

SPIN Module curriculum in

Paediatric Allergy

SPIN Version 2.0

Approved for use from 1 February 2021

This document outlines the curriculum and Assessment Strategy to be used by Paediatricians completing the RCPCH SPIN module in Paediatric Allergy.

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	February 2021	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.

Paediatricians 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 the relevant College Specialty Advisory Committee (CSAC), is responsible for reviewing completed portfolios and confirming if successful completion of the SPIN is to be awarded.

More information regarding SPIN Modules, including how to apply to undertake a SPIN and how to submit evidence against the competences, is contained in the SPIN Module Guidance on the RCPCH SPIN webpages: www.rcpch.ac.uk/spin

Purpose statement

This purpose statement demonstrates the need for clinicians to undertake a SPIN module in Paediatric Allergy, and the benefits to and expectations of a clinician undertaking training in this area.

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

Paediatricians increasingly work as part of wider clinical networks. By supporting them in developing an interest in a specific area of practice, SPINs help facilitate more patients being seen by a Paediatrician with the expertise to treat certain specific conditions nearer to their home, rather than having to travel to a major paediatric unit.

The incidence of atopic diseases, such as food allergy, asthma and eczema are increasing globally; the UK has some of the highest rates of atopy by country. Food allergy affects 3-6% of children in the developed world. Recent increases in prevalence of food allergy manifest by an increase in hospital admission rates for children due to food-allergic reactions in the UK. Allergic children often have multi-system disease requiring holistic management by appropriately trained clinicians. Several reports highlight the importance of good quality, standardised care offered by clinicians across the country working in supportive allergy networks with specialist centres, including The White Paper from the [House of Lords Committee of Science and Technology Sixth Report](#) and the [RCP/BSACI/RCPaPath working reports; Allergy: the unmet need. A blueprint for better patient care; 2003](#).

With this increase in atopic disease, there has been a similar rise in General Paediatricians “doing a bit of allergy” as atopic diseases account for a large proportion of referrals. Allergic disease brings with it more complexity and risk than is often perceived. It is vital to ensure that there is a level of training between a General Paediatrician and someone who has undergone the PAIID GRID training programme. The Paediatric Allergy SPIN capabilities ensure that Paediatricians undertaking allergy work have good quality, standardised training behind them that will enable patients and their families to have confidence in the care that they are receiving. It also ensures the adequate provision of a sufficient number of Paediatricians trained in core allergy skills needed to effectively manage the bulk of the ever-increasing paediatric allergy population, where the cornerstone of impactful care is through the delivery of robust patient and parent education on allergy management strategies.

This SPIN module considers interdependencies across related specialties and disciplines and has been developed and supported by the relevant key stakeholders:

This SPIN module has been supported by Paediatric Allergy, Immunology and Infectious Diseases CSAC, in conjunction with the Paediatric Allergy Group from the British Society of Allergy and Clinical Immunology and the British Paediatric Allergy, Immunology and Infectious Diseases Group.

There is strong interdependency between allergy and other allied specialties due to their involvement in multi-system, complex atopic disease. In particular allergy links closely with dermatology, respiratory, gastroenterology, ENT and immunology and these links would be fostered by the Allergy SPIN. There can be some cross over between these specialties. The SPIN trainee would understand the importance of the cross-over and the need for inter-specialty

clinics including dermatology.

The SPIN module supports flexibility and the transferability of learning, and provides a clearly-defined professional role for clinicians who have completed a SPIN. The SPIN module sets out what patients and employers can expect from clinicians, who have gained the SPIN:

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

By the end of training, it is expected that clinicians who have completed this SPIN will have a sound understanding of the assessment, diagnosis, investigation and management of children and young people with allergic diagnoses, including complex multi-system allergic disease.

When SPIN training is complete, this will enable them to undertake the following roles:

- Lead a patient-centered, multi-disciplinary, holistic paediatric allergy service within a general hospital and foster active links with both the local tertiary allergy team and the regional allergy network.
- Optimise care for patients from birth to transition with allergic disease locally and initiate appropriate referrals on to tertiary care, such as for those with additional service needs (for example complex feeding and psychology support) and initiation of immunotherapy.
- Initiate assessment for drug and vaccine allergy, run a de-labelling service for simple oral drug allergy and onward referral for complex drug allergy.
- Lead on local education in the prevention and management of allergic disease and legislation around this; supporting general paediatric colleagues, primary care and schools
- Champion the holistic, far-reaching management of anaphylaxis.

