

SPECIALTY TRAINING CURRICULUM

FOR

GENITO URINARY MEDICINE

MAY 2007

Joint Royal Colleges of Physicians Training Board

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RATIONALE

(a) Purpose of the curriculum:

The outcome of training will be a specialist in Genito Urinary Medicine. The Genito Urinary Medicine Specialist Training curriculum is intended to guide and support training for the award of a Certificate of Completion of Training (CCT) in Genito Urinary Medicine (GUM).

The training will begin after a period of Foundation Training (F1 and F2) followed by a period of Core training and integrated specialty training that will normally take 6 years (core training Years 1 and 2 and specialty training Years 3 to 6). The curriculum describes the essential or core requirements needed by all Genito Urinary Medicine physicians who wish to practise as a consultant in the UK. There is also provision for trainees to extend their learning beyond the core curriculum in particular areas as part of one or more trainee Selected Components.

The essential, or core, requirements are described by a series of learning outcomes clustered into 23 domains of clinical practice. These are derived from a description of what a consultant physician in Genito Urinary Medicine, as a health care professional in the UK, is able to do and how they approach their practice.

A consultant physician in Genito Urinary Medicine in the UK is able to assess a patient clinically, order and interpret appropriate investigations and then manage the patient's clinical care based upon an understanding of basic and clinical sciences. S/he is competent in a range of practical skills. S/he is able to communicate effectively with a patient and other individuals important in that patient's care and practise with appropriate attitudes and ethics.

As a healthcare professional working in a multidisciplinary team, a consultant physician in Genito Urinary Medicine is aware of the doctor's role within the health and social services and is able to manage information effectively, efficiently and confidentially. S/he exercises appropriate decision making skills, clinical reasoning and judgement and is able to engage in health promotion and disease prevention and clinical teaching.

A consultant physician in Genito Urinary Medicine is aware of her/his limitations in terms of knowledge, experience and skills and always practises within these limits. S/he is prepared to refer patients to other practitioners where appropriate, whether for diagnosis, treatment or support. S/he has an aptitude for and commitment to continuing personal development.

(b) Development and validation:

The curriculum was developed as follows:

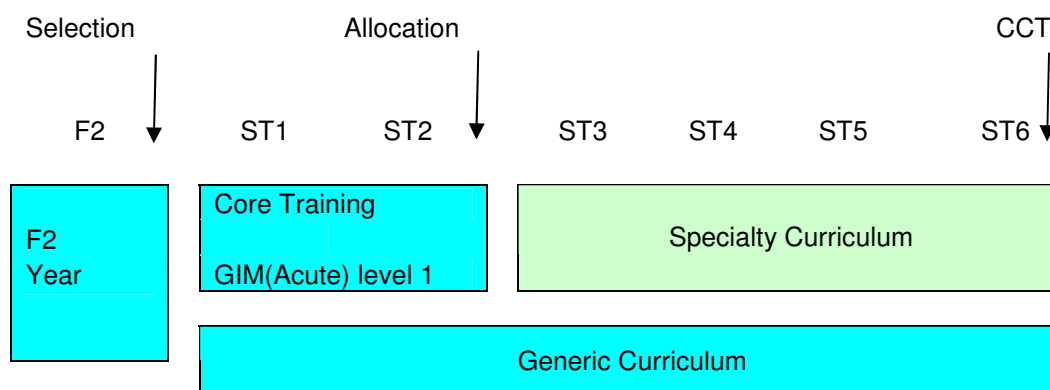
1. The existing Basic Specialist Training (BST) and Higher Medical Training curricula, in use since 1999 provided a foundation.
2. The content of the curriculum and the teaching/learning methods described were chosen by the Specialist Advisory Committee (SAC) in Genito Urinary Medicine. Regular meetings were held by the SAC involving all relevant stakeholders (guidance was given by the Joint Committee on Higher Medical Training and officials from PMETB). The curriculum was drawn up and approved by the SAC and submitted for approval by the JRCPTB. The majority of the SAC are teachers, trainers and trainees in the specialty. The SAC includes representatives of the Royal Colleges of Physicians, The Royal College of Obstetrics & Gynaecology, the specialist society – the British Association for Sexual Health and HIV (BASHH), a SpR in Genito Urinary Medicine and the Lead Dean for the Specialty.

(c) Appropriateness:

The curriculum is appropriate for trainees preparing for practice as a consultant physician in Genito Urinary Medicine in the UK. The curriculum will allow further training which will enable them to offer a special interest in Clinical Infection.

This specialty curriculum is complementary to the generic curriculum which applies to all 28 physicianly specialities. The generic curriculum follows the headings of good medical practice and runs through from core training to CCT (see fig). Trainees should read and understand both their specialty curriculum and the generic curriculum. Both curricula should be seen as integrated so that generic competencies are acquired at all stages of specialty training. Some generic components are also further expanded and deepened for some specialties (eg palliative medicine). When planning specialty programmes, deaneries and trainers should ensure that both specialty and generic competencies can be acquired and assessed.

Diagrammatic representation of specialty and generic curricula with GIM (acute) level 1 curriculum



(d) Linkages:

Entry into specialist training will be from one of two routes:

1. Selection follows foundation training in the UK (F1 and F2 posts). It is anticipated that most trainees will enter from this route. Trainees will enter core training (core medical training – CMT or acute care common stem – ACCS). The curriculum contained in years ST1 and ST2 incorporates the run-through grade follows on from the Foundation Curriculum. The specialty curriculum covering years ST3 to ST6 follows on from the core training curriculum. This will provide the competencies to the level of CCT. The JRCPTB generic curriculum complements both the specialty and core medical training curricula, and runs through from F2 to CCT.
2. Entering after specialist training in Obstetrics and Gynaecology (trainees will need to acquire acute medical competencies. The curriculum will build on the competencies acquired during O&G training. Appropriate experience may be required during specialty training to acquire medical competencies.

The curriculum assumes that trainees will have achieved basic generic skills as a doctor as described in Good Medical Practice (see generic curriculum JRCPTB)

After completing specialist training in Genito Urinary Medicine and having been awarded a CCT in the specialty the curriculum will have prepared the doctor to:

- Continue with their continuing professional development.

- Engage with appraisal and revalidation.
- Review their practice in light of Good Medical Practice.
- Identify their learning needs and goals to develop further specialised practice.

