

A Framework of Competences for the Special Interest Module in Paediatric Allergy

Version 2

To be used from March 2016



Royal College of Paediatrics and Child Health
www.rcpch.ac.uk

This guide is for trainees or other medical professionals interested in undertaking an RCPCH SPIN Module, and for educational supervisors supporting these individuals. We hope that this guide, along with the RCPCH SPIN web pages, will answer your questions and help you understand the requirements of this SPIN Module.

This is Version 2.0. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes
2.0	March 2016	Formatting changes to merge version 1.0 with the Paediatric Allergy SPIN Training Guide and Portfolio. Some competences have been re-ordered to improve coherency or reworded for greater clarity as to what skill or knowledge must be demonstrated or to eliminate duplication. New competences related to drug allergy and infections in an immune-compromised child have been added. Section 1 updated to include introductory information from both documents and a statement on Equality and Diversity.

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Section 1 Introduction

What is a SPIN Module?

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.

Trainees, SAS doctors, 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, but will often equate with the training received during a full time 12 month placement.

Please note that SPIN Modules are:

- NOT a route to GMC sub-specialty accreditation
- NOT required for GMC accreditation in paediatrics or any of its sub-specialties
- NOT sub-specialty training and not equivalent to GRID training.

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](#).

Introduction to the Paediatric Allergy SPIN

This SPIN Module is for doctors at Level 3 in their General Paediatric training who wish to work towards an expertise in Paediatric Allergy during Level 3 training, or for other doctors with suitable skills and expertise who wish to undertake an RCPCH SPIN Module e.g. a paediatric consultant. It gives you a clear picture of what you have to achieve by the end of this module of training in order to have expertise in this area.

Allergy is one of the commonest chronic conditions of childhood and paediatricians who are trained in allergy can enhance the quality of care for these children. It is envisaged that all paediatric units have enough children with allergy that it is justifiable to have at least one consultant leading in allergy. SPIN training would ensure that the level of care provided is of the same high quality and consistency across the country. Consultants with SPIN allergy should work closely with a regional allergy centre so that education and training (CPD) and management of complex cases can be optimal.

How to use this Framework of Competences

This document sets out the competences you need to cover, in addition to the Framework of Competences for Level 3 Training in General Paediatrics. It gives you a clear picture of what you have to achieve by the end of this module of training in order to have expertise in this area.

You should use this document to help you plan your training programme. You can talk to your SPIN educational supervisor about the balance of your experiences and discuss ways to ensure you cover all areas you need to. Many of these may have been achieved in other posts during level 2 or 3 training and a direct link can be made to the curriculum and e-portfolio in these cases.

This guide should also be used by Schools and Educational Supervisors to ensure that a programme of training is developed which will allow the doctor undertaking the SPIN to achieve these competences as part of their Level 3 training for trainees, or their normal work pattern for non-trainees. In determining this programme, liaison with the relevant CSAC is important. There is guidance for selection, training and assessment in the module, which the programme must adhere to.

Undertaking the Paediatrics Allergy SPIN Module

For trainees the SPIN training should be approximately equivalent to 12 months full time, or pro-rata for Less Than Full Time (LTFT) trainees. A component of the training could be in an unfilled GRID post that fulfils the paediatric standards for sub-specialty training (tertiary centre or large DGH) and the other competences could be acquired in posts in large or small DGHs. For consultants or career grade doctors a SPIN Module usually takes between 12 months and 5 years to complete.

Trainees should not need to take out of programme (OOP) to complete a SPIN module; there is the opportunity to undertake SPIN modules post CCT. Thus, 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 Allergy, Immunology & Infectious Diseases (PAIID) 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.

For consultants or career grade doctors a SPIN Module usually takes between 12 months and 5 years to complete.

Further guidance, including how to apply to undertake a SPIN Module, can be found on the [SPIN Module pages of the RCPCH website](#).

Progression

Following completion of Level 3 training and the module, the CCT holder should be competent to take up a post as a General Paediatrician or a General Paediatrician with a Special Expertise in this area. It is expected that there will be a requirement in paediatric services for consultants with special expertise provided by the module. Such posts will usually form part of a Regional Specialty Network including working with accredited sub-specialties in this area.

