

SPIN Module curriculum in

Paediatric Audiovestibular Medicine

SPIN Version 1.0
Approved for use from 1 September 2021

This document outlines the curriculum and assessment strategy to be used by paediatricians completing the RCPCH SPIN module in Audiovestibular Medicine.

This is Version 1.0. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Date issued	Summary of changes

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	Paediatric Audiovestibular Medicine.....	18
	How to use the RCPCH 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.....	25
	Key Capabilities.....	25
	Illustrations.....	25
	SPIN Learning Outcome 5.....	26
	Key Capabilities.....	26
	Illustrations.....	26
Section 3	Assessment Strategy.....	27
	How to assess the Paediatric Audiovestibular Medicine SPIN.....	28
	Assessment blueprint.....	30
	Appendices.....	32
	Appendix A: Further guidance and resources.....	33
	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.

Trainees, consultants and others providing expert care will be able to seek training in an area of special interest or in aspect(s) of sub-specialty care. This will involve training, assessment and supervised care. It will vary in breadth and depth, depending upon the specific SPIN syllabus. The SPIN can be completed before or after CCT. It should be feasible to complete the SPIN in no more than 12 months full-time training. SPIN training does not have to be completed within one placement or over one continuous period. The assessment of whether the clinician has attained the required Learning Outcomes will only examine evidence relating to a maximum of five calendar years prior to submission.

Please note that SPIN Modules are:

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

SPINs are undertaken and assessed within the working environment, under the guidance of a designated Supervisor, recording evidence within the ePortfolio. The RCPCH SPIN Lead, usually the relevant College Specialty Advisory Committee (CSAC), is responsible for reviewing completed portfolios and confirming if successful completion of the SPIN is to be awarded. For this SPIN the lead advisory committee will be the Community Child Health Advisory Committee.

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

Purpose statement

This purpose statement demonstrates the need for clinicians to undertake a SPIN module in Audiovestibular Medicine (AVM), 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:

General paediatricians in district general hospitals are increasingly part of wider clinical networks. By supporting paediatricians in developing an interest in a specific area of practice, SPINs help facilitate more patients being seen by a paediatrician with the expertise to treat certain specific conditions nearer to their home, rather than having to travel to a major paediatric unit. The care of children with hearing impairment is mainly delivered by paediatricians in community child health. This SPIN is therefore particularly although not exclusively targeted to this group of sub-specialty trainees and consultants, although as with other SPINs would be open to trainees and consultants from General Paediatrics.

Population need:

There are 12 million people with hearing loss in the UK currently; of these 50,000 are children, with around half of them being born with a hearing loss and the remaining half losing their hearing during childhood.

There are around 137 services undertaking newborn hearing screening in the UK: 110 in England, 14 in Scotland, 7 in Wales and 4 in Northern Ireland, 19 NHS paediatric cochlear implant teams in the UK and 134 paediatric audiology departments in England.

Hearing impairment (HI) identified at the newborn hearing screen may be the first presenting symptom of a much wider condition. It is essential that paediatricians are involved early in the assessment of babies diagnosed with a HI, as well as early diagnosis of late onset and acquired HI. This is especially important as treatments are now available for conditions such as hearing impairment secondary to congenital CMV.

Workforce Considerations

Recent RCPCH surveys have indicated that only 1 in 5 of the 187 community child health services currently has a paediatrician with an interest in HI and only half of those are trained. Nearly 2/3 of the consultant paediatricians surveyed would have liked to complete the SPIN in AVM if this option had been available.

The other issue is that many of the current workforce are nearing retirement. The BAPA survey in 2019 found that 18 of the 41 paediatricians with an interest in AVM intend to retire by 2024 and another seven by 2029, equivalent to more than 50% of the current workforce

There is, therefore, an urgent need to develop the training programme for community paediatricians in paediatric AVM to comply with current SPIN requirements. The current structure of the CCH curriculum – two years in CCH and an additional year in CCH or a relevant specialty – already allows time for training; but a specific recognised AVM training pathway is needed. This SPIN therefore seeks to create this pathway. The urgency relates to firstly, the gaps we have shown in the current workforce and secondly, the need to establish the training programme before the dwindling number of potential supervisors retire.

