

SPIN Module curriculum in

# Paediatric Audiovestibular Medicine

**SPIN Version 1.0**

Approved for use from 1 September 2021

This document outlines the curriculum and assessment strategy to be used by paediatricians completing the RCPCH SPIN module in Audiovestibular Medicine.

This is Version 1.0. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number		

# Table of Contents

<b>Section 1</b>	<b>Introduction and purpose.....</b>	<b>4</b>
	Introduction to SPIN modules.....	5
	Purpose statement.....	6
	Requirements to undertake this SPIN module.....	9
	Ensuring fairness and supporting diversity.....	12
	Quality assurance and continual improvement.....	13
	#VoiceMatters.....	15
<b>Section 2</b>	<b>Paediatric Audiovestibular Medicine.....</b>	<b>18</b>
	How to use the RCPCH SPIN curriculum.....	19
	Components of the SPIN curriculum.....	19
	SPIN Learning Outcomes.....	20
	SPIN Learning Outcome 1.....	21
	Key Capabilities.....	21
	Illustrations.....	21
	SPIN Learning Outcome 2.....	23
	Key Capabilities.....	23
	Illustrations.....	23
	SPIN Learning Outcome 3.....	24
	Key Capabilities.....	24
	Illustrations.....	24
	SPIN Learning Outcome 4.....	25
	Key Capabilities.....	25
	Illustrations.....	25
	SPIN Learning Outcome 5.....	26
	Key Capabilities.....	26
	Illustrations.....	26
<b>Section 3</b>	<b>Assessment Strategy.....</b>	<b>27</b>
	How to assess the Paediatric Audiovestibular Medicine SPIN.....	28
	Assessment blueprint.....	30
	<b>Appendices.....</b>	<b>32</b>
	Appendix A: Further guidance and resources.....	33
	Appendix B: Criteria for SPIN delivery.....	35

# Section 1

# Introduction and purpose



# Purpose statement

This purpose statement demonstrates the need for clinicians to undertake a SPIN module in Audiovestibular Medicine (AVM), 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 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. The care of children with hearing impairment is mainly delivered by paediatricians in community child health. This SPIN is therefore particularly although not exclusively targeted to this group of sub-specialty trainees and consultants, although as with other SPINs would be open to trainees and consultants from General Paediatrics.

## Population need:

There are 12 million people with hearing loss in the UK currently; of these 50,000 are children, with around half of them being born with a hearing loss and the remaining half acquired. This is a significant public health problem, with around 1 in 1000 children born with a hearing loss.

**This SPIN module considers interdependencies across related specialties and disciplines, and has been developed and supported by the relevant key stakeholders:**

This SPIN module has been supported by the General Paediatric and Community Child Health CSACs, in conjunction with Royal College of Physicians Audiovestibular Medicine Specialist Advisory Committee, the British Association of Paediatricians in Audiology (BAPA) Executive Committee and members; The British Association of Community Child Health (BACCH) Executive Committee; The British Association of Childhood Disability (BACD) Executive Committee;

AV paediatrics is an area of medical practice with multiple networks. Building networks is an important part of integrating the care.

The SPIN would include exposure and developmental assessments with the following MDT members for babies, children and young people with hearing impairment:

- Paediatric Audiologists
- Teachers of the Deaf
- Educational Audiologist
- Specialist Speech & Language Therapists for children with hearing impairment
- Health Visitors
- Audiovestibular Physicians
- Paediatric Neurology
- Ear Nose and Throat Surgeons
- Paediatric Hearing Implant Teams
- Paediatric Occupational and physiotherapists
- Special Needs co-ordinators in the child's school.
- Local and National Deaf Child and Adolescent Medicine Services CAMHS

Joint work with colleagues in paediatric audiology services is crucial to the success of the local network for babies, children and young people with hearing and vestibular disorders.

**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 SPIN module sets out what patients and employers can expect from clinicians, who have gained the SPIN:**

Following successful completion of this SPIN module and level 3 Paediatric specialty training, the CCT holder will be competent to take up a post as a Consultant Paediatrician with a special interest in Audiovestibular Medicine.

By the end of training, it is expected that clinicians who have completed this SPIN will have a sound understanding of:

- The causes, investigation, management and developmental progress of babies, children and young people with all types of hearing impairment and vestibular disorders of childhood.
- The tests of hearing and balance and integrating these with the medical assessment and management of a child's hearing loss/ balance difficulties.
- How to talk to patients and families about hearing loss and vestibular disorder.
- The complications of middle ear disease.

- Advocacy for children with audiovestibular conditions by understanding Deaf/deaf culture differences, communication needs and special educational needs and disabilities (SEND) processes for these children.
- Teaching and training on the audiovestibular conditions of childhood.