It would be expected that a consultant with a specialist interest in Paediatric Allergy would practice as part of a regional allergy network and should have mechanisms in place to remain up to date with continuing professional development in the specialty. These should include, but are not limited to:

- Be a member of an appropriate regional paediatric allergy group for guideline development, service appraisal, peer review and CPD.
- Have active links with a regional centre to facilitate referrals, discussion of patients, further training and support.
- Be a member of the British Society for Allergy and Clinical Immunology (BSACI) or the European Academy of Allergy and Clinical Immunology (EAACI). You may also wish to be a member of the British Paediatric Allergy, Immunology and Infection Group (BPAIIG) and attend respective conferences/meetings.
- Remain up to date with national guidelines / position papers produced by the BSACI and EAACI.

Assessment

This framework of competences outlines the learning objectives for the SPIN Modules, and these are the focus of your training. The RCPCH CSAC will want to assess how well you have achieved these objectives and to be confident that you are fit to practice as a Consultant Paediatrician with expertise in Allergy.

The RCPCH Assessment Strategy (GMC approved) for Level 3 Training will be used. Trainees working with their educational supervisors should ensure that the Assessment Strategy is tailored to cover the area of Special Expertise as well as General Paediatrics and that learning and assessment are well documented within the e-portfolio. Section 4 of this document outlines in greater detail the assessment requirements for the SPIN Module. Evidence should be recorded within your e-portfolio.

Recommended reading

- RCPCH, *Allergy care pathways for children (2011)*¹
- RCPCH, *Curriculum for Allergy, Immunology and Infectious Disease (2010)*²

Suggested courses

There are a range of formal training opportunities in allergy available to trainees. Trainees are expected to have attended not less than 5 training days that are of a standard recognised for SPIN allergy during level 3 training. Appropriate training days would include attendance at national and international conferences on allergy or national training days held by BSACI and BPAIIG. Local training events may be acceptable providing they are of sufficient academic and educational quality and have been granted CPD approval from RCPCH or its equivalent.

Trainees are encouraged to undertake a formal postgraduate course, such as the following:

- Newcastle University: *Allergy CPD (eLearning)*. An online module in allergy as a standalone CPD course, or as part of a Postgraduate Certificate in Clinical & Health Sciences with Allergy.³
- Imperial College, London: *MSc or PG Cert Allergy*⁴

¹ <http://www.rcpch.ac.uk/improving-child-health/clinical-guidelines-and-standards/published-rcpch/allergy-care-pathways/care>

² <http://www.rcpch.ac.uk/training-examinations-professional-development/postgraduate-training/sub-specialty-training/allergy>

³ <http://www.ncl.ac.uk/medicalsciences/study/postgraduate/taught/clinicalhealth/allergy.htm>

⁴ <http://www1.imperial.ac.uk/medicine/teaching/postgraduate/allergyprogramme/>

- University of Southampton: *MSc Allergy (Also available as PG Cert or Diploma)*⁵

In addition, it is expected that trainees participate actively in local and regional subspecialty interest groups.

In your e-portfolio you should list all relevant postgraduate taught courses, professional memberships, and conferences attended. Include evidence of your attendance, such as certificates, programmes, membership certificates etc.

Equality and 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.

Please contact the RCPCH Quality and Standards Manager if you have any concerns regarding to equality and diversity in relation to this SPIN Module curriculum.

⁵ http://www.southampton.ac.uk/medicine/postgraduate/taught_courses/msc_allergy.page