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 Paediatric and Community Child Health CSACs, in conjunction with Royal College of Physicians Audiovestibular Medicine Specialist Advisory Committee, the British Association of Paediatricians in Audiology (BAPA) Executive Committee and members; The British Association of Community Child Health (BACCH) Executive Committee; The British Association of Childhood Disability (BACD) Executive Committee;

AV paediatrics is an area of medical practice with multiple networks. Building networks is an important part of integrating the care.

The SPIN would include exposure and developmental assessments with the following MDT members for babies, children and young people with hearing impairment:

- Paediatric Audiologists
- Teachers of the Deaf
- Educational Audiologist
- Specialist Speech & Language Therapists for children with hearing impairment
- Health Visitors
- Audiovestibular Physicians
- Paediatric Neurology
- Ear Nose and Throat Surgeons
- Paediatric Hearing Implant Teams
- Paediatric Occupational and physiotherapists
- Special Needs co-ordinators in the child's school.
- Local and National Deaf Child and Adolescent Medicine Services CAMHS

Joint work with colleagues in paediatric audiology services is crucial to the success of the local network for babies, children and young people with hearing and vestibular disorders.

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

Following successful completion of this SPIN module and 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 Audiovestibular Medicine.

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

- The causes, investigation, management and developmental progress of babies, children and young people with all types of hearing impairment and vestibular disorders of childhood.
- The tests of hearing and balance and integrating these with the medical assessment and management of a child's hearing loss/ balance difficulties.
- How to talk to patients and families about hearing loss and vestibular disorder.
- The complications of middle ear disease.

- **Advocacy for children with audiovestibular conditions by understanding Deaf/deaf culture differences, communication needs and special educational needs and disabilities (SEND) processes for these children.**
- **Teaching and training on the audiovestibular conditions of childhood.**

The SPIN training will enable them to undertake the following roles:

- **Provision of audiovestibular care to babies, children and young people.**
- **Bridge the gap that babies, children and young people with AV conditions regularly fall into, between community paediatricians, neurodisability paediatricians or paediatric neurologists, general paediatricians and ENT specialists. Have the specialist knowledge and skills to ensure that robust integrated care and referral pathways are in place, understanding when a referral to specialist colleagues is required.**

Other specific roles a clinician who has completed this SPIN may be able to undertake include:

- **Assessment and onward referral for children with auditory processing difficulties (listening difficulties with normal audiogram), tinnitus, hyperacusis, complex audiovestibular presentations (e.g. medically unexplained hearing difficulties).**
- **Team leading/ medical lead for newborn hearing screening.**
- **Recognize and assess the impact of hearing impairment on an ASD/ ADHD assessment. Children with severe to profound hearing impairment or who use or whose parents/carer use sign language are assessed in England by National Deaf CAMHS specialist services.**

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

- **Are members of The British Association of Paediatricians in Audiology (BAPA),**
- **Attend audiovestibular conferences, annual meeting/audit meeting and peer review meetings regularly.**
- **Attend at least one relevant short course as part of their 5-year CPD cycle.**

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 Audiovestibular Medicine, who can 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 or Training Programme Directors 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.

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

For trainees, the SPIN training should be feasible within 12 months for full time trainees, or pro-rata for Less Than Full Time (LTFT) trainees. It is expected that to achieve the necessary learning outcomes, a trainee will need to train in the following clinical settings:

- Specialist outpatient clinic for children with hearing impairment led by a consultant in audiovestibular medicine or paediatrician with a special interest in audiovestibular paediatrics.
- Multiagency developmental (MDT) assessments for children with hearing impairment.
- Clinics with paediatric audiologists testing hearing and providing rehabilitation to all ages of children including referrals from newborn hearing screening.
- Deaf awareness and introduction to British Sign Language.
- Teaching clinic with ENT surgeon.
- All trainees to have some clinics with audiovestibular physician particularly for the assessment of vestibular function and disorder.
- Access and opportunity to attend/ visit specialist clinics/services (AVM, paediatric hearing implants/ specialist CAMHS 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/ LETBs agree and approve the SPIN module programme. These exceptional circumstances include applications from trainees where approved training in a particular special interest is not available in their current deanery/ LETB. Permitting OOP for these exceptional circumstances provides a positive contribution to workforce planning in regions where limited approved SPIN modules are available. For example, smaller sub-specialties such as Nephrology or Immunology & Infectious Diseases (IID) may only be available in a limited number of deaneries/ LETBs. In order for applications utilising OOP to be considered by the RCPCH, both deaneries/

LETBs must agree and approve the SPIN module programme and provide clear justification as to why the module could not be completed in the trainee's current deanery/ LETB.

