

Transition principles for Genitourinary Medicine (GUM) to the 2022 curriculum including new dual accreditation with Internal Medicine stage 2 (IMS2)

A. All entrants to GUM training from 1 August 2022 will be enrolled to the 2022 dual GUM/IMS2 curriculum:

Successful completion of Internal Medicine Training year 3 (IMY3) is required with full MRCP at entry. GUM/IM training is delivered as indicative 3:1 years for planned training; these programmes will deliver dual training in GUM/IMS2 in all cases, both through shared capabilities across curricula and through on-going contribution to the acute take and internal medicine.

The guidance below is for doctors already in training at the time the new curriculum is implemented.

B. Starting training on/after 1 August 2021 and before 1 August 2022

The majority of these trainees will be expected to transfer onto the 2022 dual GUM/IMS2 curriculum. In exceptional circumstances an application to remain on the single GUM curriculum can be made but will require postgraduate Dean approval.

- The transition should be planned as follows:
 - Gap analysis:
 - To determine the level of entrustment for the IM capabilities in practice compared to a trainee who has completed IM stage 1 training (ie levels expected at end of IMY3) in addition to looking at IMS2 curriculum to see what is required to reach the expected levels for completion of IMS2.
 - The gap analysis should identify whether additional training in IM is required; the length and number of attachments will depend on level of capability obtained already
 - Plans for on-going IM training alongside GUM training, as described in the implementation plan, should be agreed with IM and GUM TPDs locally.
 - IM ES is required.
 - CCT date may need to be extended; to be agreed at ARCP.

- Arrangements will be required for IMT locally within Schools of Medicine in the four nations according to local training programmes in GUM and in IM; these are being developed by TPDs in the regions

- Ideally this will be as blocks of IM, during the 4 year programme, including acute take alternating with specialty planned and on call patient care, with a longitudinal aspect of IMT during specialty training and on-going specialty during IMT:
 - Blocks of IM can be of variable duration but at least 3 months needs to be within the last year of training.
 - The blocks of IM will need to be delivered in GMC approved IM training centres with oversight of the IM TPD and with an IM Educational Supervisor (ES).
 - It may be that these centres for IMT are those where the trainee has undertaken inpatient HIV care or Infectious Diseases attachments.
 - The length of these attachments should wherever possible fit in with other IM attachments in the region.

C. In training before 1 August 2021 AND more than 1 year until CCT from 1 August 2022:

- These trainees will not be mandated to transfer from single to dual training but should be strongly encouraged to do so. This should be discussed with, and supported by, their ES and TPD.
- The process for transition described in section B should be followed for any trainee transferring.
- The trainee can undertake CESR in General Internal Medicine (GIM) (submission on/prior to 31 May 2023) or IMS2 (submission on or after the curriculum is published in 2021):
 - After the application is opened there is a year to complete this up until the deadline.
 - This is competency based and the additional time to gain the experience needed will depend on current level of GIM/IM experience including time taken contributing to the acute take and on-going care of those patients.
 - A document mapping the GUM and GIM curricula competencies has been developed and is available to aid this process. Once IMS2 is available an additional document will be produced for that, to inform the gap analysis.
 - An individual programme will need to be developed with the local GIM/IM TPD, with the support of the local GUM TPD, to ensure placements provide suitable supervision from a GIM/IM ES. Ideally the placements should be in a GMC accredited post but this is not essential.
 - Funding for all posts needs to be identified.
 - Cost of CESR is presently £1640.

