SPECIALTY TRAINING CURRICULUM

FOR

GENITOURINARY MEDICINE

AUGUST 2010
(AMENDMENTS AUGUST 2012)

Joint Royal Colleges of Physicians Training Board

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1 Introduction

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

Close liaison is required with microbiology and virology, the specialities of acute medicine, obstetrics and gynaecology, sexual and reproductive health, paediatrics, dermatology, accident and emergency, public health departments and mental health services. The work of the specialist encompasses management of young person's, psychosexual problems, victims of sexual assault and co-infection of HIV with Hepatitis or tuberculosis and liaison with other specialists who manage these disciplines. Management of complex antiretroviral treatments, drug interactions, understanding of antiretroviral drug resistance patterns, treatment side effects besides management of HIV in the antenatal, family, elderly and adolescent setting are taught during training. As the field is rapidly evolving it is expected that trainees will actively participate in research and audit.

2 Rationale

2.1 Purpose of the curriculum

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

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

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

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

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

This curriculum is trainee-centred, and outcome-based. A spiral approach has been adopted, as in the Foundation and core medical Programmes. A spiral curriculum

describes a learning experience that revisits topics and themes, each time expanding the levels of sophistication about knowledge, attitudes and decision-making regarding that topic. This approach aids reinforcement of principles, the integration of topics, and the achievement of higher levels of competency.

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

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

2.2 Development

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

This curriculum replaces the GUM curriculum dated May 2007, with changes to ensure that the curriculum meets GMC's 17 Standards for Curricula and Assessment. It incorporates revisions to the content and delivery of the training programme.
Changes in the curriculum follow input from;

- Questionnaires – A questionnaire survey of STC chairs and trainees gathering views about the current curriculum.

- The document titled, 'the Future Direction of the Speciality of (GUM) which relates to both the short and long term development of the specialty. This was drawn up by a working group led by the Joint Specialty Committee (JSC) of the Royal College of Physicians comprising representatives of the British Association of Sexual Health and HIV (BASHH) Board and the SAC in GUM, convened to review the existing curriculum and articulate a vision for the future.

- British HIV Association(BHIVA) 'Standards for HIV Care - (http://www.bhiva.org/cms1191535.asp)

- BHIVA 'Audit of service delivery – (http://www.bhiva.org/cms1187506.asp)

- British Association of Sexual Health and HIV standards – http://www.medfash.org.uk/activities/activities.html#BASHH

- The curriculum-working group – This group comprised of members of the SAC, which includes trainers, trainees and lay representatives. The group met on a regular basis including a speciality curriculum meeting organised by the JRCPTB held on the 16th June. They were tasked with reviewing the current curriculum and developing and updating with reference to the documents listed above and to ensure the curriculum met all of the GMC's standards.

- A training day run by JRCPTB in June 2008 for STC chairs and TPDs where the 2007 curriculum and future training needs were discussed.

2.3 Training Pathway

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

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

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

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

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

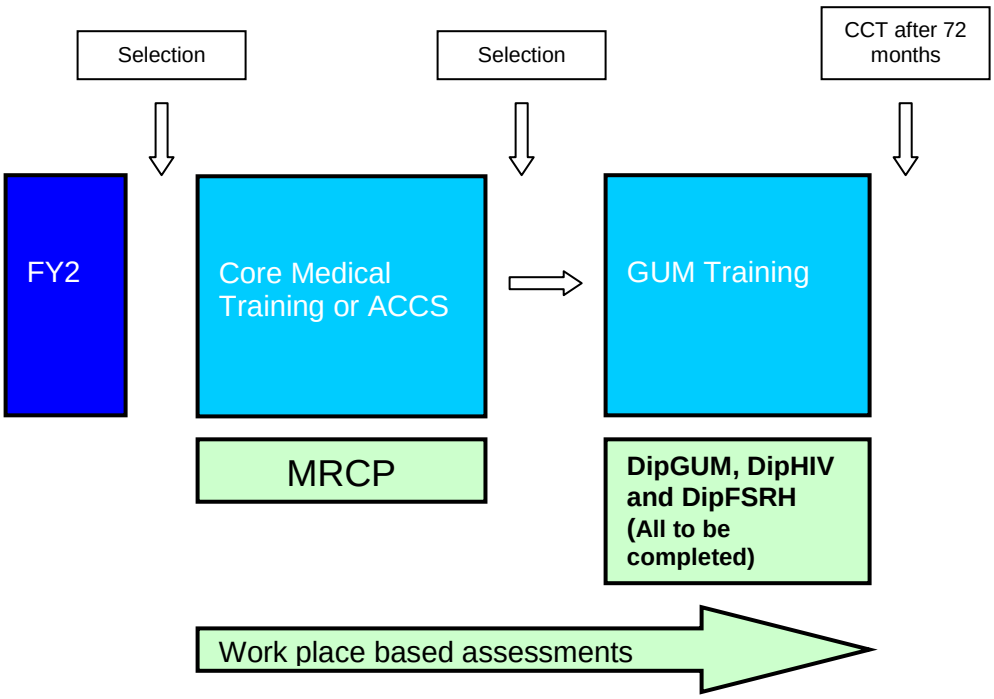


Diagram 1.0

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

2.4 Enrolment with JRCPTB

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

2.5 Duration of training

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

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

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

2.6 Less Than Full Time Training (LTFT)

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

- LTFT shall meet the same requirements as full-time training, from which it will differ only in the possibility of limiting participation in medical activities.

- The competent authorities shall ensure that the competencies achieved and the quality of part-time training are not less than those of full-time trainees.

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

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

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

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

3 Content of learning

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

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

3.1 Programme content and objectives

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

3.2 Good Medical Practice

In preparation for the introduction of licensing and revalidation, the General Medical Council has translated Good Medical Practice into a Framework for Appraisal and Assessment which provides a foundation for the development of the appraisal and assessment system for revalidation. The Framework can be accessed at http://www.gmc-uk.org/Framework_4_3.pdf_25396256.pdf

The Framework for Appraisal and Assessment covers the following domains:
Domain 1 – Knowledge, Skills and Performance
Domain 2 – Safety and Quality
Domain 3 – Communication, Partnership and Teamwork
Domain 4 – Maintaining Trust

The “GMP” column in the syllabus defines which of the 4 domains of the Good Medical Practice Framework for Appraisal and Assessment are addressed by each competency. Most parts of the syllabus relate to “Knowledge, Skills and Performance” but some parts will also relate to other domains.

3.3 Syllabus

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

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

The 2010 curriculum includes level descriptors to allow trainers and assessors to assess the trainee’s progress towards CCT in a ‘stepwise’ fashion.

The Medical Leadership Competency Framework, developed by the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement, has informed the inclusion of leadership competencies in this curriculum. The Framework identified possible assessment methods, but in reviewing these we identified a need for more specific methods. JRCPTB and the RCP Education Department have established a working group to develop and evaluate leadership assessment methods. These may include variants of CbD and ACAT, as well as the Case Conference Assessment Tool currently being piloted.

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

Syllabus Contents

GUM competencies

1. Sexual and Medical History

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

Knowledge	Assessment Methods	GMP
History:		
• Recognise importance of different elements of medical and sexual history.	CbD, DipGUM, mini-CEX	1
• Define professionalism	CbD, mini-CEX	1
• Know how to structure a consultation	mini-CEX CbD, DipGUM,	1,3
• Recognise that the history should inform examination, investigation and management plan.	mini-CEX CbD, DipGUM	1
• Recognises the importance of the patient's background, culture, education and preconceptions.	mini-CEX,CbD, DipGUM	1
• Describe sexual behaviour in population subgroups such as heterosexuals, homosexuals (men who have sex with men and women who have sex with women) those who engage in transactional sex and the associated risk of infection, trauma and pregnancy.	CbD, DipGUM, mini-CEX	1
• Understand the psychological and psychosexual component of disease; its presentation and when and where it is appropriate to refer for assistance**.**	CbD, mini-CEX	1
• Explain the link between factors such as alcohol and recreational drug use and sexual risk taking.	CbD, mini-CEX	1
• Recognize that domestic violence (physical and or sexual violence) is an issue for many women, men and children. Describe care pathways and onward referral.	CbD, mini-CEX	1
• Listen actively and question sensitively to guide the patient and to clarify information in particular with regard to matters that they may find it difficult to discuss, e.g. domestic violence or other abuse	ACAT, mini-CEX, PS	1, 3
Advice about safer sexual practises:		
• Identify patient's risks of sexually transmitted infections.	CbD, mini-CEX, DipGUM	1
• Identify need for contraception or pre-conception counselling.	CbD, mini-CEX, DipGUM	1
• Aware of the social and cultural determinants of risk.	CbD, mini-CEX	
• Understand issues that influence sexual behaviour e.g. broken relationships, stigma, sexual abuse, mental illness, low self-esteem and deprivation.	CbD, mini-CEX	1
Initiate Partner notification where appropriate:		
• Identify timescale for and methods of partner notification	CbD, DipGUM, mini-CEX	1

• Explain calculation of partner notification outcomes and methodological issues around measurement.	mini-CEX	
• Explain "The NHS Trust and Primary Care Trusts (Sexually Transmitted Diseases) directions 2000" and confidentiality as applies to GUM	CbD, DipGUM, mini-CEX	1
• Describe the importance of the role of the Health Advisor	CbD, mini-CEX	1,3
Skills		
Establish rapport, listen actively and question sensitively to guide the patient to clarify information. Supplement history with standardised instruments or questionnaires when relevant.	CbD, DipGUM, mini-CEX	1,3
Use condom demonstrator.	mini-CEX, DOPS, DipGUM	1,3
Focus on relevant aspects of sexual and medical history and overcome possible barriers to effective communication including internalised homophobia and fear of disclosure of stigmatised sexual behaviour.	CbD, DipGUM, mini-CEX	1,3
Make accurate and contemporaneous legible notes or computer records of consultation.	CbD, ,mini-CEX	1,3
Recognise psychosexual problems and refer appropriately. Identify and raise the possibility of domestic violence with patients, and offer referral for assistance.	CbD, mini-CEX, MSF	1,3
Manage alternative and conflicting view from others, such as sexual partners.	CbD, mini-CEX	1,3
Use, and refer patients to, appropriate written and other information sources such as patient websites.	CbD, mini-CEX, DipGUM	1,3
Identify and manage communication barriers, tailoring language to the individual patient and use language interpretation services as appropriate.	DOPS, mini-CEX	1,3
Deliver clear information to patients compassionately, being alert to and manage their and your emotional response (anxiety, antipathy etc)	CbD, DipGUM, mini-CEX	1,3
Able to apply current evidence on prevention and health promotion interventions, both at clinic level and in individual consultation, to promote health	CbD, DipGUM, mini-CEX	1,3
Check the patient/carer understands, ensuring that all concerns/questions have been covered. Respect patient choice.	CbD, DipGUM, mini-CEX	1
Able to review and explain the significance of partner notification outcomes in the context of the differing transmission dynamics of the STI/HIV. Explain reasons for partner notification clearly to patients, advising patients about ways to disclose. Inform patient about their legal responsibilities.	CbD, mini-CEX, DipGUM	1
Ensure referral and communication with other health care professionals are made accurately and in a timely fashion.	CbD, mini-CEX, DipGUM	1,3
Manage time, indicate when the interview is nearing its end, and conclude with a summary appropriately drawing consultation to a close. Manage follow-up effectively, using a variety of methods other	CbD, mini-CEX, PS, DipGUM	1

then a follow up visit such as letter, text results, e-mail phone call.		
Behaviours		
Display tact and empathy. Practise with courtesy, compassion and professionalism, especially by appropriate body language – does not acts as a superior.	CbD, MSF mini-CEX PS, DipGUM	1,3,4
Aware of patient dignity.	CbD,, MSF mini-CEX PS, DipGUM	1
Respect patient confidentiality.	CbD, MSF mini-CEX, DipGUM	1
Be non-judgemental	CbD, MSF mini-CEX PS, DipGUM	1,3,
Refer to colleagues in multi-disciplinary team.	CbD, MSF mini-CEX, DipGUM	1,3,
Ask for advice, including referral for second opinion	CbD, MSF mini-CEX PS, DipGUM	1,3,
Ensure appropriate personal language and behaviour	CbD, MSF mini-CEX PS, DipGUM	1,3,
Take into account sensitivities of patients such as those with learning disabilities or after sexual assault.	CbD, MSF mini-CEX PS, DipGUM	1,3,
Describe cultural and sexuality issues using different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved.	CbD, MSF mini-CEX, DipGUM	1,3,

Level Descriptors

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

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

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

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

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

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

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

To develop the ability to prioritise the diagnostic and therapeutic plan

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

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

	CEX	
Non-judgemental and demonstrate ability to identify own biases and inconsistencies in clinical reasoning	DipGUM, DIPHIV, MSF, CbD, mini-CEX,PS	1

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

3. Complaints and medical error

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

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

Contribute to a fair and transparent culture around complaints and errors	CbD, MSF	1
Recognise the rights of patients, family members and carers to make a complaint	CbD, MSF	1, 4
Recognise the impact of a complaint upon ones self and seek appropriate help and support	CbD, MSF	1, 4

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

4. Principles of medical ethics and confidentiality

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

Knowledge	Assessment Methods	GMP
Demonstrate knowledge of the principles of medical ethics	CbD, mini-CEX	1
Outline and follow the guidance given by the GMC on confidentiality	CbD, mini-CEX	1
Define the provisions of the Data Protection Act and Freedom of Information Act	CbD, mini-CEX	1
Define the principles of Information Governance	CbD, mini-CEX	1
Define the role of the Caldicott Guardian and Information Governance lead within an institution, and outline the process of attaining Caldicott approval for audit or research	CbD, mini-CEX	1, 4
Outline situations where patient consent, while desirable, is not required for disclosure e.g. serious communicable diseases, public interest	CbD, mini-CEX	1, 4
Outline the procedures for seeking a patient's consent for disclosure of identifiable information	CbD, mini-CEX	1
Recall the obligations for confidentiality following a patient's death	CbD, mini-CEX	1, 4
Recognise the problems posed by disclosure in the public interest, without patient's consent	CbD, mini-CEX	1, 4
Recognise the factors influencing ethical decision making: including religion, personal and moral beliefs, cultural practices	CbD, mini-CEX	1

Do not resuscitate: Define the standards of practice defined by the GMC when deciding to withhold or withdraw life-prolonging treatment	CbD, mini-CEX	1
Recognise the role and legal standing of advance directives	CbD, mini-CEX	1
Outline the principles of the Mental Capacity Act	CbD, mini-CEX	1
Demonstrate an understanding of adolescents' and young adults' right to confidentiality and the importance of safeguarding	CbD, mini-CEX	1
Skills		
Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team	CbD, mini-CEX, MSF	1, 2,3
Use and promote strategies to ensure confidentiality is maintained	CbD	1
Counsel patients on the need for information distribution within members of the immediate healthcare team	CbD, MSF	1, 3
Counsel patients, family, carers and advocates tactfully and effectively when making decisions about resuscitation status, and withholding or withdrawing treatment	CbD, mini-CEX, PS	1, 3
Behaviours		
Encourage informed ethical reflection in others	CbD, MSF	1
Show willingness to seek advice of peers, legal bodies, and the GMC in the event of ethical dilemmas over disclosure and confidentiality	CbD, mini-CEX, MSF	1
Respect patient's requests for information not to be shared, unless this puts the patient, or others, at risk of harm	CbD, mini-CEX, PS	1, 4
Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information	CbD, mini-CEX	1, 3
Show willingness to seek the opinion of others when making decisions about resuscitation status, and withholding or withdrawing treatment	CbD, mini-CEX, MSF	1, 3

Level Descriptor	
1.	Respect patients' confidentiality and their autonomy. Understand, in respect of information about patients, the need for highest regard for confidentiality adhering to the Data Protection Act. Keep in mind when writing or storing data the importance of the Freedom of Information Act. Knowledge of the guidance given by the GMC in respect of these two acts. Understand that the information in patient's notes is theirs. Only share information outside the clinical team and the patient after discussion with senior colleagues. Familiarity with the principles of the Mental Capacity Act If in doubt about a patient's competence and ability to consent even to the most simple of acts (e.g. history taking or examination) to discuss with a senior colleague. Participate in decisions about resuscitation status and withholding or withdrawing treatment.
2.	Counsel patients on the need for information distribution within members of the immediate healthcare team and seek patients' consent for disclosure of identifiable information. Discuss with patients with whom they would like information about their health to be shared.
3.	Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research. Understand the importance of considering the need for ethical approval when patient information

	is to be used for anything other than the individual's care. Understand the difference between confidentiality and anonymity. Know the process for gaining ethical approval for research.
4.	Able to assume a full role in making and implementing decisions about resuscitation status and withholding or withdrawing treatment. Able to support the decision making on behalf of those who are not competent to make decisions about their own care.

