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

SPIN Module curriculum in

Paediatric Palliative Medicine

SPIN Version 2
Approved for use from 1 May 2020

This document outlines the curriculum and Assessment Strategy to be used by paediatricians completing the RCPCH SPIN module in Paediatric Palliative Medicine.

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	1 April 2020	Full redevelopment of the curriculum, moving from knowledge based capabilities to behavioural Learning Outcomes and aligning with RCPCH Progress.

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Section 1

Introduction and purpose

Introduction to SPIN modules

Special Interest (SPIN) modules are the additional training/experience a paediatrician completes so that they can be the local lead and part of the clinical network, providing for children 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.

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 only examine evidence relating to a maximum of five calendar years prior to submission.

Please note that SPIN Modules are:

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

SPINs are undertaken and assessed within the working environment, under the guidance of a designated Supervisor, and recording evidence within ePortfolio. The RCPCH SPIN Lead, usually a member of the relevant College Specialty Advisory Committee (CSAC), is responsible for reviewing completed portfolios and confirming if 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 Learning Outcomes, 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 Palliative Medicine and the benefits to and expectations of a clinician undertaking training in this area.

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

By supporting paediatricians in developing an interest in a specific area of practice, SPINs help facilitate more patients being seen by a paediatrician with the expertise to treat certain specific conditions nearer to their home. SPINs reflect that paediatricians are increasingly working as part of a wider clinical network of skilled palliative care professionals and aim to help clinicians with a specific interest in paediatric palliative care develop additional skills and knowledge required to assist in this role.

The number of children and young people with life-limiting conditions who are likely to need palliative care support is growing. Palliative care is provided to children and young people who have multiple complex healthcare needs, including those specific to palliative care: complex symptom management, advance care planning and decision-making and provision/support for end-of-life care planning. Requirements for palliative care support may vary during the illness trajectory and can be delivered in parallel with other specialist and core paediatric care.

NICE has produced guidance for the planning and management of end of life care for infants, children and young people with life-limiting conditions (NG 61 updated July 2019). A key approach to delivery is the networked collaboration between health care professionals within the multidisciplinary team (MDT). Implementation requires the training of paediatricians equipped with the skills and experience to safely deliver palliative care support across all healthcare settings.

Following successful completion of this SPIN module and level 3 Paediatric specialty training, the CCT holder will be competent to take up a post as a Consultant Paediatrician with a Special Interest in Paediatric Palliative Medicine. It would be possible to complete this SPIN module post-CCT.

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 developed by the Paediatric Palliative Medicine CSAC, in consultation with the General Paediatric and Community Child Health CSACs, the Association of Paediatric Palliative Medicine, and consultants practising with a special interest in Paediatric Palliative Medicine.

Children and young people requiring palliative care have a broad range of clinical diagnoses, and so those completing this SPIN module will interact with general paediatric and paediatric sub-specialty services. This will involve supporting the palliative care of paediatric patients across all care settings i.e. home, hospice and hospital and collaborating with specialist teams (including PICU/NICU) as well as local and community based health care providers.

As there are a growing number of infants, children and young people surviving with life limiting,

complex conditions, service provisions must evolve to meet this changing need. Clinicians with an interest in Paediatric Palliative Medicine will provide significant value not only through their clinical skills, but also in developing relationships and improving governance with the local inter-professional and multi-professional network. The paediatric consultant with special interest in Paediatric Palliative Medicine will support a networked 'hub and spoke' approach in their locality, working closely with the specialist teams. Current recommendations through the commissioning guidance developed by NHS England supports the model of a managed clinical network supported by specialist palliative care teams, with care delivered closer to home using a local team. It is anticipated that those with this SPIN will support the coordination of care closer to home.

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 module sets out what patients and employers can expect from clinicians who have gained the SPIN:

Following successful completion of this SPIN module and level 3 paediatric specialty training, the CCT holder will be competent to take up a post as a Consultant Paediatrician with a special interest in Paediatric Palliative Medicine.

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

- the depth and range of clinical conditions requiring Paediatric Palliative Medicine services.
- the scope of symptom management with a safe approach to prescribing controlled drugs and medication off licence.
- the clinical management of end of life care and the safety requirements for providing this in various environments, both in and out of hospital.
- decision-making pathways, including discussions relating to advance care planning and the co-ordination and escalation of care for children and young people with complex conditions.

