Implementation of the 2022 Genitourinary Medicine (GUM) curriculum: Development of new rotations to provide IM experience for Genitourinary Medicine trainees

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Background

Genitourinary Medicine (GUM) services provide holistic medical care for patients with sexually transmitted infections (STIs) and related conditions including their immediate contraceptive needs, genital dermatoses, sexual dysfunction and the medical care of HIV positive individuals. The additional training in internal medicine will better equip GUM physicians with the skills to manage the increasing demand related to acute, complex, systemic STIs, and support management of co-morbidities and polypharmacy in the context of HIV. Service delivery models have changed significantly over recent years, and integrated sexual health care is often provided by multidisciplinary teams in community sites distant from the acute trust site, with HIV care delivered in both acute and community settings.

With the move to dual accreditation in 2022, Genitourinary Medicine trainees will spend 25% of their training time in the acute sector in Internal Medicine. This has the potential for longer-term impact in a number of areas:

- Reduced GUM service delivery due to absence of trainees whilst training in Internal Medicine
- Potential cost pressure on services of salary costs when trainee is not in GU service.

Proposed implementation plan for new Genitourinary Medicine curriculum

JRCPTB, on behalf of the Federation of Royal Colleges of Physicians, has produced a model for physician training that consists of an indicative seven year (dual) training period leading to a CCT in a specialty and internal medicine (IM).

Doctors will complete Internal Medicine Training (IMT) or Acute Care Common Stem (Internal Medicine), during which there will be increasing responsibility for the acute medical take and the MRCP(UK) Diploma will be achieved, before entering higher dual training in GUM and IM at ST4.

The GUM SAC recognises that models of service delivery vary between providers depending on geography, skill mix and commissioning arrangements, so a single model is unlikely to be suitable for all services. Some services provide in-patient HIV care which meets both GUM and IM training requirements. However, trainees also need dedicated time in IM to meet the IM curriculum requirements, including participation in acute unselected take;

multidisciplinary team working (outside of GUM); experience in providing continuity of care for medical inpatients; delivering effective resuscitation and managing the acutely deteriorating patient.

Issues to consider

- There will be employment considerations for GUM trainees rotating outside of their usual place of work and specifically into the acute sector (particularly in view of the current commissioning arrangements in England) as this may leave services without a trainee during that time
- Maintenance of IM or GUM competencies while trainees receive training in the alternative curriculum. Depending on the local model adopted, longer periods in acute medicine or between IM placements may lead to loss of skills or confidence. Consideration should be given to using the SuppoRTT strategies already developed by HEE (e.g. KiT days, supernumerary sessions on return)
- IM stage 2 Curriculum requires that at least three months of IM is done in the last year of training
- Use of in-patient HIV/ID experience placements to deliver up to three months of the IM competencies
- Provision of educational and clinical supervision in both training curricula to provide support for trainees as they rotate in and out of acute medicine.
- Palliative care competencies need to be achieved as part of all medical specialty curricula. If trainees do not complete these during their HIV inpatient attachment then they will need to take time within their IM placements to do so.

Proposed options for GUM trainees undertaking IM placements

Several rotation options (A to E) for GUM trainees are outlined below. Each option outlines blocks of time for a GUM trainee to do an IM placement (shown in yellow); during these placements, the post may remain empty unless there are sufficient GUM trainees to enable cross cover.

Fixed rotations allow clearer rotation planning and clarity for trainees and services alike. There may need to be some flexibility to allow for GUM trainees needing in patient HIV experience to use this as part of their IM training. This would require careful programme management and may not always be feasible.

The general principle is that IM placements should be a minimum of three months in length, and that the trainee must have an IM placement of at least three months duration in their final year of training to maintain their IM confidence and skills over the course of specialty training. The trainee may start with IM training or in GUM. Consideration should also be made of the timing of the Dip HIV and Dip GUM in order to maximise appropriate clinical exposure prior to sitting the examinations.

Maintenance of IM or GUM competencies while trainees receive training in the alternative curriculum should be addressed by having ongoing clinical exposure during placements. There should be a minimum of one GUM / one HIV clinic during IMT, and one IMT shift (this could be a twilight shift) during GUM blocks. Consideration should also be given to using the SuppoRTT strategies already developed by HEE (e.g. KiT days, supernumerary sessions on return).

Possible options (for example only)

Option A

ST4	ST5	ST6	ST7
IM 3m, GUM 9m	IM 3m, GUM 9m	IM /HIV 3m, GUM 9m	GUM 6m, IM 3m, GUM 3m

Option A gives the trainee initial exposure to IM and spreads the IM across the training programme, with the possibility to use HIV in patient care as part of IM training. It allows for completion of DipGUM by end July ST6.

Option B

ST4	ST5	ST6	ST7
GUM 6m, IM 3m, GUM 9m	IM 3m, GUM 9m	IM /HIV 3m, GUM 9m	IM 3m, GUM 3m

Option B gives the trainee a shorter initial exposure to GU Medicine and then spreads the IM across the training programme, with the possibility to use HIV in patient care as part of IM, protecting a longer period of GUM later in training. Trainees would need to pass Dip GUM by end April ST5. If IM & GUM block reversed, need to pass by end July ST6

Option C

ST4	ST5	ST6	ST7
GUM 12m	IM 4m, GUM 8m	IM 4m, GUM 8m	IM 4m, GUM 8m

Option C gives the trainee 12 months in GU Medicine prior to a block of IM; this may cause issues with trainees maintaining IM confidence and skills between IMT3 and ST5. The trainee would need to pass Dip GUM by end July ST6.

Option D

ST4	ST5	ST6	ST7
GUM 8m	IM 4m, GUM 8m	IM 4m, GUM 12m	IM 4m, GUM 8m

Option D gives eight months initial training in GUM and the year block could be either at ST5 or ST6. The trainee would need to pass Dip GUM by end March ST6. If IM & GUM block reversed, need to pass by end July ST6

Given the local variation between training centres there is not a single preferred option and other rotations may be proposed in keeping with the general principles above.

SAC for Genitourinary Medicine
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