(e) Programmes

The curriculum will be achieved by completing the necessary specialty posts within training programmes. Until 2007 these posts will be at SHO and specialist registrar level. From August 2007 many of these SHO and Specialist Registrar posts will be incorporated into years ST1 through to ST6; with ST1 and ST2 covering acute medicine level 1 curriculum and ST3 through to ST6 the specialist curriculum for training in Genito Urinary Medicine. Trainees with no prior training in gynaecology will be required to undertake selected aspects of training in that discipline to achieve the required competencies.

The curriculum will be delivered through a sequence of educationally approved posts in a training rotation. These will deliver all aspects of the curriculum. Before approval of a post is recommended to PMETB, these will be thoroughly scrutinised by the SAC.

Duration of Training

Although this curriculum is competency based, the duration of training must meet the European minimum of 4 (four) years for post registration in full time training adjusted accordingly for flexible training (EU directive 93/16/EEC requires that flexible training can be no less than 50% whole time equivalent). The SAC has advised that training from ST1 will usually be completed in 6 (six) years in full time training.

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 is 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 hour's 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

Trainees who wish to acquire extensive research competencies, in addition to those specified in the generic element of the curriculum, may undertake a research project as an ideal way of obtaining those competencies, all options can be considered including taking time out of programme to complete a specified project or research degree. Time out of programme needs prospective approval from the SAC and the support of the Postgraduate Dean. Funding will need to be identified for the duration of the research period. A maximum period of 3 years out of programme is allowed

CONTENT OF LEARNING

The trainee will follow the specialty training curriculum. Specialty specific generic skills, as defined in this curriculum, will be acquired during specialist training. The generic curriculum, for the medical specialties, includes general professional content, and is set out within the domains of Good Medical Practice. The specialty curriculum identifies competencies which are expressed as the knowledge, skills, attitudes and behaviours that trainees must achieve.

ST3 and ST4

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.

ST5 and ST6

In these years the basic competencies in 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

INDEX OF LEARNING OBJECTIVES:

1. To detect genital tract infections.
2. To correctly carry out the following:
 - a) specialist assessment and management of genitourinary and associated conditions.
 - b) specialist assessment, treatment and management of genital discharge and associated conditions.
 - c) specialist assessment, treatment and management of genital ulcer disease.
 - d) specialist assessment, treatment and management of genital human papillomavirus infection and associated conditions.
 - e) specialist assessment (and referral if necessary) of viral hepatitis.
 - f) specialist assessment, treatment and management of genital infestations.
 - g) specialist assessment, treatment and management of adults who have been sexually assaulted.

- h) specialist assessment, treatment and management of genital infections in pregnant women, in conjunction with appropriate colleagues.
- i) specialist assessment, treatment and management of genital infections in newborn, infants and children, in conjunction with appropriate colleagues.
- j) specialist assessment, treatment and management of vulvovaginitis and balanitis.
- k) specialist assessment, treatment and management of contraception.
- l) HIV counselling and testing.
- m) identify the need for, and prescribe, post-exposure prophylaxis against HIV.
- n) specialist assessment, treatment and management of asymptomatic HIV disease, and to correctly prescribe antiretroviral therapy.
- o) specialist assessment, treatment and management of the respiratory presentations of HIV disease.
- p) specialist assessment, treatment and management of the gastrointestinal presentations of HIV disease.
- q) specialist assessment, treatment and management of the neurological presentations of HIV disease.
- r) specialist assessment, treatment and management of the dermatological presentations of HIV disease
- s) specialist assessment, treatment and management of the haematological presentations of HIV disease

3. To provide the trainee with the following:

- a) knowledge, skills and attitudes to correctly carry out specialist assessment, treatment and management of HIV-associated malignancies and palliative care of HIV disease.
- b) knowledge, skills and attitudes of Genito Urinary Medicine clinic management.
- c) knowledge and skills of epidemiology.

1: Learning Objective: To correctly carry out specialist assessment and management of genitourinary and associated conditions.		
Knowledge	Skills	Attitude and Behaviours
SEXUAL HISTORY: <ul style="list-style-type: none"> • Explain different types of sexual behaviour and risks of infections associated with them. • Identify presentations of psychosexual problems and when appropriate to refer for treatment. 	<ul style="list-style-type: none"> • Take a relevant detailed sexual history. • Communicate with patients in an appropriate manner. • Recognise psychosexual problems and refer appropriately. 	<ul style="list-style-type: none"> • Display tact and empathy. • Respect patient confidentiality. • Be non-judgemental.

<p>GENITAL EXAMINATION:</p> <ul style="list-style-type: none"> • Describe the anatomy and physiology of the genital tract. • Describe the pathophysiological basis of clinical signs. • Explain when it is appropriate to examine extra-genital sites. 	<ul style="list-style-type: none"> • Explain procedure to patient. • Ensure consent for examination. • Elicit physical signs with minimal discomfort to patient. • Use instruments skilfully. 	<ul style="list-style-type: none"> • Be aware of patient dignity. • Take into account ethnic and sexuality issues. • Identify need for chaperone.
<p>ADVICE ABOUT SAFER SEXUAL PRACTICES:</p> <ul style="list-style-type: none"> • Identify types of sexual behaviour and risks of infection associated with them. 	<ul style="list-style-type: none"> • Give clear information to patients. • Advise on appropriate changes. 	<ul style="list-style-type: none"> • Be non-judgemental.
<p>INITIATE PARTNER NOTIFICATION WHEN APPROPRIATE:</p> <ul style="list-style-type: none"> • Identify for which infections partner notification is relevant. • Identify methods of partner notification. • Explain the 2000 Sexually Transmitted Diseases Act. 	<ul style="list-style-type: none"> • Explain reasons for partner notification clearly to patients. 	<ul style="list-style-type: none"> • Work in conjunction with Health Advisors.

2: Learning Objective: To detect genital tract infections.		
Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain culture and identification of bacteria, fungi and viruses pertinent to GUM. • Explain DNA amplification techniques and their advantages and limitations. • Explain antigen and antibody tests and their role in the diagnosis of sexually transmitted infections. • Explain the uses and limitations of type specific HSV serology. • Explain the interpretation of results with respect to sensitivity, specificity and the interrelationship of predictive values with population prevalence. • Explain the difference between diagnostic testing and screening. 	<ul style="list-style-type: none"> • 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. • Perform wet-mount microscopy and interpret the findings. • Correctly interpret serological tests. 	<ul style="list-style-type: none"> • Establish rapport with laboratory staff.