The SPIN training will enable them to undertake the following roles:

- Provision of audiovestibular care to babies, children and young people.
- Bridge the gap that babies, children and young people with AV conditions regularly fall into, between community paediatricians, neurodisability paediatricians or paediatric neurologists, general paediatricians and ENT specialists. Have the specialist knowledge and skills to ensure that robust integrated care and referral pathways are in place, understanding when a referral to specialist colleagues is required.

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

- Assessment and onward referral for children with auditory processing difficulties (listening difficulties with normal audiogram), tinnitus, hyperacusis, complex audiovestibular presentations (e.g. medically unexplained hearing difficulties).
- Team leading/ medical lead for newborn hearing screening.
- Recognize and assess the impact of hearing impairment on an ASD/ ADHD assessment. Children with severe to profound hearing impairment or who use or whose parents/carer use sign language are assessed in England by National Deaf CAMHS specialist services.

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

- Are members of The British Association of Paediatricians in Audiology (BAPA),
- Attend audiovestibular conferences, annual meeting/audit meeting and peer review meetings regularly.
- Attend at least one relevant short course as part of their 5-year CPD cycle.



# Requirements to undertake this SPIN module

## Applicant requirements

This SPIN module is available to Level 3 trainees and all post-CCT paediatricians with an interest in Audiovestibular Medicine, who can access sufficient training opportunities to meet the requirements of the SPIN curriculum.

Trainees who are interested in undertaking this SPIN module should approach their Head of Schools or Training Programme Directors 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.

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](http://www.rcpch.ac.uk/spin) for more details on how to apply to undertake a SPIN module.

## Training duration

For trainees, the SPIN training should be feasible within 12 months for full time trainees, or pro-rata for Less Than Full Time (LTFT) trainees. It is expected that to achieve the necessary learning outcomes, a trainee will need to train in the following clinical settings:

- Specialist outpatient clinic for children with hearing impairment led by a consultant in audiovestibular medicine or paediatrician with a special interest in audiovestibular paediatrics.
- Multiagency developmental (MDT) assessments for children with hearing impairment.
- Clinics with paediatric audiologists testing hearing and providing rehabilitation to all ages of children including referrals from newborn hearing screening.
- Deaf awareness and introduction to British Sign Language.
- Teaching clinic with ENT surgeon.
- All trainees to have some clinics with audiovestibular physician particularly for the assessment of vestibular function and disorder.
- Access and opportunity to attend/ visit specialist clinics/services (AVM, paediatric hearing implants/ specialist CAMHS services.)

## Out of Programme (OOP) training

Trainees should not need to take out of programme (OOP) to complete a SPIN module. Undertaking a SPIN will NOT be considered as a basis for an OOP except in exceptional circumstances and where both deaneries/ LETBs agree and approve the SPIN module programme. These exceptional circumstances include applications from trainees where approved training in a particular special interest is not available in their current deanery/ LETB. Permitting OOP for these exceptional circumstances provides a positive contribution to workforce planning in regions where limited approved SPIN modules are available. For example, smaller sub-specialties such as Nephrology or Immunology & Infectious Diseases (IID) may only be available in a limited number of deaneries/ LETBs. In order for applications utilising OOP to be considered by the RCPCH, both deaneries/





# 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 are 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 tools can be deployed in a more flexible and tailored manner, meeting the requirements of the individual trainee.
- All draft SPIN curricula to be reviewed specifically against the protected characteristics prior to sign-off, identifying any possible barriers and ensuring these are appropriately addressed.
- All SPINs are approved by the Board (TQB) (y). As the Board is responsible for the national curriculum, it is essential that the curriculum is fair and equitable for all trainees.

# 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 required changes.

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

1. **Effective selection mechanisms.** 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. **Gathering and responding to feedback.** 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 attainment and evidence.** CSACs (or another designated SPIN Lead) review all completed SPIN portfolios prior to sign-off, ensuring consistency.
4. **Quality assurance of assessments.** This takes a variety of forms during the development, delivery and monitoring of assessment tools, as outlined in the RCPCH Progress Assessment Strategy.
5. **Quality of assessors and supervisors.** 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. **Scheduled reviews.** 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 manner.

## SPIN governance

The RCPCH's Training and Quality Board (TQB) has overall responsibility for the RCPCH SPIN curricula, working closely with the SPIN Lead. The TQB will monitor the performance of the SPIN through the relevant CSAC/ SPIN Lead and receive scheduled reviews of feedback from SPIN users.

