

HIGHER MEDICAL TRAINING

CURRICULUM

FOR

Genitourinary Medicine

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INTRODUCTION

Entry Requirements

Applicants for Higher Medical Training (HMT) should have completed a minimum of two years General Professional Training (GPT) in approved posts and obtained the MRCP (UK) or (I), or MRCOG diploma. For MRCP holders GPT should consist of a minimum of 24 months involved with direct patient care. Holders of the MRCP must obtain appropriate gynaecological experience at some stage of their training, and the preferred option is a six month post in gynaecology or obstetrics and gynaecology during their GPT. (See Annexe on page 13)

Holders of MRCOG diploma must spend a minimum of one year post-registration in posts approved for GPT in general (internal) medicine with an on-call commitment for emergency medicine.

GPT is defined as follows:

- a minimum of 2 years in approved posts with direct involvement in patient care and offering a wide range of experience in a variety of specialties
- 18 months of the 2 years must be spent in posts providing experience in the admission and early follow-up of acute emergencies
- at least 6 of these 18 months must be spent on a service or services on which the emergency take is 'unselected'
- 'unselected take' is defined as acute medical intake encompassing the broad generality of medicine ie not restricted to any single or small group of specialties. If any major component of acute medicine (eg cerebrovascular accidents, myocardial infarctions) is excluded from the take, this experience must be obtained in other posts. During the period on 'unselected take' trainees should have an on-call commitment which averages no less than 4 takes per month

Non-UK graduates without the MRCP who compete for HMT posts must provide evidence of appropriate knowledge, training and experience, particularly in the care of acute medical conditions.

Duration and Organisation of Training

The duration of HMT in Genitourinary Medicine is four years. The programme to which the trainee is appointed will have named consultant trainers (Educational Supervisors). In addition, one consultant within the same region will act as Programme Director to the trainee.

Training record

A Training Record will be maintained by the trainee. It will be counter-signed as appropriate by the Educational Supervisors to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competences that are enumerated in the Specialty Curriculum. It will remain the property of the trainee, and must be produced at the annual assessments.

Flexible training

Trainees who are unable to work full-time are entitled to opt for flexible training programmes.

EC Directive 93/16/EEC requires that:

- i Part-time training shall meet the same requirements as full-time training, from which it will differ only*

in the possibility of limiting participation in medical activities to a period of at least half of that provided for full-time trainees;

ii The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than those of full-time trainees

The above provisions must be adhered to. Flexible 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.

For details of appointment and funding arrangements for flexible trainees, please see the revised 'Guide to Specialist Registrar Training' (February 1998).

Research

A period of supervised research of high quality is considered part of HMT in Genitourinary Medicine. A relevant research period may contribute up to 12 months towards the total duration of HMT, the balance to be comprised of clinical training. Some trainees may wish to spend two or three years in research, either before entering HMT or by stepping aside from clinical training after entering a programme. This is perfectly acceptable but only one full year will count towards the programme. For those undertaking an extended period of research after entering a programme and obtaining their NTN, a limited amount of additional educational credit may be granted at the discretion of the SAC for clinical work relevant to the programme undertaken in the course of research beyond the initial year.

Assessment

Assessment of trainees will be based upon the standard format of annual review, including the Penultimate Year Assessment (PYA) to which particular importance attaches. Full details may be found in the Introduction to the JCHMT Handbook. The award of the CCST will be based on satisfactory completion of the entire series of annual assessments.

AIMS

The training programme will produce a doctor trained as an attentive listener, a careful observer, an effective communicator and a capable clinician. The trainee will have a training system that provides guidance, teaching, assistance, appraisal, assessment and support.

At the end of the training programme the trainees will:

- Exhibit appropriate attitudes and communication skills in dealings with colleagues and patients
- Have effective team-working and leadership skills
- Have sufficient knowledge and skill in diagnosis and management to ensure safe independent practice in genitourinary medicine
- Be competent in establishing a differential diagnosis for patients presenting with clinical features in genitourinary medicine by appropriate use of history, clinical examination and investigations
- Be competent in performing the core investigations required for all physicians practising in genitourinary medicine
- Be able to apply knowledge of the appropriate basic sciences relevant to genitourinary medicine
- Be able to develop management plans for the "whole patient" and have sound knowledge of the appropriate treatments including health promotion, disease prevention and long-term management
- Use skills of life long learning to keep up to date with developments in genitourinary medicine

- Be an effective teacher
- Manage time and resources to the benefit of their patients and colleagues

Generic Skills

Defining the objectives of the generic skills of the SpRs in training in any of the medical specialties has relied on two documents; the first is "Good Medical Practice" produced by the GMC; the second is the generic curriculum being developed for the SHOs. All SpRs must be able to meet these objectives. No time scale is offered for these competencies but they must all be attested for before completion of training. However failure to achieve satisfactory progress in meeting many of these objectives at an early stage would be cause for concern about the SpRs ability to be adequately trained.

Index for Generic Skills

1. Good clinical care
 - a) History, Examination, Investigations, Treatment (therapeutics) and Correspondence
 - b) Managing chronic disease
 - c) Time management and decision making
2. Maintaining good medical practice - Learning
3. Communication skills
4. Maintaining trust
 - a) Professional behaviour
 - b) Ethics and Legal Issues
 - c) Patient education and disease prevention
5. Working with Colleagues
6. Team working and Leadership skills
7. Teaching
8. Research
9. Clinical Governance, Risk management, Evidence, Audit & Guidelines
10. Structure and Principles of management
11. Information use and management
12. Cross specialty skills
 - a) Admissions and discharges
 - b) Discharge planning
 - c) Resuscitation
 - d) Nutrition

1. GOOD CLINICAL CARE

1a. History, Examination, Investigations, Treatment [Therapeutics] & Notekeeping Skills

Objective 1A: To be able to carry out specialist assessment of patients by means of clinical history taking and physical examination and use of relevant treatments and investigations

Subject	Knowledge	Skills	Attitudes
(i) History	Define the patterns of symptoms found in patients presenting with disease.	Be able to take and analyse a clinical history in a relevant succinct and logical manner. Be able to overcome difficulties of language, physical and mental impairment. Use interpreters and advocates appropriately.	Show empathy with patients. Appreciate the importance of psychological factors of patients and relatives. Appreciate the interaction of social factors and the patient's illness.
(ii) Examination	Define the pathophysiological basis of physical signs. Define the clinical signs found in diseases.	Be able to perform a reliable and appropriate examination.	Respect patients' dignity and confidentiality. Acknowledge cultural issues. Appropriately involve relatives. Appreciate the need for a chaperone.
(iii) Investigations including imaging	Define the pathophysiological basis of investigations. Define the indications for investigations. Define the risks and benefits of investigations. Know the cost effectiveness of individual investigation.	Ability to interpret the results of investigations. Ability to perform investigations competently where relevant. Ability to liaise and discuss investigations with colleagues and to order them appropriately.	Understand the importance of working with other health care professionals and team working. Show a willingness to provide explanation to patient as to rationale for investigations, and possible unwanted effects.
(iv) Treatment (Therapeutics)	Explain the scientific theory relating to Pharmacology and the pathophysiology of pain.	Ability to accurately assess the patients needs. Ability to initiate the appropriate prescription of analgesia, blood products and medication. Ability to manage transfusion reactions and side effects.	Show appropriate attitudes towards patients and their symptoms and be conscious of religious or other philosophical contexts particularly in the arena of blood products. Clearly and openly explain treatments and side effects of drugs.