Section 2 General Competences in Paediatric Allergy

By the end of the module in Paediatric Allergy, you will:		Suggested evidence types				
		WBA	Taught course	Clinic letter	Reflection	Other
Knowledge and Understanding						
1	Be familiar with the genetic, epidemiological and psychosocial aspects of allergic conditions.		✓	✓	✓	Presentation, inc evidence of further reading
2	Be familiar with the concept and process of transition – from secondary to primary care services, and from paediatric to adult allergy services.	CbD MiniCex				
3	Understand the national drivers for allergy care and service delivery.		✓	✓	✓	
4	Know which allergens commonly cross-react and why.	✓	✓	✓		Presentation
5	Know and understand basic immunological mechanisms of allergic diseases (immediate and non-immediate-type reactions).		✓			Presentation; personal reading
6	Know and understand the principles of treatment of allergic disorders.		✓			Presentation; personal reading
7	Know and understand the natural history of common allergic conditions.		✓			Presentation; personal reading
8	Know about primary and secondary prevention of atopic disease.		✓			Presentation; personal reading
9	Understand how manifestations of allergic disease change during adolescence.	✓	✓	✓		Presentation; personal reading
10	Know and understand the use and limitations of skin-prick testing and measurement of specific IgE.	✓	✓	✓	✓	
11	Know and understand the debate around non-validated allergy testing and methods of treating allergies.	✓	✓	✓	✓	
12	Know the specificity, sensitivity and predictive values of skin-testing and in vitro IgE antibody measurements for individual allergens and be able to apply in clinical decision-making.	✓	✓	✓		
13	Be aware that the values for skin testing vary with the allergen involved, the manufacturer, the purity of the product and the relative content of the allergen.	✓	✓	✓		

By the end of the module in Paediatric Allergy, you will:		Suggested evidence types				
		WBA	Taught course	Clinic letter	Reflection	Other
14	Know and be able to recognise the relationship between food allergy, eczema, failure to thrive, asthma and rhinitis.	✓	✓	✓		MDT minutes
15	Know and understand the importance of allergen avoidance in symptom control.	✓		✓		
Skills						
1	Be able to take an allergy focused history and examination.	CbD MiniCex		✓	✓	
2	Be able to initiate investigation and management of patients presenting with common allergic disorders, both in in-patient and out-patient settings.	✓		✓		
3	Be able to assess and initiate acute management of children presenting with allergies.	✓				
4	Be able to select allergy diagnostic tests appropriately and interpret the results correctly.	✓	✓	✓	✓	
5	Be able to identify patients who present with symptoms mimicking allergy and recognise when to refer them to other specialists.	✓		✓		MDT minutes; referral letter
6	Be able to identify factors which exacerbate acute atopic conditions, to advise parents and families appropriately about allergen avoidance at homes and in schools.	✓	✓	✓		Guideline development
7	Be able to compile management plans for children with allergies and ensure that mechanisms are in place to allow them to be followed in the community.			✓		Clinical network meeting; guideline development
8	Be able to recognise children and families who would benefit from psychology input to help manage their condition and know how to make appropriate referrals.	✓	✓	✓	✓	
9	Understand and be able to advise parents and young people on current controversies on allergy prevention and management.	✓	✓	✓	✓	Personal reading
Leadership and Management						
1	Be able to actively participate/take a lead in the multidisciplinary team (including specialist nurses and dieticians) and with other professionals	CbD MSF				

By the end of the module in Paediatric Allergy, you will:		Suggested evidence types				
		WBA	Taught course	Clinic letter	Reflection	Other
	involved in the care of children with allergic diseases, and understand the importance of doing so.					
2	Be able to co-ordinate local community support for children with allergies (home, playgroup, schools).		✓	✓		Clinical network meeting; guideline development; personal reading
3	Be able to run a food challenge service effectively.	✓				Guideline development; clinic log
Teaching and Research						
1	Have an awareness of current clinical allergy research which impacts on clinical practice in the UK.				✓	Presentation; personal reading; participation in research studies
Clinical governance						
1	Be able to participate in clinical governance activity e.g. complete at least one quality improvement project / audit related to allergy, and contribute to relevant meetings.					Evidence of attendance at critical incident meetings, MDT meetings & clinical guideline development.
2	Be aware of, and have experience of the development of local allergy care guidelines and referral pathways within a clinical network.			✓	✓	Evidence of attendance at local clinical network meetings; guideline development; referral letters

