

**A framework of competences for  
Level 3 Training Special Study Module  
(RCPCH SPIN Module)**

**For Specialty Trainees with an interest in**

**Paediatric Gastroenterology, Hepatology and  
Nutrition (PGHAN)**

**August 2013**

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Acknowledgements: Members of the BSPGHAN Council, CSAC and PeGHAN

## **Introduction**

This curriculum / competency framework is aimed towards paediatrics trainees in Level 3 training (ST6 to ST8) to gain expertise in paediatric gastroenterology, hepatology and nutrition (PGHAN), to achieve the required competencies in order to be employed as a consultant paediatrician with an interest in PGHAN.

This document gives guidance on specific competencies PGHAN trainees will need to acquire in order to be signed off for this module. Trainees should work closely with their supervisor towards achieving this.

An assessment checklist tailored towards PGHAN will be used (see Appendix 1), with a final sign-off upon successful completion of the module. After successful completion, this document also needs to be uploaded onto e-portfolio.

Please note that the trainee also has to achieve all the competencies in the Level 3 General Paediatric Framework.

After completion of the SPIN curriculum and successful assessment of competencies, a certification process still to be agreed by the RCPCH is desirable.

### **Section 1. Specific post requirements :**

Minimum of 12 months of PGHAN experience of which at least six months in a tertiary paediatric centre and six months in a District General Hospital (DGH) providing paediatric gastroenterology services according to the recently published Network centres service specification (BSPGHAN).

If the experience is at a DGH, the unit will have dedicated paediatric gastroenterology services including specialist clinics (eg coeliac clinic) and allied professional input such as the paediatric dietician, gastroenterology specialist nurse or pharmacist with experience in parenteral nutrition and gastroenterology-specific drugs (eg Infliximab). Although hepatology experience is not mandatory, SPIN trainees must be aware of the relevant liver guidelines, competent in participation in shared care with a tertiary liver unit, and hold an understanding of the principles underpinning liver disorders.

### **Section 2. Supervision :**

An educational supervisor who is a consultant paediatric gastroenterologist or hepatologist or paediatric consultant with an interest in PGHAN trained in assessment and appraisal.

## Section 3. Clinical experience:

### 3.1 : Generic competencies

#### 3.1.1 Essential

- Documented attendance in at least 24 gastroenterology outpatient clinics including specialist clinics (eg coeliac, IBD, Feeding clinic), and at clinics run by allied professionals for children with gastrointestinal disorders (eg surgeon, dietician, constipation nurse etc)
- Documented attendance at clinics in other paediatric specialties involved in the nutritional care of children
- Demonstrated understanding of the principles and practice of intensive nutritional interventions including parenteral nutrition in various likely clinical contexts
- Evidence of direct care of 15 patient IBD episodes
- Manage GI emergency in collaboration with other specialties eg surgery and radiology
- Nutritional assessment and care attending other clinics like Cystic Fibrosis and Chronic Lung Diseases (CLD)
- Organisation and interpretation of pH studies
- Understanding of impedance studies
- Participation in histology meetings, radiology meetings, journal clubs, MDTs and clinical governance
- Familiarity with network procedures and shared care management and discharge planning
- Interpretation of tests such as:
  - Oesophageal pH study
  - Small bowel biopsy
  - DEXA bone densitometry
  - GI transit studies
  - Sweat test

### 3.1.2 Desirable

- Attendance at 10 paediatric endoscopy sessions (both upper and lower GI)

Exposure may take place at the DGH if it has these services, or be arranged at a tertiary hospital. The trainee should seek an understanding and appreciation of the indications and contraindications, risks and benefits of the upper and lower GI endoscopy and should therefore be competent to obtain informed consent.

**Competencies are expected mainly in gastroenterology with an overall understanding of nutrition.**

**Hepatology experience is generally limited to awareness of relevant guidelines, participation in shared care with a tertiary liver unit, and an understanding of the principles underpinning liver disorders.**

**Hepatology experience at a tertiary (paediatric hepatology) centre, although not required for the purposes of the SPIN module, will broaden the trainee's overall experience in PGHAN.**

While working in Network Centres (DGH), trainees will be expected to spend majority of time in PGHAN activities with a diary or record card to ensure exposure time to GI is sufficient.

## **3.2: Condition Specific competencies**

This gives a flavour of the range of competencies to strive for and is not an exhaustive list or syllabus. It is expected that trainees will have a CBD in at least one aspect of each of the following gastroenterological conditions:

### **Gastroenterology**

#### 3.2.1 Recurrent abdominal pain

- Be aware of functional abdominal pain and its management strategies
- Be aware of the differential diagnosis and ensure early exclusion of possibilities by proportionate use of investigations
- Refer patients with recurrent abdominal pain for psychotherapy when appropriate
- Epidemiology, pathophysiology and manifestations of H. pylori infection and peptic ulcer disease

### 3.2.2 Chronic diarrhoea

- Be familiar with the unusual manifestations of diarrhoea
- Be able to differentiate between secretory and osmotic diarrhoea and perform confirmatory diagnostic tests
- Be able to manage patients with prolonged / severe diarrhoea
- Be aware of causes of congenital diarrhoea including microvillus inclusion disease and glucose-galactose malabsorption
- Be aware of the immunological (Eg CGD, GVHD) and auto-immune (Eg Auto-immune enteropathy) causes of chronic diarrhoea
- Small bowel bacterial overgrowth & its management