The SPIN training will enable the clinician to work as the local lead in palliative care services within a district general hospital or community setting.

During SPIN training, it is recommended that clinicians identify and visit children and young people's group with relevant experiences. Listening and learning from the experiences of children and young people, followed by reflecting on this with their supervisor on how to improve clinical and service practice. The #VoiceMatters section of this document raises the views of children, young people and their families. This can be used to inform practice, discussions with supervisors and colleagues, as well as improving understanding and awareness of patient and family experiences.

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

- participate in the activity of their regional Paediatric Palliative Care network, where such a network exists.
- regularly contribute to a regional, tertiary MDT and use a peer support system to support complex patient management.
- undertake regular audit and quality improvement projects allied to the delivery of Paediatric Palliative Medicine.

- are a member of the Association of Paediatric Palliative Medicine.
- undertake regular continuing professional development related to palliative medicine to retain the knowledge and skills gained whilst undertaking the SPIN module, including keeping up to date with advances in this area.

Requirements to undertake this SPIN module

Applicant requirements

This SPIN module is available to Level 3 paediatric specialty trainees and all post-CCT paediatricians with an interest in Paediatric Palliative Medicine, who are able to access sufficient training opportunities to meet the requirements of the SPIN curriculum.

Trainees who are interested in undertaking this SPIN module should approach their Head of Schools and Training Programme Director in the first instance, to confirm if the necessary posts would be available and request support in undertaking this extra training. SPIN applicants are required to demonstrate that they have support of their Training Programme Director and have an appropriate Educational and Clinical Supervisor in place. Further guidance for post-CCT applicants is available on the RCPCH website.

Applicants with relevant recent experience may use some retrospective evidence towards their SPIN module in some cases. Please see the applicant guidance at www.rcpch.ac.uk/spin for more details on how to apply to undertake a SPIN module.

It is strongly recommended that trainees complete a course in advanced communication skills, prior to or during their Paediatric Palliative Medicine SPIN training

Training duration

SPIN training should be feasible within 12-18 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 preferably need to train in a tertiary Paediatric Palliative Medicine centre. However, 6-12 months in a tertiary centre plus up to 6 months in a post with a significant palliative care focus in a second approved centre may be considered, if the SPIN training meets the required standards. Clinicians completing SPIN are expected to support the palliative care provision of children and young people in all care localities i.e. hospital, hospice and home.

A suitable training centre is one that is currently approved by the PPM CSAC for special interest training (see section of the RCPCH website for more detail).

Out of Programme (OOP) training

Trainees may need to take Out of Programme (OOP) to complete a SPIN module in Paediatric Palliative Medicine due to the small number of training centres.

Undertaking a SPIN will usually only be considered as a basis for an OOP 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 Paediatric Palliative Medicine, 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.

Meeting GMC training requirements

All training must comply with the GMC requirements presented in *Promoting excellence: standards for medical education and training* (2017). This stipulates that all training must comply with the following ten standards:

Theme 1: Learning environment and culture

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

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

Theme 2: Educational governance and leadership

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

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

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

Theme 3: Supporting learners

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

Theme 4: Supporting educators

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

training responsibilities.

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

Theme 5: Developing and implementing curricula and assessments

S5.1 Medical school curricula and assessments are developed and implemented so that medical students are able to achieve the learning outcomes required for graduates.

S5.2 Postgraduate curricula and assessments are implemented so that doctors in training are able to demonstrate what is expected in Good Medical Practice, and to achieve the learning outcomes required by their curriculum.

It is the responsibility of each Deanery/LETB to ensure compliance with these standards for paediatric training, and to notify the RCPCH if further support is required in achieving this. Training delivery must also comply with the requirements of the Conference of Postgraduate Medical Deans' (COPMeD), *The Gold Guide: a reference guide for postgraduate specialty training in the UK* (8th ed.).

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

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

Please contact the RCPCH Quality and Standards Manager (**qualityandstandards@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 a number of 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 Education and Training Quality Committee (ETQC) has overall responsibility for the RCPCH SPIN curricula, working closely with the SPIN Lead. The ETQC 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 ETQC requesting any changes required. Where necessary, a SPIN can be updated before the three-year review is due, for example to reflect changes in guidelines.