3: Learning Objective: To correctly carry out specialist assessment, treatment and management of genital discharge and associated conditions.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • 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. • Explain the aetiology and management of chlamydia negative non-gonococcal urethritis and chronic urethritis. Aetiology and management of rectal and pharyngeal infections. • Explain the diagnosis and management of disseminated gonococcal disease. • Explain the diagnosis, natural history and management of pelvic inflammatory disease (PID). • Explain the diagnosis and management of epididymitis and prostatitis. • Explain the diagnosis, natural history and management of sexually acquired reactive arthritis (SARA or Reiter's syndrome). • Explain the 	<ul style="list-style-type: none"> • Take a relevant history, perform an appropriate examination, and obtain the necessary specimens for microbiological testing. • Explain the diagnosis and management clearly to the patient. • Communicate with other specialties when appropriate. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with nurses and Health Advisors.

<p>diagnosis and management of LGV proctitis.</p> <ul style="list-style-type: none">• Explain the investigations and management of urinary tract infections.		
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4: Learning Objective: To carry out specialist assessment, treatment and management of genital ulcer disease.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the natural history and management of early syphilis. • Explain the diagnostic methods and management of complicated late syphilis (gumma, cardiovascular, neurological) and the management of an asymptomatic patient with positive treponemal serology. • Identify the reasons for antenatal screening for syphilis. • Describe the diagnosis and management of lymphogranuloma venereum, donovanosis and chancroid. • Explain the natural history and management of anogenital herpes simplex virus infections, psychosexual complications and indications for suppressive therapy. • Explain the management of herpes in pregnancy. • Describe the diagnosis and management of non-infective causes of genital ulcers such as Behcet's syndrome. • Explain the epidemiology, 	<ul style="list-style-type: none"> • Take a relevant history, perform an appropriate examination, and obtain the necessary specimens for microbiological testing, including dark-field microscopy. • Explain the diagnosis and management clearly to the patient. • Communicate with other specialties when appropriate. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with nurses and Health Advisors.

diagnosis and management of squamous cell carcinoma of the penis and vulva.		
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5: Learning Objective: To correctly carry out specialist assessment, treatment and management of genital human papillomavirus infection and associated conditions.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the natural history, diagnosis, and management of human papillomavirus infection. • Explain the natural history, diagnosis, and management of cervical intra-epithelial neoplasia (CIN), and other HPV-related lower genital tract malignancies. • Explain the NHS cervical screening programme. • Explain the interpretation of cytology, colposcopy and histological findings. • Explain the role of colposcopy and biopsy in diagnosis and management of cervical cellular abnormality. • Explain the treatment options available. • Describe the use of colposcopy at other anogenital sites. • Describe the natural history, diagnosis, and management of molluscum contagiosum. • 	<ul style="list-style-type: none"> • Take a relevant history, perform an appropriate examination. • Explain the diagnosis and management clearly to the patient. • Perform competently one of either: curettage, diathermy, scissor excision or laser for the treatment of genital warts. • Perform competently cervical cytology. • Communicate with other specialties when appropriate. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with nurses and Health Advisors.

6: Learning Objective: To correctly carry out specialist assessment (and referral if necessary) of viral hepatitis.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the natural history, diagnosis and management of hepatitis A. • Explain the natural history, diagnosis and management of hepatitis B. • Explain the natural history, diagnosis and management of hepatitis C. • Explain the natural history, diagnosis and management of other viral causes of hepatitis. • Explain the treatment, or when to refer for treatment, of chronic hepatitis B and C when appropriate. • Explain the indications for, technique and follow-up of immunisation for hepatitis A and B. 	<ul style="list-style-type: none"> • Competently refer to appropriate agencies if available locally. • If above unavailable, take a relevant history, perform an appropriate examination, and obtain the necessary specimens for serological testing, and for liver function tests. • Explain the diagnosis and management clearly to the patient. • Communicate with and to refer to other specialties when appropriate. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with nurses and Health Advisors.

7: Learning Objective: To correctly carry out specialist assessment, treatment and management of genital infestations.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the diagnosis and management of scabies. • Explain the diagnosis and management of pediculosis pubis. 	<ul style="list-style-type: none"> • Take a relevant history, perform an appropriate examination, and if necessary to take specimens for microbiological testing. • Explain the diagnosis and management clearly to the patient. • Communicate with other specialties when appropriate 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with nurses and Health Advisors.

8: Learning Objective: To correctly carry out specialist assessment, treatment and management of adults who have been sexually assaulted.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the importance of timing of forensic examination. • Explain the chain of evidence procedure. • Explain the treatment or prophylaxis of infections, HIV counselling and post-exposure prophylaxis, and post-coital contraception are indicated. 	<ul style="list-style-type: none"> • 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. • To refer onto local voluntary organisations to provide on-going support. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • To respect patient dignity. • To justify the need for a chaperone. • Work in conjunction with nurses and Health Advisors.

9: Learning Objective: To correctly carry out specialist assessment, treatment and management of genital infections in pregnant women, in conjunction with appropriate colleagues.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the diagnosis, complications, treatment and management of sexually transmitted infections and other genital infections in pregnancy. • Explain mother-to-child transmission of HIV, and how the risk of infection to the child can be reduced. • Explain the use of antiretroviral drugs in pregnancy. • Explain the diagnosis, treatment and management of sexually transmitted pathogens in the newborn. 	<ul style="list-style-type: none"> • Take a relevant history, perform an appropriate examination, and obtain the necessary specimens for microbiological testing. • Explain the diagnosis and management clearly to the patient. • Prescribe and monitor appropriate antiretroviral therapy. • Communicate with other specialties when appropriate. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with nurses and Health Advisors, obstetricians and paediatricians.

