SPIN Module curriculum in

Paediatric

This document outlines the curriculum and Assessment Strategy to be used by paediatricians completing the RCPCH SPIN module in Paediatric Gastroenterology, Hepatology and Nutrition. This is Version 2.0. As the document is updated, version numbers will be changed, and content

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Section 1

Introduction and purpose

Introduction to SPIN modules

Special Interest (SPIN) modules are the additional training/experience a paediatrician completes so that they can be the local lead and part of the clinical network, providing for children and young people who need specialist paediatric care. They are designed to meet a specifc service need, with possible roles suitable for those who have completed a SPIN module identifed within the SPIN purpose statement.

Trainees, Consultants and others providing expert care will be able to seek training in an area

Purpose statement

This purpose statement demonstrates the need for clinicians to undertake a SPIN module in Paediatric Gastroenterology, Hepatology and Nutrition including the benefits to and expectations of a clinician undertaking training in this area.

This SPIN module meets the current and future anticipated requirements of the health service, reflecting patient and population needs:

Paediatricians based in Local Provider Hospitals (previously known as District General Hospitals) are increasingly part of wider clinical networks. By supporting clinicians in developing an interest in a specific area of practice, SPIN modules help facilitate more patients being seen by a local paediatrician with the expertise to treat certain specific conditions nearer to their home, rather than having to travel to a Specialised Paediatric Unit (previously known as Tertiary Centre).

Children and young people with complex medical disorders should be cared for as close to home as possible, as part of a managed clinical network. Network centres should have at least one Consultant Paediatrician with a special interest in Paediatric Gastroenterology, Hepatology and Nutrition. This paediatrician with a special interest may provide specialist input to smaller units within the network. They need to work as part of a network to improve the quality of care delivered to children and young people. This is detailed in 'Quality Standards for Paediatric Gastroenterology, Hepatology and Nutrition' which has been jointly produced by the British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) and Royal College of Paediatrics and Child Health (RCPCH).

The audit of standard nine of 'Facing the Future: Standards for Acute General Paediatric Services' ranked Gastroenterology, Hepatology and Nutrition joint last, for paediatricians in inpatient and paediatric assessment units being able to access specialist opinion for children and young people with complex and specialist needs. A survey sent to all Paediatric Clinical Directors in the UK to understand how Gastroenterology and Hepatology services are provided to children and young people demonstrated great heterogeneity in the way services are delivered. This highlights the importance of availability of quality SPIN training in PGHAN, which aims to:

- ensure all children and young people throughout the UK receive high quality care, at the

- Recognises, assesses and manages children and young people with a broad range of conditions associated with malabsorption of food, mostly presenting with chronic diarrhea, including those related to allergies, intolerances or inflammation.
-

Requirements to undertake this SPIN module

Applicant requirements

This SPIN module is available to Paediatric Level 3 trainees and all post-CCT paediatricians with an interest in Paediatric Gastroenterology, Hepatology and Nutrition, who are able to access sufficient training opportunities to meet the requirements of the SPIN curriculum.

Trainees who are interested in undertaking this SPIN module should approach their Head of Schools and Training Programme Director in the first instance, to confirm if the necessary posts would be available and request support in undertaking this training. SPIN applicants are required to demonstrate that they have support of their Training Programme Director and

a SPIN will NOT be considered as a basis for an OOP, except in exceptional circumstances and where both Deaneries/ Local Education Training Boards (LETBs) agree and approve the SPIN module programme. These exceptional circumstances include applications from trainees where approved training in a particular special interest is not available in their current Deanery/ LETB. Permitting OOP for these exceptional circumstances provides a positive contribution to workforce planning in regions where limited approved SPIN modules are available. For example, smaller sub-specialties such as Nephrology or Immunology & Infectious Diseases (IID) may only

Theme 3: Supporting learners

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice, and to achieve the learning outcomes required by their curriculum.

