

## Achieving General Internal Medicine specialist registration via CESR for GUM trainees

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Certificate of Eligibility for Specialist Registration (CESR) is the mechanism by which a doctor can demonstrate that their knowledge, skills and experience meet those required for specialist registration in the UK.

From 2022 doctors undertaking higher specialist training in Genitourinary Medicine (GUM) will also be undertaking Internal Medicine Training (IMT) and achieving a dual CCT in GUM/IMT. Presently doctors successfully completing training in general medicine as well as their “parent” specialty achieve a dual CCT in their specialty and GIM. Until 2022 this has not been a recognised training pathway in the UK.

For doctors who commenced GUM training prior to 2022 they can achieve similar dual accreditation with GIM by the CESR route. This will require recognition of their knowledge, skills and experience in GIM, which may vary from doctor to doctor.

In order to help doctors who wish to do this we have mapped the current GIM and GUM curricula to identify areas of commonality and areas where further experience is needed to achieve the GIM competencies and how this could be achieved and/or demonstrated. This document can be used to support a plan for training in GIM and application for accreditation in GIM via the CESR route. It is important to note that successful application via CESR is based on demonstrating appropriate knowledge, skills and experience and not “time served”.

The current GIM curriculum is available on the JRCPTB website [via this link](#)

Guide to CESR application can be found on the GMC website [here](#)

This document is presented in a simple table format with sections similar GIM curricula as follows:

### GIM & GUM Curricula

1. Common Competencies
2. Symptom Based Competencies
3. System Based Competencies
4. Learning and Teaching
5. Investigation Competencies
6. Procedural competencies for GIM

## 1. Common Competencies – GIM & GUM Curricula

	GUM/HIV setting (including example scenarios)	GIM setting
<b>History taking</b>		
Develop the ability to obtain a focussed history from increasingly complex patients.	Specifically includes sexual history	Relevant to mode of presentation
	Sexual risk taking, stigma, abuse	Importance of clinical, psychosocial, cultural and nutritional factors
<b>Clinical examination</b>		
General medical examination	Systemic manifestations of STIs including HIV inpatient & outpatient	Focussed and accurate examination
Genital examination	GUM clinics	
Formulate and effectively communicate a diagnostic and therapeutic plan	All clinical work	All clinical work
<b>Therapeutics and safe prescribing</b>		
Develop ability to prescribe, review and monitor appropriate medication	All prescribing decisions	All prescribing decisions
Review ongoing need for medications	All clinical consultations	All clinical consultations
Advise about side effects	All clinical consultations	All clinical consultations
<b>Time management and decision making</b>		
Prioritise and organise clinical and clerical duties	All work	All work
Make appropriate clinical and clerical decisions to optimise effectiveness of the clinical team resource	All work	All work
<b>Decision making and clinical reasoning</b>		
Formulate a diagnostic and therapeutic plan	All clinical work	All clinical work
Develop the ability to prioritise and diagnostic plan	All clinical work	All clinical work
Effectively communicate the diagnostic plan	All clinical work	All clinical work
<b>The patient as a central focus of care</b>		
Prioritise the patient's wishes encompassing their beliefs, concerns, expectations and needs	All clinical work	All clinical work

	<b>GUM/HIV setting (including example scenarios)</b>	<b>GIM setting</b>
Give adequate time for patients	All clinical work	All clinical work
Encourage the healthcare team to respect this philosophy	All clinical work	All clinical work
Develop a patient self-management plan	All clinical work	All clinical work
<b>Prioritisation of patient safety in clinical practice</b>		
Understand that patient safety requires organisation of care and health staff working well together	All work	All work
Be familiar with recognising, reporting and learning from error	All work	All work
<b>Team working and patient safety</b>		
Develop the ability to work well in a variety of teams	All work	All work
Develop the ability to lead teams to deliver better safer care	All work	All work
Effective handover between shifts and teams	Complex GUM care HIV out patients and inpatients	Acute medical take/General medical wards Outpatient clinics
Demonstrate leadership in the following: Education and training Deteriorating performance of a colleague High quality care Lead & participate in MDTs	All work	All work
<b>Principles of quality and safety improvement</b>		
Monitor performance, learning from mistakes and adopting a no-blame culture	All work	All work
<b>Infection control</b>		
Develop ability to manage and control infection in patients	STI management HIV management	All clinical work
Working with the wider community to manage the risk posed by communicable disease	Working with public health Notifying notifiable diseases	All clinical work
Effective hygiene measures	All clinical work	
<b>Managing long term conditions and promoting patient self-care</b>		

	<b>GUM/HIV setting (including example scenarios)</b>	<b>GIM setting</b>
Recall natural history of chronic disease	HIV Chronic /untreated STIs	Inpatients/outpatient work
Know and understand medical and social models of disability, awareness of the disability act	All clinical work	All clinical work
Understand the experience of adolescents and young adults with chronic conditions	Any relevant clinical work	Any relevant clinical work
<b>Relationships with patients and communication within a consultation</b>		
Communicate effectively with patients, relatives and carers	All clinical work	All clinical work
Understand developmental stage when communicating with adolescents	Any relevant clinical work	Any relevant clinical work
<b>Breaking bad news</b>		
Recognise fundamental importance in breaking bad news	All clinical care	All clinical care
Develop strategies for skilled delivery of bad news	All clinical care	All clinical care
<b>Complaints and medical error</b>		
Recognise factors that lead to complaints and avoid them	All work	All work
Dealing with dissatisfied patients or relatives	All work	All work
Act with honesty and sensitivity	All work	All work
Outlines the principles of an effective apology	All work	All work
<b>Communication with colleagues and cooperation</b>		
Recognise and accept the responsibilities and role of the Dr in relation to other healthcare professionals.	All work	All work
Communicate effectively and succinctly with other professionals.	All work	All work
<b>Health promotion and public health</b>		
Develop the ability to work with individuals and communities to reduce levels of ill health, remove inequalities in healthcare provision and improve the	STI management and HIV prevention Lifestyle factor management Work with public health teams	Management of lifestyle in all patients seen

	<b>GUM/HIV setting (including example scenarios)</b>	<b>GIM setting</b>
general health of the population.		
<b>Valid consent</b>		
Obtain valid consent from a patient	All clinical work	All clinical work
<b>Legal framework for practice</b>		
Understand the legal framework within which healthcare is provided in the UK to ensure personal practice is within this	All work	All work
<b>Ethical research</b>		
To ensure that research is undertaken using relevant ethical guidelines	Clinical practice including any research activity	Clinical practice including any research activity
<b>Evidence and guidelines</b>		
Develop the ability to make optimal use of current best practice	All clinical work	All clinical work
Develop the ability to construct evidence based guidelines in relation to medical practice	Participation in Journal clubs, writing review articles, contributing to guideline development	Participation in Journal clubs, writing review articles, contributing to guideline development
<b>Audit</b>		
Develop the ability to perform clinical audit and apply the findings appropriately	Understand and undertake audit	Understand and undertake audit
<b>Teaching and training</b>		
Develop ability to teach to a variety of different audiences in different ways	All work	All work
Assess the quality of teaching	All work	All work
Train different trainees in different ways	All work	All work
Plan and deliver a training programme with appropriate assessments	All work	All work
<b>Personal behaviour</b>		

	GUM/HIV setting (including example scenarios)	GIM setting
Develop behaviours consistent with senior leadership	All work	All work
Work effectively with many teams with quality and safety of patient care as a prime objective	All work	All work
Become someone who is trusted and known to act fairly	All work	All work
<b>Management and NHS structure</b>		
Understand the management of the NHS and local healthcare systems	Participate in local management	Participate in local management

