

SPIN Module curriculum in

# Paediatric Dermatology

**SPIN Version 2**  
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 Dermatology.

This is Version 2. 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.

# Table of Contents

<b>Section 1</b>	<b>Introduction and purpose.....</b>	<b>4</b>
	Introduction to SPIN modules.....	5
	Purpose statement.....	6
	Requirements to undertake this SPIN module.....	8
	Ensuring fairness and supporting diversity.....	11
	Quality assurance and continual improvement.....	12
	#VoiceMatters.....	15
<b>Section 2</b>	<b>Paediatric Dermatology SPIN Curriculum.....</b>	<b>17</b>
	How to use the RCPCH SPIN curriculum.....	18
	Components of the SPIN curriculum.....	18
	SPIN Learning Outcomes.....	19
	SPIN Learning Outcome 1.....	20
	Key Capabilities.....	20
	Illustrations.....	20
	SPIN Learning Outcome 2.....	22
	Key Capabilities.....	22
	Illustrations.....	22
	SPIN Learning Outcome 3.....	23
	Key Capabilities.....	23
	Illustrations.....	23
	SPIN Learning Outcome 4.....	24
	Key Capabilities.....	24
	Illustrations.....	24
	SPIN Learning Outcome 5.....	25
	Key Capabilities.....	25
	Illustrations.....	25
<b>Section 3</b>	<b>Assessment Strategy.....</b>	<b>26</b>
	How to assess the Paediatric Dermatology SPIN.....	27
	Assessment blueprint.....	28
	<b>Appendices.....</b>	<b>30</b>
	Appendix A: Further guidance and resources.....	31
	Appendix B: Criteria for SPIN delivery.....	32
	Appendix C: Learning Outcomes scenarios.....	34

# 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 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](http://www.rcpch.ac.uk/spin).

# Purpose statement

This purpose statement demonstrates the need for clinicians to undertake a SPIN module in Paediatric Dermatology 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:**

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.

Dermatology is the only medical specialty that does not have its own separate paediatric sub-specialty. It is anomalous that children and young people with sometimes complex and chronic health needs are looked after solely by physicians without paediatric training. There is recognition that children and young people's needs require separate consideration within healthcare which has historically left dermatology behind. The formal involvement of Paediatricians in the care of children and young people with skin conditions is long overdue.

## **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 General Paediatrics, Allergy Immunology and Infectious Diseases and Rheumatology CSACs and in conjunction with the British Society for Paediatric Dermatology (BSPD) and British Association of Dermatologists (BAD).

Children and young people with complex disorders involving the skin require multi-disciplinary working and include radiology, genetics, microbiology, pathology, oncology and surgery (vascular/plastics/orthopaedics). SPIN completers will have developed the capability to interact and consult with the listed specialties and services and be the consultant responsible for co-ordinating care.

## **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, the CCT holder will be competent to take up a post as a Consultant Paediatrician with a special interest in Paediatric Dermatology. It would be possible to complete this SPIN module post CCT and to include competencies achieved into service provision with the employing trust.

By the end of training, it is expected that clinicians who have completed this SPIN will have a sound understanding of the clinical management of children and young people with common dermatological disorders. The clinician will deliver safe and effective quality care by having expertise in management and treatment of children and young people with common

dermatological disorders, skin punch biopsies and co-ordination of care, including co-ordinating care and experience of referral pathways for those with complex, multisystem or rare disorders/needs. The SPIN training will enable the clinician to develop and/or lead a Paediatric Dermatology service within a district general hospital working closely with colleagues based in the adult dermatology service or play an important team role within a tertiary unit setting.

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

- Participate in the activity of their regional dermatology network, where such a network exists as well as attending BSPD meetings at least annually.
- Undertake regular continuing professional development related to Paediatric Dermatology to retain the knowledge and skills gained whilst undertaking the SPIN module, including keeping up to date with advances in this area.
- Undertake regular audit and quality improvement projects allied to delivery of Paediatric Dermatology.

