SPIN Module curriculum in

P O

PIN 1.0

Approved for use from 1 September 2021

The Royal College of Paediatrics and Child Health is a registered charity

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

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

C

1 I 4
Introduction to SPIN modules 5
Purpose statement 6
Requirements to undertake this SPIN module 8
Ensuring fairness and supporting diversity 11
Quality assurance and continual improvement 12
#VoiceMatters 14
2 P , O 17
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 22
Key Capabilities 22
Illustrations 22
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
SPIN Learning Outcome 6 27
Key Capabilities 27
Illustrations 27
3 A I 28
How to assess the Paediatric Oncology SPIN 29
Assessment blueprint 30
A , ... 32
Appendix A: Further guidance and resources 33
Appendix B: Criteria for SPIN delivery 34

I . . PIN I .

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 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.

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 and depth, depending upon the specific SPIN syllabus. The SPIN can be completed before or after CCT. It should be feasible to complete the SPIN in no more than 12 months full time training. In some special circumstances this could be agreed to take 18 months. 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 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, recording evidence within the ePortfolio. The RCPCH SPIN Lead, usually the relevant College Specialty Advisory Committee (CSAC), is responsible for reviewing completed portfolios and confirming if the SPIN is to be awarded.

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

P

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

PIN

Paediatricians increasingly work as part of wider clinical networks. By supporting them 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.

Draft service specifications, published in 2019, discuss the role of Paediatric Oncology Shared Care Units (POSCUs) in delivery of care for children with cancer. https://www.engage.england.nhs.uk/consultation/childrens-cancer-services/user_uploads/service-specification-childrens-paediatri-oncology-shared-care.pdf. Within these service specifications there are stipulations as to the necessary training for a POSCU lead clinician. Whilst the service specifications do not mandate attainment of SPIN module completion, it is increasingly expected that SPIN modules are useful ways to evidence appropriate training to fulfil this role.

Children's cancer services are delivered on a hub and spoke model which depends on POSCUs for safe local delivery of cancer care. Services are already commissioned as such, reflecting the complexity and arduous nature of cancer treatment, and the need to deliver as much of that safely near the child's home. Many paediatricians in training will see very little oncology, so, in order for services to be delivered safely, it is essential to ensure that doctors leading POSCUs have attained the necessary competencies.

PIN

This SPIN module has been supported by paediatric oncology CSAC, in conjunction with CCLG shared care group and Paediatric Oncology Trainees' Group.

PIN

PIN.

PIN

PIN:

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 oncology.

By the end of training, it is expected that clinicians who have completed this SPIN will have a sound understanding of diagnosis, investigation and management of cancer in children. They will be able to safely prescribe systemic anti-cancer therapy (SACT) and manage complications of treatment. They will have a good understanding of children's cancer networks. They will be competent in providing care with support in areas relating to paediatric oncology, including palliative care and benign haematology.

PIN

A

This SPIN module is available to Level 3 trainees and all post-CCT paediatricians with an interest in paediatric oncology, who are able to 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 and Training Programme Director 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. Further guidance for post-CCT applicants is available on the RCPCH website: https://www.rcpch.ac.uk/resources/special-interest-spin-module-application-guidance

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 for more details on how to apply to undertake a SPIN module.

- SPIN training should be feasible within 12 months for full time training, or pro-rata for Less Than Full Time (LTFT) training. It is expected that to achieve the necessary learning outcomes, a clinician will need to train in the following clinical settings: Paediatric Oncology Principal Treatment Centre (PTC) – minimum 6 months; POSCU (or demonstrate equivalent training as agreed prospectively with CSAC at time of application) – minimum 6 months
- A suitable training centre is one which is currently approved for higher specialist training (see sub-specialist training section of the RCPCH website for more detail).

Q P I I (OOP)

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

P [illegible] l

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 in place. Additional requirements for delivering this SPIN module are provided in the checklist in Appendix B. This addresses any specific requirements; for example, the human or physical resource experiences the trainee will need to be able to access in order for the curriculum to be delivered successfully. Please contact the SPIN Lead (usually the relevant CSAC) if further guidance is required.

M GMC [illegible] l

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:

[illegible] l 1: L [illegible] l [illegible]

S1.1 The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.

S1.2 The learning environment and organisational culture value and support education and training, so that learners are able to demonstrate what is expected in Good Medical Practice and to achieve the learning outcomes required by their curriculum.

[illegible] l 2: E [illegible] [illegible]

S2.1 The educational governance system continuously improves the quality and outcomes of education and training by measuring performance against the standards, demonstrating accountability and responding when standards are not being met.

S2.2 The educational and clinical governance systems are integrated, allowing organisations to address concerns about patient safety, the standard of care, and the standard of education and training.

S2.3 The educational governance system makes sure that education and training is fair and is based on the principles of equality and diversity.