Section 3 Specific Competences in Paediatric Allergy

By the end of the module in Paediatric Allergy, you will:		Suggested evidence types				
		WBA	Taught course	Clinic letter	Reflection	Other
Practical Procedures and Investigations						
1	Be able to carry out skin prick testing.	✓				
2	Be able to demonstrate appropriate asthma inhaler technique.	✓				
3	Be able to carry out simple spirometry.	✓				
4	Be able to apply eczema cream and dressings.	✓				
5	Be able to demonstrate intranasal steroid technique.	✓				
6	Be able to deliver adrenaline auto-injector training.	✓				
Anaphylaxis						
1	Know and be able to recognise the signs and symptoms suggestive of anaphylaxis.	✓	✓	✓		
2	Be able to undertake emergency management of anaphylaxis.	✓		✓		
3	Be able to identify precipitating causes and initiate relevant investigations, as appropriate.	✓	✓			Guideline development; audit
4	Be able to interpret investigations performed following acute allergic reactions, such as serum tryptase.	✓	✓			Guideline development; audit
5	Be able to assess and advise on future reaction risk, and self-care issues.	✓		✓		
6	Be able to facilitate an appropriate management plan by liaising with community teams.	✓		✓		Guideline development
7	Be able to select patients appropriately who require prescription of adrenaline auto-injectors and educate how to use correctly.	✓		✓		
Food allergy						
1	Know the common and uncommon foods that trigger IgE mediated and non-IgE mediated hypersensitivity reactions.	✓	✓	✓	✓	
2	Know the mechanisms of IgE and non-IgE food hypersensitivity reactions, including eosinophilic enteropathy and food reactions that are due to	✓	✓	✓	✓	

By the end of the module in Paediatric Allergy, you will:		Suggested evidence types				
		WBA	Taught course	Clinic letter	Reflection	Other
	pharmacological effects of food or enzyme deficiencies, and be able to explain this to parents.					
3	Know the indications for food challenges, challenge protocol procedures, safety precautions and discharge advice.		✓			Guideline development; network minutes; audit
4	Know how to assess future risk of allergic reactions and which children require the prescription of injectable adrenaline.	✓	✓	✓	✓	
5	Be able to recognise different presentations of food allergy.	✓	✓	✓	✓	
6	Be able to work with a dietitian to advise on an exclusion diet, including the risks and benefits, use of alternative and hypoallergenic milk formulas and a hypoallergenic weaning diet.	✓		✓		MDT minutes; referral letter
7	Be able to use measurement of specific IgE and/or skin test results to optimise the timing of food challenges.	✓	✓	✓		Guideline development; audit
8	Be able to recognise symptoms suggestive of primary food allergy and pollen food syndrome and advise patients appropriately.	✓	✓	✓	✓	
Eczema						
1	Know the role of diet in the pathogenesis of eczema and be able to advise appropriately about dietary modification.	✓	✓	✓	✓	
2	Know the role of exposure to airborne allergens in the pathogenesis of eczema and be able to advise appropriately about reducing exposure.	✓	✓	✓	✓	
3	Be able to select and interpret allergy diagnostic tests appropriately in children with eczema.	✓	✓	✓	✓	
4	Be able to manage patients with severe eczema including the use of emollients, anti-inflammatory preparations.	✓		✓		MDT minutes; clinic log
Urticaria and Angioedema						
1	Know the definition, causes and exacerbating factors of acute and chronic urticaria and angioedema.	✓	✓	✓	✓	
2	Be able to investigate and manage children with acute and/or chronic urticaria! +/- angioedema.	✓	✓	✓	✓	
3	Be able to identify precipitating causes and advise about future avoidance.	✓	✓	✓	✓	