## 2. Symptom Based Competencies – GIM & GUM Curricula

	GUM/HIV setting (including example scenarios)	GIM setting
<b>Emergency Presentations</b>		
Cardio-respiratory arrest	HIV inpatients <ul style="list-style-type: none"> <li>• Cardio-respiratory arrest in septic patients</li> </ul>	ALS Acute medical take/General medical wards
Shocked patient	HIV inpatients <ul style="list-style-type: none"> <li>• Sepsis</li> <li>• Addisonian crisis secondary to adrenal opportunistic infections</li> </ul>	ALS Acute medical take/General medical wards ITU
Unconscious patient	HIV inpatients <ul style="list-style-type: none"> <li>• Central nervous system infections</li> </ul>	ALS Acute medical take/General medical wards ITU
Anaphylaxis	GUM/HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>• Drug reactions / Anaphylaxis</li> </ul>	ALS Acute medical take/General medical wards
<b>'The top presentations' – Common medical presentations</b>		
Abdominal pain	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>• Organic and functional abdominal symptoms presenting in outpatient or inpatient settings</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics
Acute back pain	HIV inpatients <ul style="list-style-type: none"> <li>• Spinal TB</li> <li>• Discitis</li> </ul>	Acute medical take/General medical wards
Acute kidney injury and chronic kidney disease	HIV outpatients HIV inpatients	Acute medical take/General medical wards

	GUM/HIV setting (including example scenarios)	GIM setting
	<ul style="list-style-type: none"> <li>Renal impairment secondary to HIV, antiretrovirals and other drugs used in treatment of opportunistic infections.</li> </ul>	Renal clinics
Blackout / Collapse	HIV Inpatients <ul style="list-style-type: none"> <li>Central nervous system infections</li> <li>Postural hypotension secondary to prolonged steroid use, or adrenal insufficiency</li> </ul>	Acute medical take/General medical wards Neurology clinics Elderly care clinic
Breathlessness	HIV inpatients <ul style="list-style-type: none"> <li>PCP and other chest infections</li> </ul>	Acute medical take/General medical wards Respiratory clinics
Chest pain	HIV inpatients <ul style="list-style-type: none"> <li>PCP and other chest infections</li> <li>Pulmonary embolisms</li> <li>HIV associated cardiomyopathy</li> </ul>	Acute medical take/General medical wards Cardiology clinics / Rapid access chest pain clinics
Confusion, Acute / Delirium	HIV inpatients <ul style="list-style-type: none"> <li>Central nervous system infections</li> <li>HIV encephalopathy</li> </ul>	Acute medical take/General medical wards Elderly care clinics
Cough	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>PCP and other chest infections</li> </ul>	Acute medical take/General medical wards Respiratory clinics
Diarrhoea	GUM/HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Gastrointestinal infections</li> <li>Sexually transmitted infections</li> <li>Medication associated diarrhoea</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics
Falls	HIV inpatients <ul style="list-style-type: none"> <li>Central nervous system infections</li> <li>Postural hypotension secondary to prolonged steroid use, or adrenal insufficiency</li> </ul>	Acute medical take/General medical wards Elderly care clinics
Fever	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Opportunistic infections</li> <li>Prophylaxis of OIs</li> <li>Fever in returning travellers</li> </ul>	Acute medical take/General medical wards
Fits / Seizure	HIV Inpatients <ul style="list-style-type: none"> <li>Central nervous system infections</li> <li>Recreational drug withdrawal</li> </ul>	Acute medical take/General medical wards Neurology clinics

	GUM/HIV setting (including example scenarios)	GIM setting
Haematemesis & Malaena	HIV inpatients <ul style="list-style-type: none"> <li>• Visceral involvement of KS</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics ITU
Headache	HIV inpatients <ul style="list-style-type: none"> <li>• Central nervous system infections</li> </ul>	Acute medical take/General medical wards Neurology clinics
Jaundice	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>• Viral Hepatitis</li> <li>• Antiretroviral associated jaundice</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics
Limb pain and swelling	HIV inpatients <ul style="list-style-type: none"> <li>• Venothromboembolism in unwell patients</li> <li>• Investigation of limb swelling in people who inject drugs</li> <li>• Lymphoedema in lower limb kaposi's sarcoma</li> </ul>	Acute medical take/General medical wards
Management of patients requiring palliative and end of life care	HIV inpatients <ul style="list-style-type: none"> <li>• Unwell patients with malignancy / infections reaching end of life care</li> </ul>	Acute medical take/General medical wards Palliative care ward rounds
Palpitations	HIV inpatients <ul style="list-style-type: none"> <li>• Investigation of long QTc syndrome associated with antiretrovirals</li> </ul>	Acute medical take/General medical wards Cardiology clinics / Rapid access chest pain clinics
Poisoning	HIV inpatients <ul style="list-style-type: none"> <li>• Recreational drug misuse</li> <li>• Patients with mental health and self-harm</li> <li>• Antiretroviral overdoses</li> </ul>	Acute medical take/General medical wards
Rash	GUM/HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>• Cutaneous manifestations of viral infections</li> <li>• Sexually transmitted infections</li> <li>• Drug related cutaneous reactions</li> </ul>	Acute medical take/General medical wards
Vomiting and nausea	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>• Intolerance to antiretrovirals</li> <li>• Oesophageal candidiasis</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics
Weakness and paralysis	HIV inpatients	Acute medical take/General medical wards



	GUM/HIV setting (including example scenarios)	GIM setting
	<ul style="list-style-type: none"> <li>Central nervous system infections</li> </ul>	Neurology clinics
<b>Other important presentations</b>		
Abdominal mass / Hepatosplenomegaly	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>HCC screening of viral hepatitis</li> <li>Investigations of gastrointestinal lymphomas and other malignancies</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics
Abdominal swelling and constipation	HIV inpatients <ul style="list-style-type: none"> <li>Management of constipation in inpatients</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics
Abnormal sensation (paraesthesia and numbness)	HIV inpatients <ul style="list-style-type: none"> <li>Central nervous system infections</li> <li>Peripheral neuropathy secondary to HIV or medications</li> </ul>	Acute medical take/General medical wards Neurology clinics
Aggressive / Disturbed behaviour	HIV inpatients <ul style="list-style-type: none"> <li>Central nervous system infections</li> <li>HIV encephalopathy</li> </ul>	Acute medical take/General medical wards Elderly care clinics Neurology clinics
Alcohol and substance dependence	GUM / HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Management of alcohol and recreational drug use</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics
Anxiety / Panic disorder	GUM / HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Management of mental health issues in patients presenting in clinic or as inpatients</li> </ul>	Acute medical take/General medical wards
Bruising and spontaneous bleeding	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>HIV associated thrombocytopenia</li> </ul>	Acute medical take/General medical wards Haematology clinics
Dialysis	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Management of patients with HIV and end stage renal failure, managing drug interactions and renal dosing</li> </ul>	Acute medical take/General medical wards Renal clinics
Dyspepsia	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Oesophageal candidiasis</li> <li>Antiretroviral associated dyspepsia</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics
Dysuria	GUM / HIV outpatients HIV inpatients	Acute medical take/General medical wards

	GUM/HIV setting (including example scenarios)	GIM setting
	<ul style="list-style-type: none"> <li>• Urinary tract infections</li> <li>• Sexually transmitted infections</li> </ul>	
Genital discharge and ulceration	GUM / HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>• Sexually transmitted infections</li> <li>• Genital dermatoses</li> </ul>	
Haematuria	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>• Antiretroviral associated kidney stones</li> <li>• Investigation of glomerulonephritis</li> </ul>	Acute medical take/General medical wards Renal clinics
Haemoptysis	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>• Investigation of tuberculosis</li> </ul>	Acute medical take/General medical wards Respiratory clinics
Head injury		Acute medical take/General medical wards
Hoarseness and Stridor		Acute medical take/General medical wards ITU
Hypothermia		Acute medical take/General medical wards ITU
Immobility	HIV inpatients <ul style="list-style-type: none"> <li>• Central nervous system infections</li> <li>• Malnutrition and muscle wasting</li> </ul>	Acute medical take/General medical wards Elderly care clinics Neurology clinics
Incidental findings	HIV outpatient HIV inpatient <ul style="list-style-type: none"> <li>• Management of incidental findings following routine investigations               <ul style="list-style-type: none"> <li>○ Hypertension in clinic</li> <li>○ Pulmonary hypertension on echocardiograms</li> <li>○ Incidentalomas on imaging</li> </ul> </li> </ul>	Acute medical take/General medical wards
Involuntary movements	HIV inpatients <ul style="list-style-type: none"> <li>• Central nervous system infections</li> </ul>	Acute medical take/General medical wards Neurology clinics
Joint swelling	GUM/HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>• Disseminated gonorrhoea</li> </ul>	Acute medical take/General medical wards Rheumatology clinics

