

SPIN Module curriculum in

# Paediatric Oncology

**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 Paediatric Oncology.

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

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# Section 1

# Introduction and purpose

# Introduction to SPIN modules

Special Interest (SPIN) modules are the additional training/experience a paediatrician completes so that they can be the local lead and part of the clinical network providing for children 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. In some special circumstances this could be agreed to take 18 months. 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 the SPIN is to be awarded.

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

# Purpose statement

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

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

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

Draft service specifications, published in 2019, discuss the role of Paediatric Oncology Shared Care Units (POSCUs) in delivery of care for children with cancer. [https://www.engage.england.nhs.uk/consultation/childrens-cancer-services/user\\_uploads/service-specification-childrens-paediatric-oncology-shared-care.pdf](https://www.engage.england.nhs.uk/consultation/childrens-cancer-services/user_uploads/service-specification-childrens-paediatric-oncology-shared-care.pdf). Within these service specifications there are stipulations as to the necessary training for a POSCU lead clinician. Whilst the service specifications do not mandate attainment of SPIN module completion, it is increasingly expected that SPIN modules are useful ways to evidence appropriate training to fulfil this role.

Children's cancer services are delivered on a hub and spoke model which depends on POSCUs for safe local delivery of cancer care. Services are already commissioned as such, reflecting the complexity and arduous nature of cancer treatment, and the need to deliver as much of that safely near the child's home. Many paediatricians in training will see very little oncology, so, in order for services to be delivered safely, it is essential to ensure that doctors leading POSCUs have attained the necessary competencies.

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

This SPIN module has been supported by paediatric oncology CSAC, in conjunction with CCLG shared care group and Paediatric Oncology Trainees' Group.

## **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 paediatric oncology.

By the end of training, it is expected that clinicians who have completed this SPIN will have a sound understanding of diagnosis, investigation and management of cancer in children. They will be able to safely prescribe systemic anti-cancer therapy (SACT) and manage complications of treatment. They will have a good understanding of children's cancer networks. They will be competent in providing care with support in areas relating to paediatric oncology, including palliative care and benign haematology.

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

- Work as a consultant paediatrician with a special interest in paediatric oncology within a paediatric oncology shared care unit
- Work alongside colleagues such as palliative care specialist and haematologists to support local clinical services in these arenas
- Participant and stakeholder in regional CTYA cancer networks

During training it is desirable for trainees to join the Paediatric Oncology Trainees' Group. To continue their ongoing development following completion of the SPIN, it is recommended that clinicians become or continue to be members of CCLG, and regularly participate in relevant CPD. They should work within and outside their local network to maintain skills and clinically update.

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

# Requirements to undertake this SPIN module

## Applicant requirements

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

Trainees who are interested in undertaking this SPIN module should approach their Head of Schools and Training Programme Director in the first instance to confirm if the necessary posts would be available and request support in undertaking this extra training. SPIN applicants are required to demonstrate that they have support of their Training Programme Director and have an appropriate Educational and Clinical Supervisor in place. Further guidance for post-CCT applicants is available on the RCPCH website: <https://www.rcpch.ac.uk/resources/special-interest-spin-module-application-guidance>

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

## Training duration

- SPIN training should be feasible within 12 months for full time training, or pro-rata for Less Than Full Time (LTFT) training. It is expected that to achieve the necessary learning outcomes, a clinician will need to train in the following clinical settings: Paediatric Oncology Principal Treatment Centre (PTC) – minimum 6 months; POSCU (or demonstrate equivalent training as agreed prospectively with CSAC at time of application) – minimum 6 months
- A suitable training centre is one which is currently approved for higher specialist training (see sub-specialist training section of the RCPCH website for more detail).

## Out of Programme (OOP) training

Trainees should not need to take out of programme (OOP) to complete a SPIN module. Undertaking a SPIN will NOT be considered as a basis for an OOP except in exceptional circumstances and where both deaneries/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 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/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* (8<sup>th</sup> ed.).

# Ensuring fairness and supporting diversity

The RCPCH has a duty under the Equality Act 2010 to ensure that its curriculum and assessments do not discriminate on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation.

Care has been taken when authoring the SPIN Module curricula to ensure as far as is reasonable and practicable that the requirements for those undertaking the module do not unnecessarily discriminate against any person on the basis of these characteristics, in line with the requirements of the Act.