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

- participate in the regional paediatric allergy network;
- be an active member in the British Society of Allergy and Clinical Immunology (BSACI) and/ or European Academy of Allergy and Clinical Immunology (EAACI) and British Paediatric Allergy, Immunity and Infection Group (BPAIIG);
- maintain up-to-date knowledge and skills related to allergy by undertaking regular continuing professional development in this area;
- complete regular audit and quality improvement projects in their allergy service;
- consider attending specialist centre clinics/MDT, where practical.

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

Requirements to undertake this SPIN module

Applicant requirements

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

Clinicians 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.

Training duration

SPIN training should be feasible within 12 months for full-time training, or pro-rata for Less Than Full Time (LTFT) training. It is expected that to achieve the necessary Learning Outcomes, a clinician will need to undertake training in a specialist centre. However, as the number of specialist centres is limited and the desire for allergy SPIN is high, the CSAC have approved other pathways that can be used to guide Deaneries to ensure full training occurs in two hospitals (one specialist, one large DGH) with six months WTE in each. Depending on existing skills, there may be scope for three months of relevant paediatric gastroenterology, respiratory and dermatology tertiary training to be counted, instead of three months in the DGH setting.

A suitable training centre is one which is currently approved for higher specialist training (see sub-specialist training section of the RCPCH website for more detail).

Out of Programme (OOP) training

Trainees should not need to take Out of Programme (OOP) to complete a SPIN module. Undertaking a SPIN will NOT be considered as a basis for an OOP except in exceptional circumstances and where both Deaneries/Local Education Training Boards (LETBs) agree and approve the SPIN module programme. These exceptional circumstances include applications from trainees where approved training in a particular special interest is not available in their current Deanery/LETB. Permitting OOP for these exceptional circumstances provides a positive contribution to workforce planning in regions where limited approved SPIN modules are available. For example, smaller sub-specialties such as Nephrology or Immunology & Infectious Diseases (IID) may only be available in a limited number of Deaneries/LETBs. In order for applications utilising OOP to be considered by the RCPCH, both Deaneries/LETBs must agree and approve the SPIN module programme and provide clear justification as to why the module could not be completed in the

trainee's current Deanery/LETB.

Post requirements

When applying to undertake a SPIN, applicants must demonstrate that they will be able to access the necessary learning opportunities and placements, and an appropriate Educational and Clinical Supervisor is in place. Additional requirements for delivering this SPIN module are provided in the checklist in Appendix B. This addresses any specific requirements; for example, the human or physical resource experiences the trainee will need to be able to access in order for the curriculum to be delivered successfully. Please contact the SPIN Lead (usually the relevant CSAC) if further guidance is required.

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), *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 are gathered regularly for clinicians involved in the work of the RCPCH Education and Training division.
- Undertaking careful consideration of the Learning Outcomes and Key Capabilities to ensure that there is a clear rationale for any mandatory content, and thus there are no unnecessary barriers to access or achievement. Beyond these mandatory requirements, the assessment tools can be deployed in a more flexible and tailored manner, meeting the requirements of the individual trainee.
- All draft SPIN curricula to be reviewed specifically against the protected characteristics prior to sign-off, identifying any possible barriers and ensuring these are appropriately addressed.
- All SPINs are approved for use by the RCPCH 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 can help you on the worst day possible" RCPCH &Us

It can be hard for us and our families when we have hidden conditions like allergies. We can be 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.

"I have dust mite allergy, I can't have teddies in my bed with me. Dust mites make my eyes itch" RCPCH &Us

Having allergies can mean that it is hard for your friends, their families and schools to feel safe to include you in things like trips or parties or sleep overs. It would be great if there could be more information and support, or training for them so that we can take part in as much as we can, like other children and young people.

There is so much to understand when you are told about different conditions 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 living with a hidden illness or that you get embarrassed about, or to talk to someone who isn't your doctor to get help understanding things.

It can be hard when you have a condition like this because it can make you feel sad, or down or different and sometimes other people like at school or in your family just don't understand. The hardest bit can be getting help for your condition and doctors thinking to help you to have good mental health too. Sometimes mental health can be worse when you have got a long-term medical condition. Having doctors who know how to talk to us about mental health as well as our physical health is important. Talking about how we are coping, and feeling should be an everyday normal conversation, not just something that is mentioned or checked once.

