

SPIN Module curriculum in

Adolescent Health

SPIN Version 2
Approved for use from 1 April 2021

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

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	April 2021	Full redevelopment of the curriculum, moving from knowledge based capabilities to behavioural Learning Outcomes and aligning with RCPCH Progress.

Table of Contents

Section 1	Introduction and purpose.....	4
	Introduction to SPIN modules.....	5
	Purpose statement.....	6
	Requirements to undertake this SPIN module.....	9
	Ensuring fairness and supporting diversity.....	12
	Quality assurance and continual improvement.....	13
	#VoiceMatters.....	15
Section 2	Adolescent Health SPIN Curriculum.....	18
	How to use the RCPCCH SPIN curriculum.....	19
	Components of the SPIN curriculum.....	19
	SPIN Learning Outcomes.....	20
	SPIN Learning Outcome 1.....	21
	Key Capabilities.....	21
	Illustrations.....	21
	SPIN Learning Outcome 2.....	23
	Key Capabilities.....	23
	Illustrations.....	23
	SPIN Learning Outcome 3.....	24
	Key Capabilities.....	24
	Illustrations.....	24
	SPIN Learning Outcome 4.....	24
	Key Capabilities.....	24
	Illustrations.....	24
	SPIN Learning Outcome 5.....	25
	Key Capabilities.....	25
	Illustrations.....	25
	SPIN Learning Outcome 6.....	26
	Key Capabilities.....	26
	Illustrations.....	26
	SPIN Learning Outcome 7.....	27
	Key Capabilities.....	27
	Illustrations.....	27
Section 3	Assessment Strategy.....	28
	How to assess the Adolescent health SPIN.....	29
	Assessment blueprint.....	30
	Appendices.....	33
	Appendix A: Further guidance and resources.....	34
	Appendix B: Criteria for SPIN delivery.....	35

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.

Purpose statement

This purpose statement demonstrates the need for clinicians to undertake a SPIN module in Adolescent Health 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 appropriate expertise, in this case the ability to address the physical, psychological and social health needs of young people, irrespective of their condition or presentation. The terms 'Adolescent Health' and 'Young People's Health' are often used interchangeably. The World Health Organization (WHO) defines adolescence as 10-19 years and young people as those aged 10-24 years. Whilst 'Young People' is the preferred term chosen by young people themselves, and is more inclusive, the term 'Adolescent' has been selected for use in the title of the SPIN module because it is more widely used and understood, and because we acknowledge that paediatricians in training are more likely to be involved in services providing care in this age range.

Adolescence is a time of considerable morbidity and mortality, and many health and wellbeing outcomes among adolescents in the UK are worsening. Adolescents in the UK have the highest rates of obesity among European comparator countries and high inequalities in obesity prevalence between the richest and the poorest. Asthma death rates, rates of those living with chronic conditions, and the burden of disease rates, particularly for Type 1 diabetes, are also disproportionately high, and these indicators are worsening (Association for Young People's Health (AYPH) report 2019). Mental health disorders frequently emerge in adolescence and are also becoming more common, leading to increasing numbers of mental health presentations and an increase in levels of suicide (NHS England's NHS Mental Health Implementation plan 2019/2020 - 2023/2024). Levels of violence and drug use amongst young people have risen (RCPCH State of Child Health 2020), and there has been an increase in the numbers of young carers and child protection issues involving young people.

The NHS Long Term Plan (2019) outlined a move to a health service for people aged 0-25 years, and towards service models for young people that offer person-centred and developmentally appropriate care for mental and physical health needs, rather than an arbitrary age-defined transition to adult services. The implementation of this plan will require support from doctors with specific training and expertise in Adolescent Health, incorporating knowledge of conditions associated with adolescence, detailed understanding of the biopsychosocial changes in adolescence, and experience with managing the complexity of young people's care and supporting the process of transitioning this care to adult services. It is envisaged that a Paediatrician who has completed this SPIN module will be able to provide this support, and lead the care of adolescents with complex conditions cared for in secondary care.