	GUM/HIV setting (including example scenarios)	GIM setting
	<ul style="list-style-type: none"> <li>Reactive arthritis</li> </ul>	
Lymphadenopathy	GUM/HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Inguinal lymphadenopathy secondary to sexually transmitted infections</li> <li>Investigation of lymphadenopathy in immunosuppressed individuals</li> </ul>	Acute medical take/General medical wards
Loin pain	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Urinary tract infections</li> <li>Renal stones related to antiretrovirals</li> </ul>	Acute medical take/General medical wards
Medical problems following surgical procedures		Acute medical take/General medical wards
Medical problems in pregnancy	GUM / HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>HIV antenatal clinics</li> <li>Sexually transmitted infections in pregnancy</li> <li>Gynaecology experience in GUM training</li> </ul>	Acute medical take/General medical wards
Memory loss (progressive)	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Central nervous system infections</li> <li>HIV encephalopathy</li> </ul>	Acute medical take/General medical wards Elderly care clinics Neurology clinics
Micturition difficulties	GUM outpatients <ul style="list-style-type: none"> <li>Urethral strictures</li> <li>Intraurethral HPV</li> </ul>	Acute medical take/General medical wards
Neck Pain		Acute medical take/General medical wards
Physical symptoms in absence of organic disease	GUM / HIV outpatients <ul style="list-style-type: none"> <li>Management of symptomatic patients in absence of positive findings</li> </ul>	Acute medical take/General medical wards
Polydipsia	HIV inpatients <ul style="list-style-type: none"> <li>Hyponatraemia management secondary to opportunistic infections or medications</li> </ul>	Acute medical take/General medical wards Endocrinology clinics
Polyuria	HIV inpatients	Acute medical take/General medical wards Endocrinology clinics

	GUM/HIV setting (including example scenarios)	GIM setting
	<ul style="list-style-type: none"> <li>Hyponatraemia management secondary to opportunistic infections or medications</li> </ul>	
Pruritis	GUM / HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Genital dermatoses</li> <li>Cutaneous infestations</li> <li>Drug related cutaneous reactions</li> </ul>	Acute medical take/General medical wards
Rectal bleedings	GUM / HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Rectal sexually transmitted infections</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics
Skin and mouth ulcers	GUM / HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Ulcerative sexually transmitted infections e.g. Herpes, Syphilis</li> <li>Drug related cutaneous reactions</li> </ul>	Acute medical take/General medical wards Dermatology clinics
Speech disturbance	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Central nervous system infections</li> </ul>	Acute medical take/General medical wards Neurology clinics
Suicidal ideation	GUM / HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Management of mental health issues in patients presenting in clinic or as inpatients</li> </ul>	Acute medical take/General medical wards
Swallowing difficulties	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>Oesophageal candidiasis</li> <li>Antiretroviral associated dysphagia</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics
Syncope & Pre-syncope	HIV outpatients HIV Inpatients <ul style="list-style-type: none"> <li>Postural hypotension secondary to prolonged steroid use, or adrenal insufficiency</li> </ul>	Acute medical take/General medical wards Neurology clinics Elderly care clinic
Unsteadiness / Balance disturbance	HIV outpatients HIV Inpatients <ul style="list-style-type: none"> <li>Central nervous systems infections</li> <li>Postural hypotension secondary to prolonged steroid use, or adrenal insufficiency</li> </ul>	Acute medical take/General medical wards Neurology clinics Elderly care clinic

	GUM/HIV setting (including example scenarios)	GIM setting
Visual disturbances	GUM / HIV outpatients HIV Inpatients <ul style="list-style-type: none"> <li>• Central nervous systems infections</li> <li>• Ophthalmic infections e.g. ocular syphilis</li> </ul>	Acute medical take/General medical wards Neurology clinics Ophthalmology clinics
Weight loss	HIV outpatients HIV inpatients <ul style="list-style-type: none"> <li>• HIV associated malnutrition</li> <li>• Investigation for underlying conditions: HIV, TB, Malignancy</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics

### 3. System Based Competencies – GIM & GUM Curricula

	GUM/HIV setting (including example scenarios)	GIM setting
<b>Allergy</b>		
Recognise when specialist allergy opinion is required	GUM patients <ul style="list-style-type: none"> <li>Referral for antibiotic desensitisation / allergy</li> </ul>	ALS Acute medical take/General medical wards
Be aware of the management and subsequent investigation of patients presenting with immune mediated medical emergencies: <ul style="list-style-type: none"> <li>Anaphylaxis</li> <li>Laryngoedema</li> <li>Urticaria</li> <li>Angioedema</li> </ul>	HIV inpatients <ul style="list-style-type: none"> <li>Drug reactions / anaphylaxis</li> </ul>	ALS Acute medical take/General medical wards ITU Immunology clinics
<b>Oncology</b>		
Recognise the terminally ill often present with problems with multi-factorial causes	HIV inpatients <ul style="list-style-type: none"> <li>Investigation / diagnosis of HIV associated malignancies &amp; when to palliate</li> </ul>	Acute medical take/General medical wards Oncology post-take
Recognise associated psychological and social problems	HIV in/outpatients <ul style="list-style-type: none"> <li>Complex social histories in HIV patients common</li> </ul>	Acute medical take/General medical wards
Investigate appropriately	HIV outpatients <ul style="list-style-type: none"> <li>Ageing cohort, 2 week referral pathways for suspected non-HIV malignancies</li> </ul> HIV inpatients <ul style="list-style-type: none"> <li>HIV associated malignancies</li> <li>TB as differential</li> </ul>	Acute medical take/General medical wards
Recognise when specialist oncology or palliative care opinion is needed	HIV Inpatients <ul style="list-style-type: none"> <li>Joint care in Oncology / Haematology / HIV</li> <li>Referral to hospice common place in terminal HIV associated illness</li> </ul>	Acute medical take/General medical wards
Outline treatment principles with drawbacks: surgery, chemotherapy and radiotherapy	HIV inpatients <ul style="list-style-type: none"> <li>Haematological malignancies some knowledge</li> <li>Lung cancer some knowledge</li> </ul>	Acute medical take/General medical wards Oncology clinics / post-take
Break bad news to patient and family with cancer in sensitive and appropriate manner	HIV / GUM outpatients <ul style="list-style-type: none"> <li>HIV assoc. malignancy</li> <li>Diagnosis of STI / HIV</li> </ul>	Acute medical take/General medical wards

Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount	HIV inpatients <ul style="list-style-type: none"> <li>HIV associated OI/malignancy, not improving with treatment, escalation discussions common.</li> </ul>	Acute medical take/General medical wards
Recognise the dying phase of terminal illness	HIV inpatients <ul style="list-style-type: none"> <li>HIV associated OI, not improving with treatment, appropriateness to stop treatment common.</li> </ul>	Acute medical take/General medical wards
<b>Palliative Care &amp; End of Life Care</b>		
Take an accurate pain history	HIV inpatients <ul style="list-style-type: none"> <li>OIs, e.g. spinal TB / CNS infection, requiring analgesia</li> </ul> HIV outpatients <ul style="list-style-type: none"> <li>Chronic pain syndromes</li> </ul>	Acute medical take/General medical wards
Recognise that the terminally ill often present with problems with multi-factorial causes	HIV inpatients <ul style="list-style-type: none"> <li>Patients with multiple AIDS-defining conditions presenting with incurable disease</li> </ul>	Acute medical take/General medical wards/Hospice placement/Palliative care ward rounds/MDT
Recognise associated psychological and social problems	HIV Inpatients/outpatients <ul style="list-style-type: none"> <li>Close links with psychology services</li> <li>MDT approach to complex cases, including OT, Physio, Social work referral</li> </ul>	Acute medical take/General medical wards
Recognise when palliative care opinion is needed	HIV inpatients <ul style="list-style-type: none"> <li>Patients with multiple AIDS-defining conditions presenting with incurable disease</li> </ul>	Acute medical take/General medical wards
Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately and sensitively ensuring patients interests are paramount	HIV inpatients <ul style="list-style-type: none"> <li>Ageing cohort with complex multisystem disease</li> <li>Complex incurable AIDS defining illnesses, whereby active medical treatment is deemed inappropriate</li> </ul>	Acute medical take/General medical wards Palliative care ward rounds / MDT
Recognise the dying phase of terminal illness	HIV inpatients <ul style="list-style-type: none"> <li>Patients with multiple AIDS-defining conditions presenting with incurable disease</li> </ul>	Acute medical take/General medical wards
Manage symptoms in dying patients appropriately	HIV inpatients <ul style="list-style-type: none"> <li>On Care of the Dying Plan or local protocol for managing nausea, pain, constipation, agitation</li> </ul>	Acute medical take/General medical wards Palliative care ward rounds / MDT

