SPIN Module curriculum in

Approved for use from 1 April 2021

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in England and Wales (1105774) and in Scotland (SCO38299)

This document outlines the curriculum and Assessment Strategy to be used by Paediatricians completing the RCPCH SPIN module in Adolescent Health.

This is Version 2. 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
2	April 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 {qwpi"rgqrng"yjq"pggf"urgekcnkuv"rcgfkcvtke"ectg0""Vjg{"ctg"fgukipgf"vq"oggv"c"urgekŃe"ugtxkeg" pggf."ykvj"rquukdng"tqngu"uwkvcdng"hqt"vjqug"yjq"jcxg"eqorngvgf"c"URKP"oqfwng"kfgpvkŃgf"ykvjkp" the SPIN purpose statement.

Paediatricians 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 cpf"fgrvj."fgrgpfkpi"wrqp"vjg"urgekŃe"URKP"u{ncdwu0"Vjg"URKP"ecp"dg"eqorngvgf"dghqtg"qt" 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 ykn"qpn{"gzcokpg"gxkfgpeg"tgncvkpi"vq"c"oczkowo"qh"Ńxg"ecngpfct{"gctu"rtkqt"vq"uwdokuukqp0

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, and recording evidence within ePortfolio. The RCPCH SPIN Lead, usually a member of the relevant College Specialty Advisory Committee (CSAC), is responsible for tgxkgykpi"eqornvgf"rqtvhqnkqu"cpf"eqpŃtokpi"kh"uweeguuhwn"eqornvkqp"qh"vjg"URKP"ku"vq"dg" awarded.

More information regarding SPIN modules, including how to apply to undertake a SPIN and how to submit evidence against the Learning Outcomes, is contained in the SPIN Module Guidance on the RCPCH SPIN webpages: www.rcpch.ac.uk/spin.

This purpose statement demonstrates the need for clinicians to undertake a SPIN module in C f qnguegpv"Jgcnvj "cp f "vj g"dgpgŃvu"vq"cp f "gz r gevcvkqpu"qh"c"enkpkekcp"wp f gtvcmkp i "vtckpkp i "kp"v jku" area.

service, re f ecting patient and population needs:

Paediatricians increasingly work as part of wider clinical networks. By supporting them in f gxgnq rkp i "cp"kpvgtguv"kp"c"ur gekŃe"ctgc"qh" r tcevkeg."URKPu" j gn r "hcekntvcvg" o qtg" r cvkgpvu"dgkp i " seen by a Paediatrician with the appropriate expertise, in this case the ability to address the physical, psychological and social health needs of young people, irrespective of their condition or presentation. The terms 'Adolescent Health' and 'Young People's Health' are often used kpvgte j cp i gcdn{0"Vj g" Yqtnf "Jgcnvj "Qti cpk|cvkqp"*YJQ+" f gŃpgu"c f qnguegpeg"cu"32/3;"{gctu"cp f " young people as those aged 10-24 years. Whilst 'Young People' is the preferred term chosen by young people themselves, and is more inclusive, the term 'Adolescent' has been selected for use in the title of the SPIN module because it is more widely used and understood, and because we acknowledge that paediatricians in training are more likely to be involved in services providing care in this age range.

Adolescence is a time of considerable morbidity and mortality, and many health and wellbeing outcomes among adolescents in the UK are worsening. Adolescents in the UK have the highest rates of obesity among European comparator countries and high inequalities in obesity prevalence between the richest and the poorest. Asthma death rates, rates of those living with chronic conditions, and the burden of disease rates, particularly for Type 1 diabetes, are also disproportionately high, and these indicators are worsening (Association for Young People's Health (AYPH) report 2019). Mental health disorders frequently emerge in adolescence and are also becoming more common, leading to increasing numbers of mental health presentations and an increase in levels of suicide (NHS England's NHS Mental Health Implementation plan 2019/2020 - 2023/2024). Levels of violence and drug use amongst young people have risen (RCPCH State of Child Health 2020), and there has been an increase in the numbers of young carers and child protection issues involving young people.

The NHS Long Term Plan (2019) outlined a move to a health service for people aged 0-25 years,

supervisors and colleagues, as well as improving understanding and awareness of patient and family experiences.

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

- Undertake regular continuing professional development related to Adolescent Health 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 aimed at improving the care provided to adolescents.
-

This SPIN module is available to Level 3 trainees and all post-CCT Paediatricians with an interest

Ensuring fairness and supporting

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.

