



SPIN Module curriculum in

# Paediatric Palliative Medicine

SPIN Version 2  
Approved for use from 1 May 2020

This document outlines the curriculum and Assessment Strategy to be used by paediatricians completing the RCPCH SPIN module in Paediatric Palliative Medicine.

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
2.0	1 April 2020	Full redevelopment of the curriculum, moving from knowledge based capabilities to behavioural Learning Outcomes and aligning with RCPCH Progress.

# 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 Palliative Medicine.....</b>	<b>17</b>
	How to use the RCPCH SPIN curriculum.....	18
	Components of the SPIN curriculum.....	18
	SPIN Learning Outcomes.....	19
	SPIN Learning Outcome 1.....	20
	Key Capabilities.....	20
	Illustrations.....	20
	SPIN Learning Outcome 2.....	21
	Key Capabilities.....	21
	Illustrations.....	21
	SPIN Learning Outcome 3.....	22
	Key Capabilities.....	22
	Illustrations.....	22
	SPIN Learning Outcome 4.....	23
	Key Capabilities.....	23
	Illustrations.....	23
	SPIN Learning Outcome 5.....	25
	Key Capabilities.....	25
	Illustrations.....	25
	SPIN Learning Outcome 6.....	26
	Key Capabilities.....	26
	Illustrations.....	26
	SPIN Learning Outcome 7.....	27
	Key Capabilities.....	27
	Illustrations.....	27
	SPIN Learning Outcome 8.....	28
	Key Capabilities.....	28
	Illustrations.....	28
<b>Section 3</b>	<b>Assessment Strategy.....</b>	<b>29</b>
	How to assess the Paediatric Palliative Medicine SPIN.....	30
	Assessment blueprint.....	31
	<b>Appendices.....</b>	<b>33</b>
	Appendix A: Further guidance and resources.....	34
	Appendix B: Criteria for SPIN delivery.....	36

# 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

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

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



complex conditions, service provisions must evolve to meet this changing need. Clinicians with clinical skills, but also in developing relationships and improving governance with the local inter-professional and multi-professional network. The paediatric consultant with special interest in Paediatric Palliative Medicine will support a networked 'hub and spoke' approach in their locality, working closely with the specialist teams. Current recommendations through the commissioning guidance developed by NHS England supports the model of a managed clinical network supported by specialist palliative care teams, with care delivered closer to home using a local team. It is anticipated that those with this SPIN will support the coordination of care closer to home.

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 Paediatric Palliative Medicine.

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

the depth and range of clinical conditions requiring Paediatric Palliative Medicine services.

- the scope of symptom management with a safe approach to prescribing controlled drugs and medication off licence.
- the clinical management of end of life care and the safety requirements for providing this in various environments, both in and out of hospital.
- decision-making pathways, including discussions relating to advance care planning and the co-ordination and escalation of care for children and young people with complex conditions.

The SPIN training will enable the clinician to work as the local lead in palliative care services within a district general hospital or community setting.

During SPIN training, it is recommended that clinicians identify and visit children and young people's group with relevant experiences. Listening and learning from the experiences of children

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.

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

- participate in the activity of their regional Paediatric Palliative Care network, where such a network exists.
- regularly contribute to a regional, tertiary MDT and use a peer support system to support complex patient management.
- undertake regular audit and quality improvement projects allied to the delivery of Paediatric Palliative Medicine.

- are a member of the Association of Paediatric Palliative Medicine.
- undertake regular continuing professional development related to palliative medicine to retain the knowledge and skills gained whilst undertaking the SPIN module, including keeping up to date with advances in this area.





LETBs. In order for applications utilising OOP to be considered by the RCPCH, both Deaneries/ why the module could not be completed in the trainee's current Deanery/LETB.

## Post requirements

When applying to undertake a SPIN, applicants must demonstrate that they will be able to access the necessary learning opportunities and placements, and an appropriate Educational and Clinical Supervisor is in place. Additional requirements for delivering this SPIN module are

the human or physical resource experiences the trainee will need to be able to access in order for the curriculum to be delivered successfully. Please contact the SPIN Lead (usually the relevant CSAC), if further guidance is required.

## Meeting GMC training requirements

All training must comply with the GMC requirements presented in *Promoting excellence: standards for medical education and training* (2017). This stipulates that all training must comply with the following ten standards:

J^[c [ "OB[VW\_d] [dl \_hedc [ dj 'WZ 'Yk]kh[

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 is supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

NSL1JFWNRJE.

training responsibilities.

S4.2 Educators receive the support, resources and time to meet their education and training responsibilities.

# ; di kh\_d] ^W\_d[ i i ^WZ`i kf f eh\_d] ” 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:

-

# Quality assurance and continual improvement

;

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 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. 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

a.04delivery anodule.



## #VoiceMatters

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

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,

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 families. To find out more about RCPCH &Us at [www.rcpch.ac.uk/and\\_us](http://www.rcpch.ac.uk/and_us).