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

#VoiceMatters

RCPCH &Us is a children, young people and family network, working with over 2000 young patients, their families and friends across the UK each year. Through the work of RCPCH &Us we keep children and young people at the centre of everything we do, supporting their voice to inform, influence and shape the work of RCPCH.

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

To support the development of this SPIN, we have reviewed the voice and views of children, young people and their families who have worked with RCPCH &Us over the last 12 months. You can find out more about RCPCH &Us at www.rcpch.ac.uk/and_us.

What children, young people and families said

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

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

It can also be confusing when there are lots of people helping us, to know what they all do and who they are. In some places they wear different colour tops which is good but only if we know who is who and what they do. Please make sure that you introduce us to everyone but also create a way for us all to remember what is going on, like a picture book or a notebook that has drawings in it, as it is already a lot to think about. It helps when just one person is in charge of explaining things, so we get used to that person and feel comfortable to ask questions. As parents it also worries us when lots of different people are responsible for medication so it's good to think about the best way to keep track of this that we can also access, so that we feel confident and reassured.

We still have things that we like and have ideas for the future, even if we won't all get to see them happen. It's good if we talk about lots of different things that are happening in our life or that of our family, not just how ill we might be. For some of us, we'd like to talk about the jobs we want to have or the films we want to watch and the holidays we want to go on. For our brothers and sisters or family members visiting us, it's nice if there is something they can do while we are there.

We also like it if we can talk about things to make other families lives better when they have hospice or palliative care so we can help others. It is also nice if we can make the space feel like home with our own bedding and things that are important to us or just meeting with you in places that are colourful and friendly and don't look white and boring.

One RCPCH &Us project in 2019 was in a hospice and they created games packs which was a great idea. They had jigsaws and games in them so that we can do these when we are bored (or our

families can) and a map of where we are and goodies.

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

There is so much to understand when you are ill and when your treatment changes and things for your family to get used to. We wish that we were told sooner about local support groups or services and national charities that can help us to understand things like benefits when you are ill or looking after someone who is ill, or charities that supports families when someone dies, or that you can talk to someone who isn't your doctor to get help understanding things.

It would be great if you find out about your local area or national charities and have this ready to explain to us or our families, and to remind us regularly when you see us as it is easy to forget or lose the information when there are lots of other things going on. Thinking about all of us as needing caring for and helping us to find that care, helps us all to cope with what is going on now.

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

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

Questions to think about:

1. What ways will you help everyone to talk with you on their own in the way that is right for them?
2. What local and national charities do you know that help families dealing with complex conditions?
3. What transition tools and plans are in place and when do they start? (NICE guidance states from age 13)

Thank you to children, young people and families from the Hidden Health project, Keech Can! Project and the RCPCH &Us network for sharing their ideas and views used in this section.

Section 2

Paediatric Palliative Care

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 clinicians undertaking SPIN training 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. They are encouraged to consider innovative ways of demonstrating how they have met the Learning Outcome.

Clinicians should record evidence against the Learning Outcomes throughout their SPIN training, including engaging in active reflective practice to support their own development. Their supervisor will review whether they are on target to achieve or have achieved the Learning Outcome(s), and will suggest specific areas of focus to ensure that the trainee achieves the Learning Outcome(s) by the end of their SPIN training period. The Illustrations may be a useful prompt for this.

Components of the SPIN curriculum

The **Learning Outcomes** are the outcomes which the clinician 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 (GPCs) framework.

The **Key Capabilities** are linked to specific Learning Outcomes, and are mandatory capabilities which must be evidenced by the clinician, in their ePortfolio, to meet the Learning Outcome.

The **Illustrations** are examples of evidence and give the range of clinical contexts that the clinician may use to support their achievement of the Key Capabilities. These are intended to provide a prompt to the SPIN clinician 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 clinicians 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. Clinicians may use differing assessment methods to demonstrate each capability (as indicated in each Assessment Grid), but there must be evidence of having achieved all Key Capabilities and the overarching Learning Outcomes.

SPIN Learning Outcomes

This table contains the generic Learning Outcomes required for all trainees undertaking the RCPCH SPIN in Paediatric Palliative Medicine. Within the curriculum and throughout the syllabi, 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 paediatric generic and General Paediatric (or other paediatric sub-specialty) Level 3 Learning Outcomes in order to gain their Certificate of Completion of Training (CCT). Consultants undertaking a SPIN will already have demonstrated the required generic skills, knowledge and behaviours prior to having obtained their CCT. This SPIN curriculum only defines the specific Learning Outcomes for the stated focus, purpose and extent of remit stated for this SPIN module, and cannot be used to indicate competence in any other aspect of paediatrics.