Practice safe use of syringe drivers	HIV inpatients <ul style="list-style-type: none"> <li>On Care of the Dying Plan or local protocol for managing nausea, pain, constipation, agitation</li> </ul>	Acute medical take/General medical wards Palliative care ward rounds / MDT
Recognise importance of hospital and community Palliative Care teams	HIV inpatients <ul style="list-style-type: none"> <li>Patients who choose their preferred place of dying to be the community</li> </ul>	Acute medical take/General medical wards Palliative care ward rounds / MDT
Recognise that referral to specialist palliative care is appropriate for patients with other life threatening illnesses as well as those with cancer	HIV inpatients <ul style="list-style-type: none"> <li>Opportunistic infection not responsive to treatment</li> <li>Symptom control (e.g. nausea) in GI/CNS disease</li> </ul>	Acute medical take/General medical wards Palliative care ward rounds / MDT
<b>Cardiovascular disease</b>		
Recognise when specialist Cardiology opinion is indicated	HIV outpatients <ul style="list-style-type: none"> <li>Refractory dyslipidaemia</li> <li>Significantly elevated cardiovascular risk assessment score with symptoms of exertional dyspnoea or chest pain etc.</li> </ul> HIV inpatients <ul style="list-style-type: none"> <li>Arrhythmias</li> <li>Myocardial infarction</li> </ul>	Acute medical take/General medical wards Cardiology clinics
Outline risk factors for cardiovascular disease	HIV outpatients <ul style="list-style-type: none"> <li>Regular annual assessment of cardiovascular risk includes: Ethnicity, smoking status, diabetes screen, erectile dysfunction proxy, lipid assessment, BP monitoring</li> <li>Cohort data and antiretroviral therapy</li> </ul>	Acute medical take/General medical wards Cardiology clinics Lipid clinics
Counsel patients on risk factors for cardiovascular disease	HIV outpatients <ul style="list-style-type: none"> <li>Regular annual assessment of cardiovascular risk includes: Ethnicity, smoking status, diabetes screen, erectile dysfunction proxy, lipid assessment, BP monitoring</li> <li>Cohort data and antiretroviral therapy</li> </ul>	Acute medical take/General medical wards Cardiology clinics Lipid clinics



Outline methods of smoking cessation of proven efficacy	HIV/GUM outpatients <ul style="list-style-type: none"> <li>• Referral to smoking cessation services</li> <li>• Initiation of NRT where able</li> </ul> HIV inpatients <ul style="list-style-type: none"> <li>• Initiation of NRT</li> </ul>	Acute medical take/General medical wards
<b>Clinical Genetics</b>		
Recognise the organisation and role of Clinical Genetics and when to seek specialist advice	HIV outpatients <ul style="list-style-type: none"> <li>• Thalassaemia, sickle cell disease</li> <li>• Referral to fertility services</li> </ul>	Genetics clinic
Take and interpret a complete family history	GUM/HIV outpatients <ul style="list-style-type: none"> <li>• Investigation of infertility</li> </ul>	Genetics clinic Acute medical take/General medical wards
Recognise the anxiety caused to an individual and their family when investigating genetic susceptibility to disease	Not met by curriculum	Genetics clinic
Recognise the importance of skilled counselling in the investigation of genetic susceptibility to disease	Not met by curriculum	Genetics clinic
Recognise basic patterns of inheritance	HIV outpatients <ul style="list-style-type: none"> <li>• Thalassaemia, sickle cell disease</li> </ul>	Genetics clinic
Understand the ethical implications of molecular testing and screening: confidentiality, screening children, pre-symptomatic testing	Not met by curriculum	Genetics clinic
Estimate risk for relatives of patients with Mendelian disease	Not met by curriculum	Genetics clinic
Recognise the differing attitudes and beliefs towards inheritance	Not met by curriculum	Genetics clinic
<b>Clinical Pharmacology</b>		

<p>Practise safe prescribing:</p> <ul style="list-style-type: none"> <li>• Effects of: renal or liver impairment; old age; pregnancy</li> <li>• Outline importance of drug interactions and role CYP450 isoenzymes</li> <li>• Outline drugs requiring therapeutic monitoring</li> </ul>	<p>HIV/GUM in/outpatients</p> <ul style="list-style-type: none"> <li>• Prescribing HAART with declining eGFR</li> <li>• Prescribing HAART with elevated ALT &amp; its associated investigation/management</li> <li>• Prescribing antibiotics in pregnancy (STI/UTI/candida)</li> <li>• Prescribing HAART in pregnancy</li> <li>• Boosted PIs &amp; interactions (e.g. steroids/anti-TB drugs)</li> <li>• TDM in HIV non-concordance or TB drug levels</li> </ul>	<p>Acute medical take/General medical wards</p>
<p>Use national and local guidelines on appropriate and safe prescribing (BNF, NICE)</p>	<p>As above</p>	<p>Acute medical take/General medical wards General clinic</p>
<p>Write a clear and unambiguous prescription</p>	<p>Routine practice in HIV / GUM services, both electronically &amp; on paper</p>	<p>Acute medical take/General medical wards General clinic</p>
<p>Engage patients in discussions on drug choice, and side effects</p>	<p>HIV outpatients</p> <ul style="list-style-type: none"> <li>• HAART initiation</li> <li>• HAART changes when side-effects / contraindications</li> </ul> <p>GUM outpatients</p> <ul style="list-style-type: none"> <li>• Management of STIs (e.g. non-concordance, risk of allergy etc.)</li> </ul>	<p>Acute medical take/General medical wards Ambulatory care General clinic</p>
<p>Recognise range of adverse drug reactions to commonly used drugs</p>	<p>HIV outpatients</p> <ul style="list-style-type: none"> <li>• Common HAART drug reactions (e.g. Abacavir &amp; HLA B5701)</li> <li>• Co-trimoxazole rash</li> <li>• Other HAART common reactions: TDF &amp; proximal tubulopathy</li> </ul>	<p>Acute medical take/General medical wards General clinic</p>
<p>Use Yellow Card report scheme for adverse drug reactions</p>	<p>HIV outpatient</p> <ul style="list-style-type: none"> <li>• HAART drug reaction reporting</li> </ul> <p>GUM outpatient</p> <ul style="list-style-type: none"> <li>• Antibiotic reaction reporting</li> </ul>	<p>Acute medical take/General medical wards</p>
<p>Liaise effectively with pharmacists</p>	<p>HIV in/outpatients</p> <ul style="list-style-type: none"> <li>• Virology MDT</li> <li>• Hepatology MDT</li> <li>• Ward rounds</li> </ul>	<p>Acute medical take/General medical wards Various MDTs</p>

