

SPIN Module curriculum in

Paediatric Dermatology

SPIN Version 2

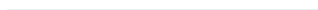
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Section 1

Introduction and purpose

Introduction to SPIN modules



Purpose statement

dermatological disorders, skin punch biopsies and co-ordination of care, including co-ordinating care and experience of referral pathways for those with complex, multisystem or rare disorders/needs. The SPIN training will enable the clinician to develop and/or lead a Paediatric Dermatology service within a district general hospital working closely with colleagues based in the adult dermatology service or play an important team role within a tertiary unit setting.

To continue their ongoing development following completion of the SPIN, it is recommended that clinicians:

- Participate in the activity of their regional dermatology network, where such a network exists as well as attending BSPD meetings at least annually.
- Undertake regular continuing professional development related to Paediatric Dermatology to retain the knowledge and skills gained whilst undertaking the SPIN module, including keeping up to date with advances in this area.
- Undertake regular audit and quality improvement projects allied to delivery of Paediatric Dermatology.

During SPIN training, it is recommended that clinicians identify a children and young people's group with relevant experiences to visit, listening and learning from their experiences and reflecting with their supervisor on how to improve clinical and service practice. The #VoiceMatters section of this document raises the views of children, young people and their families. This can be used to inform practice, discussions with supervisors and colleagues, as well as improving understanding and awareness of patient and family experiences.

Requirements to undertake this SPIN module

Applicant requirements

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

Consultants interested in undertaking this SPIN module should discuss this with their employer in the first instance. Clinicians who are interested in undertaking this SPIN module should approach their Training Programme Director in the first instance to confirm if the necessary posts would be available and request support in undertaking this extra training. SPIN applicants are required to demonstrate that they have support of their Training Programme Director and have an appropriate Educational and Clinical Supervisor in place. Further guidance for post-CCT applicants is available on the RCPCH website.

Applicants with relevant recent experience may use some retrospective evidence towards their SPIN module in some cases. Please see the applicant guidance at www.rcpch.ac.uk/spin for more details on how to apply to undertake a SPIN module.

Training duration

SPIN training should be feasible within 12 months for full-time training, or pro-rata for Less Than Full Time (LTFT) training. It is expected that to achieve the necessary Learning Outcomes, a clinician will need to train and experience children and young people's skin disorders in a suitable

Out of Programme (OOP) training

Trainees may need to take Out of Programme (OOP) time to complete this SPIN module. This would require discussion with the Training Programme Director and their approval. Trainees are advised to read HEE/Deanery guidance on OOP in addition to RCPCH guidance. It is important to remember that six months' notice is required for taking OOP. It is envisaged that OOPE (Experience) or OOPP (Pause) could be used.

An alternative to OOP is LTFT training under category 3. A trainee could for example work at 80% and undertake the remaining 20% of time in Paediatric Dermatology. Again, this would require in depth discussion with the Training Programme Director.

Post requirements

When applying to undertake a SPIN, applicants must demonstrate that they will be able to access the necessary learning opportunities and placements, and an appropriate Educational and Clinical Supervisor is in place. Additional requirements for delivering this SPIN module are provided in the checklist in Appendix B. This addresses any specific requirements; for example, the human or physical resource experiences the trainee will need to be able to access in order for the curriculum to be delivered successfully. Please contact the SPIN Lead (usually the relevant CSAC) if further guidance is required.

Meeting GMC training requirements

All training must comply with the GMC requirements presented in *Postgraduate Medical Education: Standards for Good Medical Practice* (2017). This stipulates that all training must comply with the following ten standards:

Theme 1: Learning environment and culture

- S1.1 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.
- S1.2 The learning environment and organisational culture value and support education and training, so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.

Theme 2: Educational governance and leadership

- S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability and responding when standards are not being met.
- S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.
- S2.3 The educational governance system makes sure that education and training is fair and is based on the principles of equality and diversity.

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: Developing and implementing curricula and assessments

- S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.
- S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice, and to achieve the learning outcomes required by their curriculum.

It is the responsibility of each Deanery/LETB to ensure compliance with these standards for paediatric training, and to notify the RCPCH if further support is required in achieving this. Training delivery must also comply with the requirements of the Conference of Postgraduate Medical Deans' (COPMeD), *The Good Doctor: Paediatric Training and Assessment* (8th ed.).



Quality assurance and continual improvement

Ensuring quality in delivery

A robust quality assurance and improvement framework is required to support an effective curriculum and Assessment Strategy. The purpose of this is to promote the improving quality of the trainee experience, and to ensure that the curriculum content, delivery, assessment and implementation is monitored and reviewed in a planned, systematic and appropriate manner.

The RCPCH quality infrastructure for training and assessment is based on the Plan, Do, Check, Act (PDCA) cycle, introduced by Deming. In the context of the Programme of Assessment, this means planning for effective assessment processes, executing those processes, review and evaluation, including data analysis and multi-source feedback, and finally implementing any

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.