The RCPCH seeks to address issues of equality, diversity and fairness during the development of SPIN curriculum in a range of ways, including:

- Curriculum content to be authored, implemented and reviewed by a diverse range of individuals. Equality and diversity data is gathered regularly for clinicians involved in the work of the RCPCH Education and Training division.
- Undertaking careful consideration of the Learning Outcomes and Key Capabilities to ensure that there is a clear rationale for any mandatory content, and thus there are no unnecessary barriers to access or achievement. Beyond these mandatory requirements, the assessment tools can be deployed in a more flexible and tailored manner, meeting the requirements of the individual trainee.
- All draft SPIN curricula to be reviewed specifically against the protected characteristics prior to sign-off, identifying any possible barriers and ensuring these are appropriately addressed.
- All SPINs are approved for use by the RCPCH Education and Training Quality Committee (ETQC). As the body responsible for production of the Annual Specialty Report, and receiving summary reports on the National Training Survey from Heads of Schools and other sources, the Committee is well placed to ensure the curriculum meets the needs and addresses any existing concerns of the trainee population.
- All SPIN curriculum documents will be published in font type and size that is appropriate for a wide range of audiences, and optimised for readability. Information regarding the curriculum will be made available through a wide range of media, acknowledging differing learning styles.

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

Please contact the RCPCH Quality and Standards team ([qualityandstandards@rcpch.ac.uk](mailto:qualityandstandards@rcpch.ac.uk)) if you have any concerns regarding equality and diversity in relation to this SPIN module curriculum.

# Quality assurance and continual improvement

## Ensuring quality in delivery

A robust quality assurance and improvement framework is required to support an effective curriculum and assessment strategy. The purpose of this is to promote the improving quality of the trainee experience, and to ensure that the curriculum content, delivery, assessment and implementation is monitored and reviewed in a planned, systematic and appropriate manner.

The RCPCH quality infrastructure for training and assessment is based on the Plan, Do, Check, Act (PDCA) cycle, introduced by Deming. In the context of the Programme of Assessment, this means planning for effective assessment processes, executing those processes, review and evaluation including data analysis and multi-source feedback, and finally implementing any required changes.

The framework to support this curriculum will comprise a number of quality improvement tools and processes that impact on the overarching aspects of assessment. These will include:

1. **Effective selection mechanisms.** The SPIN application process ensures trainees will have the necessary capacity, supervision, and access to the breadth and depth of experience needed to meet the requirements of the SPIN module.
2. **Gathering and responding to feedback.** RCPCH gathers feedback in a structured way from SPIN module completers, and uses this and feedback from employers to support the regular review of SPIN modules.
3. **Review of attainment and evidence.** CSACs (or another designated SPIN Lead) review all completed SPIN portfolios prior to sign-off, ensuring consistency.
4. **Quality assurance of assessments.** This takes a variety of forms during the development, delivery and monitoring of assessment tools, as outlined in the RCPCH Progress Assessment Strategy.
5. **Quality of assessors and supervisors.** All SPIN applicants are required to have a suitable Educational Supervisor to support their SPIN training. RCPCH supports this through the Educational Supervisor course and a variety of guidance and resources available on the College website.
6. **Scheduled reviews.** All SPINs are subject to review every three years, although they may be updated more regularly where required.

By applying the framework processes outlined above, the College will ensure that SPIN Modules are monitored and reviewed in a structured, planned and risk-based manner.

## SPIN governance

The RCPCH's Education and Training Quality Committee (ETQC) has overall responsibility for the RCPCH SPIN curricula, working closely with the SPIN Lead. The ETQC will monitor the performance of the SPIN through the relevant CSAC/SPIN Lead, and receive scheduled reviews of feedback from SPIN users.

## **SPIN module review and revision**

SPINs are reviewed every three years to ensure they remain fit for purpose, meeting the intended service need. Reviews are led by the SPIN Lead (usually the relevant RCPCH CSAC), who will report to the ETQC requesting any changes required. Where necessary, a SPIN can be updated before the three-year review is due, for example to reflect changes in guidelines.

Updated SPIN curricula will be published, making clear 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 1000s of young patients, their families and friends across the UK each year. Through the work of RCPCH &Us we keep children and young people at the centre of everything we do, supporting their voice to inform, influence and shape the work of RCPCH.

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

To support the development of this SPIN, we have reviewed the voice and views of children, young people and their families who have worked with RCPCH &Us as well as referencing other national insights from children and young people. You can find out more about RCPCH &Us at [www.rcpch.ac.uk/and\\_us](http://www.rcpch.ac.uk/and_us).

