RCPCH
Royal College of Paediatrics and Child Health
*Leading the way in Children's Health*

SPIN Module curriculum in

# Paediatric Rheumatology

**SPIN Version 1.0**
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 Paediatric Rheumatology.

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

| Version number | Date issued | Summary of changes |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

# Table of Contents

Section 1

# Introduction and purpose

# Introduction to SPIN modules

Special Interest (SPIN) modules are the additional training/experience a Paediatrician completes so that they can be the local lead and part of the clinical network providing for children and young people who need specialist paediatric care. They are designed to meet a specific service need, with possible roles suitable for those who have completed a SPIN module identified within the SPIN purpose statement.

Paediatric trainees, consultants and others providing expert care will be able to seek training in an area of special interest or in aspect(s) of sub-specialty care. This will involve training, assessment and supervised care. It will vary in breadth and depth, depending upon the specific SPIN syllabus. The SPIN can be completed before or after CCT. 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 examine evidence submitted during SPIN training. A maximum of 6 months retrospective experience may be considered if this has been undertaken in the 12 months prior to SPIN application.

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 subspecialty training.

SPINs are undertaken and assessed within the working environment, under the guidance of a designated Supervisor, and recording evidence within ePortfolio. The RCPCH SPIN Lead, usually the relevant College Specialty Advisory Committee (CSAC), is responsible for reviewing completed portfolios and confirming if successful completion of the SPIN is to be awarded.

More information regarding SPIN modules, including how to apply to undertake a SPIN and how to submit evidence against the 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 paediatric rheumatology and the benefits to and expectations of a clinician undertaking training in this area.

**This SPIN module meets the current and future anticipating requirements of the health service, reflecting patient and population needs:**

General Paediatricians are increasingly part of wider clinical networks. Completing a SPIN module in Paediatric Rheumatology allows the General Paediatrician to deliver high quality, locality based care, working in collaboration with colleagues in the specialist centre. This benefits children young people and families as they receive equity of care irrespective of geographical location.

There are many advantages of working within a clinical network. These include:

- Provision of safe, high quality patient and family focussed care
- Working within a specialist Multi-Disciplinary Team
- Access to multilevel, multidisciplinary education
- Peer Support
- Working within a Governance Framework which delivers Quality Improvement, Audit, Shared clinical guidelines and Risk management
- Service Development support
- Effective use of resources

The Paediatric Rheumatology CSAC and the British Society Rheumatology Paediatric community have supported the development of this SPIN. Feedback from the four nations has been integral to developing this SPIN so it can be adapted to devolved health care systems and the local context of the SPIN candidate. In addition feedback from clinicians who have completed the SPIN module both pre and post CCT has been included.

Paediatricians undertaking this SPIN will work in partnership with Paediatric Rheumatology subspecialists in a network alongside specialist nurses, physiotherapists, occupational therapists, clinical psychology and third sector groups in a variety of inpatient and outpatient settings to deliver holistic patient centred care.

The nature of the conditions managed in paediatric rheumatology are multi systemic. Close interdisciplinary relationships are the cornerstone of working in Paediatric Rheumatology. These include liaison with in particular paediatric ophthalmology, radiology, orthopaedics, infectious disease and immunology, but also encompasses contact with all other subspecialties.

**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 Paediatric Rheumatology CSAC, in conjunction with CCLG shared care group and Paediatric Rheumatology Trainees' Group.

**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 General Paediatrician with a special interest in Paediatric Rheumatology.

By the end of training, it is expected that clinicians who have completed this SPIN will be competent in the recognition, assessment, initial investigation and management of paediatric rheumatology conditions, which may not be commonly encountered in general paediatric training.

This Paediatric Rheumatology SPIN provides experience in assessment and management of the broad spectrum of musculoskeletal and rheumatic conditions, acute and chronic and range of severity from mild disease to those with multi-system involvement. Skills in delivering developmentally appropriate health care are required as rheumatology conditions span all ages from newborn to young adults.

The management of medications commonly used in Paediatric Rheumatology (Disease Modifying Anti Rheumatic Drugs, Biologic Therapy and Small molecules) is not part of standard training in paediatrics. Therefore additional training is required to manage patients on immune modulating therapies, including safe prescription and monitoring of patients on these medications.

