

SPIN Module curriculum in

Paediatric Epilepsy

SPIN Version 2

Approved for use from November 2024

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

This is Version 2. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes
1.1	23 March 2023	Volume corrections made to 40 new and 100 follow up patients requirements.
2	November 2024	Changed heading from Epilepsy to Paediatric Epilepsy, and update to contact email.

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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 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.

Paediatric trainees, consultants and others 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. 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 sub-specialty 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 a member of 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

Purpose statement

This purpose statement demonstrates the need for clinicians to undertake a SPIN module in Epilepsy, 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.

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.

Epilepsies in childhood are common affecting 0.5-1% of those under 18y of age. Misdiagnosis rate in childhood epilepsies is thought to be up to 30%, which exposes children and young people to the risks of both over and under-diagnosis. In England there have been significant failings recognised in the past in certain centres in Paediatric epilepsy care, and this led to the introduction of focused epilepsy training, SIGN and NICE guideline development and emphasis on the need for a SPIN module. The best way of preventing the repeat of these failings and promoting good practise is through the targeted delivery of epilepsy education and training to clinicians managing young people. While a small percentage of these children may require specialist assessment, with the appropriate structures in place locally, the vast majority of these children can be safely managed with care delivered close to their place of residence.

Furthermore, manpower evaluations in Paediatric Neurology have consistently revealed a shortage of Consultant Paediatric Neurologists (CPNs). There are long waiting times at specialist units following initial referral of a new patient with Epilepsy.

Training individuals through SPIN in Epilepsy will ensure that each district general hospital has a Paediatrician with a Special Interest in Epilepsy. This will:

- empower these clinicians to improve diagnostic certainty for the range of paroxysmal events seen in childhood
- ensure appropriate use of at the DGH of specialist investigations such as EEG and neuroimaging
- ensure the appropriate introduction and discontinuation of anti-epileptic medication for each individual patient
- ensure patients and parents understand the risks and benefits of these medications
- ensure referrals to specialist units are appropriate, decreasing waits for those who need it most and ensuring those with complex needs are recognised and referred

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 Neurology CSAC, in conjunction with

- British Paediatric Neurology Association (BPNA)
- Paediatric Epilepsy Training (PET) Steering Committee
- British Paediatric Epilepsy Group (BPEG)
- Epilepsy Action Charity
- Neurology and Neurodisability Grid Trainees

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 Specialty level Paediatric training, the CCT holder will be competent to take up a post as a Consultant Paediatrician with a special interest in Epilepsy.

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

- the terms seizure, epilepsies, epilepsy syndromes and be able to provide a structured classification of different seizure types and demonstrate awareness of the commonest epilepsies across all the different ages (e.g. neonates, infancy, childhood and adolescence).
- the neurobiology of seizure disorders and the common causes of seizures, including the common structural causes, the genetic mechanisms that contribute to seizures and the specific age-related seizure syndromes
- febrile seizures, their classification and differential diagnoses and management
- the differential diagnoses for the range of paroxysmal events, both diurnal and nocturnal, and be clear on how to distinguish epileptic seizures from non-epileptic seizures and other events.
- how the seizure semiology may be linked to focal onset or specific presentations
- the management of a first seizure, non-epileptic events, psychogenic seizures, as well as how to manage status epilepticus,
- the indication, selection and side effects of anti-epileptic medication treatment as well how to switch between medication, when and how to stop treatment
- prescribing these medications in special circumstances such as relate to gender and pregnancy or specific organ failure (e.g. chronic kidney disease)
- pathways and indication for assessment for non-drug management (e.g VNS, ketogenic diet, lesional and non-lesional epilepsy surgery).
- the role and interpretation of EEG and other specialist neurophysiology, when to order what imaging (CT, MRI and functional imaging)
- the risks of seizures (SUDEP, first aid advice) and the co-morbidities (autism, ADHD, LD etc) associated with seizures and how to offer and access advice.

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

- independently and competently assess and manage new referrals of children and young people with paroxysmal events and first seizures

- lead the epilepsy clinic for children and young people at their district general hospital
- order the appropriate specialist investigations (bloods, genetics, ECG, EEG, CT, MRI)
- understand the technical reports produced
- counsel patients and their parents appropriately
- work in shared care with tertiary units managing children with drug resistant epilepsy, severe learning difficulties and severe behavioural disorders
- refer patients with epilepsy to tertiary units appropriately for further evaluation.