### 3.2.3 Gastro-oesophageal reflux disease (GERD)

- Understanding of the pathophysiology of normal GI transit mechanism
- Able to suspect, investigate and manage GERD appropriately
- Be familiar with commonly encountered complications of GERD, and surgical treatment options

### 3.2.4 Feeding disorders

- Awareness of behavioural approaches to assessment and management of feeding difficulties in infants and children
- Be able to consider and apply adjunctive tube feeding appropriately
- Working with SALT and attendance in Video fluoroscopy sessions
- Indications of Gastrostomy

### 3.2.5 Constipation

- Know the causes of organic constipation
- Know the causes and differentiation between primary and secondary constipation
- Know the role and mechanism of action of commonly prescribed laxatives
- Surgical treatments for chronic constipation
- Encopresis and its management

### 3.2.6 Food intolerance

- Understand the mechanisms involved in immediate and delayed food allergy
- Know the composition of different diets/foods used to treat food allergy
- Recognise the different presentations of food allergy
- Indications of Allergy testing eg SPT
- Recognise when to refer for specialist opinion

### 3.2.7 Inflammatory bowel disease (IBD)

- Knowledge about the aetiological factors and pathophysiology of IBD
- Know and recognise the macroscopic and microscopic features of Crohns disease, ulcerative colitis and intermediate colitis
- Awareness and recognition of the common extra-intestinal manifestations of IBD including joints, cutaneous, hepatic and ophthalmic involvement
- Be able to manage all forms and aspects of IBD including complications like malnutrition, osteoporosis and dysplasia/cancer
- Awareness of the drug treatments including immune suppressive therapy
- Indications for surgery in IBD
- Nutritional treatment options for IBD including elemental and polymeric feeds
- Be able to obtain informed consent and management plan for biologic therapy

### 3.2.8 Disorders of intestinal motility

- Recognise signs and symptoms of pseudo-obstruction and liaise appropriately with surgical colleagues
- Recognise surgical problems of the abdomen and refer timely and appropriately
- Be able to suspect and investigate possible Hirschsprung's disease

### 3.2.9 Chronic Intestinal failure

- Understand and manage problems following intestinal failure and short gut, and participate in shared-care of such infants and children with tertiary specialists
- Provide and participate in monitoring long-term parental nutrition

### 3.2.10 Gastrointestinal bleeding

- Know the causes of upper and lower gastro-intestinal bleeding
- Recognise and able to resuscitate a patient with significant bleeding

### 3.2.11 Coeliac disease

- Appropriately suspect, investigate and manage coeliac disease

### 3.2.12 Surgical problems of the gastrointestinal tract

- Recognition and initial management of acute surgical conditions such as pyloric stenosis, intussusception, intestinal obstruction and chronic ones such as Hirschsprung's disease and short gut syndrome; including stoma care management of high output
- Contribute to multidisciplinary care of GI surgical conditions

## Nutrition

### 3.2.13 Nutritional assessment and support

- Awareness of the normal nutritional requirements of growing infants and children, and the pathophysiology of malnutrition
- Specific nutrient deficiencies such as iron, copper, selenium, folate Vitamins A-E and essential fatty acids.
- Understand the role of nutrition in specific disease conditions like extensive burns, malignant disease, cardiac disease, renal disease and neuro-developmental disability
- Understand the role of nutritional support teams both in hospital and in the community, and contribute towards their team meetings
- Aware of the nutritional problems in cystic fibrosis
- Parenteral nutrition, including its prescribing, monitoring and weaning from PN
- Awareness of Anorexia Nervosa ,managing it with Psychiatrists
- Awareness of Re-feeding syndrome and its prevention and management

## Hepatology

### 3.2.14 Liver disease

- Knowledge of the infectious causes of liver disease including the viral hepatitis A-E
- Be able to initiate first line investigations and treatment in acute and chronic liver disease and refer appropriately to tertiary paediatric liver units
- Be able to recognise progression of liver disease
- Know the indications of Liver transplantation
- Be able to undertake shared care including monitoring for effects of immunosuppressant in recipients of liver transplant
  - Contribute to joint clinics as part of a Managed Clinical Network (MCN)

### 3.2.15 Neonatal Jaundice

- Knowledge of the pathological causes of jaundice and their investigations
- Knowledge of the causes of prolonged jaundice and their investigations
- Prompt recognition of the possibility of biliary atresia in a baby and timely referral
- Aware of Yellow Alert

### 3.2.16 Factitious , fabricated and induced illness

- Be aware of the manifestations of FFII and its implications on gastroenterology hepatology and nutrition
- Be familiar with the mechanisms of liaison with Social workers and child protection team,
- Be aware when to instigate CAF

## **Section 4: Educational activities and training :**

- Attending regional study days
- Attending workshops focussed on Ph studies / Impedance / Parenteral nutrition / Gastrostomy tube feeding
- Submit abstracts to national (BSPGHAN),TiPGHAN and international (ESPGHAN) meetings and aim to attend at least one
- Upload all relevant evidence on e-portfolio
- BSPGHAN membership is desirable

## **Section 5: Clinical Governance :**

- Participation in at least 1 audit / year with a gastroenterology/ hepatology/ nutrition theme and understand the role of audit in continuous improvement of care.
- Participation in Clinical Guideline development locally / nationally
- Participation in BSPGHAN national audit programmes if appropriate
- Be aware of the patient organisation and charities like CICRA, Coeliac UK , CLDF and direct families for support and information
- Understand the principles of Managed Clinical Networks in achieving high quality PGHAN care
- Active involvement with Network service provision.