SPIN training will enable the Paediatrician with an interest in Rheumatology to act as the local lead for Paediatric Rheumatology, supporting and developing the service, and undertaking the following core clinical responsibilities:

1. Recognise and assess children and young people presenting with musculoskeletal presentations and triage of children and young people presenting with rheumatological emergencies.
2. Lead and coordinate local ongoing care to children and young people with chronic rheumatological conditions in conjunction with the specialist centre.
3. Demonstrate expertise in pharmacological and non-pharmacological management of rheumatological and musculoskeletal conditions.

# Requirements to undertake this SPIN module

## Applicant requirements

This SPIN module is available to General Paediatric Specialty level trainees and all post-CCT paediatricians with an interest in Paediatric Rheumatology, 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 School 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. The RCPCH Paediatric Rheumatology CSAC would recommend that liaison with the Rheumatology CSAC takes place after a trainee has approached a TPD. Schools may wish to interview for SPIN opportunities, for example, where there is more demand than places available, but clinicians planning to undertake the SPIN must still submit their RCPCH SPIN application form to their TPD for formal approval. Further guidance for post-CCT applicants is available on the RCPCH website

Applicants with relevant recent experience may use a maximum of 6 months' 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

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:

- Experience working within a tertiary rheumatology service or within a network rheumatology clinic or combination of both, that can provide opportunities to achieve the Learning Outcomes.
-

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/Local Education Training Boards (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 is 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.

# #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.

# 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 Training Projects 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

# Paediatric Rheumatology 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 Illustrations may be a useful prompt for this. 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 can successfully complete the SPIN module. A mid-SPIN review meeting (see risr) has helped practitioners and suopervisors/mentors keep track of progress.

## 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 Paediatric Rheumatology. Within the curriculum and throughout the syllabus the Learning Outcomes are mapped to the GMC's GPCs. More information on the GPC framework is available from the GMC website: https://www.gmc-uk.org/education/postgraduate/GPC.asp

Please note, trainees will also be required to complete their Specialty Level - Generic and General Paediatrics 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 capability in any other aspect of paediatrics.

| | SPIN Learning Outcome | GPCs |
|---|---|---|
| **1** | Recognises and assesses children and young people presenting with musculoskeletal presentations, including triage of children and young people presenting with rheumatological emergencies. | 1, 2, 3, 4, 5, 6, 7, 8, 9 |
| **2** | Leads and coordinates local ongoing care to children and young people with chronic rheumatological conditions in conjunction with the specialist centre. | 1, 2, 3, 4, 5,.6,.8, 9 |
| **3** | Develop expertise in pharmacological and non-pharmacological management of rheumatological and musculoskeletal conditions. | 1, 2, 3, 4, 5, 6, 9 |

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

# SPIN Learning Outcome 1

| | |
|---|---|
| Recognises and assesses children and young people presenting with musculoskeletal presentations, including triage of children and young people presenting with rheumatological emergencies. | GPC 1, 2, 3, 4, 5, 6, 7, 8, 9 |

## Key Capabilities

| | |
|---|---|
| Demonstrates expertise taking a focussed history in MSK presentations, shows skill in MSK examination and understands the requirement for targeted examination. | GPC 1, 2, 3 |
| Applies knowledge about inflammatory, non inflammatory, autoimmune, autoinflammatory, infective, immunological, metabolic, genetic, malignant conditions that have MSK presentation to aid differential diagnoses | GPC 1, 2, 4 |
| Recognition, assessment and initial management of acutely unwell children presenting with rheumatological emergencies. | GPC 1, 2, 5 |
| Recognises the presentation of non-rheumatological potentially life threatening conditions that present with musculoskeletal features. | GPC 1, 2, 7 |
| Demonstrates ability to use appropriate investigations based on differential diagnosis and has skill in interpretation of results. | GPC 1, 2, 3 |
| Recognition of MSK redflags and ability to liase with appropriate specialist team. | GPC 2, 3, 5, 7 |
| Demonstrates a commitment to ongoing learning in Paediatric and Adolescent Rheumatology | GPC 1, 3, 6, 8, 9 |

