



ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN GENITO-URINARY MEDICINE



This curriculum of training in Genito-Urinary Medicine was developed in 2010 and undergoes an annual review by Prof. Fiona Mulcahy, National Specialty Director and Dr. Ann O'Shaughnessy, Head of Education and Professional Development. The curriculum was approved by the Irish Committee on Higher Medical Training.

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Introduction

Genitourinary medicine (GUM) is an expanding specialty which is primarily related to the treatment and prevention of sexually transmitted infections (STIs). A large part of the work is involved in the clinical management of patients with HIV infection at all stages of disease, including inpatient management. The work involves a number of non-infectious medical genital problems such as dermatoses. A number of GUM departments also offer other sexual health services such as contraception, colposcopy (for the diagnosis and treatment of cervical dysplasia) and sexual dysfunction. Services are provided by multidisciplinary teams, which include doctors, nurses, health advisers (who carry out partner notification and counseling), receptionists, laboratory staff and secretarial support.

Besides these specialty specific elements, trainees in Genito-Urinary Medicine must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum.

Aims

Upon satisfactory completion of specialist training in Genito-Urinary Medicine, the doctor will be **competent** to undertake comprehensive medical practice in that specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the healthcare system.

Competencies, at a level consistent with practice in the specialty of Genito-Urinary Medicine, will include the following:

- Patient care that is appropriate, effective and compassionate dealing with health problems and health promotion
- Medical knowledge in the basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care
- Interpersonal and communication skills that ensure effective information exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public
- Appraisal and utilisation of new scientific knowledge to update and continuously improve clinical practice
- The ability to function as a supervisor, trainer and teacher in relation to colleagues, medical students and other health professionals
- Capability to be a scholar, contributing to development and research in the field of Gastroenterology
- Professionalism
- Knowledge of public health and health policy issues: awareness and responsiveness in the larger context of the health care system, including e.g. the organisation of health care, partnership with health care providers and managers, the practice of cost-effective health care, health economics and resource allocations
- Ability to understand health care and identify and carry out system-based improvement of care

Professionalism describes the knowledge, skills, attitudes and behaviours expected by patients and society from individuals during the practice of their profession (*as a doctor*). It includes such concepts as:

- The skills of lifelong learning and the maintenance of competence
- Information literacy
- Ethical behaviour
- Integrity, honesty
- Altruism
- Service to, justice and respect for others
- Adherence to professional codes

Entry Requirements

Applicants for Higher Specialist Training (HST) in Genito-Urinary Medicine must have completed a **minimum** of two years Basic Specialist Training (BST) in approved posts and obtained the MRCPI or (UK) or MRCOG diploma.

For MRCPI or UK holders, BST* should consist of a minimum of 24 months involved with direct patient care. MRCPI or UK holders must obtain appropriate gynaecological experience at some stage of their training, and the preferred option is a six-month post in gynaecology or obstetrics and gynaecology during their BST

Holders of MRCOG diploma must have spent a minimum of one year post-registration in posts approved for BST in general (internal) medicine with an on-call commitment for emergency medicine.

Graduates of non-Irish/UK medical schools without the MRCP (I) / (UK) or MRCOG Diploma who compete for HST posts must provide evidence of knowledge, training and qualifications equivalent to MRCP (I) / (UK) or MRCOG standard.

BST in General Internal Medicine (GIM) is defined as follows:

- A minimum of 24 months in approved posts, with direct involvement in patient care and offering a wide range of experience in a variety of specialties.
- At least 12 of these 24 months must be spent on a service or services in which the admissions are acute and unselected.
-
- For further information please review the BST curriculum

Those who do not hold MRCPI or MRCP UK must provide evidence of equivalent qualification.

Duration & Organisation of Training

The duration of HST in Genito-Urinary Medicine is 4 years, one year of which **may** be gained from a period of full-time research. Those who wish to obtain dual certification in Genito-Urinary Medicine and e.g. in General (Internal) Medicine will require at least a fifth year of training.

No particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs. The earlier years will usually be directed towards acquiring a broad general experience of Genito-Urinary Medicine under appropriate supervision. An increase in the content of hands-on experience follows naturally, and, as confidence is gained and abilities are acquired, the trainee will be encouraged to assume a greater degree of responsibility and independence.

If an intended career path would require a trainee to develop further an interest in a sub-specialty within Genito-Urinary Medicine this should be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly.

“Generic” knowledge, skills and attitudes support competencies which are common to good medical practice in all the Medical and related specialties. It is intended that all Specialist Registrars should re-affirm those competencies during Higher Specialist Training. No time-scale of acquisition is offered, but failure to make progress towards meeting these important objectives **at an early stage** would cause concern about a SpR's suitability and ability to become independently capable as a specialist.

Flexible Training

Trainees who are unable to work full-time are entitled to opt for flexible training programmes. EC Directive 93/16/EEC requires that:

Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limited participation in medical activities to a period of at least half of that provided for full-time trainees;

The competent authorities shall ensure that the total duration and quality of part-time training of specialists are not less than that of full-time trainees.

The above provision must be adhered to. A flexible trainee 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 an equivalent stage.

For details of appointment and funding arrangements for flexible trainees, please see the current issue of the HST training handbook.

Training Programme

The training programme offered will provide opportunities to fulfil all the requirements of the curriculum of training for Genito-Urinary Medicine. Each post within the programme will have a named trainer/educational supervisor and programmes will be under the direction of the National Specialty Director for Genito-Urinary Medicine or, in the case of GIM, the Regional Specialty Advisor. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop a sub-specialty interest.

The experience gained through rotation around different departments is recognised as an essential part of HST. A Specialist Registrar may **not** remain in the same unit for longer than 2 years of clinical training; or with the same trainer for more than 1 year.

Where an essential element of the curriculum is missing from a programme, access to it should be arranged, by day release for example, or if necessary by secondment.

Gynaecological Training

Aims:

To ensure that trainees without an MRCOG or equivalent qualification have a broad knowledge of and competence in the management of the common gynaecological conditions seen in women presenting to Genito-Urinary (GU) departments.

Duration and Organisation of Training:

Trainees without an MRCOG or equivalent qualification may obtain their gynaecology training by:

1. Completing a six month post as a Senior House officer in either Gynaecology or Obstetrics and Gynaecology before embarking on higher specialist training in GUM. Trainees should monitor their knowledge and competence by reaching the standards set out within the basic logbook of the Royal College of Obstetricians and Gynaecologists (RCOG). The logbook should be reviewed by the Training Programme Director at the start of the higher specialist training in GUM. Assistance should be given, where necessary, to ensure that the MRCP(I) or (UK) trainee has attained the minimum competence level expected at the end of the first six months of basic training in Obstetrics and Gynaecology. The DROG Examination may be undertaken at this time. **This is the preferred option.**

OR

2. Undertaking a programme of gynaecological training equivalent to six to eight weeks **during** the first two years of higher medical training in GUM. Trainees should monitor their knowledge and competence by reaching the standards set out within the modified logbook, which is based on those prepared by the RCOG. The National Specialty Director will regularly review the logbook during the annual assessment of higher specialist training.

OR

3. A clinical attachment is acceptable as long as the objectives are still fulfilled. There is flexibility as to how this may be undertaken, but it should include outpatient, theatre and out of hours experience.

Attendance at colposcopic clinics (4-6) is essential and may be undertaken during any of the above options

The Diploma of the Faculty of Family Planning and Reproductive Health Care (DFFP) is an essential requirement for trainees in GUM enabling them to have a broad understanding of contraceptive methods and their application in clinical practice. However, it is not essential for trainee to have acquired this qualification in advance of entry into the specialty.

Teaching, Research & Audit

All trainees are required to participate in teaching. They should also receive basic training in research methods, including statistics, so as to be capable of critically evaluating published work.