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

- leading on and liaison with members of the Regional Epilepsy Network Meetings
- promoting education for general paediatricians, supporting audit and research locally
- ensuring local A&E have the appropriate up to date status epilepticus guidelines and that they are implemented
- ensuring changes to MHRA guidance for anti-epileptic medication is widely publicised to colleagues at DGHs
- support the integration of local community services (CAMHS, Child Development Clinics, local parental support charities etc) to ensure these patients are able to have the best holistic care.

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.

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

- Regional Epilepsy Network Meetings
- Teaching on courses such as British Paediatric Neurology Association (BPNA) run PET 1, 2 and 3 Faculty or the International League Against Epilepsy education courses or similar
- RESCAS meetings or similar
- Special Interest Groups such as BPEG (British Paediatric Epilepsy Group)
- The regional Childrens Epilepsy Surgery Services (CESS) meetings or similar in their area
- Being a Member of the Neurology Associations such as BPNA and European Paediatric Neurology Society (EPNS) to continue their CPD in Epilepsy and General Neurology.

Requirements to undertake this SPIN module

Applicant requirements

This SPIN module is available to Specialty level trainees and all post-CCT paediatricians with an interest in Epilepsy, 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. Further guidance for post-CCT applicants is available on the [RCPCH website](http://www.rcpch.ac.uk/spin).

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.

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 the SPIN should be completed within 24 months full time or pro-rata for LTFT training. It is highly recommended that the SPIN candidate is supervised by a Consultant Paediatric Neurologist:

It is expected that to achieve the necessary learning outcomes, a clinician will need to

- train for a minimum of 6 months in Neurology at a tertiary neurology centre with access to weekly neuroradiology meetings, specialist EEG and neurophysiology meetings and have an in-patient video telemetry unit
- have adequate exposure and time to complete a reflective log of 40 new and 100 follow-up paediatric patients with epilepsy
- have exposure to a minimum of 6 Childhood Epilepsy Surgery Service (CESS) MDT meetings
- show evidence that they have completed formal learning by attending recognised paediatric epilepsy courses such as the modules run by either the ILAE or BPNA (PET 1, 2 and 3)
- show evidence of completion of coursework covering all the key learning objectives, ranging from the neurobiology of epilepsy through to the co-morbidities associated, such as that covered by module 6 of the BPNA Distance Learning course
- have completed an audit or service evaluation in Epilepsy
- delivered a platform presentation or poster presentation at a national or international neurology meeting in Epilepsy

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).

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/LETBs must agree and approve the SPIN module programme and provide clear justification as to 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 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.

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:

Theme 1: Learning environment and culture

- 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.

Theme 2: Educational governance and leadership

- 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.

Theme 3: Supporting learners

- 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.

Theme 4: Supporting educators

- 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.

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/Local Education Training Board (LETB) to ensure compliance with these standards for paediatric training, and to notify the RCPCH if further support is required in achieving this. Training delivery must also comply with the requirements of the Conference of Postgraduate Medical Deans' (COPMeD), *a reference guide for postgraduate specialty training in the UK* (7th ed.).

#VoiceMatters

RCPCH &Us is a children, young people and family network, working with diverse groups 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.

What children, young people and families said

Young people have been volunteering with RCPCH &Us since 2019 supporting improvements in epilepsy care, dedicating over 500 hours so far to their youth led project. Below they have shared what matters to them in epilepsy care to support your knowledge and skills as part of your SPIN.

We are the Epilepsy12 Youth Advocates...

"I've been involved since the beginning of the project, and despite COVID-19, we've still achieved a huge amount over the last year where we have been helping clinics to think about being a gold standard service for supporting worries and anxieties associated with epilepsy." RCPCH &Us young person

Epilepsy can start at any age and there are many different types. Epilepsy changes through your life, sometimes with more seizures, sometimes with different seizures or it is stable and in the background. It can affect anyone, at any age, from any walk of life.

Supporting children and young people during this journey and providing good quality care is essential. We have been talking about all the different elements that make up good care. It isn't one person or one action that support children, young people and their families but lots of people and actions that made the difference.

Good transitions, mental health support and accessible information need to be part of standard care. Having access to an Epilepsy Specialist Nurse, Consultant Paediatrician with epilepsy specialist knowledge and the ability to contact your epilepsy service when you need support, help or guidance is really important as well.

We want people to recognise that having a full picture of care for children and young people with epilepsy is important. So continuing to ask what children, young people and families think, what they want and involving them is really important.

We want to make sure that the needs of children and young people with long term conditions, including epilepsy, are recognised. We want everyone to continue to raise awareness of epilepsy to other health staff, in education and the wider community.