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 the General Paediatrics CSAC, in conjunction with the Young People's Health Special Interest Group (YPHSIG). The Adolescent Health SPIN provides

an excellent opportunity for collaborative working across all the paediatric specialties (with the exception of neonatology), as Adolescent health issues have the potential to impact on the care of all young people, irrespective of their underlying conditions. In addition, those completing this SPIN will interact with Child and Adolescent Mental Health services (CAMHS), adult services that provide care to adolescent and young adult patients, and a range of allied health specialties (physiotherapy, occupational therapy) when managing complex chronic fatigue or pain symptoms.

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

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

By the end of training, it is expected that clinicians who have completed this SPIN will have a sound understanding of Adolescent Health. The clinician will have a detailed understanding of developmentally appropriate healthcare, including the biopsychosocial changes associated with adolescence, and how these relate to healthcare presentations and management in young people. On completion of the SPIN module, the clinician will have expertise consulting with adolescents in a developmentally appropriate manner to optimise history-taking and management of a broad range of conditions. In addition, the clinician will have the skills to advocate for young people's care needs, in collaboration with paediatric and adult colleagues. The SPIN will also enable clinicians to work with health service providers, to promote the needs and voice of young people in the design and delivery of health services.

The SPIN training will enable the clinician to:

- Provide clinical leadership of the delivery of Adolescent healthcare within a service
- Manage the full range of specific acute and chronic conditions presenting in adolescence, with support from other specialists as necessary
- Support designated safeguarding professionals in the safeguarding and legal issues affecting adolescents
- Communicate effectively with adolescents, their families and external agencies regarding the complex health problems of adolescence
- Provide leadership and provision of health promotion, patient education and motivation with regards to healthy lifestyle and behaviours in adolescence
- Enable and promote positive health outcomes for adolescents through delivery of developmentally appropriate healthcare and effective transition to adult services
- Promote and enable the participation of adolescents in their own healthcare, supporting engagement and ensuring their voices are heard in all areas of service design, development and delivery.

During SPIN training, it is recommended that clinicians gain experience with adolescent participation and involvement. This can be done by identifying and visiting a young people's group to listen and learn from their experiences. This engagement can then be used as the basis for supervised reflection on how to improve clinical and service practice in response to the young people's feedback. The #VoiceMatters section of this document raises the views of children, young people and their families. This can be used to inform practice, discussions with

supervisors and colleagues, as well as improving understanding and awareness of patient and family experiences.

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

- Undertake regular continuing professional development related to Adolescent Health 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 aimed at improving the care provided to adolescents.
- Engage with the YPHSIG and other professional organisations involved with young people's health, e.g. Association of Young People's Health (AYPH), to help stay abreast of developments in the field and help advocate for young people within your service.

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 Adolescent Health, who are able to access sufficient training opportunities to meet the requirements of the SPIN curriculum.

Trainees who are interested in undertaking this SPIN module should approach their Head of Schools and Training Programme Director in the first instance to confirm whether 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 train for 12 months in General Paediatrics in a hospital or hospitals with existing specific Adolescent Health services or strong links with Adolescent Health services. Training time will need to be ring fenced to attend training opportunities in CAMHS or other relevant specialist services.

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 that appropriate Educational and Clinical Supervisors are 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 Executive (ETE). 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 Executive (ETE) has overall responsibility for the RCPCH SPIN curricula, working closely with the SPIN Lead. The ETE 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 ETE 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 using the version tracking table at the front of each document what amendments have been made on each occasion. Where this amendment relates to a Key Capability, the ETE 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

Being a young person with a long term condition or getting help for different health needs can sometimes be hard. It can be difficult learning about a condition as it changes as we get older, or about something new that we might have for the rest of our life. We can be worried, nervous and trying to be strong for everyone else, including you. It helps 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 all 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 our families, especially as we get older and start to think about life as a young adult. It's good if you can explain our rights and about confidentiality so we know that we can talk to you if we need to on our own.