## What children, young people and families said

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

It can be hard for us and our families if we have a condition that we are just learning about or that you can't see or is hard for other people to understand. 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, medicines and rules 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 having cancer can affect other parts of our life, like being really tired and not able to concentrate at school. Sometimes we need to talk about it to someone who isn't the doctor to get help understanding things.

***“I feel like I have got knowledge in this area [Cancer Wards] and I have been treated in places like here where you get excellent treatment and places where not so much, so you can see why stuff works well” RCPCH &Us***

It's important that you think about how we can be involved in giving our feedback, ideas and suggestions on cancer services and our treatment. We have lots of ideas and want to be able to do good to help others even when we feel unwell. It's important that we have the chance to say that we want to do it but also that we can tell you if it isn't the right time and that you use lots of different ways to get us involved like have chats with us, leaving us things to read or do when we feel a bit better or when we are bored. Some days we might be there with no visitors so having something to do might be a good idea.

***“69% of parents or carers and children always know what is happening with the child's cancer care” Under 16s cancer patient experience survey***

We would like it if our school, 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 is happening. It can be hard when one of the places looking after us doesn't have all the information or doesn't believe when we tell them what is going on and why we might be struggling or behaving differently. It would help if we had a care plan that has all the up to date information and is easy to share between everyone.

***“76% of parents or carers have enough information about financial help or benefits” Under 16s cancer patient experience survey***

Sometimes there are things going on at home that might be making our health worse but it might be hard for us to talk about them or we might be embarrassed or frustrated that things aren't changing. You might be able to help us by writing to the council if we are in temporary accommodation or housing that doesn't have good heating, or if we need more help at the moment with food and bills because of being in hospital more and spending more on travel. You can help us to know where to go to for support from local or national charities, not just with medical conditions but with other parts of our lives. 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.

***“I feel like until you actually go through it [cancer] you can't really understand what's best for you and also everyone is different and everyone experiences different side effects” RCPCH &Us***

Having problems with your health 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 other medical things going on. 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.

***“Online appointments - the 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

Thank you for doing this course to be the best doctor

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

## Questions to think about:

1. How are you going to support children and young people to feel comfortable in opening up to you about their experiences? Are there tools and resources that could help?
2. Have you asked about other things in our house, where we live or at school that we might need help with that could be having an impact on living with cancer?
3. What ways will you use to help everyone (patient/family/carer) talk with you on their own, in the way that is right for them?
4. What local and national charities or organisations do you know that you can signpost children, young people and families to that can support their health needs?
5. How will you help to make virtual health appointments safe, private and confidential for patients?

*“I’m more than my cancer. I’m still interested in talking about what I want to do in the future, jobs, going out and to give ideas on things to help other people” RCPCH &Us*

Thank you to children, young people and families from RCPCH &Us network for sharing their ideas and views used in this section and to the Under 16 Cancer Patient Experience Survey<sup>1</sup> for publishing the results from over 1100 children, young people and parents.

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1 <https://www.under16cancerexperiencesurvey.co.uk/visual-summaries>



## **Section 2**

# **Paediatric Oncology SPIN curriculum**

# How to use the RCPCH SPIN curriculum

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

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

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

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

## Components of the SPIN curriculum

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

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

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

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

## SPIN Learning Outcomes

This table contains the generic Learning Outcomes required for all trainees undertaking the RCPCH SPIN in paediatric oncology. 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 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 can not be used to indicate competence in any other aspect of paediatrics.

SPIN Learning Outcome		GPCs
<b>1</b>	Recognition of symptoms which may be suspicious of a diagnosis of childhood cancer.	1, 2, 4, 7
<b>2</b>	Management of a child or young person undergoing treatment for childhood cancer, including essential practical skills.	1, 2, 4, 7
<b>3</b>	Diagnosis and management of common benign haematological conditions.	1, 2, 4, 7
<b>4</b>	Safe prescribing for children and young people with cancer and related conditions.	1, 2, 3, 5, 6
<b>5</b>	Ability to perform role as Lead Clinician for Paediatric Oncology and Haematology within POSCU. This will include responsibility for clinical governance, guidelines, SACT data submission and peer review.	1, 2, 3, 5, 6, 8, 9
<b>6</b>	Ability to co-ordinate and manage end-of-life care for children with cancer, including safe-prescribing and symptom management at end of life.	1, 2, 7

