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SPIN Module curriculum in

Paediatric Respiratory Medicine

SPIN Version 2
Approved for use from 1 February 2021

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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 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. With the breadth of conditions to cover and several interdependencies, a minimum period of 18 months will be required to complete this module. This should include a minimum of six months to be spent in a tertiary centre and the remaining time in a district general hospital (DGH), with enough clinical throughput and shared care arrangements with a specialist paediatric respiratory centre. SPIN training does not have to be completed within one placement or over one continuous period and can be completed prospectively or retrospectively provided competencies are met and the post has been supervised by a specialist respiratory paediatrician or a paediatrician with special interest in paediatric respiratory medicine. The assessment of whether the clinician has attained the required Learning Outcomes will only examine evidence relating to a maximum of five calendar years prior to submission.

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 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 Learning Outcomes, is contained in the SPIN Module Guidance on the RCPCH SPIN webpages: www.rcpch.ac.uk/spin.

Purpose statement

This purpose statement demonstrates the need for clinicians to undertake a SPIN module in Paediatric Respiratory Medicine (PRM) and 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:**

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.

It is envisaged that a Paediatrician with SPIN in Paediatric Respiratory Medicine (PRM) will provide

Trainee input was provided by Dr Abigail Whitehouse, Dr Lina See and Dr Kushalinii Hillson during development of this SPIN.

We seek support/approval from other bodies, including Cystic Fibrosis Medical Association, CFMA (Dr Gary Connett), LTV/SPIN and Sleep (Neil Gibson), as wel as Allergy.

The SPIN module supports flexibility and the transferability of learning, and provides a clearly-defined professional role for clinicians who have completed a SPIN. The module sets out what patients and employers can expect from clinicians who have gained the SPIN:

Following successful completion of this SPIN module and PRM training, the CCT holder will be competent to take up a post as a Consultant General Paediatrician with a special interest in Paediatric Respiratory Medicine. The SPIN Paediatrician would work within a network of specialist care in collaboration with their regional tertiary respiratory centre.

By the end of training, it is expected that clinicians who have completed this SPIN will have a sound understanding to be able to manage the respiratory health and ill-health in infants, children and young people. They will acquire expertise in appropriate technical skills and ability to work in a network in liaison with the regional specialist paediatric respiratory centre.

They will demonstrate leadership, team working and management skills to coordinate safe and quality care of children and young people with respiratory conditions across hospital and community teams. They will be able to contribute to ongoing quality improvement and lead on service development in the field of Paediatric Respiratory Medicine.

The SPIN training in PRM will enable clinicians to undertake the following roles:

- Be the advocate and champion the respiratory health of children and young people;
- Be the lead for asthma services;
- Manage shared care CF service in conjunction with their regional centre;
- Provide shared care arrangements that allow children and young people with more complex respiratory disease to have as much care as possible delivered close to home;
- Be the lead for respiratory investigations, such as lung function (spirometry and interpretation) and oximetry;
- Initial management, including investigations and appropriate referrals for children with sleep disordered breathing;
- Lead on transition to adult care for older children with chronic respiratory conditions to appropriate adult services nearer to home.

Other specific roles a clinician who has completed this SPIN may be able to undertake include:

- Be the local liaison for regional cleft palate networks;
- Lead on infectious diseases and sleep;
- Collaborate with local, national and regional research projects.

Following completion of SPIN training, clinicians should ensure ongoing professional development and skill maintenance via revalidation. It is desirable that they have close links with their regional centres and are able to participate in educational and clinical activities in their regional centre, such as grand-rounds and departmental CPD meetings. This will also involve continuous acquisition of CPD in the field of Paediatric Respiratory Medicine by attending conferences at

the regional, national and international level. It is highly recommended that they are members of the regional Paediatric Respiratory medicine groups, national societies such as British Paediatric Respiratory Society (BPRS) and British Thoracic Society (BTS) and international societies such as European Respiratory Society (ERS) and European Cystic Fibrosis Society (ECFS).

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 General Paediatric Level 3 trainees and all post-CCT Paediatricians with an interest in Paediatric Respiratory Medicine, who are able to access

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 that the necessary

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

Ensuring fairness and supporting diversity

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

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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 respiratory illnesses?
5. How will you help to make virtual health appointments safe, private and confidential for patients?

Section 2

Paediatric Respiratory Medicine

SPIN **Learning Outcome 1**

Demonstrates proficiency in providing holistic care to manage respiratory health and ill-health in infants, children and young people, including the promotion of respiratory health.	GPC 1,2,4,5

Key Capabilities

Demonstrates proficiency in the diagnosis and management of asthma and other conditions presenting with wheeze.	GPC 1,2,4,5
Demonstrates understanding of key diagnostic tests and initiates management of children and young people presenting with respiratory symptoms, such as chronic cough, acute and recurrent respiratory infections and non-cystic fibrosis bronchiectasis.	GPC 1,2
Demonstrates proficiency in assessment and management of chronic neonatal lung disease (CNLD) and respiratory problems associated with neuro-disability.	GPC 1,2,5

Illustrations

1. The trainee reviews a three-year-old girl referred by her general practitioner with repeated episodes of wheezing. The trainee takes a directed history and agrees a management plan with the parents, including relevant investigations and a self-management plan.