A period of supervised research relevant to Genito-Urinary Medicine is considered highly desirable and will contribute up to 12 months towards the completion of training. Some trainees may wish to spend two or three years in research leading to a MSc, MD, or PhD, by stepping aside from the programme for a time. Additional educational credit may be granted at the discretion of the NSD and STC for clinical work relevant to the curriculum undertaken during the second and subsequent years of this research, up to a maximum of six months credit. For those intending to pursue an academic path, an extended period of research may be necessary in order to explore a topic fully or to take up an opportunity of developing the basis of a future career. Such extended research may continue after the CSCST is gained. However, those who wish to engage in clinical medical practice must be aware of the need to maintain their clinical skills during any prolonged period concentrated on a research topic, if the need to re-skill is to be avoided.

Trainees are required to engage in audit during training and to provide evidence of having completed the process.

Logbook

Up-to-date training records and a portfolio of achievements will be maintained by the trainee throughout HST. The training records will be countersigned as appropriate by the trainers to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the Genito-Urinary Medicine Curriculum. They will remain the property of the trainee and must be produced at the annual assessment review.

Each trainee is responsible for maintaining an up-to-date record of progress through training and compiling a portfolio of achievements for presentation at annual assessment review. The trainee also has a duty to maximise opportunities to learn, supplementing the training offered with additional self-directed learning in order to fulfil all the educational goals of the curriculum. Trainees must co-operate with other stakeholders in the training process. It is in a SpR's own interest to maintain contact with the Medical Training Office and Dean of Higher Specialist Training, and to respond promptly to all correspondence relating to training.

“Failure to co-operate” will be regarded as, in effect, withdrawal from the HST’s supervision of training (see *the HST Training Handbook*).

At annual review, the Training Record will be examined. The results of any assessments and reports by educational supervisors, filed in the portfolio submitted, together with other material capable of confirming the trainee’s achievements, will be reviewed.

Assessment Process

The methods used to assess progress through training must be valid and reliable. The Genito-Urinary Medicine curriculum has been re-written, describing the levels of competence which can be recognised. The assessment grade will be awarded on the basis of direct observation in the workplace by consultant supervisors. Time should be set aside for appraisal following the assessment e.g. of clinical presentations, case management, observation of procedures. As progress is being made, the lower levels of competence will be replaced progressively by those that are higher. Where the grade for an item is judged to be deficient for the stage of training, the assessment should be supported by a detailed note which can later be referred to at annual review. The assessment of training may utilise the Mini-CEx, DOPS and Case Based Discussions (*CBD*) methods adapted for the purpose. These methods of assessment have been made available by HST for use at the discretion of the NSD and nominated trainer. They are offered as a means of providing the trainee with attested evidence of achievement in certain areas of the Curriculum e.g. *competence in procedural skills, or in generic components*. Assessment will also be supported by the trainee’s portfolio of achievements and performance at relevant meetings, presentations, audit, in tests of knowledge, attendance at courses and educational events.

Annual Review – The PeTRA Process

An annual review of progress through training will be undertaken on behalf of HST. The training record will be examined at the review. Assessments and reports by educational supervisors, confirmation of achievements and the contents of the portfolio will be reviewed. A decision is made regarding progress, as detailed in the Training Handbook. At some or all of these annual reviews a non-specialty assessor will be present capable of addressing core competencies. An external assessor will participate in the penultimate year review (PYA) which is held to a standard format usually 12-18 months before the planned end of training. The award of a CSCST will be determined by a satisfactory outcome after completion of the entire series of PeTRA assessments.

Each year trainees undergo a formal review by a panel including the Dean, the National Specialty Director, and whenever possible, a representative member from another specialty. The panel will review in detail the training record, will explore with the trainee the range of experience and depth of understanding which has been achieved and consider individual trainer’s reports. Attendance by the trainer is highly desirable and essential for the first year and PYA assessments. An opportunity is also given to the trainee to comment on the training being provided; identifying in confidence any deficiencies in relation to a particular post.

A decision on progress through training is reached at each of these annual assessments. The determination and the evidence considered is entered on one of a set of standard PeTRA Forms as follows:

- successful completion of a year of training – **PeTRA Form C**
- completion but with a need for additional targeted training – **PeTRA Form C₁**
- repeat training year – **PeTRA Form C₂**

The penultimate year assessment (*the PYA*) reviews the evidence provided in the logbook on the results of the assessment methods employed (see *above*); the evidence provided will be further questioned during the assessment. At the PYA, the panel identifies the residual training outstanding, advising adjustments to the training schedule as necessary, and finally confirming the estimated date for completion (**PeTRA Form T and CSCST issuance**)

Facilities

A consultant trainer/educational supervisor has been identified for each approved post. He/she will be responsible for ensuring that the educational potential of the post is translated into effective training which is being fully utilized. The training objectives to be secured should be agreed between trainee and trainer at the commencement of each posting in the form of a written training plan. The trainer will be available throughout, as necessary, to supervise the training process.

All training locations approved for HST have been inspected by the medical training department. Each must provide an intellectual environment and a range of clinical and practical facilities sufficient to enable the knowledge, skills, clinical judgement and attitudes essential to the practice of Genito-Urinary Medicine to be acquired.

Physical facilities include the provision of sufficient space and opportunities for practical and theoretical study; access to professional literature and information technologies so that self-learning is encouraged and data and current information can be obtained to improve patient management.

Approximately 4,000 new presentations per year with a case mix representing all the common genitourinary infections seen in Europe in at least one part of the rotation.

Laboratory facilities capable of diagnosing all the common STDs. These should include:

Serological tests for syphilis, HIV, and viral hepatitis.

Identification tests for N gonorrhoea, C trachomatis, T vaginalis, C albicans (and other yeasts), and herpes viruses.

Facilities for admitting GUM problems requiring in-patient care.

Dedicated special interest clinics such as HIV, colposcopy. Other optional clinics could include vulval, psychosexual, family planning, and special problem clinics. Facilities for training in other related specialities (or to refer trainees to other departments) to fulfil individual needs of training.

On-call commitments for GUM for a minimum of two years and also for HIV for sufficient time to obtain an understanding of advanced HIV disease. Trainees should be able to gain experience of inpatient HIV management. Those who wish for in-depth HIV training should have a minimum of 100 HIV patients and facilities for HIV on-call commitment for a minimum of two years.

Trainees in Genito-Urinary Medicine should have access to an educational programme of e.g. lectures, demonstrations, literature reviews, multidisciplinary case conferences, seminars, study days etc, capable of covering the theoretical and scientific background to the specialty. Trainees should be notified in advance of dates so that they can arrange for their release. For each post, at inspection, the availability of an additional limited amount of study leave for any legitimate educational purpose has been confirmed. Applications, supported if necessary by a statement from the consultant trainer, will be processed by the relevant employer.

**Teaching, Learning & Assessment
Methods**

Teaching, Learning & Assessment Methods

This section relates to the clinical competencies that are required for your training. During your training you will be assessed by methods such as miniCEX, DOPS and Case Based Discussion . It is extremely important that you read this so that you are aware of the requirements of your training.