“We need you to be considerate of your surroundings when talking to patients and be respectful to their situation. It is important to also be aware of the age group and how to appropriately speak to your patient and make sure that when you speak to them it is confidential and not through a paper-thin curtain” RCPCH &Us

There is so much to understand when you are told about different conditions or treatments, medicines and rules that we have to follow, and sometimes so many different doctors and clinics involved. We would really like it if our school, college, university, our GP and our specialist doctor all has the same information at the same time and talks to each other to make sure that everyone knows what it is happening. It can be really hard when one of the places doesn't have all the information. It would help if we had a health plan that has all the up to date information and is easy to share between everyone. It would also be good if we got given tips to help us manage our conditions when we are at school, at friends' houses, or out and about with friends.

“I go to four different hospitals. All those hospitals don't talk to each other. Sometimes test results go between but that's it. You should see the folder I have to take to the appointments. Some hospitals I always see a different doctor and they always want to know when it started, what's happened since and I have to go through this every time. The hospitals all have the

files electronically, so what about there is a summary, a highlighted page that says when it started, anything that has deteriorated, the main points and then the new doctor can quickly read the summary before I come in – DONE” RCPCH &Us

We wish that we were told sooner about local support groups or services and national charities to talk to someone who isn't your doctor to get help understanding things and get support between appointments. We need help to know how to stay medically well but also happy and healthy in all parts of our life, so it's good to have doctors that can help us and link us into other people to be able to talk about how our health is impacting other parts of our lives. We want to be seen as a young person first so that you can get to know all about me, what is important to me, what my likes and aspirations are, as well as helping me to stay healthy, happy and well.

“I have lots of time off school which is worrying as it comes up to my exams. I have tried to get tests but there are issues with getting the appointments and then there is a delay with getting the results. The delay can mean that you are worried or concerned or feel stressed. The delay could mean some young people might give up or think their doctor has forgotten but it could be serious health issue” RCPCH &Us

Sometimes there are things going on at home that might be making our conditions worse, but it might be hard for us to talk about them if our families are there, or we might be embarrassed or frustrated that things aren't changing. You might be able to help us by getting us help for what is going on at home, like writing to the council if we are in temporary accommodation which isn't helping our health or getting a family support worker to help us out. It would be great if you can find out about services in the local area or national charities and have this ready to explain to us separately, and to 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.

“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” RCPCH &Us

Having an illness or condition that people can't see can be hard for people to understand. It helps when doctors think about how to help make sure you have good mental health as well as looking after physical health. Sometimes mental health can be worse when you have got a 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.

“Both the disease and the medication has changed me mentally and physically. Up until this point I had never stayed in hospital. When I got told I had to stay in I walked out of outpatients and just screamed and cried. I didn't want to be ill” 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 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 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 or lives that we might need help with?
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 young people with their condition or with their mental health?
5. How will you help to make virtual health appointments safe, private and confidential for patients?

Thank you to children, young people and families from RCPCH &Us network for sharing their ideas and views used in this section.

Section 2

Adolescent Health 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 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 Adolescent Health. Within the curriculum and throughout the syllabi, the Learning Outcomes are mapped to the GMC's GPCs. More information on the GPC framework is available from the GMC website: <https://www.gmc-uk.org/education/postgraduate/GPC.asp>.

Please note, trainees will also be required to complete their 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.

The Adolescent Health SPIN module addresses health during a period of development, rather than being specific to a disease process or organ system. The multitude of health services accessed by young people (including emergency, paediatric, sexual health and CAMHS services) reflect their many health needs but also provide a diverse range of potential training experiences in adolescent health. The need for access to developmentally appropriate healthcare led by appropriately trained health professionals is constant.

