SPECIALTY TRAINING CURRICULUM

FOR

GENITOURINARY MEDICINE

2016

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Joint Royal Colleges of Physicians Training Board

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1 Introduction

Genitourinary Medicine (GUM) is the speciality that informs the prevention and management of sexually transmitted infections (STIs) including HIV. The core elements of the speciality are the clinical management of STIs and HIV/AIDS, surveillance and reporting, the prevention of morbidity and mortality due to STIs and HIV by initiating treatment, partner notification and behavioural change. GUM physicians are required to have specialist skills in the delivery of HIV and GUM services, clinical governance, public health, epidemiology and the provision of contraception. The speciality of genitourinary medicine has a strong multidisciplinary team ethos and requires excellent communication skills.

Close liaison is required with microbiology and virology, the specialities of acute medicine, obstetrics and gynaecology, sexual and reproductive health, paediatrics, dermatology, accident and emergency, public health departments and mental health services. The work of the specialist encompasses care of male, female, transgender/non-binary individuals of all age groups including young people, and vulnerable individuals. Management of complex antiretroviral treatments, drug interactions, understanding of antiretroviral drug resistance, and treatment side effects are taught during training. As the field is rapidly evolving it is expected that trainees will actively participate in research and audit.

2 Rationale

2.1 Purpose of the curriculum

The purposes of this curriculum are to define the process of training and the competencies needed for:

- The successful completion of Genitourinary Medicine training
- The award of a certificate of completion of training in Genitourinary Medicine (CCT).

The GUM curriculum will define training in GUM and will also equip the trainee with the competencies needed to participate at a senior level in the provision of GUM (including HIV) and contraception services, surveillance and reporting of STI, including HIV, clinical governance, public health and epidemiology.

The curriculum reflects the contexts in which GUM and HIV is performed, i.e. outpatients, community and inpatient wards. This curriculum demonstrates how the competencies will be assessed as trainees progress through the syllabus.

Mapping the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment to the curriculum has provided the opportunity to define the skills and behaviours required to communicate effectively with patients, carers and their families and the assessment methods.

This curriculum is trainee-centred, and outcome-based. A spiral approach has been adopted, as in the Foundation and core medical Programmes. A spiral curriculum describes a learning experience that revisits topics and themes, each time expanding

the levels of sophistication about knowledge, attitudes and decision-making regarding that topic. This approach aids reinforcement of principles, the integration of topics, and the achievement of higher levels of competency.

This revisiting of topics ensures deep learning and underpins the ethos of a spiral curriculum and effective life-long learning beyond Specialty Training. In this way an individual progresses from being 'competent' to becoming 'expert'.

The curriculum covers training for all four nations of the UK.

2.2 Development

This curriculum was developed by the Specialty Advisory Committee for GUM under the direction of the Joint Royal Colleges of Physicians Training Board (JRCPTB).
The membership of the curriculum development group had broad UK representation and included trainees and laypersons as well as consultants who are actively involved in teaching and training.

This curriculum replaces the GUM curriculum dated August 2010, with changes to ensure that the curriculum meets GMC's Standards for Curricula and Assessment. It incorporates revisions to the content and delivery of the training programme, in particular, the syllabus content on HIV has been rationalised into eight key sections more closely mapped to clinical guidelines produced by the British HIV Association (BHIVA). The updated HIV content reflects rapid changes that have taken place providing clinical care for people living with HIV. Effective antiretroviral therapy has resulted in individuals who are identified as being HIV-positive having the same life expectancy as people without HIV. Therefore advanced HIV/AIDS conditions are now seen rarely. Emphasis has shifted to earlier HIV diagnosis, prevention of transmission and managing long term risks that can be exacerbated by treatment (cardiovascular, renal, bone).

Changes in the curriculum follow input from;

- A working group of the SAC which included trainee representation, colleagues from GUM and Infectious Diseases representation from across the UK. The working group was chaired by the President of the British HIV Association.

- The HIV syllabus content was informed by content of current NICE-accredited UK guidelines produced by the British HIV Association. Available at: www.bhiva.org/guidelines

- The updated content on sexual dysfunction was developed in conjunction with the British Association of Sexual Health & HIV (BASHH) sexual dysfunction Special Interest Group. Details available on the BASHH website (www.bashh.org)

- Inclusion of transgender/non-binary individuals has been made explicit rather than implicit in accordance with current equality and diversity legislation. This is relevant given the scope of clinical practice of the specialty which requires sexual history taking and examination.

2.3 Training Pathway

Specialty training in GUM consists of core and higher speciality training. Core training provides physicians with: the ability to investigate, treat and diagnose patients with acute and chronic medical symptoms; and with high quality review skills for managing inpatients and outpatients. Higher speciality training then builds on these core skills to develop the specific competencies required to practise independently as a consultant GUM.

Core training may be completed in either a Core Medical Training (CMT) or Acute Care Common Stem (ACCS) programme. The full curriculum for specialty training in GUM therefore consists of the curriculum for either CMT or ACCS plus this specialty training curriculum for GUM.

Core Medical training programmes are designed to deliver core training for specialty training by acquisition of knowledge and skills as assessed by the workplace based assessments and the MRCP. Programmes are usually for two years and are broad based consisting of four to six placements in medical specialties. These placements over the two years must include direct involvement in the acute medical take. Trainees are asked to document their record of workplace based assessments in an ePortfolio which will then be continued to document assessments in specialty training. Trainees completing core training will have a solid platform of common knowledge and skills from which to continue into Specialty Training at ST3, where these skills will be developed and combined with specialty knowledge and skills in order to award the trainee with a certificate of completion of training (CCT).

There are common competencies that should be acquired by all physicians during their training period starting within the undergraduate career and developed throughout the postgraduate career, for example communication, examination and history taking skills. These are initially defined for CMT and then developed further in the specialty. This curriculum supports the spiral nature of learning that underpins a trainee's continual development. It recognises that for many of the competences outlined there is a maturation process whereby practitioners become more adept and skilled as their career and experience progresses. It is intended that doctors should recognise that the acquisition of basic competences is often followed by an increasing sophistication and complexity of that competence throughout their career. This is reflected by increasing expertise in their chosen career pathway.

The approved curriculum for CMT is a sub-set of the Curriculum for General Internal Medicine (GIM). A "Framework for CMT" has been created for the convenience of trainees, supervisors, tutors and programme directors. The body of the Framework document has been extracted from the approved curriculum but only includes the syllabus requirements for CMT and not the further requirements for acquiring a CCT in GIM.

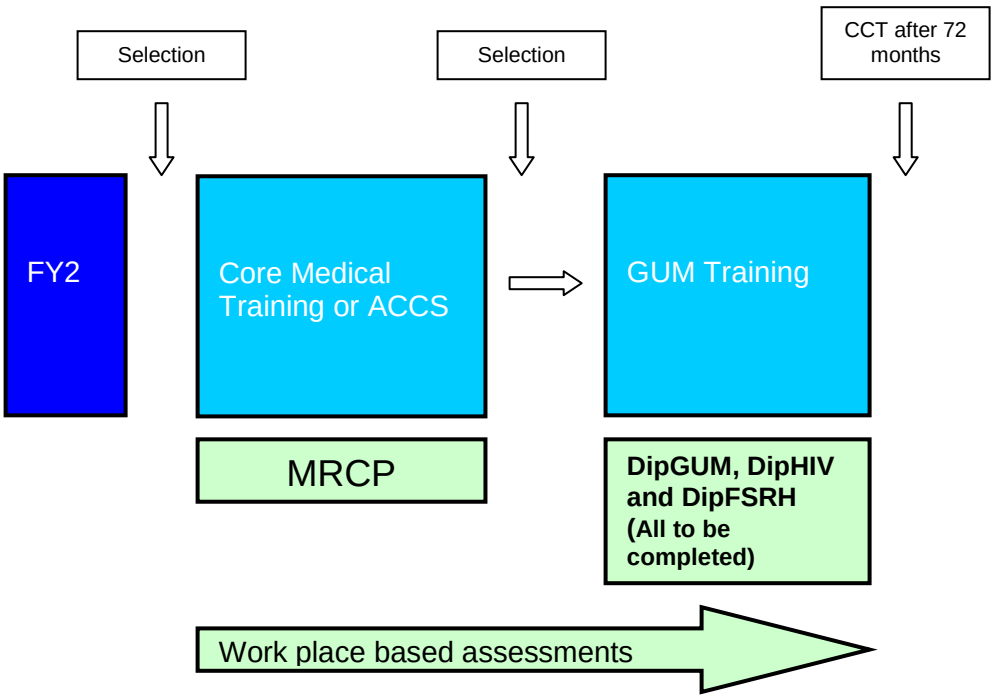


Diagram 1.0

The training pathway for GUM and achievement of a CCT – Core Medical Training for two years and a minimum of 48 months Specialty training to CCT.

2.4 Enrolment with JRCPTB

Trainees are required to register for specialist training with JRCPTB at the start of their training programmes. Enrolment with JRCPTB, including the complete payment of enrolment fees, is required before JRCPTB will be able to recommend trainees for a CCT**.** Trainees can enrol online at www.jrcptb.org.uk.

2.5 Duration of training

Although this curriculum is competency based, the duration of training must meet the European minimum of 4 years for full time specialty training adjusted accordingly for flexible training (EU directive 2005/36/EC). The SAC has advised that training from ST1 will usually be completed in 6 years of full time training adjusted accordingly for flexible training (2 years core plus 4 years specialty training).

This four-year programme builds on a trainee's ability to provide GUM care in hospital and community setting and develops generic skills.

Upon successful attainment of these competencies, the trainee will be recommended to GMC for a CCT by Joint Royal Colleges of Physicians Training Board.

2.6 Less Than Full Time Training (LTFT)

Trainees who are unable to work full-time are entitled to opt for less than full time training programmes. EC Directive 2005/36/EC requires that:

- LTFT shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities.
- The competent authorities shall ensure that the competencies achieved and the quality of part-time training are not less than those of full-time trainees.

The above provisions must be adhered to. LTFT trainees should undertake a pro rata share of the out-of-hours duties (including on-call and other out-of-hours commitments) required of their full-time colleagues in the same programme and at the equivalent stage.

EC Directive 2005/36/EC states that there is no longer a minimum time requirement on training for LTFT trainees. In the past, less than full time trainees were required to work a minimum of 50% of full time. With competence-based training, in order to retain competence, in addition to acquiring new skills, less than full time trainees would still normally be expected to work a minimum of 50% of full time. If you are returning or converting to training at less than full time please complete the LTFT application form on the JRCPTB website www.jrcptb.org.uk .

Funding for LTFT is from deaneries and these posts are not supernumerary. Ideally therefore 2 LTFT trainees should share one post to provide appropriate service cover.

Less than full time trainees should assume that their clinical training will be of a duration pro-rata with the time indicated/recommended, but this should be reviewed during annual appraisal by their TPD and chair of STC and Deanery Associate Dean for LTFT training. As long as the statutory European Minimum Training Time (if relevant), has been exceeded, then indicative training times as stated in curricula may be adjusted in line with the achievement of all stated competencies**.**

3 Content of learning

This section lists the specific knowledge, skills, and behaviours to be attained throughout training in Genitourinary Medicine.

Each stage of learning in the curriculum has defined competencies to be attained by the trainee within the domains of knowledge, skills and behaviours.

3.1 Programme content and objectives

The programme defines the competencies, which a trainee will acquire in order to take a senior role in the management of patients presenting to GUM and HIV units. See section 5.5 ARCP Decision Aid.

3.2 Good Medical Practice

Good medical practice is the GMC's core guidance for doctors. It sets out the values and principles on which good practice is founded.

The guidance is divided into the following four domains:

1. Knowledge, skills and performance

2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust

Good medical practice is supported by a range of explanatory guidance. The ‘GMP’ column in the syllabus defines which of the four domains of Good Medical Practice are addressed by each competency.

3.3 Syllabus

In the tables below, the “Assessment Methods” shown are those that are appropriate as possible methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used. See section 5.2 for more details.

“GMP” defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. See section 3.2 for more details.

The 2016 curriculum includes level descriptors to allow trainers and assessors to assess the trainee’s progress towards CCT in a ‘stepwise’ fashion.

There are four descriptor levels. It is anticipated that ST3 and ST4 trainees will achieve competencies to level 2 and ST5 and ST6 trainees will achieve competencies to level 4.

Syllabus Contents

GUM competencies

1. Sexual and Medical History

To develop the ability to obtain a relevant focused sexual and medical history from increasingly complex patients. To synthesise history, record accurately, and formulate a management plan.

Knowledge	Assessment Methods	GMP
History:		
• Recognise importance of different elements of medical and sexual history for females, males, transgender/non-binary individuals.	CbD, DipGUM, mini-CEX, MCR	1
• Define professionalism	CbD, mini-CEX, MCR	1
• Know how to structure a consultation	mini-CEX, MCR CbD, DipGUM,	1,3
• Recognise that the history should inform examination, investigation and management plan.	mini-CEX, MCR CbD, DipGUM, MCR	1
• Recognises the importance of the patient's background, culture, education and preconceptions.	mini-CEX,CbD, DipGUM, MCR	1
• Describe sexual behaviour in population subgroups such as heterosexuals, homosexuals (men who have sex with men and women who have sex with women) those who engage in transactional sex and the associated risk of infection, trauma and pregnancy.	CbD, DipGUM, mini-CEX, MCR	1
• Understand the psychological and psychosexual component of disease; its presentation and when and where it is appropriate to refer for assistance**.**	CbD, mini-CEX, MCR	1
• Explain the link between factors such as alcohol and recreational drug use and sexual risk taking.	CbD, mini-CEX, MCR	1
• Recognise that gender-based violence (physical and or sexual violence including female genital mutilation (FGM) and domestic violence) is an issue for individuals of all age groups. Describe care pathways and onward referral.	CbD, mini-CEX, MCR	1
• To provide safe, sensitive, effective care for women and children who have been subjected to FGM in partnership with other relevant agencies	CbD, mini-CEX	1, 2, 3
• To be aware of requirements for mandatory reporting of FGM as described by the RCOG and the BASHH sexual violence special interest group.	CbD, mini-CEX	1
• Listen actively and question sensitively to guide the patient and to clarify information in particular with regard to matters that they may find it difficult to discuss, e.g. domestic violence or other abuse	ACAT, mini-CEX, PS, MCR	1, 3
Advice about safer sexual practises:		
• Identify patient's risks of sexually transmitted infections.	CbD, mini-CEX, DipGUM, MCR	1
• Identify need for contraception or pre-conception counselling.	CbD, mini-CEX, DipGUM, MCR	1

• Aware of the social and cultural determinants of risk.	CbD, mini-CEX, MCR	
• Understand issues that influence sexual behaviour e.g. broken relationships, stigma, sexual abuse, mental illness, low self-esteem and deprivation.	CbD, mini-CEX, MCR	1
Initiate Partner notification where appropriate:		
• Identify timescale for and methods of partner notification	CbD, DipGUM, mini-CEX, MCR	1
• Explain calculation of partner notification outcomes and methodological issues around measurement.	mini-CEX, MCR	
• Explain confidentiality legislation as applies to GUM	CbD, DipGUM, mini-CEX, MCR	1
• Describe the importance of the role of the Health Advisor	CbD, mini-CEX, MCR	1,3
Skills		
Establish rapport, listen actively and question sensitively to guide the patient to clarify information. Supplement history with standardised instruments or questionnaires when relevant.	CbD, DipGUM, mini-CEX, MCR	1,3
Use condom demonstrator.	mini-CEX, DOPS, DipGUM, MCR	1,3
Focus on relevant aspects of sexual and medical history and overcome possible barriers to effective communication including internalised homophobia and fear of disclosure of stigmatised sexual behaviour.	CbD, DipGUM, mini-CEX, MCR	1,3
Make accurate and contemporaneous legible notes or computer records of consultation.	CbD, mini-CEX, MCR	1,3
Recognise psychosexual problems and refer appropriately. Identify and raise the possibility of domestic violence with patients, and offer referral for assistance.	CbD, mini-CEX, MSF, MCR	1,3
Manage alternative and conflicting view from others, such as sexual partners.	CbD, mini-CEX, MCR	1,3
Use, and refer patients to, appropriate written and other information sources such as patient websites.	CbD, mini-CEX, DipGUM, MCR	1,3
Identify and manage communication barriers, tailoring language to the individual patient and use language interpretation services as appropriate.	DOPS, mini-CEX, MCR	1,3
Deliver clear information to patients compassionately, being alert to and manage their and your emotional response (anxiety, antipathy etc)	CbD, DipGUM, mini-CEX, MCR	1,3
Able to apply current evidence on prevention and health promotion interventions, both at clinic level and in individual consultation, to promote health	CbD, DipGUM, mini-CEX, MCR	1,3
Check the patient/carer understands, ensuring that all concerns/questions have been covered. Respect patient choice.	CbD, DipGUM, mini-CEX, MCR	1
Able to review and explain the significance of partner notification outcomes in the context of the differing transmission dynamics of the STI/HIV. Explain reasons for partner notification clearly to patients,	CbD, mini-CEX, DipGUM, MCR	1

advising patients about ways to disclose. Inform patient about their legal responsibilities.		
Ensure referral and communication with other health care professionals are made accurately and in a timely fashion.	CbD, mini-CEX, DipGUM, MCR	1,3
Manage time, indicate when the interview is nearing its end, and conclude with a summary appropriately drawing consultation to a close. Manage follow-up effectively, using a variety of methods other than a follow up visit such as letter, text results, e-mail phone call.	CbD, mini-CEX, PS, DipGUM, MCR	1
Behaviours		
Display tact and empathy. Practise with courtesy, compassion and professionalism, especially by appropriate body language – does not acts as a superior.	CbD, MSF mini-CEX PS, DipGUM, MCR	1,3,4
Aware of patient dignity.	CbD, MSF mini-CEX PS, DipGUM, MCR	1
Respect patient confidentiality.	CbD, MSF mini-CEX, DipGUM, MCR	1
Be non-judgemental	CbD, MSF mini-CEX PS, DipGUM, MCR	1,3,
Refer to colleagues in multi-disciplinary team.	CbD, MSF mini-CEX, DipGUM, MCR	1,3,
Ask for advice, including referral for second opinion	CbD, MSF mini-CEX PS, DipGUM, MCR	1,3,
Ensure appropriate personal language and behaviour	CbD, MSF mini-CEX PS, DipGUM, MCR	1,3,
Take into account sensitivities of patients such as those with learning disabilities or after sexual assault.	CbD, MSF mini-CEX PS, DipGUM, MCR	1,3,
Describe cultural and sexuality issues using different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved.	CbD, MSF mini-CEX, DipGUM, MCR	1,3,

Level Descriptors

1. Obtains and records accurate clinical history relevant to the clinical presentation with due empathy and sensitivity**.** Elicits most important positive and negative indicators of diagnosis. Demonstrates ability to obtain relevant focused clinical history in the context of limited time in outpatients.

2. Demonstrates the ability to target history to discriminate between likely clinical diagnoses.

Records information in the most informative fashion. Conducts interviews on complex concepts satisfactorily, confirming that accurate, two-way communication has occurred.

3. Demonstrates ability to obtain history in difficult circumstances e.g. from angry or distressed patient/relatives. Handles communication difficulties appropriately, involving others as necessary; establishes excellent rapport.

4. Demonstrates the ability to keep interview focused on most important clinical issues. Shows mastery of patient communication in all situations, anticipating and managing any difficulties which may occur

2. Examination of the Genitals, Anus, Rectum and Systems – Decision Making and Clinical Reasoning

To progressively develop the ability to perform a general medical examination and specialist examination of the genitals, anus and rectum. To develop the ability to formulate a diagnostic and therapeutic plan for a patient

To develop the ability to prioritise the diagnostic and therapeutic plan

To effectively communicate a diagnostic and therapeutic plan to both patients and the multi disciplinary team

Knowledge	Assessment Methods	GMP
Understand the anatomy and embryology of the genital tract, anus and rectum	CbD, DipGUM, TO, MCR	1
Understand the basis for clinical signs in the genitals and system being reviewed and the relevance of positive and negative physical signs.	CbD, DipGUM, mini-CEX, MCR	1
Recognise the need for a valid clinical examination and for offering a chaperone. Understand the constraints to performing physical examination such as pain, fear, embarrassment, vaginismus, and develop strategies that may be used to overcome them.	CbD, mini-CEX, MCR	1
Be able to perform genital examination in females, males, transgender/non-binary individuals.	CbD, mini-CEX, MCR	1
Generate hypothesis within context of clinical likelihood, test, refine and verify the hypotheses. Develop a problem list and action plan.	CbD, mini-CEX, DipGUM, MCR	1
Respond to questions honestly and is both wiling to and able to seek expert advice, and use clinical guidelines and algorithms.	CbD, mini-CEX, MCR	1
Skills		
Construct an appropriate management plan in conjunction with the patient and, where appropriate, carers and other members of the clinical team and communicate this effectively.	CbD, mini-CEX, DipGUM, MCR	1,3
Interpret clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders.	CbD, mini-CEX, DipGUM, MCR	1,3
Incorporate an understanding of the psychological and social elements of clinical scenarios into decision making through a robust process of clinical reasoning	CbD, mini-CEX, MCR	1,3
Identify the need for a chaperone. Perform an examination of the relevant system and collect relevant specimens for analysis	CbD, DipGUM, mini-CEX, PS, MCR	1,3
Elicit physical signs with minimal discomfort to patient.	DOPS, CbD, DipGUM, mini-CEX, MCR	1,3
Demonstrate competent use of the speculum	DipGUM, DOPS, MCR	1,3
Demonstrate competent use of the proctoscope	DOPS, DipGUM, MCR	1,3

Behaviours		
Show willingness to search for evidence to support clinical decision making and recognises limits of own professional competence and only practises within these limits	MSF, CbD, mini-CEX, MCR	1,3
Work effectively with multidisciplinary team	MSF, CbD, mini-CEX, MCR	1,3
Non-judgemental and demonstrate ability to identify own biases and inconsistencies in clinical reasoning	DipGUM, DIPHIV, MSF, CbD, mini-CEX,PS, MCR	1

Level Descriptor	
1.	Performs, accurately records and describes findings from basic physical examination. Elicits most important physical signs.
2.	Performs focussed clinical examination directed to presenting complaint. Actively seeks and elicits relevant positive and negative signs. Uses and interprets adjuncts to basic examination e.g. in the assessment of the patient syphilis
3.	Performs and interprets relevant advanced focussed clinical examination e.g. assessment of joints, neurological examination. Elicits subtle findings.
4.	Rapidly and accurately performs and interprets focussed clinical examination in challenging circumstances e.g. acute medical or surgical emergency.