They've shared their thoughts with you here:

"I'm a new volunteer that joined during COVID-19. The reason why I joined the youth advocates is because I really wanted to meet others with epilepsy, to learn more about epilepsy and our meetings with RCPCH &Us involve sharing our experiences, plus I wanted to be part of something that could help others in the future by improving epilepsy paediatric services. I really enjoy being able to laugh and have fun despite our individual struggles with epilepsy." RCPCH &Us young person

What makes a gold standard service for children and young people with Epilepsy?



We worked with 8 units over a year to help us to find out what makes “gold standard care”. We did this by creating a self-assessment form that they filled in and returned, then we ran virtual clinic visits to speak to nurses, doctors and clinical directors. We provided them with individual feedback to help their units and reviewed all the results together to identify key areas that make a big difference to patients and families which you can see in the picture.

We then chose four top things needed to make a ‘gold standard’ clinic which supports patient’s anxieties and worries with their epilepsy and created tips for each one:

1) Access to information at the right time:

- Having mental health resources patients can access
- A clinic website and/or helpline
- Formal information packs which are given to patients and families

2) Epilepsy Specialist Nurses (ESN):

- Being able to contact the ESN at any time through a variety of ways
- Home visits, school visits, school training
- ESN to meet patients early after diagnosis

3) **Being calm, kind and understanding**

- Listening to children and young people
- Asking about mood at every appointment
- Time to voice concerns

4) **Access to mental health services**

- Access to mental health services who have knowledge of long-term conditions and how they affect children and young people
- Information about self-referrals to mental health services
- Good access to mental health services to support children and young people with other aspects of their lives

“As a youth advocate, I have helped start conversations about epilepsy and mental health. The impact is seeing how it started small with a few clinics to how well now it is nationwide, we’re helping so many patients and families!” RCPCH &Us Young Person.

Our top tips

It was clear that a lot of simple changes could make a huge difference to patients and their families. A lot of ideas were cheap, quick, and easy however others required some further thought and planning.

Cheap, quick and easy:

- Ask about mood at every appointment and allow time for patients and families to voice concerns
- Have clear information about self-referral pathways to mental health services and actively promote them
- Start to talk about transition early (12 + years)

Might need a bit more time and planning:

- Develop good relationships with A&E to offer support and quick referrals to clinics
- Have the ability for patients to continue to access children’s services for the first 6 months after transition to adult services
- Refer to a variety of mental health services – not just CAMHS but early help, self-care services, health based, or community led
- Have a structured transition programme and ensure there are a number of meetings with the adult team & Epilepsy Specialist Nurse before transition

“As a nurse, working with the youth advocates has meant that the voice of young people is listened to. Everyone in the Epilepsy community wants to improve services and the quality of care by working together” Epilepsy Specialist Nurse

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 Wi-Fi access
6. Make it clear and simple about how we get help when we need it

“Remember that for some young people it is becoming too much with everything happening in their bedroom: school, friend socials, mental health appointments/health consultations. You can't get away from it space wise” RCPCH &Us

You can read more from the Epilepsy12 Youth Advocates in their chapter in the Epilepsy12 report www.rcpch.ac.uk/epilepsy12 and download their guide to creating gold standard services or examples for good individual healthcare plans for schools/work/college at www.rcpch.ac.uk/epilepsy12-youth-advocates.

“The best doctor is someone like you, kind, funny, happy and listens to me and my family” RCPCH &Us

Thank you for doing this course to be the best doctor 😊

Questions to think about:

1. What do the elements of a gold standard epilepsy service from the Epilepsy12 Youth Advocates mean to you? Have a discussion in your epilepsy team to see where you think you are doing well or where you might need some time to develop your service.
2. 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?
3. Have you asked about other things in our lives that might need some extra support due to our epilepsy or the impact of having a long-term condition has on our mental health?
4. What ways will you use to help everyone (patient/family/carers) talk with you on their own, in the way that is right for them?
5. 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?
6. How will you help to make virtual health appointments safe, private, and confidential for patients?
7. Have you checked in with school/college/work and our individual healthcare plan for that setting to see if there is any support that is needed?

Thank you to children, young people and families from the Epilepsy12 Youth Advocates project and the RCPCH &Us network for sharing their ideas and views used in this section.

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 for use by the RCPCH Training and Quality Board (TQB). As the body responsible for production of the Annual Specialty Report, and receiving summary reports on the National Training Survey from Heads of Schools and other sources, the Committee is well placed to ensure the curriculum meets the needs and addresses any existing concerns of the trainee population.
- All SPIN curriculum documents will be published in font type and size that is appropriate for a wide range of audiences and optimised for readability. Information regarding the curriculum will be made available through a wide range of media, acknowledging differing learning styles.