Record of Training

The evidence required to confirm progress through training includes:

- Details of the post(s) occupied, the training plan agreed with weekly timetables and duty rosters; case-mixes and volumes, numbers of practical procedures and outcomes.
- Confirmation of attendance at events in the educational programme, at departmental and inter-departmental meetings and other (optional) educational events.
- Confirmation (certificates) of attendance at subject-based/skills-training/instructional courses; (certificate or diploma from appropriate authority).
- Recorded attendance at conferences and meetings.
- A properly completed logbook with entries capable of testifying to the training objectives which have been attained and the standard of performance achieved.
- Evidence of regular contact with trainers, i.e. appraisals; confirmation of workplace/clinical encounters significant in relation to activities specified in the curriculum.
- Evidence of personal study, e.g. journals taken, membership of specialist society, web-based research, special interest developed.
- CPD/CME activity, returns, study leave records.
- Copies/examples of material prepared for presentation e.g. for audit, teaching, best-practice development, collection of cases, topic reviews, output from research.
- Educational supervisor's reports on **observed** performance (in the workplace): of duties, practical procedures, of presentations made and teaching activity: of advising and working with others, of standards of case notes, correspondence, communication with others e.g. at handover. Results of Mini-CEX, CBDs and DOPS encounters.
- Collective opinions – as used to ascertain a range of generic skills e.g. professionalism, maintaining trust.
- Result (diploma, certificate from recognised body) of completed knowledge-based test and/or practical examination.

Assessment of Competencies

The competencies to be acquired during training are listed within the Generic and Specialty Sections of this Curriculum.

The competencies will be assessed on a regular basis during your training programme and must be documented in the Training Record (*Logbook*). Progress through training is confirmed by entries which must be authenticated/ countersigned by the educational supervisors.

Documents which provide evidence of satisfactory completion of other necessary components of the curriculum must be filed in the portfolio of achievements compiled by the trainee and reviewed annually.

A report from the educational supervisor will be included. This will be prepared following appraisal, based on his/her assessment of observed performances by the trainee of practical procedures and other duties. The standard of case notes, summaries, correspondence and other material, of presentational ability can also be the subjects of such report, as could the trainee's enthusiasm, judgement, team working or professionalism.

The trainer's report will also be based on a structured pro-forma, as used in the short form of clinical evaluation exercise (*Mini-CEx*); following observation and appraisal of the performance of a procedure (*DOPS*); after discussion of the (*clinical*) reasoning involved in the management of a problem faced by a trainee (*Case-Based Discussion, CBD*).

The results of any summative tests of knowledge taken, e.g. *MCQs and problem-solving tests, including self-administered tests*, should be filed and retained. Confirmation of the acquisition at a particular stage of a specified professional examination may be required in order to make progress towards the completion of training.

Learning Methods

This section gives examples of the learning methods that can be used as guidance to acquire competencies as they appear in the curriculum.

Experiential:

- Working under supervision
- Documenting/reporting progress (*case notes*), preparing summaries (*discharge notes*) other professional correspondence; communicating information to patients/to other health professionals.
- Consults, referrals between departments, handover, providing cross-cover.
- (*In certain specialties*), procedure room and investigation/assessment sessions offer practical opportunities to learn and develop skills under supervision and to exercise judgement when to seek assistance.

Self-directed learning:

- Curriculum-based personal study e.g. *textbooks, journals, literature search, retrieval of web-based information*.
- Information gathering and evaluation
- Active participation in audit
- Tests of knowledge

Group learning:

- Workplace discussions
- Multidisciplinary meetings
- Programmed meetings within the workplace

Performance based:

- Observing, learning, assisting, performing, demonstrating a technique or practical procedure.
- Simulations, role-play

Learning through teaching and research:

- Teaching, giving tutorials, lecturing.
- Mentoring and supervising junior colleagues and other staff.
- Presenting at meetings - local and international.
- Research
- Publication

External Courses:

- Specialty study/training days
- Attending mandatory and non-mandatory courses
- Attendance at seminars, relevant conferences, regional, national and international meetings.

Reflection

- In your logbook there is an area to record reflections on training, learning, clinical events and career discussions. In recent years the importance of reflecting as part of the learning process on what you are doing has been shown to improve professional practice. Reflection on what you know and don't know helps to understand that learning is individual and reflection of professional activities can be used to highlight your strengths, weaknesses and areas for development.

Assessment Methods

Mini-CEx

Definition: Mini-CEx is designed to provide feedback on skills essential to the provision of good clinical care by observing an actual clinical encounter.

Description: The mini-CEx is a “snapshot” of a doctor/patient interaction and is based on a 15 minute observation of a single interaction. It is designed to assess the clinical skills and behaviors of trainees assessing such skills as history taking, physical examination skills, clinical judgement, professionalism, organisation/efficiency and overall clinical care. Not all elements will be assessed on each occasion. Immediate feedback should be provided after each encounter by the observer assessing the trainee.

Frequency of assessment: At least two miniCEx assessments should take place in each year of training. Where appropriated, one should be based in an outpatient setting and one in an acute setting. The assessments include assessment of skills in history taking, physical examination, appropriate use of investigations, cost-effectiveness, interpretation of investigations, making medical notes, making a diagnosis, treatment and management of disease, appropriate referral to other specialities, standards of care.

Competencies assessed:

- Consideration/Professionalism:
- Recognises/accepts patient's rights (to consent, confidentiality, information). Establishes trust, shows professional approach.
- Communication:
 - Informs, explains, advises using appropriate language. Obtains consent, enlists patient's co-operation.
- Interviewing Skills:
 - Active" listening facilitating relevance; effectively using questions, responding to non-verbal clues.
- Examination Skills:
 - Prepares patient, minimises discomfort/unease. Proceeds logically, efficiently, thoroughly, completely.
- Judgement:
- Correctly identifies/lists problems, prioritises actions in realistic and timely schedule.

Opportunities for assessment: The assessment should take place in the usual place of work (*in-patient, clinic, office or department*) where the assessor must directly **observe** the trainee's performance.

DOPS:

Definition: Directly Observed Procedural Skills (DOPS) is a method, similar to the mini-CEX that has been designed specifically for the assessment of practical skills. DOPS assess the capabilities of a trainee while they perform a procedure.

Description: The DOPS is a structured assessment of actual performance. Each DOPS should represent a different procedure. The trainee chooses the timing, procedure and observer.

Frequency of Assessments: The number and frequency of assessments of procedural skills will vary from specialty to specialty.

Competencies assessed:

- Understanding of Procedure:
 - Relevant anatomy; purpose, indications, contra-indications; outcomes, risks, complications; choice of methods available, technique of procedure.
- Consideration for the Patient:
 - Gives reassurance, minimises discomfort, explains procedure fully; confirms informed consent obtained.
- Preparation:
 - First re-checks all relevant details correct. Safety check; instrumentation, equipment (drugs); positioning; cleansing/aseptic technique; sedation, analgesia, anaesthesia confirmed.
- Professional/technical ability:
 - Dexterity, accuracy, efficiency; obtains, interprets diagnostic material/information; informs, directs staff courteously; recognises own limitations; seeks help where appropriate; manages risk.
- Post-Procedure:
 - Completes documentation; regulates recovery phase, observations; anticipates/deals with complications. Informs/counsels patient/relatives.
- Overall ability to perform Procedure:
 - Ability to complete/undertake procedure; technical abilities as demonstrated; appropriately confident, team/ leadership skills.

Opportunities for assessment: While supervising, assisting, observing actual performance in appropriate setting (office, theatre, day procedure, ICU etc.). The assessment should be made under appropriate conditions e.g. with all equipment and personnel necessary to support the procedure.

Case Based Discussion (CBD)

Definition: Case-based discussion (CBD) is used to enable the documenting of conversations about, and presentations of, cases by trainees. This activity happens throughout training, but is rarely conducted in a way that provides systematic assessment and structured feedback. CBD is used to evaluate core skills that can be demonstrated during an interactive discussion based on a single case in which the trainee has been actively involved.