“Mental health is equally important; it might even be more important than physical health”
RCPCH &Us

For people with allergies, we might be seeing doctors for our whole lives. It can be worrying thinking that the doctor, nurses, receptionists and everyone you have grown up with in your children’s clinic will change when you move to adults. This could be when you are still at school, so it doesn’t always feel like it is time to go to another hospital and be helped by a different doctor or nurse in a new clinic. It would be good to find out different ways to help that move and transition, like lots of appointments with both sets of doctors (old and new), virtual tours, phone calls and visits so you get used to it, and that you start talking about it really early so a few years before you have to move.

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.

We also know that virtual appointments are going to be around for a while to help the NHS while it isn’t safe for everyone to come into clinics and hospitals at the same time.

“Offering online appointments issue is that sometimes at home with the family there is no safe space to have confidential call and feel safe that no one is listening in” RCPCH &Us

There are a few things that can be done to help us have good appointments whether they are on the phone or using video.

1. Reassure us about how it will work
2. Give us choice of how to talk with you
3. Help us to keep it private when we are at home
4. Help us to prepare for our virtual appointment
5. Make it easy for people without good WiFi access
6. Make it clear and simple about how we get help when we need it

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

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

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

Questions to think about

1. How are you going to support children and young people to feel comfortable in opening up? Are there tools and resources that could help?
2. What ways will you help everyone to talk with you on their own in the way that is right for them?
3. Have you asked about other things in our house where we live that we might need help with like mould?
4. What local and national charities do you know that help families dealing with allergies?
5. 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 RCPCH &Us network for sharing their ideas and views used in this section.

Section 2

Paediatric Allergy SPIN curriculum

How to use the RCPCH SPIN curriculum

This curriculum provides a framework for training, articulating the standard required to achieve the SPIN module and progress as indicated within the purpose statement. The curriculum ensures the quality and consistency of training and assessment, and encourages the pursuit of excellence in all aspects of clinical and wider practice. It must be referred to throughout training, as the clinician records evidence demonstrating their developing skills and knowledge.

The curriculum should be used to help design training programmes locally that ensure all trainees can develop the necessary skills and knowledge, in a variety of settings and situations. The curriculum is designed to ensure it can be applied in a flexible manner, meeting service needs as well as supporting each trainee's own tailored Learning and Development Plan.

The curriculum comprises a number of Learning Outcomes which specify the standard that clinicians must demonstrate to attain this SPIN module. Trainees are encouraged to consider innovative ways of demonstrating how they have met the Learning Outcome.

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

Components of the SPIN curriculum

The **Learning Outcomes** are the outcomes which the trainee must demonstrate they have met to be awarded this SPIN module. Progress towards achievement of the Learning Outcomes is reviewed at regular meetings with a designated supervisor. Learning Outcomes are mapped to the GMC's Generic Professional Capabilities framework.

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

The **Illustrations** are examples of evidence and give the range of clinical contexts that the trainee may use to support their achievement of the Key Capabilities. These are intended to provide a prompt to the trainee and trainer as to how the overall outcomes might be achieved. They are not intended to be exhaustive, and excellent trainees may produce a broader portfolio or include evidence that demonstrates deeper learning. It is not expected that trainees provide ePortfolio evidence against every individual illustration (or a set quota); the aim of assessment is to provide evidence against every Key Capability.

The **Assessment Grid** indicates suggested assessment methods, which may be used to demonstrate the Key Capabilities. Trainees may use differing assessment methods to demonstrate each capability (as indicated in each Assessment Grid), but there must be evidence of the trainee having achieved all Key Capabilities.

SPIN Learning Outcomes

This table contains the generic Learning Outcomes required for all clinicians undertaking the RCPCH SPIN in Paediatric Allergy. Within the curriculum and throughout the syllabi the Learning Outcomes are mapped to the GMC's Generic Professional Capabilities (GPCs). More information on the GPC framework is available from the GMC website: <https://www.gmc-uk.org/education/postgraduate/GPC.asp>

Please note, trainees will also be required to complete their generic and General Paediatric 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, assesses and diagnoses children and young people with a range of paediatric allergy conditions, including the utilisation of appropriate diagnostic tests.	2,3,6,7
2	Oversees the long-term management of the evolving multi-system allergic disease from birth through to transition.	2,3,4,5,7,8
3	Leads the patient-centred multi-disciplinary team in the holistic clinical management of allergic disease, in collaboration with the allied health specialties, including liaising seamlessly with community and specialist care ensuring high quality of care.	1,5,6,7
4	Effectively leads on service-delivery; benchmarking against national quality standards and incorporating all the pillars of clinical governance.	1,5,6,7
5	Maintains skills in up-to-date, evidence-based management of allergic disease, and takes responsibility for organising and facilitating allergy education for patients and professionals in primary care, allergy departments and the wider sub-specialty team, including independently plans their own continuing professional development.	1,3,4,5,6,7 8,9
6	Actively participate and promotes the work of regional and national allergy and allied specialty networks; communicating learning and advances in allergy care.	5,6