Post requirements

When applying to undertake a SPIN, applicants must demonstrate that they will be able to access the necessary learning opportunities and placements, and an appropriate Educational and Clinical Supervisor 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 the curriculum to be delivered successfully. Please contact the SPIN Lead (Seconded to the RCPCH CSAC in CCH) 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/Local Education Training Board (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 are gathered regularly for clinicians involved in the work of the RCPCH Education and Training division.
- Undertaking careful consideration of the Learning Outcomes and Key Capabilities to ensure that there is a clear rationale for any mandatory content, and thus there are no unnecessary barriers to access or achievement. Beyond these mandatory requirements, the assessment tools can be deployed in a more flexible and tailored manner, meeting the requirements of the individual trainee.
- All draft SPIN curricula to be reviewed specifically against the protected characteristics prior to sign-off, identifying any possible barriers and ensuring these are appropriately addressed.
- All SPINs are approved for use by the RCPCH Training and Quality Board (TQB). 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 team (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 several 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 Training and Quality Board (TQB) has overall responsibility for the RCPCH SPIN curricula, working closely with the SPIN Lead. The TQB 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 TQB 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 (mandatory) Capability, the ETQC will issue guidance for trainees currently undertaking the SPIN module, noting any implications of the amendment and whether they are required to meet the new criteria. Amendments will only be made where a clear rationale exists for doing so, and every effort will be made to minimise any negative impact on the trainee.

#VoiceMatters

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

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

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

What children, young people and families said

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

It can be hard for us and our families we have a condition that we are just learning about or 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 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 our families.

“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 or treatments that we have to follow. 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 understanding how you live with the condition or how best to support communication, or to talk to someone who isn't your doctor to get help understanding things.

When you have a hidden disability, it can be really hard when people don't know much about it or think that it is the same for everyone when it isn't, We would really like it if our school, our GP and our specialist doctors all have the same information at the same time, and talks to each other to make sure that everyone knows what it happening. It can be really hard when one of the places looking after us doesn't have all the information or doesn't remember how we want to be communicated with (BSL, note taker, SSE, communication aids) so we then miss things or get frustrated that what we have asked for before has been forgotten. It would help if we had a care plan that has all the up to date information and is easy to share between everyone that says what our communication preferences are and how you can support them within the place you work.

“It really helps when the doctor has learnt to fingerspell or learnt basic signs, or even draws and uses gestures. I want to feel included in my appointment and my healthcare, not excluded because I can’t hear” 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.

“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 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. This can be even harder for children and young people who have different hearing needs as we might miss what is being said in a video call if there isn’t an interpreter or we can’t see your face through the mask clearly. Please make sure you think about how best to have a virtual appointment that meets my needs and speak to me about what would work best for me. It might be that I don’t want to rely on my parents knowing what you have said and then telling me later because that could mean that I don’t find out, or I misunderstand or I don’t get the chance to ask my questions or worries with you.

“Offering online appointments – it’s really hard when the subtitles don’t work or match or you have your mask on. I might need to see you in person rather than on video.” 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 by checking our communication choices and seeing what works best for me.
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.

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 develop your skills to communicate with Deaf children and young people? Can you take a basic BSL course or visit a Deaf School for some tips?
2. How are you going to support children and young people to feel comfortable in opening up? Are there tools and resources that could help?
3. Have you asked about other things in our house, where we live or at school that we might need help with?
4. What ways will you use to help everyone talk with you on their own, in the way that is right for them?
5. What local and national charities do you know that help families supporting deafness?
6. 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

Audiovestibular Medicine 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 several Learning Outcomes which specify the standard that clinicians must demonstrate to attain this SPIN module. Trainees are encouraged to consider innovative ways of demonstrating how they have met the Learning Outcome.