3. Complaints and medical error

To recognise the causes of error and to learn from them, to realise the importance of honesty and effective apology and to take a leadership role in the handling of complaints

Knowledge	Assessment Methods	GMP
Describe the local complaints procedure	CbD, MSF, MCR	1
Recognise factors likely to lead to complaints (poor communication, dishonesty, clinical errors, adverse clinical outcomes, failure to apologise etc)	CbD, MSF, MCR	1
Adopts behaviour likely to prevent complaints	CbD, MSF, MCR	1
Deals appropriately with concerned or dissatisfied patients or relatives and consults appropriately	CbD, MSF, MCR	1
Recognise when something has gone wrong and identify appropriate staff to communicate with	CbD, MSF, MCR	1
Act with honesty and sensitivity in a non-confrontational manner	CbD, MSF, MCR	1
Identify sources of help and support for patients and yourself when a complaint is made about yourself or a colleague	CbD, MSF, MCR	1
Skills		
Seek professional advice when an error has occurred and deliver an appropriate apology and explanation	CbD, MSF, MCR	1, 3, 4
Distinguish between system and individual errors (personal and organisational)	CbD, MSF, MCR	1
Show an ability to learn from previous error	CbD, MSF, MCR	1

Behaviours		
Where appropriate, take leadership over complaints	CbD, MSF, MCR	1
Recognise the impact of complaints and medical error on staff, patients, and the National Health Service	CbD, MSF, MCR	1, 3
Contribute to a fair and transparent culture around complaints and errors	CbD, MSF, MCR	1
Recognise the rights of patients, family members and carers to make a complaint	CbD, MSF, MCR	1, 4
Recognise the impact of a complaint upon ones self and seek appropriate help and support	CbD, MSF, MCR	1, 4

Level Descriptor	
1.	If an error is made immediately ensures patient safety and reports it Apologises to patient for any failure as soon as it is recognised, however small Understands and describes the local complaints procedure Recognises need for honesty in management of complaints Responds promptly to concerns that have been raised Understands the importance of an effective apology Learns from errors
2.	Manages conflict without confrontation Recognises and responds to the difference between system failure and individual error
3.	Recognises and manages the effects of any complaint within members of the team
4.	Provides timely accurate written responses to complaints when required Provides leadership in the management of complaints

4. Principles of medical ethics and confidentiality

To know, understand and apply appropriately the principles, guidance and laws regarding medical ethics and confidentiality

Knowledge	Assessment Methods	GMP
Demonstrate knowledge of the principles of medical ethics	CbD, mini-CEX, MCR	1
Outline and follow the guidance given by the GMC on confidentiality	CbD, mini-CEX, MCR	1
Define the provisions of the Data Protection Act and Freedom of Information Act	CbD, mini-CEX, MCR	1
Define the principles of Information Governance	CbD, mini-CEX, MCR	1
Define the role of the Caldicott Guardian and Information Governance lead within an institution, and outline the process of attaining Caldicott approval for audit or research	CbD, mini-CEX, MCR	1, 4
Outline situations where patient consent, while desirable, is not required for disclosure e.g. serious communicable diseases, public interest	CbD, mini-CEX, MCR	1, 4
Outline the procedures for seeking a patient's consent for disclosure of identifiable information	CbD, mini-CEX, MCR	1

Recall the obligations for confidentiality following a patient's death	CbD, mini-CEX, MCR	1, 4
Recognise the problems posed by disclosure in the public interest, without patient's consent	CbD, mini-CEX, MCR	1, 4
Recognise the factors influencing ethical decision making: including religion, personal and moral beliefs, cultural practices	CbD, mini-CEX, MCR	1
Do not resuscitate: Define the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment	CbD, mini-CEX, MCR	1
Recognise the role and legal standing of advance directives	CbD, mini-CEX, MCR	1
Outline the principles of the Mental Capacity Act	CbD, mini-CEX, MCR	1
Demonstrate an understanding of adolescents' and young adults' right to confidentiality and the importance of safeguarding	CbD, mini-CEX, MCR	1
Skills		
Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team	CbD, mini-CEX, MSF, MCR	1, 2,3
Use and promote strategies to ensure confidentiality is maintained	CbD, MCR	1
Counsel patients on the need for information distribution within members of the immediate healthcare team	CbD, MSF, MCR	1, 3
Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment	CbD, mini-CEX, PS, MCR	1, 3
Behaviours		
Encourage informed ethical reflection in others	CbD, MSF, MCR	1
Show willingness to seek advice of peers, legal bodies, and the GMC in the event of ethical dilemmas over disclosure and confidentiality	CbD, mini-CEX, MSF, MCR	1
Respect patient's requests for information not to be shared, unless this puts the patient, or others, at risk of harm	CbD, mini-CEX, MCR, PS	1, 4
Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information	CbD, mini-CEX, MCR	1, 3
Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment	CbD, mini-CEX, MSF, MCR	1, 3
Level Descriptor		
1.	Respect patients' confidentiality and their autonomy. Understand, in respect of information about patients, the need for highest regard for confidentiality adhering to the Data Protection Act. Keep in mind when writing or storing data the importance of the Freedom of Information Act. Knowledge of the guidance given by the GMC in respect of these two acts. Understand that the information in patient's notes is theirs. Only share information outside the clinical team and the patient after discussion with senior colleagues. Familiarity with the principles of the Mental Capacity Act If in doubt about a patient's competence and ability to consent even to the most simple of acts (e.g. history taking or examination) to discuss with a senior colleague. Participate in decisions about resuscitation status and withholding or withdrawing treatment.	

2.	Counsel patients on the need for information distribution within members of the immediate healthcare team and seek patients' consent for disclosure of identifiable information. Discuss with patients with whom they would like information about their health to be shared.
3.	Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research. Understand the importance of considering the need for ethical approval when patient information is to be used for anything other than the individual's care. Understand the difference between confidentiality and anonymity. Know the process for gaining ethical approval for research.
4.	Able to assume a full role in making and implementing decisions about resuscitation status and withholding or withdrawing treatment. Able to support the decision making on behalf of those who are not competent to make decisions about their own care.

5. Valid consent

To understand the necessity of obtaining valid consent from the patient and how to obtain it

Knowledge	Assessment Methods	GMP
Outline the guidance given by the GMC on consent, in particular:	CbD, MSF, MCR	1
Understand that consent is a process that may culminate in, but is not limited to, the completion of a consent form and documentation of verbal consent.	CbD, MSF, MCR	1
Understand the particular importance of considering the patient's level of understanding and mental state (and also that of the parents, relatives or carers when appropriate) and how this may impair their capacity for informed consent	CbD, MSF, MCR	1
Understand the legal aspects of consent in respect to adolescents and young adults and how this differs across the countries in the UK	CbD, MSF, MCR	1
Skills		
Present all information to patients (and carers) in a format they understand, checking understanding and allowing time for reflection on the decision to give consent	CbD, mini-CEX, PS, DipGUM, MCR	1, 3
Provide a balanced view of all care options	CbD, mini-CEX, PS, MCR	1, 3, 4
Behaviours		
Respect a patient's rights of autonomy even in situations where their decision might put them at risk of harm	CbD, mini-CEX, PS, MCR	1
Does not exceed the scope of authority given by a competent patient	CbD, mini-CEX, PS, MCR	1
Does not withhold information relevant to proposed care or treatment in a competent patient	CbD, mini-CEX, MCR	1, 3, 4
Does not seek to obtain consent for procedures in which they are not competent to perform, in accordance with GMC/regulatory authorities.	CbD, mini-CEX, MCR	1, 3
Show willingness to seek advance directives	CbD, mini-CEX, MCR	1, 3
Show willingness to obtain a second opinion, senior opinion, and	CbD, mini-CEX,	1, 3

legal advice in difficult situations of consent or capacity	MSF, MCR	
Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action	CbD, mini-CEX, PS , MCR	1, 3, 4

Level descriptor	
1.	Understands that consent should be sought ideally by the person undertaking a procedure and if not by someone competent to undertake the procedure. Understand consent as a process. Ensures always to check for consent for the most simplest and non-invasive processes – e.g. history taking. Understands the concept of “implicit consent”. Obtains consent for straightforward treatments that he/she is competent to undertake with appropriate regard for patient's autonomy.
2.	Able to explain complex treatments meaningfully in layman's terms and thereby to obtain appropriate consent. Responds appropriately when a patient declines consent even when the procedure would on balance of probability benefit the patient.
3.	Obtains consent in "grey-area" situations where the best option for the patient is not clear.
4.	Obtains consent in all situations even when there are problems of communication and capacity.

6. Legal framework for practice

To understand the legal framework within which healthcare is provided in the UK and/or devolved administrations in order to ensure that personal clinical practice is always provided in line with this legal framework

Knowledge	Assessment Methods	GMP
All decisions and actions must be in the best interests of the patient	CbD, mini-CEX, MCR	1
Understand the legislative framework within which healthcare is provided in the UK and/or devolved administrations – in particular death certification and the role of the Coroner/Procurator Fiscal; child protection legislation; mental health legislation (including powers to detain a patient and giving emergency treatment against a patient’s will under common law); advanced directives and living Wills; withdrawing and withholding treatment; decisions regarding resuscitation of patients; surrogate decision making; organ donation and retention; communicable disease notification; medical risk and driving; Data Protection and Freedom of Information Acts; provision of continuing care and community nursing care by a local authorities.	CbD, mini-CEX, MCR	1, 2
Understand the differences between health related legislation in the four countries of the UK	CbD, MCR	1
Understand sources of medical legal information	CbD, mini-CEX, MCR	1
Understand disciplinary processes in relation to medical malpractice	CbD, mini-CEX, MSF, MCR	1
Understand the role of the medical practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected.	CbD, mini-CEX, MSF, MCR	1
Skills		
Ability to cooperate with other agencies with regard to legal	mini-CEX, MCR	1

requirements – including reporting to the Coroner's/Procurator Officer, the Police or the proper officer of the local authority in relevant circumstances		
Ability to prepare appropriate medical legal statements for submission to the Coroner's Court, Procurator Fiscal, Fatal Accident Inquiry and other legal proceedings	CbD, MSF, MCR	1
Be prepared to present such material in Court	CbD, mini-CEX, MCR	1
Incorporate legal principles into day to day practice	CbD, mini-CEX, MCR	1
Practice and promote accurate documentation within clinical practice	CbD, mini-CEX, MCR	1, 3
Behaviour		
Show willingness to seek advice from the employer, appropriate legal bodies (including defence societies), and the GMC on medico-legal matters	CbD, mini-CEX, MSF, MCR	1
Promote informed reflection on legal issues by members of the team All decisions and actions must be in the best interests of the patient	CbD, mini-CEX, MSF, MCR	1, 3
Level descriptor		
1.	Knows the legal framework associated with medical qualification and medical practice and the responsibilities of registration with the GMC. Knows the limits to professional capabilities - particularly those of pre-registration doctors.	
2.	Identify to Senior Team Members cases which should be reported to external bodies and where appropriate and initiate that report. Identify with Senior Members of the Clinical Team situations where you feel consideration of medical legal matters may be of benefit. Be aware of local Trust procedures around substance abuse and clinical malpractice.	
3.	Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases preparing brief statements and reports as required. Actively promote discussion on medical legal aspects of cases within the clinical environment. Participate in decision making with regard to resuscitation decisions and around decisions related to driving discussing the issues openly but sensitively with patients and relatives.	
4.	Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases providing full medical legal statements as required and present material in Court where necessary. Ensures that medico- legal factors are considered openly and consistently wherever appropriate in the care and best interests of the patient. Ensuring that patients and relatives are involved openly in all such decisions.	

7. Pathology of sexually transmitted infections

To progressively understand and interpret the results of laboratory tests for sexually transmitted infections, their limitations, optimum sampling sites; to collect these specimens and explain results to patients

Knowledge	Assessment Methods	GMP
Able to explain the fundamental characteristics of test performance, including sensitivity and specificity; positive predictive value and negative predictive value and is able to make simple calculations of these from data, Is able to explain the advantages and disadvantages of introducing a screening test to contrasting populations, including the merits of register based vs. opportunistic screening, evaluation of screening, using actual or proposed examples in sexual health.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain antigen and antibody tests and their advantages and limitations.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain DNA amplification techniques and their advantages and limitations.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the range of laboratory tests for gonorrhoea, Chlamydia, LGV, mycoplasma, syphilis, trichomonas, chancroid, donovanosis, candida, bacterial vaginosis, HIV, HSV, HPV, and Hepatitis A/B/C. To include microscopy, point of care tests, culture, NAATs, serology.	CbD, DipGUM, mini-CEX, TO, MCR	1
Understand specificity and sensitivity, need for confirmation by same or different tests, timescale for results. Explain which sites to sample, storage of specimens and transfer time to lab. Describe time frame to positive result from infection and to negative result post treatment.	CbD, DipGUM, mini-CEX, TO, MCR	1
Skills		
Take adequate and appropriate specimens with minimum discomfort to patient.	CbD, DipGUM, DOPS, mini-CEX, MCR	1
Perform direct inoculation of clinical material on transport and culture media.	CbD, DipGUM, DOPS, mini-CEX, MCR	1
Use the microscope, including bright and dark field microscopy, setting up, adjusting and maintenance.	CbD, DipGUM, DOPS, mini-CEX, MCR	1
Perform Gram-stains and interpret the findings.	CbD, DipGUM, DOPS, mini-CEX, MCR	1
Perform wet-mount microscopy and interpret the findings.	CbD, DipGUM, DOPS, mini-CEX, MCR	1
Correctly interpret NAATs and serological tests.	CbD, DipGUM, DOPS, mini-CEX, MCR	1
Explain meaning of test results to patients.	CbD, DipGUM, DOPS, mini-CEX,	1,3

	MCR	
Explain meaning of equivocal test results and possibility of false negative and positive results to patients.	CbD, DipGUM, DOPS, mini-CEX, MCR	1,3
Behaviours		
Establish rapport with laboratory staff.	CbD, MSF, MCR	1
Able to understand uncertainty such as an equivocal test result.	CbD, MSF, DipGUM, MCR	1
Show respect and behaves in accordance with Good Medical Practice.	CbD, MSF, DipGUM, MCR	3,4

Level Descriptors	
1.	Explains and interprets simple laboratory tests, asks for advice for example asks laboratory staff regarding more complex investigations/results.
2.	Understands and is able to perform microscopy for bacterial STI and fungi.
3.	Understands what factors alter PPV and NPV. Able to perform dark ground examination. Works efficiently with laboratory staff to interpret complex cases.
4.	Full understanding of complex laboratory investigations, their interpretation and their uncertainties. Able to explain equivocal results to patients and junior colleagues. Works in close collaboration with laboratory staff to manage complex cases and /or to develop a standard operating procedure (SOP) for new tests in a department

8. Bacterial genital infections

To understand bacterial sexually transmitted infections and their laboratory tests, knows how to collect these specimens and which are optimum sampling sites, interprets and explains the results to patients

Knowledge	Assessment Methods	GMP
Explain the presentation, investigation and differential diagnosis of urethritis and cervicitis	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the natural history and management of both uncomplicated and complicated infection by N gonorrhoea and C. trachomatis, including rectal Chlamydia and Lymphogranuloma venereum (LGV.)	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the aetiology and management of Chlamydia and urethritis.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the aetiology and management of prostatitis, chronic/recurrent urethritis and chronic male pelvic and testicular pain.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the diagnosis, natural history and management of pelvic infection.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the aetiology investigation and management of pharyngeal and rectal infections.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the aetiology and preliminary management of acute abdominal/pelvic pain, including severe intra-abdominal sepsis, trauma from use of sex toys/fisting.	CbD, DipGUM, mini-CEX, TO, MCR	1

Explain the aetiology and management of chronic pelvic pain.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the aetiology and management of epididymo-ochitis and scrotal masses.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the aetiology and management of sexually acquired reactive arthritis.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the management of urinary tract infections in men, (including MSM) and women.	CbD, DipGUM, mini-CEX, TO, MCR	1
Skills		
Take a history, performs an examination, and obtain specimens for microbiological testing.	CbD, DipGUM, DOPS, mini-CEX, MCR	1
Explain the diagnosis and management clearly to the patient.	CbD, DipGUM, mini-CEX, PS, MCR	1
Communicate with other specialties and GPs when appropriate.	CbD, mini-CEX, MCR	1,3
Behaviours		
Display tact, empathy, respect and concern for patients.	MSF, DipGUM, MCR	1
Be non-judgemental.	MSF, DipGUM, MCR	1
Show respect and behaves in accordance with Good Medical Practice	MSF, DipGUM, MCR	1,3
Work in collaboration with and understands the role of nurses, Health Advisors and GPs	MSF, MCR	1,3
Understand the psychological and/or psychosocial impact of chronic genital problems.	MSF, MCR	1

Level descriptor	
1.	Understands, diagnoses, treats and explains uncomplicated bacterial sexually transmitted infections, asks for advise/uses guidelines for complex cases
2.	Understands, diagnoses, treats and explains the common complications of bacterial sexually transmitted infections such as pelvic inflammatory disease, asks for advice/uses guidelines for more complex cases
3.	Understands, diagnoses, treats and explains the less common complications of bacterial sexually transmitted infections to patients: e.g. sexually acquired reactive arthritis. Establishes excellent patient rapport.
4.	Rapidly and accurately performs and interprets focussed clinical examination. Makes accurate diagnoses, treats and explains all bacterial sexually transmitted infections. Can manage complex presentations and complications including chronic pain resulting from bacterial sexually transmitted infections

9. Genital ulceration and syphilis

To progressively understand the causes of genital ulceration and keep up- to- date with the available diagnostic tests; to collect specimens, interpret the results and explain these to patients

Knowledge	Assessment Methods	GMP
Explain the investigation and differential diagnosis of genital ulcers, including apthous ulcers.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the natural history and management of primary, secondary early and late latent syphilis.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the diagnosis, investigations and management of tertiary syphilis.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the impact of HIV on the natural history of syphilis.	CbD, DipGUM, mini-CEX, TO, MCR	1
Describe the diagnosis and management of lymphogranuloma venereum (LGV), donovanosis, and chancroid.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the natural history, transmission and management of herpes simplex virus infections, including psychosexual complications and indications for episodic and suppressive therapy.	CbD, DipGUM, mini-CEX, TO, MCR	1
Describe the diagnosis and management of non-infective causes of genital ulcers	CbD, DipGUM, mini-CEX, TO, MCR	1
Skills		
Take a history, performs an examination, and obtains specimens for microbiological testing, including dark-field microscopy.	DipGUM, DOPS, mini-CEX, MCR	1,3
Explain the diagnosis and management clearly to the patient including need for disclosure.	DipGUM, mini-CEX, PS, MCR	1,3
Demonstrate effective communication with other specialties	DipGUM, mini-CEX, MCR	1,3
In pregnancy consider risks to neonate and ensure paediatricians or GP carry out appropriate testing and treatment, with consent of mother wherever possible.	DipGUM, mini-CEX, MCR	1,3
Behaviours		
Be non-judgemental.	MSF, DipGUM, MCR	1,4
Appreciate role of nurses and health advisors.	MSF, CbD , MCR	1,4
Show respect and concern for patients and behaves in accordance with Good Medical Practice.	MSF, DipGUM, MCR	1,4

Level Descriptor	
1.	Can assess and formulate differential diagnosis in patients presenting with uncomplicated genital ulcer disease, asks for advise/uses guidelines for complex cases
2.	Can assess, diagnose and manage patients presenting with uncomplicated genital ulcer disease. Explains diagnosis to patient and establishes rapport.
3.	Understands, diagnoses, treats and explains the less common presentations of genital ulcer disease. Can illicit clinical signs of neurological and ophthalmological syphilis. Can accurately

	interpret syphilis serology.
4.	Rapidly and accurately performs and interprets focussed clinical examination, can independently investigate and manage complex genital ulcer disease including in patients with HIV infection. Establishes excellent rapport with patients the MDT and other specialties

10. Genital lumps, cancer and human papillomavirus infection (HPV)

To progressively understand the aetiology of genital lumps and bumps. Know how to urgently refer if cancer included in differential diagnosis. Be able to diagnose, treat and explain warts and molluscum to patients. Encourage participation in screening /vaccination programmes.

Knowledge	Assessment Methods	GMP
Explain the aetiology and management of genital lumps including warts and molluscum contagiosum.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the natural history off and transmission of HPV.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the natural history, diagnosis, and management of cervical, vulval, vaginal, anal and penile intra-epithelial neoplasia.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the national cervical screening programme.	CbD, DipGUM. mini-CEX, TO, MCR	1
Explain the role and interpretation of cytology, colposcopy and histology.	CbD, DipGUM, mini-CEX, TO, MCR	1
Describe the role of anoscopy.	CbD, mini-CEX, TO, MCR	1
Know when to refer and explains the treatment options available for cervical pre-malignant disease.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain HPV vaccines available and national immunisation programme.	CbD, DipGUM, mini-CEX, TO, MCR	1
Skills		
Take a history and performs examination. Explains the diagnosis and management clearly to the patient.	CbD, DipGUM, mini-CEX, MCR	1,3
Skilfully perform ablative therapy of genital warts.	CbD, DOPS, mini-CEX, MCR	1,3
Perform cervical cytology.	CbD, DipGUM, DOPS, mini-CEX, MCR	1,3
Make timely referral of suspected cancer.	CbD, mini-CEX, MCR	1,3
Counsel men and women sensitively about cancer risk, benefits and risks of screening.	CbD, DipGUM, mini-CEX, MCR	1,3
Behaviours		
Display tact, empathy, respect and concern for patients.	MSF, PS mini-CEX, DipGUM, MCR	1,3
Be non-judgmental.	MSF, mini-CEX, DipGUM, MCR	1,3

Appreciate role of nurses and health advisers.		MSF, mini-CEX, MCR	1,3
Show respect and behaves in accordance with Good Medical Practice.		MSF, mini-CEX,PS, DipGUM, MCR	1,3,4
Level descriptor			
1.	Can examine and formulate differential diagnosis in patients presenting with genital lumps, asks for advise/uses guidelines for complex cases. Can perform cervical cytology. Understands the responsibilities of the smear taker in the context of the national cervical screening programme.		
2.	Can assess, diagnose manage patients presenting with uncomplicated genital lumps. Can perform ablative procedure and can explain use of and prescribe available patient applied therapies. Explains diagnosis to patient and establishes good rapport.		
3.	Understands, diagnoses, treats and explains the less common presentations of genital lumps including condylomata lata.		
4.	Rapidly and accurately performs and interprets focussed clinical examination, can independently investigate and manage complex genital lumps including penile and anal dysplastic conditions. Can appropriately perform genital biopsy when. Recognise genital dysplasia and refer in timely fashion. Establish excellent rapport.		