10: Learning Objective: To correctly carry out specialist assessment, treatment and management of genital infections in newborn, infants and children, in conjunction with appropriate colleagues.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the diagnosis, treatment and management of sexually transmitted pathogens in the infants. • Explain the diagnosis, treatment and management of sexually transmitted pathogens in the children. • Explain the multidisciplinary management of children with genital infections. • Explain Fraser competence. • Explain the chain of evidence procedure. • Identify the local Safe Guarding Children's Board on Committee procedures and protocol. • Awareness of child sexual abuse and exploitation, particularly of adolescents • Identify national guidelines and policies. • Prescribing in children. 	<ul style="list-style-type: none"> • Take a relevant history, perform an appropriate examination, and obtain the necessary specimens for microbiological testing. • Explain the diagnosis and management clearly to the patient. • Be alert to the possibility of child abuse. • Communicate with other specialties when appropriate. • Be able to assess competency in Fraser guidelines. • Ability to liaise with child protection services and refer as appropriate. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in a team with nurses, health advisors, obstetricians, paediatricians and GUM physicians. • Be aware of limitations of their own expertise.

11: Learning Objective: To correctly carry out specialist assessment, treatment and management of vulvovaginitis and balanitis.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the diagnosis and management of infective causes of vulvovaginitis and balanitis. • Explain the 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. • Explain the diagnosis and management of squamous intraepithelial lesions and of squamous cell carcinoma of the vulva, penis and anus, 	<ul style="list-style-type: none"> • Take a relevant history, perform an appropriate examination, and obtain the necessary specimens for microbiological testing. • Explain the diagnosis and management clearly to the patient. • Communicate with and refer to other specialties when appropriate. • Be competent in performing skin scrapings for mycology, and skin biopsy. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with nurses and Health Advisors.

12: Learning Objective: To correctly carry out specialist assessment, treatment and management of contraception.		
Knowledge	Skills	Attitude and behaviour
<ul style="list-style-type: none"> • Explain the different methods of contraception available. • Explain the indications and contraindications for each method. • Explain the side-effects of each method. • Explain the indications and methods of post-coital contraception. • Describe the issues relating to termination of pregnancy. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.

13: Learning Objective: To correctly carry out HIV counselling and testing.		
Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the laboratory tests used to diagnose HIV infection. • Explain the risk factors for HIV infection. • Explain the relevant issues for someone undergoing HIV testing. • Explain the relevant issues for a women undergoing HIV testing. • Explain the confidential reporting system for HIV/AIDS. • Explain the medico-legal and ethical issues relevant to the disclosure of HIV/AIDS including partner or provider notification. 	<ul style="list-style-type: none"> • To counsel about HIV testing. • To counsel a pregnant woman about HIV testing. • To give a positive HIV result. • To explain the diagnosis and management clearly to the patient. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with nurses and Health Advisors. • Be willing to report HIV/AIDS cases for epidemiological purposes.

14: Learning Objective: To correctly identify the need for, and prescribe post-exposure prophylaxis against HIV.		
Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the risk of HIV infection following occupational exposure. • Explain the risk of HIV infection following sexual contact. • Explain the rationale behind HIV post-exposure prophylaxis. • Explain the medico-legal issues around failure of an HIV-infected individual to disclose infection to a sexual partner. 	<ul style="list-style-type: none"> • Assess the risk of HIV infection following occupational exposure. • Assess the risk of HIV following sexual contact. • Prescribe and monitor appropriate antiretroviral therapy. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with nurses and Health Advisors and Occupational Health physicians.

15: Learning Objective: To correctly carry out specialist assessment, treatment and management of asymptomatic HIV disease, and to correctly prescribe antiretroviral therapy.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the natural history of HIV disease and laboratory investigations used for assessment. • Explain current views on prophylaxis against opportunistic infections. • Explain the modes of action of antiretroviral therapy, side effects, drug interactions and use in clinical practice. • Explain treatment failure and switching antiretroviral therapy. • Explain resistance testing and therapeutic drug monitoring, and when they are appropriate in clinical practice. • Explain the effect of other STIs on the transmission of HIV. • Explain the impact of HIV on the natural history of syphilis. 	<ul style="list-style-type: none"> • Assess clinically, and by appropriate laboratory investigations, someone with seroconversion illness. • Assess clinically, and by appropriate laboratory investigations, someone with asymptomatic HIV infection. • Explain the diagnosis and management clearly to the patient. • Prescribe and monitor appropriate antiretroviral therapy. • Switch antiviral therapy when appropriate based on resistance assay results. • Prescribe and monitor prophylaxis against opportunistic infections. • Manage side effects of drugs used in HIV disease. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Respect patient choice. • Work in conjunction with a multidisciplinary team.

16: Learning Objective: To correctly carry out specialist assessment, treatment and management of the respiratory presentations of HIV disease.		
Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the clinical presentations, investigations and general management of respiratory infections. • Explain the diagnosis and management of bacterial pneumonia. • Explain the diagnosis and management of <i>Pneumocystis jiroveci</i> pneumonia. • Explain the diagnosis and management (including infection control and contact tracing) of <i>Mycobacterium tuberculosis</i> co-infection. • Explain the diagnosis and management of fungal and viral respiratory opportunistic infections. 	<ul style="list-style-type: none"> • Correctly diagnose and manage these conditions. • Explain the diagnosis and management clearly to the patient. • Refer to/liaise with other specialties when appropriate. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with a multidisciplinary team.

17: Learning Objective: To correctly carry out specialist assessment, treatment and management of the gastrointestinal presentations of HIV disease.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the clinical presentations, investigations and general management of gastrointestinal infections. • Explain the diagnosis and management of oral and oesophageal candida. • Explain the diagnosis and management of oral, oesophageal and large bowel ulceration. • Explain the diagnosis and management of oral hairy leukoplakia. • Explain the diagnosis and management of infective diarrhoea. • Explain the investigations and management of a person with significant weight loss. • Explain the effects of hepatitis B and/or hepatitis C virus co-infection. • Explain the diagnosis of liver disease and referral when appropriate 	<ul style="list-style-type: none"> • Correctly diagnose and manage these conditions. • Explain the diagnosis and management clearly to the patient. • Refer to/liaise with other specialties when appropriate. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with a multidisciplinary team.