5. Valid consent

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

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

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

6. Legal framework for practice

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

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

Practice and promote accurate documentation within clinical practice	CbD, mini-CEX	1, 3
Behaviour		
Show willingness to seek advice from the employer, appropriate legal bodies (including defence societies), and the GMC on medico-legal matters	CbD, mini-CEX, MSF	1
Promote informed reflection on legal issues by members of the team All decisions and actions must be in the best interests of the patient	CbD, mini-CEX, MSF	1, 3

Level descriptor	
1.	Knows the legal framework associated with medical qualification and medical practice and the responsibilities of registration with the GMC. Knows the limits to professional capabilities - particularly those of pre-registration doctors.
2.	Identify to Senior Team Members cases which should be reported to external bodies and where appropriate and initiate that report. Identify with Senior Members of the Clinical Team situations where you feel consideration of medical legal matters may be of benefit. Be aware of local Trust procedures around substance abuse and clinical malpractice.
3.	Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases preparing brief statements and reports as required. Actively promote discussion on medical legal aspects of cases within the clinical environment. Participate in decision making with regard to resuscitation decisions and around decisions related to driving discussing the issues openly but sensitively with patients and relatives.
4.	Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases providing full medical legal statements as required and present material in Court where necessary. Ensures that medico- legal factors are considered openly and consistently wherever appropriate in the care and best interests of the patient. Ensuring that patients and relatives are involved openly in all such decisions.

7. Pathology of sexually transmitted infections

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

Knowledge	**Assessment Methods**	**GMP**
Able to explain the fundamental characteristics of test performance, including sensitivity and specificity; positive predictive value and negative predictive value and is able to make simple calculations of these from data, Is able to explain the advantages and disadvantages of introducing a screening test to contrasting populations, including the merits of register based vs opportunistic screening, evaluation of screening, using actual or proposed examples in sexual health.	CbD, DipGUM, mini-CEX, TO	1
Explain antigen and antibody tests and their advantages and limitations.	CbD, DipGUM, mini-CEX, TO	1
Explain DNA amplification techniques and their advantages and limitations.	CbD, DipGUM, mini-CEX, TO	1
Explain the range of laboratory tests for gonorrhoea, Chlamydia, LGV,	CbD, DipGUM,	1

mycoplasma, syphilis, trichomonas, chancroid, donovanosis, candida, bacterial vaginosis, HIV, HSV, HPV, and Hepatitis A/B/C. To include microscopy, point of care tests, culture, NAATs, serology.	mini-CEX, TO	
Understand specificity and sensitivity, need for confirmation by same or different tests, timescale for results. Explain which sites to sample, storage of specimens and transfer time to lab. Describe time frame to positive result from infection and to negative result post treatment.	CbD, DipGUM, mini-CEX, TO	1
Skills		
Take adequate and appropriate specimens with minimum discomfort to patient.	CbD, DipGUM, DOPS, mini-CEX	1
Perform direct inoculation of clinical material on transport and culture media.	CbD, DipGUM, DOPS, mini-CEX	1
Use the microscope, including bright and dark field microscopy, setting up, adjusting and maintenance.	CbD, DipGUM, DOPS, mini-CEX	1
Perform Gram-stains and interpret the findings.	CbD, DipGUM, DOPS, mini-CEX	1
Perform wet-mount microscopy and interpret the findings.	CbD, DipGUM, DOPS, mini-CEX	1
Correctly interpret NAATs and serological tests.	CbD, DipGUM, DOPS, mini-CEX	1
Explain meaning of test results to patients.	CbD, DipGUM, DOPS, mini-CEX	1,3
Explain meaning of equivocal test results and possibility of false negative and positive results to patients.	CbD, DipGUM, DOPS, mini-CEX	1,3
Behaviours		
Establish rapport with laboratory staff.	CbD, MSF	1
Able to understand uncertainty such as an equivocal test result.	CbD, MSF, DipGUM	1
Show respect and behaves in accordance with Good Medical Practice.	CbD, MSF, DipGUM	3,4

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

8. Bacterial genital infections

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

Knowledge	Assessment Methods	GMP
Explain the presentation, investigation and differential diagnosis of urethritis and cervicitis	CbD, DipGUM, mini-CEX, TO	1
Explain the natural history and management of both uncomplicated and complicated infection by N gonorrhoea and C. trachomatis, including rectal Chlamydia and Lymphogranuloma venereum (LGV.)	CbD, DipGUM, mini-CEX, TO	1
Explain the aetiology and management of Chlamydia and urethritis.	CbD, DipGUM, mini-CEX, TO	1
Explain the aetiology and management of prostatitis, chronic/recurrent urethritis and chronic male pelvic and testicular pain.	CbD, DipGUM, mini-CEX, TO	1
Explain the diagnosis, natural history and management of pelvic infection.	CbD, DipGUM, mini-CEX, TO	1
Explain the aetiology investigation and management of pharyngeal and rectal infections.	CbD, DipGUM, mini-CEX, TO	1
Explain the aetiology and preliminary management of acute abdominal/pelvic pain, including severe intra-abdominal sepsis, trauma from use of sex toys/fisting.	CbD, DipGUM, mini-CEX, TO	1
Explain the aetiology and management of chronic pelvic pain.	CbD, DipGUM, mini-CEX, TO	1
Explain the aetiology and management of epididymo-ochitis and scrotal masses.	CbD, DipGUM, mini-CEX, TO	1
Explain the aetiology and management of sexually acquired reactive arthritis.	CbD, DipGUM, mini-CEX, TO	1
Explain the management of urinary tract infections in men, (including MSM) and women.	CbD, DipGUM, mini-CEX, TO	1
Skills		
Take a history, performs an examination, and obtain specimens for microbiological testing.	CbD, DipGUM, DOPS, mini-CEX	1
Explain the diagnosis and management clearly to the patient.	CbD, DipGUM, , mini-CEX, PS	1
Communicate with other specialties and GPs when appropriate.	CbD, mini-CEX	1,3

Behaviours		
Display tact, empathy, respect and concern for patients.	MSF, DipGUM	1
Be non-judgemental.	MSF, DipGUM	1
Show respect and behaves in accordance with Good Medical Practice	MSF, DipGUM	1,3
Work in collaboration with and understands the role of nurses, Health Advisors and GPs	MSF	1,3
Understand the psychological and/or psychosocial impact of chronic genital problems.	MSF	1

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

9. Genital ulceration and syphilis

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

Knowledge	Assessment Methods	GMP
Explain the investigation and differential diagnosis of genital ulcers, including apthous ulcers.	CbD, DipGUM, mini-CEX, TO	1
Explain the natural history and management of primary, secondary early and late latent syphilis.	CbD, DipGUM, mini-CEX, TO	1
Explain the diagnosis, investigations and management of tertiary syphilis.	CbD, DipGUM, mini-CEX, TO	1
Explain the impact of HIV on the natural history of syphilis.	CbD, DipGUM, mini-CEX, TO	1
Describe the diagnosis and management of lymphogranuloma venereum (LGV), donovanosis, and chancroid.	CbD, DipGUM, mini-CEX, TO	1
Explain the natural history, transmission and management of herpes simplex virus infections, including psychosexual complications and indications for episodic and suppressive therapy.	CbD, DipGUM, mini-CEX, TO	1
Describe the diagnosis and management of non-infective causes of genital ulcers	CbD, DipGUM, mini-CEX, TO	1
Skills		

Take a history, performs an examination, and obtains specimens for microbiological testing, including dark-field microscopy.	DipGUM, DOPS, mini-CEX	1,3
Explain the diagnosis and management clearly to the patient including need for disclosure.	DipGUM, mini-CEX, PS	1,3
Demonstrate effective communication with other specialties	DipGUM, mini-CEX	1,3
In pregnancy consider risks to neonate and ensure paediatricians or GP carry out appropriate testing and treatment, with consent of mother wherever possible.	DipGUM, mini-CEX	1,3
Behaviours		
Be non-judgemental.	MSF, DipGUM	1,4
Appreciate role of nurses and health advisors.	MSF, CbD	1,4
Show respect and concern for patients and behaves in accordance with Good Medical Practice.	MSF, DipGUM	1,4

Level Descriptor	
1.	Can assess and formulate differential diagnosis in patients presenting with uncomplicated genital ulcer disease, asks for advise/uses guidelines for complex cases
2.	Can assess, diagnose and manage patients presenting with uncomplicated genital ulcer disease. Explains diagnosis to patient and establishes rapport.
3.	Understands, diagnoses, treats and explains the less common presentations of genital ulcer disease. Can illicit clinical signs of neurological and ophthalmological syphilis. Can accurately interpret syphilis serology.
4.	Rapidly and accurately performs and interprets focussed clinical examination, can independently investigate and manage complex genital ulcer disease including in patients with HIV infection. Establishes excellent rapport with patients the MDT and other specialties

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

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

Knowledge	**Assessment Methods**	**GMP**
Explain the aetiology and management of genital lumps including warts and molluscum contagiosum.	CbD, DipGUM, mini-CEX, TO	1
Explain the natural history off and transmission of HPV.	CbD, DipGUM, mini-CEX, TO	1
Explain the natural history, diagnosis, and management of cervical, vulval, vaginal, anal and penile intra-epithelial neoplasia.	CbD, DipGUM, mini-CEX, TO	1
Explain the NHS cervical screening programme.	CbD, DipGUM. mini-CEX, TO	1
Explain the role and interpretation of cytology, colposcopy and histology.	CbD, DipGUM, mini-CEX, TO	1
Describe the role of anoscopy.	CbD, mini-CEX, TO	1
Know when to refer and explains the treatment options available for cervical pre-malignant disease.	CbD, DipGUM, mini-CEX, TO	1

Explain HPV vaccines available and national immunisation programme.	CbD, DipGUM, mini-CEX, TO	1
Skills		
Take a history and performs examination. Explains the diagnosis and management clearly to the patient.	CbD, DipGUM, , mini-CEX	1,3
Skilfully perform ablative therapy of genital warts.	CbD, DOPS, mini-CEX	1,3
Perform cervical cytology.	CbD, DipGUM, DOPS, mini-CEX	1,3
Make timely referral of suspected cancer.	CbD, mini-CEX	1,3
Counsel men and women sensitively about cancer risk, benefits and risks of screening.	CbD, DipGUM, mini-CEX	1,3
Behaviours		
Display tact, empathy, respect and concern for patients.	MSF, PS mini-CEX, DipGUM	1,3
Be non-judgmental.	MSF, mini-CEX, DipGUM	1,3
Appreciate role of nurses and health advisers.	MSF, mini-CEX	1,3
Show respect and behaves in accordance with Good Medical Practice.	MSF, mini-CEX,PS, DipGUM	1,3,4

Level descriptor	
1.	Can examine and formulate differential diagnosis in patients presenting with genital lumps, asks for advise/uses guidelines for complex cases. Can perform cervical cytology. Understands the responsibilities of the smear taker in the context of the UK cervical screening programme.
2.	Can assess, diagnose manage patients presenting with uncomplicated genital lumps. Can perform ablative procedure and can explain use of and prescribe available patient applied therapies. Explains diagnosis to patient and establishes good rapport.
3.	Understands, diagnoses, treats and explains the less common presentations of genital lumps including condylomata lata.
4.	Rapidly and accurately performs and interprets focussed clinical examination, can independently investigate and manage complex genital lumps including penile and anal dysplastic conditions. Can appropriately perform genital biopsy when. Recognise genital dysplastia and refer in timely fashion. Establish excellent rapport.

11. Genital infestations

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

Knowledge	**Assessment Methods**	**GMP**
Explain the diagnosis and management of scabies.	CbD, DipGUM, mini-CEX, TO	1
Explain the diagnosis and management of pediculosis pubis	CbD, DipGUM, mini-CEX, TO	1
Skills		

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

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

12. Sexual assault/sexual abuse

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

Knowledge	**Assessment Methods**	**GMP**
Explain timing for forensic examination.	CbD, DipGUM, mini-CEX, TO	1
Explain the procedure for chain of evidence.	CbD, DipGUM, mini-CEX, TO	1
Explain the law and BASHH, DoH/DfES and GMC guidance on child protection with regard to sexual activity with under 13s, 16s and 18s and those with leaning difficulties.	CbD, DipGUM, mini-CEX, TO	1
Explain a diagnosis of STIs in the context of alleged sexual abuse	CbD, DipGUM, mini-CEX, TO	1
Identify the procedures and protocols of the local Safeguarding Children's Board or Committee.	CbD, DipGUM, mini-CEX, TO	1
Explain the treatment and/or prophylaxis of sexually transmitted infections including HIV post-exposure prophylaxis, and post-coital contraception.	CbD, DipGUM, mini-CEX, TO	1

Explain HIV testing in the context of sexual assault.	CbD, DipGUM, mini-CEX, TO	1
Skills		
Take a full sexual assault history including a risk assessment on those under 18 years old.	CbD, DipGUM	1,3
Encourage patient consent to involve local sexual assault specialist for forensic examination if timing appropriate. If not, performs a full genital examination noting any injuries.	CbD, mini-CEX	1,3
Document fully and accurately such that a medico-legal report may be produced at a later date.	CbD, mini-CEX	1,3
Give prophylaxis for infections including HIV/ Hepatitis B.	CbD, mini-CEX	1,3
Counsel about post-coital contraception when indicated.	CbD, DipGUM, mini-CEX	1,3
Refer to local organisations to provide support.	CbD, mini-CEX	1,3
Behaviours		
Display tact, empathy, respect and concern for patients.	MSF, PS, DipGUM	1,3
Respect patient dignity.	MSF, PS, DipGUM	1,3
Appreciate the need for a chaperone during examinations	mini-CEX, CbD	1,3
Work in conjunction with paediatricians/social care if patient under 16.	mini-CEX, CbD	1,3
Work in collaboration with nurses and Health Advisors.	MSF, mini-CEX, CbD	1,3
Be aware of child sexual abuse and exploitation.	mini-CEX, CbD	1,3
Show respect and behave in accordance with Good Medical Practice.	MSF,PS, DipGUM	1,3

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

13. Genital infections in pregnancy

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

Knowledge	**Assessment Methods**	**GMP**
Explain the diagnosis, complications, treatment and management of sexually transmitted infections and other genital infections in pregnancy.	mini-CEX, CbD, DipGUM, TO	1
Explain prescribing in pregnancy and the puerperium in relation to STI	mini-CEX, CbD,	1

treatment.	DipGUM, TO	
Explain mother-to-child transmission of HIV, and how the risk of infection in the child can be reduced.	mini-CEX, CbD, DipGUM, TO	1
Explains the diagnosis, treatment and management of sexually transmitted pathogens in the newborn.	mini-CEX, CbD, DipGUM, TO	1
Skills		
Take a history, performs an examination, and obtains specimens	mini-CEX, CbD, DipGUM, DOPS	1,3
Explain the diagnosis and management clearly to the patient.	mini-CEX, CbD, DipGUM	1,3
Communicate with GP and obstetric team.	mini-CEX, CbD, DipGUM, DipGUM	1,3
Behaviours		
Displays tact, empathy, respect and concern for patients.	MSF, PS, DipGUM	1,3,4
Be non-judgemental.	MSF	1,3,4
Works in collaboration with of nurses, Health Advisors, GP, obstetric team and paediatricians	MSF, mini-CEX, CbD, DipGUM	1,3