Theme 4: Supporting educators

S4.1 Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

Theme 5: Deti ors

SPIN module review and revision

SPINs are reviewed every three years to ensure they remain fit for purpose, meeting the intended service need. Reviews are led by the SPIN Lead (usually the relevant RCPCH CSAC), who will report to the ETQC requesting any changes required. Where necessary, a SPIN can be updated before the three-year review is due, for example to reflect changes in guidelines.

Updated SPIN curricula will be published, making clear what amendments have been made on each occasion, using the version tracking table at the front of each document. Where this amendment relates to a Key (mandatory) Capability, the ETQC will issue guidance for trainees currently undertaking the SPIN module, noting any implications of the amendment and whether they are required to meet the new criteria. Amendments will only be made where a clear rationale exists for doing so, and every effort will be made to minimise any negative impact on the trainee.

used to it and the people before we move up. Sometimes it feels rushed and for some of us that can be too much, so we stop coming in for our appointments with the new doctors.

"The best doctor is informed about national and local support services for children and young people, signposting and engaging with them" **RCPCH &Us**

We like it when there is the chance to meet or learn from other patients and their families about their experiences, their tips and to be able to say "I am Beth and I have this condition" and someone else there already knows about it and is the same age and then it doesn't feel so lonely. It's important for parents to be able to have someone to talk to who is medical and someone who is not medical when things are difficult day to day between appointments. Looking after

Section 2

Paediatric Gastroenterology, Hepatology and Nutrition

How to use the RCPCH SPIN

SPIN Learning Outcomes

This table contains the Learning Outcomes required for all trainees undertaking the RCPCH SPIN in Gastroenterology, Hepatology and Nutrition. Within the curriculum and throughout the syllabi, the Learning Outcomes are mapped to the GMC's GPCs. More information on the GPC framework is available from the GMC website: https://www.gmc-uk.org/education/postgraduate/GPC.asp.

Please note, trainees will also be required to complete their generic and General Paediatric Level 3 Learning Outcomes in order to gain their Certificate of Completion of Training (CCT). Consultants undertaking a SPIN will already have demonstrated the required generic skills, knowledge and behaviours prior to having obtained their CCT. This SPIN curriculum only defines the specific Learning Outcomes for the stated focus, purpose and extent of remit stated for this SPIN module, and cannot be used to indicate capability in any other aspect of paediatrics.

	SPIN Learning Outcome	GPCs
1	Recognises, assesses and advises on delivering the holistic nutritional requirements of children and young people with a broad range of acute and chronic conditions.	1, 2, 4, 6, 8, 9
2	Recognises, assesses and manages children and young people with a range of functional gastroenterological conditions and motility related disorders.	2, 4, 6, 7, 8, 9
3	Recognises, assesses and manages children and young people with a range of medical and surgical conditions, including those presenting with gastrointestinal bleeding.	1, 2, 3, 6, 9
4	Recognises, assesses and manages infants, children and young people with conditions involving liver, biliary tract and pancreas.	2, 3, 5, 9
5	Recognises, assesses and manages children and young people with a broad range of conditions associated with malabsorption of food, mostly presenting with chronic diarrhoea, including those related to allergies, intolerances and inflammation.	2, 3, 4, 6, 8, 9
6	Recognises the indications, risks and benefits of invasive and non-invasive procedures used to investigate the gastro-intestinal tract in children and young people.	2, 3, 6, 8, 9

The syllabus supporting these Learning Outcomes is provided on the following pages.

Learning Outcome 1

Recognises, assesses and advises on delivering the holistic nutritional requirements of children and young people with a broad range of acute and chronic conditions.	GPC 1, 2, 4, 6, 8, 9

Key Capabilities

Recognises the benefits and risks associated with enteral and parenteral nutrition for paediatric patients at risk of poor nutrition.	GPC 2, 3, 4
Monitors and manages enteral and parenteral nutrition and the associated common complications with a multi-disciplinary team.	GPC 2, 3, 4, 5, 9
Leads and develops a multi-disciplinary team in identifying and managing nutritional and growth challenges in children and young people.	GPC 5, 2, 6

Illustrations

1. Investigates, assesses and manages children with faltering growth with a MDT.

2. Describes how children and young people requiring special or exclusion diets (e.g. cow's milk free, gluten free) should achieve adequate nutrition and ensure that they are monitored appropriately.