<p>(v) Note keeping, letters etc</p>	<p>Be able to write discharge summaries, discharge letters, outpatient letters, medico-legal reports. Use of email, internet and the telephone. Define the structure, function and legal implications of medical records & medico-legal reports. Know the relevance of the data protection pertaining to patient confidentiality</p>	<p>Record concisely, accurately, confidentially and legibly the appropriate elements of the history, examination, results of investigations, differential diagnosis and management plan. Date and sign all records.</p>	<p>Appreciate the importance of timely dictation cost effective use of medical secretaries and the growing use of electronic communication. Be aware of the need for prompt and accurate communication with primary care and other agencies. Show courtesy towards medical secretaries and clerical staff.</p>
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1b. Managing Chronic Disease

Objective 1B: To be able to carry out specialist assessment and treatment of patients with chronic disease and to demonstrate effective management of chronic disease states

Subject	Knowledge	Skills	Attitudes
<p>Management of chronic disease.</p>	<p>Define the clinical presentation and natural history of patients with chronic disease. Define the role of rehabilitation services, pain control and palliative care. Define the concept of quality of life and how it can be measured.</p>	<p>Maintain hope whilst setting long term realistic goals. Develop long term management plans. Act as patient advocate in negotiations with support services. Have skills in palliative care including care of the dying.</p>	<p>Treating each patient as an individual. Appreciate the effects of chronic disease states on patients and their relatives. Develop and sustain supportive relationships with patients with chronic disease. Appreciate the impact of chronic disease on patients and their relatives. Appreciate the importance of co-operation with primary care.</p>

1c. Time Management And Decision Making

Objective 1C: To demonstrate that the trainee has the knowledge, skills and attitudes to manage time and problems effectively

Subject	Knowledge	Skills	Attitudes
(i) Time management	Know which patients/tasks take priority.	Start with the most important tasks. Work more efficiently as clinical skills develop. Recognise when he/she is falling behind and re-prioritise or call for help.	Have realistic expectations of tasks to be completed by self and others. Willingness to consult and work as part of a team.
(ii) Decision making	Understand clinical priorities for investigation and management.	Analyse and manage clinical problems.	Be flexible and willing to change in the light of changing conditions. Be willing to ask for help.

2. MAINTAINING GOOD MEDICAL PRACTICE

2a. Learning

Objective 2: To inculcate the habit of life long learning

Subject	Knowledge	Skills	Attitudes
Life long learning	Define continuing professional development.	Recognise and use learning opportunities. To use the potential of study leave to keep oneself up to date.	Be: <ul style="list-style-type: none">• self motivated.• eager to learn, Show: <ul style="list-style-type: none">• willingness to learn from colleagues.• willingness to accept criticism.

3. COMMUNICATION SKILLS

Objective 3: Demonstrate effective communication with patients, relatives and colleagues in the circumstances outlined below

Circumstance	Knowledge	Skills	Attitudes
(i) Within a consultation	<p>Know how to structure the interview to identify the patient's:</p> <ul style="list-style-type: none"> • concerns / problem list / priorities • expectations • understanding • acceptance 	<p>Listen.</p> <p>Use open questions followed by appropriate closed questions.</p> <p>Avoid jargon and use familiar language.</p> <p>Be able to communicate both verbally and in writing to patients whose first language may not be English in a manner that they understand.</p> <p>Use interpreters appropriately.</p> <p>Give clear information and feedback to patients and share information with relatives when appropriate</p> <p>Reassure 'worried well' patients.</p>	<p>Demonstrate an understanding of the need for:</p> <ul style="list-style-type: none"> • involving patients in decisions • offering choices • respecting patients views • dress and appearance should be appropriate to the clinical situation and patient sensibility
(ii) Breaking bad news	<p>Know how to structure the interview and where it should take place.</p> <p>Be aware of the normal bereavement process and behaviour.</p> <p>Have awareness of organ donation procedures and role of local transplant co-ordinators.</p>	<p>Be able to break bad news in steps appropriate to the understanding of the individual and be able to support distress.</p> <p>Avoid jargon and use familiar language.</p> <p>Encourage questions.</p> <p>Maintain appropriate hope whilst avoiding inappropriate optimism.</p>	<p>Act with empathy, honesty and sensitivity.</p>
(iii) Complaints	<p>Have awareness of the local complaints procedures.</p> <p>Have an awareness of systems of independent review.</p>	<p>Manage dissatisfied patients / relatives.</p> <p>Anticipate potential problems.</p>	<p>Act with honesty and sensitivity and promptly.</p> <p>Be prepared to accept responsibility.</p>

(iv) Communication with Colleagues	Know: <ul style="list-style-type: none"> • how to write a problem orientated letter & discharge summary • to communicate with members of the MDT • and when to phone a GP • and when to phone a patient at home 	Use appropriate language. Select an appropriate communication method.	Be prompt and respond courteously and fairly.
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4. MAINTAINING TRUST: PROFESSIONAL BEHAVIOUR

4a: To ensure that the trainee has the knowledge, skills and attitudes to act in a professional manner at all times

Subject	Knowledge	Skills	Attitudes
(i) Continuity of care	Understand the relevance of continuity of care.	Ensure satisfactory completion of reasonable tasks at the end of the shift/day with appropriate handover Documentation of/for handover. Make adequate arrangements to cover leave.	Recognise the importance of: <ul style="list-style-type: none"> • punctuality • attention to detail.
(ii) Doctor-patient relationship	Understand all aspects of a professional relationship. Establish the limiting boundaries surrounding the consultation. Deal with challenging behaviour in patients which transgress those boundaries, eg aggression, violence, racism and sexual harassment.	Help the patient appreciate the importance of cooperation between patient and doctor. Develop the relationship that facilitates solutions to patient's problems. Deal appropriately with behaviour falling outside the boundary of the agreed doctor patient relationship. in patients, e.g. aggression, violence, sexual harassment.	Adopt a non-discriminatory attitude to all patients and recognise their needs as individuals. Seek to identify the health care belief of the patient. Acknowledge patient rights to accept or reject advice. Secure equity of access to health care resources for minority groups.

(iii) Recognises own limitations	Know the extent of one's own limitations and know when to ask for advice.		Be willing to consult and to admit mistakes.
(iv) Stress	Know the effects of stress Have knowledge of support facilities for doctors.	Develop appropriate coping mechanisms for stress and ability to seek help if appropriate.	Recognise the manifestations of stress on self & others.
(v) Relevance of outside bodies	Have an understanding of the relevance to professional life of: <ul style="list-style-type: none"> • The Royal Colleges • GMC • Postgraduate Dean • Defence unions • BMA • Specialist Societies 	Recognise situations when appropriate to involve these bodies/individuals.	Be open to constructive criticism. Accept professional regulation.
(vi) Personal health	Know of occupational health services. Know of one's responsibilities to the public. Know not to treat oneself or one's family.	Recognise when personal health takes priority over work pressures and to be able to take the necessary time off.	Recognise personal health as an important issue.

4. MAINTAINING TRUST: ETHICS AND LEGAL ISSUES

4b: Ethics And Legal Issues

To ensure the trainee has the knowledge and skills to cope with ethical and legal issues which occur during the management of patients with general medical problems

Subject	Knowledge	Skills	Attitudes
(i) Informed consent	Know the process for gaining informed consent Understand appropriateness of consent to post mortem. How to gain consent for a research project	Give appropriate information in a manner patients understand and be able to gain informed consent from patients Appropriate use of written material	Consider the patient's needs as an individual
(ii) Confidentiality	Be aware of relevant strategies to ensure confidentiality. Be aware of situations when confidentiality might be broken	Use and share all information appropriately Avoid discussing one patient in front of another Be prepared to seek patients wishes before disclosing information	Respect the right to confidentiality.
(iii) Legal issues, particularly those relating to: <ul style="list-style-type: none"> • death certification • role of the Coroner/ Procurator Fiscal • mental illness • advance directives and living wills • DVLA 	Know the legal responsibilities of completing death certificates. Know the types of deaths that should be referred to the Coroner/ Procurator Fiscal. Know the indications for section under the mental health act. Know the conditions that patients should report to	Completion of death certificates. Liaison with the Coroner/Procurator Fiscal. Check whether the patient has an advance directive or living will. Able to obtain suitable evidence or know whom to consult if in doubt.	Show attention to detail and recognise pressures of time. Respect living wills and advance directives. Act with compassion at all times.

	the DVLA. Know responsibilities in serious criminal matters.		
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4. MAINTAINING TRUST: PATIENT EDUCATION AND DISEASE PREVENTION

4c: To ensure that the trainee has the knowledge, skills and attitudes to be able to educate patients effectively

Subject	Knowledge	Skills	Attitudes
(i) Educating patients about: <ul style="list-style-type: none"> • disease • investigations • therapy 	Know investigation procedures including possible alternatives / choices. Be aware of strategies to improve adherence to therapies.	Give information to patients clearly in a manner that they can understand including written information. Encourage questions. Negotiate individual treatment plans including action to be taken if patient deteriorates or improves.	Consider involving patients in developing mutually acceptable investigation plans. Encourage patients to access: <ul style="list-style-type: none"> • further information • patient support groups
(ii) Environmental & lifestyle risk factors	Understand the risk factors for disease including: <ul style="list-style-type: none"> • diet • exercise • social deprivation • occupation • substance abuse • behaviour, including sexual behaviour 	Advise on lifestyle changes. Involve other health care workers as appropriate.	Suppress any display of personal judgement.
(iii) Smoking	Know: <ul style="list-style-type: none"> • Effects of smoking on health • Implications of addiction • Smoking cessation strategies 	To be able to advise on smoking cessation and supportive measures. Identify 'ready to quit' smokers.	Consider the importance of support during smoking cessation.
(iv) Alcohol	Understand the effects of alcohol on health and psychosocial well being. Know of local support groups /agencies.	Advise on drinking cessation.	Suggest patient support groups as appropriate. Suppress any display of personal judgement.
(v) Illicit	Know the effects of common illicitly	Be able to use detoxification services.	Provide sympathetic help.