Description: CBD is designed to assess clinical decision-making and the application or use of medical knowledge in relation to patient care for which the trainee has been directly responsible. It also enables the discussion of the ethical and legal framework of practice, and in all instances, it allows trainees to discuss why they acted as they did. Although the primary purpose is not to assess medical record keeping, as the actual record is the focus for the discussion, the assessor can also evaluate the record keeping in that instance. The case for discussion can either be selected by the trainee or chosen by the assessor. The assessment will be based on oral discussion and written information available. It includes a bi-lateral (trainee's and trainer's) critical appraisal of the reasoning and judgements made, and of the

management of the case. Whenever possible the assessment should include issues such as disease notification, health promotion and screening.

Frequency of Assessment: This method of assessment has not been validated as yet, however it is a very useful method and can be easily incorporated into journal clubs, post-graduate teaching sessions or on-line etc

Competencies assessed:

- **Problem Definition:**
 - All relevant facts established, from current/previous history, investigations, interventions; reports, correspondence reviewed.
- **Record Keeping:**
 - Legible, tidy, legally defensible records seen.
- **Reasoning:**
 - Appropriately selected, sequenced investigations/procedures planned. Evidence-based, logical judgements made; (differential) diagnosis established; action plan made with realistic goals.
- **Case Management:**
 - Effective, safe (responsible) prescribing; aware of protocols/guidelines, best practice; monitoring progress, handling complications/mistakes; timely, appropriate referrals, case closure.
- **Reflective Practice:**
 - Shows analytical, constructive approach to case, willingness to learn; acknowledges and prepared to consider other management options; aware of change, possible advances, when to seek help.

Opportunities for assessment: The presentation should take place in a suitable environment, with due consideration given to the patient's sensitivities, to confidentiality e.g. in any ward or clinical setting; an office, side- or seminar-room may be found convenient. Case presentations and discussions, e.g. at handover, ward-rounds (inter-) departmental meeting.

Mandatory Training Courses:

(Note: this list only included the generic mandatory courses)

Mandatory Communication course:

To be completed in Year 1. The course is a short 1 -2 hour course at the start or the end of specialty study days to reduce time spent away from the hospitals. Communication skills will be assessed as part of the miniCEX assessments

Audit:

Mandatory 1/2 day on audit to be completed in Year 1.
Audit reports are submitted on a yearly basis

Ethics:

Four mandatory study days are to be completed during the training programme. Three study days are for all specialities - Ethics & Law, Ethics in Research and Professionalism. The fourth day 'End of life' is for all specialties except Public Health Medicine, Occupational Medicine and Histopathology who have a speciality specific ethics day.

Leadership Skills:

Mandatory 3 day course to be taken in year 3 - 5

ACLS:

ACLS compliant in appropriate specialties

Specialty Study Days

The number and topics of the specialty study days are listed as part of the specialty curricula.

Annual Assessments

Consultant feedback:

End of year assessment completed by the Trainers include assessment in areas such as: Team working skills, Leadership skills, Handling of complaints, conflict management
Questions such as the following are included in the assessment form:

- Have there been any complaints from nursing staff, AHP, patients regarding this trainee or their team?
- If so:
 - How did the trainee respond to a complaint about a member of his/her team?
 - How did the trainee respond to a complaint against him/her?
- Have you any serious issue with your SpR?
- Where there any instances of serious conflict?
- Do you think he/she behaved appropriately?

Audit:

It is difficult to complete the audit cycle in a one year period. Each year the trainee should take part in an audit - either to develop and start an audit or to review and change practice as a result of an audit - the complete audit cycle should be understood. In hospitals that have audit systems set up, the trainee should complete a full audit.

Trainees will be required to submit a full audit report and will be encouraged to present audit results at local, national or international meetings.

Attendance at In- Hospital Speciality Radiology conferences

Time spent in Laboratory/Pathology or attendance at Laboratory/Pathology conferences (Depending on specialty)

Committee membership:

Many specialty curricula have identified participation in committees.

Teaching skills

Number of undergraduate and postgraduate tutorials, number of membership tutorials.

Presentations/Publications**On-Call take**

GENERIC COMPONENTS

Communication & Interpersonal Skills

Objective: To be able to communicate effectively and sensitively with patients, their relatives, carers and with professional colleagues in different situations.

Medical Council Domains of Good Professional Practice: No. 2: Relating to Patients; No 3. Communication and Interpersonal Skills.

KNOWLEDGE

Within a consultation

- How to structure an interview to obtain/convey information; how to identify concerns, expectations, priorities; how to promote understanding, reach conclusions; use/choose appropriate language. Knowledge of procedures/investigations available and alternative options; of strategies to promote compliance through understanding of objectives.
- Able to elicit facts, question using open, followed by closed questions; “active listening”. Gives information clearly, avoids jargon, confirms understanding, is able to encourage co-operation, compliance; obtain informed consent.
- Considerate, shows respect for other’s culture, opinions, patient’s right to be informed, make choices.

In difficult circumstances

- Understands potential areas for difficulty “awkward situations”, knows how and when to break bad news, how to circumvent cultural, language barriers, deal with sensory or mental impairments, how to deal with challenging or aggressive behaviour.
- Able to communicate essential information where difficulties exist, appropriately uses assistant, interpreter, chaperone, relatives. Able to deal with anger, frustration in self and others.
- Selects an appropriate environment; seeks assistance, makes and takes time. Avoids unrealistic optimism or pessimism.
- Respects another’s right to opinions and to accept or reject advice.

With professional colleagues and others

- How best and when to communicate with doctors and other members of the healthcare team; how to provide concise, problem-orientated statement of facts and opinions (*written, verbal or electronic*). Knows legal context status of records and reports, of data protection (*confidentiality*), Freedom of Information (FOI) issues.
- Understands relevance to continuity of care and the importance of legible, accessible, authenticated records. Knows when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, written communication.
- Communicates effectively, promptly; recognises roles and skills of other health professionals.
- Able to judge own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility, when to refer.
- Values perspectives of others contributing to management decisions.

In maintaining continuity of care

- Understands the relevance to outcome of continuity of care, within and between phases of healthcare management.
- The importance of completion of tasks and documentation *e.g. before handover (to another team, department, specialty)*, of identifying outstanding issues, uncertainties.
- Maintains (*legible*) records, is available, contactable, time-conscious, sets (*and attempts to reach*) realistic objectives, identifies/prioritises outstanding problems.
- Alert to avoid potential confusion or misunderstanding through communications failure.

Giving explanations

- The importance of possessing the full facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based.
- How to secure, retain attention avoid distraction. Understand how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention. Risk of information overload.
- Need to interpret results, significance of findings, diagnosis, to explain objectives, limitations, risks of treatment, in terms and by means adjusted to recipients' ability to comprehend.
- Uses language, literature (*leaflets*) diagrams, educational aids and resources appropriately.
- Able to achieve level of understanding necessary to achieve co-operation (*compliance, informed choice, acceptance of opinion, advice, recommendation*).
- Prepared to discuss, repeat information, resolve uncertainty, confusion, respond to questioning, challenge.

Responding to complaints

- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (*departmental and institutional*); sources of advice, assistance available.
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources.
- Able to establish facts, identify issues and respond quickly and appropriately to a complaint received.
- Accepts responsibility, involves others, consults appropriately.
- Open, prepared to accept criticism, acknowledge shortcomings where they exist, offer an apology.