11. Genital infestations

To diagnose, explain and manage genital infestations and explain partner management to patients

Knowledge	Assessment Methods	GMP
Explain the diagnosis and management of scabies.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the diagnosis and management of pediculosis pubis	CbD, DipGUM, mini-CEX, TO, MCR	1
Skills		
Take a history, perform an examination, and if necessary takes specimens for microscopy	CbD, DipGUM, DOPS, mini-CEX, MCR	1
Explain the diagnosis and management clearly to the patient.	CbD, DipGUM, mini-CEX, MCR	1,3
Explain the need for treatment of contact(s).	CbD, DipGUM, mini-CEX, MCR	1,3
Communicate with GP when required.	CbD, mini-CEX, MCR	1
Behaviours		
Display tact, empathy, respect and concern for patients.	MSF, PS, DipGUM, MCR	1,3
Be non-judgemental.	MSF, PS, DipGUM, MCR	1,3
Work in collaboration with nurses and Health Advisors.	MSF, mini-CEX, MCR	1,3
Shows respect and behaves in accordance with Good Medical	MSF, PS, DipGUM,	1,3

Practice	MCR
Level descriptor	
1.	Understands the presentation and management of genital infestations, asks for advise/uses guidelines for complex cases
2.	Recognises the presentation of genital infestations; asks for advise/uses guidelines for complex cases
3.	Able to take specimens for microscopy; asks for advise/uses guidelines for complex cases
4.	Recognises Norwegian scabies, knows how to manage an outbreak of genital infestation for example resulting from scabies on an in patient ward

12. Sexual dysfunction

To be able to identify and refer sexual difficulties in a GUM consultation

Knowledge	**Assessment Methods**	**GMP**
Understand organic and psychological causes of common causes of sexual dysfunction	CbD, DipGUM, TO, MCR	1
Be able to take a relevant history and provide basic advice regarding common causes of sexual dysfunction (such as erectile dysfunction, premature ejaculation, low sexual desire in men, female genito-pelvic pain, female sexual interest/arousal problems)	CbD, mini-CEX, TO, MCR	1
Recognise when onward referral for sexual dysfunction is appropriate and be aware of local referral pathways	CbD, mini-CEX, TO, MCR	1
Skills		
Take a targeted sexual dysfunction history	mini-CEX, MCR	1,3
Understand principles underlying the management of common causes of sexual dysfunction	CbD, mini-CEX, MCR	1,3
Behaviours		
Be sensitive to the psychological impact of common causes of psychosexual problems and offer referral to psychosexual therapists for appropriate support	MSF, PS, mini-CEX, MCR	1,3
Understand the multidisciplinary approach required for some patients with sexual dysfunction	MSF, CbD, MCR	1, 3

Level descriptor	
1.	Can diagnose and is aware of the management of common causes of sexual dysfunction
2.	Knows when to ask for advice about sexual dysfunction once identified
3.	Knows when to refer common causes of sexual dysfunction to other medical hospital specialties, to primary care or for specialist counselling

13. Sexual assault/sexual abuse

To become versant with the law as it pertains to sexual abuse of men, women and children and to protect and safeguard patients who allege such abuse. To provide emergency care, refer to a centre for forensic testing and/or the police/social care workers and document sexual history and examination findings, being aware of the importance of good documentation for medico-legal reasons.

Knowledge	Assessment Methods	GMP
Explain timing for forensic examination.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the procedure for chain of evidence.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the law and BASHH, DoH/DfES and GMC guidance on child protection with regard to sexual activity with under 13s, 16s and 18s and those with leaning difficulties.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain a diagnosis of STIs in the context of alleged sexual abuse	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the procedure for identifying child exploitation and how to assess in clinic	CbD, DipGUM, mini-CEX, TO, MCR	1
Identify the procedures and protocols of the local Safeguarding Children's Board or Committee.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain the treatment and/or prophylaxis of sexually transmitted infections including HIV post-exposure prophylaxis, and post-coital contraception.	CbD, DipGUM, mini-CEX, TO, MCR	1
Explain HIV testing in the context of sexual assault.	CbD, DipGUM, mini-CEX, TO, MCR	1
Skills		
Take a full sexual assault history including a risk assessment on those under 18 years old.	CbD, DipGUM, MCR	1,3
Encourage patient consent to involve local sexual assault specialist for forensic examination if timing appropriate. If not, performs a full genital examination noting any injuries.	CbD, mini-CEX, MCR	1,3
Document fully and accurately such that a medico-legal report may be produced at a later date.	CbD, mini-CEX, MCR	1,3
Give prophylaxis for infections including HIV/ Hepatitis B.	CbD, mini-CEX, MCR	1,3
Counsel about post-coital contraception when indicated.	CbD, DipGUM, mini-CEX, MCR	1,3
Refer to local organisations to provide support.	CbD, mini-CEX, MCR	1,3
Behaviours		
Display tact, empathy, respect and concern for patients.	MSF, PS, DipGUM, MCR	1,3

Respect patient dignity.	MSF, PS, DipGUM, MCR	1,3
Appreciate the need for a chaperone during examinations	mini-CEX, CbD, MCR	1,3
Work in conjunction with paediatricians/social care if patient under 16.	mini-CEX, CbD, MCR	1,3
Work in collaboration with nurses and Health Advisors.	MSF, mini-CEX, CbD, MCR	1,3
Be aware of child sexual abuse and exploitation.	mini-CEX, CbD, MCR	1,3
Show respect and behave in accordance with Good Medical Practice.	MSF,PS, DipGUM, MCR	1,3

Level descriptor	
1.	Able to explain the management of sexual assault in adults, asks for advice/uses guidelines to manage cases
2.	Able to manage sexual assault in adults; asks for advise/uses guidelines for complex cases
3.	Able to explain chain of evidence and forensic examination of victims of sexual assault. Able to explain the management of sexual assault in children. Asks for advice/uses guidelines for complex cases
4.	Able to explain chain of evidence and forensic examination of victims of sexual assault. Accurately elicits history, performs and interprets focussed clinical examination and manages victims of assault in challenging circumstances

14. Genital infections in pregnancy

To progressively understand how to diagnose, treat and manage sexually transmitted infections in pregnancy reducing risk of teratogenicity and transmission to the neonate. To develop strategies for effective communication with the multi professional team.

Knowledge	**Assessment Methods**	**GMP**
Explain the diagnosis, complications, treatment and management of sexually transmitted infections and other genital infections in pregnancy.	mini-CEX, CbD, DipGUM, TO, MCR	1
Explain the diagnosis, complications, treatment and management specific to of bacterial vaginosis, candida and group B Streptococcus (GBS)	mini-CEX, CbD, DipGUM, TO, MCR	1
Explain prescribing in pregnancy and the puerperium in relation to STI treatment.	mini-CEX, CbD, DipGUM, TO, MCR	1
Explain mother-to-child transmission of HIV, and how the risk of infection in the child can be reduced.	mini-CEX, CbD, DipGUM, TO, MCR	1
Explains the diagnosis, treatment and management of sexually transmitted pathogens in the newborn.	mini-CEX, CbD, DipGUM, TO, MCR	1
Skills		
Take a history, performs an examination, and obtains specimens	mini-CEX, CbD, DipGUM, DOPS, MCR	1,3

Explain the diagnosis and management clearly to the patient.	mini-CEX, CbD, DipGUM, MCR	1,3
Communicate with GP and obstetric team.	mini-CEX, CbD, DipGUM, DipGUM, MCR	1,3
Behaviours		
Displays tact, empathy, respect and concern for patients.	MSF, PS, DipGUM, MCR	1,3,4
Be non-judgemental.	MSF, MCR	1,3,4
Works in collaboration with of nurses, Health Advisors, GP, obstetric team and paediatricians	MSF, mini-CEX, CbD, DipGUM, MCR	1,3

Level descriptor	
1.	Explains the diagnosis and appropriate investigations for patient at risk of vertical transmitting of a sexually transmitted infection. Asks for advice and uses guidelines if managing cases.
2.	Can take history, examine and organise appropriate investigations for patient at risk of vertical transmission of sexually transmitted infection. Can communicate with other teams including primary care, obstetrics and neonatology.
3.	Can manage patient at risk of vertical transmission of sexually transmitted infection including organising and interpreting complex investigations. Builds rapport and communicates information to patients and other clinical teams involved in patients care.
4.	Can independently assess the risk and develop clinical strategies to reduce vertical transmission of sexually transmitted infections including HIV and optimally reduce teratogenicity. Can build excellent rapport with the patient and other teams and explain risks and the intervention strategy.

15. Genital infections in newborn, infants and children

To progressively understand how to diagnose, treat and manage sexually transmitted infections in neonates and children. To understand when and how to manage under 16s with and without parental consent.

Knowledge	Assessment Methods	GMP
Explain the diagnosis, treatment and management of sexually transmitted pathogens in neonates and pre-pubertal children.	mini-CEX, CbD, DipGUM, TO, MCR	1
Explain the multidisciplinary management of children with genital infections.	mini-CEX, CbD, DipGUM, TO, MCR	1,3
Explain prescribing in children in relation to STI treatment	mini-CEX, CbD, DipGUM, TO, MCR	1
Explain Fraser competence and vulnerability.	mini-CEX, CbD, DipGUM, TO, MCR	1
Knowledge of signs indicting child sexual assault and knows how to liaise with child protection services/safeguarding team and refer.	mini-CEX, CbD, TO, MCR	1,3
Know how to perform an examination and obtain specimens in conjunction with paediatricians.	mini-CEX, CbD, TO, MCR	1,3
Explain the diagnosis and management to a child and/or parents/carers.	mini-CEX, CbD, TO, MCR	1
Skills		
Take a relevant history from post pubertal children and gives explanations in a manner appropriate to their age.	mini-CEX, CbD, DipGUM, MCR	1
Communicate with other specialties when appropriate.	mini-CEX, CbD, MCR	1,3
Asses Fraser competency and vulnerability.	mini-CEX, CbD, MCR	1
Discuss the law as regards sex with under 16s and under 18's and the limits of confidentiality.	mini-CEX, CbD, MCR	1
Behaviours		
Display tact, empathy, respect and concern for patients.	MSF, PS, MCR	1,4
Be non-judgemental.	MSF, PS, MCR	1
Work effectively in a team with nurses, safeguarding team, health advisors, social services, obstetricians, GP and paediatricians, teachers, nursery staff and registered child minders.	MSF, mini-CEX, CbD, MCR	1,3
Be alert to the possibility of child sexual assault.	mini-CEX, CbD, MCR	1
Be aware of limitations of own expertise.	mini-CEX, CbD, MCR	1

Level descriptor	
1.	Understands Fraser competency and vulnerability and is aware of the multidisciplinary child protection/safeguarding team within the unit.

2.	In post pubertal children, able to asses and record accurately both Fraser competency and vulnerability and discuss the law as regards sex and the limits of confidentiality.
3.	Knows how to diagnose, treat and manage sexually transmitted pathogens in neonates and pre-pubertal children.
4.	In pre-pubertal children, knows how to perform an examination and obtain specimens in conjunction with paediatricians and can explain the diagnosis and management to a child and/or parents/carers.

16. Infective causes of vulvovaginitis and balanitis

To progressively understand the causes of vulvovaginitis and balanitis and the available diagnostic tests .To skilfully collect specimens, interpret the results and explain these to patients

Knowledge	Assessment Methods	GMP
Explain the diagnosis and management of infective causes of vulvovaginitis and balanitis.	mini-CEX, CbD, DipGUM, TO, MCR	1
Describe underlying predisposition for infection such as diabetes mellitus, eczema or immunosuppression.	mini-CEX, CbD, DipGUM, TO, MCR	1
Skills		
Take a history, performs an examination, and obtain specimens.	DOPS, mini-CEX, CbD, DipGUM, MCR	1
Explain the diagnosis and management clearly to the patient.	mini-CEX, CbD, MCR	1
Communicate with and refer to GPs and specialists in a timely way.	mini-CEX, CbD, MCR	1,3
Perform skin scrapings for mycology.	DOPS , MCR	1
Behaviours		
Display tact, empathy, respect and concern for patients.	MSF, PS, MCR	1,3
Works in collaboration with nurses and Health Advisors.	MSF, MCR	1,3
Show respect and behave in accordance with Good Medical Practice.	MSF, PS, MCR	1

Level descriptor	
1.	Obtains accurate history and elicits the most important physical signs in patients with vulvovaginitis and balanitis.
2.	Obtains accurate history and elicits the most important physical signs in patients with vulvovaginitis and balanitis in the context of the time available in an out patient clinic.
3.	Elicits subtle findings and keeps the consultation focussed on the most important issues.
4.	Rapidly and accurately perform focussed examination in difficult circumstances such as a newly diagnosed diabetes in a patient presenting with genital dermatosis

17. Contraception

To assess the contraceptive needs of patients and be proactive in offering and, to be able to and administer most of the methods of contraception, being aware of potential drug-drug interactions

Knowledge	Assessment Methods	GMP
Know the mode of action, indications, contraindications, side-effects and complications of all methods of contraception: oral and transdermal oestrogen containing hormonal contraception, oral, injectable and subdermal progestogen-only hormonal contraception, intra-uterine contraception, fertility awareness-based methods, barrier methods and sterilisation procedures. Including knowledge of drug and non-prescribed drug/product interactions.	mini-CEX, CbD, MCR, DipGUM, DFSRH, TO, MCR	1
Understand the methods, mode of action and indications for emergency contraception.	mini-CEX, CbD, DipGUM, DFSRH, MCR	1
Understand the insertion and removal procedures for subdermal implants and intrauterine methods.	mini-CEX, CbD, DFSRH, MCR	1
Know how to manage impalpable implants.	mini-CEX, CbD, DFSRH, MCR	1
Be aware of methods to address contraceptive needs of individuals with complex medical and social problems.	mini-CEX, CbD, DFSRH, MCR	1
Understand barriers to effective use of contraception and strategies for overcoming this.	mini-CEX, CbD, DFSRH, MCR	1
Explain the legal situation with regard to therapeutic abortion, indications and available methods in the UK.	mini-CEX, CbD, DFSRH, MCR	1
Skills		
Discus and compare methods of reversible contraception, their advantages, disadvantages, interactions with other medication/non prescribed products and side effects with patients.	mini-CEX, CbD, DipGUM, DFSRH, MCR	1,3
Explore reasons for not using contraception.	mini-CEX, DFSRH, MCR	1,3
Explain the principles of natural fertility control, its efficacy and the use of fertility devices.	mini-CEX, CbD, DFSRH, MCR	1,4
Prescribe/teach use of and monitoring of contraception including barrier methods, oestrogen containing hormonal contraception, oral and injectable progestogen-only hormonal contraceptives.	mini-CEX, CbD, DFSRH, MCR	1
Prescribe emergency contraception	mini-CEX, DFSRH, MCR	1,4
Asses and prepare patient being referred for subdermal implant or intra-uterine contraception.	mini-CEX, CbD, DFSRH, MCR	1,3,4
Insert subdermal implants.	DOPS, MCR	1
Initially manage women with bleeding problems whilst using hormonal contraceptives.	mini-CEX, CbD, DFSRH, MCR	1
Initial counselling and referral of women seeking abortion, unless conscientious objector in which case refers to colleagues without	mini-CEX, CbD, DFSRH, MCR	1

prejudice.		
Refer to other agencies as required.	mini-CEX, CbD,MSF, MCR	1
Behaviours		
Display tact, empathy, respect and concern for patients.	MSF, DFSRH, MCR	1
Show respect for different religious and cultural values.	MSF, DFSRH, MCR	1
Work with nurses, pharmacists and other healthcare professionals.	MSF, DFSRH, MCR	1,3
Be skilled at promoting use of contraception.	DFSRH, CbD, mini-CEX, MCR	1

Level descriptor	
1.	Always takes contraception history from heterosexuals and bisexuals.
2.	Understands and explains methods of contraception.
3.	Is able to prescribe most contraception methods. Assesses and prepares women being referred for insertion or removal of subdermal implant or intra-uterine contraception.
4.	Fits subdermal implants. Facilitates use of contraception in individuals with complex medical or social issues.

18. Gynaecology and Obstetrics for GUM trainees

To progressively understand the causes of acute and chronic pelvic pain To be aware of the normal course of pregnancy and to recognise abnormalities requiring referral. To recognise and appropriately refer gynaecological problems such as abnormal bleeding, infertility, endometriosis and emergencies, working within local protocols.

Knowledge	**Assessment Methods**	**GMP**
Explain the diagnosis and management of disorders of menstruation including dysmenorrhoea, amenorrhoea, menorrhagia, intermenstrual and post-coital bleeding.	DipGUM, TO, mini-CEX, CbD, MCR	1
Explain the causes of both acute and chronic pelvic pain, including non-gynaecological causes.	TO, DipGUM, mini-CEX, CbD, MCR	1
Explain the diagnosis, normal phenomena and management of adverse symptoms caused by the menopause.	TO, mini-CEX, CbD, MCR	1
Explain the common causes of and approaches to diagnosis and treatment of infertility and sub fertility including in HIV positive patients.	TO, mini-CEX, CbD, MCR	1
Explain the following disorders of early pregnancy – Interpretation of bleeding in early pregnancy; ectopic pregnancy; trophoblastic tumours; risk and treatment of infections.	DFSRH, TO, MCR, mini-CEX, CbD	1
Explain the expected and normal phenomena of middle and late pregnancy in order to appropriately refer women with abnormalities.	TO, mini-CEX, CbD, MCR	1
Explain the simple classifications of common benign and malignant cysts and tumours of the ovaries and outlines the approach to diagnosis.	TO, mini-CEX, CbD, MCR	1
Recognise early symptoms and signs of endometrial and cervical neoplasia.	DipGUM, TO, mini-CEX, CbD, MCR	1
Explain the causes of dyspareunia	DipGUM, TO, mini-	1

	CEX, CbD, MCR	
Is aware of the presentations of complications of female genital mutilation (FGM), the barriers to disclosure and where to refer.	DipGUM, TO, mini-CEX, CbD, MCR	1
Skills		
Refer women with gynaecological, menopausal or obstetric problems appropriately; stabilises and safely transferring emergencies.	mini-CEX, CbD, DipFSRH, MCR	1,3
Manage both acute and chronic pelvic pain either within the GUM department or by referral to primary or secondary care, instigating appropriate investigations/treatments.	mini-CEX, CbD, MCR	1,3
Recognise and offer assistance to women with complications of/requesting refashioning of FGM.	mini-CEX, CbD, MCR	1
Recognise genitals prolapse	mini-CEX, CbD, MCR	1
Recognise, investigate and manage dyspareunia	DOPS, mini-CEX, CbD, DipGUM, MCR	1,3
Uses near patient pregnancy tests.	DOPS, MCR	1
Detects and refers women with fertility issues.	mini-CEX, CbD, MCR	1,3
Behaviours		
Displays tact, empathy, respect and concern for patients.	MSF, PS, MCR	1
Understand the role of and the differences in training of nurses and midwives.	MSF, PS, MCR	1,3

Level descriptor

1. After eliciting the most important positive and negative indicators of diagnosis, asks for advice on management. Recognises emergency presentations.

2. Able to manage or appropriately refer women presenting with uncomplicated gynaecological problems.

3. Recognises and refers in a timely manner when cancer is a differential diagnosis.

4. Able to manage or appropriately refer women presenting with gynaecological or obstetric problems. Recognises and stabilises for transfer women presenting with emergency gynaecological and obstetric problems.

19. Dermatology for GUM

To progressively understand common vulval and penile dermatological conditions and to know when to refer to primary care or dermatology.

Knowledge	Assessment Methods	GMP
Explain the genital and extra-genital presentation and management of common vulval dermatological conditions, including vulval pain, psoriasis, dermatitis, lichen planus, lichen simplex chronic, lichen sclerosus, vulvodynia, drug reactions and fungal dermatoses.	DipGUM, CbD, mini-CEX, TO, MCR	1
Explain the genital and extra-genital presentation and management of common penile dermatological conditions, including psoriasis, dermatitis, irritant balanitis, lichen planus, lichen sclerosus, Zoon's balanitis drug reactions and fungal dermatoses.	DipGUM, CbD, mini-CEX, TO, MCR	1
Describes the history and special features suggestive of genital skin pre malignancy and cancer.	DipGUM, CbD, mini-CEX, TO, MCR	1
Describe the history and special features suggestive of genital pain syndromes.	DipGUM, CbD, mini-CEX, TO, MCR	1
Describe the anatomy, embryology and physiology of the vulva, and its variation between prepubertal, reproductive and post-menopausal state	DipGUM, CbD, mini-CEX, TO, MCR	1
Skills		
Perform an examination, a punch biopsy and take a vulval history.	DOPS, mini-CEX, MCR	1
Understand principles underlying the management of the vulval pain and pruritus vulvae	CbD, mini-CEX, MCR	1
Interpret relevant histological reports asking for advice from histopathology if needed.	CbD, mini-CEX, MCR	1
Accurately describe clinical findings.	CbD, mini-CEX, MCR	1
Refer to dermatologists as necessary, with timely specialist referral for suspected cancer.	CbD, mini-CEX, MCR	1,3
Counsel a patient on the use of topical treatments on the vulva	CbD, mini-CEX, MCR	1,3
Behaviours		
Be sensitive to the psychosexual impact of genital skin problems and offer referral to psychosexual therapists.	MSF, PS, MCR	1,3
Show respect and behave in accordance with Good Medical Practice.	MSF, PS, MCR	1,3
Understand the multidisciplinary approach required for some patients with complicated vulval disease. (Know when to refer to dermatology, gynaecology sexual therapy, pain management, physiotherapy)	MSF, PS, MCR	1,3

Level descriptor

1. Knows when to ask for advice about genital dermatological conditions.

2. Knows when to refer genital dermatological conditions to dermatology or primary care.

3.	Can diagnose and treat some simple genital dermatoses.
4.	Can perform punch biopsy, fungal scrapings, diagnose and treats all the simple genital dermatoses and makes timely referral for suspected cancers. Recognises and manages or refers genital pain syndromes.