Drugs	taken drugs. Legislation and Support Services. What to do if a patient takes an overdose of drugs.	Understand prevention policies and liaise with psychiatric services. Deal with other prevention and liaison services.	Suppress any display of personal judgement.
(vi) Epidemiology & screening	Know the methods of data collection and their limitations. Know diseases that are notifiable. Know principles of 1 ^o & 2 ^o prevention & screening.	Assess an individual patient's risk factors. Encourage participation in appropriate disease prevention or screening programmes.	Consider the: <ul style="list-style-type: none"> • positive & negative aspects of prevention • importance of patient confidentiality Respect patient choice.

5. WORKING WITH COLLEAGUES

Objective 5: To demonstrate good working relationships with Colleagues

Subject	Knowledge	Skills	Attitudes
(i) Interactions between: <ul style="list-style-type: none"> • hospital & GP • hospital & other agencies e.g. social services • medical and surgical specialties 	Know the roles and responsibilities of team members. Know how a team works effectively. Know the roles of other clinical specialties and their limitations. Know the role of surgery and its limitations.	Delegate, show leadership and supervise safely Be able to communicate effectively. Handover safely. Seek advice if unsure. Recognise when input from another specialty is required for individual patients. Be able to work effectively with GPs, other medical and surgical specialists and other health care professionals.	Show respect for others opinions. Be conscientious and work co-operatively. Respect colleagues, including non medical professionals, and recognise good advice. Recognise own limitations.

6. TEAM WORKING & LEADERSHIP SKILLS

Objective 6: To demonstrate the ability to work in clinical teams and to have the necessary leadership skills

Subject	Knowledge	Skills	Attitudes
Clinical teams. Respect others opinion Effective leadership skills	Roles & responsibilities of team members. How a team works. Ensuring colleagues understand the individual roles and responsibilities of each team member. Own professional status and specialty A knowledge of the field. The capacity to perceive the need for action and initiate that action	Respect skills and contribution of colleagues to be conscientious and work constructively. Respect for others opinion. To recognise your own limitations Objective setting; Lateral thinking; Planning; Motivating; Organising; Setting example; Negotiation skills.	Recognise own limitations. Enthusiasm; integrity; courage of convictions; imagination; determination; energy; and professional credibility.

7. TEACHING AND EDUCATIONAL SUPERVISION

Objective 7: To demonstrate the knowledge, skills and attitudes to provide appropriate teaching, learning and assessment

Subject	Knowledge	Skills	Attitudes
(i) To have the skills, attitudes and practices of a competent teacher	Identify adult learning principles. Identify learner needs. Structure of a teaching activity. Varied teaching strategies. Identify learning styles. Principles of evaluation.	Facilitate learning process. Identify learning outcomes. Construct educational objectives. Design and deliver an effective teaching event. Communicate effectively with the learners. Use effective questioning techniques. Teach large and small groups effectively. Select and use appropriate teaching resources. Give constructive effective feedback. Evaluate programmes and events	Demonstrate a willingness and enthusiasm to teach. Show respect for the learner. Demonstrate a professional attitude towards teaching. Show commitment to teach. Demonstrate a learner centred approach to teaching.

		Use different media for teaching that are appropriate to the teaching setting.	
(ii) Assessment	Know the principles of assessment Know different assessment methods Define formative and summative assessment	Use appropriate assessment methods Give constructive, effective feedback	Be honest and objective when assessing performance.
(iii) Appraisal	Know the principles of appraisal Know the structure of the appraisal interview	Conduct effective appraisals	Show respect for the person being appraised.

8. RESEARCH [Where undertaken]

Trainees are encouraged to undertake a period of full time research and have a good knowledge of research methodology. There should be active involvement with research projects throughout the training period.

Subject	Knowledge	Skills	Attitudes
To be able to plan and analyse a research project.	Know how to design a research study. Know how to use appropriate statistical methods. Know the principles of research ethics. Know how to write a scientific paper. Sources of research funding.	Undertake systematic critical review of scientific literature. Ability to frame questions to be answered by a research project. Develop protocols and methods for research. Be able to use databases. Be able to accurately analyse data. Be able to write a scientific paper. Have good written and verbal presentation skills.	Demonstrate curiosity and a critical spirit of enquiry. Ensure patient confidentiality. Demonstrate knowledge of the importance of ethical approval and patient consent for clinical research. Humility.

9. CLINICAL GOVERNANCE

Objective 9: Demonstrate an understanding of the context, the meaning and the implementation of Clinical Governance

Subject	Knowledge	Skills	Attitudes
<p>(i) The organisational framework for Clinical Governance at local, health authority and national levels.</p> <p>Understanding of the benefits a patient might reasonably expect from Clinical Governance.</p> <p>Creating an environment where mistakes and mismanagement of patients can be openly discussed and learned from</p>	<p>Define the important aspects of Clinical Governance.</p> <ul style="list-style-type: none"> • Medical and clinical audit. • Research and Development. • Integrated care pathways. • Evidenced based practice. • Clinical effectiveness. • Clinical risk systems. • To define the procedures and the effective action when things go wrong in own practice or that of others. • Complaints Procedures. 	<p>Be an active partaker in clinical governance.</p> <p>Be able to undertake medical and clinical audit. Be actively involved in audit cycles.</p> <p>Be active in research and development.</p> <p>Critically appraise medical data research.</p> <p>Practice evidence based medicine.</p> <p>Aim for clinical effectiveness (best practice) at all times.</p> <p>Educate self, colleagues and other health care professionals.</p> <p>Be able to handle and deal with complaints in a focused and constructive manner. Learn from complaints.</p> <p>Develop and institute clinical guidelines and integrated care pathways. Be aware of advantages and disadvantages of guidelines.</p> <p>Report and investigate critical incidents.</p> <p>Take appropriate action if you suspect you or a colleague may not be fit to practice.</p>	<p>Make the care of your patient your first concern.</p> <p>Respect patient's privacy, dignity and confidentiality.</p> <p>Be prepared to learn from mistakes, errors and complaints.</p> <p>Recognise the importance of teamwork.</p> <p>Share best practice with others.</p>
<p>(ii) Risk management</p>	<p>Knowledge of such matters as H&S policy, policies on needlestick injuries, note keeping,</p>	<p>Confidently and authoritatively discuss risks with patients and to obtain informed consent.</p> <p>Able to balance risks and benefits with patients.</p>	<p>Willingness to respect and accept patients views and choices</p> <p>Willingness to be truthful and to admit error to patients, relatives and colleagues.</p>

	communications and staffing numbers. Knowledge of risk assessment, perception and relative risk Know the complications and side effects of treatments.		
(iii) Evidence	Know & understand: <ul style="list-style-type: none"> • the principles of evidence based medicine • the types of clinical trial • the types of evidence 	Able to critically appraise evidence. Ability to be competent in the use of databases, libraries and the internet. Able to discuss the relevance of evidence with individual patients	Display a keenness to use evidence in the support of patient care and own decisions therein.
(iv) Audit	Know & understand: <ul style="list-style-type: none"> • the audit cycle • data sources • data confidentiality 	Involvement in on-going audit. Undertake at least one audit project	Consider the relevance of audit to: <ul style="list-style-type: none"> • benefit patient care • clinical governance
(v) Guidelines	Know the advantages and disadvantages of guidelines Methods of determining best practice	Ability to utilise guidelines Be involved in guideline generation, evaluation, review and updating.	Show regard for individual patient needs when using guidelines Willingness to use guidelines as appropriate