"Mental health is equally important; it might even be more important than physical health"
RCPCH &Us

For people with long term conditions, we might be seeing doctors for our whole lives. It can be worrying thinking that the doctor, nurses, receptionists and everyone you have grown up with in your children's clinic will change when you move to adults. This could be when you are still at school so it doesn't always feel like it is time to go to another hospital and be helped by a

Questions to think about:

1. How are you going to support children and young people to feel comfortable in opening up? Are there tools and resources that could help?
2. Have you asked about other things in our house where we live that we might need help with like mould?
3. What ways will you help everyone to talk with you on their own in the way that is right for them?
4. What local and national charities do you know that help families dealing with dermatological conditions?
5. What transition tools and plans are in place and when do they start? (NICE guidance states from age 13)

Thank you to children, young people and families from the RCPCH &Us network for sharing their ideas and views used in this section.

Section 2

**Paediatric
Dermatology**

How to use the RCPCCH SPIN curriculum

This curriculum provides a framework for training, articulating the standard required to achieve the SPIN module and progress as indicated within the purpose statement. The curriculum ensures the quality and consistency of training and assessment, and encourages the pursuit of excellence in all aspects of clinical and wider practice. It must be referred to throughout training, as the clinician records evidence demonstrating their developing skills and knowledge.

The curriculum should be used to help design training programmes locally which ensure that all trainees can develop the necessary skills and knowledge, in a variety of settings and situations. The curriculum is designed to ensure it can be applied in a flexible manner, meeting service needs as well as supporting each trainee's own tailored Learning and Development Plan.

The curriculum comprises a number of Learning Outcomes which specify the standard that clinicians must demonstrate to complete this SPIN module. Clinicians are encouraged to consider innovative ways of demonstrating how they have met the Learning Outcome.

Trainees are strongly encouraged to record evidence against the Learning Outcomes throughout their SPIN training, including engaging in active reflective practice to support their own development. The supervisor will review whether the trainee is on target to achieve or has achieved the Learning Outcome(s), and will suggest specific areas of focus to ensure that the trainee achieves the Learning Outcome(s) by the end of their SPIN training period. The Illustrations (see below) may be a useful prompt for this.

Components of the SPIN curriculum

The **Learning Outcomes** are the outcomes which the trainee must demonstrate they have met in order to be awarded this SPIN module. Progress towards achievement of the Learning Outcomes is reviewed at regular meetings with a designated supervisor. Learning Outcomes are mapped to the GMC's Generic Professional Capabilities framework.

The **Key Capabilities** are linked to specific Learning Outcomes, and are mandatory capabilities which must be evidenced by the trainee, in their ePortfolio, to meet the Learning Outcome.

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 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 rather 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

SPIN Learning Outcomes

This table contains the generic Learning Outcomes required for all clinicians undertaking the RCPCH SPIN in Paediatric Dermatology. Within the curriculum and throughout the syllabi, the Learning Outcomes are mapped to the GMC's Generic Professional Capabilities (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 competence in any other aspect of Paediatrics.

SPIN Learning Outcome		GPCs
1	Recognises, assesses and manages babies, children and young people with a range of common Paediatric Dermatological conditions.	2,5,7
2	Recognises, assesses, initiates management and appropriately refers babies, children and young people with skin presentations that are potentially life threatening or indicate other serious underlying disorder.	2,3,5,6,7,8
3	Co-ordinates the management of dermatological conditions in babies, children and young people with multisystem, complex and rare disorders, liaising with other hospital and community specialists and healthcare professionals.	1,2,5,7
4	Performs technical skills necessary for diagnosing and managing babies, children and young people with dermatological conditions.	2
5	Participates in audit, quality improvement projects, writing of guidelines and research in Paediatric Dermatology, either Trust based, regional or national.	6,9

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

SPIN Learning Outcome 1

Recognises, assesses and manages babies, children and young people with a range of common Paediatric Dermatological conditions.	GPC 2,5,7
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Key Capabilities

Recognises, assesses and manages babies, children and young people with acute and chronic common dermatological conditions in the outpatient clinic, wards, neonatal u8.qBDC BT10 Ji. m.6.8230 and mDiBT10 Ji. m.6.8230 and mDiBT10 Ji. m	

SPIN Learning Outcome 2

Recognises, assesses, initiates management and appropriately refers babies, children and young people with skin presentations that are potentially life threatening or indicate other serious underlying disorder.	2,3,5,6,7,8
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Key Capabilities

Recognises and assesses skin presentations that are acutely life threatening and initiates emergency management.	GPC 2,3,5,6,7,8
Recognises and assesses skin presentations that indicate severe underlying genetic, inflammatory or malignant disease and appropriately refers/liases with other sub-specialties.	GPC 2,3,5,6,7,8
Recognises rare complications and important differential diagnoses of common skin conditions.	GPC 2,3,5,6,7,8
Recognises the need to escalate care to HDU or PICU as appropriate to the condition.	GPC 2,5,6