SKILLS

- Communication
- Conflict resolution
- Dealing with complaints
- Communicate decisions in a clear and thoughtful manner
- Presentation skills

ASSESSMENT & LEARNING METHODS

- Communication course (Year 1)
- Consultant feedback at annual assessment
 - Workplace based assessment e.g Mini-CEx, DOPS, CBD
 - Educational supervisor's reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations

Professionalism & Autonomy

Objective: *To have the knowledge, skills and attitudes to act in a professional manner at all times and in partnership with patients and colleagues. To develop the attributes of someone trusted to be able to manage complex human, legal and ethical problems.*

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care; No 2. Relating to Patients; No. 7 Professionalism

KNOWLEDGE

Patient Centred Care;

- The provision of Patient Centre Care should be at the core of the service a doctor provides
- To put the quality and safety of patient care as a prime objective

Behaviour in the workplace;

- **Relationships with patients**
 - Know patients' rights e.g. to be informed sufficiently to enable them to be involved in decisions about their treatment and care. Know boundaries limiting consultations including ethical, duty of care.
 - How to deal with inappropriate behaviour e.g. *aggression, threats, violence, harassment, racism.*
 - Potential obstacles e.g. *cultural, educational, ethical – also preconceptions and prejudices.*
 - Ensures confidentiality, respects privacy. Focuses investigation on patient's needs and expectations. Shows sensitivity, develops empathy but avoids personal involvement.
 - Non-judgemental in approaching patient's perceived problems. Prepared to accommodate idiosyncrasies, respecting patients as individuals. Altruistic.
- **Working with colleagues**
 - Know the potential roles and contributions of other specialists – medical, surgical, general practitioners and of other hospital or community-based agencies e.g. *social services, also patient support groups and other providers of care.*
 - How to arrange cover, safeguarding the handover process, know where responsibility begins and ends, when and where to seek advice.
 - Aware of the extent and limitations of own areas of practice/expertise; recognises and respects others' inputs, capabilities; is able to work co-operatively with other health professionals; refers, delegates appropriately.
 - Realistically schedules and completes tasks and provides full documentation for handover, referral; strives to maintain continuity and standard of care especially across shifts and when arranging rotas and covering absences.
 - Conscientious, reliable, responsible and professional at all times, considerate, shows respect for opinions of others, values good advice, accepts constructive criticism.

Creating an environment conducive to learning and improvement

- Endeavours to foster an environment conducive to learning
- Shares knowledge with trainees, students and other members of the multidisciplinary team
- Encourages and is open to reflective practice
- Seeks out role models and learns from the best practice behaviours of others.
- Participates in quality assurance and clinical improvement systems & training
- Uses evidence based practice in decision making
- Participates in journal clubs, case presentations, grand rounds

Time management & continuity of care

- Is punctual for duty, meetings, handovers and other duties
- Prioritises workload
- Delegates when appropriate to do so
- Knows when to call for help
- Ensures satisfactory handover to ensure continuity of care
- Ensures satisfactory transfer of patients to other medical teams or services when required
- Makes adequate arrangements to cover holidays, study and other leave

Honesty & Integrity

- Acts with honesty and integrity at all times in the delivery of patient care and in working with professional colleagues
- Acts fairly in all situations.

Moral Reasoning & Legal and ethical issues (see also Ethics section)

- Describes and demonstrates an understanding of the main principles of medical ethics including autonomy, justice and confidentiality
- Understands correct procedures for obtaining consent (for treatment, investigations, procedures, research project, post mortem). Legal responsibilities surrounding death/disease certification; regarding mental illness; referrals to coroner; also in criminal cases.
- Understands issues surrounding confidentiality, disclosure/release of information; discovery (FOI) of records. Legal and ethical issues in context of resuscitation, organ donation/transplantation.
- Able to complete certificates, documents, respects patient's wishes, rights, but accepts a doctor's (legal) obligations to society. Able to obtain/provide in full, information relevant to consent.
 - Alert to possible legal implications and ethical aspects of actions
 - Ensures privacy when discussing sensitive issues
 - Seeks timely advice where patient abuse is suspected

Team working and leadership

- How teams work, know how to assign individual and collective responsibilities which respect an individual's (*professional*) status within a team. How to set goals, initiate/co-ordinate action, audit performance, give feedback, e.g. developing guidelines, protocols.
- Positively contributes to planning, motivating, organising activity, employs negotiating, human relations, interpersonal skills appropriately.
- Able to set and apportion individual and team objectives, energise and fortify others to sustain efforts to achieve goals, appraise performance.
- Co-operates as team player; respects the contributions, expertise of others; tolerant but determined as team leader.
- Adopts a holistic approach to patient care
- Knowledge of principles of audit and self assessment

Health-Physical health and Handling Stress & Fatigue

- Know how stress can affect performance, how to reduce stress and develop coping mechanisms to deal with pressure. When to enlist support.
- Understand the relevance of personal health to performance at work: the risks of self-medication, potential for drug and alcohol abuse: know that support is available from Occupational Health Services.
- Able to recognise, cope with stress; asks for help when necessary, is aware of responsibility (*to others*) of having health problems dealt with. Willing to take time off; and, if necessary, re-train/redevelop skills.

Commitment to Continuous Improvement in Health care Systems

- Understands the principles of quality and safety improvement
- Participates in quality improvement activities, including standard setting, follows established practice guidelines, research and audit
- Undergoes training in this area where appropriate

SKILLS

- Professionalism
- Multidisciplinary team working
- Ethical issues
- Leadership
- Time management
- Stress management

ASSESSMENT & LEARNING METHODS

- RCPI Ethics programme: Ethics I, Ethics II, Ethics III and Ethics IV (mandatory)
- Consultant feedback at annual assessment
 - Workplace based assessment e.g. Mini-Cex, DOPS, CBD
 - Educational supervisor's reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Leadership Programme (Year 3 – 5)

Maintaining Good Practice

Objective: To adopt the habits of lifelong learning, and to appreciate and implement the practices of clinical governance.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care, No. 6 Scholarship, No 7 Professionalism, No 8 Clinical Skills

KNOWLEDGE

Lifelong learning

- Aware of CME/CPD obligations, systems/process for competence assurance/revalidation. Understand the role of appraisal, assessment methods available their application.
 - Sources, resources, opportunities for self-directed and group learning including IT. Know how adults learn.
 - Recognises and makes effective use of learning opportunities, maximises the potential for personal study, plans personal development.
 - Self motivated, inquisitive, eager to learn.

Application of clinical governance

- Understand the principles of evidence-based practice, clinical audit and effectiveness, the development/application of best-practice protocols.
- Able to appraise and apply data from research, and to use audit to establish best practice and clinical effectiveness. Utilizes and practices evidence-based medicine.
- Accepts the need for reflective practice and to critically evaluate own work and make changes.

Risk management

- Systems, procedures for identifying (*clinical*) risk; correct procedures and action when things go wrong; how to handle complaints.
- Employes procedures and policy for accidents, injuries; for confirming skill and staffing levels, arranging cross-cover, on-call, for supervision.
- Potential complications or side effects of treatments, procedures and investigations; importance of accurate, recent information and available records. The assessment of risk, relative risk.
- Able to assess, anticipate, risks; recognise failure. Openly discuss bad outcomes, locate system weakness, analyse critical incidents.
- Able to discuss potential risks *e.g. with patients, to analyse and balance risk with benefit*. Able to learn from previous experience, from complaints received, errors.
- Is honest in recognising misjudgements.

Evidence, audit, guidelines

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials.
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle.
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance.
- Capable of accessing relevant data (library, internet use). Able to appraise available evidence critically.
- Able to complete an audit cycle relevant to practice; to develop, evaluate, review and update a set of guidelines.
- Uses evidence / guidelines appropriately having due regard for the individual.