10. STRUCTURE OF THE NHS AND THE PRINCIPLES OF MANAGEMENT

Objective 10: To display knowledge of the structure and organisation of the NHS, Nationally and locally

Subject	Knowledge	Skills	Attitudes
Structure of the NHS and the principles of management	<p>Know the structure of the NHS, primary care groups, Trusts and Hospital Trusts.</p> <p>Know the local Trusts structure including Chief Executives, Medical Directors, Clinical Directors and others. Know the role of postgraduate deaneries, specialist societies, the royal colleges and the general medical council.</p> <p>Know finance issues in general in the Health Service, especially budgetary management.</p> <p>Know the appointments procedures and the importance of equal opportunities.</p> <p>Know of Central Government health regulatory agencies (eg NICE, CHI, NCAA)</p>	<p>Develop skills in managing change and managing people.</p> <p>Develop interviewing techniques and those required for performance reviews.</p> <p>Be able to build a business plan.</p>	<p>Show an awareness of equity in health care access and delivery.</p> <p>Demonstrate an understanding of the importance of a health service for the population.</p> <p>Show respect for others, ensuring equal opportunities.</p>

11. INFORMATION USE AND MANAGEMENT

Objective 11: Demonstrate competence in the use and management of health information

Subject	Knowledge	Skills	Attitudes
To demonstrate good use of information technology for patient care and for own personal development.	<p>Define how to retrieve and utilise data recorded in clinical systems.</p> <p>Define main local and national projects and initiatives in information technology and its applications.</p> <p>Define the stages of evaluation that new technology needs to go through.</p> <p>Demonstrate an understanding of the range of possible uses for clinical data and information and appreciate the dangers and benefits of</p>	<p>Demonstrate competent use of database, word processing and statistics programmes.</p> <p>Define how to undertake searches and access web sites and health related databases.</p> <p>To critically appraise available software</p> <p>To apply the principles of confidentiality and their</p>	<p>Demonstrate the acquisition of new attitudes in patient consultations in order to make maximum use of information technology.</p> <p>Demonstrate appropriate techniques to be able to share information on computer with the patient in a constructive manner</p>

	aggregating clinical data. Define the main features, responsibilities and liabilities in the UK and Europe pertaining to confidentiality	implementation in terms of clinical practice in the context of information technology.	Adopt proactive and enquiring attitude to new technology.
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12. CROSS-SPECIALTY TOPICS

12a. Admissions And Discharges - Management Of The 'Take'

Objective 12A: To provide the trainee with the knowledge and skills to be able to safely manage the general medical 'take'

Subject	Knowledge	Skills	Attitudes
'Take' management	Medical indications for urgent investigation and therapy Skills and capabilities of members of the 'on-take' team When to seek help or refer to other specialties Knowledge of support available in the community	Ability to prioritise Interact effectively with other health care professionals Keep patients and relatives informed Receive referrals appropriately Cope with stress Delegate effectively and safely Keep an accurate patient list Handover safely with appropriate documentation	Sympathetic handling of acutely ill patients. Aware of the pressures on other members of staff.

12b. Discharge planning

To provide the trainee with the knowledge and skills to be able to plan difficult discharges for patients, particularly the elderly

Subject	Knowledge	Skills	Attitudes
Discharge planning	Impact of physical problems on activities of daily living. Roles and skills of members of the multidisciplinary team including nurses, occupational therapists, physiotherapists, speech therapists and psychologists discharge co-ordinators and social workers. Impact of unnecessary hospitalisation Available support in primary care.	Recognise when in-patient care is not required Effective contribution to discharge planning meetings. Liaison and communication with patient, family and primary care. Write reports for appropriate bodies.	Display empathy. Show an awareness of family dynamics and socio-economic factors influencing success of discharge

12. RESUSCITATION

12c: To provide the trainee with the knowledge and skills to be able to recognise critically ill patients, take part in advanced life support, feel confident to lead a resuscitation team under supervision and use the local protocol for deciding when not to resuscitate patients

Subject	Knowledge	Skills	Attitudes
(i) Recognise when a patient is critically ill.	Know how life threatening emergencies present and how to treat them.	Perform initial assessment Manage life threatening emergencies Recognise when to call for help from seniors or other specialties e.g. ITU	Keep calm Recognise priorities. Recognise the dignity of patients. Keep relatives informed.
(ii) Advanced life support	Advanced life support algorithms. Role and side effects of commonly used anti-arrhythmics and cardiac support drugs.	Recognise cardiac arrhythmias. Perform emergency defibrillation. Perform emergency endo-tracheal intubation.	Display a calm and confident demeanour
(iii) Lead a cardiac arrest team	Role and responsibilities of the team leader.	Safe and effective communication and delegation	Be calm and realistic
(iv) Do not resuscitate orders	Know local and national protocols for	Initiate discussion of DNA where appropriate Support patients and families.	Ability to empathise with relatives and to explain the consequences of DNR orders with

(DNR)	DNR orders. Know legal and ethical considerations.		compassion and without giving undue hope Act with empathy and sensitivity. Respect living wills and advance directives.
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12. NUTRITION

12d: To provide the trainee with the knowledge and skills in the nutritional issues

Subject	Knowledge	Skills	Attitudes
(i) Nutritional status	Impact of: <ul style="list-style-type: none"> disease on nutritional status malnutrition on clinical outcomes 	Assessment of nutritional status	Recognise cultural and religious issues
(ii) Nutrition support	Principles and routes of nutrition support Role of nutrition support team (NST) Indications and arrangement of PEG tubes	Naso-gastric intubation Central venous access	Identify those needing nutrition support or advice and the significance of the doctor in providing such advice. Recognise: <ul style="list-style-type: none"> the skills of others e.g. specialist nurses, pharmacist, dieticians when to consult NST

13. INDEX FOR SPECIALIST SKILLS

13. General principles of assessment and management of genitourinary and associated conditions
14. Detection of genital tract infections
15. Genital discharge and associated conditions
16. Genital ulcer disease
17. Genital Human Papillomavirus infection and associated conditions
18. Viral hepatitis
19. Genital infestations
20. Adults who have been sexually assaulted
21. Genital infections in pregnant women, newborn, infants and children
22. Vulvovaginitis and balanitis
23. Contraception
24. HIV counselling and testing
25. Asymptomatic HIV disease, including anti-retroviral prescribing
26. Respiratory presentations of HIV disease
27. Gastrointestinal presentations of HIV disease
28. Neurological presentations of HIV disease
29. HIV associated malignancies and palliative care of HIV disease
30. Dermatological presentations of HIV disease
31. Haematological presentations of HIV disease
32. Genitourinary medicine clinic management
33. Epidemiology

The trainee should be aware of The National Guidelines on the management of Sexually Transmitted Infections and Associated Conditions, and the British HIV Association Guidelines, and other similar international guidelines on the management of HIV.

