

## SPIN Module curriculum in

Approved for use from 1 May 2021

This document outlines the curriculum and Assessment Strategy to be used by Paediatricians completing the RCPCH SPIN module in Paediatric Diabetes Care.

This is Version 2.0. 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
V2	May 2021	Full redevelopment of the curriculum, moving from knowledge based capabilities to behavioural Learning Outcomes and aligning with RCPCH Progress.

This information is correct and up to date at time of publication.  
RCPCH 2021

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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 specific service need, with possible roles suitable for those who have completed a SPIN module identified within the SPIN purpose statement.

Trainees, Consultants and others providing expert care will be able to seek training in an area of special interest or in aspect(s) of sub-specialty care. This will involve training, assessment and supervised care. It will vary in breadth and depth, depending upon the specific SPIN syllabus. The SPIN can be completed before or after CCT. It should be feasible to complete the SPIN in no more than 12 months full-time training. SPIN training does not have to be completed within one placement or over one continuous period. The assessment of whether the clinician has attained the required Learning Outcomes will only examine evidence relating to a maximum of three calendar years (ideally 12 -24 months) prior to submission due to the rapid changes in diabetes care ( ).

Please note that SPIN Modules are:

- NOT a route to GMC sub-specialty accreditation;
- NOT required for GMC accreditation in Paediatrics or any of its sub-specialties;
- NOT sub-specialty training and not equivalent to GRID training.

SPINs are undertaken and assessed within the working environment, under the guidance of a designated Supervisor, recording evidence within the ePortfolio. The RCPCH SPIN Lead, usually the relevant College Specialty Advisory Committee (CSAC), is responsible for reviewing completed portfolios and confirming if successful completion of the SPIN is to be awarded.

More information regarding SPIN Modules, including how to apply to undertake a SPIN and how to submit evidence against the competences, is contained in the SPIN Module Guidance on the RCPCH SPIN webpages: [www.rcpch.ac.uk/spin](http://www.rcpch.ac.uk/spin).

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

General Paediatricians in District General Hospitals are increasingly part of wider clinical networks. By supporting General Paediatricians in developing an interest in a specific area of practice, SPINs help facilitate more patients being seen by a Paediatrician with the expertise to treat certain specific conditions nearer to their home, rather than having to travel to a major paediatric unit.

This SPIN module has been supported by the Paediatric Endocrinology/Diabetes and General Paediatric CSACs. Diabetes is the commonest hormonal disorders in children and young people and those completing this SPIN module will be able to deliver Paediatric Diabetes Care locally.

The UK has the highest prevalence of children and young people with Type 1 Diabetes in Europe (Lacobucci, 2013). Complications associated with suboptimal clinical management are a significant cause of morbidity and mortality. This module is designed to provide a comprehensive overview of the clinical specialties and disciplines involved in the management of children and young people with Type 1 Diabetes.

interest in Paediatric Diabetes. It would be possible to complete this SPIN module post-CCT.

By the end of training, it is expected that clinicians who have completed this SPIN will have a sound understanding of the clinical management of children and young people requiring care with diabetes. The clinician will have developed leadership of managing children with diabetes, both in the acute inpatient and outpatient setting. As well as optimising blood sugars and minimising long term complications, transition of care to adult services will also be an important aspect of Paediatric Diabetes Care.

The SPIN training will enable the clinician to develop and/or lead a Paediatric Diabetes Unit within a district general or 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 Paediatric Endocrine/Diabetes Care network.
- Undertake regular continuing professional development related to diabetes care 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 Diabetes Care.
- Continue to update themselves with new technologies and advances in diabetes care.

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.





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 named Educational and Clinical Supervisor must be 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.

All training must comply with the GMC requirements presented in [GMC \(2017\)](#). This stipulates that all training must comply with the following ten standards:

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.

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.

S3.1 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.

S4.1 Educators are selected, inducted, trained, and appraised



The RCPCH has a duty under the Equality Act 2010 to ensure that its curriculum and assessments do not discriminate on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation.

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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 required changes.

The framework to support this curriculum will comprise a number of quality improvement tools and processes that impact on the overarching aspects of assessment. These will include:

1. **SPIN application process**. The SPIN application process ensures trainees will have the necessary capacity, supervision, and access to the breadth and depth of experience needed to meet the requirements of the SPIN module.
2. **Feedback gathering**. RCPCH gathers feedback in a structured way from SPIN module completers, and uses this and feedback from employers to support the regular review of SPIN modules.
3. **Review of SPIN portfolios**. CSACs (or another designated SPIN Lead) review all completed SPIN portfolios prior to sign-off, ensuring consistency.
4. **Assessment tool development and monitoring**. This takes a variety of forms during the development, delivery and monitoring of assessment tools, as outlined in the RCPCH Progress Assessment Strategy.
5. **Educational Supervisor support**. All SPIN applicants are required to have a suitable Educational Supervisor to support their SPIN training. RCPCH supports this through the Educational Supervisor course and a variety of guidance and resources available on the College website.
6. **SPIN review**. All SPINs are subject to review every three years, although they may be updated more regularly where required.