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

Please contact the RCPCH Quality and Standards team (qualityandtrainingprojects@rcpch.ac.uk) if you have any concerns regarding equality and diversity in relation to this SPIN module curriculum.

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

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 TQB 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 TQB 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.

Section 2

Epilepsy 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 a number of 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 Outcomes

This table contains the generic Learning Outcomes required for all trainees undertaking the RCPCH SPIN in Epilepsy. Within the curriculum and throughout the syllabi they are mapped to the GMC's Generic Professional Capabilities (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 Specialty Level - Generic and General Paediatric Learning Outcomes in order to gain their Certificate of Completion of Training (CCT). Consultants undertaking a SPIN will already have demonstrated the required generic skills, knowledge and behaviours prior to having obtained their CCT. This SPIN curriculum only defines the specific Learning Outcomes for the stated focus, purpose and extent of remit stated for this SPIN module and cannot be used to indicate competence in any other aspect of paediatrics.

SPIN Learning Outcome		GPCs
1	Recognises, assesses, and diagnoses children and young people with a range of paediatric epileptic and nonepileptic presentations including febrile seizures and status at various ages starting from neonatal period to late childhood, including diagnosis of epilepsy syndromes, understanding of the neurobiology of seizure disorders and the utilisation of appropriate diagnostic tests.	2,3,6,7
2	Oversees the long-term management of the evolving epilepsies through a holistic approach from birth through to transition. Makes appropriate referrals for escalation of treatments including Ketogenic diet, epilepsy surgery and Vagal nerve stimulation.	2,3,4,5,7,8
3	Leads the patient-centred multi-disciplinary team in the holistic clinical management of epilepsy, in collaboration with the allied health specialties and education including liaising seamlessly with community and specialist care ensuring high quality of care.	1,5,6,7
4	Effectively leads on service-delivery; benchmarking against national quality standards and incorporating all the pillars of clinical governance. Participates in audit, quality improvement projects, writing of guidelines and research in Paediatric Epilepsy, either Trust based, regional or national.	1,5,6,7
5	Maintains skills in up-to-date, evidence-based management of epilepsy, and takes responsibility for organising and facilitating epilepsy education for patients and professionals in primary care, epilepsy units and the wider sub-specialty team, including independently plans their own continuing professional development.	1,3,4,5,6,7 8,9
6	Actively participates and promotes the work of regional and national epilepsy and allied specialty networks, communicating learning and advances in epilepsy care	5,6

The syllabus supporting these Learning Outcomes is provided on the following pages.

SPIN Learning Outcome 1

Recognises, assesses, and diagnoses children and young people with a range of paediatric epileptic and nonepileptic presentations including febrile seizures and status at various ages starting from neonatal period to late childhood, including diagnosis of epilepsy syndromes, understanding of the neurobiology of seizure disorders and the utilisation of appropriate diagnostic tests.	GPC 2,3,6,7
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Key Capabilities

Independently carries out a holistic, multi-system assessment of children and young people with a range of epilepsy presentations, applying knowledge of different seizure types, semiologies, varying epilepsy phenotypes, non-epileptic presentations, electroclinical syndromes, basic aetiological mechanisms, and the natural history of epilepsies to effectively diagnose (and risk assess) patients.	GPC 2,3,6
Independently recognises the indications, utility, and limitations of common epilepsy investigations (and the risks of over-investigation); effectively communicates test procedures and the implications of results to children, young people, and their families.	GPC 1,2,4,6,8
Experienced and confident in recognising the spectrum of presentations of epilepsy, including atypical presentations, and demonstrates a good understanding of common mimics, including non-epileptic attacks.	GPC 2,6,7

Illustrations

1. Takes a comprehensive epilepsy focused history and recognises symptoms suggestive of epilepsy in a child or young person to guide the appropriate selection and interpretation of diagnostic tests.
2. Is familiar with epilepsy definitions and terminologies and is able to apply the diagnostic scheme of seizures and epilepsy syndromes to children with epilepsies.
3. Is able to apply their understanding of the neurobiology of seizure disorders and the common causes of seizures, including the common structural causes, the genetic mechanisms that contribute to seizures, the specific seizure syndromes. and utilises this in clinical assessment to reach appropriate diagnoses.
4. Is able to understand febrile seizures, their classification, differential diagnoses, and management
5. Is able to understand in depth differential diagnoses for a range of paroxysmal events, both diurnal and nocturnal, and be clear on how to distinguish epileptic seizures from non-epileptic seizures and other events.
6. Understands the characteristic onset of different seizure types and advises patients and parents appropriately, effectively communicating the underlying mechanism.
7. Accurately diagnoses a child or young person with epilepsy and assesses the severity and impact of their disease, demonstrating an understanding of when alternative (e.g., non-epileptic) diagnoses should be considered.
Is able to initiate appropriate investigations e.g. ECG, genetics, EEG, imaging etc in the diagnosis of epilepsy. Understands the role of and can accurately interpret EEG reports and other specialist neurophysiology. Understands when to request routine and specialist neuroimaging. Appropriately applies knowledge of the specificity, sensitivity, and predictive values of EEG in clinical decision-making.