SKILLS

- Personal development planning
- Evidence -based practice
- Risk Management
- Audit
- Research

ASSESSMENT & LEARNING METHODS

- Record of attendance at journal clubs, medical grand rounds, SpR teaching sessions, local and national academic meetings
- Record of attendance at CME accredited international meetings
- Attendance at local radiology conferences
- Time spent in laboratory or attendance at laboratory conferences
- Audit Study Day (Year 1)
- Annual Audit
- Leadership Skills Course (Year 3- 5)
- Research Publications
- Consultant feedback at annual assessment
- Workplace based assessment e.g Mini-Cex, DOPS, CBD

Standards Of Care

Objective: To be able to assess patients' problems investigate and treat them appropriately, efficiently, and consistently over time.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care; No. 2 Relating to Patients; No. 3 Communication and Interpersonal Skills; No. 4 Collaboration and Teamwork; No. 5 Management (including Self Management; No. 8 Clinical Skills,

KNOWLEDGE

History taking and examination

- Diagnostic significance of patterns of symptoms, pathophysiology and physical signs.
- Able to take and analyse a clinical history and perform a reliable and appropriate examination, arrive at a differential diagnosis.
- Exhibit empathy and show consideration for all patients, their impairments and attitudes irrespective of cultural and other differences.

Investigation, indications, risks, cost-effectiveness

- Understand the pathophysiological basis of the investigation undertaken.
- Know and be able to explain the procedure for the commonly used investigations, preparations, effects or risks, the reason for the investigation, the information sought and its relevance to management.
- Sensitivity and specificity of results, possible interferences, artefacts.
- Able to understand significance, interpret and explain results of investigations.
- Shows logical approach in choosing, sequencing and prioritising investigations.
- Able to liaise, discuss, negotiate effectively with those undertaking the investigation.
- Careful to select investigations appropriately, considering (*patients'*) needs, risks, value.

Treatment and management of disease

- Understand the pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness. Natural history of diseases; quality of life concepts.
- Able to assess accurately patient's needs, to prescribe administer, deliver, arrange treatment; recognise and deal with reactions / side effects. Sets realistic therapeutic goals, utilizes rehabilitation services, palliative care appropriately.
- Able to discuss rationale, objectives, risks and alternative options openly, taking into account patients' / their relatives' attitudes, beliefs or other philosophical concepts.
- Recognises that the degrading effects of illness, especially incapacity which is chronic, impacts on relationships and family, having financial as well as social effects.
- Discusses, plans, delivers care appropriate to patient's needs and wishes.

Disease prevention and health education

- Disease notification; methods of collection and sources of data. Screening for disease, (*methods, advantages and limitations*). Health promotion and support agencies; means of providing and sources of information for patients.
- Risk factors, preventive measures, strategies applicable to smoking, alcohol, drug abuse, lifestyle changes.
- Able to advise on and promote lifestyle change, stopping smoking, control of alcohol intake. Able to assess and explain risk, encourage positive e.g. *immunisation* and negative preventive measures.
- Enlists / requires patients' involvement in solving their health problems, provides information, education. Avails of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services.

- Non-judgemental approach to patient's problem: values contributions of health education and disease prevention to health in a community.

Notes, records, correspondence

- Understand the functions of medical records, their value as an accurate up-to-date commentary and source of data.
- Understand the need and place for problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports, focused reviews.
- Compiles adequate case notes, with results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome. Provides concise, informative progress reports orally.
- Maintains legible, authenticated records, uses dictation, telephone, e-mail appropriately.
- Appreciates importance of up-to-date, accurate information, its availability, transfer and the need for communicating promptly *e.g. with primary care*.

Time management and decision taking

- How to prioritise demands, respond to patients' needs, sequence urgent tasks. Understand how to establish (*clinical*) priorities *e.g. for investigations, intervention; how to set realistic goals; understand the need to allocate sufficient time, know when to seek help*.
- Understands the need to complete tasks, reach a conclusion, make a decision, take action with allocated time.
- Able to recognise when falling behind and can adjust accordingly; able to cope with changing circumstances, variable demand, prepared to re-prioritise and ask for help.
- Able to collate evidence, summarise, recognise when objective has been gained
- Knows how and when to conclude, disengage.
- Has realistic expectations of own and of others' performance. Time-conscious, punctual.

Relevance of professional bodies

- Understand the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations *e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies*.
- Actively engages with professional/representative/specialist bodies.
- Values the breadth and depth of experience that can be accessed by associating with professional colleagues.

SKILLS

- History taking and examination
- Appropriate use of investigations
- Treatment and management of disease
- Disease notification
- Health promotion
- Screening
- Study Day - Disease prevention & health education
- Personal and professional organisation and planning; goal setting, time management

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g Mini-Cex, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace)
- Study Days
- Annual Audit

Patient Safety

Objective: To ensure patient safety is at the core of the health service provided by designing safe systems and processes of care and understanding the role of healthcare systems and human factors in adverse events and errors.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care.

KNOWLEDGE

Safe Systems, Competency and Safe practice

- Understands multiple factors involved in failures;
- Safe Healthcare Systems-a Safe working environment
- The relationship between 'Human factors' and patient safety
 - Safe working practice. Role of procedures and protocols in optimal practice
- Patient safety relevance in health care and its role in minimizing the incidence and impact of adverse events and maximize recovery from them.
- Knowledge and understanding of the Swiss cheese model.
- Health care errors and system failures; human and economic costs; blame culture

Communication

- Disclosure – know the principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

Near Misses and adverse events

- Knowledge of preventing and managing near misses and adverse events. Incident reporting; root cause analysis. Understanding and learning from errors
- Understands and manages clinical risk
- Manages complaints
- Knows when and how to report a near miss or adverse event

Quality improvement

- Standardises common processes and procedures – checklists, vigilance
- Evidence based care
- Infection control; healthcare associated infections
- Patient safety and invasive procedures.
- Improvement medication safety; safe prescribing; common medication errors
- Ethical behaviour

SKILLS

- Effective Communication with patients, families and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Understand how and why systems break down and why errors are made
- Be able to learn from errors and near misses to prevent future errors
- Know how to use relevant information from complaints, incident reports, litigation and quality improvement reports to control risks
- Minimise infection through improved infection control practice
- Minimise errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery.
- Minimise medication errors by practicing safe prescribing principles

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g Mini-Cex, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritization of patient safety in practice
- RCPI Patient safety on-line course (recommended)
- Completion of infection control induction in the workplace

Therapeutics and Safe Prescribing

Objective: To progressively develop your ability to prescribe, review and monitor appropriate therapeutic interventions relevant to clinical practice in specific specialities including non-pharmacological therapies and preventative care

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care.

KNOWLEDGE

- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Knowledge of prescribing for common medical conditions
- Knows range of adverse drug reactions to commonly used drugs, including complementary medicines
- Identifies common prescribing hazards
- Identifies high risk medications
- Knows drugs requiring therapeutic drug monitoring and interprets results
- Knows the effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to the trainees practice
- Recognise the roles of regulatory agencies involved in drug use, monitoring and licensing (e.g. IMB , and hospital formulary committees)
- Knows procedure for monitoring, managing and reporting adverse drug reaction

SKILLS

- Knows how to write a prescription
- Prescribes appropriately in the elderly, childhood, pregnancy and breast feeding
- Make appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Review the continuing need for long term medications relevant to the trainees clinical practice
- Anticipate and avoid defined drug interactions, including complementary medicines
- Advise patients (and carers) about important interactions and adverse drug effects
- Provide comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Open to advice and input from other health professionals on prescribing
- Participates in adverse drug event reporting

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g Mini-Cex, DOPS, CBD
- Educational supervisor's reports on **observed** performance (in the workplace): prioritization of patient safety in prescribing practice

Infection Control

Objective: To be able to manage and control infection in patients, including controlling the risk of cross –infection, appropriately managing infection in individual patients, and within the wider community to manage the risk posed by communicable diseases.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care; No. 5 Management (including Self Management).