Abbreviations

Within subject matter:

K= knowledge, S= skills, A= attitudes

Within teaching/learning methods:

A= Observation of, assisting and discussion with senior staff

B= Tutorials

C= Course in GU Med or equivalent in-house training

D= Observe and perform under supervision
E= On the job learning (tutored clinical experience)
F= Self-directed learning
G= Appropriate postgraduate courses/meetings
H= Problem orientated and case-studies
I= Role play and discussion groups
J= Maintenance of competence
K= Obstetrics and gynaecology module for those with MRCP
L= Communication skills course
M= Multidisciplinary groups with nurses and health advisors
N= Observe at the relevant laboratories
O= Visits to dermatology clinics
P= Attendance at colposcopy clinics
Q= Paediatric multidisciplinary groups

Within assessment:

A= Observed clinics

B= Observed ward rounds

C= Case note review

D= Reports from senior professionals in the multidisciplinary team

E= perform under supervision

F= Simulated role play

G= Diploma in Genitourinary Medicine

H= Satisfactory completion of O&G module

I= Portfolio of achievement

J= Observed communication skills, attitudes and professional conduct

13a: To correctly carry out specialist assessment and management of genitourinary and associated conditions, independently in an adequately provided working environment

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
Sexual history K - Different types of sexual behaviour and risks of infections associated with them Presentations of psychosexual problems and when appropriate to refer for treatment S - Take a relevant detailed sexual history. Communicate with patients in an appropriate manner Recognise psychosexual problems and refer appropriately A - Show tact and empathy. Respect patient confidentiality. Be non-judgemental Genital examination K - Anatomy and physiology of the genital tract. Patho-physiological basis of physical signs. When it is appropriate to examine extra-genital sites S - Explain Procedure To Patient. Elicit Physical Signs With Minimal Discomfort To Patient. Use Instruments Skilfully A - Be aware of patient dignity. Take into account ethnic and sexuality issues. Be aware of need for chaperone. Advice about safer sexual practices K - Different types of sexual behaviour and risks of infections associated with them S - Give Clear Information To Patients. Advise On Appropriate Changes A - Be Non-Judgemental Initiate partner notification when appropriate K - Which infections partner notification relevant. Methods of partner notification. 1974 Sexually Transmitted Diseases Act S - Explain reasons for partner notification clearly to patient A - Work in conjunction with Health Advisors	A B C F A D I L A D I L A B C F A D E J L A D L A B C F A D I L A D I L A B C F A D I L A L M	A C F G <i>A C D F G</i> <i>A D F I J</i> <i>A C G H</i> <i>A C D G H</i> <i>A D F I J</i> <i>A C F G</i> <i>A C D F G</i> <i>A D F I J</i> <i>A C D F G</i> <i>A C D F G</i> <i>A C D J</i>	Observation by independent observer and judged to be satisfactory Satisfactory trainer's report and training record Achieved established criteria

14: TO BE ABLE TO DETECT GENITAL TRACT INFECTIONS INDEPENDENTLY IN AN ADEQUATELY PROVIDED WORKING ENVIRONMENT

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>Adequate specimens K- Be able to explain: Culture and identification of bacteria, fungi and viruses pertinent to GUM. DNA amplification techniques and their advantages and limitations. Antigen and antibody tests and their role in the diagnosis of treponemal, chlamydial and viral infections. The uses and limitations of type specific HSV serology. Interpretation of results with respect to sensitivity, specificity and the interrelationship of predictive values with population prevalence. The difference between diagnostic testing and screening. S- Take adequate and appropriate specimens. Perform direct inoculation of clinical material on transport and culture media. Use the microscope, including bright and dark field microscopy, setting up, adjusting and maintenance. Perform Gram-stains and interpret the findings. Correctly interpret serological tests. A- Establish rapport with laboratory staff</p>	<p>B C F G N</p> <p>A D E</p> <p>A D N</p> <p>A B E N</p> <p>A L N</p>	<p>G</p> <p>A D E</p> <p>E G</p> <p>C G</p> <p>A D J</p>	<p>Observed practice against established criteria</p> <p>Attaining the Diploma in GU Medicine by the end of year 2</p> <p>Satisfactory trainer's report and training record</p>

15: TO CORRECTLY CARRY OUT TREATMENT AND MANAGEMENT OF GENITAL DISCHARGE AND ASSOCIATED CONDITIONS, INDEPENDENTLY IN AN ADEQUATELY PROVIDED WORKING ENVIRONMENT

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: The natural history and management of vaginal and urethral discharge, including management of infection by <i>N gonorrhoeae</i>, <i>C trachomatis</i>, <i>T vaginalis</i>, <i>C albicans</i> and other yeasts, and bacterial vaginosis. Aetiology and management of chlamydia negative non-gonococcal urethritis and</p>	<p>A B C E F G H J K</p>	<p>A C G H</p>	<p>Observation by independent observer and judged to be satisfactory</p>

<p>chronic urethritis. Aetiology and management of rectal and pharyngeal infections. Diagnosis and management of disseminated gonococcal disease. Diagnosis, natural history and management of pelvic inflammatory disease (PID). Diagnosis and management of epididymitis and prostatitis. Diagnosis, natural history and management of sexually acquired reactive arthritis (SARA or Reiter's syndrome). Investigations and management of urinary tract infections. S- Correctly diagnose and manage the above conditions. Explain the diagnosis and management clearly to the patient. Refer to/liase with other specialties when appropriate. A- Display tact, empathy, respect and concern for patients. Be non-judgemental. Work in conjunction with nurses and Health Advisors.</p>	<p>A D E H I J K L</p> <p>A D I L M</p>	<p>A C D F G H I J</p> <p>A D F J</p>	<p>Satisfactory trainer's report and training record</p> <p>Attaining the Diploma in GU Medicine by end of year 2</p>
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16: TO CORRECTLY CARRY OUT SPECIALIST ASSESSMENT, TREATMENT AND MANAGEMENT OF GENITAL ULCER DISEASE, INDEPENDENTLY IN AN ADEQUATELY PROVIDED WORKING ENVIRONMENT

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: Natural history and management of early syphilis. Diagnostic methods and management of complicated late syphilis (gumma, cardiovascular, neurological) and the management of an asymptomatic patient with positive treponemal serology. Reasons for antenatal screening for syphilis. Diagnosis and management of tropical genital ulcer disease. Natural history and management of anogenital herpes simplex virus infections, psychosexual complications and indications for suppressive therapy. Management of herpes in pregnancy. Diagnosis and management of non-infective causes of genital ulcers such as Behcet's syndrome. S- Correctly diagnose and manage the above conditions. Explain the diagnosis and management clearly to the patient. Refer to/liase with other</p>	<p>A B C E F G H J K</p> <p>O</p> <p>A D E H I J K L</p>	<p>A C G H</p> <p>A C D F B G H I J</p>	<p>Observation by independent observer and judged to be satisfactory</p> <p>Satisfactory trainer's report and training record</p> <p>Attaining the</p>

<p>specialties when appropriate.</p> <p>A- Display tact, empathy, respect and concern for patients. Be non-judgemental. Work in conjunction with nurses and Health Advisors.</p> <p>[Note: with the changing pattern of STI in the UK, it is possible that trainees may not see a case of tropical genital ulcer disease or early syphilis but they should be able to explain the diagnosis and management of these conditions]</p>	A D I L M	A D F J	<p>Diploma in GU Medicine by end of year 2</p> <p>Observed practice against established criteria</p>
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17: TO CORRECTLY CARRY OUT SPECIALIST ASSESSMENT, TREATMENT AND MANAGEMENT OF GENITAL HUMAN PAPILLOMAVIRUS INFECTION AND ASSOCIATED CONDITIONS, INDEPENDENTLY IN AN ADEQUATELY PROVIDED WORKING ENVIRONMENT

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain:</p> <p>Natural history, diagnosis, and management of human papillomavirus infection.</p> <p>Natural history, diagnosis, and management of cervical intra-epithelial neoplasia (CIN), and other HPV-related lower genital tract malignancies.</p> <p>NHS cervical screening programme. Interpretation of cytology, colposcopy and histological findings. Role of colposcopy and biopsy in diagnosis and management of cervical cellular abnormality.</p> <p>Treatment options available.</p> <p>Use of colposcopy at other anogenital sites.</p> <p>Natural history, diagnosis, and management of molluscum contagiosum.</p> <p>S- Correctly diagnose and manage the above conditions. Explain the diagnosis and management clearly to the patient. Refer to/liase with other specialties when appropriate.</p>	<p>A B C E F G H J K P</p> <p>A D E H I J K L</p>	<p>A C G H</p> <p>A C D F G H I J</p>	<p>Observation by independent observer and judged to be satisfactory</p> <p>Satisfactory trainer's report and training record</p> <p>Attaining the Diploma in GU Medicine by end of year 2</p> <p>Observed practice against established criteria</p>

Competently perform one of either: curettage, diathermy, scissor excision or laser for the treatment of genital warts. Competently perform cervical cytology smears. A- Display tact, empathy, respect and concern for patients. Be non-judgemental. Work in conjunction with nurses and Health Advisors.	D E J A D I L M	<i>E</i> <i>A D F J</i>	
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18: TO CORRECTLY CARRY OUT SPECIALIST ASSESSMENT (AND REFERRAL IF NECESSARY) OF VIRAL HEPATITIS, INDEPENDENTLY IN AN ADEQUATELY PROVIDED WORKING ENVIRONMENT

