SPIN Handbook

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Introduction

Special Interest (SPIN) modules

Special interest (SPIN) modules in Paediatrics is an additional training module open to general paediatric trainees to bring specialised experience into general paediatric practice. Through collaborative review with trainees, SAS clinicians and consultants in general paediatrics and other subspecialties across secondary and tertiary care practice, we have produced a framework for a programme of training to meet the needs of infants, children, young people (CYP) and their families and carers.

Ethos of SPIN

SPIN is for paediatricians who will be working in district general hospitals (DGH) to add skills and expertise to their department's capabilities. It has been developed to support the "hub & spoke" model of clinical practice networks and enables CYP to receive treatments in units closer to their homes and social support systems.

Consequently, SPIN modules are not stand-alone training modules but contribute to general paediatric training. They are not recognised by the General Medical Council and cannot be used as criteria for consultant appointments.

General principles

- CSACs are responsible for SPIN curriculum content and sign off that the SPIN capabilities have been demonstrated; Schools are responsible for placement and curriculum delivery; RCPCH is responsible for oversight and standardisation of modules.
- Trainees should be able to complete SPIN training within **12m FTE.**
- SPINs should involve 6months of SPIN-specific training; this is normally achieved at a tertiary level specialist site but can be at any site designated as a SPIN specialist site by the CSAC. The remaining 6months should focus on application of SPIN training within a DGH unit
- Trainees will have automatic access to their SPIN curriculum for 5 years to accommodate work-life balance. Further access will be agreed on a case-by-case basis by the CSAC SPIN lead and the RCPCH SPIN lead

- SPINs should be completed within region. However, rarely, and in exceptional cases, applications for SPIN OOPE may be accepted with prior agreement by the RCPCH SPIN lead in addition to the standard procedures. This allows RCPCH to monitor the need for SPIN

Roles and Responsibilities

SPIN lead (within a CSAC)

- This is a dedicated role.
- Reviews and evaluates the SPIN curriculum to ensure it meets the ethos as above every 5 years.
- Reviews a practitioner's portfolio to determine completion of SPIN.
- May delegate review of the mid-point review of a practitioner's portfolio to a nominated SPIN Advisor/Educational Supervisor in the spin specific site
- Completes SPIN sign-off or nominates a SPIN Advisor – normally a co-opted member of the CSAC.
- Be the point of contact for SPIN practitioners for queries relating to content of the SPIN – e.g. how do I get evidence for xxx?
- Be point of contact for supervisors/mentors as required.
- Curates a database of appropriate supervisors and placements to assist practitioners and TPDs.

Role of SPIN Educational Supervisor (ES) or Mentor (for practitioners who are post-completion)

The Educational Supervisor/Mentor should:

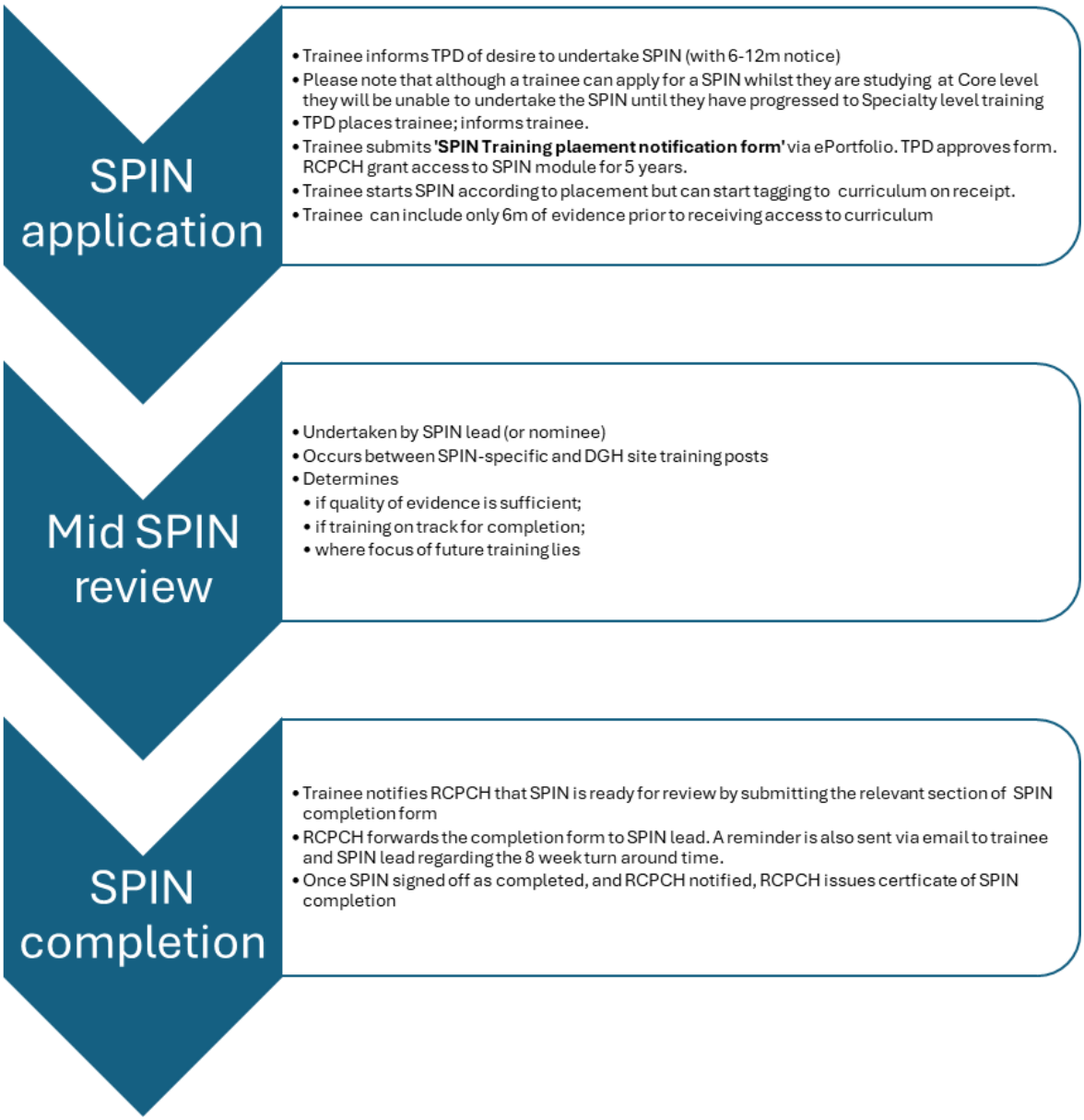
- Be a longitudinal supervisor throughout, but practioner's clinical supervisor should be in their parent sub-specialty.
- Monitor the SPIN practitioner portfolio on a regular basis to ensure progress, providing feedback as appropriate.
- Complete the mid-point review form to allow progress against the SPIN curriculum to be reviewed and inform the practitioner's ARCP, appraisal or equivalent annual performance review.

Role of SPIN practitioner

- The SPIN practitioner is either a Paediatric trainee or a Post CCT paediatrician[1]. They should have regular supervision meetings with their ES/Mentor. SPIN practitioners should have access to the CSAC SPIN lead for content queries.
- Ensures SPIN progress is discussed at Mid SPIN review (with CSAC or nominee), where relevant at appraisal or in time for ARCP

[1] Post-completion SPIN placements can be in either a substantive or locum post and will need to be able to demonstrate they have the agreement of their line manager (Clinical lead or director)

Application and completion process



Ensuring quality in delivery

A robust quality assurance and improvement framework is required to support an active and effective curriculum and assessment strategy. In this way, the quality of the learner experience is optimised, and the curriculum content, delivery, assessment, and implementation are monitored and reviewed in a planned, systematic, and appropriate manner.

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 place concurrently with each review of attainment.
5. Quality of assessors and supervisors. RCPCH supports this through the Educational Supervisor course and a variety of guidance and resources available on the College website. Schools will also have supervisor learning opportunities. CSACs will be expected to produce ES guides for the SPIN supervisors.
6. Scheduled reviews. All SPINs are subject to review every five 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 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 five years to ensure they remain fit for purpose, meeting the intended service need. Reviews are led by the CSAC SPIN Lead, who will report to their CSAC who, in turn, submit requests for any amendments to TQB. Where necessary, a SPIN can be updated before the five-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 TQB 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.