KNOWLEDGE

Within a consultation

- Understand the principles of infection control as defined by the HIQA
- How to minimize the risk of cross-infection during a patient encounter by adhering to best practice guidelines available
- Treat and manage infection in the individual patient
- Understand the principles of preventing infection in high risk groups e.g managing antibiotic use to prevent Clostridium difficile) Knowledge and understanding the local antibiotic prescribing policy
- Aware of infections of concern, eg MRSA, C Difficile,
- Understands best practice in isolation precautions
- Knows when and how to notify relevant authorities in the case of infectious disease requiring disclosure

In surgery or during an invasive procedure

- Understands the increased risk of infection in these patients and adheres to guidelines for minimizing infection in such cases
- Knows the guidelines for needle stick injury prevention and management

During an outbreak

- Adheres to guidelines for minimizing infection in the wider community in cases of communicable diseases and seeks expert opinion or guidance from infection control specialists where necessary

SKILLS

- Practices aseptic techniques, hand hygiene
- Follows guidelines for infection control and management
- Prescribes antibiotics according to antibiotic guidelines Encourages all staff, patients and relatives to observe infection control principles
- Communicates effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Collaborates with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation eg transplant cases, immunocompromised host
- In the case of infectious diseases requiring disclosure:
 - Has knowledge of the diseases requiring disclosure and undertakes notification promptly
 - Collaborates with external agencies regarding reporting, investigating and management of notifiable diseases .
 - Able to advise patients on lifestyle change to minimize the risk of re-infection or spread of infection,
 - Enlists / requires patients' involvement in solving their health problems, provides information, education.
 - Avails of support provided by voluntary agencies and patient support groups, as well as expert services where appropriate
 - Non-judgemental approach to patient's problem:

- Utilises and values contributions of health education and disease prevention and infection control to health in a community.

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g Mini-Cex, DOPS, CBD
- Educational supervisor's reports on **observed** performance (in the workplace):
practicing aseptic techniques as appropriate to the case and setting, investigating and managing infection , prescribing antibiotics according to guidelines
- Completion of infection control induction in the workplace

Leadership

Objective: To have the knowledge, skills and attitudes to act in a leadership role and work with colleagues to plan, deliver and develop services for improved patient care and service delivery

Medical Council Domains of Good Professional Practice: No.1 Patient Safety and Quality of Patient Care; No. 3 Communication and Interpersonal Skill; No. 4 Collaboration and Teamwork; No. 5 Management (including Self Management); No 6 Scholarship.

KNOWLEDGE

Demonstrating Personal Qualities

- Develops self-awareness and understanding of personal style and its impact on others
- Efficiently and effectively manages one- self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acts with integrity and honesty with all people at all times

Working with others

- Develops networks to expand knowledge and sphere of influence
- Builds and maintains key relationships. Adapts style to work with different people and different situations
- Encourages contributions from others including patients, carers, members of the multidisciplinary team and the wider community
- Aware of own personal style and other styles and their impact on team performance. Understands the importance of good communication in teams and the role of human factors on effectiveness and patient safety

Managing Services

- Knows and understands the structure and function of Irish Health Care System
- Aware of the challenges of managing in healthcare
 - Role of Governance
 - Clinical Directors
- Can contribute to the planning and design of services
- Knows and understands the financing of the health service
 - Preparing a budget
 - Defining value
 - Managing resources
- Knows and Understands the importance of human factors in service delivery.
 - Manages staff training, development and education
- Managing performance
 - Performs staff appraisal and deals effectively with poor staff performance
 - Rewards and incentivises staff for quality and efficiency

Improving Services

- Ensures patient safety by adopting and incorporating a patient safety culture
- Critically evaluates where services can be improved by measuring performance, and acting to raise standards where possible Encourages a culture of improvement and innovation
- Facilitating transformation by creating and living a vision

Setting Direction

- Identifies the external and internal drivers setting the context for change
- Applies knowledge and evidence of systems and resource management to guide service development
- Makes decisions using evidence based medicine and performance measures
- Evaluates the impact of change on health outcomes through ongoing service evaluation

SKILLS

- Effective Communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player Being able to managing resources and people
- Managing performance, performance indicators
- How to write and develop a service plan
- How to prepare and manage a budget

ASSESSMENT & LEARNING METHODS

- Communication course (Year 1)
- Leadership course (Year 3 – 5)
- Consultant feedback at annual assessment
- Workplace based assessment e.g Mini-Cex, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): on management and leadership skills
- Involvement in hospital committees where possible e.g. division of Medicine, Drugs and Therapeutics, Infection Control etc.

Management Information Systems & Management Skills

Objective: To understand the organisation, regulation and structures of the health services, nationally and locally, and to be competent in the use and management of information on health and health services. To develop personal effectiveness and the skills applicable to the management of staff and activities within a healthcare team.

Medical Council Domains of Good Professional Practice: No. 5 Management.

KNOWLEDGE

Health service structure, management and organisation

- The administrative structure of the Health Service, services provided in Ireland and their funding. Department of Health, HSE and Hospital Management structures and systems. The National Regulatory Bodies, health agencies and patient representative groups.
- Can explore, direct, pursue a project, negotiating through the relevant department at an appropriate level. Able to “*operate the system*”. Understand the need for business plans, annual hospital budgets, the relationship between the hospital and PCCC.
- Recognises the advantage of understanding the administrative machinery of the Health Services.

The provision and use of information in order to regulate and improve service provision

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources. The common ways in which data is presented. Know of the sources which can provide information relevant to national or to local services, publications available.
- Able to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources.

Obtaining information of value in maintaining medical knowledge with a view to delivering effective clinical care

- Understands the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice, treatment protocols. Know sources providing updates, literature reviews and digests.
- Able to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. *innovative treatments, new technologies*.
- Embraces principles of clinical governance.

Delegation skills, empowerment and conflict management

- How to assess, develop personal effectiveness, improve negotiating, influencing and leadership skills. How to manage time more efficiently, deal with pressure and stress. How to motivate and operate within a multidisciplinary team.
- Able to adjust to change, apply management/leadership, negotiating skills to manage change. Self-awareness, able to recognise strengths and weaknesses.
- Appropriately values and uses management techniques and seeks to improve these skills and personal effectiveness.

Leadership

- How to maintain, improve working relationships within a team; appropriately recognise roles, skills, status. Know when and what to delegate, provide support, appraise.
- Motivates and empowers others, knows when help is needed. Able to foresee, forestall, manage conflict.
- Sensitive to and aware of the needs of others.

SKILLS

- Risk Management
- Leadership skills
- Time management
- Delegation skills
- Conflict management
- Clinical governance
- Audit

ASSESSMENT & LEARNING METHODS

- Communication course (Year 1)
- Audit course (Year 1)
- Leadership course (Year 3 – 5)
- Annual audit
- Consultant feedback at annual assessment on management and leadership skills
- Involvement in hospital committees

Teaching & Research

Objective: To recognise the opportunities for personal/professional development that exist for medical teachers, educational supervisors and from involvement with research.

Medical Council Domains of Good Professional Practice: No. 6 Scholarship.

KNOWLEDGE

Teaching, educational supervision and assessment

- Know principles of adult learning, teaching and learning methods available and strategies; educational principles directing assessment, methods, formative vs. summative. Value of regular appraisal / assessment in informing training process.
- Able to identify educational objective. Able to design and deliver an effective teaching event, both small and large group. Uses technology / materials effectively. Adequate preparation, timekeeping.
- Appreciates benefit to learner is key objective of teaching sessions, key resource is adequate knowledge of subject.

Research, methodology and critical evaluation

- How to design and resource a research project, how to obtain ethical approval. Research methodology, valid statistical analysis, writing and publishing papers. Ethical considerations, declaring an interest.
- Reviewing the literature, framing the question, designing a project capable of providing an answer. Able to derive results and conclusions, able to write or present a paper.
- Intellectually honest.
- Present data in a clear, honest and critical fashion.