### What children, young people and families said

#### RCPCH &Us

It can be hard for us and our families when we are ill. We can be scared, 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 each other.

It can also be confusing when there are lots of people helping us, to know what they all do and who they are. In some places they wear different colour tops which is good but only if we know who is who and what they do. Please make sure that you introduce us to everyone but also create a way for us all to remember what is going on, like a picture book or a notebook that has drawings in it, as it is already a lot to think about. It helps when just one person is in charge of explaining things, so we get used to that person and feel comfortable to ask questions. As parents it also worries us when lots of different people are responsible for medication so it's good to think about

We still have things that we like and have ideas for the future, even if we won't all get to see them happen. It's good if we talk about lots of different things that are happening in our life or that of our family, not just how ill we might be. For some of us, we'd like to talk about the jobs we want

to do. When our sisters or family members are visiting us, it's nice if there is something they can do while we are there.

We also like it if we can talk about things to make other families lives better when they have hospice or palliative care so we can help others. It is also nice if we can make the space feel like home with our own bedding and things that are important to us or just meeting with you in places that are colourful and friendly and don't look white and boring.

One RCPCH &Us project in 2019 was in a hospice and they created games packs which was a great idea. They had jigsaws and games in them so that we can do these when we are bored (or our

families can) and a map of where we are and goodies.

## RCPCH &Us

There is so much to understand when you are ill and when your treatment changes and things for your family to get used to. We wish that we were told sooner about local support groups or or looking after someone who is ill, or charities that supports families when someone dies, or that you can talk to someone who isn't your doctor to get help understanding things.

to explain to us or our families, and to remind us regularly when you see us as it is easy to forget or lose the information when there are lots of other things going on. Thinking about all of us as



## Section 2

# Paediatric Palliative Care



## Learning Outcomes

This table contains the generic Learning Outcomes required for all trainees undertaking the RCPCH SPIN in Paediatric Palliative Medicine. 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>.

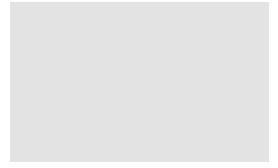
Please note, trainees will also be required to complete their paediatric generic and General Paediatric (or other paediatric sub-specialty) Level 3 Learning Outcomes in order to gain their

demonstrated the required generic skills, knowledge and behaviours prior to having obtained

focus, purpose and extent of remit stated for this SPIN module, and cannot be used to indicate competence in any other aspect of paediatrics.

	Learning Outcome	GPCs
1	Recognises the impact of life-limiting illness on children, young people and their families, and demonstrates a clear understanding of the role palliative care has in relieving suffering (physical, emotional, psychosocial and spiritual).	3, 6
2	Leads and coordinates local management of children and young people with life-limiting conditions, including those requiring end-of-life care, in close collaboration with the specialist palliative care service.	1, 5
3	Works together with patients, families and professionals to facilitate care coordination and delivery across the illness continuum, demonstrating care planning.	3, 6
4	Anticipates, evaluates and manages frequently experienced symptoms in the context of life-limiting illness through a multimodal approach, including both pharmacological and non-pharmacological interventions; seeking advice and support from specialist palliative care services for complex symptom management.	3, 6
5	Applies the principles of clinical ethics when supporting complex decision-making.	1, 5, 6
6	Recognises when a child or young person has entered the end-of-life phase and appropriately prepares both parents and professionals to facilitate high-quality end-of-life care, including applying knowledge of the legal and practical requirements following death.	3, 6
7		

B[ Wd\_d] 'E kj Yec [ "





# 1 F?D 'B[ Wd\_d] 'E kj Yec [ ^)

Works together with patients, families and professionals to facilitate care coordination and delivery across the illness continuum, demonstrating planning.	GPC 3, 6
---	----------

## Key Capabilities

Interacts effectively with patients, families and colleagues to support parallel planning and advance care planning.	GPC 1, 3, 5
Seeks the views of children and young people regarding their individual needs and wishes for care, applying effective, active listening skills and decision-making models when assessing competency, capacity and vulnerability.	GPC 2, 3, 7

## Illustrations

1. Demonstrates understanding of the importance of exploring an individual family's priorities and of negotiating achievable goals, including showing understanding and respect for different social and cultural beliefs and values.
2. planning.



5. Applies updated knowledge of symptom management issues, as new research becomes available.

6.