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 Paediatric trainees and all post-CCT Paediatricians with an interest in Paediatric Dermatology who are able to access sufficient training opportunities to meet the requirements of the SPIN curriculum.

Consultants interested in undertaking this SPIN module should discuss this with their employer in the first instance. Clinicians who are interested in undertaking this SPIN module should approach their 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](http://www.rcpch.ac.uk/spin) for more details on how to apply to undertake a SPIN module.

## Training duration

SPIN training should be feasible within 12 months for full-time training, or pro-rata for Less Than Full Time (LTFT) training. It is expected that to achieve the necessary Learning Outcomes, a clinician will need to train and experience children and young people's skin disorders in a suitable training centre including:

- Experience in Paediatric Dermatology in a district general hospital liaising closely with the local adult dermatologists; (or)
- Experience in a tertiary Paediatric Dermatology unit. This can be undertaken during a General Paediatric placement at such a centre or as part of a DGH placement if the DGH is located within easy travelling distance. There is no minimum time required. An ideal would be 3-6 months but exact timing will depend on local circumstances.
- Community as well as hospital experience will be counted. Whilst in programme there will be a variety of different ways of achieving the learning ranging from half days, blocks of a week or more spent in Paediatric Dermatology, attendance at monthly/quarterly MDT meetings for example.
- It is important that each clinician undertaking a SPIN module in Paediatric Dermatology is able to select from a range of learning options which enables them to achieve all the Learning Outcomes.
- An OOP placement may be considered for all Learning Outcomes to be achieved depending on an individual's circumstances and dermatology learning opportunities in their region.

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 may need to take Out of Programme (OOP) time to complete this SPIN module. This would require discussion with the Training Programme Director and their approval. Trainees are advised to read HEE/Deanery guidance on OOP in addition to RCPCH guidance. It is important to remember that six months' notice is required for taking OOP. It is envisaged that OOPE (Experience) or OOPP (Pause) could be used.

An alternative to OOP is LTFT training under category 3. A trainee could for example work at 80% and undertake the remaining 20% of time in Paediatric Dermatology. Again, this would require in depth discussion with the Training Programme Director.

## 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](mailto: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](http://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](http://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 a long term condition. 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.

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

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 something that can make you look different or that you get embarrassed about, or to talk to someone who isn't your doctor to get help understanding things.

***“Now because of COVID-19, phone appointments are good because they get back to you quick but they can't see you like if you need to show them your eczema” RCPCH &Us***

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 long term conditions, 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.

***“We have black mould in the bedrooms. My parents are really worried, they clean it off every couple of months but it comes back. It affects our skin and we breathe it in... the whole family has eczema now”*** RCPCH &Us

Sometimes there are things going on at home that might be making our skin conditions worse but it might be hard for us to talk about them or we might be embarrassed or frustrated that things aren’t changing. You might be able to help us by writing to the council if we are in temporary accommodation or helping us to know what to do. 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. Have you asked about other things in our house where we live that we might need help with like mould?
3. What ways will you help everyone to talk with you on their own in the way that is right for them?
4. What local and national charities do you know that help families dealing with dermatological conditions?
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 Dermatology**

# 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 which ensure that 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 complete this SPIN module. Clinicians 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 (see below) 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 in order 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 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 rather 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 Dermatology. 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 manages babies, children and young people with a range of common Paediatric Dermatological conditions.	2,5,7
2	Recognises, assesses, initiates management and appropriately refers babies, children and young people with skin presentations that are potentially life threatening or indicate other serious underlying disorder.	2,3,5,6,7,8
3	Co-ordinates the management of dermatological conditions in babies, children and young people with multisystem, complex and rare disorders, liaising with other hospital and community specialists and healthcare professionals.	1,2,5,7
4	Performs technical skills necessary for diagnosing and managing babies, children and young people with dermatological conditions.	2
5	Participates in audit, quality improvement projects, writing of guidelines and research in Paediatric Dermatology, either Trust based, regional or national.	6,9