## Illustrations

1. A 6-year-old girl is referred to outpatients with a 3 month history of knee pain. The trainee takes a detailed history, exploring mechanical and inflammatory aspects of her pain. As mother has rheumatoid arthritis, the practitioner recognises there may be significant concern about inflammatory arthritis. MSK examination shows flat feet and hypermobility with no inflammation seen on joint examination. The trainee is able to explore the family's concerns, reassure them about the findings, and arrange local physiotherapy and orthotic review.
2. A 15-year-old boy is referred with prolonged fatigue, widespread joint pain and mouth ulcers. He has Autism. The practitioner takes a detailed multisystem history and recognises the need for full clinical examination. Findings include low BMI, pallor, lymphadenopathy, multiple mouth ulcers and arthralgia. The practitioner initiates investigations to look for a spectrum of disease, including inflammatory disease, nutritional screen and malignancy. Timely follow up of results show anaemia, normal blood film, inflammatory response, low Vitamin D and high faecal calprotectin. The trainee discusses this patient with gastroenterology and keeps the family updated. The diagnosis of Crohn's disease is confirmed post colonoscopy.
3. A regional paediatric rheumatology meeting is planned and the practitioner takes the lead to organise the morning session. This includes an invited speaker and chairing a "thieves market' of short case presentations. The trainee reflects on the management experience, and also reflects on their own learning from the expert talks.
4. The practitioner is asked to assess a 5 year old child in the emergency room who has

generalized joint pain and some bruising. The child is quiet, pale, looks thin and has petechiae over upper arm following BP measurement and prominent bruises over shins. There is no arthritis seen however the child has discomfort on joint line palpation. Blood tests are sent urgently. Results indicate this child has Leukaemia. Immediate referral to Haematology is made giving clear concise details about key features in the history, examination and blood results.

5. The practitioner meets a 13 year old with her parents in clinic. She has hypermobile joints and widespread MSK pain that had onset when she started High School. The family ask if she could have a diagnosis of Ehlers-Danlos Syndrome. Having considered the history and clinical features the practitioner is able to communicate with the young person and her parents about Chronic Musculoskeletal Pain, MDT management and gains consent to make referral to Clinical Psychology. The family feel listened to and accept the formulation.
6. The practitioner meets a 15 year old with new uveitis in the Rheumatology Opthalmology clinic. Assessment of causes for uveitis is undertaken. It is noted that there is 3+proteinuria on urinalysis and BP is 137/92. Serum creatinine returns following clinic and is raised at 238. TINU is suspected. The practitioner promptly discusses the patient with the Renal Team and updates the Ophthalmologist.
7. An 8 year old has just been diagnosed with Systemic Onset JIA, he received IV steroid treatment and was started on SC anakinra in the specialist centre during a 3 week admission when the child was unwell. The child presents to his local ED where the practitioner is called to assess him as he “looks very unwell” with low blood pressure, faint rash and fever. The practitioner ensures ABC is stable, suspects Macrophage Activation Syndrome, and sends appropriate bloods including urgent ferritin. It is recognized that this child may deteriorate rapidly and the practitioner seeks advice from the on call paediatric rheumatology consultant. It is agreed that the child should receive further IV steroid at locality and be transferred to the specialist centre. A three way call with the Paediatric retrieval service provides clear and accurate clinical details that allows safe transfer of this patient.

# SPIN Learning Outcome 2

| | |
|---|---|
| Leads and coordinates local ongoing care for children and young people with chronic rheumatological conditions in conjunction with the specialist centre. | GPC 1, 2, 3, 4, 5,.6,.8, 9 |

## Key Capabilities

| | |
|---|---|
| Demonstrates collaborative working within and across multidisciplinary services to provide care for children with rheumatological conditions. | GPC 1, 2, 5 |
| Ability to assess disease activity in rheumatological disease in children and young people. | GPC 1, 2, 3, 4,5 |
| Demonstrates expertise in aspiration and injection of the knee with steroid using entonox analgesia or general anaesthetic. | GPC 1, 2, 5 |
| Understands when to seek specialist advice or referral. | GPC 1, 2, 5 |
| Participates in research, quality improvement and governance processes to improve safety and quality of care for children with rheumatological diseases. | GPC 1, 6, 9 |
| Supports, guides and provides training in paediatric rheumatology for health care professionals and the multidisciplinary team | GPC 1, 5, 8 |