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

Components of the SPIN curriculum

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

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

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

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

SPIN Learning Outcomes

This table contains the generic Learning Outcomes required for all trainees undertaking the RCPCH SPIN in Audiovestibular Medicine. Within the curriculum and throughout the syllabi they 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 sub- Specialty 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	Applies an in-depth knowledge of all types of permanent hearing impairment and associated vestibular disorders in babies, children and young people. This includes aetiological investigations to ascertain the underlying cause, management and monitoring of developmental progress.	2, 3, 4
2	Applies knowledge of paediatric audiovestibular medicine to make referrals and follow pathways for children with hearing impairment.	2, 3, 4, 6
3	Explains to children, young people, parents and carers about hearing loss and testing, tests of vestibular function and other vestibular disorders of childhood.	1, 2, 3, 4
4	Provides local expertise for audiovestibular problems in children.	2, 3, 4, 5, 6, 8
5	Advocates for children with audiovestibular conditions by understanding Deaf/deaf culture differences and the communication needs of children and families.	4, 6

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

SPIN Learning Outcome 1

Applies an in-depth knowledge of all types of permanent hearing impairment and associated vestibular disorders in babies, children and young people. This includes aetiological investigations to ascertain the underlying cause, management and monitoring of developmental progress.	GPC 2, 3, 4
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Key Capabilities

Undertakes a paediatric audiovestibular history and examination, using the scientific knowledge of the inner ear to underpin their medical practice.	GPC 2, 3, 4
Interprets the different tests of hearing, using a knowledge of acoustics, to inform the medical assessment of a child's hearing loss including all types of conductive hearing loss.	GPC 2, 3, 4
Arranges and interprets aetiological investigations to identify the cause of hearing impairment including genomic testing.	GPC 2, 3, 4
Contributes to the management of a child with hearing impairment within the multidisciplinary team.	GPC 2, 4, 5, 8
Understands the role of the vestibular system on development, completes a clinical vestibular assessment and refers for appropriate tests / further opinion	GPC 2, 3, 6

Illustrations

1. Assess, manage and discuss the diagnosis of a child's permanent childhood hearing impairment, to explain a child's hearing impairment to the child and young person, their family and colleagues.
2. Undertake a four-generation family tree of permanent childhood hearing loss and related conditions and apply/consent for genomic testing panels.
3. Undertake detailed aetiological investigations for all types of permanent childhood hearing impairment (mild/moderate/ severe/profound/ progressive and auditory neuropathy spectrum disorder).
4. Diagnose and arrange treatment including monitoring hearing for congenital CMV.
5. Take a vestibular history and ascertains symptoms of unilateral and bilateral vestibular hypofunction and acute vestibular upset/vertigo. This includes vestibular migraine.
6. Clinically assess the function of a child's vestibular system.
7. Accurately assess the contribution of hearing and vestibular function on a child's development including children with complex needs.
8. Identifies a child who is not making expected developmental progress once provided with listening devices (hearing aids and implants) for their hearing impairment.
9. Understand the roles of the multi-professional team for a child with hearing impairment and works collaboratively with the team respecting each professional's area of expertise.
10. Contribute to the MDT review of developmental progress of a child with a hearing

impairment and understands the communication options for a child with permanent childhood hearing impairment.

11. Recognise different listening devices and can explain to family how these work and why different hearing devices are used. Can recognize simple problems with hearing devices and explain them to parents/carers and arrange appointment with paediatric audiology team.
12. Supports special educational needs and disabilities (SEND) process for these children.