By applying the framework processes outlined above, the College will ensure that SPIN Modules are monitored and reviewed in a structured, planned and risk-based manneren-GB

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 using the version tracking table at the front of each document what amendments have been made on each occasion. 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.

RCPCH &Us is a children, young people and family network, working with over 2000 young patients, their families and friends across the UK each year. Through the work of RCPCH &Us we keep children and young people at the centre of everything we do, supporting their voice to inform, influence and shape the work of RCPCH.

RCPCH is guided by the United Nations Convention on the Rights of the Child, particularly article 12 which encourages children and young people's voice in decision making and article 24, providing them with the best health care possible. You can find out more about the rights of the child, how it relates to your practice and useful resources at [www.rcpch.ac.uk/rightsmatter](http://www.rcpch.ac.uk/rightsmatter).

To support the development of this SPIN, we have reviewed the voice and views of children, young people and their families who have worked with RCPCH &Us over the last 12 months. You can find out more about RCPCH &Us at [www.rcpch.ac.uk/and\\_us](http://www.rcpch.ac.uk/and_us).

***"The best doctor is someone who can change your feelings of health can help you on the worst day possible"***

It can be hard for us and our families we have a condition that we are just learning about or that we might have for the rest of our life. We can be worried, nervous and trying to be strong for everyone else, including you. It helps us when people take time, when they are patient, kind and explain things in different ways for different people in our family, so that we can understand what is going on. Sometimes we need to have conversations and time with you separately from our family members, so that we can talk to you about things that we might not want to mention in front of our families.

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

There is so much to understand when you are told about different conditions or treatments, medicines and rules that we have to follow. We wish that we were told sooner about local support groups or services and national charities that can help us to understand things like living understanding how you live with the condition or manage the symptoms, or to talk to someone who isn't your doctor to get help understanding things.

When we have diabetes which means we always have to remember about our medicines and what we can and can't do, we would really like it if our school, our GP and our specialist doctor all has the same information at the same time, and talks to each other to make sure that everyone knows what is happening. It can be really hard when one of the places looking after us doesn't have all the information or doesn't understand enough to help us. It would help if we had a care plan that has all the up to date information and is easy to share between everyone. It would also be good if we got given tips to help us to manage our diabetes when we are at school, at friends' houses, doing sports or out and about.

***"Maybe have a cooking class where you could learn to make good packed lunches or what options in the shop were good for you would be good like if you are there with friends and have to choose"***



Thank you for doing this course to be the best doctor!

*“The best doctor is someone like you, kind, funny, happy and listens to me and my family”*

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 helping our wider families to understand the condition?
3. What ways will you help everyone to talk with you









Comprehensively manages the care of children and young people (CYP) with type 1 diabetes.

GPC 3,5,6

10. Demonstrates the ability to manage diabetic emergencies, such as missed or incorrect insulin, sick day rules, hypo and hyperglycemia or pump failure.
11. Advises parents and schools on appropriate care plans for a school-age child.
- 12.

Comprehensively manages the care of children and young people (CYP) with type 2 diabetes.	GPC 3,4,5,6
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Demonstrates proficiency in the care of CYP with type 2 diabetes and screening for comorbidities.	GPC 3,5,6
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Applies knowledge of the indications and use of pharmacological therapies and lifestyle interventions for type 2 diabetes, such as weight management and diet.	GPC 3,5
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1.

Manages effective transition of young people (YP) with diabetes.	GPC 2,3,4,5,6
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Demonstrates understanding of the transition process and initiates the process at an appropriate age.	GPC 2,3,4
Works with the YP, adult and paediatric MDTs to guide effective transition to adult care.	GPC 2,4,5
Recognises the challenges involved in transitional care and appropriately supports YP with support from the MDT.	GPC 4,5
Supports carers and CYP on emerging independence; advises on alcohol, driving, sexual health including contraception, travel, and independent living.	GPC 3,5,6

1. Recognises the importance of transitional care in diabetes and its associated challenges.
2. Assesses and facilitates a young person's readiness to transfer to adult services and plans the transfer.
3. Attends YP transition clinics for both type 1 and type 2 diabetes.
4. Supports YP together with the MDT to deliver effective transition.
5. Encourages and supports the YP to develop independence including learning to self-manage their diabetes as well as attend consultations alone.
6. Considers and uses different communication styles to encourage the YP to discuss questions around independence, including alcohol, drugs, sexual health, driving and managing diabetes away from caregivers.

Recognises and understands the investigation and treatment of rare forms of diabetes (e.g. genetic diabetes, neonatal diabetes, cystic f brosis-related diabetes and steroid-induced diabetes).	GPC 3,5
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Recognises when to consider and how to investigate a diagnosis of rare/atypical diabetes and understands the principles of management.	GPC 3,5
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1. Understands diabetes associated with other diseases, e.g. cystic f brosis, mitochondrial diseases and steroid-induced.
2. Recognises the investigation of maturity onset diabetes of the young, when to suspect and conduct treatment.
3. Understands the treatment of transient and permanent neonatal diabetes and investigates and manages appropriately.