SPIN Learning Outcome		GPCs
1	Provides clinical leadership within a service, including liaison with colleagues and other services providing care for young people to assist in the coordination and paediatric medical management of complex health problems affecting young people.	1, 2, 5, 6, 7, 8, 9
2	Recognises, investigates, initiates and continues the management of the full range of specific acute and chronic health problems which present in adolescence drawing upon the expertise of other specialists, as necessary.	1, 2, 3, 5
3	Provides support and advice on safeguarding and legal issues specifically affecting young people, to support the named and designated safeguarding professionals, if additional adolescent clinical expertise is required.	2, 3, 7
4	Communicates effectively with young people, families, other healthcare professionals and external agencies regarding complex health problems of adolescence and ensures that the young person has the opportunity to participate in their own healthcare using a range of techniques and in a range of settings.	1, 2
5	Demonstrates leadership and provision of health promotion, patient education and enhancing motivation in relation to healthy lifestyle and behaviours in adolescence.	2, 4
6	Provides leadership in a service to ensure positive health experiences for young people through delivery of developmentally appropriate healthcare and effective transition to adult services.	2, 3, 5, 6
7	Supports young people's engagement and participation, advocating that young people's voices are embedded in service design, development and delivery.	2,3,4,5,6,8,9

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

SPIN Learning Outcome 1

Provides clinical leadership within a service, including liaison with colleagues and other services providing care for young people to assist in the coordination and paediatric medical management of complex health problems affecting young people.	GPC 1, 2, 5, 6, 7, 8, 9
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Key Capabilities

Facilitates the appropriate management of young people presenting with mental health issues as both primary and contributing factors in their presentations, troubleshooting operational or organisational barriers to effective care.	GPC 1, 2, 5, 7
Leads in the management of young people with medically unexplained or perplexing presentations.	GPC 1, 2, 5
Recognises and leads on managing young people presenting or admitted to hospital with restrictive eating disorders.	GPC 1, 2, 5
Participates in research and governance processes, including audit, guideline development and quality improvement projects to improve the safety and quality of services for young people.	GPC 2, 6, 9
Delivers education and training to the multi-professional team on young people's health.	GPC 2, 8

Illustrations

1. Chairs a multiagency meeting such as a multi-professionals meeting, team-around-the-child (TAC) meeting or psychosocial MDT meeting.
2. Manages the physical aspects of a young person's care who presents acutely unwell with a restrictive eating disorder, including appropriate investigation of acute nutritional compromise, management of electrolytes and ECG changes and refeeding.
3. Liaises with CAMHS and other healthcare professions in the management of a young person with a restrictive eating disorder to ensure holistic care.
4. Produces a chronology of symptoms and assessments for a young person presenting with medically unexplained symptoms
5. Manages a young person presenting with medically unexplained symptoms or a perplexing presentation in an inpatient or outpatient setting.
6. Manages a young person acutely presenting to the Emergency Department following an episode of self-harm, including medical assessment of severity of injuries, liaison with CAMHS services, and risk assessment of appropriate location of ongoing care.
7. Audits an adolescent service against existing national or local guidelines to assess compliance and identify areas for improvement.
8. Participates in a research project in the area of young people's health.
9. Delivers a teaching session to colleagues on the recognition and management of functional neurological disorders.

SPIN Learning Outcome 2

Recognises, investigates, initiates and continues the management of the full range of specific acute and chronic health problems which present in adolescence drawing upon the expertise of other specialists, as necessary.	GPC 1, 2, 3, 5
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Key Capabilities

Leads the assessment, diagnosis and management of a young person with a complex biopsychosocial disorder.	GPC 1, 2, 3, 5
Leads the assessment of a young person presenting with a problem related to adolescent development.	GPC 1, 2, 3, 5