SPIN Learning Outcome 2

Applies knowledge of paediatric audiovestibular medicine to make referrals and follow pathways for children with hearing impairment.	GPC 2, 3, 4, 5, 6
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Key Capabilities

Understand the scientific basis and pathways of the newborn test of hearing to inform management of a baby with hearing impairment.	GPC 2, 3
Arrange appropriate referrals to paediatric hearing implant services.	GPC 4, 5, 6
Diagnose associated medical co-morbidities and refer to sub-specialty paediatrician, specialist audiovestibular or ENT service.	GPC 2, 3, 6
Assesses mental health and wellbeing of a child with a hearing impairment and makes referral to children's and young people's mental health services (local and national).	GPC 2, 3, 4

Illustrations

1. Participate in newborn hearing screening programs.
2. Consider when further referral for specialist hearing devices is beneficial to child in conjunction with paediatric audiologists.
3. Make appropriate onward referrals for paediatric hearing implant assessments by specialist centres. (cochlear implants, bone anchored hearing aids, auditory brain stem implants, rehabilitation options of a unilateral hearing impairment).
4. Explain to a family and colleagues why a child with a hearing impairment has passed newborn hearing screening. Mild hearing loss, progressive hearing loss, late onset or acquire hearing loss, ANSD where only NHSP pathway involves only otoacoustic emissions.
5. Teach paediatricians about newborn hearing screening: science, pathways and responsibilities for referral to paediatric audiology.
6. Teach paediatric conditions associated with hearing impairment, which conditions require referral for a hearing test and the impact of hearing impairment and vestibular disorder/hypofunction to trainees and colleagues.
7. Refer appropriately to specialist services (primarily Audiovestibular medicine and paediatric otology, also paediatric neurology, nephrology, cardiology, infectious disease and appropriate mental health services etc.).
8. Build an effective relationship and referral pathways colleagues in local and specialist National Deaf CAMHS, knowing the referral criteria to national deaf CAMHS where this is available (only available in England).
9. Diagnose listening difficulties (non-organic hearing loss) or undertake an initial assessment for difficulties with listening (non-organic hearing loss, auditory processing difficulties, tinnitus and hyperacusis and refer for specialist assessment as appropriate (Referral to AVM).
10. Recognise the symptoms and signs of an unsafe middle ear and refer to ENT.

SPIN Learning Outcome 3

Explains to children, young people, parents and carers about hearing loss and testing, tests of vestibular function and other vestibular disorders of childhood.	GPC 1, 2, 3, 4
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Key Capabilities

Uses appropriate language to discuss hearing loss and testing with Children, young people and parents/carers.	GPC 1, 2, 4
Understands the tests of vestibular function and can explain vestibular testing and problems to children, young people and parents/carers using appropriate language.	GPC 2, 4

Illustrations

1. Support families after birth of babies with microtia and ensure investigations and referrals to specialist teams are completed early as per UK guidelines.
2. Identify dual (vision and hearing impairment) and multisensory (vision, hearing and vestibular impairment), knows statutory assessments available and understand impact on child and their development, explaining this to colleagues and parents/carers.
3. Transition: ensures a young person understands their hearing loss and aetiological diagnosis.

SPIN Learning Outcome 4

Provides local expertise for audiovestibular problems in children.	GPC 2, 3, 4, 5, 6, 7, 8
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Key Capabilities

Teaches audiovestibular problems of childhood to colleagues including impact on child and timely diagnostic assessment.	GPC 7, 8
Service delivery and organisation across the statutory agencies and between secondary (general) and tertiary (specialist audiovestibular paediatric care).	GPC 5, 6, 7, 8

Illustrations

1. Ensure deaf awareness training in local health systems and social care settings (e.g. child protection conferences, ensuring the needs of children looked after with hearing impairment are understood by carers, social workers and the courts etc).
2. Provide the interface between the child's audiological testing and rehabilitation and the medical diagnosis and ongoing care to inform each of the other.
3. Contribute to the MDT assessment of glue ear in special populations (e.g. children with Downs Syndrome and cleft palate) as per NICE guidelines.
4. Diagnose and provide specific knowledge of syndromic and acquired conditions associated with hearing impairment, vestibular hypofunction or a combination of both. Examples include conditions causing visual impairment, renal impairment, cardiac anomalies and the effects of head/injury/meningitis and cancer treatments on hearing and balance.
5. Complete search of medical databases and review the literature to inform clinical practice making an assessment of the quality and potential bias in the study (eg case report) to inform management of the baby child young person with an extremely rare underlying cause of hearing loss.
6. Teach colleagues about AV problems in paediatrics: understanding hearing tests, vestibular paediatrics, timely referrals and impact of hearing impairment and/or vestibular disorder on the child.
7. Attend and participate in Children's Hearing Services Working Group: Has skills to chair if necessary. Has detailed knowledge of the national Scottish Network: Hearing Impairment Network for Children and Young People (HINCYP).
8. Assess safeguarding related issues with colleagues in paediatric audiology (eg non-compliance with hearing aids, not brought to assessment or aiding review appointments).