20. Ethical research

To ensure that research is undertaken using relevant ethical guidelines

Knowledge	Assessment Methods	GMP
Outline the GMC guidance on good practice in research	CbD, MCR	1
Understand the principles of research governance Outline the differences between audit, quality improvement and research	AA, QIPAT, CbD, mini-CEX, MCR	1
Describe how clinical guidelines are produced	CbD, MCR	1
Demonstrate a knowledge of research principles	CbD, mini-CEX, MCR	1
Outline the principles of formulating a research question and designing a project	CbD, mini-CEX, MCR	1
Comprehend principal qualitative, quantitative, bio-statistical and epidemiological research methods	CbD, MCR	1
Outline sources of research funding	CbD, MCR	1
Understand the difference between population-based assessment and unit-based studies and be able to evaluate outcomes for epidemiological work	CbD, MCR	1
Skills		
Develop critical appraisal skills and apply these when reading literature	CbD, MCR	1
Demonstrate the ability to write a scientific paper	CbD, MCR	1
Be able to apply for appropriate ethical research approval	CbD, MCR	1
Demonstrate the use of literature databases	CbD, MCR	1
Demonstrate good verbal and written presentations skills	CbD, MCR	1
Behaviour		
Follow guidelines on ethical conduct in research and consent for research	CbD, MCR	1
Show willingness to promote research	CbD, MCR	1

Level descriptor	
1.	Defines ethical research and demonstrates awareness of GMC guidelines Differentiates audit and research and understands the different types of research approach e.g. qualitative and quantitative Knows how to use databases
2.	Demonstrates good presentation and writing skills Demonstrates critical appraisal skills and demonstrates ability to critically appraise a published paper

3.	Demonstrates ability to apply for appropriate ethical research approval Demonstrates knowledge of research organisation and funding sources Demonstrates ability to write a scientific paper
4.	Provides leadership in research Promotes research activity Formulates and develops research pathways

21. Teaching and training

To develop the ability to teach to a variety of different audiences in a variety of different ways
To be able to assess the quality of the teaching
To be able to train a variety of health care workers in different ways
To be able to plan and deliver a training programme with assessments

Knowledge	Assessment Methods	GMP
Describe relevant educational theories and principles Outline adult learning principles relevant to medical education	CbD, MCR	1
Demonstrate knowledge of relevant literature relevant to developments and challenges in medical education and other sectors	CbD, MCR	1
Outline the structure of an effective appraisal interview	CbD, MCR	1
Define the roles of the bodies involved in medical education Identify learning methods, learning objectives and outcomes Describe the difference between learning objectives and outcomes	CbD, MCR	1
Differentiate between appraisal, assessment and performance review and be aware of the need for all.	CbD, MCR	1
Differentiate between formative and summative assessment and define their role in medical education	CbD, MCR	1
Outline the structure of effective appraisal review	CbD, MCR	1
Outline the role of workplace-based assessments, the assessment tools in use, their relationship to course learning outcomes, the factors that influence their selection and the need for evaluation	CbD, MCR	1
Outline the course of action to assist a trainee in difficulty.	CbD, MCR	1
Skills		
Be able to critically evaluate relevant educational literature and vary teaching format, appropriate to situation and subject	CbD, TO, MCR	1
Provide effective feedback and promote learner reflection	CbD, MSF, TO, MCR	1
Conduct developmental conversations e.g. supervision, mentoring	CbD, MSF, TO, MCR	1
Demonstrate effective lecture, presentation, small group and bed side teaching sessions	CbD, MSF, TO,MCR	1, 3
Provide or refer trainees to effective sources of career information	CbD, MSF, TO, MCR	1, 3
Participate in strategies aimed at improving patient education e.g. support group meetings	CbD, MSF, TO, MCR	1
Lead teaching programmes	CbD, MSF, TO, MCR	1

Recognise the trainee in difficulty and take appropriate action	CbD, MCR	1
Be able to identify and plan learning activities in the workplace	CbD, TO, MCR	1
Contribute to educational research projects e.g. through the development of research ideas. Is able to manage time and resources effectively to benefit the educational faculty and learners.	CbD, TO, MCR	1
Behaviours		
In discharging educational duties maintain the dignity and safety of patients	CbD, MSF, TO, MCR	1, 4
Recognise the importance of the role of the physician as an educator and use medical education to enhance the care of patients	CbD, MSF, TO, MCR	1
Balance the needs of service delivery with education	CbD, MSF, TO, MCR	1
Demonstrate willingness to teach trainees and other health and social workers in a variety of settings to improve patient care	CbD, MSF, TO, MCR	1
Demonstrate consideration for learners emotional, physical and psychological well being as well as their development needs.	CbD, MSF, TO, MCR	1
Act to ensure equality of opportunity for students, trainees, staff and professional colleagues	CbD, MSF, TO, MCR	1
Encourage discussions with colleagues to share knowledge and understanding	CbD, MSF, TO, MCR	1, 3
Is honest and objective during appraisal and assessment	CbD, MSF, TO, MCR	1
Show willingness to participate in workplace-based assessments and understands their purpose	CbD, MSF, TO, MCR	1
Show willingness to take up formal training and respond to feedback.	CbD, MSF, TO, MCR	1, 3
Demonstrate willingness to become involved in wider medical education activities and encourage enthusiasm for medical education activity in others	CbD, MSF, TO, MCR	1
Advance own education through continuous learning, and act as a role model to guide trainees towards good professional behaviour	CbD, MSF, TO, MCR	1
Enhance and improve educational provision through evaluation of own practice Contribute to educational policy and development at local or national levels	CbD, MSF, TO, MCR	1

Level descriptor	
1.	Able to prepare appropriate materials to support teaching episodes Able to seek and interpret simple feedback following teaching
2.	Able to supervise a medical student, nurse or colleague through a procedure Able to perform a workplace based assessment including effective and appropriate feedback Delivers small group teaching to medical students, nurses or colleagues Able to teach clinical skills effectively
3.	Able to devise a variety of different assessments (e.g. multiple choice questions, work place based assessments) Able to appraise a medical student, nurse or colleague Able to act as a mentor to a medical student, nurses or colleague
4.	Able to plan, develop and deliver educational activities with clear objectives and outcomes

	Able to plan, develop and deliver an assessment programme to support educational activities

HIV competencies

22. HIV testing and diagnosis

To offer and discuss HIV testing in a variety of settings and promote access to universal HIV testing, using the most appropriate methods and assays in accordance with national guidelines

To support disclosure to partners and children and facilitate HIV tests

To ensure patients followed up rapidly and linked into clinical care

To provide support to people newly diagnosed with HIV

Knowledge	Assessment Methods	GMP
HIV diagnostic tests: Describe and explain the principles of and indications for: • Rapid and laboratory tests including confirmatory tests • Sensitivity and specificity related to HIV prevalence in all stages of HIV infection including primary HIV infection (PHI)	Dip GUM Mini CEX, CBD, MCR	1
HIV testing strategies according to national testing guidelines. Describe different strategies including opt-out testing in the context of: • Antenatal testing • Testing people from higher risk groups including self testing • Indicator conditions • In non-traditional settings, other acute care hospital settings and outreach services	Dip GUM Mini CEX, CBD, MCR	1, 2, 3
Late HIV diagnosis and those lost to follow up • Define late diagnosis • Describe different clinical pathways in these contexts	Dip GUM Mini CEX, CBD, MCR	1, 2, 3
Medico-legal and ethical issues specific to HIV. Describe specific issues regarding HIV testing and diagnosis including: • Consent - implied and informed • Partner notification • Disclosure of HIV status to GP, other health care professionals, partners and children • Occupational health issues	Dip GUM, MCR Mini CEX, CBD, MCR	1, 3, 4
Role of patient self-management and peer support Describe the importance and use of: • Maintaining good health, expert HIV positive patients and advocacy groups	Dip GUM, MCR Mini CEX, CBD, MCR	3, 4
Skills		
HIV testing strategies: • Use epidemiological datasets to assess local prevalence and optimum testing strategies	Dip GUM, Mini CEX, CBD, MCR	2
HIV testing discussions: • Discuss HIV testing in a variety of settings, including with someone who is declining the test • Give a negative, positive or indeterminate HIV test result and	Dip GUM, Mini CEX, CBD, MCR	3

discuss relevant issues		
HIV status disclosure: • Discuss the importance of disclosure to other health care professionals, partners and children, including with someone who is declining to disclose	Dip GUM, Mini CEX, CBD, MCR	2, 3, 4
Acquisition of HIV infection: • Undertake an assessment of the timing of HIV acquisition including interpretation of incident HIV tests and utilise this in partner notification discussions	Dip GUM, Mini CEX, CBD, MCR	1, 3, 4
Health beliefs specific to HIV infection: • Identify and respond to patients' beliefs, ideas and concerns regarding their health and HIV status	Dip GUM, Mini CEX, CBD, MCR	3, 4
Behaviours		
HIV ethical issues: • Demonstrate willingness to seek advice from peers, patient representatives, multiprofessional team (MPT) members, legal bodies and the GMC in the event of ethical dilemmas over HIV disclosure and confidentiality	Dip GUM, Mini CEX, CBD, MCR	3, 4
HIV team working: • Work collaboratively with HIV investigative laboratory services	Dip GUM, Mini CEX, CBD, MSF, MCR	2, 3, 4
HIV psychosocial issues: • Recognise and discuss the impact of HIV on the patient, their partner and family	Dip GUM, Mini CEX, CBD, MCR	3, 4

Level Descriptor	
1	Explains the use of HIV diagnostic tests Offers HIV testing in different clinical settings according to national guidelines and gives positive HIV results where indicated Raises issues of disclosure and supports individuals to undertake this
2	Discusses medico-legal and ethical issues and understands concepts of consent, implied and informed Has knowledge of national guidelines regarding confidentiality and disclosure of HIV status Explains sensitivity and specificity of HIV tests related to HIV prevalence, stage of HIV infection including primary HIV infection (PHI) Identifies and respond to patients' beliefs, ideas and concerns regarding their health and HIV status
3	Manages and supports people in accordance with national guidelines who, at present • Do not want to have an HIV test • Do not want to disclose to partners or children or facilitate HIV testing for them • Are unable to reduce their risk of onward transmission Enacts look-back reviews of those with late diagnosis to improve HIV testing across the sector
4	Presents clinically and ethically challenging HIV cases to the MPT and leads the discussion to seek resolution Facilitates HIV testing in a variety of settings, including training members of non-HIV MPTs in HIV testing strategies

23. HIV epidemiology, natural history and general management of HIV 1 and HIV 2 infection

Epidemiology: To be aware of the UK and global epidemiology of HIV 1 and HIV 2 infection with particular reference to prevalence, incidence, spread, modes of transmission, risks of acquisition, disease progression, availability of testing and treatment and, health promotion initiatives and their efficacy

Natural history and management: To diagnose, manage, treat as required and monitor stages of HIV infection in accordance with national guidelines and patient need in:

- **Primary HIV infection (PHI)**
- **Early asymptomatic HIV infection**
- **Late HIV infection including AIDS with advanced immunosuppression, with or without symptoms**

Knowledge	Assessment Methods	GMP
HIV 1 and 2 epidemiology, UK and global Describe and explain: • HIV prevalence and incidence • Spread of HIV infection, modes of HIV transmission and risks of acquisition	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1
HIV natural history Describe, define and explain the categorisation and prognosis of the stages of HIV infection including: • Primary HIV infection (PHI), clinical latency and disease progression and prognosis • Asymptomatic and symptomatic HIV infection and AIDS	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1
HIV management Describe the presentation, diagnosis, investigation, use of surrogate markers (CD4 cell count, HIV viral load), management, treatment, monitoring of HIV infection with regard to the stages of HIV infection Describe the use of the CD4 cell count to delineate differential diagnoses in those with symptoms Describe and explain the signs of clinical deterioration in HIV infection and best management practice according to national guidelines	Dip GUM, Dip HIV Mini CEX, CBD, MCR	1, 2
Skills		
HIV 1 and 2 epidemiology, UK and global Describe HIV and HIV-related opportunistic infection control strategies based on UK datasets	Dip GUM, Dip HIV Mini CEX, CBD, MCR	1
HIV disease progression	Dip GUM, Dip HIV Mini CEX, CBD, MCR	1, 3

Explain clearly to a patient:

- The stages of HIV infection and their presentation, diagnosis, investigation, use of laboratory markers (CD4 cell count, HIV viral load), management, treatment, monitoring and prognosis.
- The impact of ART on HIV disease progression and the current prevalence and incidence of diseases and conditions associated with HIV infection, including the consequences of immune restoration

Behaviours		
HIV Team working: Work collaboratively with HIV epidemiology and HIV laboratory investigative services	Dip GUM, Dip HIV Mini CEX, CBD, MSF, MCR	2, 3

Level Descriptor	
1	Describes up-to-date local, UK and global epidemiology Has knowledge of the clinical stages of HIV including PHI, clinical latency and advanced HIV infection/AIDS.
2	Uses CD4 count monitoring to assess HIV stage and explains the use of CD4 in determining treatment strategies and its use in management of symptomatic individuals Identifies the clinical syndrome of PHI and demonstrates importance in reducing risks of onward transmission and partner notification. Institutes PCP prophylaxis where appropriate
3	Outlines the importance of vaccination, the use of primary and secondary prophylaxis and screening for opportunistic infection especially in those with low CD4 counts Manages selective clinical information sharing concerning patients who do not want a letter disclosing HIV status or care sent to their GP
4	Recommends appropriate vaccination for people living with HIV according to guidelines and describe when and which vaccines are contraindicated Institutes prophylaxis in those with very advanced immunosuppression Supports and implements infection control policies specific to HIV or HIV-related opportunistic infections Presents clinically and ethically challenging HIV cases to the MPT and leads the discussion to seek resolution

24. Prevention of HIV transmission

(Please note: for mother to child transmission see section on Sexual and Reproductive Health for people living with HIV)

To know the risk factors for HIV transmission in order to identify those both at increased risk of HIV acquisition (HIV negative) or onward transmission (HIV positive). To use this knowledge to undertake interventions to reduce the risk of HIV transmission.

To assess indications, prescribe and monitor post-exposure prophylaxis (PEP) for non-sexual exposure to HIV, post-exposure prophylaxis for sexual exposure (PEPSE), and when available pre-exposure prophylaxis(PrEP).

To assess the need for and prescribe treatment as prevention (TasP).

Knowledge	Assessment Methods	GMP
HIV transmission Describe with reference to HIV: • Methods of transmission • Risk groups and behaviours (including chemsex, intravenous drug use, blood or tissue recipient) • Influence of HIV viral load on transmission including transmission during PHI	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1
Risk reduction To advise individuals at increased risk of HIV acquisition on interventions to reduce transmission risk.	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 3
Post-exposure prophylaxis (PEP) Describe and explain indications for PEP and related issues: • Occupational exposure risks and universal precautions • Assessing risk of exposure to prevent transmission/acquisition • PEP regimens, monitoring, post PEP follow up Explain the requirement for disclosure of HIV status to occupational health and other relevant organisations according to national guidelines to prevent HIV transmission	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2, 3
Post-exposure prophylaxis for sexual exposure (PEPSE) Describe and explain indications for PEPSE and related issues: • Sexual exposure risks and prevention of exposure • Assessing risk of exposure to prevent transmission/acquisition • PEPSE regimens (avoiding drug resistance), monitoring, post PEPSE follow up	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2, 3
Pre-exposure prophylaxis (PrEP)	Dip GUM, Dip HIV,	1, 2

Describe the findings of the main PrEP intervention studies including continuous and intermittent regimens Describe the study findings relating to the monitoring and testing of individuals who are taking PrEP, the use of PrEP in those with co-morbidities including hepatitis B and how to safely stop taking PrEP Identify individuals who may require increased individual interventions to prevent HIV transmission such as needle exchange programmes	Mini CEX, CBD, MCR	
Treatment as prevention (TasP) Describe and explain indications for TasP and related issues: • Data from main studies supporting the use of TasP and assessing risk of onward transmission	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2
STIs and viral hepatitis infections. Describe how these may be acquired with HIV and methods to decrease risk e.g. hepatitis A and B vaccinations (see section on Viral Hepatitis and Sexual and Reproductive Health)	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2
Skills		
HIV acquisition and transmission Apply knowledge of HIV transmission to: • Assess the risk of HIV acquisition or transmission in the context of occupational exposure, injecting drug use or sexual contact • Explain to a patient how to prevent acquisition of HIV • Explain the rationale for PEP or PEPSE • Prescribe, monitor and follow up PEP or PEPSE • Assess the need for non-standard PEP/PEPSE regimens due to the risk of HIV drug resistance, co-morbidities or drug interactions Demonstrate management strategies for patients unwilling or unable to take preventative measures, despite ongoing risks of HIV acquisition or onward transmission Demonstrate management strategies for patients unwilling to disclose their HIV status to their partner to allow them to take preventative measures	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 3, 4
PrEP and TasP Describe and explain to a patient: • The rationale for PrEP • The rationale for TasP Prescribe and monitor PrEP and TasP according to national guidelines	Dip GUM, Dip HIV, Mini CEX, CBD,MCR	1, 3, 4
Chemsex and HIV transmission and acquisition. • Describe how to reduce risk of HIV transmission and acquisition in setting of regular chemsex use	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2, 3, 4

- Demonstrate how to assess use of drugs for chemsex and their impact on sexual risk

Behaviours		
Work collaboratively with the MPT including health advisors and psychologists where relevant and available to modify higher risk behaviour	Dip GUM, Dip HIV, Mini CEX, CBD, MSF, MCR	3

Level Descriptor	
1	Assesses risk of HIV acquisition and discusses risk reduction strategies including behaviour modification, use of needle exchanges and condom use. Assesses risk of potential exposure and counsels patient/HCW on indications for PEPSE/PEP. Prescribes standard PEP according to national guidelines. Prevents acquisition of STIs and viral hepatitis infections
2	Modifies standard PEP regimen where co-morbidities or drug drug interactions. Assess use of drugs for chemsex and impact on HIV risk. Undertakes motivational interviewing and refers for specialist intervention where appropriate. Assesses people living with HIV for risk of onward HIV transmission and considers interventions including condoms, behaviour modification, and TASP
3	Modifies standard PEP where index person has evidence of treatment failure or resistance. Undertakes risk assessment and evaluates criteria for recommending PrEP. Recommends standard monitoring of PrEP according to guidelines. Initiates TASP according to national guidelines
4	Initiates PrEP where criteria have been met. Undertakes ongoing assessments of HIV risk and modifies PrEP schedule according to risk including PrEP cessation when appropriate. Communicates with Occupational health and other agencies when required concerning specific risks of HIV transmission and acquisition

25. Complications of HIV

To assess and manage individuals with complications of HIV disease relating to different organ systems and disease manifestations. To assess and manage patients with and at risk of AIDS and non-AIDS defining malignancies, infections and other conditions e.g. immune reconstitution inflammatory syndrome (IRIS)

Knowledge	Assessment Methods	GMP
Epidemiology, clinical presentation, investigation and management of systems complications in HIV positive individuals. Describe and explain: • How the systems' complications differ from HIV-negative individuals • The role of immunosuppression.	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1
Complications of HIV disease relating to different organ systems Describe and explain the epidemiology, clinical presentation, investigation and management of organ complications in HIV including: • Respiratory disease, (including lymphocytic interstitial pneumonia) • Cardiovascular disease, including cardiomyopathy, ART and cardiovascular risk assessments • Renal disease, including HIV associated nephropathy (HIVAN) and also the effect of ART on markers of renal function • Musculoskeletal disease, including avascular necrosis, seronegative arthritis, and osteoporosis • Gastroenterological disease, including weight loss, HIV related hepatobiliary disease and fatty liver disease. • Metabolic disease, including obesity, diabetes mellitus • Neurological disease, including dementia, neuropathy and eye disease including retinopathy • Psychiatric disease, specific considerations relevant to HIV including, mood disorder, substance misuse • Dermatological disease, including ichthyosis, psoriasis, seborrhoeic eczema, nodular prurigo, and folliculitis. • Haematological disease including thrombocytopenia, anaemia, and haemophagocytosis	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2, 3
AIDS and non-AIDS defining malignancies Describe the epidemiology, risk factors, prevention, screening, clinical presentation, investigation, management principles and prognosis of AIDS and non-AIDS defining malignancies including: • HHV8-related malignancies including Kaposi's sarcoma,	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2, 3

Castleman's disease and primary effusion lymphoma • Non-Hodgkin and Hodgkin lymphoma • Human papillomavirus (HPV) - related dysplasia and cancer including cervical, anal and oropharyngeal conditions • Other non-AIDS defining malignancy e.g. lung cancer • The role of vaccination and opportunistic infection prophylaxis in cancer management, potential drug interactions between chemotherapy and ART		
Opportunistic infections Describe and explain the correlation between the epidemiology, immunosuppression, clinical presentation, investigation and management of opportunistic infections including: • Viral: CMV, HSV, VZV, EBV, HHV8, parvovirus, JC virus. • Bacteria: including specific HIV susceptibility to pneumococcus, haemophilus, nocardia and syphilis. • Tuberculosis (TB) and atypical mycobacterial infection. • Fungi including candida, pneumocystis, cryptococcus, aspergillus and fungi with specific geographical restriction. • Protozoa including toxoplasmosis and gut-related protozoa including cryptosporidium. • Helminths including strongyloidiasis. Describe the use of primary and secondary prophylaxis against opportunistic infection Describe the current guidelines for vaccination of HIV-infected individuals and explain the contraindications to certain live attenuated vaccines	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2, 3
HIV pathology review Explain the importance of HIV-specific pathological review including post-mortem review	Dip HIV, Mini CEX, CBD, MCR	1, 2, 3
Skills		
Demonstrate the assessment and management of systems complications in HIV.	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2
Risk assessment in HIV Competently perform a CVD risk assessment including HIV-specific factors e.g. ART, and recommend suitable treatment taking into account drug interactions and lifestyle modifications for: • Cardiovascular disease (CVD) • Osteoporosis • Obesity	Dip HIV, Mini CEX, CBD, MCR	1, 2
HIV-related chronic neurological disability Assess cognitive function and capacity	Dip HIV, Mini CEX, CBD, MCR	1, 2

AIDS and non-AIDS malignancy Explain the prognosis of treated non-Hodgkin and Hodgkin lymphoma in HIV infection Explain the role of HPV vaccination in the prevention of HPV acquisition and the role of HPV in the aetiology of certain malignancies	Dip HIV, Mini CEX, CBD, MCR	1, 2
Investigation of respiratory opportunistic infections Interpret chest radiology of common HIV-related respiratory infections including Pneumocystis pneumonia, tuberculosis and bacterial pneumonia and recommend appropriate management.	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2
Investigation of neurological opportunistic infections, malignancies and other conditions Interpret CNS radiology and CSF pathology of HIV-related including opportunistic infections (PML, toxoplasmosis, tuberculosis, cryptococcosis), malignancies (lymphoma) and other conditions (HIV encephalopathy, IRIS)	Dip HIV, Mini CEX, CBD, MCR	1, 2
Behaviours		
Work collaboratively with the HIV MPT, primary care and secondary care specialists (including ITU) where required to manage systems complications, opportunistic infections, malignancies and other conditions in an HIV patient	Dip HIV, Mini CEX, CBD, MSF, MCR	3

Level Descriptor	
1	Demonstrates knowledge of the management of HIV complications including dysfunction of key systems, malignancy and opportunistic infections using current UK guidelines
2	Demonstrates the assessment of HIV positive individuals presenting with systems dysfunction utilising the CD4 cell count as a guide to investigations Carries out cardiovascular and osteoporosis risk assessments Assesses a patient's risk of AIDS and serious non-AIDS malignancy
3	Correctly demonstrates the ability to diagnose HIV complications including common malignancies and dysfunction of key systems Is able to explain and alter management according to the known limitations of CD4 cell count for the assessment of the complications of HIV infection Distinguishes the direct effects of HIV from opportunistic infection and malignancy
4	Independently assesses, investigates, diagnoses and manages HIV systems dysfunction in conjunction with the relevant members of the multi-disciplinary team, and relevant specialists including integrated service clinics with e.g. oncology

26. Antiretroviral therapy (ART)

To demonstrate knowledge of antiretroviral therapy (ART) and acquire prescribing skills in straightforward and then more complex cases, using national guidelines to aid decisions on when to start, what to start, support and managing virological failure.