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

SPIN Learning Outcome 1

Recognises, assesses and diagnoses children and young people with a range of paediatric allergy conditions, including the utilisation of appropriate diagnostic tests.	GPC 2,3,6,7
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Key Capabilities

Independently carries out a holistic, multi-system assessment of children and young people with a range of allergic diseases, applying knowledge of basic immunological mechanisms, varying allergy phenotypes and the natural history of allergic disease to effectively diagnose (and risk assess) patients.	GPC 2,6
Independent recognition of the indications, utility and limitations of common allergy investigations (and the risks of non-validated tests); effectively communicates test procedures and the implications of results to children, young people and their families.	GPC 2,6
Experienced and confident in recognising the spectrum of presentations of allergic disease, including atypical presentations, and demonstrates a good understanding of common mimics of allergy.	GPC 2,6,7
Confident in delivering, supervising and interpreting oral provocation challenges to (i) a range of foods and (ii) common oral drugs, with an understanding of how to access support for more complex allergens in line with national guidance.	GPC 2,3
Initiates the assessment and where appropriate, management of less common suspected allergic diagnoses and/or complex allergic diagnoses not responding to first-line treatments, and determine where further specialist care is required.	GPC 2,3

Illustrations

1. Takes a comprehensive allergy focused history and diagnoses IgE mediated food allergy in a child or young person with appropriate selection of investigations.
2. Appropriately diagnoses non-IgE mediated allergy (including food protein induced enterocolitis, and eosinophilic oesophagitis) and effectively communicates the diagnosis to the family.
3. Applies knowledge of the basic immune mechanisms separating the different hypersensitivity reactions and utilises this in clinical assessment to reach appropriate diagnoses in both food and drug allergy.
4. Recognises symptoms suggestive of primary food allergy and pollen food syndrome and advises patients appropriately, effectively communicating the underlying mechanism.
5. Incorporates into clinical assessment and investigations the relevance of commonly cross-reacting allergens, demonstrating the difference between primary food allergy sensitisation, and secondary sensitisation, e.g. pollen food allergy syndrome.

6. Investigates a child or young person with suspected drug allergy (such as to simple analgesia and oral antibiotics) and provides appropriate initial advice regarding alternative medication.
7. Actively promotes drug and vaccine allergy de-labelling.
8. Applies knowledge of the range of non-food allergy aetiologies of urticaria.
9. Assesses a child or young person with acute and chronic urticaria presentations, and appropriately investigates according to the clinical history.
10. Appropriately applies knowledge of the specificity, sensitivity and predictive values of skin testing and in vitro IgE antibody measurements (including the impact of allergen manufacturing processes) for individual allergens in clinical decision-making.
11. Assesses a child or young person with multi-system allergic disease making appropriate use of investigations, such as spirometry and skin prick testing, including independently performing these investigations.
12. Assesses a child or young person with a history of anaphylaxis, identifies potential triggers, interprets acute investigations, such as serum tryptase and initiates further relevant investigations, as appropriate.
13. Applies knowledge of the common and uncommon foods that can trigger IgE-mediated and non-IgE mediated hypersensitivity reactions when making assessment of a patient with possible food allergy.
14. Appropriately utilises allergy investigations alongside clinical history to optimise the timing of all types of food challenges.
15. Takes a comprehensive eczema history to guide the appropriate selection and interpretation of allergy diagnostic tests in children and young people with eczema.
16. Effectively combines a comprehensive clinical asthma assessment (including allergen exposure histories and an assessment of inhaler technique) with appropriate allergy testing to guide initial asthma management strategies.
17. Accurately diagnoses a child or young person with allergic rhinitis and conjunctivitis and makes an assessment of the severity and impact of their disease, demonstrating an understanding of when alternative (e.g. other ENT) diagnoses should be considered.
18. Understands how to develop services to initiate sublingual immunotherapy (SLIT) at a local level in conjunction with specialist centre guidance where needed.
19. Monitors and manages maintenance SLIT for complex patients, where this has been initiated within a specialist allergy centre.
20. Investigates a child or young person with idiopathic anaphylaxis appropriately and excludes common causes.
21. Experience of the more unusual presentations, such as mastocytosis, orofacial

granulomatosis, and idiopathic anaphylaxis, and also of those perplexing presentations that may require discussion with and support from the safeguarding team.