Discuss therapeutic changes with patient and discuss with GP promptly and comprehensively	GUM outpatients <ul style="list-style-type: none"> <li>Management of STIs (e.g. syphilis treatment history, contraception change)</li> </ul> HIV outpatients <ul style="list-style-type: none"> <li>Comprehensive annual review and change in HAART summary letters</li> </ul>	Acute medical take/General medical wards General clinics
Competently formulate management plan for poisoning and adverse drug reactions	HIV inpatients <ul style="list-style-type: none"> <li>HAART overdose</li> </ul>	Acute medical take/General medical wards
Demonstrate appropriate use of a toxicology database (eg Toxbase)	HIV inpatients <ul style="list-style-type: none"> <li>HAART overdose</li> </ul>	Acute medical take/General medical wards
<b>Dermatology</b>		
Recognise when specialist Dermatology opinion is indicated	GUM / HIV outpatients <ul style="list-style-type: none"> <li>Skin biopsy independent, know when to refer for difficult cases</li> <li>Refractory genital skin dermatoses / 2<sup>nd</sup> opinion</li> </ul>	Acute medical take/General medical wards
Accurately describe skin lesions following assessment	GUM outpatients <ul style="list-style-type: none"> <li>Genital skin conditions as per GUM curriculum: Eczema, psoriasis, GUD (incl. HSV), Tinea</li> </ul> HIV outpatients <ul style="list-style-type: none"> <li>Disseminated viral / fungal skin infection</li> <li>Drug related cutaneous reactions</li> <li>Ichthyosis, nodular prurigo, and folliculitis</li> </ul>	Acute medical take/General medical wards Elderly care clinics Neurology clinics
Outline the clinical features and presentation of melanoma, squamous cell carcinoma and basal cell carcinoma	GUM outpatients <ul style="list-style-type: none"> <li>Limited exposure to vulval/penile melanoma (rare)</li> </ul>	Acute medical take/General medical wards Dermatology clinics
List diagnostic features for the early detection of malignant melanoma	Not covered in GUM curriculum, prior cover in CMT	Dermatology clinics
Recognise and manage suspected skin tumours when they may be an incidental finding	GUM / HIV outpatients <ul style="list-style-type: none"> <li>Referral on 2 week wait to dermatology when suspected skin malignancy (incidental in clinic)</li> </ul>	Acute medical take/General medical wards Dermatology clinics

Recognise the association between timely biopsy / excision of melanoma and survival	Not covered in GUM curriculum, prior cover in CMT	Acute medical take/General medical wards Dermatology / Oncology clinics
Arrange prompt skin biopsy when appropriate	Independent in skin biopsy as per GUM curriculum	
Counsel patients on preventative strategies for skin tumours (e.g. avoiding excess UV exposure); and the diagnostic features for the early detection of malignant melanoma	Not covered in GUM curriculum, prior cover in CMT	Acute medical take/General medical wards Dermatology clinic
Recognise when a patient's presentation heralds a systemic disease	GUM / HIV outpatients <ul style="list-style-type: none"> <li>• Secondary syphilis</li> <li>• Viral hepatitis</li> <li>• Pregnancy</li> </ul>	Acute medical take/General medical wards Dermatology / Rheumatology clinics
<b>Diabetes &amp; Endocrinology</b>		
Elucidate a full diabetic medical history	HIV outpatients <ul style="list-style-type: none"> <li>• Ageing cohort (multi comorbid)</li> <li>• Annual assessment of diabetes</li> </ul>	Acute medical take/General medical wards Diabetes clinic
Recall diagnostic criteria for diabetes mellitus	GUM / HIV outpatients <ul style="list-style-type: none"> <li>• Ix of recurrent genital candida/UTI</li> <li>• Annual assessment of HIV patients</li> </ul>	Acute medical take/General medical wards
Assess diabetic patient to detect long term complications	HIV outpatients <ul style="list-style-type: none"> <li>• Annual assessment including UPCR, screening for CKD, peripheral neuropathy</li> </ul>	Acute medical take/General medical wards Diabetes clinics
Formulate and appropriate management plan, including newly diagnosed and established diabetic patients to prevent short and long term complications	Not covered in GUM curriculum	Acute medical take/General medical wards Diabetes clinic
Outline common insulin regimens for type 1 diabetes mellitus	HIV inpatients <ul style="list-style-type: none"> <li>• Concomitant DM</li> </ul>	Acute medical take/General medical wards Diabetes clinic
Outline drug management of type 2 diabetes mellitus: oral hypoglycaemics, glitazones, primary and secondary vascular preventative agents	Limited exposure in HIV outpatients, not properly covered in GUM curriculum	Acute medical take/General medical wards Diabetes clinic

Recognise vital importance of patient education and a multidisciplinary approach for the successful long-term care of diabetes	HIV in/outpatients <ul style="list-style-type: none"> <li>Poor glycaemic control leading to cardiovascular &amp; cerebrovascular events, elevated blood sugars, CKD</li> </ul>	Acute medical take/General medical wards Diabetes clinic
Recognise when specialist Endocrine or Diabetes opinion is indicated	HIV outpatients <ul style="list-style-type: none"> <li>Boosted PIs &amp; steroids (iatrogenic) leading to iatrogenic Cushing's &amp; adrenal insufficiency</li> <li>Early onset hypopituitarism in HIV (+/- development of diabetes insipidus)</li> <li>Osteoporosis/osteopenia investigation &amp; management in ageing HIV population</li> </ul>	Acute medical take/General medical wards Endocrine clinics
<b>Gastroenterology &amp; Hepatology</b>		
Understand the role of specialised diagnostic and therapeutic endoscopic procedures	HIV outpatients <ul style="list-style-type: none"> <li>Oropharyngeal candidiasis diagnosis</li> <li>Colitis / altered bowel habit investigation</li> <li>Abnormal FOB test (not known to GP)</li> <li>MRCP/ERCP for pancreatitis/ atazanavir induced gallstones</li> <li>Role of liver biopsy in elevated ALT, with otherwise negative liver aetiology screen</li> <li>Role of proctoscopy in sexually acquired proctitis</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics
Recognise when specialist Gastroenterology or Hepatology opinion is indicated	HIV outpatients <ul style="list-style-type: none"> <li>Weight loss of unknown cause</li> <li>HIV related hepatobiliary disease and fatty liver disease</li> <li>Painless jaundice</li> <li>Acute colitis from STEI requiring hospitalisation</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics

Recognise when a patient's presentation heralds a surgical cause and refer appropriately	GUM outpatients <ul style="list-style-type: none"> <li>Sexually acquired proctitis &amp; local perforation</li> <li>Testicular torsion</li> <li>Acute epididymo-orchitis requiring admission</li> <li>Ectopic pregnancy / PID requiring hospitalisation (O&amp;G)</li> <li>Acute urinary retention secondary to HSV requiring catheterisation (O&amp;G)</li> </ul>	Acute medical take/General medical wards Gastroenterology clinics Gynae/Obs block in GUM curriculum
Perform a nutritional assessment and address nutritional requirements in management plan	HIV inpatients <ul style="list-style-type: none"> <li>All inpatients require nutritional screening, and referral based on local screening tool (e.g. MUST score)</li> </ul>	Acute medical take/General medical wards
Outline role of specialist multi-disciplinary nutrition team	Not covered in GUM curriculum	Acute medical take/General medical wards Nutrition MDT
<b>Haematology</b>		
Recognise when specialist Haematology opinion is indicated	HIV outpatients/inpatients: <ul style="list-style-type: none"> <li>HIV associated thrombocytopenia, anaemia, and haemophagocytosis</li> <li>Diagnosis of haematological malignancy: Lymphoma,</li> </ul>	
Practise safe prescribing of blood products, including appropriate patient counselling	HIV inpatients: HIV associated thrombocytopenia HIV associated anaemia	
Outline indications, contraindications, side effects and therapeutic monitoring of anticoagulant medications	Not covered in GUM curriculum (DDIs covered as part of HIV curriculum)	
<b>Immunology</b>		
Recognise the role of the Clinical Immunologist	GUM outpatients <ul style="list-style-type: none"> <li>Referral for allergy testing / desensitisation protocol</li> </ul>	Allergy / Immunology clinic
<b>Infectious Diseases</b>		