Care has been taken when authoring the SPIN Module curricula to ensure as far as is reasonable and practicable that the requirements for those undertaking the module do not unnecessarily discriminate against any person on the basis of these characteristics, in line with the requirements of the Act.

The RCPCH seeks to address issues of equality, diversity and fairness during the development of SPIN curriculum in a range of ways, including:

- Curriculum content to be authored, implemented and reviewed by a diverse range of individuals. Equality and diversity data is gathered regularly for clinicians involved in the work of the RCPCH Education and Training division.
- Undertaking careful consideration of the Learning Outcomes and Key Capabilities to ensure that there is a clear rationale for any mandatory content, and thus there are no unnecessary barriers to access or achievement. Beyond these mandatory requirements, the assessment vqqnu"ecp"dg"f g r nq{g f "kp"c" o qtg"ńgzkdng"cp f "vcknqtg f " o cppgt." o ggvkp i "v j g"tgswktg o gpvu"qh" the individual trainee.
- Cnn" f tchv"URKP"ewttkewnc"vq"dg"tgxkg y g f "u r gekŃecnn{"c i ckpuv"v j g" r tqvgevg f "e j ctcevgtkuvkeu" prior to sign-off, identifying any possible barriers and ensuring these are appropriately addressed.
- All SPINs are approved for use by the RCPCH Education and Training Executive (ETE). As the body responsible for production of the Annual Specialty Report, and receiving summary reports on the National Training Survey from Heads of Schools and other sources, the Committee is well placed to ensure the curriculum meets the needs and addresses any existing concerns of the trainee population.
- All SPIN curriculum documents will be published in font type and size that is appropriate for a wide range of audiences, and optimised for readability. Information regarding the curriculum will be made available through a wide range of media, acknowledging differing learning styles.

The RCPCH is committed to gathering regular feedback from users of its SPIN modules, identifying any areas of bias or discrimination.

Please contact the RCPCH Quality and Standards Manager (_____) if you have any concerns regarding equality and diversity in relation to this SPIN module curriculum.

SPIN module review and revision

URKPu"ctg"tgxkgy g f"gxgt{"vj tgg"{gctu"vq"gpuwtg"vj g{"tg o ckp"Ńv"hqt"rwtrqug."o ggvkpi"vj g"kpvgpf gf" service need. Reviews are led by the SPIN Lead (usually the relevant RCPCH CSAC), who will report to the ETE requesting any changes required. Where necessary, a SPIN can be updated dghqtg"vj g"vj tgg/{gct"tgxkgy"ku"fwg."hqt"gzc o rng"vq"tgńgev"ej cpi gu"kp"iwkfgnkpgu0

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 Capability, the ETE will issue guidance for trainees currently

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

it isn't safe for everyone to come into clinics and hospitals at the same time.

There are a few things that can be done to help us have good appointments whether they are on the phone or using video.

1. Reassure us about how it will work
2. Give us choice of how to talk with you
3. Help us to keep it private when we are at home
4. Help us to prepare for our virtual appointment
5. Make it easy for people without good WiFi access
6. Make it clear and simple about how we get help when we need it

Thank you for doing this course to be the best doctor

Questions to think about:

1. How are you going to support 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 or lives that we might need help with?
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 young people with their condition or with their mental health?
5.

SPIN Learning Outcomes

This table contains the generic Learning Outcomes required for all clinicians undertaking the RCPCH SPIN in Adolescent Health. 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 5 Ngctpkpi Qwveqogu kp qtfgt vq ickp vjgkt EgtvkŃecvg qh Eqorngvkqp qh Vtckpkpi *EEV+0 Eqpuwmvcpvu undertaking a SPIN will already have demonstrated the required generic skills, knowledge and behaviours prior to having obtained their CCT.

Vjku URKP ewttkewmwo qpn{ fgŃpgu vjg urgekŃe Ngctpkpi Qwveqogu hqt vjg uvcvgf hqewu. rwtrqug cpf extent of remit stated for this SPIN module, and cannot be used to indicate competence in any other aspect of Paediatrics.