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

# SPIN Learning Outcome 1

Recognises, assesses and manages babies, children and young people with a range of common Paediatric Dermatological conditions.	GPC 2,5,7
---	-----------

## Key Capabilities

Recognises, assesses and manages babies, children and young people with acute and chronic common dermatological conditions in the outpatient clinic, wards, neonatal unit, assessment units and Emergency Departments working with other health care professionals (nursing, pharmacy, general Paediatricians, sub-specialties and other specialties) to deliver appropriate clinical management.	GPC 2,5,7
Uses age appropriate subjective quality of life indices, as well as appropriate disease specific objective scoring to assess disease severity.	GPC 2
Leads the management of inpatients with skin conditions, including a dermatology ward round, when appropriate.	GPC 2,5,7
Ensures that handover of patients between Paediatric Dermatology and other clinical teams is safe and effective.	GPC 2
Escalates care from topical to systemic therapy treatment, where necessary.	GPC 2

## Illustrations

1. Manages a child or young person with:
  - a. Eczema, including acute complications, such as secondary infection and formulates a treatment plan
  - b. Psoriasis and formulates a treatment plan
  - c. Acne vulgaris and formulates a treatment plan
  - d. Seborrheic dermatitis and formulates a treatment plan
  - e. Skin infection (bacterial, viral, fungal, mite) and formulates a treatment plan
  - f. Skin erythema, including viral exanthems
  - g. Common hair and scalp problems such as alopecia areata and tinea capitis
  - h. Common pigmentary disorders, such as vitiligo
  - i. Common benign skin lesions
2. Manages a child with:
  - a. common and simple birthmarks, such as capillary malformation and epidermal and melanocytic naevi
  - b. a skin infantile haemangioma that needs to be commenced on beta blocker therapy
3. Manages a neonate with a transient benign neonatal rash
4. Participates in the management of:
  - a. Systemic therapy and phototherapy for eczema or psoriasis; appropriately counsels

families about its use and safely monitors children and young people on such therapies  
b. a child or young person with dermatitis artefacta

5. Advises on routine skin care and participates in the management of common complications for preterm babies and children nursed on HDU and PICU

For further scenario based examples, see Appendix C.

## SPIN Learning Outcome 2

Recognises, assesses, initiates management and appropriately refers babies, children and young people with skin presentations that are potentially life threatening or indicate other serious underlying disorder.	2,3,5,6,7,8
--	-------------

### Key Capabilities

Recognises and assesses skin presentations that are acutely life threatening and initiates emergency management.	GPC 2,3,5,6,7,8
Recognises and assesses skin presentations that indicate severe underlying genetic, inflammatory or malignant disease and appropriately refers/liases with other sub-specialties.	GPC 2,3,5,6,7,8
Recognises rare complications and important differential diagnoses of common skin conditions.	GPC 2,3,5,6,7,8
Recognises the need to escalate care to HDU or PICU as appropriate to the condition.	GPC 2,5,6

### Illustrations

Recognises dermatological emergencies and seeks expert advice when needed in the management of a patient with:

Acutely life threatening:

1. Severe neonatal skin abnormality, such as collodion membrane and harlequin ichthyosis
2. Staphylococcal scalded skin syndrome (SSSS)
3. Toxic Epidermal necrolysis (TEN)/ Stevens Johnson syndrome (SJS) / DRESS syndrome

Severe underlying genetic, inflammatory or malignant disease:

1. Neonatal skin loss and skin fragility, including aplasia cutis and epidermolysis bullosa
2. Haematological complications of vascular anomalies
3. Skin presentations suggesting an underlying autoimmune or auto inflammatory condition
4. Skin presentations suggesting skin malignancy

Rare complications:

1. Complications of immunosuppressant therapy

Escalation:

1. Leads handover of a dermatological patient to the regional referral centre/PICU

For further scenario based examples, see Appendix C.