	SPIN Learning Outcome	GPCs
1	Recognises the impact of life-limiting illness on children, young people and their families, and demonstrates a clear understanding of the role palliative care has in relieving suffering (physical, emotional, psychosocial and spiritual).	3, 6
2	Leads and coordinates local management of children and young people with life-limiting conditions, including those requiring end-of-life care, in close collaboration with the specialist palliative care service.	1, 5
3	Works together with patients, families and professionals to facilitate care coordination and delivery across the illness continuum, demonstrating specific skills in facilitation, and supporting decision-making and advance care planning.	3, 6
4	Anticipates, evaluates and manages frequently experienced symptoms in the context of life-limiting illness through a multimodal approach, including both pharmacological and non-pharmacological interventions; seeking advice and support from specialist palliative care services for complex symptom management.	3, 6
5	Applies the principles of clinical ethics when supporting complex decision-making.	1, 5, 6
6	Recognises when a child or young person has entered the end-of-life phase and appropriately prepares both parents and professionals to facilitate high-quality end-of-life care, including applying knowledge of the legal and practical requirements following death.	3, 6
7	Recognises grief and the need for bereavement care, including support for all family members and the impact on professionals involved in their care.	3, 6
8	Possesses the procedural skills necessary to practise competently and effectively as a paediatrician with an interest in Palliative Medicine with the confidence to advise and support others.	3, 5, 6

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

Learning Outcome 1

Recognises the impact of life-limiting illness on children, young people and their families, and demonstrates a clear understanding of the role palliative care has in relieving suffering (physical, emotional, psychosocial and spiritual).	GPC 3, 6

Key Capabilities

Demonstrates a holistic approach to care for all patients, showing awareness of the philosophy and models of palliative care in paediatric practice and the indicators for specialist palliative care involvement.	GPC 3, 6
Demonstrates a working understanding of a multidimensional model of human experience (physical, psychosocial, and spiritual or existential) in managing the patient with life-limiting conditions and life-threatening illness, specifically applied to the experience of symptoms in advanced disease and in the dying.	GPC 3, 5

Ilustrations

1. Demonstrates understanding of the common family responses to receiving a diagnosis of life-limiting illness, in relation to the duration and trajectory of illness and specifically to the impending death of a child and young person.

2. Demonstrates understanding of the importance of a rational approach to the palliative management of children and young people, i.e. that it should be evidence-based where there is such evidence and empirical, where necessary.

3. Understands the concept of quality of life vs quality of health for all children and young people with life-limiting illness.

4. Contributes to transitional care services, where appropriate to support the transition from paediatric to adult care in adolescents with long-term conditions.

5. Recognises and responds to spiritual distress and existential suffering, demonstrating understanding of, and respect for different spiritual beliefs and practice, accommodating these into clinical practice and patient care.

SPIN Learning Outcome 2

Leads and coordinates local management of children and young people with life-limiting conditions, including those requiring end-of-life care, in close collaboration with the specialist palliative care service.	GPC 1, 5

Key Capabilities

Has the personal and professional qualities and skills required for the effective practice of Paediatric Palliative Medicine.	GPC 1, 3, 5, 6
Collaborates effectively within and across multidisciplinary services, providing care for children and young people with life-limiting conditions, ensuring safe and efficient communication systems are in place.	GPC 5, 8

Ilustrations

1. Facilitates complex discharge planning for palliative care patients, working within the MDT
2. Works collaboratively with specialist palliative care services to facilitate peer review and support.
3. Demonstrates knowledge and collaborates with the local services and stakeholders required for the provision of end-of-life care across all care localities.

SPIN Learning Outcome 3

Works together with patients, families and professionals to facilitate care coordination and delivery across the illness continuum, demonstrating specific skills in facilitation, supporting decision-making and advance care planning.	GPC 3, 6

Key Capabilities

Interacts effectively with patients, families and colleagues to support parallel planning and advance care planning.	GPC 1, 3, 5
Seeks the views of children and young people regarding their individual needs and wishes for care, applying effective, active listening skills and decision-making models when assessing competency, capacity and vulnerability.	GPC 2, 3, 7

Ilustrations

1. Demonstrates understanding of the importance of exploring an individual family's priorities and of negotiating achievable goals, including showing understanding and respect for different social and cultural beliefs and values.