By the end of the module in Paediatric Allergy, you will:		Suggested evidence types				
		WBA	Taught course	Clinic letter	Reflection	Other
Asthma and recurrent wheeze						
1	Know the concept of the unified airway and the importance of the treatment of rhinitis in patients with asthma.	✓	✓	✓	✓	
2	Know the role of allergy testing and allergen avoidance in managing children with asthma and be able to advise families about allergen reduction measures.	✓	✓	✓	✓	
3	Be able to identify allergen exposure as a cause of acute exacerbations of asthma.	✓	✓	✓	✓	
4	Be able to interpret correctly spirometry and pulmonary function testing.	✓		✓	✓	
5	Be able to recognise and respond appropriately to changes in asthma control.	✓		✓	✓	
6	Be able to advise sympathetically about ways of reducing exposure to inhalant triggers, including house dust mite and pets.	✓	✓	✓	✓	
Rhinoconjunctivitis						
1	Know the likely allergen triggers of seasonal and perennial disease.	✓	✓	✓	✓	
2	Be able to diagnose accurately allergic rhinitis and conjunctivitis, know the differential diagnosis, management guidelines and principles of therapy.	✓	✓	✓	✓	
3	Be able to advise young people and their families about the effective application of eye drops and nasal sprays.	✓		✓	✓	
4	Know the issues around safety and efficacy of sub-lingual and subcutaneous immunotherapy.	✓		✓		
5	Be able to identify patients who would benefit from inhalant immunotherapy and refer to a centre skilled in immunotherapy practice.	✓	✓	✓	✓	
Venom allergy						
1	Know the clinical features and grading of local and systemic reactions to insect stings.	✓	✓	✓	✓	
2	Know when to refer patients for venom immunotherapy.	✓	✓	✓		Personal reading

By the end of the module in Paediatric Allergy, you will:		Suggested evidence types				
		WBA	Taught course	Clinic letter	Reflection	Other
Idiopathic anaphylaxis						
1	Be able to investigate idiopathic anaphylaxis appropriately and exclude common causes. Be able to recognise those patients who would benefit from tertiary allergy service input and know how to make appropriate referrals.	✓	✓	✓	✓	
2	Be able to recognise those patients who would benefit from tertiary allergy service input and know how to make appropriate referrals.	✓	✓	✓	✓	
3	Know the differential diagnosis including exposure to unusual allergens, exercise induced anaphylaxis and systemic mastocytosis.	✓	✓	✓	✓	
Drug allergy						
1	Know the investigation and management of suspected drug allergy, including allergic reactions to antibiotics and be able to advise about appropriate alternative drugs.	✓	✓	✓	✓	
2	Be able to assess and investigate referrals for drug allergy (non anaphylaxis), where low risk of allergy and be able to safely orally challenge.	✓	✓	✓	✓	
3	Be able to recognise those patients who would benefit from tertiary allergy service input and know how to make appropriate referrals.	✓	✓	✓	✓	
4	Know the indications, limitations and adverse effects of drug testing and drug provocation challenges.	✓	✓	✓	✓	
Infections in the immune-compromised child						
1	Know the normal flora found in different sites of the body in infants and children as well as pathogenic flora relevant to allergic conditions	✓	✓	✓	✓	
2	Know the range of atypical organisms causing infection in an immunocompromised child.	✓	✓	✓	✓	
3	Be able to recognise those patients who would benefit from tertiary immunology service input and know how to make appropriate referrals.	✓	✓	✓	✓	

Section 4 Assessment Strategy for Paediatric Allergy

Assessment Guidance

Paediatric trainees undertaking a SPIN are expected to follow the Level 3 training assessment strategy, as outlined below. Trainees are advised to check the RCPCH website for further information on how to carry out these assessments and what is expected from those involved in the process. Non-trainees undertaking SPIN must demonstrate evidence against all competences, but are not bound by the trainee assessment strategy. However, some of the assessments below e.g. multi-source feedback may still be accessible and relevant.

Using anaphylaxis as an example, you could link the competencies under this heading to your APLS certificate for management of anaphylaxis, an encounter in ED with a reflective practice, a clinic letter on future management and the use of adrenaline pens and prescription of emergency action plans, a clinical question on the number of adrenaline pens as per European guideline (sub link to European guideline), attendance to a lecture on anaphylaxis with notes and evidence of reflection or learning points, or a miniCex or DOP showing the use of adrenaline pens. Whilst the assessors are not suggesting you link all of the above, two or three of them would provide substantive evidence that you have achieved that competency.