<p>Elucidate risk factors for the development of an infectious disease including contacts, travel, animal contact and sexual history</p>	<p>GUM outpatients</p> <ul style="list-style-type: none"> <li>• Thorough sexual history, including travel, contact tracing in confirmed infection &amp; applied screening</li> </ul> <p>HIV outpatients</p> <ul style="list-style-type: none"> <li>• Fever in returning traveller competencies</li> <li>• Contact tracing / PN</li> <li>• Regular sexual health screening</li> </ul>	<p>ID clinic / ID/HIV ward Acute medical take/General medical wards</p>
<p>Recognise when specialist Microbiology or Infectious Diseases opinions are indicated</p>	<p>GUM outpatients</p> <ul style="list-style-type: none"> <li>• Complex STI management (AMR)</li> </ul> <p>HIV inpatients</p> <ul style="list-style-type: none"> <li>• Fever in returning traveller competencies</li> </ul>	<p>ID clinic / ID/HIV ward Acute medical take/General medical wards</p>
<p>Recognise when a patient is critically ill with sepsis, promptly initiate treatment and liaise with critical care and senior colleagues</p>	<p>GUM outpatients</p> <ul style="list-style-type: none"> <li>• PID requiring hospitalisation</li> <li>• Disseminated HSV</li> </ul> <p>HIV inpatients</p> <ul style="list-style-type: none"> <li>• PCP</li> <li>• Bacteraemia → sepsis requiring vasopressor support</li> <li>• Neutropenic sepsis if under joint care with Haematology (e.g. Burkitt's)</li> </ul>	<p>ID/HIV ward Acute medical take/General medical wards</p>
<p>Outline spectrum of cover of common anti-microbials, recognising complications of inappropriate use</p>	<p>GUM/HIV outpatients</p> <ul style="list-style-type: none"> <li>• Development of macrolide resistance in Mycoplasma genitalium</li> <li>• Quinolone, Ceftriaxone resistance in Gonorrhoea</li> <li>• Risk of clostridium difficile with quinolone use for STI management</li> </ul> <p>HIV inpatients</p> <ul style="list-style-type: none"> <li>• Risk of clostridium difficile with quinolone use</li> </ul>	<p>ID/HIV ward Acute medical take/General medical wards</p>
<p>Use local anti-microbial prescribing guidelines, including therapeutic drug monitoring when indicated</p>	<p>Local treatment pathways for STI management</p>	<p>Ongoing exposure in all settings</p>

Recognise importance of immunisation and Public Health in infection control, including reporting notifiable diseases	GUM/HIV outpatients <ul style="list-style-type: none"> <li>• TB notification and referral/treatment</li> <li>• Acute viral hepatitis notification and management</li> <li>• Mumps orchitis notification</li> <li>• PN for most STIs</li> <li>• Hep A / B / HPV vaccination in SHS</li> </ul>	Ongoing exposure in all settings
Outline principles of prophylaxis eg anti-malarials	Condoms Contraception ? anti-malarial prophylaxis for HIV patients	ID clinic
<b>Geriatric medicine</b>		
Elucidate in older patients co-morbidities, activities of daily living, social support, drug history and living environment	HIV outpatients <ul style="list-style-type: none"> <li>• Frailty assessments in &gt;50s where able</li> <li>• Complex social histories quite often, drawing support from OTs / SWs within services to provide safer environments at home</li> </ul>	Acute medical take/General medical wards Elderly clinic / Frailty units
Assess mental state and tests of cognitive function	HIV patients <ul style="list-style-type: none"> <li>• HAND</li> <li>• Delirium / Dementia assessment</li> </ul>	
Recognise when specialist Medicine in the Elderly opinion is indicated	HIV patients <ul style="list-style-type: none"> <li>• Frailty</li> <li>• Polypharmacy</li> <li>• Multi-comorbidity</li> </ul>	
Recognise importance of multi-disciplinary assessment Contribute to effective multi-disciplinary discharge planning	HIV inpatients <ul style="list-style-type: none"> <li>• Complex discharge planning</li> <li>• Substance misuse</li> <li>• Social isolation</li> </ul>	
Perform a nutritional assessment and address nutritional requirements in management plan	As per gastroenterology competency regarding nutrition assessment	
Set realistic rehabilitation targets	Not currently covered in the GUM curriculum	Acute medical take/General medical wards Elderly clinic / Frailty units
Rationalise individual drug regimens to avoid unnecessary polypharmacy		
Contribute to discussions on decisions not to resuscitate with patient, carers, family and colleagues appropriately, and sensitively ensuring patients interests are paramount	HIV inpatients <ul style="list-style-type: none"> <li>• End of life care discussions</li> <li>• Escalation decisions based upon comorbidity</li> </ul>	



Recognise the often multi-factorial causes for clinical presentation in the elderly and outline preventative approaches	Not currently covered in GUM curriculum	
Recognise that older patients often present with multiple problems (e.g. falls and confusion, immobility and incontinence)		
<b>Musculoskeletal</b>		
Accurately describe the examination features of musculoskeletal disease following full assessment	<p>GUM patients</p> <ul style="list-style-type: none"> <li>• SARA</li> <li>• DGI</li> <li>• Syphilitic bone disease</li> </ul> <p>HIV patients</p> <ul style="list-style-type: none"> <li>• AVN</li> <li>• Osteoporosis</li> </ul>	Acute medical take/General medical wards Rheum clinics
Recognise when specialist Rheumatology opinion is indicated	Arthritis, whereby SARA excluded	
Outline the indications, contraindications and side effects of the major immunosuppressive drugs used in rheumatology including corticosteroids	<p>HIV patients</p> <ul style="list-style-type: none"> <li>• Able to discuss SEs of high dose steroid (PCP/thrombocytopenia)</li> </ul>	
Recognise the need for long term review in many cases of rheumatological disease and their treatments	Not currently covered in GUM curriculum	
Recognise importance of e.g. multidisciplinary approach to rheumatological disease including physio, OT	Early input necessary, as per Elderly part of curriculum	
Use local / national guidelines appropriately e.g. osteoporosis	<p>HIV patients</p> <ul style="list-style-type: none"> <li>• Investigation / management of osteoporosis</li> </ul>	
<b>Neurology</b>		
Define the likely site of a lesion within the nervous system following full assessment	<p>GUM/HIV patients</p> <ul style="list-style-type: none"> <li>• Tabes dorsalis</li> <li>• CNS OI (PML, toxo, TB, crypto)</li> <li>• CNS malignancy</li> <li>• HIV encephalopathy</li> </ul>	Acute medical take/General medical wards Neurology clinic
Recognise when specialist Neurology opinion is indicated		

Recognise when a patient's presentation heralds a neurosurgical emergency and refer appropriately	<ul style="list-style-type: none"> <li>Spinal / neuro TB requiring neurosurgical referral</li> </ul>	
<b>Psychiatry</b>		
Be able to take a full medical and relevant psychiatric history	HIV in/outpatients <ul style="list-style-type: none"> <li>CNS drug toxicity</li> <li>HAART overdose</li> </ul>	Acute medical take/General medical wards Psychiatry ward rounds / MDTs
Be able to perform a mental state examination	Psychiatric disease, specific considerations relevant to HIV including, mood disorder, substance misuse, HAND etc.	
Recognise when specialist Psychiatric opinion is indicated	HIV/GUM patients: <ul style="list-style-type: none"> <li>Drug overdose</li> <li>CRISIS intervention</li> <li>Substance misuse → acute psychosis</li> </ul>	
Recognise when a patient's presentation heralds organic illness and manage appropriately	Not covered by GUM curriculum	
Recognise role of community mental health care teams	Close contact within GUM/HIV settings	
<b>Renal medicine</b>		
Formulate a differential diagnosis for the patient following assessment  Formulate an appropriate management plan  Discuss with patient likely outcomes and prognosis of condition and requirement for long term review  Differentiate pre-renal failure, renal failure and urinary obstruction	HIV outpatients <ul style="list-style-type: none"> <li>Declining eGFR investigation</li> <li>Investigation of proximal tubulopathy including TDF as a risk factor</li> </ul> HIV inpatients <ul style="list-style-type: none"> <li>Pre-renal – Sepsis → ATN</li> <li>Renal – Glomerulonephritis, cryoglobulinaemia secondary to hepatitis etc.</li> <li>Post renal – Stones – HAART</li> </ul> Above causes may need referral to renal medicine, once baseline investigations complete	Acute medical take / General ward Renal clinic Urology clinic
Identify patients who are at high risk of renal dysfunction in event of illness or surgery, and institute preventative measures	Not currently covered in GUM curriculum	