# I F ? D ' B [ W d \_ d ] ' E k j Y e c [ " +

Applies the principles of clinical ethics when supporting complex decision-making.	GPC 1, 5, 6
--	-------------

## Key Capabilities

Recognises the role of clinical ethics in complex decision-making.	GPC 3, 6
Practises Paediatric Palliative Medicine within a legal framework, with access to appropriate help and support, when necessary.	GPC 1, 3, 6

## Illustrations

1. considering therapeutic interventions in children and young people with life-limiting conditions, taking into consideration physical, spiritual, social, psychological and emotional issues, and only proceeding with an intervention if it can be reasonably supposed that it will do more good than harm.
2. Applies knowledge of how the law relating to consent and the Mental Capacity Act is applied within Paediatric Palliative Medicine, particularly in regard to young people.
3. withdrawal of life-sustaining treatment.
4. Appreciates the role of local and specialised support in ethical decision-making (e.g. local clinical ethics committees and legal advisors).
5. care setting.
6. Seeks the opinion and counsel (clinical and legal) of others in ethical dilemmas and when making challenging clinical decisions.

# IFD B [ Wd\_d] E kj Yec [ ",

Recognises when a child or young person has entered the end-of-life phase and appropriately prepares both parents and professionals to facilitate high-quality end-of-life care, including applying knowledge of the legal and practical requirements following death.	GPC 3, 6
--	----------

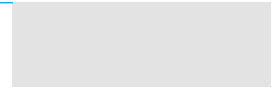
## Key Capabilities

Supports the care of the dying child or young person, including recognition and management of commonly encountered symptoms and care after death, while respecting cultural and religious values.	GPC 3, 6
---	----------

## Illustrations

# I F?D 'B[ Wd\_d] 'E kj Yec [ "-

---



# 1 F ? D ' B [ W d \_ d ] ' E k j Y e c [ " .

Possesses the procedural skills necessary to practise competently and effectively as a paediatrician with an interest in Palliative Medicine, with	GPC 3, 5, 6
--	-------------

## Key Capabilities

Ensures competence is achieved and maintained in relevant procedural skills.	GPC 3
Sets up and maintains continuous drug delivery devices, as per local policy for end of life care in childhood.	GPC 2, 3, 6

## Illustrations

1. miscibility issues.
2. Anticipates, recognises and appropriately manages complications of syringe driver use, including precipitation and irritation.
3. Demonstrates awareness of the role of respiratory support in Paediatric Palliative Medicine and how to troubleshoot common problems.
4. Demonstrates awareness of the role of nurse-, patient- or proxy-controlled analgesia (NCA/PCA) in Paediatric Palliative Medicine.
5. Manages tracheostomies, including the ability to manage complications (e.g. secretions and blockages), and perform a simple tracheostomy change.
6. Performs the practical management of nasogastric tubes, gastrostomies and jejunostomies, and in particular common practical problems such as tube blockage, infection and displacement, and the solutions to these.

## Section 3

# Assessment Strategy



# Assessment blueprint





# Appendices

# 7 f f [ dZ\_n'7 O<khj ^[ h] k\_ZWøY[ 'WøZ'' resources

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. Association of Paediatric Palliative Medicine Master Formulary. <https://www.appm.org.uk/guidelines-resources/appm-master-formulary/>
2. Making decisions to limit treatment in life-limiting and life-threatening conditions in children: a framework for practice. Archives of disease in childhood, 100 (Suppl 2), pp.s1-s23.
3. Goldman, A., Hain, R. and Liben, S. eds., 2012. Oxford textbook of palliative care for children. Oxford University Press.
4. Hauer, J.M., 2013. Caring for children who have severe neurological impairment: a life with grace. JHU Press.
5. Hain, R. and Jassal, S.S., 2016. Paediatric palliative medicine. Oxford University Press.

## Training events or courses

1. APPM Trainee biannual study days
2. APPM annual conference
3. Advanced Communication Skills courses

## Other useful resources

1. <https://www.togetherforshortlives.org.uk/>
2. [www.rcpch.ac.uk/hiddenhealth](http://www.rcpch.ac.uk/hiddenhealth)
3. <https://www.rcpch.ac.uk/resources/emoji-card-game>
4. <https://www.medicinesforchildren.org.uk/our-meds-management-mobile-app>

## <eh'c eh[ ~\_d\ehc Vj\_ed

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 Paediatric Palliative Medicine CSAC. See the RCPCH website for the contact details of the current SPIN Lead: <https://www.rcpch.ac.uk/membership/committees/paediatric-palliative-medicine-csac>

The SPIN Lead is a member of the Gastroenterology, Hepatology and Nutrition CSAC. See the RCPCH website for the contact details of the current SPIN Lead: [www.rcpch.ac.uk/membership/committees/paediatric-gastroenterology-hepatology-nutrition-csac](http://www.rcpch.ac.uk/membership/committees/paediatric-gastroenterology-hepatology-nutrition-csac)



Programme of assessment	
<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>91 791 f [Y_ YH]gk_H]c [ dji O</b></p> <ul style="list-style-type: none"> <li>The site has to demonstrate adequate levels of PPM supervision approved by the RCPCH CSAC PPM.</li> <li>As a minimum in each region there must be access to at least one consultant with sub-specialty expertise in PPM, supported by a Paediatric Consultant with SPIN PPM that can</li> </ul>