# SPIN Learning Outcome 3

Co-ordinates the management of dermatological conditions in babies, children and young people with multisystem, complex and rare disorders, liaising with other hospital and community specialists and healthcare professionals.	GPC 1,2,5,7
--	-------------

## Key Capabilities

Works with families and carers, and the wider multidisciplinary team to formulate management plans for the dermatological aspects of babies, children and young people with multiple medical problems.	GPC 1,2,5,7
Works with families and carers and the wider multidisciplinary team to formulate management plans and lead discharge planning for babies, children and young people with complex skin disease.	GPC 1,2,5,7

## Illustrations

1. Advises on dermatological management of severe multisystem inflammatory diseases
2. Attends a multidisciplinary discharge planning meeting for a child or young person with a systemic condition with dermatological manifestations
3. Works with the multidisciplinary team to develop an Advanced Care Plan for a child or young person with a dermatological life-limiting condition

For further scenario based examples, see Appendix C.

# SPIN Learning Outcome 4

Performs technical skills necessary for diagnosing and managing babies, children and young people with dermatological conditions.	GPC 2
---	-------

## Key Capabilities

Develops expertise in punch skin biopsy.	GPC 2
Develops expertise in topical skin treatments and demonstrates to others and leads on local training of the MDT on application.	GPC 2
Develops knowledge and understanding of when other investigations are required for Paediatric Dermatological disorders and refers to appropriate specialist/clinic.	GPC 2

## Illustrations

1. Performs a punch skin biopsy
2. Prescribes and demonstrates appropriate topical emollient, steroid, non-steroid anti-inflammatory therapy and bandage therapy for a child or young person with atopic eczema
3. Prescribes and demonstrates appropriate topical therapy for a child or young person with psoriasis
4. Prescribes appropriate topical therapy for a child or young person with acne vulgaris
5. Selects an appropriate investigation, e.g. CT/MRI for further investigation of a dermatological disorder

For further scenario based examples, see Appendix C.

# SPIN Learning Outcome 5

Participates in audit, quality improvement projects, writing of guidelines and research in Paediatric Dermatology, either Trust based, regional or national.	GPC 6,9
--	---------

## Key Capabilities

Performs local, regional or national dermatology audit and reflects on improvements required in unit.	GPC 6
Works on quality improvement project in dermatology, either independently or as part of the team.	GPC 6
Participates in dermatology research.	GPC 9

## Illustrations

1. Takes part in national dermatology audits as circulated by BAD/BSPD for eczema, psoriasis etc
2. Writes a dermatology guideline (or amends a national guideline where appropriate) for local use or is part of team writing guidelines for BSPD/BAD
3. Takes part in a national dermatology research study by recruiting patients to a multicenter trial eg on eczema, psoriasis, vitiligo

For further scenario based examples, see Appendix C.

## **Section 3**

# **Assessment Strategy**

# How to assess the Paediatric Dermatology 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 for this SPIN module are:

#### **Directly Observed Procedures (DOPs):**

- Punch skin biopsy (Learning Outcome 4)
- Use of emollients (Learning Outcome 4)
- Use of topical steroids (Learning Outcome 4)

#### **Paediatric Mini Clinical Evaluation (ePaed MiniCEX):**

- Manages a child with atopic eczema (Learning Outcome 1)

#### **Clinical Leadership Assessment**

- Lead dermatology review and initiate skin management for inpatients

#### **Handover Assessment Tool (HAT)**

- Leads handover of a dermatology patient to the general Paediatricians, other specialties or Paediatric sub-specialty teams (Learning Outcome 1)

#### **Discussion of Correspondence (DOC)**

- Writes letter to GP of child with a common skin disorder who has multiple skin medications (Learning Outcome 1)