SPIN Learning Outcome 2

Oversees the long-term management of the evolving epilepsies through a holistic approach from birth through to transition. Makes appropriate referrals for escalation of treatments including Ketogenic diet, epilepsy surgery and Vagal nerve stimulation.	GPC 2,3,4,5,7,8
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Key Capabilities

Effectively delivers core epilepsy management across the paediatric age ranges based on up-to-date, evidence-based practice, demonstrating a strong understanding of relevant health legislation, backing up high quality care.	GPC 2,3,6,7
Understands the risks of seizures (SUDEP, first aid) and the co-morbidities (autism, ADHD, LD, CP etc) associated with seizures and how to offer and access advice.	GPC 3,4,6,7
Understands the indication and pathways for assessment for non-drug management (e.g., Vagal Nerve Stimulation, ketogenic diet, Cannabidiol, epilepsy surgery)	GPC 2,3,5,6
Has good understanding of epilepsy management and can communicate these to patients and their families. Is aware of the available choice of antiepileptic medication, understands their indication, selection, and side effects and knows how to switch between medication and when and how to stop treatment Understands special circumstances such as gender and pregnancy	GPC 1,2,3,4,6,7
Initiates the assessment and where appropriate, management of less common epilepsy diagnoses and/or complex epilepsies not responding to first line treatments and determine where further specialist care is required through tertiary Paediatric epilepsy services. Knows the criteria for involvement of a Paediatric neurologist, liaises appropriately with Paediatric Neurologist colleagues; and actively manages the on-going care of patients with complex epilepsies through timely reviews and applying a clear understanding of the natural history of the different epilepsies.	GPC 2,3,5
Takes an individualised approach for readiness of transition and liaises with adult services to facilitate ongoing support and clinical care for those with ongoing severe chronic disease.	GPC 2,3,6,7

Illustrations

1. Applies knowledge of key principles and evidence-based measures in managing epilepsy. Shows understanding of how and when to start treatment, how to manage first seizures as well as non-epileptic events and psychogenic seizures. Confident in the expert management of status epilepticus and in leading a team during the management of status epilepticus across the range of paediatric age-groups
2. Considers available choice of antiepileptic medication, understands their indication,

selection, and side effects and knows how to switch between medication and when and how to stop treatment.

3. Understands the risk of injury and death, including SUDEP, in children with epilepsies and can communicate this effectively to patients and families along with giving advice on first aid and ways to mitigate the risks
4. Understands the importance of optimising disease control in adolescence, the factors that impair this, long-term risks related to this,
5. Shows awareness of adverse effects of epilepsy drugs in women of childbearing age, how to comply with regulation and conveys the risks appropriately to patients and families. Monitors and continues management of seizures, specialist drug treatments in complex patients, when this has been initiated within a specialist epilepsy centre.
6. Educates patients and families in the recognition and management of status epilepticus in community settings and incorporates the use of individualised epilepsy management strategies (care plans).
7. Is informed on the impact of social background and support structures on health outcomes in epilepsy and optimises communication of risks that are tailored to the family's needs.

SPIN Learning Outcome 3

Leads the patient-centred multi-disciplinary team in the holistic clinical management of epilepsy, in collaboration with the allied health specialties and education including liaising seamlessly with community and specialist care ensuring high quality of care.	GPC 1,5,6,7
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Key Capabilities

Leads the multi-disciplinary process in complex epilepsy patients with co-morbidities (ASD, ADHD, LD, Cerebral palsy etc) in collaboration with community and specialist professionals. Works effectively with local allied specialties (e.g., gastroenterology, ophthalmology, respiratory) to optimise patient care.	GPC 5,6
Understands the impact of epilepsy control and side effects of treatment on educational attainment, health-related quality of life and is aware of the supportive resources available for patients to improve these. and the value of adolescent transition.	GPC 4,5,6,7
Understands the importance and role of all members of the epilepsy multi- disciplinary team input (psychiatry, CESS, neurosurgery, community /neurodisability), in overseeing the continuing long-term care of children and young people with the spectrum of epilepsies.	GPC 5,6