3. Provides input into the nutritional management of the child and young person with a neuro-disability and formulates a management plan with the family to ensure a safe feeding plan, involving appropriate members of the MDT (speech and language therapists, dietitians, and community and acute nursing staff).

4. Explains the risks and benefts of gastrostomy insertion, including in children and young people who have conditions that have implications on the risks and benefts e.g. previous GI surgery, ventriculo-peritoneal shunts. Counsels a family with a child and young person who will benefit from gastrostomy insertion.

5. Manages the child and young person who requires nasogastric or gastrostomy feeding. Recognises the indications, including the risks and precautions that should be taken and considers the long term plan for children and young people started on nutritional support.

6. Manages children who require jejunal feeding. Recognises the indications for naso-jejunal, gastro-jejunal and jejunostomy feeding, including the risks and precautions that should be taken for such route of feeding.

7. Manages short term parenteral nutrition in children and young people in the hospital setting, including monitoring and awareness of precautions and risks, particularly at initiation and weaning.

8. Manages home parenteral nutrition patients on a shared care basis with a tertiary centre, including initial management episodes of suspected sepsis and other associated complications.

SPIN Learning Outcome 4

Recognises, assesses and manages infants, children and young people with conditions involving liver, biliary tract and pancreas.	GPC 2, 3, 5, 9

Key Capabilities

SPIN Learning Outcome 6

Recognises the indications, risks and benefits of invasive and non-invasive procedures used to investigate the gastro-intestinal tract in children and young people.	GPC 2, 3, 6, 8, 9

Key Capabilities

Applies knowledge of the indications, risks and benefits of common gastro-intestinal endoscopic procedures and how the findings influence management.	GPC 2, 6, 8, 9
Applies knowledge of the indications, risks and benefits of common gastro-intestinal physiology procedures and how the findings influence management.	GPC 2, 6, 8, 9
Demonstrates appropriate knowledge to request and interpret the reported findings of radiology and nuclear medicine investigation of the gastro-intestinal tract.	GPC 2, 6, 8

Illustrations

1. Attends paediatric gastroenterology endoscopy sessions, observes common endoscopic procedures, including colonoscopy, oesophago-gastrodoudenoscopy (OGD), polypectomy, gastrostomy insertion and change. Follows the patient journey from consent, pre-operative checks, the procedure and post-procedure feedback to children, young people and their families.
2. Identifies which patients should be referred for endoscopy.
3. Describes the risks and benefits of OGD and colonoscopy.
4. Identifies patients who need urgent endoscopic procedures and refers appropriately.
5. Works in collaboration with MDT, including a speech and language therapist, identifying which patients should be referred for swallow-video-fouroscopy and counsels families on the results, including advice on modes of safe feeding.
6. Identifes and manages patients who will benefit from contrast imaging of the GI tract (such as barium swallow, barium meal).
7. Identifes which patients should be referred for nuclear medicine investigations relevant to the GI tract in children (Meckel's scans) and young people (DEXA scans) and describes how the result affects patient management.
8. Identifes which patients should be referred for cross-sectional imaging of the GI tract (MRI, MRE and CT scan) to investigate the gastro-intestinal system and recognises when modes such as ultrasound can be used in their place.
9. Identifes when patients should be referred for GI physiology investigations, including pH studies, impedance, transit studies and ano-rectal manometry, and describe how the results of these investigations influences management.

Section 3

Assessment Strategy

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based								

Appendices

Appendix A: Further guidance and resources

Doctors completing this SPIN module may find the following resources useful to support their training. Please note, there is no mandatory requirement to use any or all of these resources, and RCPCH cannot be held responsible for the quality or content of any external materials.