To develop knowledge of the major ART clinical trial outcomes and drug resistance data and use this to adapt therapy to individual patients

Knowledge	Assessment Methods	GMP
Background knowledge • Describe the mode of action of antiretroviral therapy (ART) with reference to the HIV lifecycle	Dip HIV, Mini CEX, CBD, MCR	1
When to start ART • Describe the national guidelines for when to start treatment. • Explain the evidence base and rationale for starting ART Explain the absolute/relative risk of deferring therapy • List situations requiring prompt ART initiation. • Understand issues relating to stopping ART and how to manage this safely.	Dip HIV, Mini CEX, CBD, MCR	1, 2, 3
Which ART regimen to start • Summarise first line ART recommendations, rationale and key trials. • Describe the role and timing of key baseline or pre-switch investigations including resistance, tropism and HLA-B*5701 testing • List current standards for ART monitoring in terms of efficacy and safety • Describe the importance of adherence and mechanisms to support long-term adherence in people living with HIV • Understand the mechanisms of drug interactions, how to reduce risk and list important drug-drug interactions. • Describe key side effects of ART and how these can be managed.	Dip HIV, Mini CEX CBD, MCR	1, 2, 3
Complications of ART, switching, alternative regimes and co-morbidities • Describe the phenomenon and epidemiology of IRIS and how to manage • Explain the criteria for switching, key switch trials and pitfalls. • Describe alternative ART strategies including dual and monotherapy treatment. • Describe ART considerations in special populations including HBV/HCV co-infection, TB, malignancies, renal disease and	Dip HIV, Mini CEX CBD, MCR	1, 2, 3

older individuals.		
Virological failure • Define blips, low level viraemia and virological failure. • Describe common resistance mutations and tools for assessing their impact on ART choice. • List the common reasons for virological failure • Explain when and what to switch to in context of virological failure	Dip HIV, Mini CEX, CBD, MCR	1, 2, 3
Cost efectiveness of ART • Explain the requirement for cost-effectiveness, the mechanism of commissioning HIV care and how these may impact treatment decision making.	Mini CEX, CBD, MCR	1, 2, 3
HIV cure Describe current research findings regarding the likelihood of finding a cure for HIV		1, 3
Skills		
Late Presenters • Clinically assesse late presenters and explain the disadvantages associated with late HIV diagnosis.	Dip HIV, Mini CEX, CBD, MCR	1,2,3,4
Management of detectable HIV viraemia on ART • Demonstrate the ability to assess a patient with viraemia on ART • Discuss ART adherence issues	Dip HIV, Mini CEX, CBD, MCR	1, 3
Prevention of HIV drug toxicity and side effects • Elicit an accurate drug history, including over-the-counter (OTC) medication, contraception, herbal and illicit drug use to identify potential drug-drug interactions. • Explain the role of HLA-B*5701 genotype testing in prevention of toxicity	Dip HIV, Mini CEX, CBD, MCR	1, 2, 3
Side effects and toxicity of ART • Clinically assess the tolerability and toxicity of ART	Dip HIV, Mini CEX, CBD, MCR	1, 2, 3
Management of ART drug resistance • Demonstrate the ability to use HIV drug resistance and HIV drug interactions resources to construct suitable alternative ART regimens. • Provide a clear explanation to patients and carers regarding the use of medicines and the principles of good adherence to prevent viral resistance.	Dip HIV, Mini CEX, CBD, MCR	1, 3, 4
Behaviours		
Prevention of ART toxicity and side effects Maintain knowledge concerning emerging ART drug toxicities and	Dip HIV, Mini CEX, CBD, MCR	1

adverse events related to new drugs and formulations			
HIV team working: Work collaboratively in HIV-focused multi-professional teams (MPTs), and with HIV community health services and HIV patient support groups sharing information to facilitate best patient care		Dip HIV, Mini CEX, CBD, MSF, MCR	3
Level Descriptor			
1	Describes the mode of actions of ART drugs, the indications for their use based on current national guidelines and can explain the rationale behind commencing antiretroviral therapy to patients and routine monitoring Outlines the importance of adherence to ART and how to assess this Describes key drug-drug interactions and the adverse effects of commonly prescribed ART drugs and seeks guidance on their management		
2	Describes the appropriate use of ART in different patient groups including high cardiovascular risk, renal and bone disease or mental health problems Modifies prescriptions to minimise medications to improve adherence and ensures the most appropriate medications are prescribed Is aware of the precise indications, dosages, adverse effects and modes of action of the drugs commonly used in HIV treatment Is able to assess the patient clinically for evidence of intolerance/toxicity and manage common side effects Describes the role of genotypic resistance testing		
3	Explains how drug therapies are tested in clinical trials and describes the results of major clinical trials of ART. Constructs treatment regimens with senior advice and independently institutes ART in less complex cases Demonstrates the ability to use data from HIV drug resistance and HIV drug interactions resources to construct suitable alternative ART regimens Describes the management of individuals with detectable viral loads including the management of blips and confirmed virological failure Interprets genotypic resistance tests to inform selection of effective ART drug combinations, including the use of drug interaction tables in support of complex regimens Correctly assesses patients presenting with serious toxicity, and manages with senior supervision. Interprets blood test abnormalities in conjunction with possible drug toxicity.		
4	Describes ART dosage adjustment to take drug interactions, co-morbidities and organ failure into account Prescribes ART in complex cases with the MPT Is able to manage common and non-serious toxicities independently, manage switches within a MPT setting and correctly manage and diagnose IRIS Explains the individualised assessment of ART in patients who have developed virological failure		

27. Viral hepatitis including co-infection with HIV

To demonstrate knowledge of viral hepatitis A to E , including in persons living with HIV infection, the tests required to establish stage of infection, when to refer for treatment and how to explain viral hepatitis to patients.

To report notifiable viral hepatitis infections to Public Health and encourage screening and vaccination of contacts.

To encourage participation in vaccination programmes.

To demonstrate knowledge of current treatment strategies.

To demonstrate knowledge of other causes of liver disease in patients with HIV infection, including alcohol, drug toxicities and non-alcoholic fatty liver disease (NAFLD).

Knowledge	Assessment Methods	GMP
Epidemiology of hepatitis A, B, C, D and E • Describe the epidemiology of hepatitis A, B, C, D and E in persons, including those living with HIV explain established interventions for reducing risk of acquisition • Describe modes of transmission and the use of primary and secondary prophylaxis	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1
Natural history of hepatitis B and C • Explain the natural history, presentation, diagnosis and complications of hepatitis B and C including in those with HIV infection	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1
Screening at risk individuals and vaccination • Describe viral hepatitis screening policies according to national guidelines • Describe hepatitis A and B vaccination guidelines in accordance with current UK guidelines	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1
Investigation of patients with abnormal liver function. • Describe the correct use and interpretation of diagnostic hepatitis tests, confirmation of positive tests, and the possibility of false negative tests in HIV co-infected individuals	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2
Explain the initial assessment of a patient with newly diagnosed hepatitis B or C infection	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 3
Explain the routine monitoring of patients with chronic hepatitis B and hepatitis C, including screening for hepatoma, virological monitoring, elastography and indications for liver biopsy	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 3
The role of ART and treatment of viral hepatitis • Describe the role of ART, antiviral agents and directly acting agents (DAAs) in modifying the course of Hepatitis B and C infections • Describe the important implications of starting or stopping	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2, 3

hepatitis treatment if taking ART (HIV) and vice versa • Describe the potential drug interactions between direct-acting antivirals (DAA) against Hepatitis C and ART		
Treatment for Hepatitis B and C • Describe the indications for anti-hepatitis B and C virus therapy and the treatments available including both interferon-based regimens and DAA, their modes of action and efficacy • Describe the potential for drug resistance to DAA • Explain the relationship between Hepatitis C genotype and preferred treatment options	Dip HIV, Mini CEX, CBD, MCR	1, 2
Liver Dysfunction • Describe other common causes of liver dysfunction in patients with HIV infection, including alcohol, drug toxicity and non-alcoholic fatty liver disease (NAFLD)	Dip HIV, Mini CEX, CBD, MCR	1
Skills		
Investigation of viral hepatitis including in those with HIV co-infection • Correctly diagnose and assess viral hepatitis in conjunction with other specialists.	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 3
Diagnosis of viral hepatitis • Explain the diagnosis and management and prognosis of these conditions clearly to the patient.	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 3, 4
Prevention of transmission of viral hepatitis • Counsel patients about the risks of contracting or transmitting Hepatitis B and C and about measures to reduce risk • Prescribe and administer vaccines to reduce risks of acquisition or transmission of hepatitis A and B • Encourage participation in vaccination programmes	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 3, 4
Notification of viral hepatitis • Report viral hepatitis in accordance with legislation to the local health protection agencies.	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	2
Discuss treatment options for Hepatitis B and C including: • ART, pegylated interferon and DAA and management of treatment-related side effects and drug interactions. • Immune reconstitution and hepatitis B flare. • Drug resistance, Hepatitis C genotype and treatment options.		1, 3, 4
Behaviours		
To work collaboratively in multi-professional teams (MPTs), and with hepatology specialists to share information to facilitate best patient care	Dip GUM, Dip HIV, Mini CEX, CBD, MSF, MCR	3

Level Descriptor	
1	Explains the epidemiology and natural history of viral hepatitis, correctly assesses hepatitis risk in individuals and advises regarding reduction of risk. Correctly assesses and investigates individuals with deranged liver function. Demonstrates an understanding of the diagnostic tests for hepatitis A, B, C, D and E
2	Describes the initial investigation of a patient with newly diagnosed viral hepatitis and correctly advises on the monitoring of this condition. Advises patients on reducing risk of liver fibrosis including reducing alcohol intake
3	Demonstrates the ability to discuss current hepatitis treatment strategies. Describes the interaction between hepatitis and HIV treatment including concepts such as immune reconstitution, and hepatitis B flare. Demonstrates understanding of drug resistance, Hepatitis C genotype and treatment options. Explains drug related toxicity and drug-drug interactions
4	Counsels patients regarding treatment with pegylated interferon and DAA and management of treatment-related side effects. Demonstrates effective collaboration with hepatitis specialists

28. Psychosocial aspects of HIV

To understand the psychological aspects with living with HIV and the impact on morbidity and mortality

To support people living with HIV to promote their mental, emotional and cognitive well-being

To individualise HIV patient care to support psychological needs

To work with the MPT to promote and provide psychological care

To collaborate with community and voluntary organisations to optimise psychosocial support for people living with HIV

Knowledge	Assessment Methods	GMP
Describe the differences in epidemiology, morbidity and management of HIV infection in: • Adolescents • Women • Pregnant women • Men who have sex with men (MSM) • Injecting drug users • Haemophiliacs • Transgender people • Migrants • Asylum seekers • Health care workers • Prisoners • Older people	DipHIV, DipGUM, MCR Mini CEX, CBD,TO, MCR	1

Identification of mental health issues:
• Describe the epidemiology of depression in people living with HIV, including postnatal depression
• Describe the risk factors and assessment criteria for self-harm risk and the pathway for further management in
  ○ Newly diagnosed individuals
  ○ Individuals with chronic HIV infection
  ○ Those diagnosed with additional comorbidities
• Describe the features of a comprehensive recreational drug history and how to assess alcohol use and impact on function
	Dip GUM, Dip HIV, MCR
	Mini CEX, CBD,TO, MCR
		1, 3, 4

Prevention of sexual ill-health:
• To demonstrate knowledge of the impact of being HIV positive on aspects of sexual health including:
  ○ Sexual dysfunction
  ○ Psychosexual morbidity
	Dip GUM,Dip HIV, MCR
	Mini CEX, CBD,TO, MCR
		1,2,3,4

○ Desire for conception/to have a family • Describe the key issues relating to HIV transmission and criminalisation		
Transgender people • Explain how to check gender identity and to assess needs for support relating to this	Dip GUM,Dip HIV, MCR Mini CEX, CBD,TO, MCR	1, 3, 4
Cultural issues and HIV: • Describe with specific reference to HIV how culture, language, ethnicity and social isolation may impact on the presentation of physical and psychological conditions	Mini CEX, CBD,TO, MCR	1, 3, 4
Poverty and social deprivation and HIV: • Explain disability discrimination legislation as related to HIV	CBD, miniCEX, MCR	1, 3, 4
Stigma of HIV: • Explain how stigma relating to HIV may impact on different people including ○ Adolescents ○ Parents (relating to mother to child transmission) ○ Healthcare workers ○ Sexual relationships ○ Occupation • Describe with relation to HIV infection, concerns that may arise about confidentiality of care when referred patients are referred to hospital or community health services. • Describe the difficulties of and provide support to an individual with HIV with regards to disclosure to family, friends, partners or children	Mini CEX, CBD,TO, MCR	1, 2, 3, 4
Skills		
Provide an open consultation for an individual with HIV to discuss all aspects of their psychosocial health	Dip GUM, Dip HIV, MCR Mini CEX, CBD, MCR, MSF, MCR	3, 4
Demonstrate clear communication with the individual about what support can be provided by the MPT, community and voluntary organisations, supported by language-appropriate information leaflets	Dip GUM, Dip HIV, MCR Mini CEX, CBD, MCR	3, 4
Ensure the MPT is aware of and respects the specific psychosocial issues faced by an individual	Mini CEX, CBD, MCR	3, 4
Demonstrate competence in screening for depression, the use of • Depression scores, the assessment of anxiety and assessment of self-harm risk	Mini CEX, CBD, MCR	1
Demonstrate how to take a recreational drug history including for	Dip GUM, Dip HIV	1, 3

chemsex and explain how to signpost patients to support services	Mini CEX, CBD, MCR	
Behaviours		
To work collaboratively in HIV-focussed MPTs, with psychiatry specialists and with community and voluntary organisations to share information to facilitate best patient care	CBD, MSF, Mini CEX, MCR	1, 3

Level Descriptor	
1	Assesses an individual's social and occupational health and lifestyle to understand potential difficulties in coping with HIV diagnosis and treatment
2	Can counsel and individual with drug and alcohol issues and refer appropriately for further intervention if required
3	Manages vulnerable and at risk individuals with complex medical and social needs in conjunction with the MPT, community and voluntary organisations
4	Identifies individuals at high risk of self-harm and manages them efficiently and appropriately

29. Sexual and reproductive health

To manage the sexual and reproductive health of people living with HIV including women's health, conception, contraception, the menopause, reducing the risk of HIV transmission and the prevention and management of sexually transmitted infections (STIs).

To advise, investigate and refer all HIV positive and HIV discordant couples requesting fertility advice To demonstrate a thorough understanding and application of management of HIV in pregnant women in line with national guidelines to optimise maternal health and minimise the risk of mother to child HIV transmission.

Knowledge	Assessment Methods	GMP
Epidemiology, clinical presentation, investigation and management of STIs in HIV positive individuals: • Describe this and understand how these factors may differ from HIV negative individuals.	Dip GUM,Dip HIV, Mini CEX, CBD,TO, MCR	1
Prevention of sexual ill-health: • Describe strategies to prevent sexual ill-health including: Provision of appropriate vaccines (Hepatitis A and B, HPV), Regular STI screening in HIV clinics • Detection of sexual coercion and assault and onward referral to appropriate agencies • Detection of sexual dysfunction and onward referral	Dip GUM,Dip HIV, Mini CEX, CBD,TO, MCR	1, 2, 3, 4
Contraception in HIV positive individuals: • Explain the importance of discussing contraception when relevant routinely with HIV-positive patients including: • Drug interactions • National guidelines for different contraceptive methods including emergency contraception and long-acting contraception (LARC)	Dip GUM,Dip HIV, Mini CEX, CBD,TO, MCR	1, 2, 3, 4
Preconception advice: • Describe general pre-conceptual advice e.g. folic acid supplements, health lifestyle choices • Discuss how to minimise the risk of HIV transmission during conception • Explain national regulations and their implementation for those with blood-borne viruses who seek fertility treatment	Dip GUM,Dip HIV, Mini CEX, CBD,TO, MCR	1, 3
Care in pregnancy: • Describe management including: • Prescription of appropriate ART according to national guidelines and monitoring • The importance of close collaborative working with midwifery, obstetric and paediatric colleagues.	Dip GUM,Dip HIV, Mini CEX, CBD,TO, MCR	1, 3, 4

Post-natal care for HIV positive women and their infants: • Describe the data regarding the risk of breastfeeding for infants born in the UK and modified HIV testing regimens for infants who are breastfed.	Dip GUM,Dip HIV, Mini CEX, CBD,TO, MCR	1, 3
Screening for HPV-related dysplasia (see section on Complications of HIV) Cervical screening and management of cervical abnormalities: • Describe current UK guidelines for cervical screening and anal surveillance in HIV-positive people • Describe current UK guidelines for anal surveillance for dysplasia or malignancy	Dip GUM,Dip HIV, Mini CEX, CBD,TO, MCR	1
Skills		
Contraception and conception in HIV positive individuals: • Discuss contraception issues including drug interactions and the use of emergency and long-acting contraception • Prescribe contraception safely • Discuss safe conception issues to reduce HIV transmission risk	Dip GUM,Dip HIV, Mini CEX, CBD, MCR	1, 2, 3, 4
ART management in pregnancy: • Explain to a patient the rationale for ART and appropriately manage this in pregnancy	Dip HIV, Mini CEX, CBD, MCR	1, 2, 3, 4
Explain clearly to a patient and colleague the risk of breastfeeding for infants born in the UK and the requirement for modified testing for infants who are breastfed.	Dip HIV, Mini CEX, CBD, MCR	1, 2, 3, 4
Screening for HPV-related dysplasia • Explain the need and undertakes adequate cervical cytology in an HIV-positive woman • Explain to a man how to undertake self-examination for anal abnormalities	Dip GUM,Dip HIV, Mini CEX, CBD, MCR	1, 2, 3
Behaviours		
HIV Team working: • To work collaboratively in HIV-focussed multi-professional teams (MPTs), and with HIV community health services and HIV patient support groups sharing information to facilitate best patient care	Dip GUM,Dip HIV, Mini CEX, CBD, MSF, PS, MCR	3
Level Descriptor		
1	Understands and undertakes appropriate sexual risk assessment and referral to appropriate services (sexual health advisors, drugs services etc). Arranges or undertakes appropriate STI screening, prescribes or arranges required vaccines to prevent STIs	
2	Understands the epidemiology of STIs in HIV positive people, tests required and advises on and undertakes appropriate cervical screening. Adopts a motivational interviewing approach to sexual	

	health promotion
3	Understands the epidemiology of STIs in HIV positive people, tests required and advises on and undertakes appropriate cervical screening. Adopts a motivational interviewing approach to sexual health promotion
4	Can independently manage complex STIs (e.g. neurosyphilis) and HIV in pregnancy and advise on neonatal management following possible exposure, including management if the mother decides to breastfeed

Medical Leadership and Management

The Medical Leadership Competency Framework, developed by the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement, has informed the inclusion of leadership competencies in this curriculum. The Framework identified possible assessment methods, but in reviewing these we identified a need for more specific methods. JRCPTB and the RCP Education Department has established a working group to develop and evaluate leadership assessment methods.

Personal Qualities

To demonstrate the personal qualities required to plan, deliver and develop GUM services. The trainee will be required to draw upon their own values, strengths and abilities to deliver high standards of care.		
Knowledge	**Assessment Methods**	**GMP**
Awareness of the trainee's own values and principles and how these may differ from those of other individuals and groups.	MSF, MCR	1,3,4
Describe systems which help the trainee and others to manage time and workload effectively.	CbD, mini-CEX, MCR	1,3
Awareness of time taken to see GUM out-patients compared with colleagues.	mini-CEX, CbD, MCR	1,3,4
Understand the need to prioritise work and to delegate to others according to urgency and importance.		1,3
Understand the roles, competencies and capabilities of other professionals and support workers.		1,3,4
Outline techniques for improving time management.		1
Outline factors adversely affecting a doctor's and team performance and methods to rectify these.		1,3
Describe processes for allocating weekly out-patient clinic rotas and maintaining flexibility to take account of service needs and unscheduled leave.		3
Describe the local process for agreeing staff leave (annual/professional/sick/carer) to ensure adequate staffing.		1,4
Understand the processes for recording and monitoring sick leave, the return to work interview and when and how to make referrals to occupational health.		1,4
Skills		
Identify own strengths and weaknesses.	MSF, MCR	1,3
Develop understanding of personality styles and how different profiles fit into a team.		3
Demonstrate personal commitment to improve own performance in light of feedback and assessment.		1, 3
Regularly review and re-prioritise personal and team work load.		1, 3
Obtain and act upon feedback from variety of sources.	MSF, mini-CEX,	3

	MCR	
Work effectively with other professionals and support workers.		1, 3
Lead and participate in interdisciplinary team meetings.		1, 3
Reliability in meeting scheduled and unscheduled responsibilities and commitments with ability to prioritise.	MSF, CbD, mini-CEX, MCR	1,2,3,4
Identify clinical and clerical tasks requiring attention or predicted to arise.		1, 3
Estimate the time likely to be required for essential tasks and plan accordingly.		1, 3
Organise and manage workload effectively and flexibly.		1, 3
Can formulate clear messages for the media whilst recognising corporate responsibilities.		3
Behaviours		
Display self awareness: being aware of their own values, principles, assumptions, and by being able to learn from experiences.	MSF, mini-CEX, MCR	3
Remain calm in stressful or high pressure situations and adopt a timely, rational approach.		1, 3
Recognise when self or others are falling behind and take steps to rectify the situation.		1, 3
Recognise the importance of induction for new members of a team.		1, 3
Demonstrate self management: organising and managing themselves while taking account of the needs and priorities of others.	CbD, PS, MCR	3
Self development: learns through participating in continuing professional development and from experience and feedback.	MSF, mini-CEX, MCR	3
Act with integrity: behaving in an open and ethical manner.		4

Level Descriptor	
1.	Awareness of own values and principles and how these may differ from those of other individuals and groups. Able to meet scheduled and unscheduled responsibilities and commitments.
2.	Delivers high standard care with supervision. Punctuality and fulfilment of work rota commitments. Only occasionally takes longer to see patients compared with other colleagues. Participation in multidisciplinary and multiagency case conferences. Able to prioritise tasks with assistance
3.	Delivers high standard care with minimal supervision. Can successfully chair a multidisciplinary meeting. Supports others who need help. Able to apply guidance in relation to medical ethics and confidentiality. Shows self awareness and acts with integrity.
4.	Fully competent. Demonstrates full range of personal qualities required to plan, deliver and develop GUM services. Draws upon own values, strengths and abilities to deliver high standards of care. Calm leadership in stressful situations.

Working with Others

To show leadership by working with others in teams and networks to deliver and improve GUM services.