Illustrations

1. Refers to members of the epilepsy multi-disciplinary team as appropriate, acknowledging the need for input from different allied health professionals may vary over time.
2. Undertakes a comprehensive assessment of the psycho-social impact of epilepsy in a child, young person and their family, signposts relevant resources and refers for psychological support appropriately.
3. Understands how to develop services for epilepsy care at a local level in conjunction with specialist centre guidance where needed.
4. Ensures provision of comprehensive age-appropriate treatment plans (care plans) for children and young adults with epilepsies and for their comorbidities (e.g., autism, ADHD, learning difficulties etc.) into all areas of the community; co-ordinating local community support for children with allergies (home, playgroup, schools) – this could be through attendance at workshops / liaising with school nurses and health visitors.
5. Develops a pathway to access specialist epilepsy services for specialist treatment, such as epilepsy assessment for ketogenic diet, epilepsy surgery and vagal nerve stimulation.

SPIN Learning Outcome 4

Effectively leads on service-delivery; benchmarking against national quality standards and incorporating all the pillars of clinical governance. Participates in audit, quality improvement projects, writing of guidelines and research in Paediatric Epilepsy, either Trust based, regional or national.	GPC 1,5,6,7
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Key Capabilities

Works as part of the wider multi-disciplinary epilepsy team.	GPC 5,6
Participates in audits, guidelines development and other governance, risk assessment and quality improvement processes to improve the quality of the care of patients with epilepsies.	GPC 4,5,6
Develops awareness of and contributes to the wider regional network team meetings to develop expertise into the ongoing development of local epilepsy services.	GPC 4,5,6,8

Illustrations

1. Develops or reviews and updates an evidence-based guideline for the management of a paediatric epilepsy syndrome.
2. Contributes to the development of referral pathways within a local, regional, or national clinical network.
3. Contributes to an incident/ risk review process or complaint management, e.g., attends risk register meetings.
4. Completes at least one audit or quality improvement project related to epilepsy which can be presented at a local, regional, national, or international meeting.
5. Develops leadership competencies, such as developing structured, regular complex case discussions or leads on some of the discussions if they already take place and understands the importance of all the facets of the multi-disciplinary team.
6. Attends directorate management meetings to develop expertise regarding business planning in a paediatric epilepsy department and staffing requirements.
7. Chairs a multi-disciplinary team meeting, including safeguarding meetings in complex epilepsy.
8. Attendance at regional epilepsy network meetings

SPIN Learning Outcome 5

Maintains skills in up-to-date, evidence-based management of epilepsy, and takes responsibility for organising and facilitating epilepsy education for patients and professionals in primary care, epilepsy units and the wider sub-specialty team, including independently plans their own continuing professional development.	GPC 1,3,4,5,6,7,8,9
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Key Capabilities

Supports the education to healthcare professionals within their community and hospital-based teams of the holistic approach to the recognition and assessment of children and young people presenting with a range of epilepsies, comorbidities, and their diagnostics.	GPC 3,5,6,8
Facilitates the education of clinical and other health professionals in improving their understanding of epilepsies in childhood through resources like courses and distance learning modules in Paediatric epilepsies. Encourages use of resources provided by Stakeholders (e.g., Epilepsy Action)	GPC 3,5,8
Makes health professionals aware of the spectrum of presentations of epilepsies, including atypical presentations, common mimickers including various nonepileptic presentations and risks of overdiagnosis.	GPC 4,6,7,8
Provides appropriate expert advice, education, referrals and guidance to regional primary and secondary care health professionals.	GPC 2,3,4,5,8
Actively initiates and supports the delivery of regional audit and research.	GPC 5,6,9
Independently plans their own continuing professional development to ensure up-to-date knowledge in all areas of paediatric epilepsy and communicates this evidence-based knowledge to the multi-disciplinary team, patients, and their families.	GPC 4,8,9

Illustrations

1. Demonstrates an understanding of the latest research, national and international evidence-based guidelines on important topics in paediatric epilepsy.
2. Develops an active interest in the current and ongoing collaborations between clinical and research platforms between community and specialist care to enhance seamless epilepsy care.
3. Incorporates the use of this up-to-date evidence in education of community and hospital care medical practice through guideline and protocol writing in epilepsy.
4. Evolves a personal interest in up-to-date research and network activities. Considers transition as part of the care pathway.