Assessment

RCPCH Assessment web pages	www.rcpch.ac.uk/assessment
RCPCH Assessment Strategy	www.rcpch.ac.uk/progress

Recommended reading

1. Relevant journals including Archives of Diseases of Childhood, Journal of Paediatric Gastroenterology and Nutrition (JPGN), Lancet Child and Adolescent Health, Frontline Gastroenterology, Gut
2. Relevant Text books including:
   - Beattie, R.M. et al (Ed.), 'Oxford Specialist Handbook of Paediatric Gastroenterology, Hepatology and Nutrition (2nd ed)', OUP Oxford, 2018.
   - Kliegman, R & St Geme, J., 'Nelson9>B1u 10 93i sig.1 (e)159 (dbook of P)15 (a)-2 (ediatr)8.1stion1ial (d , Elf

For more information

More information regarding SPIN modules, and all current SPIN curricula and supporting forms, can be found at www.rcpch.ac.uk/spin

For general queries regarding SPIN modules, including eligibility to undertake a SPIN or how to apply, please contact spin@rcpch.ac.uk.

For queries relating to the SPIN curriculum, please contact qualityandstandards@rcpch.ac.uk

The SPIN Lead is a member of the Gastroenterology, Hepatology and Nutrition CSAC. See the RCPCH website for the contact details of the current SPIN Lead: www.rcpch.ac.uk/membership/committees/paediatric-gastroenterology-hepatology-nutrition-csac

Appendix B: Criteria for SPIN delivery

The following requirements should be met when designing a training programme for a SPIN module. Adherence to these criteria will help ensure the clinician will have the necessary support and access to experiences which they will require in order to successfully complete this SPIN module. These criteria are framed against the standards set out in Excellence by Design: standards for post graduate curricula (GMC 2017).

Purpose	
• Access to regular supervised clinics • Service specific requirements to enable achievement of the curriculum e.g. day case facilities, imaging. • Opportunities to work with shared care networks in primary and secondary care. • Opportunities to work with shared care clinical guidelines and protocols. • The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families. (Taken from GMC Promoting Excellence)	**CSAC specific requirements:** • Recommended at least six months training post in a specialised Paediatric Gastroenterology Unit. • Recommended at least six months training post in a local provider unit with Educational supervision from a Paediatrician with an interest in Gastroenterology. • The posts are in units which participate in a Paediatric Gastroenterology Clinical care Network.
Governance and strategic support	
• The Site must ensure that Supervisors and trainers can effectively deliver the RCPCH Assessment Strategy. • The trainee will be able to participate in leadership and management activities	**CSAC specific requirements:** • Supervisor should be Paediatric Gastroenterologist/Paediatrician with a special interest.
Programme of learning	
• Specific requirements for structured learning opportunities. • Exposure within the clinical environment will provide sufficient learning opportunities to meet the requirements of the curriculum. • Access to multidisciplinary teams consisting of a minimum of nurses, physiotherapists, occupational therapists. • The post should provide a training experience that enables completion of the trainees' PDP	**CSAC specific requirements:** • Access to Paediatric Gastroenterology clinics and those in related sub-specialties e.g. allergy, respiratory, neurodisability, to develop required knowledge and skills. • Access to regular MDT team meetings to discuss complex patients. • Access to endoscopy lists/histology meetings to enable discussion of referral criteria, practicalities and results.

Programme of assessment	
• The site has adequate levels of Educational Supervisors. Consultants with either General Paediatric or Sub Specialty expertise can be matched to the requirements of the trainee. It is important that Educational supervisors can provide supervision and have the required remission to facilitate this, i.e. 1 PA per week per 4 trainees. • Supervision must ensure patient safety. Support for trainers and supervisors must be available within the Trust.	**CSAC specific requirements:** • N/A – as per generic.
Quality assurance and improvement	
• The Site must ensure that Supervisors and trainers can effectively deliver the RCPCH AssessmentMCID 1-HEMC ETEt44aBentMCID 1pP29 Tm[Super)-1GEMC /Span /Lang (en-GB)/MCpe	

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