Knowledge	Assessment Methods	GMP
Describe the roles and responsibilities of sexual health advisers, nurses, administrative, laboratory and other staff in delivering GUM services.	CbD, MCR	1, 3
Identify processes for co-coordinating community-based HIV and sexually transmitted infection testing.		1, 3
Can set up a meeting to bring individuals and groups together to agree actions.		3
Describe the processes required for appraisal, revalidation and job planning.		1, 3
Identify the impact of equality, diversity and human rights legislation on the practice on the delivery of GUM services.	CbD, MCR	1
Skills		
Be able to actively seek the views of others.	MSF, MCR	3
Be able to agree a consensus view.	MSF, MCR	3
Mentoring of peers or students attached to GUM service.	TO, MCR	1, 3
Interact with non-statutory organisations or patient representatives with an interest or HIV or sexual health.		1, 3
Assessment and appraisal of more junior clinical colleagues or students.	TO, MCR	1, 3
Demonstrate leadership and management in the following areas: • Education, training and supervision of junior colleagues and other members of the healthcare team • Deteriorating performance of colleagues (e.g. stress, fatigue) • High quality care		1, 3
Liaise with colleagues to plan and implement work rotas		3
Behaviours		
Develop networks: work in partnership with multidisciplinary colleagues, service users and their representatives, within and across systems to deliver and improve services.		1, 3
Build and maintain relationships by listening, supporting others, gaining trust and showing understanding.	MSF, MCR	3
Communicate changes in priority to others.	MSF, MCR	1, 3
Encourage contributions by creating an environment where others have the opportunity to contribute.	MSF, MCR	3
Work within teams to deliver and improve services.	MSF, MCR	1, 3
Shown willingness to act as a leader, mentor, educator and role model.	MSF, MCR	3
Willing to accept mentoring as a positive contribution to promote personal professional development	MSF, MCR	3

Level Descriptor	
1.	Able to work with others. Participation in multidisciplinary and multiagency case conferences. Satisfactory feedback from MSF. Works effectively in a team. Has attended training on equality, diversity and human rights legislation. Respects rights and needs of patients from all backgrounds.
2.	Works in teams and networks with supervision. Delivers training to keep staff up to date. Promotes good team dynamics.
3.	Works in teams and networks with minimal supervision. Performance of an appraisal of more junior clinical colleague. Production of a patient care pathway working with colleagues and other key stakeholders including patients.
4.	Shows leadership by working with others in teams and networks to deliver and improve GUM services. Implementation of new staff induction programme. Communicates clearly and promptly when responsibility for a patient's care is transferred. Ensures implementation of equality, diversity and human rights in service delivery by self and others.

Managing Services

To acquire the knowledge, skills and attitudes to manage services effectively and therefore ensure the success of the organisation(s) in which trainees work.

Knowledge	Assessment Methods	GMP
Understand the different methods of obtaining data for quality improvement projects /audit including patient feedback questionnaires, service sources and national reference data.	AA, QIPAT, CbD, MCR	1
Understands local commissioning processes, service level agreements, tendering and implications for sexual health service delivery		1
Understand the role of quality improvement,including audit (improving patient care and services, risk management etc).	QIPAT	1
Understands steps involved in completing a quality improvement project (which may include audit)	AA, QIPAT, CbD	1
Undertake GUM diagnostic coding and participate in the production of data returns.		1
Understand the working and uses of national and local databases used for audit such as specialty data collection systems.		1
Describe the use of management information to monitor service delivery against local/national targets and plans (such as GUM access time).	AA, QIPAT, MCR	1
Explain the management of GUM clinic defaulters.	CbD, MCR	1
Explain budget setting and how to deliver services within allocated resources.		1,2
Recognise the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort.		1
Describe the process of a development bid and its submission.		1
Describe “Management for Doctors” guidance.	CbD, MCR	1
Skills		
Able to write a business or service plan.		1
Able to write a job description, including person specification and short listing criteria.		1
Contribute to the development of an organisational response to emerging health policy.		1
Demonstrate efficient use of drug budgets (use of generics, home delivery and minimising waste).		1
Able to maintain the level of confidentiality required to deliver sexual health services.	AA, CbD, MCR	3, 4
Able to design, implement, complete and report quality improvement projects and audit cycles	AA, QIPAT	1
Contribute to local and national audit projects.		1
Behaviours		
Planning: actively contribute to plans to achieve service goals.	AA, QIPAT, MCR	1, 3
Manage resources: know what resources are available and use influence to ensure that resources are used efficiently and safely.	AA, QIPAT, MCR	1

Manage people: providing direction, reviewing performance and motivating others.	1, 3
Manage performance: hold oneself and others accountable for service outcomes.	1, 3

Level Descriptor	
1.	Has basic knowledge of how to manage services. Has attended basic management training courses or modules. Contributes data to audit meetings. Attendance at interview panels (other than as interviewee).
2.	Able to manage some aspects of the service with assistance. Production of a job description. Develop standards for a local audit.
3.	Able to manage services with supervision. Production of a business or service plan. Use audit findings to implement change. Production of an organisational response to emerging health policy.
4.	Has acquired the knowledge, skills and attitudes to manage services effectively. Delivery of a service improvement project. Lead a complete clinical audit cycle (define evidence based standard, prepare project, collate data, present findings, re-audit and close loop).

Improving Services

To be able to deliver safe and effective GUM services by maintaining quality and improving services.

Knowledge	Assessment Methods	GMP
Define local clinical governance and complaints processes.	CbD, MSF, MCR	1,2
Outline the features of a safe working environment.		1, 2
Outline the hazards of medical equipment in common use, such as liquid nitrogen cryotherapy.		1, 2
Recall principles of risk assessment and management.		1, 2
Recall the components of safe working practice in the personal, clinical and organisational settings.		1, 2
Recognise importance of evidence-based practice in relation to clinical effectiveness		1
Describe recall systems for cytology and positive results and fail-safe mechanisms.		1
Describe local infection control policies.		1
Explain data protection and freedom of information legislation.		1
Explain how child protection policies are implemented locally.		1
Explain legislation and guidance to protect the confidentiality of patients who attend GUM services.		1, 4
Identify risk management guidance e.g. safe prescribing, sharps disposal, needlestick injury.		1, 2
Understand the investigation of significant events, serious untoward incidents and near misses		1, 2
Understand use of local and national systems available for reporting and learning from clinical incidents and near misses.		1, 2
Skills		
Be able to assess and manage risk to patients.		2
Be able to describe local procedures to report adverse events.		1, 2
Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately.		2
Contribute to quality improvement processes e.g. Audit of personal and departmental/directorate/practice performance Errors / discrepancy meetings Critical incident and near miss reporting Local and national databases		1
Reflect regularly on own standards of medical practice in accordance with guidance on licensing and revalidation.	AA, QIPAT,MCR	1
Recognise limits of own professional competence and only practise within these.		1,2,3
Co-operate with changes necessary to improve service quality and safety.	CbD, mini-CEX, MCR	1,2
Is able to perform a literature search and describe types of clinical trial and evidence recommendation		1

Behaviours		
Ensure patient safety: assessing and managing risk to patients associated with service improvement.	PS, MCR	1
Report serious untoward incidents and near misses and co-operate with their investigation if they occur.		1, 2, 3
Be willing to take action when concerns are raised about performance of members of the healthcare team, and act appropriately when others raise concerns.		1, 2, 3
Critically evaluate: be able to think analytically, conceptually and to identify where services can be improved.		1
Encourage innovation: create a climate of continuous service improvement.		1, 3
Facilitate transformation: actively contribute to change processes that lead to improving healthcare.		1, 3
Encourage feedback from all members of the team on safety issues.		3
Encourage an open environment to foster and explore concerns and issues about the functioning and safety of team working.		3

Level Descriptors	
1.	Basic ability to deliver safe and effective services. Recognises untoward or significant events and reports these. Keeps high quality clinical records.
2.	Can deliver safe and effective services with supervision. Participation in adverse event review meetings. Works with team to make organisational changes to reduce risk and improve safety. Adopts behaviour likely to prevent complaints.
3.	Can deliver safe and effective services with minimal supervision. Able to assess system risks and work with colleagues from other specialities to improve safety. Shows an ability to learn from previous errors. Champions patient safety. Can make a real difference to people's health by delivering high quality services.
4.	Demonstrates leadership delivering safe and effective GUM services by maintaining quality and improving services. Written risk assessment of a clinical service area. Supports junior colleagues involved in untoward events. Able to take responsibility for resolving complaint issues. Encourages innovation and facilitates transformation.

Setting Direction

To acquire the knowledge, skills and attitudes necessary for effective participation in an organisation by setting direction and contributing to its vision and aspirations.

Knowledge	Assessment Methods	GMP
Explain local and regional organisational frameworks.		1
Outline the relevance of professional bodies including the British Association for Sexual Health & HIV (BASHH), the Royal Colleges, JRCPTB and the General Medical Council.	CbD, MCR	1
Explain the political, organisational and professional organisation of the NHS across the four home nations of the UK and the impact of devolution.		1
Describe the use of national guidelines including those from the BASHH clinical effectiveness group and the British HIV Association (BHIVA).		1
Describe the use of information technology in relation to the running of GUM clinics (appointments, coding returns, attendance data, contracting, changes in clinic case mix and other databases).		1
Describe the role of GUM clinicians in health promotion and prevention campaigns working with public health colleagues.		1, 3
Skills		
Competent use of databases.		1
Interact with and understand role of local and national media, whilst maintaining corporate responsibility.		1, 3
Contribute to local and national specialist activities.		1, 3
Behaviours		
Identify the contexts for change: being aware of the range of factors to be taken into account.		1, 3
Apply knowledge and evidence: gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements.		1
Make decisions: integrating values with evidence to inform decisions.		1, 3
Evaluate impact: measuring and evaluating outcomes, taking corrective action where necessary and by being held to account for their decisions.		1, 3

Level Descriptor	
1.	Demonstrates basic leadership qualities. Shadowing of NHS senior managers or clinicians. Attendance at senior medical and management meetings. Participates in journal clubs. Critically reviews an article to identify the level of evidence. Familiar with GUM diagnostic coding.
2.	Can lead services under senior supervision. Participation in BASHH meetings. Leads journal clubs. Undertakes literature reviews. Understands the structure of the NHS and roles of national medical organisations. Able to assign GUM diagnostic codes.
3.	Engages with regional or national initiative to reduce inequalities in health between communities. Participation in staff recruitment. Contributes to organisation and acts in a manner consistent with its values.
4.	Demonstrates effective participation in an organisation by setting direction and contributing to its

	vision and aspirations. Able to highlight the differences in sexual health service delivery across the UK devolved nations. Develop and implement a departmental or national clinical guideline. Performs a systematic review of the medical literature.

Epidemiology and Public Health

To progressively develop the ability to understand and use epidemiology and public health data relating to service users and the wider community, in order to participate in leading the planning of clinical services aimed at improved health and reduced health inequality for the population.

Knowledge	Assessment Methods	GMP
To be able to describe the major sources of data describing local populations and their health, the occurrence of STIs and HIV, and the services provided relating to sexual health need, at local and national level.	DipGUM, TO, MCR	1, 2
To be able to explain the terms incidence, prevalence, denominators, measures of risk.	DipGUM, TO, MCR	1
To be able to explain the characteristics, and relative advantages of different study designs (case control, cohort, cross-sectional, RCT)	DipGUM, TO, MCR	1
To be able to explain key concepts in the transmission and maintenance of STIs and HIV at population level, including : basic reproductive rate; core groups/high risk groups and related concepts; key parameters in STI transmission for major STIs; sexual mixing including concurrency, dissortative and assortative mixing, network characteristics	DipGUM, TO, MCR	1
To be able to describe synergies and differences between STI and HIV control, including the evidence on structural interventions and the influence of health systems	DipGUM, TO, MCR	1
To be able to identify notifiable diseases	DipGUM, MCR	1
To understand the negative and positive consequences of screening tests	DipGUM, TO, MCR	1
To be able to outline and interpret common statistical concepts and methods and their uses (including P value, confidence interval, t test, chi square test, univariate and multivariate analysis)	DipGUM, TO, MCR	1
To be able to explain the need to control for some variables in analysis and the potential of bias and confounding to create misleading results, and to apply this knowledge in making treatment decisions	CbD DipGUM, MCR	1
To be able to explain the principles of critical appraisal	CbD, TO, MCR	1
To have an understanding of the hierarchy of evidence including meta-analysis and systematic review	DipGUM, TO, MCR	1
To be able to describe the epidemiology of STIs and HIV, including their social, cultural, economic and behavioural determinants both in the UK and globally	mini-CEX, DipGUM, MCR	1
To be able to outline the major UK global causes of morbidity and mortality and their relationship to a clinical population	CbD, mini-CEX, MCR	1
To be able to describe the impact of wider factors (e.g. legislation, migration, culture, policies) on risk of disease and access to care	CbD, MCR	1
To be able to explain the commonly accepted measures of partner notification outcome	AA, QIPAT, DipGUM, MCR	1
To be aware of the role of other statutory and voluntary agencies in the delivery of sexual health services	CbD, TO, MCR	1
To be able to describe the role of the health protection agencies and	DipGUM, MCR	1

local authority in control of notifiable diseases		
To be able to explain the advantages and disadvantages of introducing a screening test to contrasting populations, including the merits of register based vs opportunistic screening, evaluation of screening, using actual and proposed examples in sexual health	DipGUM, TO, MCR	1
Skills		
To be able to find and use research evidence in asking answerable clinical questions	AA, CbD, TO, MCR	1,3
To be able to describe the epidemiology of STIs and HIV, including their social and behavioural determinants in the UK and globally	AA, MCR	1
To be able to explain the commonly accepted measures of partner notification outcome	AA, MCR	1
To be able to review and explain the significance of partner notification outcomes in the context of the differing transmission dynamics of the STIs/HIV	CbD, MCR	1, 2
To review clinic data with a view to early identification of outbreaks	CbD, TO, MCR	2
To work collaboratively with health protection agencies in planning and implementing early collaborative action to control transmission	CbD, TO, MCR	2, 3
To apply current evidence on prevention and health promotion interventions, both at clinic level and in individual consultation, to promote health	Cbd, DipGUM, mini-CEX, TO, MCR	1, 2
To be able to describe the relevance of a given quality improvement project or audit to settings of a different kind, and to non-clinical settings (e.g. education)	AA, QIPAT,TO, MCR	2
To be able to explain common quantitative assessments of risk and benefit (e.g. Absolute Risk Reduction, Number Needed to Treat) and their limitations in clinical practice	CbD, MCR	1, 3
To be able to identify the limitations of the available evidence in addressing a clinical question	AA, CbD, mini-CEX, TO, MCR	1
To be able to explain the contribution of lifestyle factors to individual risk of STIs or HIV	CbD, mini-CEX, MCR	1
To be able to describe the differing concerns about STIs and HIV, including issues of stigma, in the community	mini-CEX, TO, MCR	4
To be able to contribute to the assessment of a population's need for a service, using routine and specifically designed data sources	CbD, TO, MCR	
To be able to work collaboratively with other agencies (including primary care, local authorities and the voluntary sector) in planning and delivering services to a population	CbD, MCR	3
To report notifiable diseases in accordance with legislation to the appropriate authorities	CbD, MCR	2
Behaviours		
To demonstrate willingness to report to national and local datasets, taking account of appropriate guidelines on confidentiality and data protection.	CbD, TO, MCR	2, 3
To report notifiable diseases in accordance with legislation to the local health protection agencies	CbD, MCR	2

Level Descriptor	
1.	Uses epidemiological knowledge to assess patient risk, without stereotyping

2.	Applies epidemiological knowledge in planning, undertaking and reporting the results of audit.
3.	Applies epidemiological knowledge including a variety of local public health datasets in the planning or improvement of services in a locality, with a focus on those experiencing poor health outcomes or access to care.
4.	Routinely applies epidemiological knowledge in the review of the full range of datasets available within and beyond a clinic, with a view to identifying outbreaks, and improving services, in collaboration with public health and other colleagues as appropriate.

4 Learning and Teaching

4.1 The training programme

The features of the GUM training programme are:

Trainee led - the e-portfolio is designed to encourage a learner-centred approach with the support of educational supervisors. The e-portfolio contains tools to identify educational needs, enables the setting of learning goals, reflective learning and personal development.

Competency based – the curriculum outlines competencies that trainees must reach by the end of the programme. The curriculum is directly linked to the e Portfolio as it defines standards required for good medical practice and formal assessments.

Continuation of Good Medical Practice – building on foundation and core medical training the curriculum emphasises the generic competencies necessary to practice as a physician.

Supervision – each trainee has a series of people with clearly defined roles and responsibilities overseeing their training, including a clinical supervisor, an educational supervisor, a director of medical education or trust clinical tutor, a CMT programme director, and a head of school.

Appraisal meetings with supervisor – regular appraisal meetings and reviews of progress are set out in the e-portfolio

Workplace-based assessments – regular workplace-based assessments are conducted throughout training.

DipGUM, DipHIV and DipFSRH – the various parts of these have been mapped to the curriculum.

The organisation and delivery of postgraduate training is the statutory responsibility of the General Medical Council (GMC) which devolves responsibility for the local organisation and delivery of training to the deaneries. Each deanery oversees a “School of Medicine” which is comprised of the regional Specialty Training Committees (STCs) in each medical specialty. Therefore, the responsibility for the organisation and delivery of specialty training in GUM in each deanery lies with the regional GUM STC. Each STC has a training programme director who coordinates the training programme in the specialty.

The training programme will be organised by deanery STCs following submission to the JRCPTB who will seek approval from GMC. The specialty programme will be a minimum of 48 months and the progression through the programme will be determined by using the decision grid (see section 5.5 ARCP decision aid). The award of the CCT will be dependent on achievement of all the competencies as evidenced by assessments set out in the curriculum. Training will normally take place in a range of district general hospitals, teaching hospitals and community settings. Training should ensure appropriate progression in experience and responsibility. Training at each training site ensures that, during the programme, the entire curriculum is covered and that unnecessary duplication and educationally

unrewarding experiences are avoided. Training should ideally be flexible enough to allow the trainee to develop a special interest.

All training in GUM should be conducted in institutions with appropriate standards of clinical governance and which meet the relevant Health and Safety standards for clinical areas. Training placements must also comply with the European Working Time Directive for trainee doctors

Training posts must provide the necessary clinical exposure but also show that the required supervision and assessments can be achieved.

It is expected that trainees will maintain an e portfolio of evidence of their clinical and training activity.

For the following statements a 'clinic' or session is expected to be of 3.5-4hrs duration.

HIV – 1 general HIV clinic per week throughout training, See below for specialist HIV clinics.

GUM – 5 to 6 clinics a week in general or specialist GUM or specialist HIV clinics or managing inpatients. One of these sessions per week may be allocated for attending specialist non-GUM training e.g. dermatology, gynaecology and pathology.

One session per week; CME.

One session per week; clinical or departmental administration, management or audit.

One session per week should be spent on private study.

Experience of urgent and emergency referrals to GUM

Trainees should be exposed to the full range of urgent and emergency consultations in GUM. This can be obtained through on-call responsibilities during the standard working day and /or out of hours. It would be expected that trainees would be a referral point for emergency consultations throughout their training.

Acting up as a consultant (AUC)

"Acting up" provides doctors in training coming towards the end of their training with the experience of navigating the transition from junior doctor to consultant while maintaining an element of supervision.

Although acting up often fulfils a genuine service requirement, it is not the same as being a locum consultant. Doctors in training acting up will be carrying out a consultant's tasks but with the understanding that they will have a named supervisor at the hosting hospital and that the designated supervisor will always be available for support, including out of hours or during on-call work. Doctors in training will need to follow the rules laid down by the Deanery / LETB within which they work and also follow the JRCPTB rules which can be found at www.jrcptb.org.uk/trainingandcert/Pages/Out-of-Programme.

4.2 Indicative progress through training

ST3 and ST4
The aim of these two years is to lay the groundwork of knowledge and skills of the following:

- Epidemiology, diagnosis and clinical management of common genitourinary infections.
- Diagnosis and management of the complications of common genitourinary infections
- Human Immunodeficiency Virus (HIV); see detailed explanation below
    - HIV testing
    - Experience of PEP
    - HIV OPD , with own patient cohort under direct consultant supervision
    - Assessing newly diagnosed individuals
    - Monitoring asymptomatic patients
    - Instituting and monitoring first-line ARV treatment
- Contraception
- Pathology; see detailed explanation below
- Research methods (including statistics), and possibly to initiate research project
- Audit
- Start management training
- Public health
- The gynaecological module; see detailed explanation
- Teaching
- Depending on individual needs, parts of this programme can be deferred to years 3 & 4.

ST5 and ST6
In these years the basic competencies in knowledge and skills will be consolidated in:

- Epidemiology, diagnosis, and clinical management of genitourinary infections and their complications
- Continue weekly HIV clinic and gain further HIV experience in the following areas:
    - Assessing HIV patients with treatment failure including management of poor adherence
    - Supervised experience of the use of new ARV classes
    - Supervised experience of therapeutic drug monitoring
    - Supervised experience of complex drug interactions in patients with co-morbidities

- Experience of at least one specialist HIV clinic (e.g. antenatal clinic, hepatitis, injecting drug users or TB co-infection clinics).

- Management of ARV toxicity

- HIV inpatient management; see section 5

- Audit including completing at least one audit cycle
- Continue developing management skills

- Public health experience
- Teaching / training

The remainder of the time must be divided into:

- Developing special interests (e.g. vulval, adolescent, HIV/TB clinics, service development, teaching)

OR

- Research

OR

- Overseas experience can be incorporated in this period

All out of programme experience must be prospectively approved by the SAC and the Regulator. Please see the JRCPTB website (www.jrcptb.org.uk) and section 4.5 of this curriculum for details.

Gynaecology training guidelines for Genitourinary Medicine (GUM) specialist trainees

Aims of gynaecology training

To ensure trainees have the knowledge, skills and attitudes required to identify and appropriately manage common gynaecological and obstetric conditions presenting to GUM/HIV departments.

Duration and organisation of training

Trainees must complete the theoretical and practical training required to obtain the Diploma of the Faculty of Reproduction and Sexual Health (DFRSH), which is an essential requirement. Trainees must also observe gynaecological and obstetric practice, enabling them to have a broad understanding of this speciality and its application in GUM clinical practice. This can be obtained in one of two ways:

1. Before entering GUM specialty training

Trainees who have completed a F1, F2, ST1 or ST2 three to six month post in either gynaecology or obstetrics and gynaecology before embarking on GUM specialty training can use this experience to meet the training objectives.

During that time trainees should have monitored their knowledge and competence using their portfolio. At the start of GUM specialty training, trainees will meet with their Unit Training Director to review competencies to date against objectives in the curriculum and identify how best to complete any additional training identified.

