



Paediatric training for excellence

Educational Supervision Guide for Special Interest Module (SPIN) in Neonatal Paediatrics



*A practical guide for Educational
Supervisors*



Royal College of
Paediatrics and Child Health

Leading the way in Children's Health

www.rcpch.ac.uk/progress+

This document outlines the Educational Supervision Guide for Special Interest Modules (SPIN) in Neonatal Paediatrics to be used by Trainees and Supervisors.

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
1.0	2024	
1.1	3 July 2025	Updated to Progress+ Template Updated SPIN Lead info Updated CSAC Chair info Updated SPIN Trainee Rep info

The following guide has been produced by the Neonatal medicine College Specialty Advisory Committee (CSAC) to help support Educational Supervisors who supervise Neonatal medicine SPIN trainees and guide training centres responsible for the trainees.

General guidance will be followed by sub-specialty advice, where this differs between sub-specialities.

Any questions for items within this guide should be addressed to the CSAC rep who can be contacted via the sub-specialty CSAC web page.

Content

Introduction.....	4
Structure of the general paediatric subspecialty programme integrating neonatal SPIN.....	4
Trainee and Educational Supervisor roles.....	4
Expectations of Educational Supervisors.....	5
Induction Meeting.....	5
Midpoint Reviews (optional, recommended meeting at least once).....	5
End of SPIN placements meeting: Preparation for submitting SPIN completion record.....	7
Contacts for queries and support.....	7

Introduction

You have been sent this guide because you are the educational supervisor (ES) for a practitioner undertaking a SPIN in neonatal paediatrics. The guide will have been sent on by your training programme director or by the practitioner themselves. The aim of this document is to clarify expectations of the neonatal CSAC for educational supervisors and to facilitate the smooth completion of neonatal SPIN capabilities.

Special Interest (SPIN) modules are the additional training/experience a practitioner completes so that they can be the local lead and part of the clinical network providing for children who need specialist paediatric care. Currently, practitioners completing SPIN are paediatricians. The SPIN can be completed before or after CCT but must be applied for prospectively. Trainees will be using RCPCH Progress+ specialty training generic syllabus and general paediatric curriculum in addition to the neonatal SPIN curriculum. This document refers to trainees reflecting the fact that most are doctors in training. However, this guide is also applicable to trainers supervising post-CCT paediatricians and other paediatric practitioners undertaking neonatal SPIN.

Structure of the general paediatric subspecialty programme integrating neonatal SPIN

The indicative training time is 18 months consisting of 12 months tertiary Neonates (in neonatal intensive care unit) and 6 months Local Neonatal Unit full time, though this is purely based on usual training placements and rotations.

- Spin capabilities can be gained over more than one period of training.
- All practitioners will be afforded a maximum of 5 years to demonstrate their capabilities.

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.

Progress with SPIN capabilities is not assessed for CCT and will not impact final ARCP outcomes which assess trainees on the completion of the generic specialty syllabus and general paediatric subspecialty curriculum.

Trainee and Educational Supervisor roles

Our trainees are encouraged by CSAC to be adaptive and innovative in their training opportunities in discussion with their local teams to achieve their curriculum capabilities, as well as seeking support early if gaps arise or are foreseen.

The role of the Educational Supervisor (ES) is to nurture and support Neonatal trainees to explore and develop the specific areas of interest within their chosen sub-speciality and also the required training in the other strands of neonatal medicine, whilst ensuring they are equipped with appropriate access to resources and experiences to progress through all the allied curriculum areas to a high standard.

Expectations of Educational Supervisors

- CSAC rely on local educational supervisors to monitor progression through the curriculum and to provide evidence for the CSAC review at completion.
- Please complete the regular meetings described in this document as a minimum.
- Please track progress on eportfolio as recommended in this document.
- Please complete ES section of the SPIN completion report after reviewing all the evidence for each key capability.

Induction Meeting

In addition to usual meeting requirements (PDP, review of training, MSF etc) please confirm with the trainee that they have access to the neonatal SPIN curriculum **AND** the RCPCH Progress+ specialty training generic syllabus and general paediatric curriculum. If they don't, the trainee can request these for their RCPCH eportfolio account.