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

14. Genital infections in newborn, infants and children

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

Knowledge	**Assessment Methods**	**GMP**
Explain the diagnosis, treatment and management of sexually transmitted pathogens in neonates and pre-pubertal children.	mini-CEX, CbD, DipGUM, TO	1
Explain the multidisciplinary management of children with genital infections.	mini-CEX, CbD, DipGUM, TO	1,3
Explain prescribing in children in relation to STI treatment	mini-CEX, CbD, DipGUM, TO	1

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

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

15. Infective causes of vulvovaginitis and balanitis

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

Knowledge	**Assessment Methods**	**GMP**
Explain the diagnosis and management of infective causes of vulvovaginitis and balanitis.	mini-CEX, CbD, DipGUM, TO	1
Describe underlying predisposition for infection such as diabetes	mini-CEX, CbD,	1

mellitus, eczema or immunosupression.	DipGUM, TO	
Skills		
Take a history, performs an examination, and obtain specimens.	DOPS, mini-CEX, CbD, DipGUM	1
Explain the diagnosis and management clearly to the patient.	mini-CEX, CbD	1
Communicate with and refer to GPs and specialists in a timely way.	mini-CEX, CbD	1,3
Perform skin scrapings for mycology.	DOPS	1
Behaviours		
Display tact, empathy, respect and concern for patients.	MSF, PS	1,3
Works in collaboration with nurses and Health Advisors.	MSF	1,3
Show respect and behave in accordance with Good Medical Practice.	MSF, PS	1

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

16. Contraception

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

Knowledge	**Assessment Methods**	**GMP**
Know the mode of action, indications, contraindications, side-effects and complications of all methods of contraception: oral and transdermal oestrogen containing hormonal contraception, oral, injectable and subdermal progestogen-only hormonal contraception, intra-uterine contraception, fertility awareness-based methods, barrier methods and sterilisation procedures. Including knowledge of drug and non-prescribed drug/product interactions.	mini-CEX, CbD, DipGUM, DipFSRH, TO	1
Understand the methods, mode of action and indications for emergency contraception.	mini-CEX, CbD, DipGUM, DipFSRH	1
Understand the insertion and removal procedures for subdermal implants and intrauterine methods.	mini-CEX, CbD, DipFSRH	1
Know how to manage impalpable implants.	mini-CEX, CbD, DipFSRH	1
Be aware of methods to address contraceptive needs of individuals with complex medical and social problems.	mini-CEX, CbD, DipFSRH	1
Understand barriers to effective use of contraception and strategies for overcoming this.	mini-CEX, CbD, DipFSRH	1

Explain the legal situation with regard to therapeutic abortion, indications and available methods in the UK.	mini-CEX, CbD, DipFSRH	1
Skills		
Discus and compare methods of reversible contraception, their advantages, disadvantages, interactions with other medication/non prescribed products and side effects with patients.	mini-CEX, CbD, DipGUM, DipFSRH	1,3
Explore reasons for not using contraception.	mini-CEX, DipFSRH	1,3
Explain the principles of natural fertility control, its efficacy and the use of fertility devices.	mini-CEX, CbD, DipFSRH	1,4
Prescribe/teach use of and monitoring of contraception including barrier methods, oestrogen containing hormonal contraception, oral and injectable progestogen-only hormonal contraceptives.	mini-CEX, CbD, DipFSRH	1
Prescribe emergency contraception	mini-CEX, DipFSRH	1,4
Asses and prepare patient being referred for subdermal implant or intra-uterine contraception.	mini-CEX, CbD, DipFSRH	1,3,4
Insert subdermal implants.	DOPS	1
Initially manage women with bleeding problems whilst using hormonal contraceptives.	mini-CEX, CbD, DipFSRH	1
Initial counselling and referral of women seeking abortion, unless conscientious objector in which case refers to colleagues without prejudice.	mini-CEX, CbD, DipFSRH	1
Refer to other agencies as required.	mini-CEX, CbD,MSF	1
Behaviours		
Display tact, empathy, respect and concern for patients.	MSF, DipFSRH	1
Show respect for different religious and cultural values.	MSF, DipFSRH	1
Work with nurses, pharmacists and other healthcare professionals.	MSF, DipFSRH	1,3
Be skilled at promoting use of contraception.	DipFSRH, CbD, mini-CEX	1

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

17. Gynaecology and Obstetrics for GUM trainees

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

Knowledge	Assessment Methods	GMP
Explain the diagnosis and management of disorders of menstruation including dysmenorrhoea, amenorrhoea, menorrhagia, intermenstrual and post-coital bleeding.	DipGUM, TO, mini-CEX, CbD	1
Explain the causes of both acute and chronic pelvic pain, including non-gynaecological causes.	TO, DipGUM, mini-CEX, CbD	1
Explain the diagnosis, normal phenomena and management of adverse symptoms caused by the menopause.	TO, mini-CEX, CbD	1
Explain the common causes of and approaches to diagnosis and treatment of infertility and sub fertility including in HIV positive patients.	TO, mini-CEX, CbD	1
Explain the following disorders of early pregnancy – Interpretation of bleeding in early pregnancy; ectopic pregnancy; trophoblastic tumours; risk and treatment of infections.	DipFSRH TO mini-CEX, CbD	1
Explain the expected and normal phenomena of middle and late pregnancy in order to appropriately refer women with abnormalities.	TO, mini-CEX, CbD	1
Explain the simple classifications of common benign and malignant cysts and tumours of the ovaries and outlines the approach to diagnosis.	TO, mini-CEX, CbD	1
Recognise early symptoms and signs of endometrial and cervical neoplasia.	DipGUM, TO, mini-CEX, CbD	1
Explain the causes of dysparuenia	DipGUM, TO, mini-CEX, CbD	1
Is aware of the presentations of complications of female genital mutilation (FGM), the barriers to disclosure and where to refer.	DipGUM, TO, mini-CEX, CbD	1
Skills		
Refer women with gynaecological, menopausal or obstetric problems appropriately; stabilises and safely transferring emergencies.	mini-CEX, CbD, DipFSRH	1,3
Manage both acute and chronic pelvic pain either within the GUM department or by referral to primary or secondary care, instigating appropriate investigations/treatments.	mini-CEX, CbD	1,3
Recognise and offer assistance to women with complications of/requesting refashioning of FGM.	mini-CEX, CbD	1
Recognise genitals prolapse	mini-CEX, CbD,	1
Recognise, investigate and manage dysparuenia	DOPS, mini-CEX, CbD, DipGUM.	1,3
Uses near patient pregnancy tests.	DOPS	1
Detects and refers women with fertility issues.	mini-CEX, CbD	1,3

Behaviours		
Displays tact, empathy, respect and concern for patients.	MSF, PS	1
Understand the role of and the differences in training of nurses and midwives.	MSF, PS	1,3

Level descriptor

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

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

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

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

18. Dermatology for GUM

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

Knowledge	Assessment Methods	GMP
Explain the genital and extra-genital presentation and management of common vulval dermatological conditions, including vulval pain, psoriasis, dermatitis, lichen planus, lichen simplex chronic, lichen sclerosus, vulvodynia, drug reactions and fungal dermatoses.	DipGUM, CbD, mini-CEX, TO	1
Explain the genital and extra-genital presentation and management of common penile dermatological conditions, including psoriasis, dermatitis, irritant balanitis, lichen planus, lichen sclerosus, Zoons balanitis drug reactions and fungal dermatoses.	DipGUM, CbD, mini-CEX, TO	1
Describes the history and special features suggestive of genital skin pre malignancy and cancer.	DipGUM, CbD, mini-CEX, TO	1
Describe the history and special features suggestive of genital pain syndromes.	DipGUM, CbD, mini-CEX, TO	1
Describe the anatomy, embryology and physiology of the vulva, and its variation between prepubertal, reproductive and post-menopausal state	DipGUM, CbD, mini-CEX, TO	1
Skills		
Perform an examination, a punch biopsy and take a vulval history.	DOPS, mini-CEX	1
Understand principles underlying the management of the vulval pain and pruritus vulvae	CbD, mini-CEX	1
Interpret relevant histological reports asking for advice from histopathogy if needed.	CbD, mini-CEX	1
Accurately describe clinical findings.	CbD, mini-CEX	1
Refer to dermatologists as necessary, with timely specialist referral for suspected cancer.	CbD, mini-CEX	1,3
Counsel a patient on the use of topical treatments on the vulva	CbD, mini-CEX	1,3

Behaviours		
Be sensitive to the psychosexual impact of genital skin problems and offer referral to psychosexual therapists.	MSF, PS	1,3
Show respect and behave in accordance with Good Medical Practice.	MSF, PS	1,3
Understand the multidisciplinary approach required for some patients with complicated vulval disease. (Know when to refer to dermatology, gynaecology sexual therapy, pain management, physiotherapy)	MSF, PS	1,3

Level descriptor

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

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

3. Can diagnose and treat some simple genital dermatoses.

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

19. Ethical research

To ensure that research is undertaken using relevant ethical guidelines

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

Follow guidelines on ethical conduct in research and consent for research	CbD	1
Show willingness to promote research	CbD	1

Level descriptor	
1.	Defines ethical research and demonstrates awareness of GMC guidelines Differentiates audit and research and understands the different types of research approach e.g. qualitative and quantitative Knows how to use databases
2.	Demonstrates good presentation and writing skills Demonstrates critical appraisal skills and demonstrates ability to critically appraise a published paper
3.	Demonstrates ability to apply for appropriate ethical research approval Demonstrates knowledge of research organisation and funding sources Demonstrates ability to write a scientific paper
4.	Provides leadership in research Promotes research activity Formulates and develops research pathways

20. Teaching and training

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

Knowledge	Assessment Methods	GMP
Describe relevant educational theories and principles Outline adult learning principles relevant to medical education	CbD	1
Demonstrate knowledge of relevant literature relevant to developments and challenges in medical education and other sectors	CbD	1
Outline the structure of an effective appraisal interview	CbD	1
Define the roles of the bodies involved in medical education Identify learning methods, learning objectives and outcomes Describe the difference between learning objectives and outcomes	CbD	1
Differentiate between appraisal, assessment and performance review and be aware of the need for all.	CbD	1
Differentiate between formative and summative assessment and define their role in medical education	CbD	1
Outline the structure of effective appraisal review	CbD	1
Outline the role of workplace-based assessments, the assessment tools in use, their relationship to course learning outcomes, the factors that influence their selection and the need for evaluation	CbD	1
Outline the course of action to assist a trainee in difficulty.	CbD	1

Skills		
Be able to critically evaluate relevant educational literature and vary teaching format, appropriate to situation and subject	CbD, TO	1
Provide effective feedback and promote learner reflection	CbD, MSF, TO	1
Conduct developmental conversations e.g. supervision, mentoring	CbD, MSF, TO	1
Demonstrate effective lecture, presentation, small group and bed side teaching sessions	CbD, MSF	1, 3
Provide or refer trainees to effective sources of career information	CbD, MSF, TO	1, 3
Participate in strategies aimed at improving patient education e.g. support group meetings	CbD, MSF, TO	1
Lead teaching programmes	CbD, MSF, TO	1
Recognise the trainee in difficulty and take appropriate action	CbD	1
Be able to identify and plan learning activities in the workplace	CbD, TO	1
Contribute to educational research projects e.g. through the development of research ideas. Is able to manage time and resources effectively to benefit the educational faculty and learners.	CbD, TO	1
Behaviours		
In discharging educational duties maintain the dignity and safety of patients	CbD, MSF, TO	1, 4
Recognise the importance of the role of the physician as an educator and use medical education to enhance the care of patients	CbD, MSF, TO	1
Balance the needs of service delivery with education	CbD, MSF, TO	1
Demonstrate willingness to teach trainees and other health and social workers in a variety of settings to improve patient care	CbD, MSF, TO	1
Demonstrate consideration for learners emotional, physical and psychological well being as well as their development needs.	CbD, MSF, TO	1
Act to ensure equality of opportunity for students, trainees, staff and professional colleagues	CbD, MSF, TO	1
Encourage discussions with colleagues to share knowledge and understanding	CbD, MSF, TO	1, 3
Is honest and objective during appraisal and assessment	CbD, MSF, TO	1
Show willingness to participate in workplace-based assessments and understands their purpose	CbD, MSF, TO	1
Show willingness to take up formal training and respond to feedback.	CbD, MSF, TO	1, 3
Demonstrate willingness to become involved in wider medical education activities and encourage enthusiasm for medical education activity in others	CbD, MSF, TO	1
Advance own education through continuous learning, and act as a role model to guide trainees towards good professional behaviour	CbD, MSF, TO	1
Enhance and improve educational provision through evaluation of own practice Contribute to educational policy and development at local or national levels	CbD, MSF, TO	1
Level descriptor		

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

HIV competencies

21. To test individuals for HIV infection

To progressively acquire knowledge and skills to safely and effectively test individuals for HIV infection. To learn to counsel patients regarding HIV testing, initially in traditional settings and then progressively outside of these settings. To develop the skills to counsel patients who do not disclose to their partners.

Knowledge	Assessment Methods	GMP
Describe the epidemiology of HIV infection both within the United Kingdom and globally.	DipGUM, DipHIV, CbD, mini-CEX	1
Explain the relevant issues for someone undergoing HIV testing.	DipGUM, DipHIV, CbD, mini-CEX	1
List the laboratory tests used to diagnose and confirm HIV infection.	DipGUM, DipHIV, CbD, mini-CEX	1
Explain point of care HIV testing and the advantages and disadvantages compared to laboratory based methods.	DipGUM, DipHIV CbD, mini-CEX	1
Recognise the medico-legal and ethical issues relevant to the disclosure of positive HIV status including partner notification.	DipGUM, DipHIV CbD, mini-CEX	1
Explain the current GMC guidelines regarding informed consent for HIV testing and confidentiality.	DipGUM, DipHIV CbD, mini-CEX	1
Describe the epidemiology, natural history and treatment of HIV-2 infection.	DipHIV CbD	1
Describe the impact of late diagnosis of HIV infection on morbidity and mortality and the role of expanded HIV testing to reduce the numbers remaining undiagnosed.	DipGUM, DipHIV Cbd, mini-CEX	1
Understand the role of the HPA and consultants in public health. Outline and follow the guidance given by the GMC on confidentiality. Define the provisions of the Data Protection Act and the Freedom of Information Act	DipHIV, CbD, mini-CEX	1
Outline the concept of patient self care and the role of the expert patient	CbD, mini-CEX	1
Understand positive or negative implications of health promotion activities e.g. increasing access for patients and health anxiety	CbD, mini-CEX	1
Skills		
Discus HIV testing in various clinical scenarios e.g. in pregnancy	DipGUM, DipHIV,CbD, mini-CEX	1
Promote and encourage involvement of patients in support networks.	CbD, mini-CEX	1
Perform and interpret point-of-care HIV test (POCT).	DOPS, mini-CEX	1
Counsel HIV positive healthcare workers to inform occupational health and not to undertake high-risk, exposure prone procedures.	DipGUM, DipHIV, CbD, mini-CEX	
Perform post-test discussion including giving a positive HIV result.	DipHIV, CbD, mini-CEX	1

Explain the diagnosis and management of HIV infection clearly to the patient.	DipGUM, DipHIV, CbD, mini-CEX	1
Identify and overcomes possible barriers to effective communication.	DipGUM, DipHIV, CbD, mini-CEX	1
Consult with patients unwilling to inform sexual partners of HIV status.	DipGUM, DipHIV, CbD, mini-CEX	1
Identify patient's ideas, concerns and health beliefs regarding screening and health promotion and respond positively.	mini-CEX, CbD	1
Behaviours		
Demonstrate a non-judgemental approach to patients.	DipGUM, DipHIV, CbD, mini-CEX	1
Show willingness to seek advice of peers, legal bodies and GMC in event of ethical dilemma over disclosure and confidentiality.	CbD, mini-CEX	1
Work collaboratively in multi-professional teams.	CbD, mini-CEX	1
Recognise the impact of HIV on the patient, partner and family	CbD, mini-CEX	1
Level Descriptors		
1	Describes the epidemiology of HIV infection within Europe and throughout the world. Explains the use of HIV antibody tests and the potential drawbacks of these tests for example the risk of false negatives during the window period. Counsels a patient about having an HIV test and to give both positive and negative HIV results. Counsels newly diagnosed patients about the risk of transmission and how to reduce risk.	
2	Describes how the epidemiology of HIV is changing throughout the world. Describes new technologies for HIV testing. Demonstrates the importance of assessing whether patients have disclosed to their partners and supports them to do this. Describes the management of newly diagnosed patients.	
3	Describes the role of expanded HIV testing in reducing HIV related morbidity and mortality and to plan strategies for rolling out testing. Counsels patients about the possible medico-legal implications of non-disclosure.	
4	Assesses patients with unexpected or discrepant results for the possibility of false positive results and liaise appropriately with the virology team.	