2. Shows communication skills in the context of difficult or bad news, including end-of-life issues, with children, young people and their families.

3. Shows awareness of when and how to deploy a range of decision-making models, e.g. use of advocacy models for non-verbal patients. Manages situations of clinical uncertainty, especially with respect to prognosis and the likelihood of death.

4. Prepares and discusses with parents, carers and other professionals advance care plans and "Do Not Attempt Resuscitation" policies, taking due account of the legislation, and ensuring that the best interests of the child and young person re held paramount at all times.

SPIN Learning Outcome 4

Anticipates, evaluates and manages frequently experienced symptoms in the context of life-limiting illness through a multimodal approach, including both pharmacological and non-pharmacological interventions; seeking advice and support from specialist palliative care services for complex symptom management.	GPC 3, 6

Key Capabilities

Initiates effective evidence-based symptom management of commonly encountered symptoms, including: • Pain • Dyspnoea • Secretions • Nausea and Vomiting • Seizures • Agitation/Irritability • Constipation	GPC 3, 5, 6, 7
Advises on non-pharmacological interventions used in the management of patients with life-limiting illness using a rational approach.	GPC 2, 3
Demonstrates a rational approach to prescribing in complex and progressive disease and at the end of life.	GPC 3, 6
Safely and competently prescribes opioids in the neonate, infant, child and young person with complex or severe illness.	GPC 6
Recognises the need to seek specialist advice for adjusting medication regimens in altered metabolism, organ failure, disease progression and dying patients across the paediatric spectrum.	GPC 3, 6
Recognises Paediatric Palliative Medicine emergencies, such as spinal cord compression and major haemorrhage and escalates appropriately.	GPC 2, 3

Ilustrations

1. Demonstrates understanding of the physiological basis for, and pathological nature of, progressive disorders including the trajectory of common conditions presenting to palliative care.

2. Understands the pathophysiology of the common symptoms experienced in malignant and non-malignant conditions in Paediatric Palliative Medicine such as pain, dyspnoea, secretions, nausea and vomiting, seizures, agitation and constipation.

3. Devises and implements a rational, patient-specific, evidence-based symptom management plan.

4. Manages the psychological aspects of physical illness (including pain and nausea) using non-pharmacological measures such as counselling, hypnosis, acupuncture and other complementary therapies.

5. Applies updated knowledge of symptom management issues, as new research becomes available.

6. Safely prescribes drugs beyond their product licence, or those without a product licence in children and young people, ensuring correct procedures are followed, including gaining the appropriate consent.

7. Recognises the importance of specialist palliative medicine formularies to inform prescribing and the importance of considering appropriate routes of administration.

8. Understands the pharmacodynamics and pharmacokinetics of opioids and adjuvants in relation to age, body size, health and disease.

9. Applies knowledge of conversion ratios for enteral and parenteral administration of major opioids.

10. Understands and seeks appropriate specialist support, in the concept of equianalgesic doses of major opioids and dose conversion.

11. Recognises and manages adverse effects of opioid therapy.

12. Formulates a rational approach to anti-emesis based on an understanding of the likely mechanism and receptor complementarity and interaction.

13. Recognises the need to carefully consider choice and dose of medication in the context of organ-failure and seeks specialist advice from the regional specialist palliative care team and pharmacy, where appropriate.

SPIN Learning Outcome 5

Applies the principles of clinical ethics when supporting complex decision-making.	GPC 1, 5, 6

Key Capabilities

Recognises the role of clinical ethics in complex decision-making.	GPC 3, 6
Practises Paediatric Palliative Medicine within a legal framework, with access to appropriate help and support, when necessary.	GPC 1, 3, 6

Ilustrations

1. Applies the principle of balancing burden and benefit and the concept of futility in considering therapeutic interventions in children and young people with life-limiting conditions, taking into consideration physical, spiritual, social, psychological and emotional issues, and only proceeding with an intervention if it can be reasonably supposed that it will do more good than harm.

2. Applies knowledge of how the law relating to consent and the Mental Capacity Act is applied within Paediatric Palliative Medicine, particularly in regard to young people.