Set PDP to ensure appropriate coverage of neonatal spin curriculum - use the "Start Goals" tab to document this. If you are the ES for the placement, you will also need to set PDP goals to ensure coverage of the generic specialty syllabus and general paediatric specialty training curriculum.

Midpoint Reviews (optional, recommended meeting at least once)

Midpoint reviews with trainees should be used to check progress. The frequency of these will vary according to individual trainee requirements. The neonatal CSAC recommends scheduling at least one midpoint review during the neonatal SPIN programme.

- Check curriculum coverage- what still needs to be achieved? Review this by looking at the Goals section for the trainees' portfolio and review the number of learning events tagged to each Key Capability. It is very important that events are tagged to

a key capability and not a learning outcome or domain. This provides a “zoom- in” view of curriculum coverage e.g. knowledge of management of a patient with a particular condition, a practical skill or an ability to contribute high level decisions (e.g. antenatal counselling).

- Each Key capability of the SPIN curriculum should have a minimum of 1 tag.
- Check **EVERY** neonatal SPIN curriculum key capability in **ALL** learning outcome domains has been evidenced before submission of the neonatal SPIN completion report.
- Please discuss coverage of the programme with your trainee and ensure they have had opportunity to access those parts of the curriculum available at each placement whether tertiary neonatal intensive care unit or the local neonatal unit.
- By completion of the SPIN, the trainee must have had sufficient exposure to outpatient work (to enable independent working after CCT). Please review opportunities for outpatient working with your trainee.
- Please highlight areas where targeted upskilling may be required and support personal development in these areas. e.g.
 - opportunities to be involved in end-of-life care both before/during and after involvement with complex/long stay patients and family discussions about ongoing care.
 - opportunities to participate at network level (e.g. repatriations, supporting local SCBUs, collaborative operational network events)
 - access to the non-clinical aspects of neonatal medicine, such as involvement with complaints & serious adverse incident reporting, delivering training to the wider MDT.
- Key practical skills which should be evidenced using assessments of performance (e.g. DOPs or skills logs signed by consultant).
- There is a mandatory list of workplace-based assessments (WPBA) detailed in the curriculum. Ensure these have been completed.
- Ensure the trainee is not using the same evidence for multiple places on the curriculum. A single WPBA should not be tagged to more than 2 key capabilities.
- One event should not be tagged in more than 2 domains or SPIN learning outcomes, but the same single event can be used for both the neonatal SPIN curriculum and the generic or general paediatric curricula.
- Check trainee is linking events to the Goals set in the PDP at the induction meeting.

End of SPIN placements meeting: Preparation for submitting SPIN completion record

- Supervisors are to review curriculum coverage for neonatal SPIN curriculum use the Goals tab on eportfolio to get an overview of curriculum coverage.
- Complete ES section of SPIN completion report. There are trainee- led sections which the trainee will have completed prior to your meeting.
- Review depth- check that evidence provided by the trainee is of good quality, all key capabilities have evidence tagged and each piece of evidence is not tagged to multiple domains. Ensure all mandatory WPBA have been completed. All evidence tagged MUST be within the last 5 years.
- Review MSF
- Mark the goals section of the portfolio as completed.

Trainees must continue to evidence their generic syllabus for specialty training as well as general paediatric specialty training curriculum. Where appropriate, the same learning event can be used to evidence both the neonatal spin, general paediatric and generic curricula but the evidence must reflect the specific learning outcome tagged and not be directly duplicated.

A trainee will usually present a variety of pieces of evidence to demonstrate their learning over the course of their 18-month SPIN for each learning outcome with several pieces of good quality evidence for every key capability.

Contacts for queries and support

Queries about RCPCH eportfolio (e.g. adding neonatal SPIN curriculum):

Training.services@rcpch.ac.uk

CSAC SPIN Lead: harsha.gowdal@nhs.net

SPIN Trainee Representative (Neonatal Medicine): jamieshah@nhs.net

CSAC Chair: shazia.hoodbhoy@nhs.net