22. HIV exposure and post-exposure prophylaxis.

To progressively develop the skills to assess individuals for PEP following possible sexual or non-sexual exposure and to counsel patients regarding the risks and benefits of PEP. To progressively learn how to assess the need for non-standard PEP. To have knowledge of other preventative HIV technologies and strategies from clinical studies and describe how these may be translated into clinical practice.

Knowledge	Assessment Methods	GMP
Explain the risks of HIV infection following both sexual and non-sexual (including occupational) exposure.	DipGUM, DipHIV CbD, mini-CEX	1
Describe the rationale of HIV PEP and standard PEP regimens.	DipGUM, DipHIV CbD, mini-CEX	1
Describe tailoring of standard PEP regimens depending on likely drug	DipGUM, DipHIV	1

resistance in the index case and concomitant medication/condition.	CbD,mini-CEX	
Explain other strategies to prevent HIV infection including: condoms, circumcision Pre-exposure prophylaxis (PrEP), Microbicides, use of ARV therapy, STI diagnosis and treatment	DipGUM, DipHIV CbD, mini-CEX	1
Describe the follow-up of individuals assessed for PEP including monitoring for toxicity, testing for the transmission of blood borne viruses such as HIV, hepatitis B and C and testing for other sexually transmitted infections.	DipGUM, DipHIV CbD, mini-CEX	1
Skills		
Asses the risk of HIV following sexual contact, occupational and other non-sexual exposure	DipGUM, DipHIV CbD, mini-CEX	1
Explain rationale of PEP to patient, including follow-up protocols.	DipGUM, DipHIV CbD,mini-CEX	1
Asses the indications for prescribing ART to reduce the risk of onward transmission.	DipGUM, DipHIV CbD, mini-CEX	1
Explain the management of individuals with multiple and ongoing HIV risk exposures	DipGUM, DipHIV CbD, mini-CEX	1
Behaviours		
Display tact, empathy, respect and concern for patients.	DipGUM, DipHIV CbD, mini-CEX	1
Demonstrate a non-judgemental approach to patients.	DipGUM, DipHIV CbD, mini-CEX	1

Level Descriptors	
1.	To describe the indications for PEP/PEPSE according to guidelines. To assess the risk of HIV following possible exposure and to counsel patients regarding the possible risks and benefits of PEP/PEPSE. To describe the critical role of condoms in preventing HIV transmission.
2.	To describe the follow-up and management of common side effects of individuals taking PEP.
3.	To assess individuals for non-standard PEP/PEPSE regimens and under supervision constructs non-standard PEP/PEPSE regimens. To list the other preventative technologies/strategies being trialled and the results of major studies.
4.	To assess individuals for other interventions to decrease risks of onward transmission including the use of ARVs.

23. Early HIV and primary HIV infection

To manage early HIV infection, initially focussing on the asymptomatic newly diagnosed patient. To learn which tests to performed at the first visit and in routine monitoring of individuals. To learn how to diagnose and assess individuals with primary HIV infection.

Knowledge	Assessment Methods	GMP
Explain the natural history, pathogenesis, staging and classification of HIV disease.	DipGUM, DipHIV CbD, mini-CEX	1
Explain incident HIV testing and the rationale for considering the use of these tests in clinical practice.	DipHIV CbD, mini-CEX	1
Describe the clinical assessment and investigation of someone newly diagnosed with HIV infection.	DipGUM, DipHIV CbD,mini-CEX	1
Explain the laboratory investigations used for assessment of HIV disease, including CD4 count and viral load.	DipGUM, DipHIV CbD, mini-CEX	1
Describe the diagnosis, manifestations, prognostic implications and management of primary and early HIV infection.	DipGUM, DipHIV CbD, mini-CEX	1
Skills		
Explain the results of tests used in the monitoring of HIV infection.	DipHIVCbD, mini-CEX	1
Behaviours		
Display tact, empathy, respect and concern for patients.	DipGUM, DipHIV CbD, mini-CEX	1
Respect patient choice.	DipGUM, DipHIV CbD, mini-CEX	1
Recognise the importance of prompt and accurate information sharing with primary care and community based teams.	CbD, mini-CEX, MSF	1

Level Descriptors	
1.	Describes the natural history of HIV infection and applies this by explaining the staging classification of HIV disease. Demonstrates understanding of the difference between clinical latency and virological activity in early disease. Describes the assessment of asymptomatic patients with early disease and list tests used for routine follow-up.
2.	Demonstrates understanding of the clinical presentation of primary HIV infection and describes challenges in the diagnosis of primary infection.
3.	Learns about incident HIV testing and describes where determining recent infection is useful.
4.	Explains the clinical problems that can occur in patients with early infection and indications for early use of ARVs.

24. Advanced immunosupression in HIV

To progressively diagnose and manage advanced immunosupression in HIV with antiretroviral therapy and prophylaxis for opportunistic infection. To demonstrate knowledge about antiretroviral therapy for late stage HIV disease constructing safe and effective drug regimens.

Knowledge	Assessment Methods	GMP
Describe current views on primary and secondary prophylaxis against opportunistic infection.	DipHIV, CbD, mini-CEX	1
Explain the role of ARV in reversing the immuno-suppression associated with HIV and reducing the risk of opportunistic infection and malignancy.	DipHIV, CbD, mini-CEX	1
Explain the current guidelines for vaccination of HIV positive individuals.	DipHIV, CbD, mini-CEX	1
Describe other strategies to reduce the risk of opportunistic infection in individuals with low CD4 counts.	DipHIV, CbD, mini-CEX	1
Describe signs of deterioration of clinical condition in particular those that provide early warning of clinical change.	CbD, mini-CEX	1
Skills		
Explain the rationale to commence ARV therapy.	DipHIV, CbD,mini-CEX	1
Explain to patients the need for prophylaxis against opportunistic infection.	DipHIV, CbD, mini-CEX	1
Establish patient specific management goals in late HIV disease	DipHIV, CbD, mini-CEX	1
Demonstrate competent handover of patients.	CbD, mini-CEX, MSF	1
Behaviours		
Display tact, empathy, respect and concern for patients.	DipHIV, CbD,mini-CEX	1
Respect patient choice.	DipGUM, DipHIV CbD, mini-CEX	1
Recognise and respects the request for a second opinion	CbD, MSF	1

Level Descriptors	
1.	Describes, assesses and diagnoses advanced immunosuppression in HIV disease. Comprehensively assesses clinical, laboratory and radiological findings and obtains multidisciplinary team advice.
2.	Comprehensively describes all aspects of primary and secondary prophylaxis for opportunistic infections. Correctly advises patients on vaccination in including patients with low CD4 counts.
3.	Correctly makes holistic assessment of patients with advanced immunosuppression in a multidisciplinary team environment whilst respecting patients' wishes.
4.	Recommends correctly timed introduction of ARV in patients with acute opportunistic infections.

25. To prescribe and monitor antiretroviral therapy

To progressively demonstrate knowledge of antiretroviral therapy and acquire prescribing skills in straightforward and then more complex patients. To develop knowledge of major clinical trials of antiretroviral therapy and use this knowledge to adapt therapy to individual patients.

Knowledge	Assessment Methods	GMP
Explains the mode of action of antiretroviral drugs.	DipHIV,CbD,mini-CEX	1
Describe indications for antiretroviral therapy based on current UK guidelines.	DipHIV,CbD,mini-CEX	1
Understand the principals of critical appraisal. Understands levels of evidence and quality of evidence.	DipHIV, CbD	1
Explain the appropriate use of ARVs in different patient groups, including those with TB, high cardiovascular risk, renal and bone disease and mental health problems.	DipHIV, CbD, mini-CEX	1
Define the concepts of disease, natural history and assessment of risk	CbD, mini-CEX	1
Comprehends principal qualitative, quantitative, bio-statistical and epidemiological research methods and their application to HIV treatments.	DipHIV, CbD, mini-CEX	1
Describes the results of major ARV clinical trials.	DipHIV, CbD, mini-CEX	1
Recognise the role of regulatory agencies involved in drug use, monitoring and licensing.	DipHIV, CbD	1
Recognise the importance of evidence based practice in relation to clinical effectiveness	CbD, AA	1
Skills		
Explain the rationale for commencing antiretroviral therapy in a manner comprehensible to the individual patient and individualise treatment regimens.	DipHIV CbD, mini-CEX	1
Demonstrate how to use the internet to access relevant information for example guidelines from professional associations.	CbD, mini-CEX,	1
Show willingness to search for evidence to support clinical decision making	CbD, mini-CEX	1
Develop and agree management plan with the patient and carers	DipHIV,mini-CEX	1
Develop and sustain supportive relationship with patients with whom care will be prolonged and potentially lifelong	CbD, mini CEX	1
Provide relevant evidence based information and where appropriate effective patient education with support of the multi disciplinary team	CbD, mini CEX,	1
Promote and encourage involvement of patients in support networks both to receive and give support to others	CbD	1
Encourage and support patients in accessing appropriate information	CbD	1
Provide relevant and evidence based information in a suitable form to enable sufficient choice.	CbD	1
Demonstrate appropriate use of drug interaction tables to support	CbD, mini-CEX	1

institution of complex drug regimens.		
Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient	CbD, mini CEX	1
Behaviours		
Aims for best clinical practice at all times responding to evidence based medicine and audit.	DipHIV CbD,mini-CEX	1
Recognise and justify the need to practice outside clinical guidelines.	DipHIV CbD,mini-CEX	1
Respect and facilitates patient choice.	DipHIV CbD, mini-CEX	1
Work collaboratively in multi-professional teams, including participating in ARV "virtual clinics". Appreciate the role of non-medical prescribers.	CbD, mini-CEX	1

Level Descriptors	
1.	Describes the modes of action of ARV. Explains indications for ARV based on current UK guidelines and uses the internet to access guidelines from professional organisations on initiating antiretroviral therapy. Provides understandable explanations to the patient regarding the rationale to start antiretroviral therapy and seeks advice on instituting ARVs.
2.	Describes the appropriate use of ARVs in different patient groups such as those with high cardiovascular risk, renal and bone disease or mental health problems
3.	Explains how drug therapies are tested in clinical trials and describes the results of major clinical trials of ARV. Constructs treatment regimens with senior advice and independently institutes antiviral therapy in less complex cases.
4.	Describes ARV treatment in complex cases e.g. with possible drug interactions such as anti-tuberculosis drugs. Institutes antiviral therapy in complex cases with the multi-professional team.

26. Therapeutics and safe prescribing

To prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice including non – medication based therapeutic and preventative indications.

Knowledge	Assessment Methods	GMP
Indications, contraindications, side effects, drug interactions and dosage of commonly used drugs	CbD, mini-CEX, DipGUM, DipHIV	1
Recall range of adverse drug reactions to commonly used drugs, including complementary medicines	,CbD, mini-CEX, DipGUM, DipHIV	1
Recall drugs requiring therapeutic drug monitoring and interpret results	CbD, mini-CEX, DipHIV	1
Outline tools to promote patient safety and prescribing, including electronic clinical record systems and other IT systems	CbD, mini-CEX, DipHIV	1, 2
Define the effects of age, body size, organ dysfunction and concurrent illness on drug distribution and metabolism relevant to the trainees practice	CbD, mini-CEX, DipGUM, DipHIV	1, 2
Understand the roles of regulatory agencies involved in drug use, monitoring and licensing (e.g. National Institute for Clinical Excellence (NICE), Committee on Safety of Medicines (CSM), and Healthcare	CbD, mini-CEX, DipHIV	1, 2

Products Regulatory Agency and hospital formulary committees		
Understanding of the importance of non-medication based therapeutic interventions including the legitimate role of placebos	CbD, mini-CEX, DipHIV	1, 2
Skills		
Review the continuing need for, effect of and adverse effects of long term medications relevant to the trainees clinical practice	CbD, mini-CEX, DipGUM, DipHIV	1, 2
Anticipate and avoid defined drug interactions, including complementary medicines	CbD, mini-CEX, DipGUM, DipHIV	1
Advise patients (and carers) about interactions and adverse drug effects and prescribe safely in pregnancy and during breast feeding	CbD, mini-CEX, DipGUM, DipHIV	1, 3
Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)	CbD, mini-CEX, DipGUM, DipHIV	1
Use IT prescribing tools where available to improve safety	CbD, mini-CEX	1, 2
Employ validated methods to improve patient compliance.	mini-CEX, DipGUM, DipHIV	1, 3
Provide clear explanation to the patient and carers regarding the use of medicines and the principles of compliance.	CbD, mini-CEX, DipGUM, DipHIV	1, 3
Ensure safe systems for monitoring, review and authorisation where involved in “repeat prescribing”	CbD, mini-CEX	1,2
Recognise the importance of resources when prescribing, including the role of a Drug Formulary and electronic prescribing systems	CbD, mini-CEX, DipGUM, DipHIV	1,2
Behaviours		
Minimise the number of medications taken by a patient to a level compatible with best care	CbD, mini-CEX	1
Remain open to advice from other health professionals.	CbD, mini-CEX	1, 3
Ensure prescribing information is shared promptly and accurately between a patient’s health providers.	CbD mini-CEX,	1, 3
Participate in adverse drug event reporting mechanisms	CbD mini-CEX,	1,3
Remain up to date with and respond appropriately to therapeutic alerts.	CbD	1

Level Descriptor	
1.	Understands the importance of patient compliance with prescribed medication Outlines the adverse effects of commonly prescribed medicines Uses reference works to ensure accurate, precise prescribing
2.	Takes advice on the most appropriate medicine in all but the most common situations Makes sure an accurate record of prescribed medication is transmitted promptly to relevant others involved in an individuals care Knows indications for commonly used drugs that require monitoring to avoid adverse effects Modifies patients prescriptions to ensure the most appropriate medicines are prescribed. Maximises patient compliance by minimising the number of medicines required and by providing full explanations of the need for the medicines. Is aware of the precise indications, dosages, adverse effects and modes of administration of the drugs used commonly within their specialty Uses databases and other reference works to ensure up to date knowledge of therapies and

	adverse effects. Knows how to and takes part in reporting adverse effects.
3/4.	Is aware of the regulatory bodies relevant to prescribed medicines both locally and nationally Ensures that resources are used in the most effective way for patient benefit

27. Antiretroviral treatment failure

To progressively demonstrate knowledge of monitoring patients taking antiretroviral therapy. To manage patients with treatment failure, including the use of TDM and resistance testing.