3. Recognises potential sources of conflict in Paediatric Palliative Medicine, such as the withdrawal of life-sustaining treatment.

4. Appreciates the role of local and specialised support in ethical decision-making (e.g. local clinical ethics committees and legal advisors).

5. Identifies and responds to unique and specific safeguarding issues within the palliative care setting.

6. Seeks the opinion and counsel (clinical and legal) of others in ethical dilemmas and when making challenging clinical decisions.

SPIN Learning Outcome 6

Recognises when a child or young person has entered the end-of-life phase and appropriately prepares both parents and professionals to facilitate high-quality end-of-life care, including applying knowledge of the legal and practical requirements following death.	GPC 3, 6

Key Capabilities

Supports the care of the dying child or young person, including recognition and management of commonly encountered symptoms and care after death, while respecting cultural and religious values.	GPC 3, 6

Ilustrations

1. Recognise imminent death.
2. Anticipates likely symptoms in the period immediately before death, and ensures that support and appropriate medication are available by the appropriate route in good time.
3. Demonstrates knowledge of the needs of the dying child or young person and their family, including the cultural, spiritual and religious aspects of care. Demonstrates knowledge of attitudes to life and death for the main religious faiths in the UK, and how to access more information and expertise on these issues.
4. Understands the impact of anxieties about death, hidden or overt, among professionals, patients and families, and how these might affect the MDT.
5. Works with relatives of a sick and dying child and young person (including siblings, parents, and grandparents), and ensures appropriate support is in place.
6. Understands the process of death verification and certification and when to seek advice or escalate concerns, including referral to the coroner.
7. Understands the statutory obligations and the responsibilities of those involved in complying with relevant child death process and procedures, and interacts with these appropriately.

SPIN Learning Outcome 7

Recognises grief and the need for bereavement care, including support for all family members and the impact on professionals involved in their care.	GPC 3, 6

Key Capabilities

Provides effective support to parents, carers and siblings in the bereavement of a child, recognising acute grief and ensures appropriate bereavement support is in place as well as risks for and features of abnormal grief reactions and accesses specialist services.	GPC 3, 6
Understands the impact and importance of accessing appropriate support for themselves and colleagues when working within the Paediatric Palliative Medicine environment.	GPC 1, 4, 5

Ilustrations

1. Recognises common family responses to the impending death of a child and young person.
2. Applies knowledge of the process of bereavement in children, young people and families and recognises normal and abnormal grieving patterns.
3. Refers to appropriate bereavement services.
4. Risk-assesses a child, young person, family or carer for vulnerability to dysfunctional grief, anticipating prolonged or complicated grief reactions.
5. Takes steps to ensure their own wellbeing whilst working within a Paediatric Palliative Medicine environment, for example maintaining boundaries, accessing support where required, managing workload etc.

SPIN Learning Outcome 8

Possesses the procedural skills necessary to practise competently and effectively as a paediatrician with an interest in Palliative Medicine, with the confidence to advise and support others.	GPC 3, 5, 6

Key Capabilities

Ensures competence is achieved and maintained in relevant procedural skills.	GPC 3
Sets up and maintains continuous drug delivery devices, as per local policy for end of life care in childhood.	GPC 2, 3, 6

llustrations

1. Prescribes a subcutaneous syringe driver confidently and accurately, understanding stability and miscibility issues.
2. Anticipates, recognises and appropriately manages complications of syringe driver use, including precipitation and irritation.
3. Demonstrates awareness of the role of respiratory support in Paediatric Palliative Medicine and how to troubleshoot common problems.
4. Demonstrates awareness of the role of nurse-, patient- or proxy-controlled analgesia (NCA/PCA) in Paediatric Palliative Medicine.
5. Manages tracheostomies, including the ability to manage complications (e.g. secretions and blockages), and perform sa simple tracheostomy change.
6. Performs the practical management of nasogastric tubes, gastrostomies and jejunostomies, and in particular common practical problems such as tube blockage, infection and displacement, and the solutions to these.