The Adolescent Health SPIN module addresses health during a period of development, rather than dgkpi urgekŃe vq c fkugcug rtqeguu qt qt icp u{uvgo 0 Vjg owmvkvwfg qh jgcmvj ugtxkegu ceeguugf d{{qwpi

Learning Outcome 1

Provides clinical leadership within a service, including liaison with colleagues and other services providing care for young people to assist in the coordination and paediatric medical management of complex health problems affecting young people.	GPC 1, 2, 5, 6, 7, 8, 9

Facilitates the appropriate management of young people presenting with mental health issues as both primary and contributing factors in their presentations, troubleshooting operational or organisational barriers to effective care.	GPC 1, 2, 5, 7
Leads in the management of young people with medically unexplained or perplexing presentations.	GPC 1, 2, 5
Recognises and leads on managing young people presenting or admitted to hospital with restrictive eating disorders.	GPC 1, 2, 5
Participates in research and governance processes, including audit, guideline development and quality improvement projects to improve the safety and quality of services for young people.	GPC 2, 6, 9
Delivers education and training to the multi-professional team on young people's health.	GPC 2, 8

1. Chairs a multiagency meeting such as a multi-professionals meeting, team-around-the-child (TAC) meeting or psychosocial MDT meeting.
2. Manages the physical aspects of a young person's care who presents acutely unwell with a restrictive eating disorder, including appropriate investigation of acute nutritional compromise, management of electrolytes and ECG changes and refeeding.
3. Liaises with CAMHS and other healthcare professions in the management of a young person with a restrictive eating disorder to ensure holistic care.
4. Produces a chronology of symptoms and assessments for a young person presenting with medically unexplained symptoms
5. Manages a young person presenting with medically unexplained symptoms or a perplexing presentation in an inpatient or outpatient setting.
6. Manages a young person acutely presenting to the Emergency Department following an episode of self-harm, including medical assessment of severity of injuries, liaison with CAMHS services, and risk assessment of appropriate location of ongoing care.
7. Audits an adolescent service against existing national or local guidelines to assess compliance and identify areas for improvement.
8. Participates in a research project in the area of young people's health.
9. Delivers a teaching session to colleagues on the recognition and management of functional neurological disorders.

SPIN Learning Outcome 2

SPIN Learning Outcome 3

Rtqxk f gu"uwr r qtv"cp f "c f xkeg"qp"uchg i wct fkp i "cp f "ng i cn"kuuwgu"u r gekŃecmn{" affecting young people, to support the named and designated safeguarding professionals, if additional adolescent clinical expertise is required	GPC 2, 3, 7

Provides clinical advice and guidance to paediatric colleagues working in consultation with the named and designated safeguarding professionals in managing complex legal, ethical and safeguarding issues affecting young people, if additional adolescent clinical expertise is required.	GPC 2, 3, 7
Provides clinical advice and guidance around the assessment of competence and capacity in young people, and the use of compulsory treatment under the Mental Health Act and contextual safeguarding.	GPC 3, 7

1. Liaises with social services and other relevant multiagency teams about a young person suspected to be at risk of criminal exploitation.
2. Leads on the safeguarding referral and contributes to the multiagency management of an asylum seeking young person.
3. Manages a young person at risk or suspected of being a victim of child sexual exploitation as part of a multidisciplinary and multiagency team.
4. Recognises a young person who is at risk of or experiencing neglect, makes an appropriate safeguarding referral and works with the multiagency team to address the young person's needs.
5. Advocates for a young person who is at risk of homelessness and works with a multiagency team to ensure a safe place for them to live.
6. Tgeq i pkugu"y j gtg"c"{qwp i "r gtuqp"o c{"j cxg"dggp"c"xkevk o "qh"vtchŃemkp i ."cp f "y qtmu"y kv j "c" multiagency team to address their needs.
7. Provides an education session to colleagues regarding contextual safeguarding or other safeguarding issues pertinent to the adolescent population.
8. Participates in a strategy meeting for a young person who you have raised safeguarding concerns about.
9. Contributes to local clinical guidelines on legal, ethical and safeguarding issues relevant to young people's health.

SPIN Learning Outcome 4

SPIN Learning Outcome 6

Provides leadership in a service to ensure positive health experiences for young people through delivery of developmentally appropriate healthcare and effective transition to adult services.	GPC 2, 3, 5, 6

Understands and delivers developmentally appropriate healthcare.	GPC 2, 3, 5, 6
Leads and supports developmentally appropriate healthcare and the development of effective transition processes, through education training and advocacy.	GPC 2, 3, 5, 6

1. Liaises with clinical and managerial colleagues to ensure that admission pathways and inpatient facilities for young people are developmentally appropriate.
2. Develops a local guideline relating to the paediatric assessment and management of common adolescent health problems such as self-harm, eating disorders or obesity.