18: Learning Objective: To correctly carry out specialist assessment, treatment and management of the neurological presentations of HIV disease.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the clinical presentations, investigations and general management of neurological conditions including disorders of consciousness, dementia and peripheral neuropathy. • Explain the diagnosis and management of cerebral toxoplasmosis. • Explain the diagnosis and management of cryptococcal meningitis. • Explain the diagnosis and management of HIV related neurological disease. • Explain the diagnosis and management of PML. • Explain the diagnosis and management of viral encephalitis. • Explain the ophthalmological presentation of HIV, including the diagnosis and management of cytomegalovirus retinitis. 	<ul style="list-style-type: none"> • Correctly diagnose and manage these conditions. • Correctly examine the eye, and recognise the features of HIV retinopathy, and CMV retinitis. • Explain the diagnosis and management clearly to the patient. • Refer to/liaise with other specialties when appropriate. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with a multidisciplinary team.

19: Learning Objective: To provide the trainee with the knowledge, skills and attitudes to correctly carry out specialist assessment, treatment and management of HIV-associated malignancies and palliative care of HIV disease.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the clinical presentations, diagnosis and management of Kaposi's sarcoma. • Explain the clinical presentations, diagnosis and management of lymphoma. • Explain the clinical presentations, diagnosis and management of other malignancies associated with HIV infection. • Explain the diagnosis and management of the lymphoproliferative diseases. • Describe pain relief, palliative and terminal care. 	<ul style="list-style-type: none"> • Correctly diagnose and manage these conditions. • Explain the diagnosis and management clearly to the patient. • Refer to/liaise with other specialties when appropriate. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with a multidisciplinary team.

20: Learning Objective: To correctly carry out specialist assessment, treatment and management of the dermatological presentations of HIV disease.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> Explain the clinical presentations, diagnosis and management of HIV related skin problems, including seborrhoeic dermatitis, psoriasis, herpes zoster, herpes simplex, superficial fungal infections, drug eruptions, pruritic folliculitis and ichthyosis. 	<ul style="list-style-type: none"> Correctly diagnose and manage these conditions. Explain the diagnosis and management clearly to the patient. Refer to/liaise with other specialties when appropriate. 	<ul style="list-style-type: none"> Display tact, empathy, respect and concern for patients. Be non-judgemental. Work in conjunction with a multidisciplinary team.

21: Learning Objective: To correctly carry out specialist assessment, treatment and management of the haematological presentations of HIV disease.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain the investigations and management of anaemia, neutropenia, thrombocytopenia and pancytopenia • Explain the investigations and management of a pyrexia of unknown origin. • Explain the diagnosis and management of disseminated <i>Mycobacterium avium</i> complex (MAC). 	<ul style="list-style-type: none"> • Correctly diagnose and manage these conditions. • Explain the diagnosis and management clearly to the patient. • Refer to/liaise with other specialties when appropriate. 	<ul style="list-style-type: none"> • Display tact, empathy, respect and concern for patients. • Be non-judgemental. • Work in conjunction with a multidisciplinary team.

22: Learning Objective: To provide the trainee with the knowledge, skills and attitudes of Genito Urinary Medicine clinic management.

Knowledge	Skills	Attitude and Behaviours
<ul style="list-style-type: none"> • Explain coding for KC60/ISD(D)5 and production of the KC60 returns. • Explain SOPHID reports. • Explain the management of clinic defaulters. • Describe the use of computers in relation to the running of GUM clinics (appointments, KC60 returns, attendance data, contracting, changes in clinic case mix, HIV databases). • Describe the use of computers for cytology recall and fail-safe mechanism. • Explain budget setting. • Identify complaints procedure. • Identify trust risk management guidance. 	<ul style="list-style-type: none"> • Competently apply that knowledge. • Competent use of databases. • Competently write a business plan. • Competently write a job description. 	<ul style="list-style-type: none"> • Demonstrate willingness to report for national statistics.

23: Learning Objective: To provide the trainee with the knowledge and skills of epidemiology.

Knowledge	Skills	Attitude and behaviours
<ul style="list-style-type: none">• Explain the principles of epidemiology and public health.• Explain the epidemiology of sexually transmitted and other genital, infections and HIV.• Explain national and local data collection methods, and their limitations.• Explain notifiable diseases.• Explain disease outbreak management.	<ul style="list-style-type: none">• Assess an individual's risk.• Encourage participation in disease prevention and screening programmes.	<ul style="list-style-type: none">• Demonstrate willingness to report to national and local databases.• Balance the positive and negative aspects of screening and prevention.• Respect patient choice.

MODEL OF LEARNING

Trainees will achieve the learning outcomes described in the curriculum through a variety of learning methods.

1. Formal Postgraduate teaching:

This can be used in a variety of ways. 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

- Attendance at courses organised by the specialist society (BASHH), including:
 - the annual conference,
 - the course in Genito Urinary Medicine, HIV Infection and Sexual Health (alternatively, the University of Liverpool course in Genito Urinary Medicine and Venereology),
 - basic microscopy,
 - dark-field microscopy,
 - the annual HIV master class,
- Attendance at the theoretical course held by the Faculty of Family Planning (**essential**)
- Management training course (**essential**).
- Public Health training course (**essential**).
- Research methodology course (**essential**).
- Child protection course (**essential**).
- Teaching course.
- The MSc in Sexually Transmitted Infections at the Department of Sexually Transmitted Diseases, University of London.
- Attendance at the Friday meeting, national, international and doctors in training meetings of BASHH (**trainees should attend at least one such meeting annually**).
- Attendance at other approved and appropriate meetings:
- Private study.

2. Local postgraduate meetings.

The content of these sessions will be determined by the Deanery STC, Programme Director and Educational Supervisors, and will be based around the curriculum. Suggested activities include:

- Case presentations,
- Research and audit projects,
- Lectures and small group teaching,
- Clinical skills demonstrations and teaching (general practitioners, nurses/midwives, undergraduates, postgraduates, voluntary organisations),
- Critical appraisal and evidence-based medicine and journal clubs,
- Joint specialty meetings, e.g. infectious diseases, family planning.