SPIN Learning Outcome 5

Advocates for children with Audiovestibular conditions by understanding Deaf/deaf culture differences and the communication needs of children and families.	GPC 1, 7
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Key Capabilities

Understands Deaf/deaf cultural differences and the communication needs of deaf children and/or their parent(s).	GPC 1, 2, 3, 7
Communicates effectively with children, young people and parents / carers with hearing impairment.	GPC 1, 2, 3
Undertakes effective transition to adult services using in depth knowledge of multi-professional pathways.	GPC 2, 3, 4

Illustrations

1. Acts as an advocate for equal access to health services, (BSL, Lip reading, masks, video consultations) and the correct use of interpreters.
2. Uses interpreters and considers the requirements of each individual in the consultation and can manage complex interpreting arrangements. For example, where a child and parents/ carers have different hearing difficulties.
3. Communicates effectively with children with hearing impairment and special educational needs.
4. Advocates for a choice of communication options and appropriate access to BSL courses for parents and families.
5. Considers transition as part of the care pathway.
6. Discusses Disabled Student Finance, Access to work, careers advice, difference in NICE guideline for cochlear implants in adults (unilateral) compared with children (bilateral).

Section 3

Assessment Strategy

How to assess the Audiovestibular Medicine SPIN

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

The Programme of Assessment comprises a wide range of assessment tools which must be used in conjunction with the Blueprint to develop skills and assess capability. The assessments are knowledge, skills and capability-based, capturing a wide range of evidence which can be integrated to reach a judgement as to the trainee's achievement of the SPIN module learning outcomes. The assessments also provide 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:

MSF from MDT for children with hearing impairment.

Evidence of advocacy and deaf/Deaf awareness.

Evidence of workplace-based assessment of audiovestibular paediatrics - shows evidence of a wide range of cases. Three cases for the first (1.) and including at least one case for each of the others (2. to 8.) emphasising

1. Hearing aetiology using BAAP protocols (one each of non-progressive permanent childhood hearing impairment [PCHI], progressive PCHI and a case of auditory neuropathy spectrum disorder [ANS]).
2. Conductive hearing loss/middle ear disease.
3. Interpreting tests of hearing.
4. Hearing rehabilitation with MDT assessment.
5. Case where consideration of referral to paediatric hearing implant team is required.
6. Vestibular case.
7. Case where consideration of mental health and wellbeing is required.
8. Transition.

LEADER: Takes a leading role in an MDT around the management of a child with hearing impairment.

Collates evidence for involvement in local, regional or national teaching and reflection on feedback on the training they have delivered.

Evidences and reflects on learning on the underpinning science of the inner ear, acoustics, testing of hearing and balance and vestibular paediatrics. Discusses clinical application with supervisor. Discusses pros and cons with supervisor.

Participates in a guideline development (including national feedback on NICE guidelines via

BAPA exec committee) or does a local audit in audiovestibular paediatrics.

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

Assessment blueprint

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

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

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)	Paediatric Case-based Discussion (ePaeds Cbd)	Paediatric 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
Undertakes a paediatric Audiovestibular history and examination, using the scientific knowledge of the inner ear to underpin their medical practice.	✓	✓	✓					✓		
Interprets the different tests of hearing, using a knowledge of acoustics, to inform the medical assessment of a child's hearing loss including all types of conductive hearing loss.	✓	✓	✓		✓			✓		
Arranges and interprets aetiological investigations to identify the cause of hearing impairment.	✓	✓			✓					
Understands the rehabilitation of a child with hearing impairment.	✓	✓						✓		
Understands the role of the vestibular system on development, completes a clinical vestibular assessment and refers for appropriate tests/ further opinion.	✓	✓	✓							
Understand the scientific basis and pathways of the newborn test of hearing to inform management of a baby with hearing impairment.	✓	✓								
Arrange appropriate referrals to paediatric hearing implant services.	✓	✓			✓					
Diagnose associated medical co-morbidities and refer to sub-specialty paediatrician, specialist audiovestibular or ENT service.	✓	✓			✓					
Assesses mental health and wellbeing of a child with a hearing impairment and makes referral to local and national CAMHS services .	✓	✓			✓					
Uses appropriate language to discuss hearing loss and testing with children, young people and parents/carers.	✓	✓			✓			✓		