## Illustrations

1. A 16 year old female patient with SLE is attending a local clinic for routine follow up. The practitioner assesses her multisystem disease and arranges for appropriate blood and urine tests. The patient is clinically stable. The practitioner is joined by the clinical nurse specialist to discuss transition and together they explore the patient's readiness for transition. As she is stable, with a good understanding of her disease and medications, it is agreed to discuss transfer to adult rheumatology with the specialist team. Thereafter a transition visit to the young adult clinic is arranged by the nurse specialists. The practitioner starts to prepare a detailed transition summary to accompany referral to the young adult clinic.
2. A 14 year old male patient with JIA treated with Methotrexate and Adalimumab seeks urgent review as he is finding it difficult to walk. The practitioner takes a careful history and performs a detailed examination. There is a large L knee effusion, but the patient is also tender over multiple finger joints and has pain and restricted movement at the L wrist. The practitioner is able to confirm clinical arthritis flare. Treatment is reviewed and there is concern about methotrexate concordance. The practitioner undertakes blood tests including adalimumab levels, arranges urgent ultrasound scans of wrist and hand and makes occupational therapy referral for assessment/grip strength. After clinic, the practitioner discusses this patient with the specialist team. It is agreed that steroid injection of the L knee should be undertaken by the practitioner and early review in the forthcoming local network clinic is arranged to consider treatment options in light of results. The patient and family are updated about the plan. The nurse specialist and OT arrange joint review following this clinic.

3. The practitioner is aware that recent immunization guidelines have changed to allow varicella immunization in children on methotrexate monotherapy. The clinician conducts an audit and identifies patients who are varicella non-immune and eligible for the vaccine. The clinician presents this at the clinical network meeting and it is agreed to offer the vaccine to those eligible. In addition, the practitioner shares the audit findings with other services within the network to spread good practice.

# SPIN Learning Outcome 3

| | |
|---|---|
| Develop expertise in pharmacological and non-pharmacological management of rheumatological and musculoskeletal conditions. | GPC 1, 2, 3, 4, 5, 6, 9 |

## Key Capabilities

| | |
|---|---|
| Understands and applies the principles of treating children and young people with immune modulating treatment including corticosteroids, DMARDs and Biological therapies. | GPC 2 |
| Works as part of the wider MDT to ensure parents, children and young people receive age appropriate education about their condition and its treatment | GPC 2, 4, 7 |
| Proficient management of complications associated with immune suppression including infection and side-effects | |
| Ability to coordinate multi professional input in complex symptom management such as chronic pain and non inflammatory conditions | |

## Illustrations

1. A 15 year old with SLE is seen in clinic. She reports increasing nausea with methotrexate and is reluctant to keep taking this medication. In addition, she has increased rash and fatigue. The practitioner takes a careful history, including exploring HEADSSS and discovers she is very unhappy at school and feels left out of her friendship group. She resents taking any medicines for her SLE as they make her feel different. The practitioner involves the clinical nurse specialist to support the young person and shares information about Lupus UK where she can seek support. The practitioner recognizes that other treatment options should be considered and emails the Network Paediatric Rheumatologist to explore whether to persist with methotrexate with anti-emetics, or change to a different immunosuppressive agent. In addition, the practitioner recognizes that occupational therapy input may be useful and that sun protection advice should be reiterated.
2. A 4 year old girl has recently been diagnosed with oligoarticular JIA and has had intra-articular steroid injections to 3 joints (left knee, right ankle and subtalar). She attends a regional hospital for her first ophthalmology appointment and has left anterior uveitis confirmed. The practitioner sees her on the same day and detects new onset arthritis at her right knee. The family are understandably upset at the progress of her disease and the practitioner spends time with them to explain the next steps including steroid eye drops, repeat intra-articular steroid injection, and the likelihood of starting methotrexate. The practitioner ensures there is early review with the paediatric rheumatology specialist team and arranges follow up with the clinical nurse specialist and physiotherapist.Arranges appropriate management if haemophilia for patient on prophylaxis is due to undergo dental surgery.

3. An 8 year old boy with systemic onset JIA is on weekly subcutaneous tocilizumab. His GP contacts the practitioner to say he has a rash typical of chicken pox, with a recent outbreak at his school. He is known to be VZ non immune. The practitioner arranges for local hospital admission for IV acyclovir and to withhold tocilizumab whilst being treated for infection. The practitioner communicates the importance of assessing for bacterial infection and sepsis with the admitting team and asks them to inform the specialist team of the patient's progress, in particular at discharge to ensure appropriate follow up.Instigates investigation of a child with clinical and laboratory features suggestive of an inherited disorder of coagulation.