22. Recognises the potential for immunological conditions to present with allergic disease and actively refers to immunology.
23. Appropriately refers to diagnostic tests, such as challenges in order to manage patient flow and optimise their care.
24. Recognition and sensitivity towards the impact of global dietary diversity and differences on the likely food allergen exposure profile for patients and acknowledges the need for a family-diet oriented approach in the assessment of the high importance, high value allergens for a patient.

SPIN Learning Outcome 2

Oversees the long-term management of the evolving multi-system allergic disease from birth through to transition.	GPC 2,3,4,5,7
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Key Capabilities

Effectively delivers core allergy management across the paediatric age ranges based on up-to-date, evidence-based practice; demonstrating a strong understanding of relevant health legislation, backing up high quality care.	GPC 2,3,4
Understands the importance and role of all members of the allergy multi-disciplinary team, overseeing the continuing long-term care of children and young people with the spectrum of allergic disease.	GPC 2
Confident in management strategies that promote prevention (primary and secondary) of allergic disease and in communicating these with patients and their families.	GPC 2,3
Incorporates continued local multi-disciplinary input and liaison with specialist centre colleagues; actively managing the on-going care of patients with complex allergic disease.	GPC 2,3,7
Effectively initiates active management with timely reviews of the patient's evolving allergy status over time; applying a solid understanding of the natural history of each disease,	GPC 2,3
Takes an individualised approach for readiness of transition and liaises with adult services to facilitate ongoing support and clinical care for those with ongoing severe chronic disease.	GPC 2,3,5

Illustrations

- Applies knowledge of:
 - Key principles and evidence-based measures for primary and secondary allergy prevention with respect to food allergy, eczema and asthma.
 - The importance of optimising disease control in adolescence, the factors that impair this, long-term risks related to this and the value of adolescent transition.
 - The value and most appropriate junctures to re-assess and remove labels of food allergy over time.
 - The impact of allergic disease control on educational attainment and health-related quality of life and the supportive resources available for patients to improve these.
- Ongoing supervision and monitoring of aero-allergen immunotherapy, adjusting treatment where necessary.
- Monitors and manages exacerbations of allergic disease when caused by environmental or patient-related factors, supporting patients to minimise triggers and identifying when social factors may be impacting disease control.

4. Confident in the expert management of anaphylaxis and in leading a team during the management of anaphylaxis across the range of paediatric age-groups.
5. Provides comprehensive education to patients and families in the recognition and management of anaphylaxis in community settings.
6. Monitors and manages long-term symptom control in chronic urticaria, including when further investigation and onward referral may be beneficial.
7. Recognises the phenotypic differences in presentation of eczema across different skin types and how this may impact assessment of severity.
8. Incorporates the use of individualised eczema management strategies into their approach to educating families and colleagues.
9. Informed on the impact of social background and support structures on health outcomes in allergy and optimises communication of asthma and allergy risk that are tailored to the family's needs.
10. Takes an individualised approach for readiness of transition and liaises with adult services to facilitate ongoing support and clinical care for those with ongoing severe chronic disease.

SPIN Learning Outcome 3

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

Accepts appropriate referrals from community teams to effectively manage, triage and refer to specialist allergy centres for assessment.	GPC 5,6
Leads the multi-disciplinary process in complex patients in collaboration with community and specialist professionals.	GPC 1,5,7
Works effectively with local allied specialties (e.g. dermatology, gastroenterology, ENT, ophthalmology, respiratory, rheumatology) to optimise patient care.	GPC 5,6

Illustrations

- Refers to members of the allergy multi-disciplinary team as appropriate, acknowledging the need for input from different allied health professionals may vary over time.
- Recognises the importance of dietetic colleagues and their role in altering and optimising allergen avoidance diets over time, recognising and working to prevent food aversive behaviours.
- Undertakes a comprehensive assessment of the psycho-social impact of food allergy in a child, young person and their family, signposts relevant resources and refers for psychological support appropriately.
- Demonstrates implementation and dissemination of age-appropriate treatment plans for common allergic conditions into all areas of the community; co-ordinating local community support for children with allergies (home, playgroup, schools) - this could be through attendance at workshops / liaising with school nurses and health visitors.
- Involves allied specialties to optimise patient treatment, examples provided below:
 - Respiratory - assess and optimise management of severe, difficult-to-treat asthma
 - ENT/Ophthalmology to investigate severe allergic eye disease, nasal polyps, vocal cord dysfunction
 - Gastroenterology - food refusal and difficult feeding behaviour in complex food allergic patients
 - Dermatology for severe eczema not responding to standard treatment
 - Immunology, infectious diseases and rheumatology where required.
- Develops a pathway to access specialist allergy services for specialist treatment, such as complex drug allergy assessment, venom and aero allergen immunotherapy.