Within the current work based assessment requirements for Level 3 training, paediatric trainees undertaking the special interest module of assessment are recommended to undertake at least the following number of assessments specially related to paediatric Allergy:

Assessment type	Minimum frequency
Paediatric Case Based Discussion (ePaedCbD):	4 per year
Paediatric Mini Clinical Evaluation Exercise (ePaedMiniCeX)	2 per year
Directly Observed Procedure Skills (DOPS)	1 per relevant procedure
Direct observation of communication (DOC)	3 per year
Multi-Source Feedback (ePaedMSF)	1 per year (as part of appraisal/ revalidation process)

Content of work based assessments

ePaedMiniCeX suggestions include observation of trainee gaining consent for the administration of immunotherapy or prior to a food challenge. Other example could be the observation of a clinic consultation in a child with food allergy, hay fever, eczema or urticaria.

ePaedCbD suggestions include a discussion whether a child should be considered for immunotherapy, the management of peanut allergy or milk allergy and whether eczema is caused by food allergy.

DOPS suggestions include the ability to perform skin prick tests (compulsory), demonstrate inhaler technique (compulsory), demonstrate the use of an adrenaline auto-injector (compulsory) and demonstrate how to use a nasal spray (compulsory).

DOCs suggestions include letters to referring clinicians on various allergic conditions.

ePaedMSF includes feedback from at least 12 health professionals (consultants, seniors, peers, junior doctors, nurses, allied health professionals), including from a paediatric allergist and/or a Paediatrician with a special interest in Allergy, as well as general paediatricians to provide feedback on work performance.

Appendix 1: Paediatrics Standards Checklist

Speciality: Special Interest Module in Paediatric Allergy

These standards were derived to assist in the assessment of the paediatric training standards in your deanery.

The Programme (which may consist of several posts) should provide:

1. Supervision		✓/X
1.1 A clinical supervisor who is a Consultant Paediatrician with an interest in Allergy, or Associate specialist with special expertise in Paediatric Allergy, who works as part of a regional or national network and is familiar with the SPIN training programme. All supervisors should be trained in assessment and appraisal.		
1.2 Evidence that the assessment strategy is being delivered.		
1.3 Trainers receive appropriate training on the delivery of the assessment strategy.		
1.4 There is appropriate supervision to ensure patient safety, with sufficient time in the supervisor's job plan for them to undertake this role.		
2. Other Personnel		✓/X
2.1 Consultant in Paediatric Allergy within the local region, but not necessarily the trainee's own Deanery, to supervise the trainee and/or provide support to a General Paediatrician with expertise acting as the trainee's Educational Supervisor. An example of support and supervision is discussion of all cases at the end of each clinic.		
2.2 More than one ST4-8 in the children's department.		
2.3 MDT consisting of a minimum of a local paediatric dietician and clinical nurse specialist with allergy expertise. Support from organ-based specialists and clinical psychology, either locally or within the clinical network depending upon the size of the local service.		
3. Service requirements and facilities		✓/X
3.1 Specialty specific requirements of subspecialty department: See 'Standards for paediatric services in secondary care', BSACI : http://www.bsaci.org/Guidelines/paediatric-guidelines		
3.2 Specialty specific requirements of related clinical departments that are involved in delivery of the curriculum: Good links with relevant regional clinical services, including adult immunology to provide transitional care.		

<p>3.3 Specialty specific requirements of service departments relevant to delivery of curriculum</p> <ul style="list-style-type: none"> • Point of care skin prick testing service in outpatients. • Appropriate paediatric day case facilities for food and low risk drug provocation challenges and administration of sublingual immunotherapy. • Simple spirometry. • Access to accredited immunology diagnostic laboratory. 	
<p>3.4 Specialty specific requirements of clinical networks: Opportunity to work within established clinical networks for allergy to include shared care clinical guidelines and protocols.</p>	

4. Educational activities and training ✓/X	
<p>4.1 Specialty specific clinical exposure required to provide sufficient learning opportunities:</p> <ul style="list-style-type: none"> • Outpatient and inpatient experience of children presenting with the range of conditions listed in the RCPCH Care Pathways portfolio. • Supervised management of patients, as above, using skills listed in RCPCH Care Pathways portfolio. • Experience of adolescent services and transition to adult services and independent living. • Complete at least 40 new outpatient assessments and review 100 children during the 12 month training period. 	
<p>4.2 Specialty specific requirements for structured training opportunities to include courses: Attendance at not less than 5 allergy training days during Level 3 training and/or completion of a postgraduate course in allergy. Appropriate training days would include attendance at national and international conferences on allergy, national training days held by BSACI and BPAIIG. Events should be of sufficient academic and educational quality and should have been granted CPD approval from RCPCH or its equivalent.</p>	
<p>4.3 Specialty specific requirements for other experiential learning(excluding clinics and ward rounds): Opportunity to attend other specialty clinics, including adult allergy services, desensitisation and drug testing.</p>	