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: Natural history, diagnosis and management of hepatitis A Natural history, diagnosis and management of hepatitis B Natural history, diagnosis and management of hepatitis C Natural history, diagnosis and management of other viral causes of hepatitis Treatment, or when to refer for treatment, of chronic hepatitis B and C when appropriate Indications for, technique and follow-up of immunisation for hepatitis A and B</p> <p>S- Correctly diagnose the above conditions. Correctly manage the above conditions, or refer to other specialties, when appropriate. Explain the diagnosis and management clearly to the patient.</p> <p>A- Display Tact, Empathy, Respect And Concern For Patients. Be Non-Judgemental. Work In Conjunction With Nurses And Health Advisors.</p>	<p>A B C E F G H J</p> <p>A D E H I J L</p> <p>A D I L M</p>	<p>A C G</p> <p><i>A C D F G I J</i></p> <p><i>A D F J</i></p>	<p>Observation by independent observer and judged to be satisfactory</p> <p>Satisfactory trainer's report and training record</p> <p>Attaining the Diploma in GU Medicine by end of year 2</p>

19: TO CORRECTLY CARRY OUT SPECIALIST ASSESSMENT, TREATMENT AND MANAGEMENT OF GENITAL INFESTATIONS INDEPENDENTLY IN AN ADEQUATELY PROVIDED WORKING ENVIRONMENT

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: Diagnosis and management of scabies Diagnosis and management of pediculosis pubis</p> <p>S- Correctly diagnose and manage the above conditions. Explain the diagnosis and management clearly to the patient.</p> <p>A- Display tact, empathy, respect and concern for patients. Be non-judgemental. Work in conjunction with nurses and Health Advisors.</p>	<p>A B C E F G H J</p> <p>A D E H I J L</p> <p>A D I L M</p>	<p>A C G</p> <p><i>A C D F G I J</i></p> <p><i>A D F J</i></p>	<p>Observation by independent observer and judged to be satisfactory</p> <p>Satisfactory trainer's report and training record</p> <p>Attaining the Diploma in GU Medicine by end of year 2</p>

20: TO CORRECTLY CARRY OUT SPECIALIST ASSESSMENT, TREATMENT AND MANAGEMENT OF ADULTS WHO HAVE BEEN SEXUALLY ASSAULTED INDEPENDENTLY IN AN ADEQUATELY PROVIDED WORKING ENVIRONMENT

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: The importance of timing of forensic examination. The chain of evidence procedure. When treatment or prophylaxis of infections, HIV counselling and post-exposure prophylaxis, and post-coital contraception are indicated.</p> <p>S- Take a full sexual history, perform a full genital examination noting any injuries. Write full and accurate documentation from which a medico-legal report may be produced at a later date. Give treatment or prophylaxis of infections, HIV counselling and post-exposure prophylaxis and post-coital contraception when indicated. Refer onto local voluntary organisations to provide on-going support.</p>	<p>A B C E F G H J</p> <p>A D E H I J L</p>	<p>A C G</p> <p><i>A C D F G I J</i></p>	<p>Observation by independent observer and judged to be satisfactory</p> <p>Satisfactory trainer's report and training record</p> <p>Attaining the Diploma in GU Medicine by end of year 2</p> <p>Achieved established criteria</p>

Be alert to the possibility of child abuse A- Display tact, empathy and concern for patients. Be non-judgemental. Work in conjunction with nurses, Health Advisors, obstetricians and paediatricians.	A D I L M Q	A D F J	
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22: TO CORRECTLY CARRY OUT SPECIALIST ASSESSMENT, TREATMENT AND MANAGEMENT OF VULVOVAGINITIS AND BALANITIS INDEPENDENTLY IN AN ADEQUATELY PROVIDED WORKING ENVIRONMENT

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: Diagnosis and management of infective causes of vulvovaginitis and balanitis Diagnosis and management of common non-infective conditions (in terms of their genital and extra-genital presentation), including psoriasis, eczema, irritant vulvitis, lichen planus, lichen sclerosus, drug reactions and fungal dermatoses.</p> <p>S- Correctly diagnose and manage the above conditions. Explain the diagnosis and management clearly to the patient. Refer to/liase with other specialties when appropriate. Be able to competently perform skin scrapings and skin biopsy.</p> <p>A- Display Tact, Empathy, Respect And Concern For Patients. Be Non-Judgemental. Work In Conjunction With Nurses And Health Advisors.</p>	<p>A B C E F G H J O</p> <p>A D E H I J L O</p> <p>D E J</p> <p>A D I L M</p>	<p>A C G</p> <p>A C D F G I J</p> <p>E</p> <p>A D F J</p>	<p>Observation by independent observer and judged to be satisfactory</p> <p>Satisfactory trainer's report and training record</p> <p>Attaining the Diploma in GU Medicine by end of year 2</p> <p>Observed practice against established criteria</p>

23: TO CORRECTLY CARRY OUT SPECIALIST ASSESSMENT, TREATMENT AND MANAGEMENT OF CONTRACEPTION INDEPENDENTLY IN AN ADEQUATELY PROVIDED WORKING ENVIRONMENT

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: Different methods of contraception available Indications and contraindications for each method Side-effects of each method Indications and methods of post-coital contraception Issues relating to termination of pregnancy</p> <p>S- Be able to competently: Explain the different forms of contraception and side effects clearly to the patient. Prescribe and monitor of contraception Prescribe and monitor of post-coital contraception Refer to other agencies as appropriate</p> <p>A- Display tact, empathy, respect and concern for patients. Be non-judgemental. Work in conjunction with nurses and Health Advisors. Show respect for different religious values.</p>	<p>Theoretical course in contraception J</p> <p>Practical course in contraception J</p> <p>A D I L M</p>	<p>Diploma of the Faculty of Family Planning</p> <p>A D F J</p>	<p>Attaining the Diploma of the Faculty of Family Planning by year 3</p>

24: TO CORRECTLY CARRY OUT HIV COUNSELLING AND TESTING, INDEPENDENTLY IN AN ADEQUATELY PROVIDED WORKING ENVIRONMENT

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: Laboratory tests used to diagnose HIV infection Risk factors for HIV infection Relevant issues for someone undergoing HIV testing Relevant issues for a pregnant women undergoing HIV testing The sexual and non-sexual indications for post-exposure prophylaxis Confidential reporting system for HIV/AIDS</p>	<p>A B C E F G H J N</p>	<p>A C G</p>	<p>Attaining the Diploma in GU Medicine by end of year 2</p> <p>Observation by independent observer and judged to be satisfactory</p>

28: To correctly carry out specialist assessment, treatment and management of the neurological presentations of HIV disease independently in an adequately provided working environment

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>Be able to explain: Clinical presentations, investigations and general management of neurological conditions including disorders of consciousness, dementia and peripheral neuropathy Diagnosis and management of cerebral toxoplasmosis Diagnosis and management of cryptococcal meningitis Diagnosis and management of cytomegalovirus retinitis Diagnosis and management of HIV related neurological disease S- Correctly diagnose and manage the above conditions. Explain the diagnosis and management clearly to the patient. Refer to/liase with other specialties when appropriate. A- Display tact, empathy, respect and concern for patients. Be non-judgemental. Work in conjunction with the multidisciplinary team.</p>	<p>A B C E F G H J Attendance at CT/MR scanning</p> <p>A D E H I J L Attendance at CT/MR scanning</p> <p>A D I L M</p>	<p>A B C G</p> <p>A B C D F G I J</p> <p>A D F J</p>	<p>Observation by independent observer and judged to be satisfactory</p> <p>Satisfactory trainer's report and training record</p> <p>Attaining the Diploma in GU Medicine by end of year 2</p> <p>Observed practice against established criteria</p>

29: To provide the trainee with the knowledge, skills and attitudes to be able to correctly carry out specialist assessment, treatment and management of HIV associated malignancies and palliative care of HIV disease independently in an adequately provided working environment