Section 3

Assessment Strategy

How to assess the Paediatric Palliative Medicine 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 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 bBueprint, 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 clinicians 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:

- Setting up a continuous infusion device and troubleshooting problems
- Death certification
- Demonstrating advanced communication skills in relation to:
    - Introduction of palliative care
    - Communicating poor prognosis
    - Advance care planning
    - Supporting decision-making around withdrawal/withholding life sustaining therapy
    - Managing conflict; establishing safe and respectful communication
    - Bereavement follow-up/support

- Planning for end of life care at home
- Symptom assessment (history, examination and assessment tool) in all frequently encountered symptoms including pain, dyspnoea and nausea and vomiting
- Goals of care discussions
- Advance care planning conversations
- Multimodal management strategies for symptom management
- Complex ethical decision-making, including withdrawal or withholding of life-sustaining therapy
- Understanding the legal and practical requirements following the death of a child
- Leading a palliative care MDT
- Representing palliative care as part of a multi-professional/interdisciplinary MDT
- Working collaboratively with a specialist service

All evidence for the SPIN module Learning Outcomes, including assessment outcomes, should be recorded within 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(ePaed 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
1.1 Demonstrates a holistic approach to care for all patients, showing awareness of the philosophy and models of palliative care in paediatric practice and the indicators for specialist palliative care involvement.	✓	✓						✓		
1.2 Demonstrates a working understanding of a multidimensional model of human experience (physical, psychosocial, and spiritual or existential) in managing the patient with life-limiting conditions and life-threatening illness, specifically applied to the experience of symptoms in advanced disease and in the dying..	✓	✓				✓		✓	✓	ePortfolio reflection
2.1 Has the personal and professional qualities and skills required for the effective practice of Paediatric Palliative Medicine.	✓	✓				✓		✓	✓	
2.2 Collaborates effectively across multidisciplinary services, providing care for children and young people with life-limiting conditions, ensuring safe and efficient communication systems are in place.	✓	✓	✓		✓	✓	✓	✓		
3.1 Interacts effectively with patients, families and colleagues to support parallel planning and advance care planning.	✓	✓	✓		✓	✓	✓	✓	✓	
3.2 Seeks the views of children and young people regarding their individual needs and wishes for care, applying effective, active listening skills and decision-making models when assessing competency, capacity and vulnerability.	✓	✓	✓		✓	✓		✓	✓	
4.1 Initiates effective evidence-based symptom management of commonly encountered symptoms, including: pain, dyspnoea, secretions, nausea and vomiting, seizures, agitation/irritability, constipation.	✓	✓	✓							
4.2 Advises on non-pharmacological interventions used in the management of patients with life-limiting illness using a rational approach.	✓	✓		✓	✓		✓	✓	✓	

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion(ePaed 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
4.3 Demonstrates a rational approach to prescribing in complex and progressive disease and at the end of life.	✓	✓			✓					
4.4 Safely and competently prescribes opioids in the neonate, infant, child and young person with complex or severe illness.	✓	✓			✓					
4.5 Recognises the need to seek specialist advice for adjusting medication regimens in altered metabolism, organ failure, disease progression and dying patients across the paediatric spectrum.	✓	✓					✓			
4.6 Recognises Paediatric Palliative Medicine emergencies, such as spinal cord compression and major haemorrhage and escalates appropriately	✓	✓		✓			✓			
5.1 Recognises the role of clinical ethics in complex decision-making.	✓	✓			✓	✓				
5.2 Practises Paediatric Palliative Medicine within a legal framework, with access to appropriate help and support, when necessary.	✓	✓			✓	✓				
6.1 Supports the care of the dying child or young person, including recognition and management of commonly encountered symptoms and care after death, while respecting cultural and religious values.	✓	✓	✓	✓	✓	✓		✓		
7.1 Provides effective support to parents, carers and siblings in the bereavement of a child, recognising acute grief and ensures appropriate bereavement support is in place as well as risk for and features of abnormal grief reactions and accesses specialist services.	✓	✓			✓	✓		✓	✓	
7.2 Understands the impact and importance of accessing appropriate support for themselves and colleagues when working within the Paediatric Palliative Medicine environment.medicine investigation of the gastro-intestinal tract.		✓				✓		✓		
8.1 Ensures competence is achieved and maintained in relevant procedural skills.	✓	✓	✓					✓	✓	
8.2 Sets up and maintains continuous drug delivery devices, as per local policy for end of life care in childhood.			✓							

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/progress

Recommended reading

1. Association of Paediatric Palliative Medicine Master Formulary. https://www.appm.org.uk/guidelines-resources/appm-master-formulary/
2. Making decisions to limit treatment in life-limiting and life-threatening conditions in children: a framework for practice. Archives of disease in childhood, 100 (Suppl 2), pp.s1-s23.
3. Goldman, A., Hain, R. and Liben, S. eds., 2012. Oxford textbook of palliative care for children. Oxford University Press.
4. Hauer, J.M., 2013. Caring for children who have severe neurological impairment: a life with grace. JHU Press.
5. Hain, R. and Jassal, S.S., 2016. Paediatric palliative medicine. Oxford University Press.