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

# Assessment blueprint

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

This is not an exhaustive list, and 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(ePaed 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)	Entrustable Professional Activity
Recognises, assesses and manages babies, children and young people with acute and chronic common dermatological conditions in the outpatient clinic, wards, neonatal unit, assessment units and Emergency Departments working with other health care professionals (nursing, pharmacy, general Paediatricians, sub-specialties and other specialties) to deliver appropriate clinical management.	✓	✓			✓	✓	✓		✓		✓
Uses age appropriate subjective quality of life indices, as well as appropriate disease specific objective scoring to assess disease severity.	✓	✓									
Leads the management of inpatients with skin conditions, including a dermatology ward round, when appropriate.	✓	✓			✓						
Ensures that handover of patients between Paediatric Dermatology and other clinical teams is safe and effective.							✓				
Escalates care from topical to systemic therapy treatment, where necessary.	✓	✓									
Recognises and assesses skin presentations that are acutely life threatening and initiates emergency management.	✓	✓			✓	✓	✓				
Recognises and assesses skin presentations that indicate severe underlying genetic, inflammatory or malignant disease and appropriately refers/liases with other sub-specialties.	✓	✓					✓				
Recognises rare complications and important differential diagnoses of common skin conditions.	✓	✓			✓		✓				

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)	Entrustable Professional Activity
Recognises the need to escalate care to HDU or PICU as appropriate to the condition.	✓	✓		✓						
Works with families and carers and the wider multidisciplinary team to formulate management plans for the dermatological aspects of babies, children and young peoples with multiple medical problems.		✓			✓	✓		✓		
Works with families and carers and the wider multidisciplinary team to formulate management plans and lead discharge planning for babies, children and young people with complex skin disease.						✓			✓	
Develops expertise in punch skin biopsy.			✓							
Develops expertise in topical skin treatments and demonstrates to others and leads on local training of the MDT on application.	✓		✓							
Develops knowledge and understanding of when other investigations are required for Paediatric Dermatological disorders and refers to appropriate specialist/clinic.		✓			✓			✓	✓	
Performs local, regional or national dermatology audit and reflects on improvements required in unit.						✓				
Works on quality improvement project in dermatology, either independently or as part of the team.						✓				
Participates in dermatology research.						✓				

# Appendices

# Appendix A: Further guidance and resources

Clinicians 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](http://www.rcpch.ac.uk/assessment)

RCPCH Assessment Strategy [www.rcpch.ac.uk/progress](http://www.rcpch.ac.uk/progress)

## Recommended reading

- Paediatric Dermatology (Oxford Specialist Handbooks in Paediatrics). Lewis-Jones S, Murphy R (2020), OUP Oxford
- Harper's Textbook of Pediatric Dermatology. Eds Hoeger, Kinsler, Yan, Bodemer, Larralde, Luk, Mendiratta, Purvis, Harper and Oranje (2019), Wiley-Blackwell
- NICE guidance of dermatological conditions, e.g. Management of Atopic eczema in children under 12 years of age
- Pediatric Dermatology Journal

## Training events or courses

- Paediatric Dermatology Course
- Attendance at specialist clinics in regional centres
- Regional dermatology meetings
- Meetings of BSPD and BAD
- Attendance at Rheumatology, genetic and allergy clinics

## Other useful RCPCH &Us resources

- <https://www.rcpch.ac.uk/work-we-do/rcpch-us-children-young-people-families>
- [e-Learning for Healthcare Dermatology modules: https://www.e-lfh.org.uk/programmes/dermatology/](https://www.e-lfh.org.uk/programmes/dermatology/)

## 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](http://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](mailto:spin@rcpch.ac.uk).

For queries relating to the SPIN curriculum, please contact [qualityandstandards@rcpch.ac.uk](mailto:qualityandstandards@rcpch.ac.uk)

The SPIN Lead is a member of the BSPD, see the RCPCH website for the contact details: [www.rcpch.ac.uk/membership/committees](http://www.rcpch.ac.uk/membership/committees)