Illustrations

1. Diagnoses a young person with chronic fatigue syndrome/myalgic encephalitis (CFS/ME) and formulates a management plan, including referral to specialist services if appropriate.
2. Recognises non-epileptic seizures in a young person admitted with suspected epilepsy and arranging appropriate investigations and follow-up.
3. Recognises that a young person has neurological symptoms which are likely to be functional and communicates this likely diagnosis to a young person and their parents.
4. Manages the young person presenting with heavy menstrual bleeding in the out-patient setting, including a discussion around treatment options.
5. Manages a young person with delayed puberty, including performing a pubertal assessment, ordering appropriate investigations and involving endocrinology services where appropriate.
6. Arranges appropriate screening tests in a young person with obesity looking for sequelae and risk factors, and provides guidance to the young person on management including accessing community services for help.
7. Leads a discussion with a young person about gynaecomastia, including assessing the psychological impact of the condition and a discussion around management options.
8. Raises the issue of acne in a young person presenting to medical services for another condition allowing them to access effective treatment options.
9. Follows junior MARSIPAN guidelines in the acute assessment of a young person presenting with restricted eating allowing a risk assessment and appropriate acute management.
10. Identifies the risk of refeeding syndrome in a young person admitted to the ward with anorexia and illustrates understanding of the risks by implementing an appropriate plan for management during the admission.
11. Recognises a young person struggling with their gender identity and communicates this to the MDT to allow the provision of support, sensitive communication, and a discussion around management options.

SPIN Learning Outcome 3

Provides support and advice on safeguarding and legal issues specifically affecting young people, to support the named and designated safeguarding professionals, if additional adolescent clinical expertise is required	GPC 2, 3, 7
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Key Capabilities

Provides clinical advice and guidance to paediatric colleagues working in consultation with the named and designated safeguarding professionals in managing complex legal, ethical and safeguarding issues affecting young people, if additional adolescent clinical expertise is required.	GPC 2, 3, 7
Provides clinical advice and guidance around the assessment of competence and capacity in young people, and the use of compulsory treatment under the Mental Health Act and contextual safeguarding.	GPC 3, 7

Illustrations

1. Liaises with social services and other relevant multiagency teams about a young person suspected to be at risk of criminal exploitation.
2. Leads on the safeguarding referral and contributes to the multiagency management of an asylum seeking young person.
3. Manages a young person at risk or suspected of being a victim of child sexual exploitation as part of a multidisciplinary and multiagency team.
4. Recognises a young person who is at risk of or experiencing neglect, makes an appropriate safeguarding referral and works with the multiagency team to address the young person's needs.
5. Advocates for a young person who is at risk of homelessness and works with a multiagency team to ensure a safe place for them to live.
6. Recognises where a young person may have been a victim of trafficking, and works with a multiagency team to address their needs.
7. Provides an education session to colleagues regarding contextual safeguarding or other safeguarding issues pertinent to the adolescent population.
8. Participates in a strategy meeting for a young person who you have raised safeguarding concerns about.
9. Contributes to local clinical guidelines on legal, ethical and safeguarding issues relevant to young people's health.

SPIN Learning Outcome 4

Communicates effectively with young people, families, other healthcare professionals and external agencies regarding complex health problems of adolescence and ensures that the young person has the opportunity to participate in their own healthcare using a range of techniques and in a range of settings.	GPC 1, 2
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Key Capabilities

Uses a variety of consultation skills during the clinical assessment of a young person, including seeing young people independently and using adolescent psychosocial assessment tools.	GPC 1, 2
Uses a clinical formulation to help contextualise and communicate the issues identified in a clinical assessment to the young person, family and wider professional network.	GPC 2
Promotes the participation of young people in consultations, including multidisciplinary settings.	GPC 1, 2

Illustrations

1. Takes a psychosocial history from a young person as part of a consultation using the HEEADSSS assessment tool.
2. Gains insight into the issues affecting a young person by arranging to speak to them privately in confidence without their parent/carer during a consultation.
3. Explains to a young person their right to confidentiality during medical consultations whilst explaining when confidential information may need to be shared.
4. Writes a guideline establishing good practice in the department with regards to consultations with young people.
5. Writes clinic letters directly to the young person, using appropriate language and ensuring that families and other health professionals are kept informed as appropriate.
6. Establishes a young people's peer support network for a local adolescent service.
7. Performs an audit within their department which involves surveying young people's opinions of their health care service.
8. Uses a clinical formulation to help identify predisposing, precipitating and perpetuating factors in addressing and communicating the issues affecting a young person with complex health problems.
9. Involves a young person in developing a management plan for their medical condition which takes into account the wider biopsychosocial context for the young person.
10. Facilitates a conversation between a young person and their parent/carer regarding an issue identified during a private conversation but which needs to be shared due to safeguarding concerns such as problematic drug or alcohol use or previously undisclosed suicidal ideation.
11. Uses motivational interviewing and goals-based work with a young person during a consultation.