## SPIN module review and revision

# #VoiceMatters

RCPCH &Us is a children, young people and family network, working with over 2000 young

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*i . . . . .  
and uses gestures. I want to feel included in my appointment and my healthcare, not  
excluded because I can't hear" RCPCH T0 0,py*



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”*  
RCPCH &Us

### Questions to think about:

1. How are you going to develop your skills to communicate with Deaf children and young people? Can you take a basic BSL course or visit a Deaf School for some tips?
2. How are you going to support children and young people to feel comfortable in opening up? Are there tools and resources that could help?
3. Have you asked about other things in our house, where we live or at school that we might need help with?
4. What ways will you use to help everyone talk with you on their own, in the way that is right for them?
5. What local and national charities do you know that help families supporting deafness?
6. How will you help to make virtual health appointments safe, private and confidential for patients?

## **Section 2**

# **Audiovestibular Medicine SPIN curriculum**

# How to use the RCPCH 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 that ensure 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 several Learning Outcomes which specify the standard that clinicians must demonstrate to attain this SPIN module. Trainees 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 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 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.

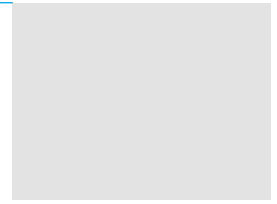
The **Illustrations** are examples of evidence and give the range of clinical contexts that the trainee may use to support their achievement of the Key Capabilities. These are intended to provide a prompt to the trainee and trainer as to how the overall outcomes might be achieved. They are not intended to be exhaustive, and excellent 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 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 each capability (as indicated in each Assessment Grid), but there must be evidence of the trainee having achieved all Key Capabilities.



# SPIN Learning Outcome 1

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impairment and understands the communication options for a child with permanent childhood hearing impairment.

11. Recognise different listening devices and can explain to family how these work and why different hearing devices are used. Can recognize simple problems with hearing devices and explain them to parents/carers and arrange appointment with paediatric audiology team.
12. Supports special educational needs and disabilities (SEND) process for these children.

# SPIN Learning Outcome 2

Applies knowledge of paediatric audiovestibular medicine to make referrals and follow pathways for children with hearing impairment.	GPC 2, 3, 4, 5, 6
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## Key Capabilities

Understand the scientific basis and pathways of the newborn test of hearing to inform management of a baby with hearing impairment.	GPC 2, 3
Arrange appropriate referrals to paediatric hearing implant services.	GPC 4, 5, 6
Diagnose associated medical co-morbidities and refer to sub-specialty paediatrician, specialist audiovestibular or ENT service.	GPC 2, 3, 6
Assesses mental health and wellbeing of a child with a hearing impairment and makes referral to children’s and young people’s mental health services (local and national).	GPC 2, 3, 4

## Illustrations

1. Participate in newborn hearing screening programs.
2. Consider when further referral for specialist hearing devices is beneficial to child in conjunction with paediatric audiologists.
3. Make appropriate onward referrals for paediatric hearing implant assessments by specialist centres. (cochlear implants, bone anchored hearing aids, auditory brain stem implants, rehabilitation options of a unilateral hearing impairment).
4. Explain to a family and colleagues why a child with a hearing impairment has passed newborn hearing screening. Mild hearing loss, progressive hearing loss, late onset or acquire hearing loss, ANSD where only NHSP pathway involves only otoacoustic emissions.
5. Teach paediatricians about newborn hearing screening: science, pathways and responsibilities for referral to paediatric audiology.
6. Teach paediatric conditions associated with hearing impairment, which conditions require referral for a hearing test and the impact of hearing impairment and vestibular disorder/hypofunction to trainees and colleagues.
7. Refer appropriately to specialist services (primarily Audiovestibular medicine and paediatric otology, also paediatric neurology, nephrology, cardiology, infectious disease and appropriate mental health services etc.).
8. Build an effective relationship and referral pathways colleagues in local and specialist National Deaf CAMHS, knowing the referral criteria to national deaf CAMHS where this is available (only available in England).
- 9.

## SPIN Learning Outcome 3

Explains to children, young people, parents and carers about hearing loss and testing, tests of vestibular function and other vestibular disorders of childhood.	GPC 1, 2, 3, 4
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### Key Capabilities

Uses appropriate language to discuss hearing loss and testing with Children, young people and parents/carers.	GPC 1, 2, 4
Understands the tests of vestibular function and can explain vestibular testing and problems to children, young people and parents/carers using appropriate language.	GPC 2, 4

### Illustrations

1. Support families after birth of babies with microtia and ensure investigations and referrals to specialist teams are completed early as per UK guidelines.
2. Identify dual (vision and hearing impairment) and multisensory (vision, hearing and vestibular impairment), knows statutory assessments available and understand impact on child and their development, explaining this to colleagues and parents/carers.
3. Transition: ensures a young person understands their hearing loss and aetiological diagnosis.