## 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	
<ul style="list-style-type: none"> <li>• Access to regular supervised clinics.</li> <li>• Service specific requirements to enable achievement of the curriculum e.g. Day case facilities, imaging.</li> <li>• Opportunities to work with shared care networks in primary and secondary care.</li> <li>• Opportunities to work with shared care clinical guidelines and protocols.</li> <li>• 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).</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>• 12 months working within paediatric dermatology clinics and experience of inpatients with skin disorders.</li> <li>• More than one ST4+ trainee in the paediatric department where working.</li> </ul>
Governance and strategic support	
<ul style="list-style-type: none"> <li>• The Site must ensure that Supervisors and trainers can effectively deliver the RCPCH Assessment Strategy.</li> <li>• The trainee will be able to participate in leadership and management activities.</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>• Opportunities to lead clinical management and quality improvement with appropriate supervision.</li> </ul>
Programme of learning	
<ul style="list-style-type: none"> <li>• Specific requirements for structured learning opportunities.</li> <li>• Exposure within the clinical environment will provide sufficient learning opportunities to meet the requirements of the curriculum.</li> <li>• Access to multidisciplinary teams consisting of a minimum of nurses, physiotherapists, occupational therapists.</li> <li>• The post should provide a training experience that enables completion of the trainees' PDP.</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>• Access to Rheumatology, allergy and Genetics services to develop multidisciplinary team working skills and care of complex patients with many pathologies.</li> <li>• Inpatient facilities for children and young people.</li> <li>• Access to specialist clinics in Paediatric Dermatology.</li> <li>• Day case facilities for skin biopsies.</li> </ul>

Programme of assessment	
<ul style="list-style-type: none"> <li>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.</li> <li>Supervision must ensure patient safety. Support for trainers and supervisors must be available within the Trust.</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>Clinical SPIN Supervision by a Consultant Dermatologist, Associate specialist with special expertise in Paediatric Dermatology or a General Paediatrician with expertise in Dermatology.</li> </ul>
Quality assurance and improvement	
<ul style="list-style-type: none"> <li>The post will allow the trainee to participate in audits and clinical improvement projects.</li> <li>The post will allow the trainee to actively engage with the teaching, assessing and appraising of junior staff.</li> <li>The post will allow opportunity for the trainee to engage in research activities.</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>Trainees will be encouraged to participate in collaborative multi-centre dermatology research and show evidence of quality improvement projects.</li> </ul>

## Appendix C: Learning Outcomes Scenarios

The below are example of day-to-day scenarios a clinician may come across during their Dermatology SPIN training.

### Learning Outcome 1:

- A child with eczema comes to A&E with an acute flare, the trainee takes a history and assesses likely trigger factors, and topical treatment history. Examines for signs of secondary infection and features of systemic compromise and formulates a management plan to include the need for relevant investigations and treatment, including the need for possible admission.
- A child with severe atopic eczema has faltering growth and parents are concerned about this being related to the effect of topical steroid treatment. The trainee takes a detailed history of topical treatment regimen and formulates a safe ongoing topical treatment plan. Also makes an assessment of other factors that may contribute to the faltering growth including dietary restriction and disease activity.
- A child with atopic eczema comes to clinic and parents are keen to explore the possibility of allergy testing. The trainee explores the possibility of immediate and delayed allergic triggers and discusses the value and limitations of allergy testing, including skin prick/specific RAST tests and patch testing.
- A child with severe eczema or psoriasis that is not responding to topical treatment comes to a routine OPD appointment. The trainee assesses parents' and child's adherence to topical treatment and any factors that may compromise that. Makes an assessment of the need for second line treatment, including phototherapy and systemic immunosuppressants and counsils the family about these and instigate baseline investigations and QOL/objective severity scores, as necessary.
- A teenage boy with acne is avoiding social activity because of concerns about his appearance. The trainee makes an assessment of his appearance concerns and acne severity and appropriately matches the initial treatment strategy to his needs.
- A five-year-old boy presents with an acute rash via his GP. The trainee takes a history and examines the child and formulates a likely differential diagnosis and management plan.
- A family presents with an itchy rash which is thought to be scabies but has not responded to topical treatment. The trainee explores potential differential diagnoses. If scabies is felt to be likely reasons for apparent treatment failure are evaluated and a treatment plan for the whole family/environment planned taking into account possible psychosocial barriers.