SPIN Learning Outcome 5

Demonstrates leadership and provision of health promotion, patient education and enhancing motivation in relation to healthy lifestyle and behaviours in adolescence.	GPC 2, 4
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Key Capabilities

Incorporates motivational enhancement and solution focused approaches into consultations with young people to promote healthy lifestyles.	GPC 2, 4
Uses skills to liaise with colleagues working in Public Health, and elsewhere, to analyse the main determinants of poor health for young people locally.	GPC 2, 4
Works with others to advocate for policies and practices to improve young people’s health and wellbeing.	GPC 2, 4

Illustrations

1. Delivers an education session to young people within an adolescent service regarding healthy lifestyle choices relevant to their medical condition.
2. Addresses vaccine hesitancy during a consultation with a young person.
3. Discusses sexual health and contraception with a young person who is taking a teratogenic medication.
4. Discusses sleep hygiene and develops a plan for improved sleeping in a young person with Delayed Sleep Phase Syndrome or poor sleep habits.
5. Discusses lifestyle factors with a young person who is overweight or obese.
6. Discusses alcohol and drug use with a young person with diabetes, including making a realistic plan with the young person for how to manage their condition safely in the context of adolescent risk-taking behaviours.
7. Discusses health behaviours with a young person and uses the opportunity to enhance motivation by acknowledging the positive healthy lifestyle choices they are already making.
8. Uses motivational interviewing to elicit behaviour change in a young person who has not been engaging with the recommended medical management of their health condition.
9. Signposts a young person and / or their parents to information on the internet, or on interactive media, which may support them with understanding or living alongside their medical condition.
10. Signposts a young person to local community services designed for young people, both local authority and voluntary sector provision, including young people’s participation projects, youth centres and LGBTQ+ groups.
11. Provides training to other members of the team on how to identify young people’s broader health and social needs and signpost appropriately.

SPIN Learning Outcome 6

Provides leadership in a service to ensure positive health experiences for young people through delivery of developmentally appropriate healthcare and effective transition to adult services.	GPC 2, 3, 5, 6
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Key Capabilities

Understands and delivers developmentally appropriate healthcare.	GPC 2, 3, 5, 6
Leads and supports developmentally appropriate healthcare and the development of effective transition processes, through education training and advocacy.	GPC 2, 3, 5, 6

Illustrations

1. Liaises with clinical and managerial colleagues to ensure that admission pathways and inpatient facilities for young people are developmentally appropriate.
2. Develops a local guideline relating to the paediatric assessment and management of common adolescent health problems such as self-harm, eating disorders or obesity.
3. Writes a local developmentally appropriate healthcare and transition policy outlining care pathways for young people moving between paediatric and adult services.
4. Delivers teaching on developmentally appropriate healthcare including transition to doctors in training and the wider multi-professional team.
5. Works with appropriate teams to remove barriers to effective developmentally appropriate healthcare and transition.
6. Develops working relationships with colleagues in adult services with an interest in young adult healthcare to improve services for 16-20 year olds.