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: Clinical presentations, diagnosis and management of Kaposi’s sarcoma Clinical presentations, diagnosis and management of lymphoma Clinical presentations, diagnosis and management of other malignancies associated with HIV infection Pain relief, palliative and terminal care. S- Correctly diagnose and manage the above conditions. Explain the diagnosis and management clearly to the patient. Refer to/liase with other specialties when appropriate A- Display tact, empathy, respect and concern for patients. Be non-judgemental. Work in conjunction with the multidisciplinary team.</p>	<p>A B C E F G H J Attendance at CT/MR scanning A D E H I J L Attendance at CT/MR scanning A D I L M</p>	<p>A B C G A B C D F G I J A D F J</p>	<p>Observation by independent observer and judged to be satisfactory Satisfactory trainer’s report and training record Attaining the Diploma in GU Medicine by end of year 2</p>

30: To correctly carry out specialist assessment, treatment and management of dermatological presentations of HIV disease independently in an adequately provided working environment

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: Clinical presentations, diagnosis and management of HIV related skin problems, including seborrhoeic dermatitis, herpes zoster, herpes simplex, superficial fungal infections, pruritic folliculitis and ichthyosis</p> <p>S- Correctly diagnose and manage the above conditions. Explain the diagnosis and management clearly to the patient. Refer to/liase with other specialties when appropriate</p> <p>A- Display tact, empathy, respect and concern for patients. Be non-judgemental. Work in conjunction with the multidisciplinary team.</p>	<p>A B C E F G H J O</p> <p>A D E H I J L O</p> <p>A D I L M</p>	<p>A B C G</p> <p>A B C D F G I J</p> <p>A D F J</p>	<p>Observation by independent observer and judged to be satisfactory</p> <p>Satisfactory trainer's report and training record</p> <p>Attaining the Diploma in GU Medicine by end of year 2</p>

31: To correctly carry out specialist assessment, treatment and management of haematological presentations of HIV disease independently in an adequately provided working environment

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: Investigations and management of anaemia, neutropenia, thrombocytopenia and pancytopenia Investigations and management of a pyrexia of unknown origin Diagnosis and management of disseminated <i>Mycobacterium avium</i> complex (MAC)</p> <p>S- Correctly diagnose and manage the above conditions. Explain the diagnosis and management clearly to the patient. Refer to/liase with other specialties when appropriate</p> <p>A. Display tact, empathy, respect and concern for patients. Be non judgemental. Work in conjunction with the multidisciplinary team.</p>	<p>A B C E F G H J</p> <p>A D E H I J L</p> <p>A D I L M</p>	<p>A B C G</p> <p>A B C D F G I J</p> <p>A D F J</p>	<p>Observation by independent observer and judged to be satisfactory</p> <p>Satisfactory trainer's report and training record</p> <p>Attaining the Diploma in GU Medicine by end of year 2</p>

32: To provide the trainee with the knowledge, skills and attitudes of genitourinary medicine clinic management

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: Coding for KC60/ISD(D)5 and production of the KC60 returns Management of clinic defaulters Use of computers in relation to the running of GUM clinics (appointments, KC60 returns, attendance data, contracting, changes in clinic case mix, HIV databases) Use of computers for cytology recall and fail-safe mechanism</p> <p>S- Competently perform all of above Competent use of databases</p> <p>A- Demonstrate willingness to report for national statistics</p>	<p>A B E F J</p> <p>A D E J</p> <p>A</p>	<p>C</p> <p><i>C D</i></p> <p><i>J</i></p>	<p>Satisfactory trainer's report and training record</p>

33: To provide the trainee with the knowledge and skills of epidemiology

Subject matter	Teaching/learning methods suggested	Assessment	Evidence of competence
<p>K- Be able to explain: The principles of epidemiology and public health The epidemiology of sexually transmitted, and other genital, infections and HIV Awareness of national and local data collection methods, and their limitations Notifiable diseases</p> <p>S- Assess an individuals risk Encourage participation in disease prevention or screening programmes</p> <p>A- Demonstrate willingness to report to national and local databases. Balance the positive and negative aspects of screening and prevention. Respect patient choice</p>	<p>A B C E F G J</p> <p>A D H J L</p> <p>A D</p>	<p>G</p> <p><i>A C F G</i></p> <p><i>A C D F I</i></p>	<p>Attaining the Diploma in GU Medicine by end of year 2</p> <p>Satisfactory trainer's report and training record</p>

Facilities

Training centres must have the minimum facilities listed below. It is recognised that some facilities such as in-patient HIV experience, colposcopy training, contraception, vulval disease clinics etc, may not be available at all centres. Rotations should be organised to provide such experience in at least one centre. For some skills the trainee may be sent on courses held at other centres.

- Adequate office space for the trainee with access to word processing, the Internet and library facilities
- Approximately 3,000 new presentations per year with a case mix representing all the common genitourinary infections seen in the UK in at least one part of the rotation
- Laboratory facilities capable of diagnosing all the common sexually transmitted infections (STIs) These should include:
 - Serological tests for syphilis, HIV, and viral hepatitis
 - Identification tests for *N gonorrhoeae*, *C trachomatis*, *T vaginalis*, *C albicans* (and other yeasts), and herpes viruses.
- Facilities for admitting GUM problems requiring in-patient care
- Dedicated special interest clinics such as HIV, colposcopy. Other optional clinics could include vulval, psychosexual, erectile dysfunction, contraception, and special problem clinics. Facilities for training in other related specialties (or to refer trainees to other departments) to fulfil individual needs of trainees.
- On call commitments for HIV emergencies and inpatients for a minimum of six months, with a rotation of no less than 1 in 7 or 4 nights per month. In less busy units the period of on call may need to be increased to ensure adequate experience and skills have been gained. The preferred option for on call experience is to have on-call duties for both GUM and HIV emergencies and inpatients for the full four years of higher medical training.

Rotation

It is envisaged that training will take place at more than one centre and training programmes ideally could include rotation to widen experience. It is essential for trainees to obtain inpatient HIV and on-call experience in at least one part of their training programme.

Outline of training

Years 1 & 2

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

- Epidemiology, diagnosis, and clinical management of common genitourinary infections
- Diagnosis and management of the complications of common genitourinary infections
- Human Immunodeficiency Virus (HIV) testing
- Care of patients with HIV infection
- Advice regarding contraception
- The issues relating to counselling and partner notification
- Research methods (including statistics), and possibly to initiate research projects
- The gynaecological module for MRCP diploma holders who have not already acquired that experience
- Depending on individual needs, parts of this programme can be deferred to years 3 & 4.

Normally by the end of year 2 the trainee should have attained the Diploma in GU Medicine. In exceptional circumstances this may be deferred until year 3.

Years 3 & 4

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

- Epidemiology, diagnosis, and clinical management of common genitourinary infections
- Diagnosis and management of the complications of common genitourinary infections
- Human Immunodeficiency Virus (HIV) testing
- Care of patients with HIV infection including antiretroviral prescribing and in-patient care

The remainder of the time should be divided into:

- Developing special interests (e.g. colposcopy, vulval clinics)
- Learning management skills
- Audit
- Developing teaching skills
- Research
- Overseas experience can be incorporated in this period

By the end of year 3 the trainee should have attained the Diploma of the Faculty of Family Planning.

It is understood that local conditions may determine the order in which some of these are taught. The aim is to train genitourinary medicine physicians with sufficient knowledge and skill mix to allow them to pursue a career in both the NHS and academic GUM. The detailed curriculum document thus provides an overall guide to the knowledge and skills considered **essential**, and those considered **optional** for attaining that goal.

Essential experience

General STD

Trainees should do between 5 - 7 general GUM (3.5 hour) sessions per week in years one and two and 2 - 4 general GUM clinics in years three and four. Adequate time for other training activities must be set aside.

HIV infection

Trainees should do a minimum of one HIV outpatient clinic (or equivalent) per week. On call commitments for HIV emergencies and inpatients should be for a minimum of six months, with a rotation of no less than 1 in 7 or 4 nights per month. Attendance at bronchoscopy, MR/CT scans, and GI endoscopy, particularly of HIV patients, should be encouraged.

Trainees must normally obtain the Diploma in Genitourinary Medicine by the end of year 2. In exceptional circumstances this may be deferred until year 3.

Contraception

Trainees must attend a theoretical and practical course in contraception and obtain the Diploma of the Faculty of Family Planning (DFFP) by the end of year 3.

Colposcopy

Unless previously gained in General Professional Training, the trainee should attend four colposcopy clinics with an experienced colposcopist. The basic training is detailed in Appendix 1. For those wishing to perform colposcopy full training and accreditation must be obtained. The British Society for Colposcopy and Cervical Pathology (BSCCP) administers the training programme for accreditation in colposcopy.