## **Section 6: Management :**

- Opportunities to be involved in management including business case proposals / presentations relevant to PGHAN
- Opportunities for formal and informal teaching of others
- Upload all relevant evidence on e-portfolio



APPENDIX 1

**RCPCH Module in Paediatric Gastroenterology, Hepatology & Nutrition  
(SPIN in PGHAN)**

**Personal Logbook / Competency checklist**

**Trainee:** \_\_\_\_\_

**Training level:** \_\_\_\_\_

**1) Training Unit/s**

Please enter details of post / posts for PGHAN SPIN training (**Has to be a minimum of 12 months in total**)

Details of Post / Hospital	Duration	Supervisors signature

**2) Educational supervision**

Please enter details of educational supervisors below:

Supervisor details	Training Unit	Supervisors signature

### 3) Clinical Experience in PGHAN

It is expected that trainees will have a selection of relevant work place based assessments (WPBAs) as evidence towards each of these generic and disease specific competencies:

3.1 Generic Competencies	No of WPBAs (eg. 2 MiniCEX 3 DOPS 4 CBDs etc)	Supervisors signature
Trainee has evidence of a selection of relevant WPBAs on e-portfolio/ ASSET pertaining to the generic competencies?		

Details:

3.2 Condition Specific Competencies	WPBAs (at least one for each condition)	Supervisors signature
Trainee has evidence of a selection of relevant WPBAs on e-portfolio/ ASSET ?		
Recurrent abdominal pain		
Chronic diarrhoea		
Gastro oesophageal reflux		
Feeding disorders		
Constipation		
Food intolerance		
Inflammatory bowel disease		
Disorders of intestinal motility		
Chronic intestinal failure		
Gastrointestinal bleeding		
Coeliac disease		
Surgical problems of GIT		
Nutritional assessment and support		
Liver disease		
Neonatal jaundice		
Factitious, fabricated and induced illness		

#### 4) Educational activities and training:

	Supervisors signature
Regional study days / PGHAN theme workshops ? Details:	
Submitted abstracts to/ aim to attend BHPGHAN/ ESPGHAN / TIPGHAN? Details:	
Other educational activities and training relevant to PGHAN? Details:	

### 5) Clinical Governance:

	Supervisors signature
At least 1 clinical audit with a PGHAN theme , or, participation in a BSPGHAN national audit ? Details:	
Other relevant clinical governance activities? Details:	

### 6) Management :

	Supervisors signature
Relevant management experience? Details:	

**7) Final Sign Off :**

**Trainee name** \_\_\_\_\_

**I confirm that the above trainee has worked a minimum of 12 months of PGHAN in a tertiary paediatric centre or a DGH providing paediatric gastroenterology services.**

**I confirm that the above trainee has successfully completed all the components of SPIN module in Gastroenterology, Hepatology and Nutrition as stipulated by RCPCH.**

**SPIN Module supervisor**

**Date:**

**Name:**

**Designation:**

## **APPENDIX 2**

### **Explanatory Notes**

This framework has been drafted in order to facilitate a trainee to achieve the PHGAN SPIN competencies provided he/she has worked the requisite length of time as a registrar with “gastro” focus, and under the guidance and supervision of a paediatric gastroenterologist (SPIN module supervisor)

The list of competencies is one achievable at DGH level, provided the unit provides specialist paediatric gastroenterology services.

The personal logbook / Competency checklist has been appended so that the trainee can keep gathering the relevant PGHAN competencies and focus on the additional ones required. The evidence of competencies gained will be in the form of work place based assessments (WPBAs) on E-portfolio / ASSET, which are already in use by trainees.

Regarding evidence of competencies required, a selection of relevant WPBAs is acceptable, instead of a rigid checklist which is difficult to achieve. There is a free text box to put in the details of what has been achieved, and the supervising consultant can make a call on when and whether the trainee has had a wide enough range of relevant competencies to be signed off for that particular section. If the consultant feels that it is not enough to be signed off, he/she should provide the trainee with a focussed list of additional things required to be signed off.

Similarly, the sections of Educational activities and training, Clinical governance and Management has guidance on what is expected but not a rigid checklist. Again, the trainee records in the free text box what has been achieved so far the supervising consultant can sign off after a wide range of relevant competencies has been achieved.

This document has been designed to be used with already existing tools (i.e. WPBAs on ASSET) and without rigid checklists, so that it is achievable by trainees working in DGHs providing paediatric gastroenterology services.