SPIN Learning Outcome 7

Supports young people’s engagement and participation, advocating that young peoples’ voices are embedded in service design, development and delivery.	GPC 2, 5, 6, 8, 9
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Key Capabilities

Demonstrates commitment to young people’s engagement and develops skills in facilitating effective and meaningful participation.	GPC 2, 3
Works with all levels of their organisation to ensure young people’s participation is embedded and valued.	GPC 2, 3, 4, 5, 6, 8
Work closely with and support young peoples’ participation workers.	GPC 2, 5, 6
Promotes the engagement of young people in the design or delivery of developmentally appropriate healthcare.	GPC 5, 6

Illustrations

1. Works with colleagues to achieve external accreditation of appropriate services within the organisation, such as Department of Health, “You’re Welcome” standards.
2. Works with the management lead for patient participation to ensure young people are involved and prioritised within the organisation’s participation activities.
3. Provides training for multidisciplinary colleagues on the principles and practice of participation.
4. Links with local and national participation groups.
5. Ensures there are young people’s patient panels/forums involved with service development initiatives from inception
6. Involves young people and their families in the design and development of a local audit or guideline.
7. Involves young people and their families in a service development project.

Section 3

Assessment Strategy

How to assess the Adolescent Health 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:

1. Paediatric Mini Clinical Evaluation (ePaed MiniCEX):

- Leading antimicrobial stewardship and/or pOPAT board round (Learning Outcome 3)

2. Clinical Leadership Assessment Skills (LEADER):

- Leading antimicrobial stewardship and/or pOPAT board round (Learning Outcome 3)

3. Clinical based discussion (CBD) or ePaed Mini CEX

- Reflection on and discussion of a range of cases covering the key presentations of adolescent health; eg disorders of puberty, mental health issues, functional presentations.

4. Safeguarding CBD

- Reflection on and participation in a clinical discussion about the safeguarding of an adolescent.

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(ePaed Cbd)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Facilitates the appropriate management of young people presenting with mental health issues as both primary and contributing factors in their presentations, troubleshooting operational or organisational barriers to effective care.		✓				✓			✓		✓
Leads in the management of young people with medically unexplained or perplexing presentations.	✓	✓			✓		✓	✓			
Recognises and leads on managing young people presenting or admitted to hospital with restrictive eating disorders.	✓	✓			✓		✓				
Participates in research and governance processes, including audit, guideline development and quality improvement projects to improve the safety and quality of services for young people.								✓			✓
Delivers education and training to the multi-professional team on young people’s health.								✓			
Leads the assessment, diagnosis and management of a young person with a complex biopsychosocial disorder.	✓	✓									
Leads the assessment of a young person presenting with a problem related to adolescent development.	✓	✓									
Provides clinical advice and guidance to paediatric colleagues working in consultation with the named and designated safeguarding professionals in managing complex legal, ethical and safeguarding issues affecting young people, if additional adolescent clinical expertise is required.	✓	✓					✓	✓			
Provides clinical advice and guidance around the assessment of competence and capacity in young people, and the use of compulsory treatment under the Mental Health Act and contextual safeguarding.	✓	✓					✓	✓			

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (aPaed 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 (Paed Cbd)	Paediatric Mini Clinical Evaluation (aPaed Mini-CEX)
Uses a variety of consultation skills during the clinical assessment of a young person, including seeing young people independently and using adolescent psychosocial assessment tools.			✓			✓			✓	✓
Uses a clinical formulation to help contextualise and communicate the issues identified in a clinical assessment to the young person, family and wider professional network.	✓		✓		✓	✓			✓	✓
Promotes the participation of young people in consultations, including multidisciplinary settings.			✓						✓	✓
Incorporates motivational enhancement and solution focused approaches into consultations with young people to promote healthy lifestyles.			✓					✓		✓
Uses skills to liaise with colleagues working in Public Health, and elsewhere, to analyse the main determinants of poor health for young people locally.			✓		✓					✓
Works with others to advocate for policies and practices to improve young people's health and wellbeing.			✓							✓
Understands and delivers developmentally appropriate healthcare.	✓		✓			✓			✓	✓
Leads and supports developmentally appropriate healthcare and the development of effective transition processes, through education training and advocacy.			✓							✓
Demonstrates commitment to young people's engagement and develops skills in facilitating effective and meaningful participation.			✓					✓		
Works with all levels of their organisation to ensure young people's participation is embedded and valued.					✓					✓
Work closely with and support young peoples' participation workers.			✓							✓
Promotes the engagement of young people in the design or delivery of developmentally appropriate healthcare.	✓		✓			✓				

Appendices

Appendix A: Further guidance and resources

Doctors completing this SPIN module may find the following resources useful to support their training. Please note, there is no mandatory requirement to use any or all of these resources, and RCPCH cannot be held responsible for the quality or content of any external materials.