Key Capabilities	Assessment / Supervised Learning Event suggestions								
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AoP)	Paediatric Case-based Discussion (ePaeds Cbd)
Understands the tests of vestibular function and can explain vestibular testing and problems to children, young people and parents/carers using appropriate language.			✓			✓		✓	✓
Teaches all aspects audiovestibular problems of childhood to colleagues.	✓		✓			✓			
Understands Deaf/deaf cultural differences and the communication needs of deaf children and /or their parent(s).			✓			✓		✓	✓
Service delivery and organisation across the statutory agencies and between secondary (general) and tertiary (specialist audiovestibular paediatric care).			✓		✓			✓	✓
Communicates effectively with children, young people and parents with hearing impairment.	✓		✓					✓	✓
Undertakes effective transition to adult services using in depth knowledge of multiprofessional pathways.			✓	✓				✓	✓

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. *A Textbook of Audiological Medicine: Clinical Aspects of Hearing and Balance* 19 Dec. 2002 by Linda Luxon (Editor), Joseph M. Furman (Editor), Alessandro Martini (Editor),
2. *Paediatric Audiological Medicine, 2nd Edition* Valerie E. Newton (Editor) ISBN: 978-0-470-31987-1 March 2009 536 Pages
3. *Manual of Pediatric Balance Disorders Second Edition* Robert C. O'Reilly (Editor), Thierry Morlet (Editor), Sharon L. Cushing (Editor), Jacob R. Brodsky (Editor) Plural Publishing Inc; 2nd edition (1 Oct. 2019) ISBN-10 : 1635501466 ISBN-13 : 978-1635501469
4. *Handbook of Clinical Audiology* Written by Jack Katz, 2014 Edition, (7th International edition) Publisher: Lippincott Williams and Wilkins [Hardcover] Hardcover – 2 Nov. 2014 by Jack Katz (Author)
5. *BSA protocols and practice guidance:* <https://www.thebsa.org.uk/resources/>
6. <https://www.thebsa.org.uk/resources/position-statement-practice-guidance-auditoryprocessing-disorder-apd/>
7. *Paediatric Audiology 0 - 5 YEARS* by Barry McCormick ISBN: 978-1897635254.
8. *Communication Options: In the education of Deaf Children* 14 Sept. 1994 by Wendy Lynas (Author).
9. *Deafness in mind: Deafness in Mind: Working Psychologically with Deaf People Across the Lifespan Illustrated*, 15 Jun. 2011 by Sally Austen (Editor)
10. *Scott-Brown's Otorhinolaryngology and Head and Neck Surgery: Volume 2: Paediatrics, The Ear, and Skull Base Surgery. Eighth Edition* by John C Watkinson and Ray W Clarke | 12 Jun 2018
11. *Vestibular Disorders: A Case Study Approach to Diagnosis and Treatment* 3rd Edition 1 Jan. 2010 by Joseph M. Furman, Stephen P. Cass (Author), Susan L. Whitney
12. *Community Paediatrics (Oxford Specialist Handbooks in Paediatrics) - Illustrated*, 8 Nov. 2012 by Srinivas Gada. (Author)
13. *Tinnitus in Children and Teenagers Practice Guidance* <https://www.thebsa.org.uk>
14. *National Deaf Children's Society Information for parents and professionals* <https://www.ndcs.org.uk/information-and-support/>
15. *Council for Disabled Children* <https://councilfordisabledchildren.org.uk/resources/all-resources/filter/schools-colleges-and-fe/early-support-information-deafness-and>