Dermatology

Trainees should attend weekly dermatology clinics for at least three months (or equivalent) unless they have equivalent previous experience.

Laboratory Methods

Trainees should spend the equivalent of 2 weeks in the laboratory in order to gain this experience.

Epidemiology/Public Health

Training in the principles of epidemiology and public health should be covered by attending a specific course (such as the MSSVD course) or by in-house training.

Management

Trainees should attend at least one management course.

They should be involved with the day-to-day management of the clinic including organisation of clinic rota and departmental meetings and audit meetings. They should sit in on decision making meetings in order to become familiar with management issues.

In years 3-4 they should be involved in KC60/ISD(D)5 diagnosing and management of clinic defaulters.

Audit

Trainees must attend these meetings. Trainees should organise intra and inter departmental audit meetings and perform at least one audit project.

Research

The trainee should receive basic training in research methods including simple medical statistics. It is envisaged that the second year is the optimum time to initiate research. The trainee may wish to take a whole year (or more) off for full time research, or to spread research over a number of years. Trainees should be encouraged to pursue research towards a higher degree (MD or PhD) though only one year of research can be counted towards HMT. Special protected time of one session per week (or equivalent) should be set aside for research in years 2-4.

Teaching

The trainees should be actively involved in in-house teaching (case presentations, update of GUM diseases); teaching of general practitioners, nurse/midwives, undergraduates, postgraduates; liaison with voluntary organisations. Attendance at courses on teaching and educational methods (local or national) should be encouraged.

Gynaecology (for MRCP holders)

MRCP holders who have not held a six months post in gynaecology or obstetrics and gynaecology during their GPT will need to gain the requisite gynaecology experience as defined in Appendix 1, usually during the first two years of their training programme.

Courses

The following courses are recommended for all trainees. A degree of flexibility needs to be exercised depending on availability of courses and the trainees other commitments

ESSENTIAL

- Management training
- Family Planning and contraception

Highly desirable

- The MSSVD course in Genitourinary Medicine, HIV Infection and Sexual Health, or The University of Liverpool course in Genitourinary Medicine or SAC approved local equivalent

DESIRABLE

- Research methodology including statistics
- Teaching course
- The MSc in STI at the Department of Sexually Transmitted Diseases at UCL

Meetings

Attendance at the Friday evening, national and international meetings of the Medical Society for the Study of Venereal Diseases (MSSVD) should be encouraged. **Trainees should attend at least one such meeting annually.** Other approved and appropriate meetings that trainees could be encouraged to attend are:

- MSSVD Special Interest Groups meetings
- MSSVD Junior Doctors Weekend
- International Union against Sexually Transmitted Infections (IUSTI)
- International Society for Sexually Transmitted Disease Research (ISSTD)
- British HIV Association (BHIVA)
- European AIDS clinical meetings
- International AIDS meetings
- BSCCP and GUM Colposcopy Group meetings
- International Society for the Study of Vulval Diseases
- British Society for the Study of Vulval Diseases
- Faculty of Family Planning meetings

Optional Experience

Trainees should be encouraged to acquire certain other skills and expertise depending on their own interests. Facilities for these should be provided, wherever possible, locally. If this is not possible the trainee should be assisted in attending relevant courses or another clinic where these skills are available. As far as possible, optional experience should be built in on an individual basis in the training and rotational programme. Attainment of special skills in the following is particularly recommended:

Vulval diseases

Trainees may attend special vulval clinics. This should be in addition to the general dermatology clinics and not instead of.

Colposcopy

Training guidelines and skill levels to be achieved are provided by the BS CCP. Supervised experience in the treatment of cervical neoplasia may also be included.

Psychosexual medicine and erectile dysfunction clinics

Specialist registrars interested in managing sexual dysfunction require both theoretical knowledge and practical experience in dealing with common problems such as erectile dysfunction, premature ejaculation, loss of sexual interest and arousal, vaginismus and anorgasmia. The MSSVD sub-group for sexual dysfunction provides theoretical training. The trainee should also gain clinical experience in all aspects of sexual dysfunction, ideally within a multidisciplinary team and weekly for 12 months.

Overseas experience

Approved overseas training should be encouraged, in particular to learn about tropical STIs. Up to six months can be allowed towards certification and should be approved by the SAC prior to taking up any such post.

Related Experience

The following may be included to give additional relevant experience:

- Clinical Immunology
- Infectious Diseases and Tropical Medicine
- Psychiatry
- Rheumatology
- Radiological imaging
- Respiratory Medicine
- Medical Microbiology
- Public Health Medicine/Epidemiology

APPENDIX 1

Gynaecological training guidelines

Aims

To ensure that MRCP trainees have a broad knowledge of and competence in the management of the common gynaecological conditions seen in women presenting to Genitourinary Medicine (GUM) departments.

Objectives

To ensure that MRCP trainees have adequate training, necessary skills and overall competence in the management of relevant obstetric and gynaecological problems.

DURATION AND ORGANISATION OF TRAINING

Trainees with MRCP may obtain their gynaecological training by:

- 1 Completing a six month post as Senior House Officer in either gynaecology or Obstetrics and Gynaecology before embarking on higher medical training in GUM. Trainees should monitor their knowledge and competence by reaching the standards set out within the basic logbook of the Royal College of Obstetricians and Gynaecologists (RCOG). The logbook should be reviewed by the Training Programme Director at the start of the higher

medical training in GUM. Assistance should be given, where necessary, to ensure that the MRCP trainee has attained the minimum competence level expected at the end of the first six months of basic training in Obstetrics and Gynaecology. The DRCOG examination may be undertaken at this time. This is the preferred option.

- 2 Undertaking a programme of gynaecological training equivalent to six to eight weeks during the first two years of higher medical training in GUM. Trainees should monitor their knowledge and competence by reaching the standards set out within the modified logbook, which is based on those prepared by the RCOG. The Training Programme Director will regularly review the logbook during the annual assessment of higher medical training.
- 3 Clinic attachment is acceptable as long as the objectives are still fulfilled. There is flexibility as to how this may be undertaken, but it should include outpatient, theatre and out of hours experience.

The Diploma of the Faculty of Family Planning and Reproductive Health Care (DFFP) is an essential requirement for trainees in GUM enabling them to have a broad understanding of contraceptive methods and their application in clinical practice. However, it is not essential for trainees to have acquired this qualification in advance of their entry into the speciality.

SYLLABUS

Knowledge

1. Disorders of menstruation, dysmenorrhoea, menorrhagia, intermenstrual and post-coital bleeding. Diagnosis and management.
2. Infertility and subfertility - causes and approaches to diagnosis and treatment.
3. Contraception - methods, side effects, indications and contraindications.
4. Disorders of early pregnancy – interpretation of bleeding in early pregnancy; ectopic pregnancy; risk and treatment of infections.
5. Middle and late pregnancy - knowledge of expected and normal phenomena in order to refer women with abnormalities.
6. Prescribing in pregnancy and the puerperium.
7. Abdominal and pelvic pain - differential diagnosis. Approaches to management of acute and chronic pelvic pain. Diagnosis and management of endometriosis. Diagnosis of the acute abdomen. Management of severe intra-abdominal sepsis.
8. Uterine neoplasia - epidemiology of cervical and endometrial neoplasia. Recognition of early symptoms and signs. Value and limitations of cervical cytology and colposcopy. Approaches to the staging and management of frank neoplasia.
9. Ovarian neoplasia - simple classifications of common benign and malignant cysts and tumours. Diagnosis and management.
10. Vulval problems - simple classifications of dystrophies; vulval neoplasia, pruritus vulvae, vulvodynia.
11. Vaginal discharge - especially non-infective causes and discharge presenting in women and children outside reproductive years.
12. Therapeutic abortion - the legal situation, indications and methods, counselling.
13. Psychosexual problems
14. Other areas - common congenital malformations of the genital tract - uterine displacement/prolapse. Indications, complications and side effects of common gynaecological procedures.

Skills

The trainee should attain clinical, technical and allied skills pertinent to the management of women presenting with common gynaecological problems.

Attitudes

The trainee should develop a non-judgemental and non-discriminatory approach when working with patients and liaising with other staff.