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

# SPIN Learning Outcome 1

Recognition of symptoms which may be suspicious of a diagnosis of childhood cancer	GPC 2, 4, 7
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## Key Capabilities

Recognition of symptoms which may be suggestive of childhood cancer in acute paediatric setting.	GPC 2, 4, 7
Management of childhood cancer presenting as an emergency.	GPC 2, 4, 7
Initial investigation of suspected cancer in children.	GPC 2, 4, 7

## Illustrations

### Leukaemia

1. Six year old boy presents with epistaxis following a few weeks of lethargy and pallor. Initial FBC reveals WCC 184 and evidence of blasts on film. Instigate appropriate initial management and explain likely diagnosis to parents.
2. One year old girl with trisomy 21 presents with bruising. Hepatosplenomegaly is noted. How would you proceed with management?

### Lymphoma

1. An 11 year old girl presents with an isolated 5cm painless cervical lymph node not improved following a course of antibiotics. Arranges further investigation and counsel the child and family regarding differential diagnosis.
2. A 14 year old girl presents with a 4 month history of persistent cough and more recent orthopnoea. CXR performed in clinic reveals a large mediastinal mass. Initiates appropriate emergency management and transfer if necessary. Considers what investigations may be appropriate/possible to confirm diagnosis. Discusses with patient/family the dangers of this presentation and planned course of action.

### Soft tissue sarcoma

1. Seven year old boy presents with a progressive, painless perineal mass. Arranges appropriate investigation, explain possible diagnosis to parents and arrange definitive care with the relevant teams.

### Bone sarcoma

1. 14 year old boy presents with recurrent pain above his knee waking him at night. Plain x-ray is suspicious of a malignant bony lesion in the distal femur. Arranges appropriate further investigation and referral and discuss with the patient/family the possible diagnosis.

## **Abdominal Tumours**

1. Three year old presents with an abdominal mass. Arranges appropriate investigation, explain likely diagnosis to parents, and liaise with team to arrange definitive care.
2. Four year old girl presents with abnormal gait and increasing ataxia over a 48 hour period. MRI spine showed a posterior mediastinal tumour with T4-7 cord compression. Arranges appropriate emergency treatment and ongoing urgent referral. Discusses with parents the possible underlying diagnosis and implications of cord compression.

## **CNS Tumours**

1. 14 year old girl has a three week history of increasingly troublesome headaches, mainly in the mornings, and problems with vomiting and lethargy. Manages this presentation including investigation?
2. 11 year old girl with known NF1 undergoes an MRI due to a short history of newly deteriorating vision which reveals bilateral optic pathway glioma. Discusses with the patient/family this diagnosis and potential management strategy.
3. 13 year old boy presents with a 1 month history of headaches, morning vomiting and feeling unsteady on his feet. CT head reveals a posterior fossa tumour and hydrocephalus. Instigates appropriate emergency management and referral, and discusses possible diagnosis with child and family.

## SPIN Learning Outcome 2

Management of a child or young person undergoing treatment for childhood cancer, including essential practical skills.	GPC 2, 4, 7
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### Key Capabilities

Ability to perform technical procedures essential to the safe delivery of care to children with cancer, without supervision.	GPC 2, 4, 7
Implementation of a treatment plan, as determined by diagnostic MDT.	GPC 2, 4, 7
Management of problems encountered by patients receiving treatment for cancer.	GPC 2, 4, 7
Development of pathways of care for survivors of childhood cancer.	GPC 2, 4, 7

### Illustrations

1. Manages the care of a patient presenting with fever and neutropenia whilst receiving chemotherapy.
2. Administers intra-thecal chemotherapy safely and in adherence to national and local guidelines to patient undergoing treatment for pre-B ALL.
3. Performs bilateral bone marrow aspirates and trephines as part of assessment of patient with solid tumour.
4. Arranges appropriate management and investigation for a patient receiving chemotherapy, who is central venous line is malfunctioning.
5. Arranges appropriate initial investigation and management of a patient who has developed features of encephalopathy whilst receiving treatment for leukaemia.
6. Counsels a young person and their family who has developed foot drop on leukaemia treatment. Discusses options for further management.
7. Requests appropriate investigations and institutes management of a patient with pre-B ALL who has an anaphylactic reaction to PEG-Asparaginase.
8. Manages mucositis including nutritional on pain management, of a patient undergoing chemotherapy.
9. Arrange is investigation and initiates further management in a patient receiving treatment for neutropenic fever who remains febrile after 72 hours.
10. Obtains consent for treatment according to current national recommendations for a patient who is going to start chemotherapy.
11. Discusses treatment strategy and potential side effects for patient who is going to commence chemotherapy.
12. Writes a new patient summary letter detailing ongoing treatment plan and follow up.
13. Counsels a patient who has just been diagnosed and is planned to start chemotherapy as to options for fertility preservation and arranges appropriate fertility-preservation therapy.
14. Writes their End of Treatment summary including details of long term planned follow up and surveillance, including advice for re-vaccination after completion of treatment.
15. Counsels patient is completed therapy and is now in long-term follow-up regarding ongoing