D. In training before 1 August 2021 AND less than 1 year to CCT from 1 August 2022:

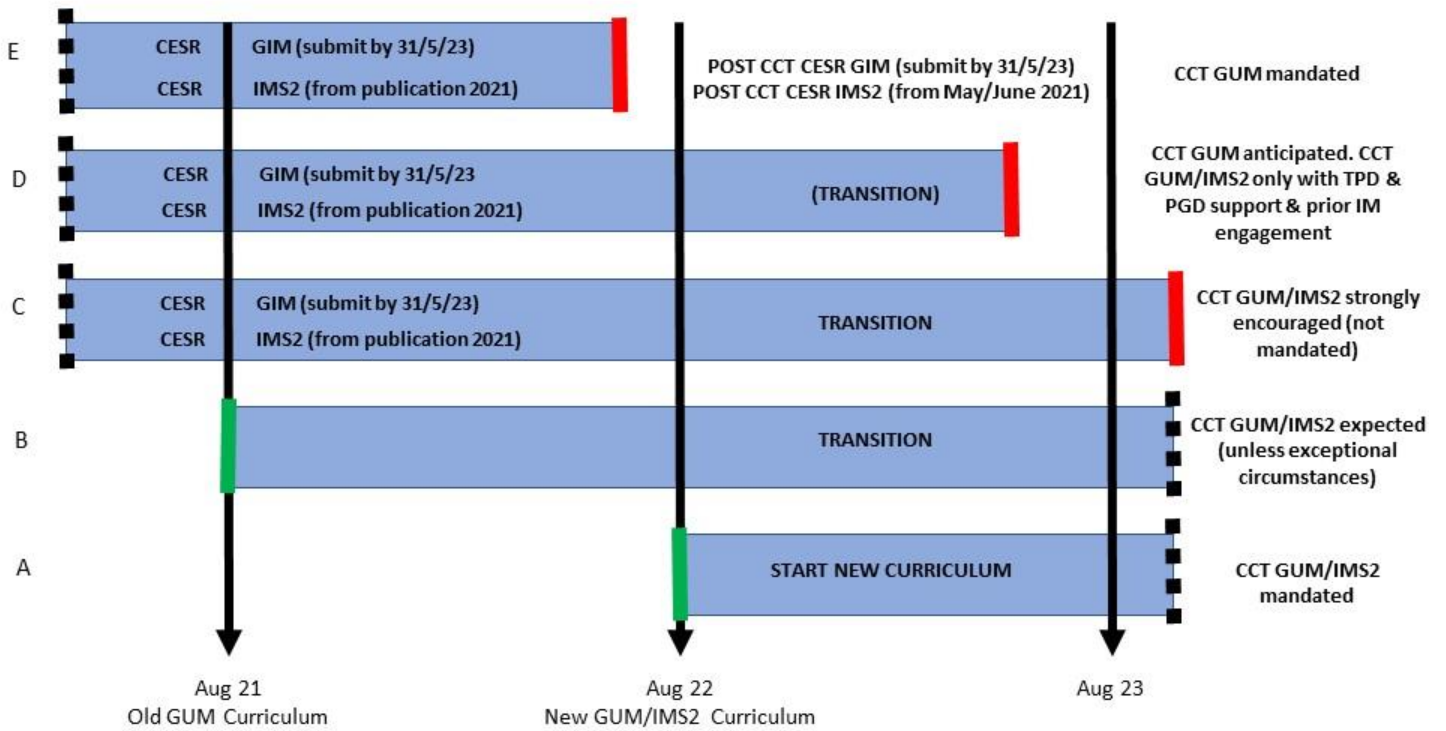
- Single accreditation in GUM to the 2016 curriculum is anticipated.
- The trainee can undertake CESR in General Internal Medicine (GIM) (submission on/prior to 31 May 2023) or IMS2 (submission on or after the curriculum is published in 2021):
 - After the application is opened there is a year to complete this up until the deadline.

- This is competency based and the additional time to gain the experience needed will depend on current level of GIM/IM experience including time taken contributing to the acute take and on-going care of those patients.
 - A document mapping the GUM and GIM curricula competencies has been developed and is available to aid this process. Once IMS2 is available an additional document will be produced for that, to inform the gap analysis.
 - An individual programme will need to be developed with the local GIM/IM TPD, with the support of the local GUM TPD, to ensure placements provide suitable supervision from a GIM/IM ES. Ideally the placements should be in a GMC accredited post but this is not essential.
 - Funding for all posts needs to be identified.
 - Cost of CESR is presently £1640.
- If a trainee with CCT expected in this time frame wishes to transfer to the new curricula and gain dual accreditation this can be achieved as follows:
 - There must be evidence of previous engagement with requirements for GIM/IM training in addition to support from their local educational supervisor, TPD for GIM/IM and GUM & the Postgraduate Dean.
 - Gap analysis to determine the level of entrustment for the IM capabilities in practice compared to a trainee who has completed IM stage 1 training (ie levels expected at end of IMY3) in addition to looking at IMS2 curriculum to see what is required to reach the expected levels for completion of IMS2.
 - The gap analysis should identify whether additional training in IM is required; the length and number of attachments will depend on level of capability obtained already.
 - The same principles for delivering the IM training as described in section B should be adhered to including at least 3 months IM in the last year of training, GMC accredited IM placements and an IM ES.

