

## “Thinking of CESR?": Mapping of GUM 2016 Curriculum to the GIM (IMS2) curriculum

Certificate of Eligibility for Specialist Registration (CESR) is the mechanism by which a doctor can demonstrate that their knowledge, skills and experience meet those required for specialist registration in the UK. From 2022 doctors undertaking higher specialist training in Genitourinary Medicine (GUM) will also be undertaking Internal Medicine stage 2 (IMS2) training and achieving a dual CCT in GUM/IM. Presently doctors successfully completing training in general medicine as well as their “parent” specialty achieve a dual CCT in their specialty and General Internal Medicine (GIM). Until 2022 this has not been a recognised training pathway in the UK. For doctors who commenced GUM training prior to 2022 they can achieve similar dual accreditation with GIM by the CESR route. This will require recognition of their knowledge, skills and experience in GIM, which may vary from doctor to doctor.

In order to help doctors who wish to do this we have mapped the current GIM and GIM curricula to identify areas of commonality and areas where further experience is needed to achieve the GIM competencies and how this could be achieved and/or demonstrated. This document can be used to support a plan for training in GIM and application for accreditation in GIM via the CESR route. It is important to note that successful application via CESR is based on demonstrating appropriate knowledge, skills and experience and not “time served”. CESR application costs £1640 and then £715 for a review if further evidence is requested (same for all specialties) – information is available via [this link](#). The current GIM curriculum is available on the JRCPTB website via [this link](#) Guidance on the CESR process can be found on the GMC website [here](#).

It is felt that the requirements for the six Generic Capabilities in Practice (Generic CiPs) are already met by the 2016 GUM curriculum.

### Clinical Capabilities in Practice (Clinical CiPs)

The table below is to aid trainees in identifying gaps in the GUM curriculum which they need to fill in order to satisfy the IMS2 requirements

IMS2 Curriculum	2016 GUM curriculum	Gap Analysis
<b>CIP 1 – Managing an acute unselected take</b>	<b>This box is reserved for where the GUM Curriculum may meet in full or in part the IMS2 Clinical CiPs</b>	<b>Additional evidence required</b>
Demonstrates professional behaviour with regard to patients, carers, colleagues and others	<p><i><b>The 2016 GUM Curriculum does not require trainees to be involved with the unselected acute medical admission.</b></i></p> <p>It is reasonable to allow (where can be evidenced), any unselected medical take admissions involved with during redeployment during the COVID-19 pandemic</p>	<ul style="list-style-type: none"> <li>• Involvement in the admission 750 patients (acute unselected medical problems)</li> <li>• Minimum of 12 months experience and training in the continuing ward care of patients admitted with acute medical problems               <ul style="list-style-type: none"> <li>- At least one AUT per month</li> <li>- Three months of AUT or a full one-month immersion on an acute medical unit</li> </ul> </li> </ul>

	Additionally, if trainees have taken part in medical on-calls during their GUM training with evidence of WBAs – these may count towards this CIP.	during the final year of training
Delivers patient centred care including shared decision making	As above	As above
Takes a relevant patient history including patient symptoms, concerns, priorities and preferences	As above	As above
Performs accurate clinical examinations	As above	As above
Shows appropriate clinical reasoning by analysing physical and psychological findings	As above	As above
Formulates an appropriate differential diagnosis	As above	As above
Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required	As above	As above
Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues	As above	As above
Appropriately selects, manages and interprets investigations	As above	As above
Recognises need to liaise with specialty services and refers where appropriate	As above	As above

### CIP1

- ALS
- MCR
- MSF
- CbD
- ACAT
- Logbook of cases
- Simulation training with assessment

IMS2 is felt to require an indicative 12 months of experience of IM during the HST programmes. This could be done as a separate block of (for example) 9 months during the early part of HST and 3 months in the final year (to ensure that the CCT holder is capable of managing the acute take) or 4 blocks of 3 months during each year of HST.

**“Main presentations” listed in GIM 2012 curriculum not mentioned in 2022 GUM curriculum main presentations**

- Falls
- Collapse/syncope
- Palpitations

**“Other important presentations” in GIM 2012 curriculum not mentioned in HIV main presentations**

- Constipation
- Dialysis
- Head injury
- Hoarseness/stridor
- Hypothermia
- Immobility
- Incidental findings
- Involuntary movements
- Medical problems in pregnancy
- Medical problems/complications following surgical procedures
- Physical symptoms in absence of organic disease
- Unsteadiness/balance disturbance

IMS2 Curriculum	2016 GUM curriculum	Gap Analysis
CIP 2 – Managing the acute care of patients within a medical specialty service	This box is reserved for where the GUM Curriculum may meet in full or in part the IMS2 Clinical CiPs)	Additional evidence required
Able to manage patients who have been referred acutely to a specialised medical service as opposed to the acute unselected take e.g. cardiology and respiratory medicine acute admissions	Where trainees have experience of placement with Infectious Diseases, this may count towards this particular CIP  Where trainees are part of an HIV inpatient service, this may count to towards this particular CIP	May need OOP or time on specialised ward e.g. Respiratory/Cardiology/ Infectious Diseases
Demonstrates professional behaviour with regard to patients, carers, colleagues and others	As above	As above
Delivers patient centred care including shared decision making	As above	As above
Takes a relevant patient history including patient symptoms, concerns, priorities and preferences	As above	As above