Assessment

RCPCH Assessment web pages www.rcpch.ac.uk/assessment
RCPCH Assessment Strategy www.rcpch.ac.uk/progress

Recommended reading

1. NICE guideline on 'Transition from children's to adults' services,' available at <https://www.nice.org.uk/guidance/qs140>
2. *Inventing Ourselves: the secret life of the teenage brain*, Sarah-Jayne Blakemore: Drawing upon her cutting-edge research, award-winning neuroscientist Sarah-Jayne Blakemore explains how adolescence is fundamental to how we invent ourselves.
3. *It's All In Your Head*, Suzanne O'Sullivan: In *It's All in Your Head* consultant neurologist Dr Suzanne O'Sullivan takes us on a journey through the very real world of psychosomatic illness.
4. *Neinstein Adolescent and Young Adult Health Care A Practical Guide*, Debra Katzman (editor), Lawrence S. Neinstein (editor), Sixth edition
5. AYPH – key data/UK stats

Training events or courses

1. Adolescent Health programme (AHP) – e-learning for healthcare <https://www.e-lfh.org.uk/programmes/adolescent-health/>
2. MindEd – e-learning for healthcare <https://www.e-lfh.org.uk/programmes/minded/>
3. EuTEACH Summer school – European training in effective adolescent care and health. <https://www.unil.ch/euteach/en/home/menuinst/summer-school.html>

Other useful resources

1. Young People's Health Special Interest Group of the RCPCH. <https://www.yphsig.org.uk/>
2. Association for Young People's Health website <https://www.youngpeopleshealth.org.uk/>
3. Developmentally Appropriate Healthcare Toolkit: <https://www.northumbria.nhs.uk/quality-and-safety/clinical-trials/for-healthcare-professionals/>
4. Health Promotion toolkit: <https://www.rcpch.ac.uk/resources/rcpch-progress-domain-resources-health-promotion-illness-prevention#health-promotion-toolkitnbsp>

Other RCPCH &Us resources

- www.rcpch.ac.uk/work-we-do/rcpch-us-children-young-people-families
- www.rcpch.ac.uk/hiddenhealth
- www.rcpch.ac.uk/resources/emoji-card-game
- www.rcpch.ac.uk/resources/transition-adult-services
- www.rcpch.ac.uk/being-me
- www.rcpch.ac.uk/resources/covid-19-us-views-rcpch-us
- www.rcpch.ac.uk/inside-story
- <https://stateofchildhealth.rcpch.ac.uk/voice-matters/>
- www.rcpch.ac.uk/covid-book-club

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 General Paediatrics CSAC. See the RCPCH website for the contact details of the current SPIN Lead: <https://www.rcpch.ac.uk/membership/committees/general-paediatrics-csac>

Appendix B: Criteria for SPIN delivery

The following requirements should be met when designing a training programme for a SPIN module. Adherence to these criteria will help ensure the clinician will have the necessary support and access to experiences which they will require in order to successfully complete this SPIN module. These criteria are framed against the standards set out in Excellence by Design: standards for post graduate curricula (GMC 2017).

Purpose	
<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"> • An expected 12-18 months training with appropriate supervision in a suitable department which provides services for young people.
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 clinical management with appropriate supervision.
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 multidisciplinary teams consisting of a minimum of nurses, physiotherapists, occupational therapists. 	<p>CSAC specific requirements:</p> <ul style="list-style-type: none"> • Access to a CAMHS or psychologist, youth worker, specialty nurses working with young people with long term conditions and / or other professionals allied to medicine with expertise in Young people's health
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"> • N/A

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">• N/A

