

**Genitourinary Medicine Training ARCP Decision Aid – minimal standards for ARCP (satisfactory progress) outcome**

Core Training

	<b>RITA Month 8</b>	<b>RITA Month 16</b>	<b>RITA Month 23</b>
<b>Emergency Presentations</b>	Some experience of all	Level 1 competent in all	Level 1 competent in all
<b>Top 20 Presentations</b>	Some experience of 1/2 (mini-CEX / CbD / ACAT evidence)	Level 1 competent in 1/2 (mini-CEX / CbD / ACAT evidence) Some experience of all	Level 1 competent in all (mini-CEX / CbD / ACAT evidence)
<b>Other Presentations</b>	Level 1 competent in 1/2 relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)	Level 1 competent in 1/2 relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)	Level 1 Competent in all relevant to specialties experienced so far (mini-CEX / CbD / ACAT evidence)
<b>Procedures</b>	Competent in all procedures relevant to specialties experienced so far (DOPS evidence)	Competent in all procedures relevant to specialties experienced so far <b>and</b> Competent in 1/2 of all procedures (DOPS evidence)	Competent in all procedures (DOPS evidence)
<b>Generic Competencies (Focus areas)</b>	Some experience of 1/2 of Mandatory Level 1 Competency Focus Areas (mini-CEX / CbD / ACAT evidence)	Some experience of all Level 1 areas Level 1 competent in 1/2 (mini-CEX / CbD / ACAT evidence)	Level 1 competent in all Level 1 Competency Focus areas Some experience of 1/2 of Level 2 Competency Focus areas (mini-CEX / CbD / ACAT evidence) Satisfactory progress in MSF
<b>Examinations</b>	-	Review MRCP (UK) Part I progress	MRCP (UK) Part I
<b>ALS</b>	Valid	Valid	Valid
<b>Minimum number of workplace assessments</b>	Minimum of 3 ACATs should be done per year (aiming for 6 per year) + min of 4 mini-CEX per year + min of 4 CbD per year + DOPS until independence in procedures demonstrated + 1 MSF per year		
<b>Events giving concern</b>	The following events occurring at any time may trigger review of trainee's progress and possible remedial training: issues of professional behaviour; poor performance in work-place based assessments; poor MSF performance; issues arising from supervisor report; issues of patient safety		

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**Genitourinary Medicine Specialist Training**

	<b>ST3 RITA</b>	<b>ST4 RITA</b>	<b>ST5 PYA</b>	<b>ST6 RITA</b>
<b>Generic competencies</b>	Competent in number of Level 2 Focus Areas proportional to total time of training from ST3 to CCT, and competent in ALL Level 2 Focus Areas by final year RITA (MSF / mini-CEX / Cbd / PS evidence)			
<b>"Top 20" GUM presentations</b>	Some experience of 50% of presentations evidenced by miniCEX or CBD	Competent in 50% of presentations evidenced by miniCEX or CBD	Competent in 75% of presentations evidenced by miniCEX or CBD	Competent in managing 100% of presentations by miniCEX or CBD
<b>"Top 15" HIV presentations</b>	Some experience of 50% of presentations evidenced by miniCEX or CBD	Competent in 50% of presentations evidenced by miniCEX or CBD	Competent in 75% of presentations evidenced by miniCEX or CBD	Competent in managing 100% of presentations by miniCEX or CBD
<b>Examinations</b>	MRCP(UK) Diploma	Diploma in GUM		
<b>MSF</b>	Satisfactory		Satisfactory	
<b>Minimum number of work place assessments</b>	4 mini-CEX 4 CBD	4 mini-CEX 4 CBD	4 mini-CEX 4 CBD	4 mini-CEX 4 CBD
<b>Additional training:</b>	<b>By local arrangement</b>			
Dermatology	Participation in suitable number of additional training attachments and events proportional to total time of training and appropriate to local training programme arrangements.			Participation in all additional training attachments and events
Obstetrics & Gynaecology				
Medical microbiology				
Management training				
Public Health, incl.				
D-i-Training weekend				
SpR regional meetings				
Courses, seminars				
Conferences				
Other				

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### "Top 20"

#### Common GU presentations

Male discharge  
Vaginal discharge  
Genital ulceration  
Pelvic pain  
Genital lumps  
Treponemal serology  
Hepatitis B serology  
Hepatitis C serology  
Sexual assault  
Suspected child sexual abuse  
Emergency contraception  
HIV PEPSE  
Chronic GU problem Mx  
Genital dermatoses  
Scrotal pain/abnormal lumps  
Abnormal cervical cytology

#### Other GU topics for assessment

KC60 coding scenarios  
Analysis of KC60/KH09 data  
STI cluster/outbreak Mx  
GUM CG discussion/audit  
48h access data

### "Top 15"

#### Common HIV presentations

Newly-diagnosed  
Starting HAART  
Switching HAART  
Adherence discussion  
ARV resistance  
ARV complications  
PUO  
Breathlessness  
Neurological presentations  
HIV pregnancy issues  
Terminal/palliative care

#### Other HIV topics for assessment

SOPHID data collection & interpretation  
HIV CG discussion/audit