life style recommendations and arrange any required surveillance for long term effects having received chemotherapy and cranio-spinal radiotherapy.

16. Provides appropriate prophylaxis and explanation to family of patient undergoing treatment who has had a significant chickenpox contact at nursery.
17. Signposts adult who has previously been treated for childhood cancer, and has developed symptoms that may be related to this treatment, to appropriate adult services.

## SPIN Learning Outcome 3

Diagnosis and management of common benign haematological conditions.	GPC 2, 4, 7
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### Key Capabilities

Understanding and interpretation of investigations in paediatric haematology.	GPC 2
Management of children with haematological disorders as part of regional network.	GPC 2, 4, 7

### Illustrations

1. Requests appropriate investigations and starts appropriate treatments including consideration of analgesia for a patient with homozygous sickle cell disease presents with crisis.
2. Manages injury associated joint bleed in a patient with moderate haemophilia who is not on prophylaxis.
3. Arranges appropriate management if haemophilia for patient on prophylaxis is due to undergo dental surgery.
4. Arranges further investigation of a patient with pancytopenia.
5. Instigates investigation of a child with clinical and laboratory features suggestive of an inherited disorder of coagulation.
6. Initiates investigation and management of patient with newborn blood screening tests suggestive of inherited haemoglobinopathy.
7. Initiates investigation and management of child with thrombocytopenia.



## SPIN Learning Outcome 4

Safe prescribing for children and young people with cancer and related conditions.	GPC 1, 2, 3, 5, 6
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### Key Capabilities

Safe prescription of chemotherapy using e prescribing, including supportive care medication.	GPC 1, 2, 3, 4, 5, 6
Safe prescription of blood products in children with oncological and haematological problems.	GPC 1, 2, 3, 4, 5, 6
Understanding of governance responsibilities with relation to prescription of systemic anti-cancer therapy.	GPC 1, 5, 6

### Illustrations

1. Prescribes chemotherapy according to current national recommendations, including intrathecal chemotherapy, appropriate anti-microbial prophylaxis and supportive anti-emetics.
2. Utilises antiemetic prescribing ladder to escalate antiemetic prescription in childhood with refractory chemotherapy induced nausea and vomiting.
3. Counsels patient and family about specifics of chemotherapy regime involving hyper hydration.
4. Modifies treatment for significant side-effects in line with protocol recommendations.
5. Prescribes blood safely for anaemic patient.
6. Prescribes platelets safely for patient with thrombocytopenia.
7. Manages patient with acute transfusion reaction.

## SPIN Learning Outcome 5

Ability to perform role as Lead Clinician for Paediatric Oncology and Haematology within POSCU. This will include responsibility for clinical governance, guidelines, SACT data submission and peer review.	GPC 1, 2, 3, 5, 6, 8, 9
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### Key Capabilities

Demonstrates clinical leadership by leading oncology ward rounds, clinics and MDTs.	GPC 1, 2, 5, 8
Ability to lead multi-disciplinary teaching on subjects related to the management of children with cancer.	GPC 1, 5, 8
Understands structure of children and young people's cancer networks.	GPC 1, 5, 6
Demonstrates ability to submit data to national data collection processes such as SACT submission, research and peer review process.	GPC 6, 9

### Illustrations

1. Co-ordinates and chairs MDT meeting in POSCU or PTC.
2. Leads oncology ward, providing day-to-day management of patients, liaison with other members of MDT and supervision of subordinates.
3. Presents a case at Morbidity and Mortality or Child Death Review meeting.
4. Implements or reviews use of patient safety tool as recommended by children's cancer and leukaemia group.
5. Participates in the collection, review and submission of monthly SACT data to the national database in a POSCU or PTC.
6. Attends meeting of regional children's cancer network operational service delivery meeting.