Knowledge	Assessment Methods	GMP
Describe the routine monitoring of individuals taking antiretroviral therapy.	DipGUM, DipHIV CbD, mini-CEX	1
Explain the importance of assessment for and employs validated methods to improve patient adherence with prescribed medication.	DipGUM, DipHIV CbD, mini-CEX	1
Describe the management of individuals with detectable viral loads including management of blips and confirmed virological failure.	DipGUM, DipHIV CbD, mini-CEX	1
Explain the role of genotypic resistance testing at base line and at virological failure.	DipGUM, DipHIV CbD, mini-CEX	1, 3, 4
Explain the sequencing of ARV treatment in patients who have developed virological failure.	DipHIV CbD, mini-CEX	1
Explain the role of therapeutic drug monitoring (TDM).	DipHIV CbD, mini-CEX	1
Explain the role of tropism testing to inform the use of entry inhibitors.	DipHIV CbD, mini-CEX	1
Explain the indications for pharmacogenomic tests e.g. HLA B*5701 testing.	DipGUM, DipHIV CbD, mini-CEX	1
Skills		
Clinically assess the patient for evidence of intolerance/side effects/toxicity and manage appropriately, through adjuvant treatment and/or drug switching.	DipHIV CbD, mini-CEX, DipGum	1
Clinically assess and institute strategies to improve adherence.	DipHIV CbD, mini-CEX	1
Assess the patient with a detectable viral load on antiretroviral therapy.	DipHIV CbD, mini-CEX	1
Recognise and respond to a patients deterioration or lack of improvement (symptoms, signs, observations and laboratory results) and support other members of the multidisciplinary team to act similarly	CbD, mini-CEX, MSF	1
Advise the patient on interactions between ARV and other prescribed and non-prescribed medications, including complementary therapies and recreational drugs.	DipHIV CbD, mini-CEX	1
Explain to patients how to safely stop ARV therapy.	DipHIV	1

	CbD, mini-CEX, DipGUM	
Demonstrate the appropriate use of drug interaction tables to support institution of complex drug regimens.	CbD, mini-CEX	1
Interpret genotypic resistance tests to inform selection of effective ARV combinations.	DipHIV CbD, mini-CEX	1
Use web-based interpretation services such as the Stanford resistance database to inform treatment choices.	CbD, mini-CEX	1
Behaviours		
Respect patient choice.	DipGUM, DipHIV CbD, mini-CEX	1
Work collaboratively in multi-professional teams	DipGUM, DipHIV CbD, mini-CEX	1
Level Descriptors		
1	Explains to the patient the rationale to commence antiretroviral therapy and describes the routine monitoring of individuals taking antiretroviral therapy. Explains the importance of assessment and management of adherence to therapy. Describes the interactions between ARV and other prescribed and non-prescribed medications, including complementary therapies and recreational drugs.	
2	Clinically assesses the patient for evidence of intolerance/side effects/toxicity. Assesses patient adherence and institutes strategies to improve adherence. Describes the role of genotypic resistance testing. Describes the current indications for pharmacogenomic tests.	
3	Describes the management of individuals with detectable viral loads including management of blips and confirmed virological failure. Correctly interprets genotypic resistance tests to inform selection of effective ARV combinations both at baseline and in virological failure. Describes how to safely stop ARV therapy. Correctly uses drug interaction tables to support institution of complex drug regimens. Explains the role of therapeutic drug monitoring (TDM).	
4	Explains the individualised assessment of ARV treatment in patients who have developed virological failure. Uses web-based interpretation services to inform treatment choices and works collaboratively with the multi-professional team to institute effective ARV regimes in complex patients. Describes how drug doses should be adjusted to take account of drug interactions TDM and organ failure.	

28. Side effects and toxicity of ARV treatment.

To progressively diagnose and manage side effects of ARVs. To demonstrate knowledge of relevant drug-drug interactions and construct safe, effective drug regimens. To identify IRIS as a differential diagnosis and develop skills in treating this.

Knowledge	Assessment Methods	GMP
Describe the epidemiology, investigation and management of patients with immune reconstitution inflammatory syndrome (IRIS).	DipHIV, CbD, mini-CEX	1
Describe the causes and management of lipodystrophy syndrome including: Lipoatrophy ,Lipohypertrophy and Hyperlipidemia	DipHIV, CbD, mini-CEX	1
Explain other side effects and toxicities of antiretrovirals, including hypersensitivity, cutaneous, haematological,, metabolic, hepatic, renal, gastro-intestinal, psychiatric and neurological reactions	DipHIV, CbD, mini-CEX, DipGUM	1, 2
Explain the management of different antiretroviral toxicities including use of adjuvant therapies and switching strategies.	DipHIV, CbD, mini-CEX	1
Skills		
Clinically assess patient for evidence of intolerance/side effects/toxicity and manage through adjuvant treatment and/or drug switching.	DipHIV, CbD, mini-CEX	1
Improve patients' and colleagues understanding of the side effects and contraindications of therapeutic intervention	CbD, mini CEX	1
Behaviours		
Demonstrate a non-judgemental approach to patients.	DipHIV, CbD, mini-CEX	1
Respect patient choice.	DipHIV, CbD, mini-CEX	1
Work collaboratively with and be aware of the benefits of nurse and pharmacist prescribers.	DipHIV, CbD, mini-CEX	1, 2

Level Descriptors	
1	Describes, assesses and diagnoses common or early and serious side effects of ARV and seeks advice about management.
2	Manages common side effects of ARV such as nausea and diarrhoea and is able to describe other less commonly seen toxicities. Describes use of other medicines to manage non-serious side effects such as nausea and vomiting. Describes presentation of IRIS and considers this in the differential diagnosis.
3	Correctly assesses patients presenting with serious toxicity and manages this in conjunction with senior advice. Manages hyperlipidemia and other aspects of lipodystrophy syndrome. Interprets abnormalities in blood tests in consideration of the possibility of drug toxicity.
4	Describes uncommon toxicities related to ARV, and manages common and non-serious toxicities independently. Manages drug switches as a member of the multidisciplinary team. Correctly diagnoses and manages IRIS.

29. Respiratory, ear, nose, and throat complications of HIV disease.

To progressively assess and manage patients with ear, nose, throat and respiratory complications of HIV disease including appropriate referral to specialist teams.

Knowledge	Assessment Methods	GMP
Explain the clinical presentations, investigations and general management of respiratory infections including: Bacterial pneumonia Pneumocystis jiroveci pneumonia (PCP) Mycobacterium tuberculosis and Fungal and viral opportunistic infections.	DipHIV, CbD, mini-CEX, DipGUM	1
Explain the clinical presentation and investigation of pulmonary malignancies including lung cancer, Kaposi's sarcoma and lymphoma	DipHIV, CbD, mini-CEX	
Describe the appropriate investigation, management and referral of individuals with sinusitis.	DipHIV, CbD, mini-CEX	1
Understand the principles of infection control as defined by the GMC	DipHIV, CbD, mini-CEX	1
Understand risks associated with possible biohazards and mechanisms to reduce risk e.g. use of negative pressure facilities	CbD, DipGUM, DipHIV	1
Skills		
Demonstrate assessment of infection control risk, including respiratory isolation.	DipHIV, CbD, mini-CEX, DipGUM	1
Correctly diagnose, treat and manage opportunistic respiratory infections.	DipHIV, CbD, mini-CEX, DipGUM	1
Demonstrate the assessment of an HIV positive individual with cough and or breathlessness and describe the appropriate investigations.	DipHIV, CbD, mini-CEX, DipGUM	1
Describe the management of TB and TB contacts as per the British Thoracic Society and BHIVA guidelines.	DipHIV, CbD, mini-CEX	1
Interpret chest radiographs of HIV positive individuals.	DipHIV, CbD, mini-CEX, DipGUM	1
Describe the differential diagnosis and investigation of pleural effusion.	DipHIV, CbD, mini-CEX	1
Recognise critical illness and respond with due urgency	CbD, mini CEX	1
Behaviours		
Display tact, empathy, respect and concern for patients.	DipHIV, CbD, mini-CEX, DipGUM	1
Work in conjunction with the multi-professional team.	DipHIV,CbD, mini-CEX	1
Willing to search for evidence to support clinical decision making	CbD, mini-CEX, DipGUM	1

Level Descriptors	
1	Demonstrates knowledge of common respiratory complications of HIV including PCP and TB. Describes the clinical presentation and appropriate investigations of these conditions.
2	Demonstrates the assessment of an HIV positive individual with cough and or breathlessness. Correctly interprets investigations such as chest radiographs and pleural fluid analysis to form a

	diagnosis in conjunction with seniors. Demonstrates assessment of infection control risk, including respiratory isolation.
3	Correctly diagnoses opportunistic respiratory infections including PCP, bacterial, fungal and viral infections. Initiates appropriate management in a HIV positive individual presenting with respiratory symptoms together with senior advice. Describes the management of TB and TB contacts as per the British Thoracic Society and BHIVA guidelines. Describes the appropriate investigation, management and referral of individuals with sinusitis.
4	Manages common and non-serious respiratory and ear, nose and throat complications independently and correctly assesses and refers complex and serious complications such as pulmonary malignancy in conjunction with the multi-professional team.

30. Metabolic and cardiovascular disease related to HIV infection.

To progressively acquire the knowledge to predict and prevent cardiovascular and metabolic complications of HIV disease.

Knowledge	Assessment Methods	GMP
Explain the clinical presentation, investigation and referral of cardiovascular and metabolic diseases, including:Coronary artery disease Cardiomyopathy Thrombo-embolic disease Bacterial endocarditis Primary pulmonary hypertension Peripheral vascular disease Hyperlipidemia Hypertension and insulin resistance	DipHIV, CbD, mini-CEX.	1, 3, 4
Describe the association between HIV and non-AIDS defining conditions such as cardiovascular disease and lipid dysregulation.	DipHIV, CbD, mini-CEX.	1, 3, 4
Skills		
Investigate and refer cardiovascular conditions including MI, cardiomyopathy, deep venous thrombosis, pulmonary embolus, bacterial endocarditis, peripheral vascular disease.	DipHIV, CbD, mini-CEX.	1, 3, 4
Explain the diagnosis and management of these conditions clearly to the patient.	DipHIV, CbD, mini-CEX.	1, 3, 4
Describe the differential diagnosis and investigation of pericardial effusion.	DipHIV, CbD, mini-CEX.	1, 3, 4
Assess an individual's global risk of cardiovascular disease and counsel regarding modifiable risk factors.	DipHIV, CbD, mini-CEX.	1, 3, 4
Assess need for lipid-lowering treatment (LTT) using web-based programmes. Liaise with GPs about use of safe use of anti-hypertensives and LLT taking account of ARV drug interactions.	CbD, mini-CEX.	1, 3, 4
Behaviours		
Work in conjunction with multi-professional team, including with GPs regarding assessment and management of CVD risk factors including hypertension and hyperlipidemia.	DipHIV, CbD, mini-CEX.	1, 3
Be willing to search for evidence to support clinical decision making	CbD, mini CEX	1,4

Level Descriptors	
1	To describe the impact of HIV infection on cardiovascular risk and discuss the synergy of HIV infection with well-established cardiovascular risk factors such as obesity and hypertension.
2	To describe the influence of anti-retroviral drugs on cardiovascular and metabolic risk. To effectively calculate a cardiovascular risk score using web based risk-calculators. To counsel

	patients about lifestyle changes which can reduce CVD risk.
3	To explain the role of routine follow-up including lipid and blood pressure assessment in evaluating risk and informing interventions. To discuss the benefits of intervention with lipid-lowering agents for dyslipidaemia. To correctly evaluate patients with high lipids or hypertension and advise regarding specific treatment in collaboration with general practitioners
4	To develop an understanding of the correlation of novel surrogate markers for evaluating cardiovascular risk and to have knowledge of the latest science regarding CVD risk and ARV agents. To construct ARV regimens taking into account CVD risk and counsel patients regarding the pros and cons of switching therapy. To have knowledge of the presentation of uncommon HIV related cardiac conditions including primary pulmonary hypertension and cardiomyopathy.

31. Gastro-intestinal disease related to HIV infection and its treatment.

To progressively acquire knowledge to identify treatable gastrointestinal infections, ameliorate symptoms and preserve nutritional status.

Knowledge	Assessment Methods	GMP
Describe the clinical presentation, investigation and general management of gastro-intestinal disease including Oral and oesophageal candida Infective diarrhoea including salmonellosis, shigellosis, cryptosporidiosis, microsporidiosis, giardiasis Pancreatitis and pancreatic insufficiency Ulcerative GI disease and GI bleeding Weight loss and Anorectal Disease	DipHIV, CbD, mini-CEX	1, 3, 4
Correctly assess individuals for ARV associated GI problems including nausea, vomiting, and diarrhoea. Manage these symptoms with adjuvant therapy and or ARV substitution.	DipHIV, CbD, mini-CEX	1,3, 4
Understand possible biohazards and mechanisms to reduce risk e.g. Clostridium Difficile and infection control	CbD	
Skills		
Correctly diagnose and manage these conditions in conjunction with other specialists.	DipHIV, CbD, mini-CEX	1, 3, 4
Explain the diagnosis and management of these conditions clearly to the patient.	DipHIV, CbD, mini-CEX	1, 3, 4
Counsel individuals about reducing exposure risk to and transmitting enteric pathogens	DipHIV, CbD, mini-CEX	1, 3, 4
Behaviours		
Work in conjunction with multi-professional team, including dieticians. To liaise with microbiologists and infection control team when investigating and managing patients with diarrhoea.	DipHIV, CbD, mini-CEX	1, 3, 4

Level Descriptors	
1	To investigate and diagnose gastro-intestinal complaints such as diarrhoea, abdominal pain and weight loss.
2	To demonstrate knowledge and ability to distinguish between true GI tract pathogens and colonisation, and further evaluate patients when initial treatment fails. To correctly advise secondary investigations including upper and lower GI tract endoscopy. To counsel patients about reducing exposure to enteric pathogens.

3	To differentiate between viral, bacterial, protozoal, drug-related and other causes of gastro-intestinal disturbances. To diagnose and treat opportunistic gastro-intestinal tract infections, treatment-induced symptoms and non HIV-related gastro-intestinal disorders that predominate in early or late disease.
4	To demonstrate how to assess an individual's nutritional status and offer intervention. To recognise pancreatic insufficiency and treat in collaboration with gastroenterologists.

32. Hepatitis B and/or C infection including in those who are HIV positive.

To progressively demonstrate knowledge of viral hepatitis A to C in patients including those with HIV infection, the tests required to establish stage of infection, when to refer for treatment and how to explain viral hepatitis to patients. To report to the HPA and encourage screening/vaccination of contacts. To encourage participation in vaccination programmes.

To progressively demonstrate knowledge of current treatment strategies.