<b>Respiratory</b>		
Recognise when specialist Respiratory opinion is indicated	HIV patients <ul style="list-style-type: none"> <li>• Atypical infection</li> <li>• Unusual causes of respiratory disease, including lymphocytic interstitial pneumonia</li> <li>• Exertional dyspnoea requiring investigation</li> </ul>	Acute medical take / General & respiratory wards Respiratory clinics HDU/ICU
Safe oxygen prescribing	HIV inpatients	
Principles of short and long term oxygen therapy	Not currently covered in GUM curriculum	
Outline the different delivery systems for respiratory medications	O2 for respiratory distress in atypical infection: NC, face masks, air-vo, high flow, BiPAP/CPAP, invasive ventilation	
Outline methods of smoking cessation of proven efficacy	As per previous for cardiovascular disease	
Counsel patients in smoking cessation appropriately		
Take a thorough Occupational History to identify risk factors for lung disease	Should be routine in any HIV clinic appointment	
<b>Public Health</b>		
All public health outcomes should be met through GUM/HIV curricula		

## 4. Learning and Teaching

### 4.1 The training programme

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

The training programme will be organised by deanery specialty training committees following submission to the JRCPTB who will seek approval from GMC. Dual specialty programmes will be a minimum of 60 months and the progression through the programme will be determined by using the decision grid (see section 5.5 ARCP Decision Aid). The final award of the CCT will be dependent on achieving competencies as evidenced by successful completion as evidenced by the type and number of assessments set out in the curriculum. Training will normally take place in a range of District General Hospitals and Teaching Hospitals normally for a duration of 6 months at each institution.

The sequence of training should ensure appropriate progression in experience and responsibility. The training to be provided at each training site is defined to ensure that, during the programme, the entire curriculum is covered and also that unnecessary duplication and educationally unrewarding experiences are avoided. However, the sequence of training should ideally be flexible enough to allow the trainee to develop a special interest.

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

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

### 4.2 Requirements of GIM Training Programme

1) A portfolio containing the required proportion of workplace-based assessments as defined in the GIM (Acute) ARCP Decision Aid, i.e. a minimum of 6 ACATs, 4 mini CEX and 4 CbD per year; DOPS until independence in procedures demonstrated; MSF

CESR portfolio – trainees own documentation.

2) Evidence of attendance at a minimum of 70% of Deanery training days where 2 hours of GIM is provided during the training day and/or evidence of attendance at a minimum of 35 hours per year of external GIM conferences or courses. There must also be evidence of attendance at GIM training days. A proportion of this training can be achieved by recognition of e-learning modules such as [www.doctors.net](http://www.doctors.net)

No clear definition of what proportion can be e-learning. Some of the local GUM/HIV training will be general medicine and can be counted. Attendance at RCP GIM regional training.

3) Evidence of direct care – which means personal management i.e. clerking, examining and investigating – of an indicative number of 300 patients per year admitted on the general medical “take” (i.e. approximately 1000 patients during the 3- year training programme). This will need to be recorded (perhaps as a print out of the hospital admission data), discussed with the Educational Supervisor and recorded in general terms in a log book signed off by the Educational Supervisor and countersigned by the relevant Deanery STC Chair and/or TPD

Demonstrates that GIM training needs to be over time and continuous. Also, acute medical take will be required to demonstrate with documentation of this via trainees personal record. An educational supervisor in GIM will be required.

4) Evidence of inpatient experience. This should include at least three years of experience undertaking in-patient ward rounds that must include patients with multisystem disease based in a variety of different specialities and which allow competencies to be obtained in the management of the “Top 20” and “Other Presentations” as detailed in the GIM curriculum. There must be consultant supervision of these ward rounds at least twice a week. The ward rounds may be undertaken on specialist wards.

Demonstrates that GIM training needs to be over time and continuous. Also, time needs to be spent on general medical wards and cannot be solely through HIV in patient experience, however this will count.

5) Evidence of experience of the management of outpatient clinics or equivalent experience can be obtained in specialist clinics, direct access clinics or ambulatory care clinics. To satisfy the regulations for award of a CCT in GIM there must be experience of at least one clinic a week for an indicative 3 years during which the trainee will build up experience and competence in managing the “Top Presentations” and “Other Presentations”. During this time, competence will be acquired by attending 186 clinics over 3 years for a single CCT in GIM or over the entire duration of training for a Dual CCT seeing and managing about 450 new patients and 1500 follow up patients. This must be ratified by the Educational or Clinical Supervisor and countersigned by the relevant Deanery STC Chair and/or TPD.

Demonstrates that GIM outpatient training needs to be over time and continuous. Experience will need to be gained through HIV outpatient clinics but also other specialities, likely to be aligned with the inpatient general medical experience obtained.

#### 4.3 Teaching and learning methods

The curriculum will be delivered through a variety of learning experiences. Trainees will learn from practice, clinical skills appropriate to their level of training and to their attachment within the department.

Trainees will achieve the competencies described in the curriculum through a variety of learning methods. There will be a balance of different modes of learning from formal teaching programmes to experiential learning ‘on the job’. The proportion of time allocated to different learning methods may vary depending on the nature of the attachment within a rotation. This section identifies the types of situations in which a trainee will learn.

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

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

• **Medical clinics including specialty clinics.** A clinic can be any activity involving care of patients in a scheduled manner (ie not acute care but excluding those interactions which are simply supervision of a clinical investigation). Clinics can take place in a number of settings, including hospitals, day care facilities and the community. Patients with new problems referred from another clinician and patients returning for review can be included. The clinic might be primarily run by a specialist nurse (or other qualified health care professionals) rather than a consultant physician. After initial induction, trainees will review patients in clinic settings, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. As experience and clinical competence increase trainees will assess 'new' and 'review' patients and present their findings to their clinical supervisor. Whilst there remains some emphasis on numbers of patients seen in clinics in order to gain experience, it is recognised that numbers will vary according to specialty and complexity. Normally the trainee will see a minimum of 4-6 patients in a clinic.

The competent doctor will, without recourse to the usual acute care support services and team, be able to:

- assess the reason for the clinic review from referral letters, notes, patient / carer etc
  - be able to focus on the issue(s) and any other important issues arising during the consultation in the allotted time
  - explore the patient's ideas, expectations and concerns
  - undertake focussed examination as required
  - review investigation results and need for further investigations and / or referrals, and make secure arrangements for these
  - explain the outcomes of the review to the patient (and any accompanying persons) in a clear fashion, such that the patient can take forward any changes in the management plan, clarifying these as required before the consultation ends
  - make relevant notes in appropriate health care records
  - communicate the salient facts of the consultation to the referring clinician and other involved health care workers
  - be prepared to undertake further actions outside of the scheduled care setting eg obtain results and act on them, further communications etc.
  - Specialty-specific takes
  - Post-take consultant ward-rounds
- Personal ward rounds and provision of ongoing clinical care on specialist medical ward attachments. Every patient seen, on the ward or in out-patients, provides a learning opportunity, which will be enhanced by following the patient through the course of their illness: the experience of the evolution of patients' problems over time is a critical part both of the diagnostic process as well as management. Patients seen should provide the basis for critical reading and reflection of clinical problems.
- Consultant-led ward rounds. Every time a trainee observes another doctor, consultant or fellow trainee, seeing a patient or their relatives there is an opportunity for learning. Ward rounds, including those post-take, should be led by a consultant and include feedback on clinical and decision-making skills.
- Multi-disciplinary team meetings. There are many situations where clinical problems are discussed with clinicians in other disciplines. These provide excellent opportunities for observation of clinical reasoning.

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

**Formal Postgraduate Teaching** – The content of these sessions are determined by the local faculty of medical education and will be based on the curriculum. 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 the Royal Colleges of Physicians.

Suggested activities include:

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

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

- Reading, including web-based material
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- Audit and research projects
- Reading journals
- Achieving personal learning goals beyond the essential, core curriculum

**Formal Study Courses** - Time to be made available for formal courses is encouraged, subject to local conditions of service. Examples include management courses and communication courses.

#### 4.4 Research

Trainees who wish to acquire research competencies, in addition to those specified in their specialty curriculum, may undertake a research project as an ideal way of obtaining those competencies. For those in specialty training, one option to be considered is that of taking time out of programme to complete a specified project or research degree.