# SPIN Learning Outcome 6

Ability to co-ordinate and manage end-of-life care for children with cancer. Safe-prescribing and symptom management at end of life.	GPC 1, 2, 7
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## Key Capabilities

Demonstrates ability to co-ordinate multi-disciplinary team around family of a child receiving symptomatic care.	GPC 2, 7
Management of symptoms in child receiving symptomatic care, including safe prescribing and “just-in-case” prescribing.	GPC 2

## Illustrations

1. Arranges supply and prescription of medication that will be required for symptom control for a patient who is receiving end of life care at home.
2. Leads discussions on management of symptom control in patient for whom curative treatment is no longer an option.
3. Discusses treatment options with family who are keen for experimental or complementary therapy in a palliative setting.
4. Participates in multi-disciplinary planning meeting for child receiving end of life care.

## **Section 3**

# **Assessment Strategy**

# How to assess the Paediatric Oncology 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.

## **Mandatory Assessments**

1. Prescription of chemotherapy using e prescribing
2. Administration of intrathecal chemotherapy
3. Management of new presentation of acute leukaemia including prevention of tumour lysis syndrome
4. Management of a child with sickle cell disease crisis
5. Implementation of treatment plan from MDT
6. Writing a treatment summary including aftercare plan

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 Case-based Discussion (DOP/AOP)	Directly Observed Procedure / Assessment of Performance (DOP/AOP)	Acute Care Assessment Tool (ACAT)	Discussion of Correspondence (DOC)	Clinical Leadership Assessment Skills (LEADER)	Handover Assessment Tool (HAT)	Paediatric Multi Source Feedback (ePaed MSF)	Paediatric Carers for Children Feedback (Paed CCF)	Other
Recognition of symptoms which may be suggestive of childhood cancer in acute paediatric setting.	✓	✓			✓				✓		
Management of childhood cancer presenting as an emergency.		✓			✓				✓	✓	
Initial investigation of suspected cancer in children.		✓							✓		
Implementation of treatment plan as designated by diagnostic MDT.		✓							✓		
Ability to perform technical procedures essential to the safe delivery of care to children with cancer, without supervision.				✓					✓		
Management of problems encountered by patients receiving treatment for cancer.	✓	✓			✓				✓	✓	
Development of pathways of care for survivors of childhood cancer in follow-up.							✓		✓		
Understanding and interpretation of investigations in paediatric haematology.	✓	✓							✓		
Management of children with haematological disorders as part of regional network.		✓			✓	✓			✓	✓	
Safe prescribing for children and young people with cancer and related conditions.			✓						✓		
Safe prescription of blood products in children with oncological and haematological problems.			✓						✓		
Understanding of governance responsibilities with relation to prescription of systemic anti-cancer therapy.							✓		✓		
Demonstrates clinical leadership by leading oncology ward rounds, clinics and MDTs.							✓	✓	✓	✓	
Ability to lead multi-disciplinary teaching on subjects related to the management of children with cancer.					✓				✓		

Key Capabilities	Assessment / Supervised Learning Event suggestions									
	Other	Paediatric Carers for Children Feedback (Paed CCF)	Paediatric Multi Source Feedback (ePaed MSF)	Handover Assessment Tool (HAT)	Clinical Leadership Assessment Skills (LEADER)	Discussion of Correspondence (DOC)	Acute Care Assessment Tool (ACAT)	Directly Observed Procedure / Assessment of Performance (DOP/AOP)	Paediatric Case-based Discussion (ePaeds Cbd)	Paediatric Mini Clinical Evaluation (ePaed Mini-CEX)
Understands structure of children and young people's cancer networks.			✓			✓				
Demonstrates ability to submit data to national data collection processes such as SACT submission, research and peer review process.			✓	✓			✓			
Demonstrates ability to co-ordinate multi-disciplinary team around family of a child receiving symptomatic care.			✓		✓			✓		
Understands principles of governance and audit.			✓							
Demonstrates ability to submit data to national data collection processes such as SACT submission and peer review process.			✓				✓			
Demonstrates ability to co-ordinate multi-disciplinary team around family of a dying child			✓	✓	✓			✓		
Management of symptoms in dying child, including safe prescribing and "just-in-case" prescribing.			✓				✓	✓		✓

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

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

## Other useful resources

[POTG@cclg.org.uk](mailto:POTG@cclg.org.uk)