2. During GUM specialty training

Trainees without sufficient previous experience in gynaecology and obstetrics to meet the syllabus objectives should undertake a programme of gynaecological training, preferably during the first two years of specialist training in GUM. This will be attained through half or full day release or through single or multiple attachments. In order to meet the syllabus objectives training will include attendance at a wide range of obstetric and gynaecology clinics and services. These could include clinics in general gynaecology, gynaecological endocrinology, infertility, early pregnancy assessment units (EPU), also known as early diagnostic units (EDU), antenatal

clinics, termination of pregnancy clinics, colposcopy, gynaecological oncology and vulval clinics. Emergency presentations must be observed by shadowing the on call gynaecology team during daytime working hours; out of hours attachments are not compulsory.

A minimum number of clinics/sessions that trainees are expected to attend is not stipulated but must be sufficient to complete all the competencies. An indicative programme would be the following clinics: 4 general under the supervision of a named consultant, 4 antenatal,2 of which may be HIV/ANC, 3 colposcopy, 2 endocrine, 1/2 uro-gynaecology, 2 infertility, 2 endometriosis, 2 gynaecology oncology, 4 vulval, 2 termination of pregnancy, 2 menopause, plus FGM if available. A programme to observe emergency presentations could include three EPU/EDU sessions, an equivalent to 2 days shadowing emergency on call plus observing a wide range of in patient attendances.

Some units do not divide clinics into such specialist clinics; in this case the trainee must ensure that the wide range of experience is achieved thorough general clinics and ward/emergency care attachments.

Pathology training guidelines for Genitourinary Medicine (GUM) specialist trainees

Aims of pathology training

To ensure that trainees have the knowledge, skills and attitudes required to manage pathology requests, specimen collection, and interpretation of results and explaining these to patients and to develop working relationships with laboratory staff.
Some pathology training is available in the genitourinary medicine clinic. Self-directed learning and attendance at courses/lectures is required to gain the factual knowledge. In addition a week attending the local or regional microbiology and virology laboratories will be required to observe techniques, gain an understanding of laboratory procedures including quality assurance, the optimum way in which specimens should arrive in the laboratory and handling of results.

Dermatology training guidelines for Genitourinary Medicine (GUM) specialist trainees

Aims of dermatology training

To ensure that trainees have the knowledge, skills and attitudes required to identify and appropriately manage common dermatological conditions seen in patients presenting to GUM departments.
During that time trainees should have monitored their knowledge and competence using their portfolio. At the start of GUM specialty training, trainees will meet with their Unit Training Director to review competencies to date against the objectives in the curriculum and identify how best to complete any additional training identified.

Duration and organisation of training

All trainees in GUM will be expected to gain experience in dermatology to fulfil the training recommendations outlined in the syllabus. Trainees' specific training requirements should be identified in partnership with their Unit Training Director to determine the best way to meet the dermatology/pathology learning objectives.

Before entering GUM specialty training
Trainees who have completed a F1, F2, ST1 or ST2 three to six month post in dermatology before embarking on GUM specialty training can use this experience to meet the training objectives.
During that time trainees should have monitored their knowledge and competence using their portfolio. At the start of GUM specialty training, trainees will meet with their Unit Training Director to review competencies to date against objectives in the curriculum and identify how best to complete any additional training identified.

During GUM specialty training
In order to meet the dermatology learning objectives, trainees will attend a variety of related outpatient clinics and attend dermatology ward rounds and dermatology histopathology laboratories or meetings.

Outpatient clinics could include general dermatology as well as more specialist genital dermatology clinics, which may be run by dermatologists, GU physicians or gynaecologists depending on local services. Experience of genital malignancies may require trainees to attend gynaecology oncology, urology and plastic surgery clinics. A minimum number of clinics/ sessions that trainees are expected to attend are not stipulated; approximately 10 should complete all the competencies.

HIV training guidelines for Genitourinary Medicine (GUM) specialist trainees

Duration and organisation of training
During the first 2 years of training emphasis for HIV training should be on HIV testing, assessment of ARV naïve individuals, instituting first-line ARV therapy, and management of post exposure prophylaxis.

In years 3 and 4, this work should be continued and experience widened to include management of regimen failure, management of toxicity and diagnosis of HIV complications.
Competence in these clinical areas should, in the most part, be gained through direct clinical experience and directed self-learning. To gain knowledge and skills in the investigation, diagnosis, and management (including appropriate referral) of patients with complex HIV/AIDS-related presentations, trainees will need time attached to an HIV in-patient service. Such experiential learning should be supplemented by directed self-learning, supported with more formal teaching. Attachments should in most instances be for a minimum of 3 months.

This also represents a period when trainees might usefully experience other important facets of their training for example complex ARV prescribing, treatment of different patient groups, experience of patients with hepatitis co-infection. Finally it is important that trainees have supervised experience of unselected assessment of acutely unwell HIV positive individuals.

In view of the decrease in clinical exposure within smaller HIV outpatient units due to the decreased incidence of OIs/cancers and the rationalisation of in-patient services to HIV centres, the TPD must ensure that if the training is not available within the host TPU, the training programme includes secondment to an in-patient unit at an HIV centre. From the BHIVA audit of current network arrangements it appears that secondment of trainees, where necessary, will mostly be achievable within the same clinical network. If not this will need to be funded by the deanery and be included in

the job description. A secondment must be of sufficient duration to meet the training objectives; three months is an indicative period. The Diploma in HIV must be obtained during training.

In-patient training
There should be a period of attachment to HIV in-patients for not less than 3 months. The recommended characteristics of an in-patient unit are an average of 10 in-patients per month. If fewer in-patients are anticipated a longer period of attachment is acceptable if the case-mix enables the trainee to see the wide range of OI and malignancies in the curriculum. Trainees should complete a logbook documenting their experience of in-patients and complex antiretroviral management.

During the period of attachment trainees should, under supervision, be responsible for the initial assessment of HIV positive individuals presenting acutely unwell. This does not have to be out of hours.

Ideally, involvement in the care of patients requiring in-patient care should occur throughout the period of training and not be solely restricted to the period of attachment to an in-patient unit.

Recommended characteristics of units to provide in-patient and specialised HIV training

- Specialist HIV service
- Minimum average 10 in-patient episodes per month
- On-site access to intensive care
- Multi-professional management of complex antiretroviral prescribing
- Management of patients with viral hepatitis co-infection
- Management of pregnant HIV positive women
- Well-defined, specialist cancer referral protocols

4.3 Teaching and learning methods

The curriculum will be delivered through a variety of learning experiences, trainees learning from observation and practice of skills appropriate to their level of training.

Trainees will achieve the competencies described in the curriculum through a variety of learning methods. There will be a balance of different modes of learning from formal teaching programmes, self-directed learning to experiential learning 'on the job'. The proportion of time allocated to different learning methods may vary depending on the nature of the attachment within a rotation.

This section identifies the types of situations in which a trainee will learn.

Learning with peers - There are many opportunities for trainees to learn with their peers. Local postgraduate teaching opportunities allow trainees of varied levels of experience to come together for small group sessions. Examination preparation encourages the formation of self-help groups and learning sets.

Work-based Experiential Learning - The content of work-based experiential learning is decided by the local faculty for education but includes active participation in:

- GU/HIV clinics including specialty clinics. After initial induction, trainees will review patients in outpatient clinics, under direct supervision. The degree of

responsibility taken by the trainee will increase as competency increases. Trainees will assess 'new' and 'review' patients and present their findings to the clinical supervisor.

- Personal ward rounds and provision of ongoing HIV clinical care on specialist medical ward attachments. Every patient seen, on the ward or in out-patients, provides a learning opportunity, which will be enhanced by following the patient through the course of their illness: the experience of the evolution of patients' problems over time is a critical part both of the diagnostic process as well as management. Patients will provide the basis for critical reading and reflection of clinical problems. Cases should be anonymously recorded in the e portfolio.
- Consultant-led clinics/ward rounds. Every time a trainee observes another doctor or team member seeing a patient or their relatives is an opportunity for learning.
- Multi-disciplinary team meetings. There are many situations where clinical problems are discussed with clinicians in other disciplines providing excellent opportunities for observation and testing clinical reasoning.

Trainees have supervised responsibility for the care of in-patients. This includes day-to-day review of clinical conditions, note keeping, and the initial management of the acutely ill patient with referral to and liaison with clinical colleagues as necessary. The degree of responsibility taken by the trainee will increase as competency increases. There should be appropriate levels of clinical supervision throughout training with increasing clinical independence and responsibility as learning outcomes are achieved (see Section 5: Feedback and Supervision).

Formal postgraduate teaching – The content of these sessions is determined by the local TPU and will be based on the curriculum. There are many opportunities throughout the year for formal teaching in local postgraduate teaching sessions, other Trusts, educational meetings delivered by the STC and at regional, national and international meetings. Many of these are organised by the Royal Colleges of Physicians, the deanery and speciality societies (BASHH-National & Regional meetings, BHIVA).

Suggested activities include:

- A programme of formal bleep-free regular teaching sessions to cohorts of trainees
- Case presentations
- Research and audit projects
- Lectures and small group teaching
- Grand Rounds
- Clinical skills demonstrations and teaching
- Critical appraisal and evidence based medicine and journal clubs
- Joint specialty meetings
- Attendance at training programmes organised on a deanery or regional basis, which are designed to cover aspects of the training programme outlined in this curriculum.

Independent Self-Directed Learning -Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:

- Reading, including web-based material
- E learning for health modules
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- Audit and research projects
- Reading journals

- Achieving personal learning goals beyond the essential, core curriculum

Formal Study Courses - Time to be made available, subject to local conditions of service. Examples include management and teaching courses, HIV master classes, and DipGUM modules.

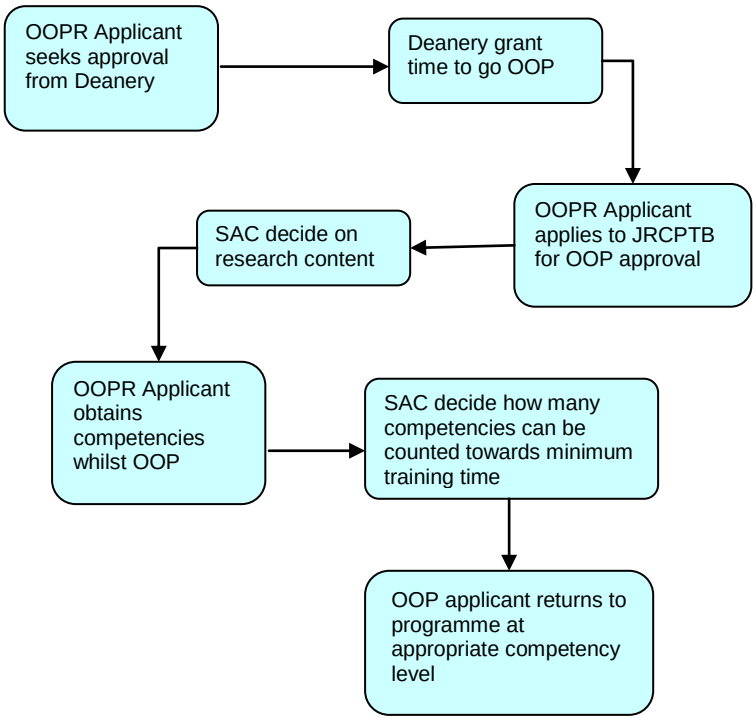
4.4 Research

Trainees who wish to acquire research competencies, in addition to those specified in their specialty curriculum, may undertake a research project as an ideal way of obtaining those competencies. For those in specialty training, one option to be considered is that of taking time out of programme to complete a specified project or research degree. Applications to research bodies, the deanery (via an OOPR form) and the JRCPTB (via a Research Application Form) are necessary steps, which are the responsibility of the trainee.

The JRCPTB Research Application Form can be accessed via the JRCPTB website. It requires an estimate of the competencies that will be achieved and, once completed, it should be returned to JRCPTB together with a job description and an up to date CV. The JRCPTB will submit applications to the relevant SACs for review of the research content including an indicative assessment of the amount of clinical credit (competence acquisition) which might be achieved. This is likely to be influenced by the nature of the research (eg entirely laboratory-based or strong clinical commitment), as well as duration (eg 12 month Masters, 2-year MD, 3-Year PhD). On approval by the SAC, the JRCPTB will advise the trainee and the deanery of the decision. The deanery will make an application to the GMC for approval of the out of programme research. All applications for out of programme research must be prospectively approved.

Upon completion of the research period the competencies achieved will be agreed by the OOP Supervisor, Educational Supervisor and communicated to the SAC, accessing the facilities available on the JRCPTB ePortfolio. The competencies achieved will determine the trainee's position on return to programme; for example if an ST3 trainee obtains all ST4 competencies then 12 months will be recognised towards the minimum training time and the trainee will return to the programme at ST5. This would be corroborated by the subsequent ARCP.

This process is shown in the diagram below:



Funding will need to be identified for the duration of the research period. Trainees need not count research experience or its clinical component towards a CCT programme but must decide whether or not they wish it to be counted on application to the deanery and the JRCPTB.

A maximum period of 3 years out of programme is allowed and the SACs will recognise up to 12 months towards the minimum training times.

4.5 Academic Training

For those contemplating an academic career path, there are now well-defined posts at all levels in the Integrated Academic Training Pathway (IATP) involving the National Institute for Health Research (NIHR) and the Academy of Medical Sciences (AMS). For full details see www.nccrcd.nhs.uk/intetacatrain and www.academicmedicine.ac.uk. Academic trainees may wish to focus on education or research and are united by the target of a consultant-level post in a university and/or teaching hospital, typically starting as a senior lecturer and aiming to progress to readership and professor. A postgraduate degree will usually be essential (see “out of programme experience”) and academic mentorship is advised (see section 6.1). Academic competencies have been defined by the JRCPTB in association with AMS and the Colleges and modes of assessment have been incorporated in the latest edition of the Gold Guide (www.mmc.nhs.org.uk).

Academic integrated pathways to CCT are a) considered fulltime CCTs as the default position and b) are run through in nature. The academic programmes are CCT programmes and the indicative time academic trainees to achieve the CCT is the same as the time set for non-academic trainees. If a trainee fails to achieve all the required competencies within the notional time period for the programme, this would

be considered at the ARCP, and recommendations to allow completion of clinical training would be made (assuming other progress to be satisfactory). An academic trainee working in an entirely laboratory-based project would be likely to require additional clinical training, whereas a trainee whose project is strongly clinically oriented may complete within the "normal" time (see the guidelines for monitoring training and progress) www.academicmedicine.ac.uk. Extension of a CCT date will be in proportion depending upon the nature of the research and will ensure full capture of the specialty outcomes set down by the Royal College and approved by GMC.

All applications for research must be prospectively approved by the SAC and the regulator, see www.jrcptb.org.uk for details of the process.

5 Assessment

5.1 The assessment system

The purpose of the assessment system is to:

- Enhance learning by providing formative assessment, enabling trainees to receive immediate feedback on their own performance and identify areas for development;
- Drive learning and enhance training by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience;
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme;
- Ensure trainees are acquiring competencies within the domains of Good Medical Practice*;*
- Assess trainees' actual performance in the workplace;
- Ensure that trainees possess the essential underlying knowledge required for their specialty;
- Inform the Annual Review of Competence Progression (ARCP), identifying any requirements for targeted or additional training where necessary;
- Identify trainees who should be advised to consider changes of career direction.

The integrated assessment system comprises of workplace-based and knowledge based assessments**.** The compulsory Diplomas in GUM, HIV and FSRH provide the latter**.** Individual assessment methods are described in more detail below.

Workplace-based assessments will take place throughout the training programme to allow trainees to continually gather evidence of learning and to provide trainees with formative feedback. They are not individually summative but overall outcomes from a number of such assessments provide evidence for summative decision making. The number and range of these will ensure a reliable assessment relevant to their stage of training and show coverage of the curriculum.

5.2 Assessment Blueprint

The assessment blueprint is within the substance of the curriculum. The assessment methods are located adjacent to every competency providing instant access to the trainee/trainer in the same document. Level descriptors indicate the annual progression expected.

In the syllabus (3.3) the "Assessment Methods" shown are those that are appropriate as possible methods that could be used to assess each competency. It is not expected that all competencies will be assessed and that where they are assessed not every method will be used.

5.3 Assessment methods

The following assessment methods are used in the integrated assessment system:

Examinations and certificates

- The Diploma in GU Medicine (DipGUM)
- The Diploma of HIV Medicine (DipHIV)
- The Diploma of the FSRH (DFSRH)

The Worshipful Society of the Apothecaries has developed the Diploma of GU Medicine and the Diploma HIV Medicine.

The Faculty of Sexual and Reproductive Healthcare have developed the DFSRH.

During the course of training the successful completion of the Diplomas in GUM and HIV Medicine (Society of Apothecaries of London) and the Diploma of the Faculty of Sexual and Reproductive Healthcare are required. Trainees are required to complete these by the end of ST4 (Dip in GUM) by the end of ST5 (DFSRH) and by end of ST6 (DipHIV).

It is envisaged that by the end of ST4, all trainees will have had adequate opportunities to be proficient in the management of the range of common GUM presentations, and have had appropriate exposure to allied disciplines and to specialist training opportunities so as to develop the knowledge, skills and attitudes required of specialists in most aspects of STI and sexual health care The JRCPTB acknowledges that for most trainees HIV training continues throughout the training programme and that appropriate levels of expertise may only be developed later in the training programme.

Although completion of some elements of the curriculum will be gauged by workplace assessments the Diplomas allow thorough standard set, external assessment of knowledge, skills and behaviours at the expected levels of depth and complexity that ST4 and ST6 trainees must be capable of. The Society of Apothecaries of London have worked closely with the JRCPTB to ensure that each examination adequately samples the range of the JRCPTB approved current curriculum expected for trainees at that level, that careful standard setting takes place and that detailed feedback is available to trainees so that deficiencies can be addressed in a timely manner with targeted training. That this is performed externally to the local training environment allows for a degree of objectivity that may be difficult to achieve in some training environments.

The Diplomas also allow the thorough assessment of competence in the management of rare clinical presentations of the common and uncommon conditions as well as emergency presentations. GUM services are delivered by many different models of care across the UK and use different technology. The Diploma examinations require candidates to demonstrate the core knowledge, skills and behaviours required of GUM specialists regardless of their working environments as detailed in the curriculum. The requirement for demonstration of practical skills such as preparation of specimens, standard genital examination and microscopy necessitates trainees and trainers to address any local variations in practice regardless of local NHS structural arrangements. The Diplomas will ensure that trainees are prepared for working at specialist level across the entire NHS.

The DFSRH is a recognised assessment of basic competence in contraceptive service provision. It builds on a Department of Health supported ‘E-learning for Health’ module, and is taught and assessed within training contraception services. Assessment is competency based and conducted by trained supervisors within clinics. The DFSRH has been proposed to the GMC as part of the curriculum and assessment process for ST2/3 trainees in General Practice, Reproductive and Sexual Health and Obstetrics and Gynaecology. The use of this assessment tool will be reviewed annually. Trainees in GUM are expected to provide contraceptive advice to at least these levels in their routine practice and it seems only reasonable that they should be assessed and deemed competent in this field at an early stage of their training using this accepted tool. The DFRSH curriculum maps closely to the

contraception elements of the GUM curriculum for ST3/4 level trainees. Some elements of the GUM contraception training (eg LARC insertion, management of the contraceptive needs of HIV positive patients) are beyond the curriculum of the DFSRH and will be assessed separately.

Information about DipGUM, DipHIV including guidance for candidates, is available on the Worshipful Society of the Apothecaries website; www.apothecaries.org

Information about the DFSRH including guidance for candidates, is available on the Faculty of Sexual Reproductive and Health website; www.fsrh.org/home.

Specified SAC representatives, who are not currently examiners for the Society of Apothecaries oversee both of the Diploma examinations and provide an annual report to the SAC covering the examination blueprinting, the examination concept of utility, examination standard setting, candidate feedback and appeal, and review procedures. In addition the representatives will have access to all stages of the examination process and may attend as observers to any or all examinations. The SAC representatives will audit and confirm the training of examiners. SAC representatives will be invited to all SAC meetings. This arrangement will be reviewed annually.

Workplace-based assessments

- Mini-Clinical Evaluation Exercise (mini-CEX)
- Direct Observation of Procedural Skills (DOPS)
- Multi-Source Feedback (MSF)
- Multiple Consultant Report (MCR)
- Case-Based Discussion (CbD)
- Patient Survey (PS) – This has not been finalised at the time of submission
- Audit Assessment (AA)
- Quality Improvement Assessment Tool (QIPAT)
- Teaching Observation (TO)

These methods are described briefly below. More information about these methods including guidance for trainees and assessors is available in the e Portfolio and on the JRCPTB website www.jrcptb.org.uk. Workplace-based assessments should be recorded in the trainee's e Portfolio. The workplace-based assessment methods include feedback opportunities as an integral part of the assessment process; this is explained in the guidance notes provided for the techniques.

Multisource feedback (MSF)
This tool is a method of assessing generic skills such as communication, leadership, team working, reliability etc, across the domains of Good Medical Practice. This provides objective systematic collection and feedback of performance data on a trainee, derived from a number of colleagues. 'Raters' are individuals with whom the trainee works, and includes doctors, administration staff, and other allied professionals. The trainee will not see the individual responses; the Educational Supervisor feeds back to the trainee.

Multiple Consultant Report (MCR)
The Multiple Consultant Report (MCR) captures the views of consultant supervisors on a trainee's clinical performance. The MCR year summary sheet summarises the feedback received, outcomes for clinical areas and comments which will give valuable insight to how well the trainee is performing, highlighting areas of excellence

and areas of support required. MCR feedback will be available to the trainee and included in the educational supervisor's report.

Mini-Clinical Evaluation Exercise (mini-CEX)
This tool evaluates a clinical encounter with a patient to provide an indication of competence in skills essential for good clinical care such as history taking, examination and clinical reasoning. The trainee receives immediate feedback to aid learning. The mini-CEX can be used at any time and in any setting when there is a trainee and patient interaction and an assessor is available.

Direct Observation of Procedural Skills (DOPS)
A DOPS is an assessment tool designed to assess the performance of a trainee in undertaking a practical procedure, against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development.

Case based Discussion (CbD)
The CbD assesses the performance of a trainee in their management of a patient to provide an indication of competence in areas such as clinical reasoning, decision-making and application of medical knowledge in relation to patient care. It also serves as a method to document conversations about, and presentations of, cases by trainees. The CbD should include discussion about a written record (such as written case notes, out-patient letter, discharge summary). A typical encounter might be when presenting newly referred patients in the out-patient department.

Patient Survey (PS)
The Patient Survey addresses issues, including behaviour of the doctor and effectiveness of the consultation, which are important to patients. It is intended to assess the trainee's performance in areas such as interpersonal skills, communication skills and professionalism by concentrating solely on their performance during one consultation.

Audit Assessment Tool (AA)
The Audit Assessment Tool is designed to assess a trainee's competence in completing an audit. The Audit Assessment can be based on review of audit documentation OR on a presentation of the audit at a meeting. If possible the same audit should be assessed by more than one assessor.