Section 3

# Assessment Strategy

# How to assess the Paediatric Rheumatology 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:

1. DOPS indicating competence to offer independent intraarticular steroid joint injection of the knee and the safe use of Entonox analgesia.
2. Evidence to support each of the Key Capabilities in this SPIN module

All evidence for the SPIN Module Learning Outcomes, including assessment outcomes, should be recorded within the clinician'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 – Reflective note |
| Demonstrates expertise taking a focussed history in MSK presentations, shows skill in MSK examination and understands the requirement for targeted examination. | ✓ | ✓ | | | ✓ | ✓ | | ✓ | | ✓ |
| Applies knowledge about inflammatory, non-inflammatory, autoimmune, autoinflammatory, infective, immunological, metabolic, genetic, malignant conditions that have MSK presentation to aid differential diagnoses | | ✓ | | | ✓ | ✓ | | ✓ | | ✓ |
| Recognition, assessement and initial management of acutely unwell children presenting with rheumatological emergencies. | | ✓ | | ✓ | | ✓ | ✓ | ✓ | | ✓ |
| Recognises the presentation of non rheumatological potentially life threatening conditions that present with musculoskeletal features. | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Demonstrates ability to use appropriate investigations based on differential diagnosis and has skill in interpretation of results | ✓ | ✓ | | | ✓ | ✓ | | | | ✓ |
| Recognition of MSK red flags and ability to liaise with appropriate specialist team. | ✓ | ✓ | | ✓ | ✓ | ✓ | | | | ✓ |
| Demonstrates a commitment to ongoing learning in Paediatric and Adolescent Rheumatology | | ✓ | | | | | | ✓ | | ✓ |
| Demonstrates collaborative working within and across multidisciplinary services to provide care for children with rheumatological conditions. | ✓ | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Ability to assess disease activity in rheumatological disease in children and young people. | ✓ | ✓ | | ✓ | ✓ | ✓ | | | | ✓ |
| Demonstrates expertise in aspiration and injection of the knee with steroid using Entonox analgesia or general anaesthetic. | ✓ | | ✓ | | | ✓ | | | ✓ | ✓ |
| Understands when to seek specialist advice or referral. | | ✓ | | | ✓ | ✓ | ✓ | ✓ | | ✓ |

| 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 – Reflective note |
| Participates in research, quality improvement and governance processes to improve safety and quality of care for children with rheumatological diseases. | | | | | | ✓ | | ✓ | | ✓ |
| Supports, guides and provides training in paediatric rheumatology for health care professionals and the multidisciplinary team | | | | | | | | ✓ | | ✓ |
| Understands and applies the principles of treating children and young people with immune modulating treatment including corticosteroids, DMARDs and Biological therapies. | ✓ | ✓ | ✓ | | ✓ | | | ✓ | | ✓ |
| Works as part of the wider MDT to ensure parents, children and young people receive age appropriate education about their condition and its treatment | ✓ | ✓ | | | ✓ | | | ✓ | ✓ | ✓ |
| Proficient management of complications associated with immune suppression including infection and side-effects | ✓ | ✓ | | ✓ | ✓ | | | | | ✓ |
| Ability to coordinate multi professional input in complex symptom management such as chronic pain and non-inflammatory conditions | ✓ | ✓ | | | ✓ | ✓ | | ✓ | | ✓ |

# 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

- Petty, R.E., Laxer, R.M., Lindsley, C.B., Wedderburn, L., Fuhlbrigge, R, Mellins E, Textbook of Pediatric Rheumatology (8th Ed). Elsevier, 2020.
- McDonagh, JE. & Tattersall, R., Adolescent and Young Adult Rheumatology In Clinical Practice. Springer, 2019.
- Foster, H. & Brogan P. Paediatric Rheumatology (Oxford Specialist Handbooks in Paediatrics) 2018
- Paediatric Rheumatology Online Journal *Pediatric Rheumatology* is an open access, peer-reviewed, online journal encompassing all aspects of clinical and basic research related to pediatric rheumatology and allied subjects. https://ped-rheum.biomedcentral.com
- Paediatric Musculoskeletal Matters website: http://www.pmmonline.org/