5. Working patterns ✓/X	
<p>5.1 Safe cover arrangements for the paediatric department out of hours in line with RCPCH guidance.</p>	
<p>5.2 Evidence of compliance with existing employment rules to working time.</p>	
<p>5.3 Working intensity and pattern that is appropriate for learning.</p>	

5.4 Access to sub-specialty training time which allows achievement of the competences throughout the programme.	
5.5 This post forms part of a complete paediatric training programme which provides a minimum of five years of acute clinical experience, including out of hours. (Trainees only).	

6. Specific Post requirements	✓/X
6.1 12 months in paediatric allergy within a regional training centre and/or secondary care allergy unit with appropriate training facilities (meeting the requirements in 1-5). The secondary care unit should be networked to a regional paediatric allergy centre. Day release experience should be permitted for clinical exposure to tertiary paediatric allergy, dermatology, ENT and ophthalmology, immunotherapy, drug allergy testing and clinical immunology laboratory. Training placements for up to 6 months in related subspecialties such as respiratory medicine, gastroenterology or immunology would also be useful.	

7. Enabled to learn new skills, necessary skills and curriculum coverage (speciality specific)	✓/X
7.1 Specialty specific marker conditions trainee should be exposed to: Paediatric allergy training emphasises the importance of demonstrating competence in the management of the range of allergic diseases listed in the RCPCH Care Pathways portfolio, including acute and chronic conditions of varying severity and complexity.	
7.2 Specialty specific skills/procedures trainee needs to complete: A general paediatrician with an interest in allergy would be expected to be able to conduct their own skin prick tests and oversee standards of local practice according to national guidelines. They should be able to interpret skin prick tests and specific IgE. They should have broad practical skills in the management of atopic disease. They should also be able to oversee the management of allergen challenges in a safe and appropriate manner and setting.	

8. Access to clinics and ward rounds and long term care of patients	✓/X
8.1 Specialty specific numbers and types of clinics expected to attend (including outreach clinics): Regular access to designated allergy clinics to include new and review patients.	
8.2 Specialty specific combined clinics expected to attend: Opportunity to attend combined clinics with appropriate tertiary sub-specialties.	
8.3 Specialty specific ward rounds consultant led and independent per week: Opportunity to attend or lead ward rounds for inpatient children with allergic presentations.	
8.4 Specialty specific involvement in transitional care: Provision to facilitate transfer to adult allergy services or primary care.	

9. Meetings		✓/X
9.1 Specialty specific number and types of MDT meetings expected to be exposed to: Regular attendance and participation in allergy multi-disciplinary team meetings.		
9.2 Specialty specific multi-professional meetings expected to be exposed to: Attend regional allergy interest groups. Attendance and membership of BSACI and/or BPAIIG and/or EAACI.		

10. Clinical audit		✓/X
10.1 Participation in at least one audit to demonstrate quality improvement in allergy care provision.		

11. Teaching, appraising and assessing		✓/X
11.1 Opportunities for formal and informal teaching.		
11.2 For senior trainees: opportunities for involvement of assessment of others.		
11.3 For senior trainees: opportunity to be involved in the appraisal of others.		

12. Research		✓/X
12.1 Knowledge and understanding of GCP principles.		
12.2 Ability to perform critical literature review.		
12.3 Opportunity to be involved in collaborative multi-centre research.		

13. Management		✓/X
13.1 Participation in management meetings and projects e.g. participation in a trainees' group, chairing of an MDT meeting, service development, complex patient care review, planning for food or drug challenge, immunotherapy etc.		

If you require further information regarding RCPCH SPIN Modules please see the SPIN pages of the RCPCH website (www.RCPCH.ac.uk), or e-mail spin@RCPCH.ac.uk