SPIN Learning Outcome 7

Supports young people's engagement and participation, advocating that young peoples' voices are embedded in service design, development and delivery.	GPC 2, 5, 6, 8, 9

Demonstrates commitment to young people's engagement and develops skills in facilitating effective and meaningful participation.	GPC 2, 3
Works with all levels of their organisation to ensure young people's participation is embedded and valued.	GPC 2, 3, 4, 5, 6, 8
Work closely with and support young peoples' participation workers.	GPC 2, 5, 6
Promotes the engagement of young people in the design or delivery of developmentally appropriate healthcare.	GPC 5, 6

1. Works with colleagues to achieve external accreditation of appropriate services within the organisation, such as Department of Health, "You're Welcome" standards.
2. Works with the management lead for patient participation to ensure young people are involved and prioritised within the organisation's participation activities.
3. Provides training for multidisciplinary colleagues on the principles and practice of participation.
4. Links with local and national participation groups.
5. Ensures there are young people's patient panels/forums involved with service development initiatives from inception
6. Involves young people and their families in the design and development of a local audit or guideline.
7. Involves young people and their families in a service development project.

How to assess the Adolescent Health

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 Progress Programme of Assessment.

The key aspect of the Assessment Strategy for this SPIN module is the Blueprint, on the following page. This grid indicates the assessment requirements to support and demonstrate achievement of the Learning Outcomes and, where appropriate, the minimum number of assessments required. Please note, not all assessments are mandated or their use prescribed, such that trainees may use other assessment types from the list within the Programme of Assessment, where they and their supervisors feel this is appropriate. The mandatory assessments are:

Paediatric Mini Clinical Evaluation (ePaed MiniCEX):

- Leading antimicrobial stewardship and/or pOPAT board round (Learning Outcome 3)

Clinical Leadership Assessment Skills (LEADER):

- Leading antimicrobial stewardship and/or pOPAT board round (Learning Outcome 3)

Clinical based discussion (CBD) or ePaed Mini CEX

ĭ" Tgńgevkqp"qp"cp f" fkuewuukqp"qh"c"tcp i g"qh"ecugu"eqxgtkp i "v j g"mg{" r tgugpvcvkqpu"" "
" qh"c f qnguegpv" j gcnv j ="g i " fkuqt f gtu"qh" r wdgtv{." o gpvcn" j gcnv j "kuuwgu."hwpevkqpcn"" "
presentations.

Safeguarding CBD

ĭ" Tgńgevkqp"qp"cp f" r ctvkek r cvkqp"kp"c"enkpkecn" fkuewuukqp"cdqwv"v j g"uchg i wct fkp i "qh"cp"" "
adolescent.

All evidence for the SPIN module Learning Outcomes, including assessment outcomes, should be recorded within the clinician's ePortfolio.

Appendix A: Further guidance and

Fqevqtu"eq o rngvkp i "vjku"URKP" o q fwng" o c{"Ńp f "vj g"hqmq ykp i "tguqwtegu"wughwm"vq"uwr rqtv"vj gkt" training. Please note, there is no mandatory requirement to use any or all of these resources, and

- www.rcpch.ac.uk/work-we-do/rcpch-us-children-young-people-families
- www.rcpch.ac.uk/hiddenhealth
- www.rcpch.ac.uk/resources/emoji-card-game
- www.rcpch.ac.uk/resources/transition-adult-services
- www.rcpch.ac.uk/being-me
- www.rcpch.ac.uk/resources/covid-19-us-views-rcpch-us
- www.rcpch.ac.uk/inside-story
- https://stateofchildhealth.rcpch.ac.uk/voice-matters/
- www.rcpch.ac.uk/covid-book-club

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 General Paediatrics CSAC. See the RCPCH website for the contact details of the current SPIN Lead: https://www.rcpch.ac.uk/membership/committees/general-paediatrics-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).

• Access to regular supervised clinics • Ugtxkeg"ur gekŃe"tgswktg o gpvu"vq"gpcdng" 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 specifc requirements:** •

• 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.	**CSAC specific requirements:** • N/A

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