Knowledge	Assessment Methods	GMP
Describe the epidemiology of hepatitis B and C in individuals including those who are HIV positive and explains established interventions for reducing risk of acquisition. Identify which stages of viral hepatitis are notifiable diseases	DipGUM, DipHIV, CbD, mini-CEX	1,3
Explain the natural history of hepatitis B and C in patients and in HIV co-infected patients.	DipHIV, CbD, mini-CEX	
Know the importance of screening at risk individuals and HIV positive patients for hepatitis B and C and offer vaccination in accordance with guidelines.	DipGUM, DipHIV, CbD, mini-CEX	1,3
Correctly describe the investigation of patients with abnormal liver function, including the correct use and interpretation of diagnostic hepatitis tests, confirmation of positive tests, and the possibility of false negative tests in HIV co-infected individuals.	DipGUM, DipHIV, CbD, mini-CEX	1,3
Explain the initial assessment of a patient with newly diagnosed hepatitis B infection.	DipHIV, DipGUM, CbD, mini-CEX	1,3
Explain the initial assessment of a patient with newly diagnosed hepatitis C infection including genotype determination.	DipHIV, DipGUM, CbD, mini-CEX	1,3
Explain the routine monitoring of patients with hepatitis B and hepatitis C, including screening for hepatoma, virological monitoring, fibroscanning and indications for liver biopsy.	DipHIV, CbD, mini-CEX	
Describe the indications for antiviral therapy and the important implications of starting/stopping hepatitis treatment if taking HIV treatment and vice versa.	DipHIV, CbD, mini-CEX	1, 3
Describe other aspects of risk reduction in patients with chronic hepatitis including hepatitis A and B vaccination, reduction of alcohol intake, vaccination of household and sexual contacts.	DipHIV, CbD, mini-CEX, DOPS, DipGUM	1, 3
Explain the indications for liver transplant.	DipHIV, CbD, mini-CEX	
Skills		
Correctly diagnose and investigate in conjunction with other specialists. Communicate with GPs when indicted.	DipHIV, CbD, mini-CEX	1, 3
Explain the diagnosis and management of these conditions clearly to	DipHIV, CbD, mini-	1, 3

the patient.	CEX, DipGUM	
Counsel patients about risks of contracting or transmitting Hepatitis B, C and measures to reduce the risk. Prescribes and administers vaccines.	DipHIV, CbD, mini-CEX,DOPS, DipGUM	1, 3
Report notifiable stages of viral hepatitis in accordance with legislation to the local health protection agencies.	DipHIV, CbD, mini-CEX	1, 3
Encourage participation in vaccination programmes.	DipGUM, DipHIV, CbD, mini-CEX,	1, 3
Behaviours		
Display tact, empathy, respect and concern for patients.	DipHIV, CbD, mini-CEX, DipGUM	1, 3
Demonstrate a non-judgemental approach to patients.	DipHIV, CbD, mini-CEX, DipGUM	1, 3
Work in conjunction with a multidisciplinary team.	DipHIV, CbD, mini-CEX	1, 3
Level Descriptors		
1	Explains the epidemiology and natural history of viral hepatitis, correctly assesses hepatitis risk in individuals and advises regarding reduction of risk. Correctly assesses and investigates individuals with deranged liver function. Demonstrates an understanding of diagnostic tests for hepatitis B and C.	
2	Describes the initial investigation of a patient with newly diagnosed viral hepatitis and correctly advises on the monitoring of this condition. Advises patients on reducing risk of liver fibrosis including reducing alcohol intake.	
3	Demonstrates the ability to discuss current hepatitis treatment strategies. Describes the interaction between hepatitis and HIV treatment including concepts such as immune reconstitution, and hepatitis B flare. Demonstrates understanding of drug resistance. Explains drug related toxicity and drug-drug interactions.	
4	Able to counsel patients regarding treatment with pegylated interferon and management of treatment related side effects. Demonstrates effective collaboration with hepatitis specialists. Describes the assessment of patients with fulminant acute hepatitis and also advanced chronic hepatitis in relation to referral for consideration of liver transplant.	

33. Renal and musculoskeletal complications of HIV.

To progressively diagnose and manage the renal and musculoskeletal complications of HIV.

To demonstrate knowledge of the investigations and referral pathways for both renal and musculoskeletal HIV related disease.

Knowledge	Assessment Methods	GMP
Explain the clinical presentation, investigations and referral of patients with musculo-skeletal problems, including:osteomalacia, osteopenia and osteoporosis, Seronegative arthropathies and avascular necrosis	DipHIV, CbD, mini-CEX	1, 3
Describe the methods of screening for kidney disease and the investigation of patients with abnormal renal function and or proteinuria.	DipHIV, CbD, mini-CEX	1, 3
Explain the clinical presentations, investigations and appropriate	DipHIV, CbD, mini-	1, 3

referral of individuals with kidney disease.	CEX	
Explain the epidemiology, investigation and treatment of patients with vitamin D deficiency and hypophosphatemia.	DipHIV, CbD, mini-CEX	1, 3
Skills		
Correctly assess the risk of metabolic bone and renal disease, perform relevant investigations and refer patients.	DipHIV, CbD, mini-CEX	1, 3
Explain the diagnosis and management of these conditions clearly to the patient.	DipHIV, CbD, mini-CEX	1, 3
Behaviours		
Displays tact, empathy, respect and concern for patients.	DipHIV, CbD, mini-CEX	1, 3
Works in conjunction with a multidisciplinary team.	DipHIV, CbD, mini-CEX	1, 3
Shows willingness to search for evidence to support clinical decision making	CbD, mini CEX	1,4

Level Descriptors	
1	Describes, assesses and diagnoses early and common presentations of renal and musculoskeletal HIV related disease and seeks advice regarding further investigations and management. Assesses patients risk of developing renal and musculoskeletal disease.
2	Manages common complications of musculoskeletal disease, including use of analgesia. Describes indications for referral of patients with metabolic bone disease to specialist services.
3	Manages factors that may contribute to renal impairment, such as hypertension, in conjunction with senior advice. Describes indications for referral of patients with renal disease to specialist services.
4	Describes and diagnoses full range of renal and musculoskeletal complications of HIV disease. Instigates referral to appropriate specialist.

34. Ophthalmological, neurological and psychiatric presentations of HIV

To progressively carry out initial assessment of ophthalmological, neurological and psychiatric presentations of HIV, instigate investigations, treat or refer for specialist assessment.

Knowledge	**Assessment Methods**	**GMP**
Explain the clinical presentations, investigations, general management of ophthalmological conditions, including: CMV retinitis and infections with other herpes viruses.	DipHIV, CbD, mini-CEX.	1, 3, 4
Describe the clinical presentations, investigations and general management of neurological conditions including: • HIV encephalopathy / AIDS dementia complex • Cerebral toxoplasmosis • Primary cerebral lymphoma • Progressive multifocal leucoencephalopathy (PML) • Cryptococcal meningitis • Peripheral neuropathy	DipHIV, CbD, mini-CEX.	1, 3, 4
Explain the clinical presentation, investigations and appropriate	DipHIV, CbD, mini-	1, 3, 4

referral of patients with psychiatric disease including: • Mood disorders • Organic psychoses • Sexual dysfunction • Drug addiction	CEX.	
Define the role of rehabilitation services and the multidisciplinary team to facilitate long term care	CbD, mini-CEX	1
Skills		
Correctly diagnose, manage, and refer these conditions.	DipHIV, CbD, mini-CEX, DOPS	1, 3, 4
Explain the diagnosis and management of these conditions clearly to the patient.	DipHIV, CbD, mini-CEX.	1, 3, 4
Perform a mini-mental state examination.	DipHIV, CbD, mini-CEX, DOPS	1, 3, 4
Explain the indication for invasive procedures, for example lumbar puncture, brain biopsy.	DipHIV, CbD, mini-CEX, DOPS	1, 3, 4
Perform a mental capacity assessment.	DipHIV, CbD, mini-CEX, DOPS	1, 3, 4
Clinically assess a patient with headache and or focal neurology and propose the appropriate investigation.	DipHIV, CbD, mini-CEX.	1, 3, 4
Behaviours		
Display tact, empathy, respect and concern for patients.	CbD, mini-CEX,	1, 3, 4
Works in conjunction with a multidisciplinary team.	DipHIV, CbD, mini-CEX.	1, 3, 4
Shows willingness to search for evidence to support clinical decision making	mini CEX, CbD	1,4

Level Descriptors	
1	Describes, assesses and diagnoses common ophthalmic, neurological and psychiatric presentations of HIV disease. Instigates appropriate investigations. Describes indications for referral to specialist services
2	Manages common ophthalmic, neurological and psychiatric conditions in conjunction with senior medical advice. Describes the appropriate therapeutic intervention and describes side effects of therapy and drug-drug interaction
3	Comprehensively assesses a patient's mental state and manages mild mood disorders in conjunction with senior clinician. Understand indications for Section under Mental Health Act
4	Manages complex ophthalmic , neurological and psychiatric presentation of HIV disease in conjunction with senior specialist from the relevant specialty

35. Dermatological presentations of HIV disease.

To progressively diagnose and manage the dermatological presentations of HIV disease.		
Knowledge	**Assessment Methods**	**GMP**
Explain the clinical presentations, diagnosis and management of HIV related skin problems; dermatological malignancies ,Psoriasis, Herpes zoster, Herpes simplex, Superficial fungal infections and foliculits.	DipHIV, CbD, mini-CEX, DipGUM	1, 3
Describe the association between HIV and dermatological malignancies particularly HPV related cancers, their diagnosis and timely specialist referral.	DipHIV, CbD, mini-CEX, DipGUM	1, 3
Skills		
Correctly diagnose and manage seborrhoeic dermatitis, herpes zoster, herpes simplex, superficial fungal infections, folliculitis, psoriasis, indicate need for specialist referral.	DipHIV, CbD, mini-CEX, DipGUM	1, 3
Recognise when dermatological malignancy is a differential diagnosis and refer for specialist assessment in timely manner.	DipHIV, CbD, mini-CEX	1, 3
Explain the diagnosis and management of these conditions clearly to the patient.	DipHIV, CbD, mini-CEX	1, 3
Behaviours		
Demonstrate a non-judgemental approach to patients.	DipHIV, CbD, mini-CEX, DipGUM	1, 3
Work in conjunction with a multidisciplinary team.	DipHIV, CbD, mini-CEX	1, 3
Show willingness to search for evidence to support clinical decision making	mini CEX, CbD	1,4

Level Descriptors	
1	Describes, investigates, diagnoses and treats common dermatological conditions associated with HIV such as seborrheic dermatitis and fungal skin conditions
2	Describes indications for skin biopsy and able to perform skin punch biopsy under supervision and understand histological report.
3	Describes, investigates and diagnoses HIV related dermatological malignancies such as Kaposi's sarcoma in conjunction with a senior clinician. Refers to appropriate specialist.
4	Manages complex dermatological conditions associated with HIV in conjunction with a dermatologist.

36. HIV-associated malignancies and other haematological conditions.

To progressively assess, diagnose and refer patients with HIV-associated malignancies. To be able to sensitively discuss prognosis with patients. To be able to work with colleagues in Oncology and Palliative care. To correctly prescribe ARVs and prophylaxis with knowledge of potential drug interactions with cancer therapy and side effects.

Knowledge	Assessment Methods	GMP
Explain the clinical presentations, diagnosis and general management of Kaposi's sarcoma and other HHV8-related conditions, including Castleman's disease and primary effusion lymphoma.	DipHIV, CbD, mini-CEX	1, 3
Explain the clinical presentations, diagnosis and timely specialist referral of patients with suspected or confirmed Hodgkin's and non-Hodgkin's lymphoma and other malignancies associated with HIV infection.	DipHIV, CbD, mini-CEX	1, 3
Describe screening and management of HPV related dysplastic conditions, including: Cervical intra-epithelial neoplasia and Anal intra-epithelial neoplasia	DipHIV, CbD, mini-CEX	1, 3
Explain the diagnosis and management of other haematological conditions including: Thrombocytopenia HIV-related myelodysplasia and Parvovirus infection	DipHIV, CbD, mini-CEX	1, 3
Describe pain relief, palliative and terminal care for conditions associated with HIV infection.	DipHIV, CbD, mini-CEX	1, 3
Explain the use of prophylaxis against infections for patients undergoing chemotherapy.	DipHIV, CbD, mini-CEX	1, 3
Outline the concept of quality of life and how this can be measured whilst understanding the limitations of such measures.	CbD	1
Understand that bad news is confidential but the patient may wish to be accompanied when this is imparted.	CbD, mini CEX	1,4
Understand that the manner in which bad news is delivered irretrievably affects the subsequent relationship with the patient	CbD, MSF, mini-CEX	1
Understand that once bad news is given, patients are unlikely to recollect/understand anymore information, so an early follow appointment should be made	CbD, mini CEX	1
Understand that individuals desire different levels of explanation and exhibit different responses to bad news.	CbD, mini-CEX, DipGUM	1,4
Understand that bad news has different connotations depending on the context, the individual and their social and cultural circumstances	mini-CEX, CbD	1
Understand that a post-mortem examination may be required and what this involves	CbD, mini-CEX	1
Skills		
Correctly diagnose malignancy and refer for specialist assessment.	DipHIV, CbD, mini-CEX	1, 3
Explain the diagnosis clearly to the patient.	DipHIV, CbD, mini-CEX	1, 3

Refers to / liaises with other specialities.	DipHIV, CbD, mini-CEX	1, 3
Explain the need for prophylaxis against opportunistic infections (OI) during immunosuppressive therapy including chemotherapy.	DipHIV, CbD, mini-CEX	1, 3
Demonstrate to others good practice in breaking bad news	CbD, MSF	1, 3
Involve patients and carers in decisions regarding their future management	CbD, MSF	1, 3, 4
Recognise the impact of the bad news on the patient, carer, staff members and self	CbD, MSF	1, 3, 4
Encourage questioning and ensure comprehension	CbD, MSF	1, 3
Respond to verbal and visual cues from patients and relatives	CbD, MSF	1, 3
Act with empathy, honesty and sensitivity avoiding undue optimism or pessimism	CbD, MSF	1, 3
When imparting bad news structure the interview set the scene and establish understanding. Discuss the diagnosis(es), implications, treatment, prognosis and subsequent care	CbD, MSF	1, 3
Behaviours		
Work in conjunction with a multidisciplinary team.	DipHIV, CbD, mini-CEX	1, 3
Show willingness to search for evidence to support clinical decision making	mini CEX, CbD	1,4
Take leadership in breaking bad news	CbD, MSF	1
Respect the different ways people react to bad news	CbD, MSF	1
Ensure appropriate recognition and management of the impact of breaking bad news on self.		
Level Descriptors		
1	Describes and assesses patient for symptoms and signs of malignancy and seeks advice about diagnosis and management. Arranges appropriate diagnostic investigations and rapid referral for these and monitors results. Arranges Rapid Oncology referral. Informs patients of potential diagnoses in a sensitive manner. Prescribes adequate analgesia.	
2	Arranges staging investigations as directed by Oncology colleagues. Prescribes and monitors ARVs and OI prophylaxis under supervision. Describes potential drug interactions with cancer therapy and manages common side effects of ARVs and toxicities such as nausea, vomiting and diarrhoea. Is able to describe rarer life threatening toxicities and monitor for these.	
3	Correctly assesses patients presenting with serious toxicity and manages this in conjunction with senior advice. Arranges follow up for patients and follows up patients under senior supervision. Assesses patients under follow up for relapses and correctly manages these under supervision.	
4	Describes uncommon presentations of malignancies and describes rare malignancies and can assess and monitor for these. Describes drug-drug interactions of more complicated regimens including new ARV, anti-tuberculous drugs, and anti-convulsants with cancer therapies. Correctly diagnoses and manages IRIS in the context of malignancy. Is aware of Integrated Service clinics with Oncology.	

37. Disseminated infections and other conditions of HIV disease.

To progressively diagnose and manage HIV-associated disseminated infections, initially focussing on which groups of patients are at risk and the need for rapid diagnosis. To progressively demonstrate knowledge about screening, clinical manifestations, appropriate investigations for diagnosis and clinical diagnostic skills.

Knowledge	Assessment Methods	GMP
Explain the clinical presentations, diagnosis and management of: • Extra-pulmonary tuberculosis • Mycobacterial avium complex (MAC) infection • Leishmaniasis • Cytomegalovirus (CMV) infection • Systemic fungal infections	DipHIV, CbD, mini-CEX	1, 3
Describes the epidemiology, investigation and management of a patient with pyrexia of unknown origin.	DipHIV, CbD, mini-CEX	1, 3
Describe the investigation and management of fever in the returning traveller including the diagnosis of malaria.	DipHIV, CbD, mini-CEX	1, 3
Explain the investigation and management of weight loss.	DipHIV, CbD, mini-CEX	1, 3
Describe pain relief, palliative and terminal care for conditions associated with HIV infection.	DipHIV, CbD, mini-CEX	1, 3
Skills		
Correctly diagnose and treat or refer MAC infection, Leishmaniasis, CMV disease and systemic fungal infection.	DipHIV, CbD, mini-CEX	1, 3
Explain the diagnosis and management of these conditions clearly to the patient.	DipHIV, CbD, mini-CEX	1, 3
Behaviours		
Display tact, empathy, respect and concern for patients.	DipHIV, CbD, mini-CEX	1, 3
Demonstrates a non-judgemental approach to patients.	DipHIV, CbD, mini-CEX	1, 3
Works in conjunction with a multidisciplinary team.	DipHIV, CbD mini-CEX	1, 3
Shows willingness to search for evidence to support clinical decision making	CbD, mini CEX	1,4

Level Descriptors	
1	Describes and assesses patient for symptoms and signs of disseminated infections and seeks advice about diagnosis and management. Arranges isolation for infection control when necessary and seeks advice from colleagues. Arranges appropriate diagnostic investigations and rapid referral for these where appropriate and monitors results. Prescribes treatment and prophylaxis as directed. Prescribes adequate analgesia and working with Palliative Care team to monitor efficacy, drug interactions and side effects.
2	Prescribes and monitors treatment for OIs, ARVs and OI prophylaxis under supervision. Describes potential drug interactions of treatment for disseminated infections with ARVs and manages common side effects and Arranges for supplementary feeding under direction of

	Dietician.
3	Correctly assesses patients presenting with life threatening infections in conjunction with senior advice. Arranges follow up for patients. Assesses patients under follow up for relapses of infections and manages these under supervision.
4	Describes uncommon manifestations of disseminated infections, and assesses and monitors for these independently. Correctly diagnoses and manages IRIS in the context of disseminated infections. Is aware of or has participated in Integrated Service clinics with relevant specialties. Is aware of dilemmas associated with end of life decisions, withdrawal of feeding, consent and capacity.