Performs accurate clinical examinations	As above	As above
Shows appropriate clinical reasoning by analysing physical and psychological findings	As above	As above
Formulates an appropriate differential diagnosis	As above	As above
Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required	As above	As above
Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues	As above	As above
Appropriately selects, manages and interprets investigations	As above	As above
Demonstrates appropriate continuing management of acute medical illness in a medical specialty setting	As above	As above
Refers patients appropriately to other specialties as required	As above	As above

### Issues

- Can placement on selected take count during CMT?
- ID on-call can contribute here
- ID on-call during GUM training
- Experience gained during CMT
  
- MCR
- MSF
- CbD
- ACAT
- Logbook of cases

Simulation training with assessment

IMS2 Curriculum	2016 GUM curriculum	Gap Analysis
<b>CIP 3 – Providing continuity of care to medical inpatients, including management of comorbidities and cognitive impairment</b>	<b>This box is reserved for where the GUM Curriculum may meet in full or in part the IMS2 Clinical CiPs</b>	<b>Additional evidence required</b>

Demonstrates professional behaviour with regard to patients, carers, colleagues and others	ID placements HIV inpatient work (3 months)  Issues arising if no inpatient care	Trainees should undertake an indicative minimum of 12 months training in continuing ward care of patients admitted with acute medical problems. Three months of inpatient care or a full one-month immersion on an acute medical unit should occur in the last year of training.  May need block of continuing care
Delivers patient centred care including shared decision making	As above	As above
Demonstrates effective consultation skills	As above	As above
Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required	As above	As above
Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues	As above	As above
Demonstrates appropriate continuing management of acute medical illness inpatients admitted to hospital on an acute unselected take or selected take	As above	As above
Recognises need to liaise with specialty services and refers where appropriate Appropriately manages comorbidities in medical inpatients (unselected take, selected acute take or specialty admissions)	As above	As above
Demonstrates awareness of the quality of patient experience	As above	As above

- MCR
- MSF
- ACAT
- Mini-CEX
- DOPS

IMS2 Curriculum	2016 GUM curriculum	Gap Analysis
<b>CIP 4 – Managing patients in an outpatient clinic, ambulatory or community setting (including management of long-term conditions)</b>	<b>This box is reserved for where the GUM Curriculum may meet in full or in part the IMS2 Clinical CiPs</b>	<b>Additional evidence required</b>
Demonstrates professional behaviour with regard to patients, carers, colleagues and others	<ul style="list-style-type: none"> <li>• Contribution from Dermatology clinics in GU setting</li> <li>• Contribution from ID clinics</li> <li>• Contribution from Gynaecology clinics in GU setting</li> </ul>	At least 20 clinics to be done in non-parent specialty context. The choice of clinic / experience should be driven by the educational needs of the trainee, as identified by the trainee and their educational supervisor
Delivers patient centred care including shared decision making	As above	As above
Demonstrates effective consultation skills	As above	As above
Formulates an appropriate diagnostic and management plan, taking into account patient preferences	As above	As above
Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues	As above	As above
Appropriately manages comorbidities in outpatient clinic, ambulatory or community setting	As above	As above
Demonstrates awareness of the quality of patient experience	As above	As above

- MCR
- ACAT
- Mini-CEX
- PS
- Letters generated at outpatient clinics

IMS2 Curriculum	2016 GUM curriculum	Gap Analysis
<b>CIP 5 – Managing medical problems in patients in other specialties and special cases</b>	<b>This box is reserved for where the GUM Curriculum may meet in full or in part the IMS2 Clinical CiPs</b>	<b>Additional evidence required</b>

Demonstrates effective consultation skills (including when in challenging circumstances)	May include cases in GU/HIV Medicine which demonstrate unusually difficult management and/or challenging circumstances (special cases)  May include experiences (where can be evidenced) in Infectious Diseases, Dermatology and Gynaecology	May need OOP or time on specialised ward e.g. Respiratory/Cardiology/ Infectious Diseases
Demonstrates management of medical problems in inpatients under the care of other specialties	May include cases for HIV or GU (neurosyphilis) inpatients	As above
Demonstrates appropriate and timely liaison with other medical specialty services when required	As above May also include placements in ID (if can evidence) and time spent in redeployment during the COVID-19 pandemic (if can evidence)	As above