- 7. Leads a discussion on the psychological impact of allergic disease on patients with allergy with the wider multi-disciplinary team.**
- 8. Works with the multi-disciplinary team to manage at least one patient with safeguarding concerns; including discussion with supervising consultant, safeguarding team and other allied health care professionals involved in the care of the child.**
- 9. Contributes to the process of vetting referrals to the paediatric allergy department to ensure that they are seen by the correct team or to redirect to the wider allied specialities.**

SPIN Learning Outcome 4

Effectively leads on service-delivery; benchmarking against national quality standards and incorporating all the pillars of clinical governance.	GPC 1,5,6,7
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Key Capabilities

Works as part of the wider multi-disciplinary allergy team.	GPC 1,5,7
Participates in audits, guidelines development and other governance, risk assessment and quality improvement processes to improve the quality of the care of patients with allergies.	GPC 1,5,6
Develops awareness of and contributes to the wider directorate management and leadership team to develop expertise into the ongoing development of allergy services.	GPC 1,5

Illustrations

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

SPIN Learning Outcome 5

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

Supports the education to healthcare professionals within their community and hospital based teams of the holistic approach to the recognition and assessment of children and young people presenting with a range of allergic diseases, immune mechanisms and diagnostics.	GPC 3,5,6,8
Facilitates the education of clinical and other health professionals in understanding: (i) the epidemiology of allergy and its impact (ii) primary and secondary prevention strategies.	GPC 4,5,8
Alerts health professionals to the: (i) spectrum of presentations of allergic disease, including atypical presentations (ii) common mimickers of allergic disease, including factitious illness within allergy care (iii) risks of non-validated tests.	GPC 5,7
Provides appropriate expert advice, education, referrals and guidance to regional primary and secondary care health professionals.	GPC 3,5,6
Actively initiates and supports the delivery of regional audit and research.	GPC 5,6,8,9
Independently plans their own continuing professional development to ensure up-to-date knowledge in all areas of paediatric allergy and communicates this evidence-based knowledge to the multi-disciplinary team, patients and their families.	GPC 1

Illustrations

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

SPIN Learning Outcome 6

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

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

Illustrations

1. Participates in peer review and support within regional and local networks.
2. Facilitates cohesion and joined up working with colleagues in specialist and primary care within regional network.
3. Designs the agenda and chairs a multi-professional network meeting aimed at colleagues in primary and secondary care.
4. Promotes alerts/recent advances in allergy care from national networks, e.g. BSACI, GAP, EAACI, BPAIG, UKDAN, CYANS, RCPCH.
5. Represents secondary care within national network.
6. Benchmarks against national audits and links in with registries, e.g. BPSU, BRIT and future national auditing of anaphylaxis and allergy services.

Section 3

Assessment Strategy

How to assess the Paediatric Allergy SPIN

The assessment strategy for this SPIN module is aligned with the RCPCH Progress Programme of Assessment, utilising a range of different formative and summative assessment tools.

The Programme of Assessment comprises a wide range of assessment tools which must be used in conjunction with the Blueprint to develop skills and assess capability. The assessments are knowledge, skills and capability-based, capturing a wide range of evidence which can be integrated to reach a judgement as to the trainee's achievement of the SPIN module learning outcomes. The assessments also provide trainees with the opportunity to obtain developmental feedback. Further information on all assessment instruments can be found within the RCPCH Progress Programme of Assessment.

The key aspect of the Assessment Strategy for this SPIN module is the Blueprint, on the following page. This grid indicates the assessment requirements to support and demonstrate achievement of the Learning Outcomes and, where appropriate, the minimum number of assessments required. Please note, not all assessments are mandated or their use prescribed, such that trainees may use other assessment types from the list within the Programme of Assessment, where they and their supervisors feel this is appropriate.