[illegible] l 3: [illegible]

S3.1 Learners receive educational and pastoral support to be able to demonstrate what is expected in Good Medical Practice, and to achieve the learning outcomes required by their curriculum.

[illegible] l 4: [illegible] [illegible]

S4.1 Educators are selected, inducted, trained, and appraised to reflect their education and training responsibilities.

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

E

Q

E

A robust quality assurance and improvement framework is required to support an effective curriculum and assessment strategy. The purpose of this is to promote the improving quality of the trainee experience, and to ensure that the curriculum content, delivery, assessment and implementation is monitored and reviewed in a planned, systematic and appropriate manner.

The RCPCH quality infrastructure for training and assessment is based on the Plan, Do, Check, Act (PDCA) cycle, introduced by Deming. In the context of the Programme of Assessment, this means planning for effective assessment processes, executing those processes, review and evaluation including data analysis and multi-source feedback, and finally implementing any required changes.

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

1. **E** . 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. **G** . 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. . CSACs (or another designated SPIN Lead) review all completed SPIN portfolios prior to sign-off, ensuring consistency.
4. **Q** **5-14.** . This takes a variety of forms during the development,

PIN l

SPINs are reviewed every three years to ensure they remain fit for purpose, meeting the intended service need. Reviews are led by the SPIN Lead (usually the relevant RCPCH CSAC), who will report to the ETQC requesting any changes required. Where necessary, a SPIN can be updated before the three-year review is due, for example to reflect changes in guidelines.

Updated SPIN curricula will be published, making clear using the version tracking table at the front of each document what amendments have been made on each occasion. Where this amendment relates to a Key (mandatory) Capability, the ETQC will issue guidance for trainees currently undertaking the SPIN module, noting any implications of the amendment and whether they are required to meet the new criteria. Amendments will only be made where a clear rationale exists for doing so, and every effort will be made to minimise any negative impact on the trainee.

, M

RCPCH &Us is a children, young people and family network, working with 1000s of young patients, their families and friends across the UK each year. Through the work of RCPCH &Us we keep children and young people at the centre of everything we do, supporting their voice to inform, influence and shape the work of RCPCH.

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

To support the development of this SPIN, we have reviewed the voice and views of children, young people and their families who have worked with RCPCH &Us as well as referencing other national insights from children and young people. You can find out more about RCPCH &Us at www.rcpch.ac.uk/and_us.

. ' ' , ' ' I

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

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

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

There is so much to understand when you are told about different conditions or treatments, medicines and rules that we have to follow. We wish that we were told sooner about local support groups or services and national charities that can help us to understand things like having cancer can affect other parts of our life, like being really tired and not able to concentrate at school. Sometimes we need to talk about it to someone who isn't the doctor to get help understanding things.

"I feel like I have got knowledge in this area [Cancer Wards] and I have been treated in places like here where you get excellent treatment and places where not so much, so you can see why stuff works well" **CPCH &**

It's important that you think about how we can be involved in giving our feedback, ideas and suggestions on cancer services and our treatment. We have lots of ideas and want to be able to do good to help others even when we feel unwell. It's important that we have the chance to say that we want to do it but also that we can tell you if it isn't the right time and that you use lots of different ways to get us involved like have chats with us, leaving us things to read or do when we feel a bit better or when we are bored. Some days we might be there with no visitors so having something to do might be a good idea.

"69% of parents or carers and children always know what is happening with the child's cancer care" **16**

We would like it if our school, our GP and our specialist doctor all has the same information at the same time, and talks to each other to make sure that everyone knows what is happening. It can be hard when one of the places looking after us doesn't have all the information or doesn't believe when we tell them what is going on and why we might be struggling or behaving differently. It would help if we had a care plan that has all the up to date information and is easy to share between everyone.

"76% of parents or carers have enough information about financial help or benefits" **16**

Sometimes there are things going on at home that might be making our health worse but it might be hard for us to talk about them or we might be embarrassed or frustrated that things aren't changing. You might be able to help us by writing to the council if we are in temporary accommodation or housing that doesn't have good heating, or if we need more help at the moment with food and bills because of being in hospital more and spending more on travel. You can help us to know where to go to for support from local or national charities, not just with medical conditions but with other parts of our lives. 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.

"I feel like until you actually go through it [cancer] you can't really understand what's best for you and also everyone is different and everyone experiences different side effects" **CPCH &**

Having problems with your health that people can't see can be hard for people to understand. It helps when doctors think about how to help make sure you have good mental health as well as looking after physical health. Sometimes mental health can be worse when you have got other medical things going on. Having doctors who know how to talk to us about mental health as well as our physical health is important. Talking about how we are coping and feeling should be an everyday normal conversation, not just something that is mentioned or checked once.