Applications to research bodies, the deanery (via an OOPR form) and the JRCPTB (via a Research Application Form) are necessary steps, which are the responsibility of the trainee. The JRCPTB Research Application Form can be accessed via the JRCPTB website. It requires an estimate of the competencies that will be achieved and, once completed, it should be returned to JRCPTB together with a job description and an up to date CV. The JRCPTB will submit applications to the relevant SACs for review of the research content including an indicative assessment of the amount of clinical credit (competence acquisition) which might be achieved. This is likely to be influenced by the nature of the research (eg entirely laboratory-based or strong clinical commitment), as well as duration (eg 12 month Masters, 2- year MD, 3-Year



PhD). On approval by the SAC, the JRCPTB will advise the trainee and the deanery of the decision. The deanery will make an application to the GMC for approval of the out of programme research. All applications for out of programme research must be prospectively approved.

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

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

Funding will need to be identified for the duration of the research period. The normal maximum period of time allowed out of programme is 3 years, and the SAC will recognise up to 12 months towards the minimum training time.

## 5. Investigation Competencies

Listed below are the investigations that the trainee is expected to be able to outline the indications for and interpret by the end of Core Medical Training. The subsequent list states the investigations that the trainee should know the indications for, and how the investigation is carried out. A detailed interpretation is not expected by trainees in core programmes, as these investigations usually require specialist interpretation (eg histology, radiology). However, the trainee in the latter stages of training in General Internal Medicine (st5 and st6) should be able to interpret the investigations given the clinical context and if uncertain ensure that accurate interpretation of the investigation is available from the relevant specialists.

Outline the Indications for, and interpret the following Investigations:		
<b>Biochemistry</b>		
Basic blood biochemistry: urea and electrolytes, liver function tests, bone biochemistry, glucose, magnesium	HIV outpatients	
Cardiac biomarkers and cardiac-specific troponin		Acute medical take/General medical wards
Creatine kinase		Acute medical take
Thyroid function tests	HIV outpatients	
Inflammatory markers: CRP / ESR	HIV inpatients	
Arterial Blood Gas analysis		HIV inpatients/acute medical take
Cortisol and short Synacthen test		General medical clinic
HbA1C	HIV inpatients and outpatients	Acute medical take
Lipid profile	HIV outpatients	
Amylase		Acute medical take/General medical wards
Drug levels: paracetamol, salicylate, digoxin, antibiotics, anti-convulsants		Acute medical take
<b>Haematology</b>		
Full blood count	HIV outpatients	
Coagulation screen	HIV outpatients	



Haemolysis screen	HIV outpatients	
D dimer		Acute medical take
Blood film report	HIV outpatients	
Haematinics	HIV outpatients	
<b>Microbiology / Immunology</b>		
Blood / Sputum / urine culture	HIV inpatients and outpatients	Acute medical take
Fluid analysis: pleural, cerebro-spinal fluid, ascitic		Acute medical take/General medical wards
Urinalysis and urine microscopy	HIV inpatients and outpatients	Acute medical take/General medical wards
Auto-antibodies	HIV inpatients and outpatients	Acute medical take/General medical wards
H. Pylori testing	HIV inpatients and outpatients	Acute medical take/General medical wards
<b>Radiology</b>		
Chest radiograph	HIV inpatients and outpatients	Acute medical take/General medical wards
Abdominal radiograph	HIV inpatients and outpatients	Acute medical take/General medical wards
Joint radiographs (knee, hip, hands, shoulder, elbow, dorsal spine, ankle)		Acute medical take/General medical wards
<b>Physiological</b>		
ECG		Acute medical take/General medical wards
Peak flow tests		Specialised clinic - respiratory
Full lung function tests		Specialised clinic - respiratory
<b>Outline the principles of, and interpret, the following investigations (if necessary in more complex cases with the aid of relevant specialists):</b>		
<b>Biochemistry</b>		
Urine catecholamines		Specialised clinic - endocrine
Sex hormones (FSH, LH, testosterone, oestrogen and progesterone) & Prolactin		Specialised clinic - endocrine
Specialist endocrine suppression or stimulation tests (dexamethasone suppression test; insulin tolerance test; water deprivation test, glucose tolerance test and growth hormone)		Specialised clinic - endocrine
<b>Microbiology / Immunology</b>		
Coeliac serology screening		Specialised clinic - gastro
Viral hepatitis serology	HIV inpatients and outpatients	Specialised clinic - gastro
Myeloma screen		Specialised clinic – haematology/renal/care of the elderly
Stool testing	HIV inpatients and outpatients	
HIV testing	HIV inpatients and outpatients/GUM	
<b>Radiology</b>		

Ultrasound	HIV inpatients and outpatients	
Detailed imaging: Barium studies, CT, CT pulmonary angiography, high resolution CT, MRI	HIV inpatients and outpatients	Acute medical take/General medical wards
Imaging in endocrinology (thyroid, pituitary, adrenal)		Specialised clinic - endocrine
Renal imaging: ultrasound, KUB, IVU, CT		Specialised clinic - renal
<b>Physiological</b>		
Echocardiogram		Acute medical take/General medical wards Specialised clinic - cardiac
24 hour ECG monitoring		Acute medical take/General medical wards Specialised clinic - cardiac
Ambulatory blood pressure monitoring		Acute medical take/General medical wards Specialised clinic - cardiac
Exercise tolerance test		Acute medical take/General medical wards Specialised clinic - cardiac
Cardiac perfusion scintigraphy		Acute medical take/General medical wards Specialised clinic - cardiac
Tilt testing		Acute medical take/General medical wards Specialised clinic - neuro
Neurophysiological studies: EMG, nerve conduction studies, visual and auditory evoked potentials		Acute medical take/General medical wards Specialised clinic - neuro
<b>Medical Physics</b>		
Bone scan	HIV outpatients	Specialised clinic – care of the elderly
Bone densitometry	HIV outpatients	Specialised clinic – care of the elderly
Scintigraphy in endocrinology		Specialised clinic - endocrine
V/Q scanning		Acute medical take/General medical wards Specialised clinic - respiratory
<b>Endoscopic Examinations</b>		
Bronchoscopy	HIV inpatients	Specialised clinic - respiratory
Upper and lower GI endoscopy		Specialised clinic - gastro
ERCP		Specialised clinic - gastro
<b>Pathology</b>		
Liver biopsy	HIV inpatients	Acute medical take/General medical wards Specialised clinic - gastro

Renal biopsy	HIV inpatients	Acute medical take/General medical wards Specialised clinic - renal
Bone marrow and lymph node biopsy	HIV inpatients	Acute medical take/General medical wards Specialised clinic - haematology
Cytology: pleural fluid, ascitic fluid, cerebro-spinal fluid, sputum	HIV inpatients	Acute medical take/General medical wards

## 6. Procedural Competencies for GIM

The procedural competencies for the General Internal Medicine are divided into three sections.

<b>Essential GIM procedures (part A, clinical independence essential before completion of first year of GIM).</b>		
GIM StRs must be able to undertake the following procedures before completion of first year of GIM training		
DC cardioversion		CMT
Knee aspiration		CMT
Abdominal paracentesis		CMT
<b>Essential GIM procedures (part B, clinical independence essential by CCT)</b>		
GIM StRs must be able to undertake the following procedures before completion of CCT		
Central venous cannulation (by neck or femoral) with U/S guidance where appropriate		Acute medical take/general medical wards depending on trust. ITU
<b>Essential GIM procedures (part C, clinical independence desirable)*</b>		
GIM StRs must have some practical clinical experience*ie: hands on of these procedures by CCT.		
Pleural aspiration or insertion intercostal drain for pneumothorax		Acute medical take/General medical wards. Specialised clinic - respiratory
Intercostal drain insertion using Seldinger technique with U/S guidance (excepting pneumothorax where ultrasound guidance is not normally required)		Acute medical take/General medical wards.
* If not able to gain clinical independence, then one or more of the following are acceptable: skills lab competent with certification, course competent with certification, some clinical experience with DOPS indicating, at a minimum, 'able to perform the procedure under direct supervision / assistance'		