The mandatory assessments are:

Directly Observed Procedures (DOPS)

- Skin prick testing (Learning Outcome 1)
- Lung function testing (spirometry and Fractional Expired Nitric Oxide) (Learning Outcome 1)
- Asthma inhaler technique (Learning Outcome 2)
- Intranasal spray technique (Learning Outcome 2)

Mini Clinical Evaluation Exercise (mini-CEX)

- Deliver adrenaline auto-injector training (Learning Outcome 2)
- Allergy focussed history (Learning Outcome 1)
- Performing an oral food challenge (Learning Outcome 1)
- Performing a simple oral drug provocation test (Learning Outcome 1)
- Support delivery of an educational event (Learning Outcome 5)

Case-based discussion (CBD)

- Drug allergy assessment (Learning Outcome 1)
- Idiopathic urticaria and angioedema (Learning Outcome 1)
- Allergy prevention assessment for sublingual immunotherapy (SLIT)/subcutaneous immunotherapy (SCIT) (Learning Outcome 5)
- Referral of complex patient for specialist care (Learning Outcome 3)
- Safeguarding concerns in a patient presenting to the allergy service (Learning Outcome 3)

Discussion of Correspondence

- Delivery and support of Advice and Guidance to primary care (Learning Outcome 5)

All evidence for the SPIN Module Learning Outcomes, including assessment outcomes, should be recorded within the trainee's ePortfolio.

Assessment blueprint

This table suggests assessment tools which may be used to assess the Key Capabilities for these Learning Outcomes.

This is not an exhaustive list, and clinicians are permitted to use other methods within the RCPCH Assessment Strategy to demonstrate achievement of the Learning Outcome, where they can demonstrate these are suitable.

Key Capabilities	Assessment / Supervised Learning Event suggestions										
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaeds Cbd)	Paediatric Case-based Discussion (DOP/AOP)	Directly Observed Procedure / Assessment of Performance (DOP/AOP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Independently carries out a holistic, multi-system assessment of children and young people with a range of allergic diseases, applying knowledge of basic immunological mechanisms, varying allergy phenotypes and the natural history of allergic disease to effectively diagnose (and risk assess) patients.	✓	✓				✓			✓	✓	
Independent recognition of the indications, utility and limitations of common allergy investigations (and the risks of non-validated tests); effectively communicates test procedures and the implications of results to children, young people and their families.	✓	✓	✓			✓	✓		✓		
Experienced and confident in recognising the spectrum of presentations of allergic disease, including atypical presentations, and demonstrates a good understanding of common mimics of allergy.	✓	✓				✓	✓		✓		
Confidence in delivering, supervising and interpreting oral provocation challenges to (i) a range of foods and (ii) common oral drugs with an understanding of how to access support for more complex allergens in line with national guidance.	✓	✓	✓		✓	✓			✓		
Initiates the assessment and where appropriate, management of less common suspected allergic diagnoses and/or complex allergic diagnoses not responding to first-line treatments, and determine where further specialist care is required.	✓	✓	✓			✓					
Effectively delivers core allergy management across the paediatric age ranges based on up-to-date, evidence-based practice, demonstrating a strong understanding of relevant health legislation backing up high quality care.	✓	✓				✓			✓		

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AOP)	Paediatric Case-based Discussion (ePaeds Cbd)	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)
Understands the importance and role of all members of the allergy multi-disciplinary team, overseeing the continuing long-term care of children and young people with the spectrum of allergic disease.			✓	✓				✓	✓	
Confident in management strategies that promote prevention (primary and secondary) of allergic disease and in communicating these with patients and their families.			✓		✓			✓	✓	
Incorporates continued local multi-disciplinary input and liaison with specialist centre colleagues; actively managing the on-going care of patients with complex allergic disease.					✓			✓		
Effectively initiates active management with timely reviews of the patient's evolving allergy status over time; applying a solid understanding of the natural history of each disease.								✓		
Takes an individualised approach for readiness of transition and liaises with adult services to facilitate ongoing support and clinical care for those with ongoing severe chronic disease.					✓				✓	
Accepts appropriate referrals from community teams to effectively manage, triage and refer to specialist allergy centres for assessment.					✓			✓	✓	
Leads the multi-disciplinary process in complex patients in collaboration with community and specialist professionals.					✓			✓	✓	
Works effectively with local allied specialities (e.g. dermatology, gastroenterology, ENT, ophthalmology, respiratory, rheumatology) to optimise patient care.					✓			✓	✓	
Works as part of the wider multi-disciplinary allergy team.								✓		
Participates in audits, guidelines development and other governance, risk assessment and quality improvement processes to improve the quality of the care of patients with allergies.									✓	
Develops awareness of and contributes to the wider directorate management and leadership team to develop expertise into the ongoing development of allergy services.								✓		