Illustrations

Recognises dermatological emergencies and seeks expert advice when needed in the management of a patient with:

Acutely life threatening:

1. Severe neonatal skin abnormality, such as collodion membrane and harlequin ichthyosis
2. Staphylococcal scalded skin syndrome (SSSS)
3. Toxic Epidermal necrolysis (TEN)/ Stevens Johnson syndrome (SJS) / DRESS syndrome

Severe underlying genetic, inflammatory or malignant disease:

1. Neonatal skin loss and skin fragility, including aplasia cutis and epidermolysis bullosa
2. Haematological complications of vascular anomalies
3. Skin presentations suggesting an underlying autoimmune or auto inflammatory condition
4. Skin presentations suggesting skin malignancy

Rare complications:

1. Complications of immunosuppressant therapy

Escalation:

1. Leads handover of a dermatological patient to the regional referral centre/PICU

For further scenario based examples, see Appendix C.

SPIN Learning Outcome 4

Performs technical skills necessary for diagnosing and managing babies, children and young people with dermatological conditions.	GPC 2
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Key Capabilities

Develops expertise in punch skin biopsy.	GPC 2
Develops expertise in topical skin treatments and demonstrates to others and leads on local training of the MDT on application.	GPC 2
Develops knowledge and understanding of when other investigations are required for Paediatric Dermatological disorders and refers to appropriate specialist/clinic.	GPC 2

Illustrations

1. Performs a punch skin biopsy
2. Prescribes and demonstrates appropriate topical emollient, steroid, non-steroid anti-inflammatory therapy and bandage therapy for a child or young person with atopic eczema
3. Prescribes and demonstrates appropriate topical therapy for a child or young person with psoriasis
4. Prescribes appropriate topical therapy for a child or young person with acne vulgaris
5. Selects an appropriate investigation, e.g. CT/MRI for further investigation of a dermatological disorder

For further scenario based examples, see Appendix C.

SPIN Learning Outcome 5

Participates in audit, quality improvement projects, writing of guidelines and research in Paediatric Dermatology, either Trust based, regional or national.

GPC 6,9

Section 3

Assessment Strategy

How to assess the Paediatric Dermatology SPIN

The Assessment Strategy for this SPIN module is aligned with the RCPCH Progress Programme of Assessment, utilising a range of different formative and summative assessment tools.

The Programme of Assessment comprises a wide range of assessment tools which must be used in conjunction with the Blueprint to develop skills and assess capability. The assessments are knowledge, skills and capability-based, capturing a wide range of evidence which can be integrated to reach a judgement as to the trainee's achievement of the SPIN module learning outcomes. The assessments also provide trainees with the opportunity to obtain developmental feedback. Further information on all assessment instruments can be found within the RCPCH

Assessment blueprint

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 clinicians 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.

Appendices

Appendix A: Further guidance and resources

Clinicians 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

- Paediatric Dermatology (Oxford Specialist Handbooks in Paediatrics). Lewis-Jones S, Murphy R (2020), OUP Oxford
- Harper's Textbook of Pediatric Dermatology. Eds Hoeger, Kinsler, Yan, Bodemer, Larralde, Luk, Mendiratta, Purvis, Harper and Oranje (2019), Wiley-Blackwell
- NICE guidance of dermatological conditions, e.g. Management of Atopic eczema in children under 12 years of age
- Pediatric Dermatology Journal

Training events or courses

- Paediatric Dermatology Course
- Attendance at specialist clinics in regional centres
- Regional dermatology meetings
- Meetings of BSPD and BAD
- Attendance at Rheumatology, genetic and allergy clinics

Other useful RCPCH &Us resources

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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	
<ul style="list-style-type: none"> • 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). 	

Programme of assessment	
<ul style="list-style-type: none"> 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. 	<p>CSAC specific requirements:</p> <ul style="list-style-type: none"> Clinical SPIN Supervision by a Consultant Dermatologist, Associate specialist with special expertise in Paediatric Dermatology or a General Paediatrician with expertise in Dermatology.
Quality assurance and improvement	
<ul style="list-style-type: none"> The post will allow the trainee to participate in audits and clinical improvement projects. The post will allow the trainee to actively engage with the teaching, assessing and appraising of junior staff. The post will allow opportunity for the trainee to engage in research activities. 	<p>CSAC specific requirements:</p> <ul style="list-style-type: none"> Trainees will be encouraged to participate in collaborative multi-centre dermatology research and show evidence of quality improvement projects.

Appendix C: Learning Outcomes Scenarios

The below are example of day-to-day scenarios a clinician may come across during their Dermatology SPIN training.

Learning Outcome 1:

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