3. Independent self-directed learning.

Trainees will use this time in a variety of ways depending on their stage of learning. Suggested activities include:

- Preparation for assessment and examinations. Preparation for examinations would include:
 - reading appropriate chapters of textbooks and recent review papers,
 - discussion time with trainers regarding issues about which the trainee is less certain,
 - undertaking consultations supervised by a consultant,
 - performing procedures under supervision.
- Appraisal, feedback and reflection.
- Reading. In addition to attendance at conferences, it is expected that the trainee will keep up to date with recent advances in the speciality by reading research and review articles in the relevant journals.
- Maintenance of personal portfolio.
- Audit and research projects. Trainees should identify suitable audit/research projects in discussions with their trainer or other specialists in the unit. Research/audit methods are taught on the obligatory Research Methodology Course.
- Achieving personal learning goals beyond the stated essential, core curriculum. For example, trainees may wish to attend:
 - Special vulval clinics,
 - Colposcopy clinics (recommended **minimum of 4 clinics with an experienced colposcopist** ,
 - Psychosexual medicine and erectile dysfunction clinics,
 - Clinical immunology clinics,
 - Infectious Diseases and Tropical Medicine clinics,
 - Psychiatry clinics,
 - Rheumatology clinics,
 - Radiological imaging sessions,
 - Respiratory Medicine clinics,
 - Medical Microbiology sessions,
 - Public Health Medicine /Epidemiology sessions.
 - Urology

4. Other Work based experiential learning will include:

The content of this work-based experiential learning can include:

- General GUM clinics.
- HIV out-patient clinics, including but not exclusively:
 - HIV antenatal/pregnancy clinics
 - HIV/TB co-infection clinics
 - HIV/Hepatitis co-infection clinics.
 - HIV post-exposure prophylaxis clinics.
- Young person's clinics.
- In-patient management of HIV-infected patients, and GUM patients.
- Gynaecology experience for those trainees who have had no prior training in this discipline (see **Appendix 1**).
- Family Planning and Contraception clinics.
- Medical Microbiology sessions (demonstration of mandatory competencies will be essential)

- Dermatology clinics (demonstration of mandatory competencies will be essential).
- Colposcopy clinics.
- Chronic diseases/problem cases clinics

- Supervised Prison or Young Offenders outreach GUM/HIV clinics.
- Day-to-day management of the clinic, including organisation of clinic rota and departmental and audit meetings.
- Shadowing GUM/HIV lead clinicians.
- Attending care group/service delivery unit meetings,
- Shadowing medical directors.
- Attendance at decision-making meetings.
- Writing a business plan.
- Writing a job description.

Attendance at courses in Family Planning and Contraception, Public Health Medicine, and Management are essential. Attendance at BASHH or the University of Liverpool courses on GUM and HIV Medicine is recommended. **(see formal postgraduate teaching)**. Trainees should attend **at least one relevant meeting per year**. Experience in related disciplines such as Dermatology, Medical Microbiology, and Colposcopy will be gained by attendance at clinics/laboratories.

The integrated assessment system includes a range of assessment methods which access across the domains of the curriculum. A blue-printing exercise will be undertaken which will map assessments onto the curriculum.

LEARNING EXPERIENCES

Recommended learning experiences

Genito Urinary Medicine curriculum will be achieved through a variety of learning experiences.

Learning from practice

Most of the curriculum is suited to delivery by work-based experiential learning and on-the-job supervision. Trainees will learn from practice (work-based training); trainees will have opportunities for concentrated practice in skills and procedures where appropriate; they will learn from peers.

Learning will involve observation followed by closely supervised clinical practice until competence is achieved.

Where it is clear from trainees' experience that parts of the curriculum are not being delivered within their work place, appropriate off-the job education or rotations to other work places will be arranged. In any case, rotation through different clinics to experience different clinical case-mix and clinical practices as well as to broaden understanding of how different clinics are managed should be promoted. Where such rotations exist, trainees will be expected to rotate between different training centres. The key will be regular work-based assessment by educational supervisors who will be able to assess, with the trainee, their on-going progress and whether parts of the curriculum are not being delivered within their present work place.

Distributed and concentrated practice

Training programme directors and Deanery Specialty Training Committees will decide upon the details of clinical attachments. As an indicative level, 70% of the training time should be spent in directly related patient activities. An indicative minimum of 1 HIV out-patient clinic per week should be undertaken, and to gain experience in the emergency and in-patient management of HIV-infected in-patients, the trainee will be on-call for an indicative minimum of 6 months, with a rotation of no less than 1 in 7, or 4 nights per month.

The later years of training will allow for concentrated practice. Some trainees may wish to undertake additional training in Clinical Infection (Appendix 2). Other trainees may wish to pursue a concentrated period of research (Appendix 3). Provided the GUM training curriculum is adequately covered, trainees wishing to focus on HIV care in the later years of training (ST5 and ST6) could undertake training taken in periods of time (e.g. 2-3 months up to 6 months in total) largely devoted to HIV ward work in centres offering HIV in-patient care. Trainees may also consider taking the Diploma in HIV Medicine organised by the Society of Apothecaries.

During the later years, trainees will gain experience in management by attendance at a management course, shadowing GUM/HIV lead clinicians, attending care group/service delivery unit meetings, shadowing medical directors.

Learning with peers

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

Learning in formal situations

There are many opportunities throughout the year for formal teaching in the local postgraduate teaching sessions and at regional, national and international meetings. Many of these are organised by BASHH.

Personal study

Time will be provided during training for personal study. It may be possible for longer periods of private study to be offered as part of study leave. Such periods may include overseas experience, in particular to learn about tropical Sexually Transmitted Infections.

Specific teacher inputs

Individual units within a teaching programme will identify where specific teacher inputs will be provided. Examples would include:

- Sub-specialty teaching in a clinical environment from a recognised specialist.
- Public Health/Epidemiology teaching by a specialist.

(a) Educational strategies

Many of these are described in previous sections. Specific strategies for work-based experiential learning include:

Out-patient work-based experiential learning

After initial induction, trainees will spend a period of time observing expert clinical practice in clinics. As experience and clinical competence increase trainees will assess new and review patients and present their findings to their clinical supervisor. Assessment of progress will involve direct observation, case presentations.

Ward-based experiential learning

After initial induction, trainees will spend a period of time observing expert clinical practice in the wards. Specific clinical examination skills will be taught and then trainees will assess patients themselves under direct observation. Supervision will then be extended to case-based discussion, and exceptional observation of clinical assessments. Trainees will have the opportunity to be responsible for the care of appropriate in-patients, most commonly HIV-infected individuals. This will include the initial management of the acutely ill patient and referral to and liaison with clinical colleagues as necessary.