38. HIV within specific patient groups.

To progressively diagnose and manage HIV in groups with specific risks or vulnerability. To modify the patient approach with the MDT and colleagues in Mental Health, Substance misuse, and Social Services. To work with colleagues in the Community and Outreach workers to manage these hard-to-reach groups to prevent excess morbidity.

Knowledge	Assessment Methods	GMP
Explain specific aspects of the epidemiology, investigation and management of HIV infection in: • Adolescents • Women • Pregnant women • Men who have sex with men (MSM) • Injecting drug users • Haemophiliacs • Transgender • Migrants • Asylum seekers • Health care workers • Prisoners • Older patients	DipHIV, CbD, mini-CEX, DipGUM	1, 3, 4
Outline the health needs of particular populations and recognise the impact of culture and ethnicity in the presentation of physical and psychological conditions. Identify lifestyle factors for example poverty and deprivation, addictive and self harming behaviour, substance misuse and alcohol on personal and community health.	DipHIV, CbD, mini-CEX	
Understand about normal adolescent biological, psychological and social development and its impact upon health and illness, particularly, key determinants of adolescent or young adult health such as deprivation and the importance of adolescent health for adult health	mini-CEX, CbD	1
Describe the investigation and management of conception issues in discordant couples.	DipHIV, CbD, mini-CEX	1, 3, 4
Define relevant significant event reporting systems including the pregnancy register.	DipHIV, CbD, mini-CEX	
Describe the investigation and general management of sub-fertility.	DipHIV, CbD, mini-CEX	1, 3, 4
Describe the epidemiology, diagnosis, prevention and treatment of	DipHIV, CbD, mini-	1, 3, 4

STI in HIV positive MSM.	CEX, DipGUM	
Know the key provisions of disability discrimination legislation	CbD	1
Understand the relationship between local health, education and social service provision including the voluntary sector	CbD	1
Build upon the competencies defined in the Foundation Programme Curriculum: • Deal with inappropriate patient and family behaviour • Respect the rights of children, elderly, people with physical, mental, learning or communication difficulties • Adopt an approach to eliminate discrimination against patients from diverse backgrounds including age, gender, race, culture, disability, spirituality and sexuality • Place needs of patients above own convenience • Behave with honesty and probity • Act with honesty and sensitivity in a non-confrontational manner • The main methods of ethical reasoning: casuistry, ontology and consequential The overall approach of value based practice and how this relates to ethics, law and decision-making	CbD, mini-CEX, MSF	1, 2, 3, 4
Skills		
Counsel a woman regarding interventions to reduce the risk of mother-to-child transmission.	DipHIV, CbD, mini-CEX	1, 3, 4
Counsel patients about maintaining continuity of ARV treatment.	DipHIV, CbD, mini-CEX	1, 3, 4
Counsel discordant couples about minimising risk of HIV and STI transmission both generally and during efforts to conceive.	DipHIV, CbD, mini-CEX	1, 3, 4
Counsel injecting drug users about safe injecting practice.	DipHIV, CbD, mini-CEX	1, 3, 4
Counsel HIV positive individuals and couples about risk of HIV super infection.	DipHIV, CbD, mini-CEX	1, 3, 4
Give adequate time for patients and carers to express their beliefs, ideas, concerns and expectations	mini-CEX	1,3,4
Encourage the healthcare team to respect the philosophy of patient focussed care	CbD, mini-CEX, MSF	3
Behaviours		
Display tact, empathy, respect and concern for patients.	DipHIV, CbD, mini-CEX	1, 3, 4
Demonstrate a non-judgemental approach to patients.	DipHIV, CbD, mini-CEX	1, 3, 4
Be aware of attitudes and perceptions that oneself and others may have of adolescents	mini-CEX, MSF	3,4
Work in conjunction with a multidisciplinary team.	DipHIV, CbD, mini-CEX	1, 3, 4
Show willingness to search for evidence to support clinical decision making	mini-CEX, CbD	1,4

Level Descriptors	
1	Assesses patient's full lifestyle, family, social, occupational and treatment history including recreational drugs in order to identify barriers to ARV adherence. Assesses patients for conception wishes and women for pregnancy. Prescribes ARV safely if patient trying to conceive.
2	Counsels injecting drug users on safe practice. Discusses conception needs. Advises on the risk of HIV transmission to the partner if discordant. Manages stable pregnant patients.
3	Manages older patients with significant co-morbidities and co-medications with colleagues/GP and ensures screening for illnesses of the elderly such as late onset diabetes and malignancies. Correctly assesses patients presenting with complications of pregnancy and HIV and /or ARV. Correctly identifies and manages patients with undiagnosed HIV presenting late in pregnancy. Identifies ARV toxicity in pregnancy and manages this in conjunction with senior advice.
4	Manages hard-to-reach patients in Outreach clinics in the Community. Explains controversies concerning the risk of HIV transmission in the context of an undetectable HIV viral load to patients to minimise HIV transmission.

Medical Leadership and Management

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

Personal Qualities

To demonstrate the personal qualities required to plan, deliver and develop GUM services. The trainee will be required to draw upon their own values, strengths and abilities to deliver high standards of care.

Knowledge	Assessment Methods	GMP
Awareness of the trainee's own values and principles and how these may differ from those of other individuals and groups.	MSF	1,3,4
Describe systems which help the trainee and others to manage time and workload effectively.	CbD, mini-CEX	1,3
Awareness of time taken to see GUM out-patients compared with colleagues.	mini-CEX, CbD	1,3,4
Understand the need to prioritise work and to delegate to others according to urgency and importance.		1,3
Understand the roles, competencies and capabilities of other professionals and support workers.		1,3,4
Outline techniques for improving time management.		1
Outline factors adversely affecting a doctor's and team performance and methods to rectify these.		1,3
Describe processes for allocating weekly out-patient clinic rotas and maintaining flexibility to take account of service needs and unscheduled leave.		3
Describe the local process for agreeing staff leave (annual/professional/sick/carer) to ensure adequate staffing.		1,4
Understand the processes for recording and monitoring sick leave, the return to work interview and when and how to make referrals to occupational health.		1,4
Skills		
Identify own strengths and weaknesses.	MSF	1,3
Develop understanding of personality styles and how different profiles fit into a team.		3
Demonstrate personal commitment to improve own performance in light of feedback and assessment.		1, 3
Regularly review and re-prioritise personal and team work load.		1, 3
Obtain and act upon feedback from variety of sources.	MSF, mini-CEX	3
Work effectively with other professionals and support workers.		1, 3
Lead and participate in interdisciplinary team meetings.		1, 3
Reliability in meeting scheduled and unscheduled responsibilities and	MSF, CbD, mini-CEX	1,2,3,4

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

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

Working with Others

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

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

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

Managing Services

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

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

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

Improving Services

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

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

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

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

Setting Direction

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

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

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

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

Epidemiology and Public Health

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

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

local authority in control of notifiable diseases		
To be able to explain the advantages and disadvantages of introducing a screening test to contrasting populations, including the merits of register based vs opportunistic screening, evaluation of screening, using actual and proposed examples in sexual health	DipGUM, TO	1
Skills		
To be able to find and use research evidence in asking answerable clinical questions	AA, CbD, TO	1,3
To be able to describe the epidemiology of STIs and HIV, including their social and behavioural determinants in the UK and globally	AA	1
To be able to explain the commonly accepted measures of partner notification outcome	AA	1
To be able to review and explain the significance of partner notification outcomes in the context of the differing transmission dynamics of the STIs/HIV	CbD	1, 2
To review clinic data with a view to early identification of outbreaks	CbD, TO	2
To work collaboratively with health protection agencies in planning and implementing early collaborative action to control transmission	CbD, TO	2, 3
To apply current evidence on prevention and health promotion interventions, both at clinic level and in individual consultation, to promote health	Cbd, DipGUM, mini-CEX, TO	1, 2
To be able to describe the relevance of a given audit to settings of a different kind, and to non-clinical settings (e.g. education)	AA, TO	2
To be able to explain common quantitative assessments of risk and benefit (e.g. Absolute Risk Reduction, Number Needed to Treat) and their limitations in clinical practice	CbD	1, 3
To be able to identify the limitations of the available evidence in addressing a clinical question	AA, CbD, mini-CEX, TO	1
To be able to explain the contribution of lifestyle factors to individual risk of STIs or HIV	CbD, mini-CEX	1
To be able to describe the differing concerns about STIs and HIV, including issues of stigma, in the community	mini-CEX, TO	4
To be able to contribute to the assessment of a population's need for a service, using routine and specifically designed data sources	CbD, TO	
To be able to work collaboratively with other agencies (including primary care, local authorities and the voluntary sector) in planning and delivering services to a population	CbD	3
To report notifiable diseases in accordance with legislation to the appropriate authorities	CbD	2
Behaviours		
To demonstrate willingness to report to national and local datasets, taking account of appropriate guidelines on confidentiality and data protection.	CbD, TO	2, 3
To report notifiable diseases in accordance with legislation to the local health protection agencies	CbD	2
Level Descriptor		
1.	Uses epidemiological knowledge to assess patient risk, without stereotyping	

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

4 Learning and Teaching

4.1 The training programme

The features of the GUM training programme are:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

One session per week; CME.

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

One session per week should be spent on private study.

Experience of urgent and emergency referrals to GUM

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

Acting up as a consultant (AUC)

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

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

4.2 Indicative progress through training

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

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

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

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

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

- Management of ARV toxicity

- HIV inpatient management; see section 5

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

- Teaching / training

The remainder of the time must be divided into:

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

OR

- Research

OR

- Overseas experience can be incorporated in this period

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

4.3 Gynaecology training guidelines for Genitourinary Medicine (GUM) specialist trainees

Aims of gynaecology training

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

Duration and organisation of training

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

1. Before entering GUM specialty training

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

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

2. During GUM specialty training

Trainees without sufficient previous experience in gynaecology and obstetrics to meet the syllabus objectives should undertake a programme of gynaecological training, preferably during the first two years of specialist training in GUM. This will be attained through half or full day release or through single or multiple attachments. In order to meet the syllabus objectives training will include attendance at a wide range of obstetric and gynaecology clinics and services. These could include clinics in general gynaecology, gynaecological endocrinology, infertility, early pregnancy assessment units (EPU), also known as early diagnostic units (EDU), antenatal clinics, termination of pregnancy clinics, colposcopy, gynaecological oncology and vulval clinics. Emergency presentations must be observed by shadowing the on call gynaecology team during daytime working hours; out of hours attachments are not compulsory.

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

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

3. Pathology training guidelines for Genitourinary Medicine (GUM) specialist trainees

Aims of pathology training

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

Dermatology training guidelines for Genitourinary Medicine (GUM) specialist trainees

Aims of dermatology training

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

Duration and organisation of training

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

Before entering GUM specialty training

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

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

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

4. HIV training guidelines for Genitourinary Medicine (GUM) specialist trainees

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

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

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

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

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

malignancies in the curriculum. Trainees should complete a logbook documenting their experience of in-patients and complex antiretroviral management.

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

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

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

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

4.4 Teaching and learning methods

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

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

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

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

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

- GU/HIV clinics including specialty clinics. After initial induction, trainees will review patients in outpatient clinics, under direct supervision. The degree of responsibility taken by the trainee will increase as competency increases. Trainees will assess 'new' and 'review' patients and present their findings to the clinical supervisor.
- Personal ward rounds and provision of ongoing HIV clinical care on specialist medical ward attachments. Every patient seen, on the ward or in out-patients, provides a learning opportunity, which will be enhanced by following the patient through the course of their illness: the experience of the evolution of patients' problems over time is a critical part both of the diagnostic process as well as management. Patients will provide the basis for critical reading and reflection of clinical problems. Cases should be anonymously recorded in the e portfolio.

- Consultant-led clinics/ward rounds. Every time a trainee observes another doctor or team member seeing a patient or their relatives is an opportunity for learning.
- Multi-disciplinary team meetings. There are many situations where clinical problems are discussed with clinicians in other disciplines providing excellent opportunities for observation and testing clinical reasoning.

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

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

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

Independent Self-Directed Learning -Trainees will use this time in a variety of ways depending upon their stage of learning. Suggested activities include:
- Reading, including web-based material
- E learning for health modules
- Maintenance of personal portfolio (self-assessment, reflective learning, personal development plan)
- Audit and research projects
- Reading journals
- Achieving personal learning goals beyond the essential, core curriculum

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

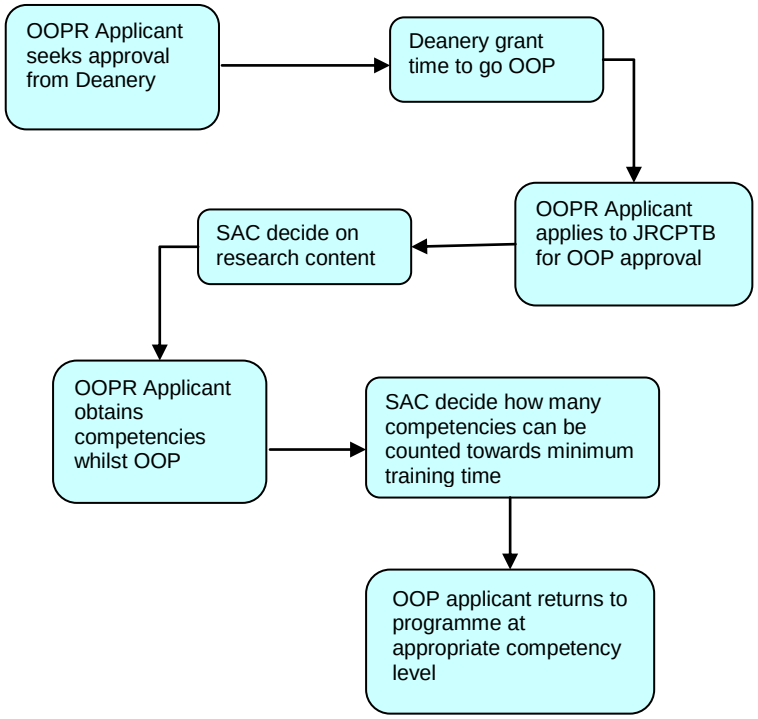
4.5 Research

Trainees who wish to acquire research competencies, in addition to those specified in their specialty curriculum, may undertake a research project as an ideal way of

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

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

This process is shown in the diagram below:



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

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

4.6 Academic Training

For those contemplating an academic career path, there are now well-defined posts at all levels in the Integrated Academic Training Pathway (IATP) involving the National Institute for Health Research (NIHR) and the Academy of Medical Sciences (AMS). For full details see http://www.nccrcd.nhs.uk/intetacatrain and http://www.academicmedicine.ac.uk/uploads/A-pocket-guide.pdf. Academic trainees may wish to focus on education or research and are united by the target of a consultant-level post in a university and/or teaching hospital, typically starting as a senior lecturer and aiming to progress to readership and professor. A postgraduate degree will usually be essential (see "out of programme experience") and academic mentorship is advised (see section 6.1). Academic competencies have been defined by the JRCPTB in association with AMS and the Colleges and modes of assessment have been incorporated in the latest edition of the Gold Guide (section 7, see http://www.jrcptb.org.uk/forms/Documents/GoldGuide2009.pdf).