[POTGaudit@gmail.com](mailto:POTGaudit@gmail.com)

[paedsoncologyspin@gmail.com](mailto:paedsoncologyspin@gmail.com)

Webpages:

<https://www.cclg.org.uk/POTG-SPIN>

<https://www.cclg.org.uk/member-area/POTG>

<https://www.under16cancerexperiencesurvey.co.uk/>

## Other useful RCPCH &Us resources

1. [www.rcpch.ac.uk/hiddenhealth](http://www.rcpch.ac.uk/hiddenhealth)
2. [www.rcpch.ac.uk/resources/emoji-card-game](http://www.rcpch.ac.uk/resources/emoji-card-game)
3. [www.rcpch.ac.uk/being-me](http://www.rcpch.ac.uk/being-me)
4. [www.rcpch.ac.uk/resources/covid-19-us-views-rcpch-us](http://www.rcpch.ac.uk/resources/covid-19-us-views-rcpch-us)
5. <https://stateofchildhealth.rcpch.ac.uk/voice-matters/>
6. <https://paediatrics2040.rcpch.ac.uk/voice-matters/>

## For more information

More information regarding SPIN modules, and all current SPIN curricula and supporting forms, can be found at [www.rcpch.ac.uk/spin](http://www.rcpch.ac.uk/spin)

For general queries regarding SPIN modules, including eligibility to undertake a SPIN or how to apply, please contact [spin@rcpch.ac.uk](mailto:spin@rcpch.ac.uk).

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

The SPIN Lead is a member of the Oncology CSAC. See the RCPCH website for the contact details of the current SPIN Lead: <https://www.rcpch.ac.uk/membership/committees/paediatric-oncology-csac>

## Appendix B: Criteria for SPIN delivery

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

Purpose	
<ul style="list-style-type: none"> <li>• Access to regular supervised clinics.</li> <li>• Service specific requirements to enable achievement of the curriculum e.g. Day case facilities, imaging.</li> <li>• Opportunities to work with shared care networks in primary and secondary care.</li> <li>• Opportunities to work with shared care clinical guidelines and protocols.</li> <li>• The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families. (Taken from GMC Promoting Excellence).</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>• E.g. At least six months training post in a Paediatric Oncology Principal Treatment Centre.</li> <li>• At least six months training post in a Paediatric Oncology Shared Care Unit or equivalent as agreed with CSAC spin lead.</li> <li>• The posts are in units which participate in a Paediatric Critical Care Clinical Network.</li> </ul>
Governance and strategic support	
<ul style="list-style-type: none"> <li>• The Site must ensure that Supervisors and trainers can effectively deliver the RCPCH Assessment Strategy.</li> <li>• The trainee will be able to participate in leadership and management activities.</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>• E.g. Opportunities to lead clinical management with appropriate supervision.</li> </ul>
Programme of learning	
<ul style="list-style-type: none"> <li>• Specific requirements for structured learning opportunities.</li> <li>• Exposure within the clinical environment will provide sufficient learning opportunities to meet the requirements of the curriculum.</li> <li>• Access to multidisciplinary teams consisting of a minimum of nurses, physiotherapists, occupational therapists.</li> <li>• The post should provide a training experience that enables completion of the trainees' PDP.</li> </ul>	<p><b>CSAC specific requirements:</b></p> <ul style="list-style-type: none"> <li>• E.g. Access to Paediatric Anaesthetic service to develop airway and pain management skills.</li> </ul>

<b>Programme of assessment</b>	
<ul style="list-style-type: none"> <li>• The site has adequate levels of Educational Supervisors. Consultants with either General Paediatric or Sub Specialty expertise can be matched to the requirements of the trainee. It is important that Educational supervisors can provide supervision and have the required remission to facilitate this, i.e. 1 PA per week per 4 trainees.</li> <li>• Supervision must ensure patient safety. Support for trainers and supervisors must be available within the Trust.</li> </ul>	<p><b>CSAC specific requirements:</b></p>
<b>Quality assurance and improvement</b>	
<ul style="list-style-type: none"> <li>• The post will allow the trainee to participate in audits and clinical improvement projects.</li> <li>• The post will allow the trainee to actively engage with the teaching, assessing and appraising of junior staff.</li> <li>• The post will allow opportunity for the trainee to engage in research activities.</li> </ul>	<p><b>CSAC specific requirements:</b></p>