Each SPIN curriculum should include:

- A purpose statement, detailing the need for clinicians who have completed the SPIN, and how they will fit into future service provision.
- Guidance on the placements or experience a clinician will need to fully meet the curriculum requirements.
- 3-5 Learning Outcomes, which describe the standard the clinician must demonstrate they have met in order to be signed off as having completed their training successfully.
- Each Learning Outcome includes 3-5 'Key Capabilities' which are the mandatory elements of the outcomes which must be explicitly evidenced.
- Each Key Capability is supported by a maximum of 2 illustrations which allow both practitioner and supervisor/mentor to understand how to evidence that the learning outcomes have been met.
- An assessment strategy, including suggested assessment tools for each key capability.

How to review a SPIN:

The designated SPIN lead (a dedicated role within the overarching CSAC) should undertake the review with a supporting team, ideally comprising:

- The team involving in writing/proposing the SPIN
- A recent SPIN completer (where possible)
- A member of the base specialty/SPIN supervisor who currently works in a DGH
- A member of the base specialty who has not been part of the initial SPIN writing or proposing team (nominated by SPIN lead/CSAC)

The review form is attached at Appendix 1

Appendices

Appendix 1: SPIN Curriculum review form

SPIN name: _____

Section 1: Introduction and purpose

Does the purpose statement clearly articulate and evidence how and why this SPIN will meet a specific service need?

Does the purpose statement identify appropriate future tasks & roles for a SPIN practitioner?

How, if possible, might the purpose statement be improved?

Section 2: SPIN Module curriculum

How well do the Learning Outcomes match and fulfil the stated purpose? Please describe how, if possible, the Learning Outcomes could be improved?

How well do the Key Capabilities adequately capture each Learning Outcome i.e. those aspects which all practitioners must be able to explicitly evidence as part of signing off the Learning Outcome as achieved? *Please consider carefully if all should be mandatory key capabilities, or if there are any missing key capabilities which should be added.*

How well do the illustrations clarify/exemplify how to evidence that each Learning Outcome has been met? Please describe how, if possible, the illustrations could be improved?

Any other comments on the Learning Outcomes, Key Capabilities, or illustrations? *Please consider if the curriculum can be reasonably achieved within 12-18 months of full-time training (or pro-rata)*

Section 3: Assessment Strategy

Are the proposed mandatory assessments (if relevant) appropriate for demonstrating achievement of the Learning Outcomes?
Any other comments on the assessment strategy?

Section 4: SPIN delivery requirements

Are the SPIN-specific placement requirements reasonable, sufficient, deliverable and (where appropriate) flexible? *Please consider how well non-paediatric postgraduate doctors in training can undertake the SPIN, namely:* *Post CCT/SAS paediatricians* *Medics from other fields in medicine* *Non-medics (CNSs, ACPs, AHPs)*

Rather than time spent in specified placements, how well does the curriculum describe what it is to be achieved (and documented) from each placement?

Thinking about the curriculum, assessment strategy and delivery requirements, can you identify any potential barriers to access or completion for trainees due to their location, working pattern or any protected characteristics*? **As defined by the Equality Act 2010: Age, Disability, Gender, Gender reassignment, Marital status, Pregnancy/maternity/paternity, race, religion, sexual orientation*

Reviewer name: _____

Review date: _____

Thank you for providing your feedback. All reviewer comments will be shared with the SPIN writing team to assist them in finalising/reviewing this SPIN curriculum.

Please return your review form to qualityandtrainingprojects@rcpch.ac.uk

Important – The above is the format of the SPIN curriculum review form. When you need to fill in a review form, a *separate word copy* of the review form is available upon request from QTP team.

Appendix 2: 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 based on 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 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 Training Projects Manager (qualityandtrainingprojects@rcpch.ac.uk) if you have any concerns regarding equality and diversity in relation to this SPIN Module curriculum.

Appendix 3: List of SPIN modules

You can do SPIN modules in the following clinical areas:

- **Adolescent health** (formerly Young People's health)
- **Allergy** - when submitting your application, you must also include confirmation of supervision / mentor at the regional allergy centre; and timetable (albeit draft) of the clinical week - please also see guide below
- **Audio vestibular medicine**
- **Cardiology** - email **training.services@rcpch.ac.uk** before you apply so we can assign the appropriate role for you
- **Dermatology**
- **Diabetes**
- **Epilepsy** - **Special Interest (SPIN) module application guidance | RCPCH**
- **Gastroenterology, hepatology, and nutrition**
- **High dependency care (HDC)**
- **Infectious diseases**
- **Neonatology**
- **Nephrology**
- **Neurodisability**
- **Oncology**
- **Palliative care**
- **Respiratory**
- **Rheumatology**
- **Sleep medicine**