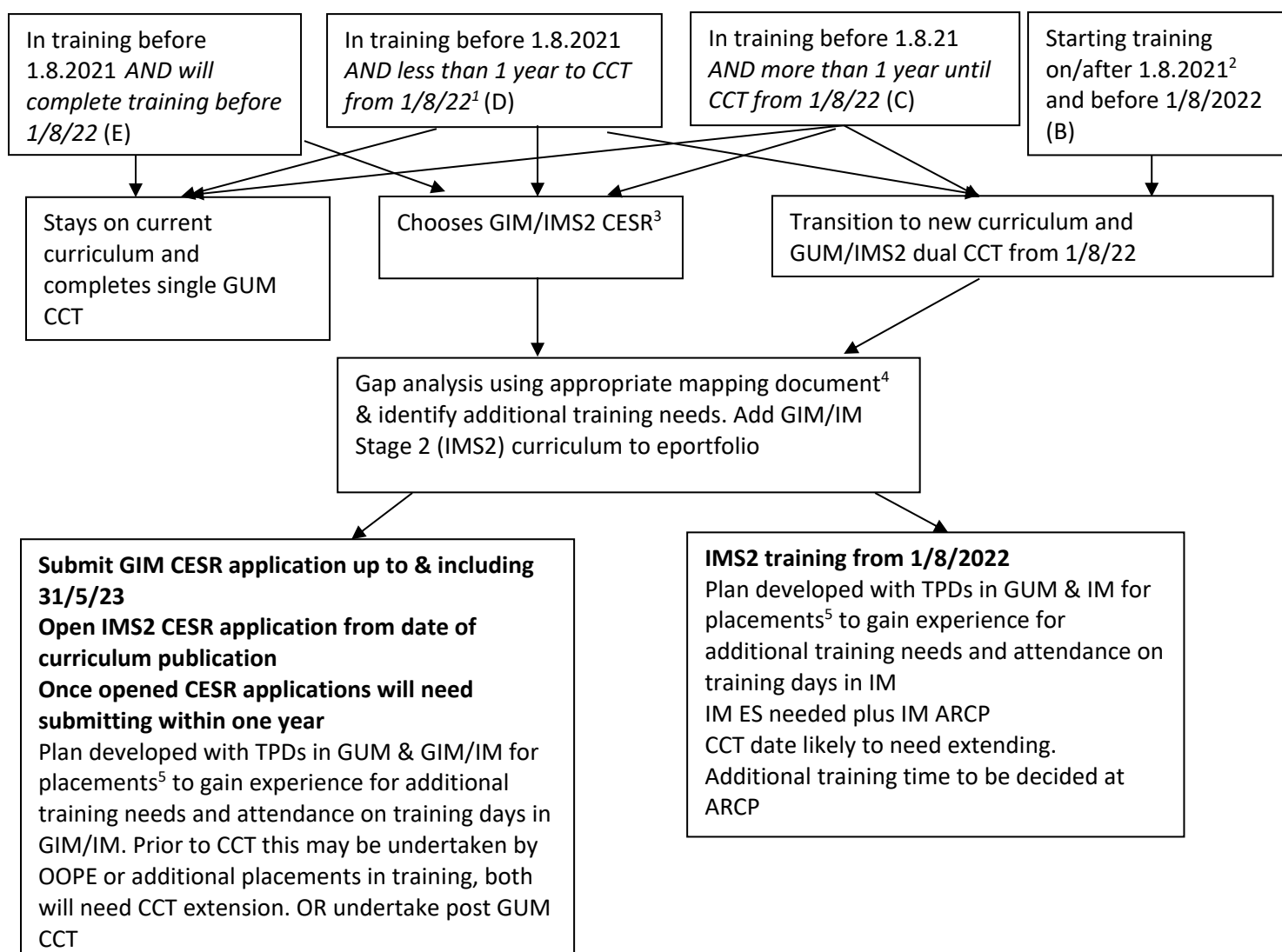
E. In training before 1 August 2021 AND will complete training before 1 August 2022:

- Single accreditation in GUM to the 2016 curriculum. Transition to the new GUM/IMS2 curriculum will not be possible.
- The trainee can undertake GIM CESR (submission on/prior to 31 May 2023).
- The same principles for undertaking CESR as described in sections C and D above, should be adhered to.

GUM Transition/CESR



Transition from single CCT in GUM to CCT GUM/IMS2 or GUM CCT + GIM/IMS2 CESR



Footnotes:

1. Final year trainees wishing to transfer to new curriculum will need approval from their TPD and Postgraduate Dean and must show evidence of previous/on-going engagement with attainment of GIM/IM competencies/capabilities
2. In exceptional circumstances trainees starting between 1/8/2021 and 31/7/2022 may remain on the current curriculum. Will need Postgraduate Dean approval
3. GIM CESR applications can be submitted until 31.5.2023 when that curriculum will be retired. After this date any CESR applications will be to the IMS2 curriculum. After the application is opened there is a year to complete this up until the deadline.
4. A mapping document for GUM/GIM is available on the GUM JRCPTB website. Once the IMS2 curriculum is published an additional mapping document will be produced for that, together with a gap analysis tool to identify capabilities required by the end of IMY3 for those wishing to transition to the new curriculum or CESR in IMS2. AoMRC gap analysis guidance available [here](#)
5. Maintain clinical input with GUM and GIM/IM during all placements or plan for return to training/induction period when rotating between specialties