Training events or courses

1. APPM Trainee biannual study days
2. APPM annual conference
3. Advanced Communication Skills courses

Other useful resources

1. https://www.togetherforshortlives.org.uk/
2. www.rcpch.ac.uk/hiddenhealth
3. https://www.rcpch.ac.uk/resources/emoji-card-game
4. https://www.medicinesforchildren.org.uk/our-meds-management-mobile-app

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

The SPIN Lead is a member of the Paediatric Palliative Medicine CSAC. See the RCPCH website for the contact details of the current SPIN Lead: https://www.rcpch.ac.uk/membership/committees/paediatric-palliative-medicine-csac

The SPIN Lead is a member of the Gastroenterology, Hepatology and Nutrition CSAC. See the RCPCH website for the contact details of the current SPIN Lead: www.rcpch.ac.uk/membership/committees/paediatric-gastroenterology-hepatology-nutrition-csac

Appendix B: Criteria for SPIN delivery

The following requirements should be met when designing a training programme for a SPIN module. Adherence to these criteria will help ensure the clinician will have the necessary support and access to experiences 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 • Service specific requirements to enable achievement of the curriculum e.g. Day case facilities, imaging. • Opportunities to work with shared care networks in primary and secondary care. • • Opportunities to work with shared care clinical guidelines and protocols. • • The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families. (Taken from GMC Promoting Excellence)	**CSAC specific requirements:** • Service specific requirements to enable achievement of the SPIN PPM curriculum and learning required (this includes an NHS Service level Agreement or equivalent for delivery of PPM services if based in a Hospice facility). • Opportunities to work within managed clinical networks in primary, secondary and tertiary care. • Clinicians completing the SPIN are expected to support the palliative care provision of children and young people in all care localities i.e. hospital, hospice and home.
Governance and strategic support	
• The Site must ensure that Supervisors and trainers can effectively deliver the RCPCH Assessment Strategy. • The trainee will be able to participate in leadership and management activities.	**CSAC specific requirements:** • All trainees must be clinically supervised by a PPM consultant in order to effectively enable learning outcomes and deliver the RCPCH Assessment Strategy. • Access to other clinical supervisors within the wider MDT (see assessment) is encouraged
Programme of learning	
• Specific requirements for structured learning opportunities. • Exposure within the clinical environment will provide sufficient learning opportunities to meet the requirements of the curriculum. • Access to multidisciplinary teams consisting of a minimum of nurses, physiotherapists, occupational therapists. • The post should provide a training experience that enables completion of the trainees' PDP to facilitate this SPIN module.	**CSAC specific requirements:** • Curriculum for a Special Interest in PPM has specific requirements for structured learning opportunities. • Access to a specialist service which provides Paediatric Palliative Medicine to a broad range of malignant and non-malignant conditions, • The service should interface with neonatal and paediatric critical care services. This should include antenatal care through to young people of transition age.

Programme of assessment	
• The site has adequate levels of Educational Supervisors. Consultants with either General Paediatric or Sub Specialty expertise can be matched to the requirements of the trainee. It is important that Educational supervisors can provide supervision and have the required remission to facilitate this, i.e. 1 PA per week per 4 trainees. • Supervision must ensure patient safety. Support for trainers and supervisors must be available within the Trust.	**CSAC specific requirements:** • The site has to demonstrate adequate levels of PPM supervision approved by the RCPCH CSAC PPM. • As a minimum in each region there must be access to at least one consultant with sub-specialty expertise in PPM, supported by a Paediatric Consultant with SPIN PPM that can be appropriately matched to the requirements of the trainee.
Quality assurance and improvement	
• The post will allow the trainee to participate in audits, quality and clinical improvement projects • The post will allow the trainee to actively engage with the teaching, assessing and appraising of junior staff • The post will allow opportunity for the trainee to engage in research activities.	**CSAC specific requirements:** • N/A