## Training events or courses

- The Royal College of Paediatrics and Child Health RCPCH hosts a variety of learning relevant to paediatric rheumatology. This includes rheumatology specific webinars. RCPCH Learning
- British Society of Rheumatology courses: https://www.rheumatology.org.uk/events-learning for up-to-date listings.
- EULAR School of Rheumatology courses: EULAR/ PRES host an annual online course in paediatric rheumatology to facilitate learning https://esor.eular.org/totara/catalog/index.php
- International Society of Systemic Autoinflammatory Disease ISSAID offers webinars, winter and summer schools ISSAID - Education: Publications/Journal

## 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 Rheumatology CSAC. See the RCPCH website for the contact details of the current SPIN Lead: https://www.rcpch.ac.uk/membership/committees/paediatric-rheumatology-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 experience which they will require in order 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<br>• Service specific requirements to enable achievement of the curriculum e.g. Day case facilities, imaging.<br>• Opportunities to work with shared care networks in primary and secondary care.<br>• Opportunities to work with shared care clinical guidelines and protocols.<br>• 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:**<br><br>• Experience working within a tertiary rheumatology service or within a network rheumatology clinic or combination of both.<br>• Day case facilities for joint injections and drug administration, imaging, and physical therapy. Opportunities for training and not simply a 'service' department.<br>• Opportunity to work within shared care networks in primary and secondary care. To include drug monitoring and shared care clinical guidelines and protocols<br>• The posts are in units which participate in a Paediatric Rheumatology Network. |
| **Governance and strategic support** | |
| • The Site must ensure that Supervisors and trainers can effectively deliver the RCPCH Assessment Strategy.<br>• The trainee will be able to participate in leadership and management activities. | **CSAC specific requirements:**<br><br>• Opportunities to lead clinical management with appropriate supervision<br>• An educational supervisor that is a Consultant (Paediatric Rheumatologist or General Paediatrician with expertise in Rheumatology working as part of a regional network ) trained in assessment and appraisal<br>• Attend regional and Rheumatology interest groups<br>• Involvement in collaborative multi-centre research and in particular NIHR portfolio activities / Versus Arthritis UK / MCRN Clinical Studies Group paediatric rheumatology activities and provide patients with opportunities to engage in clinical trials. |

| Programme of learning | |
|---|---|
| • Specific requirements for structured learning opportunities.<br>• Exposure within the clinical environment will provide sufficient learning opportunities to meet the requirements of the curriculum.<br>• Access to multidisciplinary teams consisting of a minimum of nurses, physiotherapists, occupational therapists.<br>• The post should provide a training experience that enables completion of the trainees' PDP. | **CSAC specific requirements:**<br><br>• Regular access to supervised clinics to include new and review patients.<br>• eg >/= 1 OP clinic per week; general rheumatology experience as well as exposure to patients with connective tissue disease / vasculitis / multi-system inflammatory disease.<br>• Joint injection skills - the general paediatrician with an interest in rheumatology is not expected to be competent in joint injection techniques for all joints but should be able to competently aspirate and inject knees, using either general anaesthetic or inhaled analgesia.<br>• MDT consisting of a minimum of a specialist paediatric clinical nurse, a physiotherapist and an occupational therapist.<br>• More than one ST4 -8 in the general paediatric department overall. |
| **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.<br>• Supervision must ensure patient safety. Support for trainers and supervisors must be available within the Trust. | **CSAC specific requirements:**<br><br>• Specialty specific clinical exposure required to provide sufficient learning opportunities.<br>• Counselling of patients and carers about the use of DMARD and biological therapies.<br>• Experience of transitional care and adolescent services to adult rheumatology clinics.<br>• Experience of managing in-patients (eg acute presentation of SoJIA/MAS/Vasculitis).<br>• Experience of multidisciplinary team working and multidisciplinary clinics. |
| **Quality assurance and improvement** | |
| • The post will allow the trainee to participate in audits and clinical improvement projects.<br>• The post will allow the trainee to actively engage with the teaching, assessing and appraising of junior staff.<br>• The post will allow opportunity for the trainee to engage in research activities. | **CSAC specific requirements:**<br><br>• Opportunity to provide teaching to clinicians and AHP colleagues<br>• Involvement in Clinical research, biologics registries, GCP training |