Leads, develops and works effectively in a multidisciplinary service and engages with regional and national diabetes networks.	GPC 2,5,6,8
Works as part of the diabetes multidisciplinary team to ensure that patients are cared for in an appropriate clinical environment, including recognising and managing safeguarding issues.	GPC 2,5,6,7
Communicates effectively with the wider multidisciplinary and inter-professional teams and outside agencies (e.g. schools and social care) including the CYP, their families and carers, as appropriate.	GPC 5,6
Participate	





The Assessment Strategy for this SPIN module is aligned with the RCPCH Progress Programme

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 (such as clinical questions, reflections) within the RCPCH Assessment Strategy to demonstrate achievement of the Learning Outcome, where they can demonstrate these are suitable.





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.

RCPCH Assessment web pages [www.rcpch.ac.uk/assessment](http://www.rcpch.ac.uk/assessment)

RCPCH Assessment Strategy [www.rcpch.ac.uk/progress](http://www.rcpch.ac.uk/progress)

1. <https://www.bsped.org.uk/clinical-resources/guidelines/>
2. <https://www.eurospe.org/education/e-learning/>
3. <https://www.ispad.org/page/ISPADGuidelines2018>
4. <https://professional.diabetes.org/content-page/practice-guidelines-resources>
5. <https://www.nice.org.uk/guidance/ng18>
6. <http://www.a-c-d-c.org/endorsed-guidelines/>
7. <https://www.digibete.org/>

1. <https://www.bsped.org.uk/meetings/forthcoming-meetings/>

More information regarding SPIN modules, and all current SPIN curricula and supporting forms, can be found at [www.rcpch.ac.uk/spin](http://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](mailto:spin@rcpch.ac.uk).

For queries relating to the SPIN curriculum, please contact [qualityandstandards@rcpch.ac.uk](mailto:qualityandstandards@rcpch.ac.uk).

The SPIN Lead is a member of the Diabetes and Endocrinology CSAC. See the RCPCH website for the contact details of the current SPIN Lead: <https://www.rcpch.ac.uk/membership/committees/paediatric-diabetes-endocrinology-csac>.





<ul style="list-style-type: none"> <li>• Specific requirements for structured learning opportunities.</li> <li>• Exposure within the clinical environment will provide sufficient learning opportunities to meet the requirements of the curriculum.</li> <li>• Access to multidisciplinary teams consisting of a minimum of nurses, dietitians, psychologists or links with CAMHS.</li> <li>• The post should provide a training experience that enables completion of the trainees' PDP</li> </ul>	<ul style="list-style-type: none"> <li>• The minimum length of training required is 12 months attached to Diabetes Services in one or more posts.</li> <li>• Attend at least 15 clinics within any six month WTE.</li> <li>• Attachment to young adult or transition diabetes clinic for at least five sessions over the programme.</li> <li>• Diabetes, including non-type 1 and type 2, neonatal diabetes, Cystic Fibrosis (CF) related diabetes.</li> <li>• See and review at least 75 Diabetic patients in Multi-Disciplinary Clinics.</li> <li>• Diabetes specialist nurse or similar, paediatric dietitian, psychology support or links with CAMHS.</li> <li>• Attend at least one Diabetes activity outside clinical environment (diabetes camp, sports activity etc.).</li> <li>• Close links with biochemistry department - attachment to biochemistry department to learn about HbA1c assay.</li> <li>• Links with adult diabetes services.</li> <li>• Attachment to Diabetes specialist nurse for hospital and home visits.</li> <li>• Attachment to the paediatric dietitian for clinic and home visits.</li> </ul>
<ul style="list-style-type: none"> <li>• 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 time in their job plans to facilitate this, i.e. 1PA Per week per 4 trainees.</li> <li>• Supervision must ensure patient safety.</li> <li>• Support for trainers and supervisors must be available within the Trust.</li> </ul>	<ul style="list-style-type: none"> <li>• An educational supervisor trained in assessment and appraisal.</li> <li>• An educational supervisor who has dedicated time to provide educational supervision.</li> <li>• Evidence that the assessment strategy is being delivered.</li> <li>• Trainers receive appropriate training on the delivery of the assessment strategy.</li> </ul>

<ul style="list-style-type: none"> <li>• The post will allow the trainee to participate in audits and clinical improvement projects.</li> <li>• The post will allow the trainee to actively engage with the teaching, assessing and appraising of junior staff.</li> <li>• The post will allow opportunity for the trainee to engage in research activities.</li> </ul>	<ul style="list-style-type: none"> <li>• RCPCH/BSPED Accredited Advanced Paediatric Diabetes Course or equivalent.</li> <li>• This post forms part of a complete paediatric training programme which provides a minimum of five years of acute clinical experience, including out of hours.</li> <li>• Regular Diabetes MDT meetings.</li> <li>• Attend some network meetings.</li> <li>• Evidence of trainee's participation in two audit projects on a Diabetes related topic.</li> <li>• Opportunities for formal and informal teaching.</li> <li>• For senior trainees: opportunities for involvement of assessment of others.</li> <li>• Opportunities to be involved in management, e.g. management meetings with primary care teams or school.</li> </ul>
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