needs involves a partnership between patient, family, specialist and community services. The paediatrician must be able to care for children with special health care needs defined as children who have or are at increased risk for a chronic physical, developmental, behavioural, or emotional condition and who require health and health related services of a type or amount beyond that required by children generally.</p> <p>This activity requires the paediatrician to be a key facilitator and champion of patient and family centred care, working in collaboration with an interprofessional team. The activity often requires engagement with and coordination of multiple specialists and health care professionals. The activity also requires knowledge of and ability to access community resources. Entrustment to provide comprehensive care for children with complex, chronic or special health care needs in a holistic manner may require different knowledge, skills, and attitudes for different age groups. As a result, entrustment decisions may require stratification by age group.</p> <p>The specific functions which define this EPA include:</p> <ol style="list-style-type: none"> 1. Diagnosing the needs and providing health maintenance for patients with complex, chronic, or special health care needs of various age groups (infants, toddlers, school-age children and adolescents) 2. Diagnosing and instituting acute management for patients with complex, chronic or special health care needs who present with an acute illness in an ambulatory, emergency or inpatient setting 3. Developing a partnership with patient/family to provide the needed care and services, utilizing interactions that involve shared decision making and empowerment of the patient/family in a collaborative partnership 4. Engaging in and coordinating care with appropriate specialists, subspecialists, and other healthcare professionals/agencies (physical therapists, occupational therapists, home health care, dieticians, social workers, psychologists, etc.) 5. Demonstrating knowledge of key community services and agencies, to facilitate appropriate referral of patients with identified needs 6. Delivering efficient and cost-effective healthcare to children with complex, chronic or special health care needs 7. Managing and resolving ethical issues that arise in patient care, and to seek advice from appropriate professional bodies when the need arises
	<p>Limitations:</p> <p>Does not include patients who lack access to subspecialist support or critically ill patients in higher acuity facilities.</p>
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Title	Providing initial management for children with abnormal development and behaviour.
Specification and limitations	<p>Abnormal child development and behaviour include specific developmental disorders, learning disabilities, mental health problems and behavioural issues. It is important that a paediatrician is able to distinguish common developmentally appropriate behaviours from behavioural and mental health problems.</p> <p>A paediatrician should be able to interview patients and families to assess for common behavioural concerns requiring intervention. A paediatrician should know when to reassure caregivers, when to conduct additional evaluation, and when to seek consultation from a specialist. Care of children with developmental and behavioural problems requires that the paediatrician to engage with the family effectively and work in interprofessional teams.</p> <p>The specific functions which define this EPA include:</p> <ol style="list-style-type: none"> 1. Identifying developmental delay and learning disabilities 2. Identifying common behavioural and mental health issues in children and adolescents 3. Referring and co-managing patients with the appropriate specialists when indicated based on the clinical presentation. 4. Managing patient's needs by utilising appropriate mental health resources available in the community 5. Appropriately utilizing the services of interprofessional team, coordinating and monitoring care provided outside one's practice (e.g., early intervention programmes, mental health professionals, community social services, support groups, school counsellors, dieticians, physical therapists, occupational therapists etc) to optimize patient care 6. Delivering efficient and cost-effective healthcare to children with abnormal development and/or behaviour <p>Limitations: Does not include critically ill patients.</p>
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Title	Providing initial management for children presenting with surgical conditions in an ambulatory, emergency or inpatient setting
Specification and limitations	<p>The paediatrician may encounter patients with surgical conditions in a variety of clinical settings (ambulatory clinic, emergency department or inpatient ward). The paediatrician must work collaboratively with surgical specialists in the care of children with conditions where surgery is or may be indicated.</p> <p>The specific functions which define this EPA include:</p> <ol style="list-style-type: none"> 1. Identifying conditions where surgery is indicated or is needed in conjunction with medical management 2. Providing initial management and/or stabilization 3. Referring care of patients to the paediatric or subspecialty surgeon 4. Assisting with pre- and post-operative medical care of the child (such as nutritional support, pain management, and medication dosing for the paediatric patient) <p>Limitations: The paediatrician is not expected to independently manage a child with surgical conditions.</p>
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Title	Facilitating the transition of children with chronic illness from paediatric to adult health care
Specification and limitations	<p>All adolescents with chronic disease must have an organized plan for transition to adult healthcare. As patients age beyond adolescence, knowledge of illnesses and complications more typical of adults begin to gain importance and at a critical point, the paediatrician must make the decision to transition these patients to adult care. At this point, the paediatrician must exercise knowledge and skills that will facilitate a seamless transition to adult medicine counterparts that is sensitive and comprehensive.</p> <p>The specific functions which define this EPA include:</p> <ol style="list-style-type: none"> 1. Forming a therapeutic relationship with patient and family which foundationally supports recognition and timing of transition to adult care 2. Assessing patients for transition readiness 3. Planning for transition of care that includes establishing a care team with an adult primary care provider, adult subspecialists and community- based resources 4. Handing over of care to adult health care providers, coordinating assistance and ongoing support <p>Limitations: NIL</p>
EPA Entrustment Level to be Attained by Exit	Level 4