2. A 14-year-old boy has had a recent admission to high dependency unit with an asthma attack. The trainee takes a detailed history exploring the medical, environmental, social and psychological aspects which may have led to this significant presentation. The trainee uses investigations and liaises with other professionals to clarify the relevant contributory factors. The trainee agrees a management plan with the young person and the family, including a tertiary referral.

3. A 10-year-old boy has presented with a persistent productive cough and nasal discharge. The trainee explores further symptoms in other organ systems and initiates initial investigations into the likely cause of this presentation. The trainee interprets the results and decides need for further specialist opinion for this chil <0hthis ch04D004A000500590057>5 <0046004E0053004

6. A 10-year-old child with epilepsy, spastic quadriparesis and severe learning difficulties is referred with frequent chest infections. The trainee takes a detailed history to understand the physiological vulnerabilities of the child and plans further investigations to clarify if the child is at risk for aspiration.

7. A baby born at 26 weeks gestation is now approaching term but still needs variable amounts of nasal cannula oxygen. The trainee assesses the child for suitability of discharge with home oxygen and discusses this with the family, including additional immunisations which may be needed to safeguard the baby.

8. An ex-premature 28 weeks gestation baby has now been out of oxygen for two months.

SPIN Learning Outcome 2

Demonstrates expertise in technical skills, including knowledge and interpretation of spirometry, FeNO (exhaled nitric oxide), pulse oximetry and inhaler technique, recognising the indications and timing when to refer for more specialist investigations, including but not limited to fexible and rigid bronchoscopy, advanced respiratory imaging, exercise testing and hypoxic challenge tests.	GPC 1,2,3

Key Capabilities

journey from consent, pre-operative checks, the procedure and post-procedure feedback to children, young people and their families.

6. The trainee interprets X-rays independently; takes part in departmental radiology meetings and identifies which patients should be referred for further lung imaging (CT scan). The trainee understands the implications of findings on a CT-scan and explains these results to families.

7.

SPIN Learning Outcome 3

Demonstrates ability to work in a network in liaison with regional specialist paediatric respiratory centre to manage complex acute and	

6. The trainee attends CF transition clinics and takes part in the MDT assessment of readiness of the young person for transition of care to the adult services.

7. A child is now eligible for a new CFTR modulator therapy, the trainee takes an active role in counselling the patient and family on this change in management. They subsequently review the patient list to look into which other children may be eligible.

8. A child with a chronic cough, weight loss and night sweats presents to the clinic. The trainee arranges investigations for TB and refer to the local TB services, arranging contact tracing and treatment.

9. A four-year-old is referred by his general practitioner with snoring. The trainee assesses the child to look for features suggestive of obstructive sleep apnoea and its likely underlying causes. The trainee requests first line investigations and considers an onward referral to other specialties.

10. A child has a sleep study which demonstrates the need for non-invasive ventilation (NIV). The trainee explains NIV to the parents and explains why it is needed.

11. A child on NIV presents unwell to the Emergency department. The trainee reviews the child, in particular the care plan and adjusts the ventilation appropriately.

12. The trainee leads the local MDT for psychosocial problems in children with complex respiratory needs.

13. A child with a new tracheostomy is being discharged home. The trainee attends and provides medical input at the discharge planning meeting.

SPIN Learning Outcome 4

Demonstrates leadership, team working and management skills to coordinate safe and quality care of children and young people across hospital and community teams, looking after paediatric respiratory patients.	GPC 4,5

Key Capabilities

Demonstrates ability to lead multidisciplinary teams caring for children and young people with complex health needs.	GPC 4,5

Illustrations

1.

Section 3

Assessment Strategy

How to assess the Paediatric Respiratory Medicine 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 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 Case Based Discussion (CBD), Paediatric Mini-Clinical Evaluation (Mini-CEX), Discussion of Correspondence (DOC), Multi Source Feedback (MSF) and clinical leadership assessment skills.

1. Evidence through reflection of experience and learning from:

    - participation at Asthma Clinics and multidisciplinary team meetings
    - participation at CF clinic and multidisciplinary team meetings
    - participation at Non-Invasive ventilation clinic and multidisciplinary team meetings
    - counselling families about indications, risks and benefits of bronchoscopy
    - interpretation of lung function testing

2. At least one work-based assessment each showing involvement in the management of a child with:

    - Asthma
    - CF
    - Other suppurative lung disease
    - Chronic neonatal lung disease
    - Respiratory problems associated with Neurodisability
    - Sleep disordered breathing
    - Non-invasive ventilation
    - Chronic cough
    - Complex pneumonia
    - Pre-school wheezing

3. Mini-Cex for the management of a patient with tracheostomy and the training for an emergency tracheostomy change.

4. DOCs showing evidence of involvement in communication regarding referral and transfer of patients to tertiary centres and communication of management details with referring centres.

5. Leader CBDs to evidence leadership of an MDT and ward round.

6. At least one safeguarding CBD involving a respiratory condition.

7. Evidence of communication with patients/families regarding modifable impacts on health such as parental smoking.

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

Appendices

Appendix A: Further guidance and resources

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

The SPIN Lead is a member of the Paediatric Respiratory Medicine CSAC. See the RCPCH website for the contact details of the current SPIN Lead: www.rcpch.ac.uk/membership/committees/paediatric-respiratory-medicine-csac

Appendix B: Criteria for SPIN delivery

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.	