- MCR
- ACAT
- Cbd

IMS2 Curriculum	2016 GUM curriculum	Gap Analysis
<b>CIP 6 – Managing a multi-disciplinary team including discharge planning</b>	<b>This box is reserved for where the GUM Curriculum may meet in full or in part the IMS2 Clinical CiPs</b>	<b>Additional evidence required</b>
Applies management and team working skills appropriately, including influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations	Local and regional MDTs both in GU and HIV Leading MDTs later in training	Evidence of partaking in board rounds/MDT meetings in GIM settings
Ensures continuity and coordination of patient care through the appropriate transfer of information demonstrating safe and effective handover	HIV patient transfer letters information Involvement with TTO for HIV/GU inpatients and ensuring the required follow up in outpatients is arranged (where applicable)	May need OOP or time on specialised ward e.g. Respiratory/Cardiology/ Infectious Diseases
Effectively estimates length of stay	HIV/GU inpatients management When on placement for Infectious Diseases (if applicable)	May need OOP or time on specialised ward e.g. Respiratory/Cardiology/ Infectious Diseases

Delivers patient centred care including shared decision making	HIV inpatient on-call (if applicable) or an HIV/GU consult/ non-resident on call	May need OOP or time on specialised ward e.g. Respiratory/Cardiology/ Infectious Diseases
Identifies appropriate discharge plan	Involvement with TTO for HIV/GU inpatients and ensuring the required follow up in outpatients is arranged (where applicable)	May need OOP or time on specialised ward e.g. Respiratory/Cardiology/ Infectious Diseases
Recognises the importance of prompt and accurate information sharing with primary care team following hospital discharge	Involvement with TTO for HIV/GU inpatients and ensuring the required follow up in outpatients is arranged (where applicable)	May need OOP or time on an acute or specialised ward e.g. Respiratory/Cardiology/ Infectious Diseases

- MCR
- MSF
- ACAT
- Discharge summaries

#### Evidence of HIV MDT involvement

IMS2 Curriculum	2016 GUM curriculum	Gap Analysis
<b>CIP 7 – Delivering effective resuscitation and managing the acutely deteriorating patient</b>	<b>This box is reserved for where the GUM Curriculum may meet in full or in part the IMS2 Clinical CiPs)</b>	<b>Additional evidence required</b>
Demonstrates prompt assessment of the acutely deteriorating patient, including those who are shocked or unconscious	Valid ALS certificate in place during GUM training  Discussion of DNACPR with HIV inpatients or during ID rotations/on-call  HIV MDT participation  It is reasonable to allow (where can be evidenced) involvement with this during redeployment during the COVID-19 pandemic	Valid ALS certificate  Experience as a leader of the cardiac arrest team
Demonstrates the professional requirements and legal processes associated with consent for resuscitation	As above	As above
Participates effectively in decision making with regard to resuscitation decisions, including decisions not to	As above	As above



attempt CPR, and involves patients and their families		
Demonstrates competence in carrying out resuscitation	As above	As above

- MCR
- DOPS
- ACAT
- MSF
- ALS certificate Logbook of cases
- Reflection

Simulation training with assessment

IMS2 Curriculum	2016 GUM curriculum	Gap Analysis
<b>CIP 8 – Managing end of life and applying palliative care skills</b>	<b>This box is reserved for where the GUM Curriculum may meet in full or in part the IMS2 Clinical CiPs)</b>	<b>Additional evidence required</b>
Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs	Experience during HIV inpatient/ID inpatient blocks Referrals to palliative care Rationalisation of medications  May use experience during COVID-19 redeployment where applicable and able to evidence	<ul style="list-style-type: none"> <li>- Placement with palliative care team/hospice considered</li> <li>- May achieve during participation of AUT and continued care of medical patients</li> </ul>
Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end of life	As above	As above
Demonstrates safe and effective use of syringe pumps in the palliative care population	As above	As above
Able to manage non-complex symptom control including pain	As above	As above
Facilitates referrals to specialist palliative care across all settings	As above	As above
Demonstrates effective consultation skills in challenging circumstances	As above	As above
Demonstrates compassionate professional behaviour and clinical judgement	As above	As above

- MCR
- Cbd

- Mini-CEX
- MSF
- Regional teaching
- Reflection

### **Acute unselected take**

The JRCPTB [guidance for implementation of Internal Medicine training in new group 1 specialties](#) requires trainees to spend a minimum of 12 months in IMS2 when they are involved in the acute unselected take. This may mean that they continue to do acute take when they are doing the 3 month blocks described above or they participate in acute take during another 3-month block of their specialty training.

### **ITU experience**

Current IMT trainees will complete three months of ITU placement during their training. For those without the relevant experience, a period of, ideally, 3 months ITU experience is desirable however two x 5 week blocks will be considered.

- ?COVID experience
- Previous ITU experience record

### **Palliative care competencies, expected to be gained during both GUM and IMT training**

#### **Additional IMS2 Practical procedures – GU trainee requirement**

- Advanced CPR (Leading an arrest)
- DC Cardioversion (OOP placement)
- Temp cardiac pacing using external device, Central venous cannulation (IJ or sub clav), Access to circulation for resus (femoral vein or intraosseous) (skills lab/ supervised on OOP placement)
- Pleural aspiration [air/fluid] – (OOP placement or skills lab)
- Intercostal drain [air/fluid] (OOP placement or skills lab)
- Other procedures may have already been obtained during CMT (NG tube placement, Ascitic tap and drain)
- Lumbar puncture is part of the GU 2016 curriculum procedures

**March 2022**