"Online appointments - the issue is that sometimes at home with the family there is no safe space to have confidential call and feel safe that no one is listening in" **CPCH &**

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

"the best doctor is someone like you, kind, funny, happy and listens to me and my family" **CPCH &**

Q

1. How are you going to support children and young people to feel comfortable in opening up to you about their experiences? Are there tools and resources that could help?
2. Have you asked about other things in our house, where we live or at school that we might need help with that could be having an impact on living with cancer?
3. What ways will you use to help everyone (patient/family/carer) talk with you on their own, in the way that is right for them?
4. What local and national charities or organisations do you know that you can signpost children, young people and families to that can support their health needs?
5. How will you help to make virtual health appointments safe, private and confidential for patients?

H . . CPCH PIN
. . . l

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 serv-2 (ee (g ser)-1

PIN L Q , I

This table contains the generic Learning Outcomes required for all trainees undertaking the RCPCH SPIN in paediatric oncology. Within the curriculum and throughout the syllabi they are mapped to the

PINL Q , I 1

Recognition of symptoms which may be suspicious of a diagnosis of childhood cancer	GPC 2, 4, 7

K C , .

Recognition of symptoms which may be suggestive of childhood cancer in acute paediatric setting.	GPC 2, 4, 7
Management of childhood cancer presenting as an emergency.	GPC 2, 4, 7
Initial investigation of suspected cancer in children.	GPC 2, 4, 7

I

L I

1. Six year old boy presents with epistaxis following a few weeks of lethargy and pallor. Initial FBC reveals WCC 184 and evidence of blasts on film. Instigate appropriate initial management and explain likely diagnosis to parents.
2. One year old girl with trisomy 21 presents with bruising. Hepatosplenomegaly is noted. How would you proceed with management?

L I . . I

1. An 11 year old girl presents with an isolated 5cm painless cervical lymph node not improved following a course of antibiotics. Arranges further investigation and counsel the child and family regarding differential diagnosis.
2. A 14 year old girl presents with a 4 month history of persistent cough and more recent orthopnoea. CXR performed in clinic reveals a large mediastinal mass. Initiates appropriate emergency management and transfer if necessary. Considers what investigations may be appropriate/possible to confirm diagnosis. Discusses with patient/family the dangers of this presentation and planned course of action.

I

1. Seven year old boy presents with a progressive, painless perineal mass. Arranges appropriate investigation, explain possible diagnosis to parents and arrange definitive care with the relevant teams.

B , I

1. 14 year old boy presents with recurrent pain above his knee waking him at night. Plain x-ray

A. [illegible]

1. Three year old presents with an abdominal mass. Arranges appropriate investigation, explain likely diagnosis to parents, and liaise with team to arrange definitive care.
2. Four year old girl presents with abnormal gait and increasing ataxia over a 48 hour period. MRI spine showed a posterior mediastinal tumour with T4-7 cord compression. Arranges appropriate emergency treatment and ongoing urgent referral. Discusses with parents the

life style recommendations and arrange any required surveillance for long term effects having received chemotherapy and cranio-spinal radiotherapy.

16. Provides appropriate prophylaxis and explanation to family of patient undergoing treatment who has had a significant chickenpox contact at nursery.
17. Signposts adult who has previously been treated for childhood cancer, and has developed symptoms that may be related to this treatment, to appropriate adult services.

PIN L Q , I 3

Diagnosis and management of common benign haematological conditions.	GPC 2, 4, 7

K , C , .

Understanding and interpretation of investigations in paediatric haematology.	GPC 2
Management of children with haematological disorders as part of regional network.	GPC 2, 4, 7

I ,

1. Requests appropriate investigations and starts appropriate treatments including

PIN L Q , l 5

Ability to perform role as Lead Clinician for Paediatric Oncology and Haematology within POSCU. This will include responsibility for clinical	

PIN L Q , l 6

Ability to co-ordinate and manage end-of-life care for children with cancer. Safe-prescribing and symptom management at end of life.	GPC 1, 2, 7

K , C , .

Demonstrates ability to co-ordinate multi-disciplinary team around family of a child receiving symptomatic care.	GPC 2, 7
Management of symptoms in child receiving symptomatic care, including safe prescribing and “just-in-case” prescribing.	GPC 2

I ,

1. Arranges supply and prescription of medication that will be required for symptom control for a patient who is receiving end of life care at home.
2. Leads discussions on management of symptom control in patient for room curative treatment is no longer an option.
3. Discusses treatment options with family who are keen for experimental or complementary therapy in a palliative setting.
4. Participates in multi-disciplinary planning meeting for child receiving end of life care.

3

H P O PIN

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.

M A I

1. Prescription of chemotherapy using e prescribing
2. Administration of intrathecal chemotherapy
3. Management of new presentation of acute leukaemia including prevention of tumour lysis syndrome
4. Management of a child with sickle cell disease crisis
5. Implementation of treatment plan from MDT
6. Writing a treatment summary including aftercare plan

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

A , A: F , , ,

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.

A I

RCPCH Assessment web pages

P l l l	
• 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.	C AC , , /, ,` l :
Q , ` , l , ► l	
• 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.	C AC , , /, ,` l :

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