Genomic Medicine

1. <https://www.genomicseducation.hee.nhs.uk/education/>
2. AVM specific : <https://www.genomicseducation.hee.nhs.uk/wp-content/uploads/2019/08/Audiovestibular-PHG.pdf>
3. AVM NHS GMS testing: https://www.baap.org.uk/uploads/1/1/9/7/119752718/avm_genomic_testing_info_mar2021-1.pdf

Training events or courses

1. BAPA/BAAP aetiological investigation course institute of child health
2. BAPA annual conference and specialty session at RCOCH conference
3. Local audiovestibular peer review meetings (variety of organisers)
4. BAAP annual audit meeting (November)
5. PG Certificate/Diploma/MSc in Audiology related discipline: University College London/Cardiff university/university of Manchester.
7. eLFH audiology modules
8. Paediatric audiology and vestibular short courses and master classes.
9. AVM regional training days
10. British Paediatric Neurology Association (BPNA) Courses and Distance Learning
For example: Children's Headache Training (CHaT)
Hearing and Vision distance learning

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 trainee. Adherence to these criteria will help ensure the trainee will have the necessary support and access to experiences which they will require 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> <p>Specialist outpatient clinic for children with hearing impairment led by a consultant in audiovestibular medicine or paediatrician with a special interest in audiovestibular paediatrics.</p> <p>A suitable training centre is one which is currently approved for higher specialist training in Community Child Health and/or Audiovestibular Medicine (see sub-specialist training section of the RCPCH website for more detail: https://www.rcpch.ac.uk/resources/community-child-health-sub-specialty). All aspects of aetiological investigations are offered to all types of permanent childhood hearing impairment as per NICE accredited protocols https://www.baap.org.uk/documents-guidelines-pathways-and-clinical-standards.html</p> <p>The trainer for a site accredited for training in community child health without an audiovestibular physician must be a paediatrician with a special interest in medical audiology/ audiovestibular paediatrics/ paediatric audiovestibular medicine. Either with an MSc in an audiology related subject or a SPIN in paediatric audiovestibular medicine. The paediatrician must be involved in the ongoing developmental review of babies and young children, assessment of rehabilitation and diagnosis of co-morbid disorders of health and development.</p> <p>Multiagency developmental assessments for children with hearing impairment.</p> <p>Teaching clinic with ENT surgeon.</p> <p>Clinics with an audiovestibular physician particularly for the assessment of vestibular function and teaching of vestibular disorders of childhood.</p> <p>Opportunities and exposure to specialist audiovestibular paediatric specialist services.</p>

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>The Paediatric AVM SPIN supervisor must be either</p> <ol style="list-style-type: none"> 1. A consultant in audiovestibular medicine with paediatric practice registered with the GMC as a trainer. They must work in a site which has GMC accreditation for specialty training in audiovestibular medicine. <p style="text-align: center;">Or</p> <ol style="list-style-type: none"> 2. A paediatrician with a special interest in paediatric audiovestibular medicine registered as a trainer with the GMC and working in a training site accredited in sub-specialty training in community child health. The paediatrician with a special interest in audiovestibular medicine who is a SPIN supervisor for this training must have either an MSc in Audiovestibular medicine or an audiology related MSc or have completed this Paediatric AVM SPIN. <p>A clinical placement supervisor for a weekly or 3 out of the 12 months placement can be a paediatrician with a special interest in paediatric AVM or a consultant in AVM in paediatric practice. They must be registered as a trainer with the GMC.</p>
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. The post should provide a training experience that enables completion of the trainees' PDP. 	<p>CSAC specific requirements:</p> <ul style="list-style-type: none"> Access and opportunity to attend/ visit specialist clinics/services (AVM, paediatric Hearing implants/ specialist CAMHS services). Deaf awareness and introduction to British Sign Language. Clinics with paediatric audiologists testing hearing and regular experience in testing all ages of children including babies referred through NHSP and children with complex needs. 40 hours study of the science of the inner ear acoustics and principles of the testing of hearing and balance.

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"> The site must be accredited for either community child health sub-specialty or audiovestibular medicine or specialty training.
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"> No specific requirements