Quality Improvement Project Assessment Tool (QIPAT)
The Quality Improvement Project Assessment tool is designed to assess a trainee's competence in completing a quality improvement project. The Quality Improvement Project Assessment can be based on review of quality improvement project documentation OR on a presentation of the quality improvement project at a meeting. If possible the trainee should be assessed on the same quality improvement project by more than one assessor.

Teaching Observation (TO)
The Teaching Observation Form is designed to provide structured, formative feedback to trainees on their competence at teaching. Teaching observation can be based on any formalised teaching by the trainee, observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors).

5.4 Decisions on progress (ARCP)

The Annual Review of Competence Progression (ARCP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded. ARCP is not an assessment – it is the review of evidence of training and assessment. The ARCP process is described in A Reference Guide for Postgraduate Specialty Training in the UK (the "Gold Guide" – available from www.mmc.nhs.uk). Deaneries are responsible for organising and conducting ARCPs. The evidence to be reviewed by ARCP panels should be collected in the trainee's e Portfolio.

As a precursor to ARCPs, JRCPTB strongly recommend that trainees have an e-portfolio review either with their educational supervisor, training programme director or arranged by the local school of medicine. These provide opportunities for early detection of trainees who are failing to gather the required evidence for ARCP.

The ARCP Decision Aid is included in section 5.5, giving details of the evidence required of trainees for submission to the ARCP panels.

5.5 ARCP Decision Aid

The following table sets out the targets to be achieved for satisfactory ARCP outcome at the end of each training year. Please refer to the JRCPTB website (www.jrcptb.org.uk) for the latest version.

Assessment	ARCP year 3 (End of ST3)	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6)
GUM / sexual health competencies	Consistent with Level Descriptor at level 1 in GUM curriculum	Consistent with Level Descriptor at level 2 in GUM curriculum	Consistent with Level Descriptor at level 3 in GUM curriculum	Consistent with Level Descriptor at level 4 in GUM curriculum
HIV competencies	Consistent with Level Descriptor at level 1 in GUM curriculum	Consistent with Level Descriptor at level 2 in GUM curriculum	Consistent with Level Descriptor at level 3 in GUM curriculum	Consistent with Level Descriptor at level 4 in GUM curriculum
Medical leadership & management competencies	Consistent with Level Descriptor at level 1 in GUM curriculum	Consistent with Level Descriptor at level 2 in GUM curriculum	Consistent with Level Descriptor at level 3 in GUM curriculum	Consistent with Level Descriptor at level 4 in GUM curriculum
Epidemiology & public health competencies	Consistent with Level Descriptor at level 1 in GUM curriculum	Consistent with Level Descriptor at level 2 in GUM curriculum	Consistent with Level Descriptor at level 3 in GUM curriculum	Consistent with Level Descriptor at level 4 in GUM curriculum
Examinations (pass required to progress to next level)		Diploma in Genitourinary Medicine (Dip G-U Med)	Diploma of the Faculty of Sexual & Reproductive Healthcare (DFSRH)	Diploma in HIV Medicine (Dip HIV Med)

ePortfolio evidence including supervised learning events (mini-CEX and CbDs) can be linked to GUM competencies to demonstrate engagement and exploration of the curriculum. Educational supervisor to confirm level achieved in ES report.

Assessment	ARCP year 3 (End of ST3)	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6)
Multi-source feedback (MSF)	Satisfactory		Satisfactory	
Supervised learning events (SLEs) should be carried out regularly throughout the training year by a number of different assessors across the breadth of the curriculum with structured feedback and action plans to aid the trainee's development. SLEs comprise mini-CEX and CbDs				
Mini-Clinical Evaluation Exercise (Balance between GUM & HIV conditions)	6 Mini-CEX (see suggested topics)	6 Mini-CEX (see suggested topics)	6 Mini-CEX (see suggested topics)	6 Mini-CEX (see suggested topics)
Case based discussion (Balance between GUM & HIV conditions)	6 CbD (see suggested topics)	6 CbD (see suggested topics)	6 CbD (see suggested topics)	6 CbD (see suggested topics)
Direct Observation of Procedural Skills (DOPS)	3 DOPS Such as: 1. Female genital examination including bimanual examination, speculum insertion and cervical cytology sampling 2. Male examination with proctoscopy and sample collection 3. Liquid nitrogen cryotherapy 4. Lumbar puncture	3 DOPS Such as: 1. Light microscopy for detection of sexually transmitted infections 2. Dark ground microscopy 3. Point of care testing	2 DOPS Such as: 1. Insertion of sub-dermal contraceptive implant 2. Skin biopsy or punch biopsy	
Quality Improvement projects/Audit	Participation in quality improvement project or audit	Participation in quality improvement project or audit	Completion of quality improvement project with satisfactory Quality Improvement Assessment Tool (QIPAT) or audit cycle(s)	Portfolio of quality improvement / audit involvement

			with satisfactory Audit Assessment (AA)	
Educational supervisor report and training portfolio	Satisfactory – to include feedback from at least 2 Multiple Consultant Reports (MCRs)	Satisfactory – to include feedback from at least 2 Multiple Consultant Reports (MCRs)	Satisfactory – to include feedback from at least 2 Multiple Consultant Reports (MCRs)	Satisfactory – to include feedback from at least 2 Multiple Consultant Reports (MCRs)
Teaching competencies (including Teaching Observation WPBA)		Evidence of participation in teaching of medical students, junior doctors and other health care professionals	Evaluated participation in teaching confirmed by satisfactory Teaching Observation (TO)	Evidence of participation in evaluated teaching with delegate evaluation of that teaching
HIV in-patient competencies				Achieved attachments and competencies outlined in curriculum
Dermatology competencies			Achieved attachments and competencies outlined in curriculum	
Gynaecology competencies		Achieved attachments and competencies outlined in curriculum		
Medical microbiology competencies			Achieved attachments and competencies outlined in curriculum	
Contraception competencies			Passed DFSRH	Achieved attachments and competencies outlined in curriculum including insertion of contraceptive implants
Research competencies		Evidence of critical thinking around relevant clinical questions	Evidence of developing research awareness and competence such as participation in research studies, critical reviews, presenting at relevant research meetings or on	CV with evidence of research awareness and competence. Evidence might include a completed study with a peer-reviewed publication or abstract

			courses where participants assess the trainee	

Assessment	ARCP year 3 (End of ST3)	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6)
Medical leadership & management competencies	Generic management and leadership competencies Examples include ability to prioritise personal and team work, working effectively with colleagues and to meet scheduled commitments. Equality and diversity training Knowledge of local governance and complaints procedures	Participation in, and awareness of, some aspect of management. Examples include responsibility for organising rotas, teaching sessions or journal clubs.	Awareness of managerial structures and functions within the NHS. Examples include attendance at relevant training modules, knowledge of diagnostic coding and data analysis and participation in local management meetings.	Understanding of managerial structures. Examples include reflective e-portfolio entries around relevant NHS management activities, budget & cost savings.
GMC requirements	Satisfactory performance, including documented annual declaration of health and probity Participation in GMC training survey	Satisfactory performance, including documented annual declaration of health and probity Participation in GMC training survey	Satisfactory performance, including documented annual declaration of health and probity Participation in GMC training survey Requirements for revalidation including patient feedback survey	Satisfactory performance, including documented annual declaration of health and probity Participation in GMC training survey Meets all requirements for revalidation
Events giving concern	The following events occurring at any time may trigger a review of the trainee's progress and possible remedial training: Issues of professional behaviour, poor performance in WPBAs (including the MSF), issues arising from the supervisor's report, issues of patient safety, a substantiated complaint.			

Examples of topics for Supervised Learning Events (mini-CEX/CbD)

	First 6 months of Training	Second 6 months of Training
ST3	1. Sexual history taking 2. Male genital examination 3. Female genital examination (including bimanual) 4. Speculum examination 5. Proctoscopy 6. Urethral discharge 7. Vaginal discharge 8. Rectal discharge 9. Genital lumps 10. Maintaining confidentiality	1. Genital ulcers 2. Systemic syphilis & extra-genital manifestations of STIs 3. Genital infestations 4. Genital dermatoses 5. HIV post-exposure prophylaxis 6. Monitoring of HIV patients 7. Primary HIV infection 8. Pelvic pain 9. Scrotal pain 10. Ethical dilemma 11. HIV pre-test discussion
ST4	1. Light microscopy 2. Dark ground microscopy 3. Treponemal serology 4. Emergency contraception 5. Vulvo-vaginitis 6. Balanitis 7. Newly diagnosed HIV 8. Starting antiretroviral therapy 9. Switching antiretroviral therapy 10. Child protection and risk assessment	1. Assessment of Fraser competence 2. Sexual assault 3. Erectile dysfunction 4. Managing antiretroviral side effects/complications 5. HIV ante-natal care 6. Point of care testing 7. Recurrent GUM problems 8. Genital dermatoses 9. Intraepithelial neoplasia 10. Sero-negative arthritis
ST5	1. ART treatment failure & HIV drug resistance 2. Contraception initiation and maintenance 3. LARC methods 4. Contraception in HIV positive patients 5. Hepatitis B infection in immunocompetent patients 6. Hepatitis C infection in immunocompetent patients 7. TB and respiratory conditions with HIV infection 8. Neurological HIV disease 9. Gender-based violence 10. Management of herpes in pregnancy	1. Skin or punch biopsy 2. Management of advanced immunosuppression 3. Insertion of sub-dermal contraceptive implants 4. HIV & viral hepatitis co-infection 5. Metabolic & CVS conditions in HIV patients 6. HIV salvage therapy 7. Gastrointestinal conditions & HIV infection 8. Management of malignancy with HIV 9. STI in an under 16 yr old 10. Management of syphilis in pregnancy

Topics from earlier in training programme can be repeated or assessed for first time if not done previously.

5.6 Penultimate Year Assessment (PYA)

The penultimate ARCP prior to the anticipated CCT date will include an external assessor from outside the training programme. JRCPTB and the deanery will coordinate the appointment of this assessor. This is known as “PYA”. Whilst the ARCP will be a review of evidence, the PYA will include a face to face component.

5.7 Complaints and Appeals

The Worshipful society of Apothecaries has complaints procedures and appeals regulations documented on its website (www.apothecaries.org) which apply to the Diploma in GU Medicine and the Diploma in HIV Medicine.

The Faculty of Sexual and Reproductive Health has complaints procedures and appeals regulations documented on its website (www.fsrh.org) which applies to the DFSRH

All workplace-based assessment methods incorporate direct feedback from the assessor to the trainee, where consent has been given by all parties, and the opportunity to discuss the outcome. If a trainee has a complaint about the outcome from a specific assessment this is their first opportunity to raise it.

Appeals against decisions concerning in-year assessments will be handled at deanery level and deaneries are responsible for setting up and reviewing suitable processes. If a formal complaint about assessment is to be pursued this should be referred in the first instance to the chair of the Specialty Training Committee who is accountable to the regional deanery. Continuing concerns should be referred to the Associate Dean.

6 Supervision and feedback

6.1 Supervision

All elements of work in training posts must be supervised with the level of supervision varying depending on the experience of the trainee and the clinical exposure and case mix undertaken. Outpatient and referral supervision must routinely include the opportunity to personally discuss all cases if required. As training progresses the trainee should have the opportunity for increasing autonomy, consistent with safe and effective care for the patient. Local education providers (LEP’s) through their directors of education /clinical tutors and associated specialty tutors have a responsibility to ensure that all trainees work under senior supervision by their clinical and educational supervisors. This will allow a review of the progression of their knowledge, skills and behaviours in particular professional conduct and there maintenance of patient safety will be of paramount importance.

It required that educational supervisors devote at least one hour per week in their timetable per trainee for this work.

Deaneries and LEP’s must ensure that trainees have access to online learning facilities and libraries.

Trainees will at all times have a named Educational Supervisor and Clinical Supervisor, responsible for overseeing their education. Depending on local arrangements these roles may be combined into a single role of Educational Supervisor.

The responsibilities of supervisors have been defined by GMC in the document "Operational Guide for the GMC Quality Framework". These definitions have been agreed with the National Association of Clinical Tutors, the Academy of Medical Royal Colleges and the Gold Guide team at MMC, and are reproduced below:

Educational supervisor
A trainer who is selected and appropriately trained to be responsible for the overall supervision and management of a specified trainee's educational progress during a training placement or series of placements. The Educational Supervisor is responsible for the trainee's Educational Agreement.

Clinical supervisor
A trainer who is selected and appropriately trained to be responsible for overseeing a specified trainee's clinical work and providing constructive feedback during a training placement. Some training schemes appoint an Educational Supervisor for each placement. The roles of Clinical and Educational Supervisor may then be merged.

The Educational Supervisor, when meeting with the trainee, should discuss issues of clinical governance, risk management and any report of any untoward clinical incidents involving the trainee. The Educational Supervisor should be part of the clinical specialty team. Thus if the clinical directorate (clinical director) have any concerns about the performance of the trainee, or there were issues of doctor or patient safety, these would be discussed with the Educational Supervisor. These processes, which are integral to trainee development, must not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems.

Academic trainees are encouraged to identify an academic mentor, who will not usually be their research supervisor and will often be from outside their geographical area. The Academy of Medical Sciences organises one such scheme (www.acmedsci.ac.uk) but there are others and inclusion in an organised scheme is not a pre-requisite. The Medical Research Society organises annual meetings for clinician scientists in training (see www.medres.org.uk) and this type of meeting provides an excellent setting for trainees to meet colleagues and share experiences.

Opportunities for feedback to trainees about their performance will arise through the use of the workplace-based assessments (where consent has been given by all parties), regular appraisal meetings with supervisors, other meetings and discussions with supervisors and colleagues, and feedback from ARCP.

6.2 Appraisal

A formal process of appraisals and reviews underpins training. This process ensures adequate supervision during training provides continuity between posts and different supervisors and is one of the main ways of providing feedback to trainees. All appraisals should be recorded in the e Portfolio

Induction Appraisal

The trainee and educational supervisor should have an appraisal meeting at the beginning of each post to review the trainee's progress so far, agree learning objectives for the post ahead and identify the learning opportunities presented by the post. Reviewing progress through the curriculum will help trainees to compile an effective Personal Development Plan (PDP) of objectives for the upcoming post. This PDP should be agreed during the Induction Appraisal. The trainee and supervisor should also both sign the educational agreement in the e-portfolio at this time, recording their commitment to the training process.

Mid-point Review

This meeting is not mandatory, but is encouraged particularly if either the trainee or educational supervisor has training concerns. At this meeting trainees should review their PDP with their supervisor using evidence from the e-portfolio. Workplace-based assessments and progress through the curriculum can be reviewed to ensure trainees are proceeding satisfactorily, and attendance at educational events should also be reviewed. The PDP can be amended at this review.

End of Attachment Appraisal

Trainees should review the PDP and curriculum progress with their educational supervisor using evidence from the e-portfolio. Specific concerns may be highlighted from this appraisal. The end of attachment appraisal form should record the areas where further work is required to overcome any shortcomings. Further evidence of competence in certain areas may be needed, such as planned workplace-based assessments, and this should be recorded. If there are significant concerns following the end of attachment appraisal then the programme director should be informed.

7 Managing Curriculum Implementation

This section of the curriculum provides an indication of how the curriculum is managed locally and within programmes.

The organisation of training programmes for specialist training in GUM is the responsibility of the postgraduate deaneries.

The Deaneries are establishing appropriate programmes for postgraduate medical training in their regions. These schemes will be run by Schools of Medicine in England, Wales and Northern Ireland and Transitional Board Schemes in Scotland. In this curriculum, they will be referred to as local Faculties for medical education. The role of the Faculties will be to coordinate local postgraduate medical training, with terms of reference as follows:

- Oversee recruitment and induction of trainees from core medical training (or equivalent) into Specialty Training
- Allocate trainees into particular rotations appropriate to their training needs and where possible, wishes
- Oversee the quality of training posts provided locally
- Interface with other Deanery Specialty Training faculties (General Practice, Anaesthesia etc)
- Ensure adequate provision of appropriate educational events
- Ensure curricula implementation across training programmes
- Oversee the workplace-based assessment process within programmes
- Coordinate the ARCP process for trainees

- Provide adequate and appropriate career advice
- Provide systems to identify and assist doctors with training difficulties
- Provide flexible training
- Recognise the potential of specific trainees to progress into an academic career

Educational programmes to train educational supervisors and assessors in work place based assessment may be delivered by deaneries, the colleges or both.

Implementation of the curriculum is the responsibility of the JRCPTB via its speciality advisory committee (SAC) for GUM. The SAC is formally constituted with representatives from SHA's in England, from the devolved nations and has trainee and lay representation. This committee supervises and reviews all training posts in GUM and provides external representatives at Penultimate Year Assessments. Between them, members of the SAC attend all the PYA's for GUM trainees each year, thus ensuring the committee has wide experience of how the curriculum is being implemented in training centres.

It is the responsibility of the committee Chair and Secretary to ensure that curriculum developments are communicated to Heads of Specialty Schools, Deanery Speciality Training Committees and TPD's. The SAC produces and administers the regulations governing the curriculum.

The SAC and STC's all have trainee representation. Trainee representatives on the SAC provide feedback on the curriculum at each of the SAC committee meetings.

The introduction of the e Portfolio allows members of the SAC to remotely monitor progress of trainees ensuring that they are under proper supervision and are progressing satisfactorily.

7.1 Intended use of curriculum by trainers and trainees

This curriculum and e Portfolio are web-based documents which are available from the Joint Royal Colleges of Physicians Training Board (JRCPTB) website www.jrcptb.org.uk.

The educational supervisors and trainers can access the up-to-date curriculum from the JRCPTB website and will be expected to use this as the basis of their discussion with trainees. Both trainers and trainees are expected to have a good knowledge of the curriculum and should use it as a guide for their training programme.

Each trainee will engage with the curriculum by maintaining a portfolio. The trainee will use the curriculum to develop learning objectives and reflect on learning experiences.

7.2 Recording progress

On enrolling with JRCPTB trainees will be given access to the e Portfolio for GUM. The e Portfolio allows evidence to be built up to inform decisions on a trainee's progress and provides tools to support trainees' education and development.

The trainee's main responsibilities are to ensure the e Portfolio is kept up to date, arrange assessments and ensure they are recorded, prepare drafts of appraisal

forms, maintain their personal development plan, record their reflections on learning and record their progress through the curriculum.

The supervisor's main responsibilities are to use e Portfolio evidence such as outcomes of assessments, reflections and personal development plans to inform appraisal meetings. They are also expected to update the trainee's record of progress through the curriculum, write end-of-attachment appraisals and supervisor's reports and inspect the logbook of managed cases.
Deaneries, training programme directors, college tutors and ARCP panels may use the e Portfolio to monitor the progress of trainees for whom they are responsible.

JRCPTB will use summarised, anonymous e Portfolio data to support its work in quality assurance.

All appraisal meetings, personal development plans and workplace based assessments (including MSF) should be recorded in the e Portfolio. Trainees and supervisors should electronically sign the educational agreement. Trainees are encouraged to reflect on their learning experiences and to record these in the e Portfolio. Reflections can be kept private or shared with supervisors.

Reflections, assessments and other e Portfolio content should be linked to curriculum competencies in order to provide evidence towards acquisition of these competencies. Trainees can add their own self-assessment ratings to record their view of their progress. The aims of the self-assessment are:

- To provide the means for reflection and evaluation of current practice
- To inform discussions with supervisors to gain insight and assists in developing personal development plans.
- To identify shortcomings between experience, competency and areas defined in the curriculum so as to guide future clinical exposure and learning.

Supervisors sign-off and comment on curriculum competencies to build up a picture of progression and to inform ARCP panels.

8 Curriculum review and updating

The specialty curriculum will be reviewed and updated with minor changes on an annual basis. The curricula and should be regarded as a fluid, living document and the SAC will ensure to respond swiftly to new clinical and service developments. In addition, the curriculum will be subject to three-yearly formal review within the SAC. This will be informed by curriculum evaluation and monitoring. The SAC will have available to it:

- The trainees' survey, which will include questions pertaining to their specialty (GMC to provide)
- Specialty-specific questionnaires
- Reports from other sources such as educational supervisors, programme directors, specialty deans, service providers and patients, and the National Health Service
- Trainee representation on the Deanery STC and the SAC of the JRCPTB
- Informal trainee feedback during appraisal, ARCP, etc

Evaluation will address:

- The relevance of the learning outcomes to clinical practice

- The balance of work-based and off-the-job learning
- Quality of training in individual posts
- Feasibility and appropriateness of on-the-job assessments in the course of training programmes
- Availability and quality of research opportunities
- Current training affecting the service

Evaluation will be the responsibility of the JRCPTB and GMC. These bodies must approve any significant changes to the curriculum.

Interaction with the NHS will be particularly important to understand the performance of specialists within the NHS and feedback will be required as to the continuing needs for that specialty as defined by the curriculum. It is likely that the NHS will have a view as to the balance between generalist and specialist skills, the development of generic competencies and, looking to the future, the need for additional specialist competencies and curricula. In establishing specialty issues which could have implications for training, the SAC will produce a summary report to discuss with the NHS employers and ensure that conclusions are reflected in curriculum reviews.

Trainee contribution to curriculum review will be facilitated through the involvement of trainees in local faculties of education and through informal feedback during appraisal, ARCP, and College meetings.

The SAC will respond rapidly to changes in service delivery. Regular review will ensure the coming together of all the stakeholders needed to deliver an up-to-date, modern specialty curriculum. The curriculum will indicate the last date of formal review monitoring and document revision.

9 Equality and diversity

The Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of equality and diversity legislation set out in the Equality Act 2010.

The Federation of the Royal Colleges of Physicians believes that equality of opportunity is fundamental to the many and varied ways in which individuals become involved with the Colleges, either as members of staff and Officers; as advisers from the medical profession; as members of the Colleges' professional bodies or as doctors in training and examination candidates. Accordingly, it warmly welcomes contributors and applicants from as diverse a population as possible, and actively seeks to recruit people to all its activities regardless of race, religion, ethnic origin, disability, age, gender or sexual orientation.

LETB quality assurance will ensure that each training programme complies with the equality and diversity standards in postgraduate medical training as set by GMC.

Compliance with anti-discriminatory practice will be assured through:

- monitoring of recruitment processes;
- ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post;

- LETBs must ensure that educational supervisors have had equality and diversity training (for example, an e learning module) every 3 years
- LETBs must ensure that any specialist participating in trainee interview/appointments committees or processes has had equality and diversity training (at least as an e module) every 3 years.
- ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. LETBs and Programme Directors must ensure that on appointment trainees are made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. LETBs must also ensure contingency mechanisms are in place if trainees feel unhappy with the response or uncomfortable with the contact individual.
- monitoring of College Examinations;
- ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly disadvantage trainees because of gender, ethnicity, sexual orientation or disability (other than that which would make it impossible to practise safely as a physician). All efforts shall be made to ensure the participation of people with a disability in training.