Key Capabilities	Assessment / Supervised Learning Event suggestions										
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaeds Cbd)	Paediatric Case-based Discussion (DOP/AOP)	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
Supports the education to healthcare professionals within their community and hospital based teams of the holistic approach to the recognition and assessment of children and young people presenting with a range of allergic diseases, immune mechanisms and diagnostics.	✓	✓	✓				✓		✓		
Facilitates the education of clinical and other health professionals in understanding (i) the epidemiology of allergy and its impact, (ii) primary and secondary prevention strategies.	✓						✓		✓		
Alerts health professionals on the (i) spectrum of presentations of allergic disease, including atypical presentations (ii) common mimickers of allergy, including factitious illness within allergy care (iii) risks of non-validated tests.	✓	✓				✓	✓		✓		
Provides appropriate expert advice, education, referrals and guidance to regional primary and secondary care health professionals.	✓					✓	✓		✓		
Actively initiates and supports the delivery of regional audit and research.							✓		✓		✓
Independently plans their own continuing professional development to ensure up-to-date knowledge in all areas of paediatric allergy and communicates this evidence-based knowledge to the multi-disciplinary team, patients and their families.	✓						✓				
Fosters links and works within wider regional network towards the delivery of consistent and high-quality care for patients with allergic disease.							✓		✓		
Participates in national allergy networks and promotes integration with General Paediatrics.							✓		✓		
Promotes involvement of local services within national and international allergy network activities.							✓		✓		✓

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

Online guideline pages for EAACI and BSACI – for most up-to-date guidance for best practice.

Training events or courses

Trainees may find the following suggested training days helpful although these are not a replacement for clinical experience:

[BSACI](#)

[BPAIIG](#)

[EAACI](#)

[RCPCH PAT Levels 1 - 3](#)

[BSPGHAN](#)

Other useful resources

[Allergy UK](#)

[Anaphylaxis](#)

[BAD](#)

[Skin Deep](#)

[Asthma Uk](#)

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 allergy, immunology and infectious diseases CSAC. See the RCPCH website for the contact details of the current SPIN Lead: www.rcpch.ac.uk/membership/committees/paediatric-allergy-immunology-infectious-diseases-csac

Appendix B: Criteria for SPIN delivery

The following requirements should be met when designing a training programme for a SPIN module trainee. Adherence to these criteria will help ensure the trainee will have the necessary support and access to experiences which they will require 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	
<ul style="list-style-type: none"> • 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). 	<p>CSAC specific requirements:</p> <ul style="list-style-type: none"> • During the 12 months, SPIN trainees should access the following: <ul style="list-style-type: none"> • clinics initiating immunotherapy • drug allergy clinics • Respiratory clinics • Gastroenterology clinics • Dermatology clinics • Paediatric ENT clinics • Access to psychology within MDT meetings • Regular access to dietetic clinics and ability to join dieticians in clinic
Governance and strategic support	
<ul style="list-style-type: none"> • 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. 	<p>CSAC specific requirements:</p> <ul style="list-style-type: none"> • Opportunities to lead allergy specific clinical management of a patient and leading the department MDT.
Programme of learning	
<ul style="list-style-type: none"> • 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 multi-disciplinary teams consisting of a minimum of nurses, physiotherapists, occupational therapists. • The post should provide a training experience that enables completion of the trainees' PDP. 	<p>CSAC specific requirements:</p> <ul style="list-style-type: none"> • Access to the paediatric allergy team and national allergy training events.

Programme of assessment	
<ul style="list-style-type: none"> • 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. 	<p>CSAC specific requirements:</p> <ul style="list-style-type: none"> • A dedicated consultant SPIN allergy supervisor. • Availability of supervision of each trainee clinic list.
Quality assurance and improvement	
<ul style="list-style-type: none"> • The post will allow the trainee to participate in audits and clinical improvement projects. • The post will allow the trainee to actively engage with the teaching, assessing and appraising of junior staff. • The post will allow opportunity for the trainee to engage in research activities. 	<p>CSAC specific requirements:</p> <ul style="list-style-type: none"> • The trainee will be able to lead in an allergy specific quality improvement project.