Formal Postgraduate Teaching

Initial opportunities for learning outside the workplace will be prescribed to meet specific learning goals.

ASSESSMENT METHODS

Assessment Strategy:

The domains of Good Medical Practice will be assessed using an integrated package of workplace-based assessments and examination of knowledge and clinical skills, which will sample across the domains of the curriculum (e.g. knowledge, skills and attitudes). The assessments will generate structured feedback for trainees within Core Medical Training and Specialist Training. Assessment tools will be both formative and summative and will be selected on the basis of their fitness for purpose.

It is likely that the workplace-based assessment tools will include mini-CEX (mini-Clinical Examination Exercise), DOPS (Direct Observation of Procedural Skills) and MSF (multi-source feedback). The Federation of the Royal Colleges of Physicians has piloted these methods and has demonstrated their validity and reliability. It is proposed that the examination and assessment of knowledge will utilise elements of the MRCP(UK) examination, relevant to the level of training.

An assessment blueprint will be developed which will map the assessment methods on to the curriculum in an integrated way. The blueprint will ensure that there is appropriate sampling across the curriculum. It is expected that the blueprinting exercise will have been completed by September 2006

SUPERVISION AND FEEDBACK

Feedback

Regular and timely feedback on performance is essential for successful work-based experiential learning. To train as a consultant in Genito Urinary Medicine, a doctor must develop the ability to seek and respond to feedback on clinical practice from a range of individuals to meet the requirements of Good Medical Practice and re-validation.

Specific details of who should give feedback and the timing in relation to training placements will be the responsibility of the deanery Specialty Training Committees and the programme director.

Guidance will emphasise the need for:

- An initial appraisal meeting shortly after the start of a training placement to establish learning goals.
- An interim appraisal meeting to discuss progress against the learning goals.
- An appraisal meeting towards the end of the training placement to agree which learning goals have been achieved.
- Structured written feedback from clinical supervisors.
- Appropriately structured feedback from other departmental staff (multi-source feedback) to include nursing staff, health adviser staff, managerial, clerical and secretarial staff, and medical staff in related disciplines.
- Feedback from patients obtained from patient surveys etc.
- Feedback from formal examinations.

An important component of this will be the completion of work based assessments (mini CEX).

(a) Supervision

The educational supervisor will meet regularly with the trainee to discuss progress and to feed back on assessment outcomes. This will ensure the trainee understands what development is required. The educational supervisor, when meeting with the trainee, will discuss issues of clinical governance, risk management and the report of any untoward clinical incidents involving the trainee. The educational supervisor is 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. This would not detract from the statutory duty of the trust to deliver effective clinical governance through its management systems.

Constructive feedback should be provided throughout training in both formal and informal settings. Opportunities for feedback will arise during appraisal meetings, when trainees are undergoing workplace-based assessments, in the workplace setting, and through discussions with supervisors, trainers, assessors and those within the team.

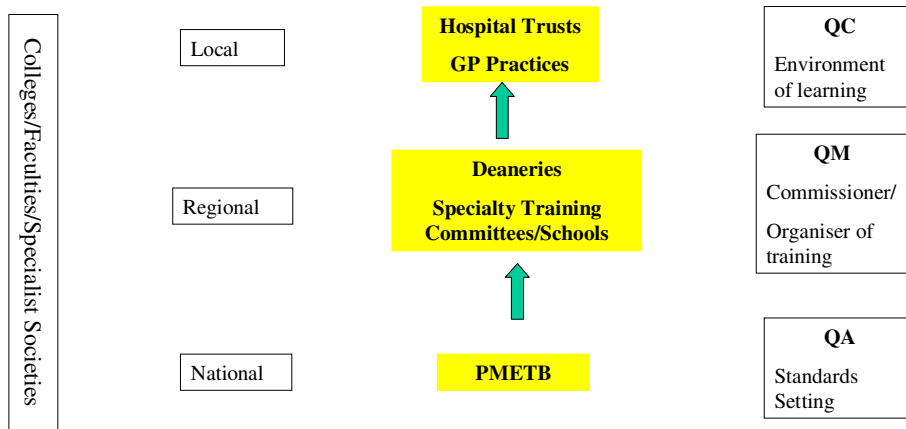
This curriculum, the *Genito Urinary Medicine curriculum*, and the Training Record/learning portfolio are web-based documents which are available from the JRCPTB website.

Each trainee will be given copies of the curricula and portfolio upon enrolling as a specialist trainee with the JRCPTB. Each trainee will engage with the curriculum by maintaining a portfolio. The trainee will use the curriculum to develop learning objectives, self-assess accomplishment in disparate areas of the curriculum, and reflect on learning experiences.

MANAGING CURRICULUM IMPLEMENTATION

Deaneries are responsible for quality management, PMETB will quality assure the deaneries and educational providers are responsible for local quality control, to be managed by the deaneries. The role of the Colleges in quality management remains important and will be delivered in partnership with the deaneries. The College role is one of quality review of deanery processes and this will take place within the SACs on a regular basis.

The Organisation and Quality Assurance of PG Training



CURRICULUM REVIEW AND UPDATING

Curriculum review will be informed by a number of different processes. For instance the SAC will be able to use information gathered from specialty heads, specialty deans and the National Health Service. It will have available to it results of the trainee survey, which will include questions pertaining to their specialty. 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 need 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.

EQUALITY AND DIVERSITY

In the exercise of these powers and responsibilities, the Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of relevant legislation, such as the:

- Race Relations (Amendment) Act 2000;
- Disability Discrimination Act 1995 and Special Educational Needs and Disabilities Act 2001;
- The Disability Discrimination Act 1995 (amendment) (further and higher education) regulations 2006
- Age Discrimination Act in October 2006

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.

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

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
- Ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature
- 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.

Statutory Responsibilities

The Royal Colleges of Physicians will comply, and ensure compliance, with the requirements of legislation, such as the:

- Human Rights Act 1998
- Freedom of Information Act 2001
- Data Protection Acts 1984 and 1998

APPENDIX 1

GYNAECOLOGY TRAINING GUIDELINES FOR GENITOURINARY MEDICINE TRAINEES WITH THE MRCP

Introduction

All MRCP trainees in Genito Urinary Medicine will be expected to gain experience in gynaecology by fulfilling these training recommendations. Gynaecological training will be achieved by a combination of a short period attachment to a gynaecological unit, a range of outpatient clinics and experience of relevant gynaecological emergencies.