Academic integrated pathways to CCT are a) considered fulltime CCTs as the default position and b) are run through in nature. The academic programmes are CCT programmes and the indicative time academic trainees to achieve the CCT is the same as the time set for non-academic trainees. If a trainee fails to achieve all the required competencies within the notional time period for the programme, this would be considered at the ARCP, and recommendations to allow completion of clinical training would be made (assuming other progress to be satisfactory). An academic trainee working in an entirely laboratory-based project would be likely to require additional clinical training, whereas a trainee whose project is strongly clinically oriented may complete within the "normal" time (see the guidelines for monitoring training and progress) http://www.academicmedicine.ac.uk/careersacademicmedicine.aspx. Extension of a CCT date will be in proportion depending upon the nature of the research and will ensure full capture of the specialty outcomes set down by the Royal College and approved by GMC.

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

5 Assessment

5.1 The assessment system

The purpose of the assessment system is to:

- Enhance learning by providing formative assessment, enabling trainees to receive immediate feedback on their own performance and identify areas for development;
- Drive learning and enhance training by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience;
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme;
- Ensure trainees are acquiring competencies within the domains of Good Medical Practice;
- Assess trainees' actual performance in the workplace;
- Ensure that trainees possess the essential underlying knowledge required for their specialty;

- Inform the Annual Review of Competence Progression (ARCP), identifying any requirements for targeted or additional training where necessary;
- Identify trainees who should be advised to consider changes of career direction.

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

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

5.2 Assessment Blueprint

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

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

5.3 Assessment methods

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

Examinations and certificates

- The Diploma in GU Medicine
- The Diploma of HIV Medicine
- Diploma in FSRH

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

The Faculty of Sexual and Reproductive Health have developed the Dip FSRH.

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

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

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

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

The Dip FSRH is a recognised assessment of basic competence in contraceptive service provision. It builds on a Department of Health supported 'E-learning for Health' module, and is taught and assessed within training contraception services. Assessment is competency based and conducted by trained supervisors within clinics. The Dip FSRH has been proposed to the GMC as part of the curriculum and assessment process for ST2/3 trainees in General Practice, Reproductive and Sexual Health and Obstetrics and Gynaecology. The use of this assessment tool will be reviewed annually. Trainees in GUM are expected to provide contraceptive advice to at least these levels in their routine practice and it seems only reasonable that they should be assessed and deemed competent in this field at an early stage of their training using this accepted tool. The Dip FRSH curriculum maps closely to the contraception elements of the GUM curriculum for ST3/4 level trainees. Some elements of the GUM contraception training (eg LARC insertion, management of the contraceptive needs of HIV positive patients) are beyond the curriculum of the Dip FSRH and will be assessed separately.

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

Information about the Dip FSRH including guidance for candidates, is available on the Faculty of Sexual Reproductive and Health website; http://www.ffprhc.org.uk/

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

Workplace-based assessments

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

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

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

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

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

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

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

Audit Assessment Tool (AA)

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

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

5.4 Decisions on progress (ARCP)

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

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

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

5.5 ARCP Decision Aid

Assessment	ARCP year 3 (End of ST3)	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6 = CCT)
Expected competence in GUM	Trainees should have experience in the initial assessment of 10 of the top 20 most important GUM presentations.	Trainees should be competent in the management of 10 of the top 20 most important GUM presentations.	Trainees should be competent in the management 15 of the top 20 most important GUM presentations.	Trainees should be autonomously competent in the assessment and management of patients presenting with top 20 GUM conditions.
Expected competence in HIV	Trainees should have experience in the initial assessment of at least 3 of the top 15 most common HIV presentations.	Trainees should be competent in the management of at least 3 of the top 15 most common HIV presentations, and have experience of at least 40% of the most common presentations.	Trainees should be competent in the management of 7 of the top 15 most common HIV presentations.	Trainees should be autonomously competent in the assessment and management of patients presenting with top 15 HIV conditions.
GUM/ HIV Exams		DipGUM (Diploma of Genitourinary Medicine)	DFRSH (Diploma of the Faculty of Reproductive and Sexual Health DFRSH)	DipHIV (Diploma of HIV)
MSF	Satisfactory		Satisfactory	
mini-CEX Must be a balance between GUM and HIV conditions	6 mini-CEX where the emphasis is on history and/or examination of common conditions.	6 mini-CEX where the emphasis is on the assessment and management of patients with common GUM/ HIV conditions	6 mini-CEX on the assessment and management of patients with common and more complex GUM/ HIV conditions	6 mini-CEX on the assessment and management of patients with GUM/ HIV conditions, with the emphasis on complex conditions
CBD Must be a balance between GUM and HIV conditions				

Assessment	ARCP year 3 (End of ST3)	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6 = CCT)
	6 CBD in which the emphasis is on history/exam in common conditions.	6 CBD where the emphasis is on the assessment and management of patients with common GUM/ HIV conditions	6 CBD on the assessment and management of patients with common and more complex GUM/ HIV conditions	6 CBD on the assessment and management of patients with GUM/ HIV conditions, with the emphasis on complex conditions
DOPS	2	2	2	2
NHS Appraisal	Annually			
Contraception			DFRSH	Competent in insertion of contraceptive implants
Dermatology			Achieved competencies outlined in curriculum	
Obstetrics and Gynaecology		Achieved competencies outlined in curriculum		
Medical microbiology				Achieved competencies outlined in curriculum
Public health and Epidemiology				Achieved competencies outlined in curriculum
BASHH Doctors In Training Weekend	Advise to attend at least once during the training period			
SpR Regional meetings	**By local arrangement**			
Conferences/ courses	Advise attendance at management/ teaching/ research courses			
Audit		Evidence of participation in an	Evidence of completion of an audit – with major involvement in	Satisfactory portfolio of audit involvement confirmed by

Assessment	ARCP year 3 (End of ST3)	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6 = CCT)
		audit	design, implementation, analysis and presentation of results and recommendations.	satisfactory Audit Assessment
Research		Evidence of critical thinking around relevant clinical questions	Evidence of developing research awareness and competence e.g. participation in research studies, critical reviews, presenting at relevant research meetings or on courses where participants will assess the trainee.	CV with evidence of research awareness and competence. Evidence might include a completed study with presentation/publication.
Teaching		Evidence of participation in teaching of medical students, junior doctors and other HCPs	Evidence of participation in evaluated teaching with results of students' evaluation of that teaching.	Ongoing evaluated participation in teaching confirmed by satisfactory teaching assessment. Evidence of implementation of the principles of adult education
Management, and clinical leadership	Evidence of generic management and leadership competencies including ability to prioritise personal and team work, work effectively with colleagues and meet scheduled commitments. Equality and diversity training	Evidence of participation in, and awareness of, some aspect of management – examples might include responsibility for organising rotas, teaching sessions or journal clubs	Evidence of awareness of managerial structures and functions within the NHS. Evidence might include attendance at relevant training modules, knowledge of diagnostic coding and data analysis and participation in local management meetings.	Evidence of understanding of managerial structures e.g. by reflective portfolio entries around relevant NHS management activities, budget management. Knowledge of complaints procedures

Assessment	ARCP year 3 (End of ST3)	ARCP year 4 (End of ST4)	ARCP year 5 (End of ST5)	ARCP year 6 (End of ST6 = CCT)
Events giving concern	The following events occurring at any time may trigger a review of the trainee's progress and possible remedial training: issues of professional behaviour, poor performance in work-place based assessments, poor MSF performance, issues arising from supervisor report, issues of patient safety, a substantiated complaint.			

DOPS
Insertion of speculum and cervical cytology sampling
Cyrotherapy
Proctoscopy with collection of samples for sexually transmitted infection tests
Collection of samples for sexually transmitted infection tests from the genitals and pharynx.
Skin biopsy or punch biopsy
Point of care testing
Microscopy for sexually transmitted /Vaginal infection
Dark Ground microscopy

5.6 Guide to the ARCP decision aid

In order to clarify the 2010 ARCP decision aid, the specialty advisory committee (SAC) for GUM have produced a guide which shows how the competencies as described in section 3.3 of the 2010 GUM Curriculum relate to the important GUM and HIV presentations. The trainees should have some experience of these presentations in the early years of training and later on be autonomously competent in these presentations in order to obtain a CCT in GUM.

If you have any queries regarding this guide then please contact ptb@jrcptb.org.uk

Important GUM presentations	Mapping to GUM syllabus sections (See below)	Important HIV Presentations	Mapping to HIV syllabus sections (See below)
• Male urethral discharge	1, 2, 5, 6, 7, 8, 15	• Newly-diagnosed	4, 21, 23, 38
• Vaginal discharge	1, 2, 5, 6, 7, 8, ,13 ,15 ,17	• Starting/ Monitoring HAART	23, 25, 26, 27, 28
• Genital ulceration	1, 2, 5, 6, 7, 8, 9, 10, 13, 15	• Switching HAART	25, 28
• Pelvic pain	1, 2, 5, 6, 7, 8, 10, 13, 17	• Adherence discussion	25, 27
• Genital lumps	1, 2, 5, 6, 7, 8, 10, 11, 17	• ARV resistance	27
• Treponemal serology	1, 2, 5, 6, 7, 8, 11, 14	• ARV complications	25, 28
• Hepatitis B serology and co-infection with HIV	1, 2, 5, 6, 7	• PUO	36, 37
• Hepatitis C serology and co-infection with	1, 2, 5, 6, 7	• Dermatology	35

HIV			
• Sexual assault	1, 2, 5, 6, 14	• Neurological presentations	34
• Suspected child sexual abuse	1, 2, 4, 5, 6, 12, 14	• HIV pregnancy issues	4, 13, 25, 38
• Emergency contraception	1, 2, 5, 6, 16	• TB co-infection	29, 37
• HIV testing/ PEPSE	1, 2, 5, 6, 21, 22	• Malignancy in HIV	29, 36
• Chronic GUM problem management	1, 2, 5, 6, 8, 9, 10	• Respiratory and ENT	29
• Genital dermatoses	1, 2, 5, 6, 18	• Metabolic and Cardiovascular complications	28, 30

GUM Competencies – See 3.3 syllabus section in 2010 GUM curriculum

1. Sexual and Medical History.
2. Examination of the Genitals, Anus, Rectum and Systems - Decision-Making and Clinical Reasoning.
3. Complaints and medical error
4. Principles of medical ethics and confidentiality.
5. Valid consent
6. Legal framework for practice.
7. Pathology of sexually transmitted infections.
8. Bacterial genital infections.
9. Genital ulceration and syphilis.
10. Genital lumps, cancer and human papillomavirus infection (HPV)
11. Genital infestations.

12. Sexual assault/sexual abuse.
13. Genital infections in pregnancy.
14. Genital infections in newborn, infants and children.
15. Infective causes of vulvovaginitis and balanitis.
16. Contraception.
17. Gynaecology and Obstetrics for GUM trainees.
18. Dermatology for GUM..
19. Ethical research.
20. Teaching and training.

HIV Competencies - See 3.3 syllabus section in 2010 GUM curriculum

21. To test individuals for HIV infection.
22. HIV exposure and post-exposure prophylaxis.
23. Early HIV and primary HIV infection.
24. Advanced immunosupression in HIV.
25. To prescribe and monitor antiretroviral therapy.
26. Therapeutics and safe prescribing.
27. Antiretroviral treatment failure.
28. Side effects and toxicity of ARV treatment.
29. Respiratory, ear, nose, and throat complications of HIV disease.
30. Metabolic and cardiovascular disease related to HIV infection.
31. Gastro-intestinal disease related to HIV infection and its treatment.
32. Hepatitis B and/or C infection including in those who are HIV positive.
33. Renal and musculoskeletal complications of HIV.
34. Ophthalmological, neurological and psychiatric presentations of HIV.
35. Dermatological presentations of HIV disease.
36. HIV-associated malignancies and other haematological conditions.
37. Disseminated infections and other conditions of HIV disease.
38. HIV within specific patient groups.

5.7 Penultimate Year Assessment (PYA)

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

5.8 Complaints and Appeals

The Worshipful society of Apothecaries has complaints procedures and appeals regulations documented on its website, http://www.apothecaries.org/index.php?page=22, which apply to the Diploma in GU Medicine and the Diploma in HIV Medicine.

The Faculty of Sexual and Reproductive Health has complaints procedures and appeals regulations documented on its website, http://www.ffprhc.org.uk/ which applies to the DFSRH

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

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

6 Supervision and feedback

6.1 Supervision

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

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

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

Trainees will at all times have a named Educational Supervisor and Clinical Supervisor, responsible for overseeing their education. Depending on local

arrangements these roles may be combined into a single role of Educational Supervisor.

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

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

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

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

Academic trainees are encouraged to identify an academic mentor, who will not usually be their research supervisor and will often be from outside their geographical area. The Academy of Medical Sciences organises one such scheme (see http://www.acmedsci.ac.uk/index.php?pid=91) but there are others and inclusion in an organised scheme is not a pre-requisite. The Medical Research Society organises annual meetings for clinician scientists in training (see http://www.medres.org.uk/j/index.php?option=com_content&task=view&id=54&Itemid=1) and this type of meeting provides an excellent setting for trainees to meet colleagues and share experiences.

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

6.2 Appraisal

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

Induction Appraisal

The trainee and educational supervisor should have an appraisal meeting at the beginning of each post to review the trainee's progress so far, agree learning

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

Mid-point Review

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

End of Attachment Appraisal

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

7 Managing Curriculum Implementation

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

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

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

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

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

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

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

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

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

7.1 Intended use of curriculum by trainers and trainees

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

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

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

7.2 Recording progress

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

The trainee's main responsibilities are to ensure the e Portfolio is kept up to date, arrange assessments and ensure they are recorded, prepare drafts of appraisal forms, maintain their personal development plan, record their reflections on learning and record their progress through the curriculum.

The supervisor's main responsibilities are to use e Portfolio evidence such as outcomes of assessments, reflections and personal development plans to inform appraisal meetings. They are also expected to update the trainee's record of progress through the curriculum, write end-of-attachment appraisals and supervisor's reports and inspect the logbook of managed cases.

Deaneries, training programme directors, college tutors and ARCP panels may use the e Portfolio to monitor the progress of trainees for whom they are responsible.

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

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

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

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

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

8 Curriculum review and updating

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

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

Evaluation will address:

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

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

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

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

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

9 Equality and diversity

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

- Race Relations (Amendment) Act 2000
- Disability Discrimination Act 1995
- Human Rights Act 1998
- Employment Equality (Age) Regulation 2006
- Special Educational Needs and Disabilities Act 2001
- Data Protection Acts 1984 and 1998

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 GMC.

Compliance with anti-discriminatory practice will be assured through:

- monitoring of recruitment processes;
- ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up post;
- Deaneries must ensure that educational supervisors have had equality and diversity training (at least as an e learning module) every 3 years
- Deaneries must ensure that any specialist participating in trainee interview/appointments committees or processes has had equality and diversity training (at least as an e module) every 3 years.
- ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature. Deaneries and Programme Directors must ensure that on appointment

trainees are made aware of the route in which inappropriate or discriminatory behaviour can be reported and supplied with contact names and numbers. Deaneries must also ensure contingency mechanisms are in place if trainees feel unhappy with the response or uncomfortable with the contact individual.

- monitoring of College Examinations;
- ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly disadvantage trainees because of gender, ethnicity, sexual orientation or disability (other than that which would make it impossible to practise safely as a physician). All efforts shall be made to ensure the participation of people with a disability in training.