## SPIN Learning Outcome 4

Provides local expertise for audiovestibular problems in children.	GPC 2, 3, 4, 5, 6, 7, 8
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### Key Capabilities

Teaches audiovestibular problems of childhood to colleagues including impact on child and timely diagnostic assessment.	GPC 7, 8
Service delivery and organisation across the statutory agencies and between secondary (general) and tertiary (specialist audiovestibular paediatric care).	GPC 5, 6, 7, 8

### Illustrations

1. Ensure deaf awareness training in local health systems and social care settings (e.g. child protection conferences, ensuring the needs of children looked after with hearing impairment are understood by carers, social workers and the courts etc).
2. Provide the interface between the child's audiological testing and rehabilitation and the medical diagnosis and ongoing care to inform each of the other.
3. Contribute to the MDT assessment of glue ear in special populations (e.g. children with Downs Syndrome and cleft palate) as per NICE guidelines.
4. Diagnose and provide specific knowledge of syndromic and acquired conditions associated with hearing impairment, vestibular hypofunction or a combination of both. Examples include conditions causing visual impairment, renal impairment, cardiac anomalies and the effects of head/injury/meningitis and cancer treatments on hearing and balance.
5.
  - 2.



## **Section 3**

# **Assessment Strategy**

# How to assess the Audiovestibular Medicine SPIN

The assessment strategy for this SPIN module is aligned with the RCPCH Progress Programme of

BAPA exec committee) or does a local audit in audiovestibular paediatrics.

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

## 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 trainees 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.



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# Appendices



# Appendix A: Further guidance and resources

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

## Assessment

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

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

## Recommended reading

1. *AT A a M : C a A s H a a a a* 19 Dec. 2002  
by Linda Luxon (Editor), Joseph M. Furman (Editor), Alessandro Martini (Editor),
2. *Pa a A a M*, 2nd Edition Valerie E. Newton (Editor) ISBN: 978-0-470-31987-1 March 2009 536 Pages
3. *Ma a P a a a Ds s* Second Edition Robert C. O'Reilly (Editor), Thierry Morlet (Editor), Sharon L. Cushing (Editor), Jacob R. Brodsky (Editor) Plural Publishing Inc; 2nd edition (1 Oct. 2019) ISBN-10 : 1635501466 ISBN-13 : 978-1635501469
4. *Ha C a A* Written by Jack Katz, 2014 Edition, (7th International edition) Publisher: Lippincott Willia0005>60 0004E00492rry Morlet (Editor), Sha1s [Hard.

## Genomic Medicine

1. <https://www.genomicseducation.hee.nhs.uk/education/>
2. AVM specific : <https://www.genomicseducation.hee.nhs.uk/wp-content/uploads/2019/08/Audiovestibular-PHG.pdf>
3. AVM NHS GMS testing: [https://www.baap.org.uk/uploads/1/1/9/7/119752718/avm\\_genomic\\_testing\\_info\\_mar2021-1.pdf](https://www.baap.org.uk/uploads/1/1/9/7/119752718/avm_genomic_testing_info_mar2021-1.pdf)

## Training events or courses

1. BAPA/BAAP aetiological investigation course institute of child health
2. BAPA annual conference and specialty session at RCOCH conference
3. Local audiovestibular peer review meetings (variety of organisers)
4. BAAP annual audit meeting (November)
5. PG Certificate/Diploma/MSc in Audiology related discipline: University College London/Cardiff university/university of Manchester.
7. eLFH audiology modules
8. Paediatric audiology and vestibular short courses and master classes.
9. AVM regional training days
10. British Paediatric Neurology Association (BPNA) Courses and Distance Learning  
For example: Children's Headache Training (CHaT)  
Hearing and Vision distance learning

## 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](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 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 trainee. Adherence to these criteria will help ensure the trainee will have the necessary support and access to experiences which they will require 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"> <li>• Access to regular supervised clinics.</li> <li>• Service specific requirements to enable achievement of the curriculum e.g. Day case facilities, imaging.</li> <li>• Opportunities to work with shared care networks in primary and secondary care.</li> <li>• Opportunities to work with shared care clinical guidelines and protocols.</li> <li>• 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).</li> </ul>	<hr/> <hr/> <hr/> <hr/>



<b>Programme of assessment</b>	
<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 remission to facilitate this, i.e. 1 PA per week per 4 trainees.</li> <li>Supervision must ensure patient safety. Support for trainers and supervisors must be available within the Trust.</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>The site must be accredited for either community child health sub-specialty or audiovestibular medicine or specialty training.</li> </ul>
<b>Quality assurance and improvement</b>	
<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>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>No specific requirements</li> </ul>