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 Genito Urinary 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 who are members of the Royal College of Physicians may obtain their gynaecological competencies by:-

1. Completing a three to six month post during F1, F2, ST1 or ST2 in either Gynaecology or Obstetrics and Gynaecology before embarking on specialist training in GUM.
2. Undertaking a programme of gynaecological training equivalent to six to eight weeks during the first two years of GUM specialty training. *This can be flexibly arranged and will be dependent upon local circumstances. This may include a maximum of 6 outpatient sessions under the supervision of a named consultant, weekly day release, one week or longer attachments to complete the programme. The training should not be limited solely to attendances at outpatient clinics and could include attending day assessment units, and gynaecology wards..*

Gynaecological training before GUM specialty training

Trainees who are members of the Royal College of Physicians should complete a three to six month post as Senior House Officer/F2 or equivalent in either Gynaecology or Obstetrics and Gynaecology. Trainees should monitor their knowledge and competence by reaching the standards set out within the basic log book of the Royal College of Obstetricians and Gynaecologists (RCOG). The log book should be reviewed by the Unit Training Director at the start of GUM specialty training. 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.

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.

Gynaecological training within GUM specialty training

Trainees should monitor their knowledge and competence by reaching the standards set out within this log book, which is based on those prepared by the RCOG. The log book will be assessed by the Unit Training Director during regular reviews of training and at the annual assessment. The DFFP must be taken during training.

Syllabus

Knowledge

1. Disorders of menstruation, dysmenorrhoea, amenorrhoea, 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. (DFFP)
4. Disorders of early pregnancy - Interpretation of bleeding in early pregnancy; ectopic pregnancy; trophoblastic tumours; 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, pruritis vulvae, vulvodynia. This is one of the areas where it may be signed off by GUM or dermatology or gynae depending on local interest
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 conditions.

Attitudes

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

Levels of competence

Columns a, b and c represent the expected levels of competence and are to be interpreted as follows:

- Level a: observe the activity being carried out by a colleague
- Level b: carry out the whole activity under direct supervision of a senior colleague (ie the senior colleague is present throughout) and/or carry out the whole activity under indirect supervision, (ie the senior colleague need not be present throughout, but should be available close by to provide help and advice)
- Level c: independent competence, no need for supervision

The level of competence to be attained will depend upon each target.

Using the log book

Each module commences on a separate page. The pages contain numbered training targets for the modules. These are identified by grey shading of the boxes. Levels of competence should be ticked off as they are achieved. A date may be entered instead of a tick. Not all competence targets require the trainee to be level c.

The consultant or trainer may be required to check and sign the competence of some targets. It is the responsibility of the trainee to organise, with their trainer, for these targets to be observed. When an entire module is completed (excluding any shaded boxes) the trainer should be asked to sign up the completed module.

APPENDIX 2

Additional Training in Clinical Infection for Specialist Registrars in Genito Urinary Medicine

A need has been identified for additional training in infectious diseases (ID) to be provided as an optional component for some Registrars in Genito Urinary Medicine. The primary aim of this is to provide trainees with a broader training in infectious diseases to compliment their training in HIV medicine. It does not provide a further specialist qualification.

After protracted discussions it has been agreed that the simplest way forward is for Registrars to be seconded to an established ID unit for an appropriate period of time and to focus on the relevant components of the SAC approved curriculum for specialty training in Infectious Diseases. At the beginning of the secondment the trainee and nominated local trainer for this purpose would confirm the trainee's educational needs, using September 2001 (draft) Objective Based Curriculum for HMT in Infectious Diseases (or its approved successor).

1. To obtain clinical competence in the assessment, investigation, diagnosis and management of community acquired infection.
2. To obtain clinical competence in the management of infections in a range of immunocompromised patients.
3. To obtain clinical competence to recognise and manage Hospital Acquired Infection, and institute control systems, including postoperative and intensive care related illness.
4. To obtain clinical competence in the diagnosis, investigation and management of imported infection and the provision of advice in relation to travel medicine.
5. To obtain an understanding of the role of the microbiologist and virologist and the importance of microbiological techniques in ID and to understand the process and constraints around the microbiological report.
6. To become competent in all aspects of the management of antimicrobial use.
7. To have the opportunity for (optional) enhanced training in specific areas related to ID including; Clinical Virology; Clinical pharmacology; Public Health and Epidemiology; Vaccinology; Overseas Practice.

It is expected that GU medicine trainees would focus on components 1,2,3,4 and 6 but we would suggest that individual trainees be allowed to include part or all of the other objectives if appropriate for their training needs.

It is expected that most trainees will opt for secondments of 6 or 12 months and that this will necessitate increase in length of their approved specialist training. However, in those units where short-term placements with ID units are already arranged as part of the recognised GU medicine specialist training, similar principles could be applied to short-term attachments over and above the time they currently spend on their HIV in-patient attachments. In certain training units it may be possible to organise exchange of trainees between GU medicine and ID programmes and this could be an ideal arrangement.

It is recommended that this option be open to all trainees, whether they have entered GU medicine training from a "medical" (MRCP) or "gynaecology" (MRCOG) background, while recognising that substantive prior general medical experience is preferable. The local trainer at entry to this option will be given clinical responsibility appropriate to this level. This can be revised as the trainee makes progress. This means that some trainees will be working at a senior SHO/junior registrar level (although their pay and increments will be protected). Progress will be monitored by the standard appraisal and RITA process using the assessment guidelines written for the ID curriculum. This appraisal and assessment should include both the local ID and GU medicine trainer for the individual trainee. Trainees will not be expected to reach independent Infectious Disease consultant levels of expertise at the end of these attachments but trainers will be asked to indicate the level of competence reached by indicating what year of ID training competence the trainee has achieved in each objective/component.

No special certificate of completion of this training will be produced, for GMC or other purposes, and this training does not constitute subspecialty training.

It is suggested that the option be called “Training in Clinical Infection” to avoid any external confusion with the “Infectious Diseases” training programme.

Issues of funding for this programme will have to be discussed by individual programme directors and deaneries.