SPIN Learning Outcome 6

Actively participates and promotes the work of regional and national epilepsy and allied specialty networks, communicating learning and advances in epilepsy care	GPC 5,6
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Key Capabilities

Fosters links and works within wider regional network towards the delivery of consistent and high-quality care for patients with epilepsies	GPC 5,6
Participates in national epilepsy networks and promotes integration with General Paediatrics.	GPC 5,8
Promotes involvement of local services within national and international epilepsy network activities.	GPC 5,8

Illustrations

1. Participates in peer review and support within regional and local networks.
2. Facilitates cohesion and joined up working with colleagues in specialist and primary care within regional network.
3. Designs the agenda and chairs a multi-professional network meeting aimed at colleagues in primary and secondary care.
4. Promotes alerts/recent advances in epilepsy care from national networks, e.g., RCPCH, OPEN UK, BPNA. Represents secondary care within national network.
5. Benchmarks against national audits and links in with registries, e.g., Epilepsy 12, NICE

Section 3

Assessment Strategy

How to assess the Epilepsy 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:

The mandatory assessments are:

- Log of 40 new cases of epilepsy
- Log of 100 follow-up cases of epilepsy
- Audit/Guideline/Quality Improvement Project related to epilepsy
- A selection of case-based discussions and DOCs related to epilepsy patients

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.

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaeds Cbd)	Directly Observed Procedure / Assessment of Performance (DOP/AOP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Independently carries out a holistic, multi-system assessment of children and young people with a range of epilepsy presentations, applying knowledge of different seizure types, semiologies, varying epilepsy phenotypes, non-epileptic presentations, electroclinical syndromes, basic aetiological mechanisms, and the natural history of epilepsies to effectively diagnose (and risk assess) patients.	✓	✓		✓						
Independently recognises the indications, utility, and limitations of common epilepsy investigations (and the risks of over-investigation); effectively communicates test procedures and the implications of results to children, young people, and their families.		✓				✓		✓	✓	
Experienced and confident in recognising the spectrum of presentations of epilepsy, including atypical presentations, and demonstrates a good understanding of common mimics, including non-epileptic attacks.	✓	✓		✓		✓	✓	✓	✓	
Effectively delivers core epilepsy management across the paediatric age ranges based on up-to-date, evidence-based practice, demonstrating a strong understanding of relevant health legislation, backing up high quality care.		✓				✓	✓	✓		
Understands the risks of seizures (SUDEP, first aid) and the co-morbidities (autism, ADHD, LD, CP etc) associated with seizures and how to offer and access advice.	✓	✓		✓		✓		✓		
Understands the indication and pathways for assessment for non-drug management (e.g., Vagal Nerve Stimulation, ketogenic diet, Cannabidiol, epilepsy surgery)		✓						✓		

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AOP)	Paediatric Case-based Discussion (ePaeds Cbd)	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)
Has good understanding of epilepsy management and can communicate these to patients and their families. Is aware of the available choice of antiepileptic medication, understands their indication, selection, and side effects and knows how to switch between medication and when and how to stop treatment Understands special circumstances such as gender and pregnancy		✓	✓						✓	
Initiates the assessment and where appropriate, management of less common epilepsy diagnoses and/or complex epilepsies not responding to first line treatments and determine where further specialist care is required through tertiary Paediatric epilepsy services. Knows the criteria for involvement of a Paediatric neurologist, liaises appropriately with Paediatric Neurologist colleagues; and actively manages the on-going care of patients with complex epilepsies through timely reviews and applying a clear understanding of the natural history of the different epilepsies.			✓						✓	✓
Takes an individualised approach for readiness of transition and liaises with adult services to facilitate ongoing support and clinical care for those with ongoing severe chronic disease.			✓		✓				✓	
Leads the multi-disciplinary process in complex epilepsy patients with co-morbidities (ASD, ADHD, LD, Cerebral palsy etc) in collaboration with community and specialist professionals. Works effectively with local allied specialties (e.g., gastroenterology, ophthalmology, respiratory) to optimise patient care.			✓		✓				✓	
Understands the impact of epilepsy control and side effects of treatment on educational attainment, health-related quality of life and is aware of the supportive resources available for patients to improve these. and the value of adolescent transition.					✓				✓	
Understands the importance and role of all members of the epilepsy multi- disciplinary team input (psychiatry, CESS, neurosurgery, community / neurodisability), in overseeing the continuing long-term care of children and young people with the spectrum of epilepsies.			✓						✓	
Works as part of the wider multi-disciplinary epilepsy team.			✓		✓					

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AOP)	Paediatric Case-based Discussion (ePaeds CBD)	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)
Participates in audits, guidelines development and other governance, risk assessment and quality improvement processes to improve the quality of the care of patients with epilepsies.					✓					
Develops awareness of and contributes to the wider regional network team meetings to develop expertise into the ongoing development of local epilepsy services.			✓		✓					
Supports the education to healthcare professionals within their community and hospital-based teams of the holistic approach to the recognition and assessment of children and young people presenting with a range of epilepsies, comorbidities, and their diagnostics.			✓		✓				✓	
Facilitates the education of clinical and other health professionals in improving their understanding of epilepsies in childhood through resources like courses and distance learning modules in Paediatric epilepsies. Encourages use of resources provided by Stakeholders (e.g., Epilepsy Action)			✓		✓					
Makes health professionals aware of the spectrum of presentations of epilepsies, including atypical presentations, common mimickers including various nonepileptic presentations and risks of overdiagnosis.			✓		✓					
Provides appropriate expert advice, education, referrals and guidance to regional primary and secondary care health professionals.					✓				✓	
Actively initiates and supports the delivery of regional audit and research.					✓					
Independently plans their own continuing professional development to ensure up-to-date knowledge in all areas of paediatric epilepsy and communicates this evidence-based knowledge to the multi-disciplinary team, patients, and their families.					✓				✓	
Fosters links and works within wider regional network towards the delivery of consistent and high-quality care for patients with epilepsies			✓		✓				✓	
Participates in national epilepsy networks and promotes integration with General Paediatrics.			✓		✓					
Participates in national epilepsy networks and promotes integration with General Paediatrics.					✓					

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
RCPCH Assessment Strategy www.rcpch.ac.uk/progressplus

Recommended reading

BPNA Distance Learning Module in Epilepsy

Training events or courses

PET 1,2, and 3 courses or similar training courses in childhood epilepsy

Other useful RCPCH &Us resources

1. www.rcpch.ac.uk/epilepsy12-youth-advocates
2. www.rcpch.ac.uk/hiddenhealth
3. www.rcpch.ac.uk/resources/emoji-card-game
4. www.rcpch.ac.uk/being-me
5. www.rcpch.ac.uk/resources/covid-19-us-views-rcpch-us
6. <https://stateofchildhealth.rcpch.ac.uk/voice-matters/>
7. <https://paediatrics2040.rcpch.ac.uk/voice-matters/>

For more information

More information regarding SPIN modules, and all current SPIN curricula and supporting forms, can be found at www.rcpch.ac.uk/spin

For general queries regarding SPIN modules, including eligibility to undertake a SPIN or how to apply, please contact training.services@rcpch.ac.uk.

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

The SPIN Lead is a member of the Neurology CSAC. See the RCPCH website for the contact details of the current SPIN Lead: <https://www.rcpch.ac.uk/membership/committees/paediatric-neurology-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	
• Access to regular supervised clinics • Service specific requirements to enable achievement of the curriculum e.g. Day case facilities, imaging. • Opportunities to work with shared care networks in primary and secondary care. • Opportunities to work with shared care clinical guidelines and protocols. • The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families. (Taken from GMC Promoting Excellence)	CSAC specific requirements: Total minimum duration of 12 months WTE (up to 24 months) - out of which, at least 6 months to be done in a tertiary neurology centre. Remainder of training could be in tertiary or secondary centre with appropriate epilepsy experience
Governance and strategic support	
• The Site must ensure that Supervisors and trainers can effectively deliver the RCPCH Assessment Strategy. • The trainee will be able to participate in leadership and management activities	CSAC specific requirements: Participation in epilepsy-related network meetings at regional or national level
Programme of learning	
• Specific requirements for structured learning opportunities. • Exposure within the clinical environment will provide sufficient learning opportunities to meet the requirements of the curriculum. • Access to multidisciplinary teams consisting of a minimum of nurses, physiotherapists, occupational therapists. • The post should provide a training experience that enables completion of the trainees' PDP	CSAC specific requirements: • Will need access to MDT service for epilepsy including complex epilepsy services • To have access to specialist neurophysiology and neuroradiology investigations • To have access to specialist services related to epilepsy, e.g. genetics

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.	CSAC specific requirements: - SPIN educational supervisor to be a consultant paediatric neurologist for entire duration of SPIN training. - During secondary care placement, clinical supervisor should be a paediatrician with epilepsy expertise.
Quality assurance and improvement	
- The post will allow the trainee to participate in audits and clinical improvement projects - The post will allow the trainee to actively engage with the teaching, assessing and appraising of junior staff - The post will allow opportunity for the trainee to engage in research activities	CSAC specific requirements: - Completion of at least one audit/guideline/QI project in epilepsy - Opportunities to participate in epilepsy network related research - Evidence of log of 40 new cases and 100 follow-up cases of epilepsy