SKILLS

- Bed-side undergraduate and post graduate teaching
- Lectures
- Ethics of research
- Presentation and writing skills

ASSESSMENT & LEARNING METHODS

- Number of undergraduate and postgraduate tutorials provided
- Teaching skills course
- Number of presentations at local, national and international meetings
- Number of publications in peer reviewed medical journals
- RCPI Ethics programme: Ethics I, Ethics II, Ethics III and Ethics IV (Mandatory)
- Statistical course (optional)
- Consultant feedback at annual assessment
- Workplace based assessment e.g CBD
- Educational supervisor's reports on observed performance (in the workplace)

Ethics

Objectives: *Medicine is predominantly concerned with the diagnosis and treatment of illness. Besides the pathological processes involved and the physical impact of each condition, the requirements for practising medicine in a fair, competent and ethical manner must be understood before a doctor is ready for independent practice.*

*Upon satisfactory completion of specialist training, the doctor will be **competent** to undertake comprehensive medical practice in that specialty in a **professional** manner, unsupervised and independently and/or within a team, in keeping with the needs of the Irish healthcare system.*

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care; No. 3 Communication and Interpersonal Skill; No. 6 Scholarship; No. 7 Professionalism.

KNOWLEDGE

- Knowledge of basic biomedical, behavioural and clinical sciences, medical ethics and medical jurisprudence and application of such knowledge in patient care.
- Interpersonal and communication skills that ensure effective informational exchange with individual patients and their families and teamwork with other health professionals, the scientific community and the public.
- Professionalism.

Ethics I: Professionalism

Objectives: *To explore the relationship between ethics of healthcare delivery and professionalism including the challenges and the impact of current developments*

KNOWLEDGE

- Knowledge, skills, attitudes and behaviours expected by patients and society from individuals during the practice of their profession (as a doctor).
 - The skills of lifelong learning and the maintenance of competence
 - Information literacy
 - Ethical behaviour
 - Integrity, honesty
 - Altruism
 - Service to, justice and respect for others
 - Adherence to professional code
- Leadership and Accountability
- Role of the Clinical Director
- Dignity & Respect
- Conflicts of interest
- Personal scope of practice & boundaries
- Adverse Events- open communication when adverse events occur
- Discussing errors

Ethics II: Ethics & Law

Objectives: To explore the relationship between ethics of healthcare and law including the challenges and the impact of current developments

KNOWLEDGE

- Ethical patient care and Irish Law including:
- Informed consent
- Consent and capacity
- Disclosure
- Medical Practitioner's Act
- Malpractice
- Misconduct
- Confidentiality
- Data protection
- Coroner's System
- Medical Council Ethical Guide

Ethics III: Research

Objectives: To explore the ethics of healthcare research including the challenges and the impact of current developments

KNOWLEDGE

- Principles of research
- Un-ethical conduct
- Genetics
- The Importance of Research in Health Care
- Dept of Health and Children Research Action Plan-implications for researchers
- Reasons for Research being Ethically Regulated
- Genetics
- Researching vulnerable groups
- Data Research/Protection and confidentiality
- Patient information bill
- Human Tissue Act
- Role of Research Ethics Committee
- Conflict of interest

Ethics IV: End of Life

Objectives: To explore the ethics of end of life challenges and the impact of current developments

KNOWLEDGE

- Euthanasia/Terminal Sedation
- Artificial nutrition/hydration
- Resuscitation issues
- Advanced Directives
- Organ donation
- Death Certification/Coronial System
- Prolongation
- Futility
- Decision making process

SKILLS

- Recognises the dying patient
- Communicates bad news sensitively
- Explores the options for managing the dying patient including DNR and advanced directives
- To incorporate the above ethical concepts in their everyday practice

ASSESSMENT & LEARNING METHODS

- RCPI Ethics programme: Ethics I, Ethics II, Ethics III and Ethics IV (Mandatory)
- Note of examples of ethical dilemmas encountered in training
- Consultant feedback at annual assessment
- Workplace based assessment e.g CBD
- Educational supervisor's reports on observed performance (in the workplace)

Dealing with and Management of Acutely ill Patients in Appropriate Specialties

Objective: To have the knowledge and skills to be able to assess and initiate management of patients presenting as emergencies with the problems outlined below. For each scenario, trainees should in particular gain knowledge and skills to recognise the critically ill and:

Immediately assess and resuscitate if necessary.

Formulate a differential diagnosis, treat and/or refer as appropriate.

Select relevant investigations and accurately interpret reports.

Communicate the diagnosis and prognosis – see Generic Skills.

Medical Council Domains of Good Professional Practice: No. 1 Patient Safety and Quality of Patient Care, No. 8 Clinical Skills

KNOWLEDGE

Management of acutely ill patients with medical problems

- Know how potentially life-threatening problems present; know the indications for urgent intervention, additional information necessary to support action (e.g. results of investigations) and treatment protocols (see Addendum).
- Know when to seek help, refer/transfer to another specialty. Know ACLS protocols. Know the ethical and legal principles relevant to resuscitation and DNR orders.
- Able to manage acute medical intake, to receive and refer patients appropriately, to interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately.
- Able to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. *dysrhythmia* and provide the means to correct e.g. *defibrillation*.
- Able to convey essential information quickly to relevant personnel: maintains legible up-to-date records documenting results of investigations. Lists of problems dealt with or remaining, identifies areas of uncertainty; ensures safe handover.
- Remains calm, delegates appropriately, ensures good communication. Tries to meet patient's/ relatives' needs and concerns, respecting their views and right to be informed.

Discharge planning

- Distinguish between illness and disease, disability and dependency. Understand the potential impact of illness and impairment on activities of daily living, family relationships, status, independence. Be aware of quality of life issues.
- Know role and skills of other members of the healthcare team, how to devise and deliver a care package. Know the support available from other agencies e.g. *specialist nurses, social workers, community care*. Understand the principles of shared care with the general practitioner service.
- Show awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care. Establish liaison with family and community care, primary care, communicate / report to agencies involved.
- Demonstrates can awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home.

SKILLS

- ACLS
- Deal with common medical emergencies
- Interpretation of blood results, ECG/Rhythm strips, Chest X-Ray, CT Brain
- Give clear instructions to both medical and hospital staff
- Order relevant follow up investigations
- Discharge planning
- Knowledge of patient pathways
- Knowledge of HIPE
- Multidisciplinary team working
- Communication
- Early regular and on-going consultation with family members and primary care physicians

ASSESSMENT & LEARNING METHODS

- Certified ACLS
- Record of on call
- miniCEX (acute setting) - each year
- Case based discussions
- Consultant feedback at annual assessment

**Specialty Section for Genito-Urinary
Medicine**

General Principles of the Assessment and Management of Genito-Urinary and Associated Conditions

Objective: To correctly carry out specialist assessment and management of Genito-Urinary and associated conditions, independently in an adequately provided working environment.

KNOWLEDGE

Sexual history

- Different types of sexual behaviour and risks of infection associated with them.
- Presentations of psychosexual problem and when appropriate to refer for treatment.
- Communicate with patients in an appropriate manner.
- Show tact and empathy.
- Respect patient and confidentiality.
- Be non-judgemental.

Genital examination

- Anatomy and physiology of the genital tract.
- Pathophysiological basis of physical signs.
- When it is appropriate to examine extra-genital sites.
- Explain procedure to patient.
- Elicit physical signs with minimal discomfort to patient.
- Use instruments skilfully.
- Be aware of patient dignity.
- Take into account ethnic and sexuality issues.
- Be aware of need for chaperone.
- Advice about safer sexual practices.

Advice about safer sex practices

- Different types of sexual behaviour and risks of infections associated with them.
- Give clear information to patients
- Advice on appropriate changes.
- Be non-judgemental.

Initiate partner notification when appropriate

- In which infections partner notification is relevant?
- Methods of partner notification.
- Explain the reasons for partner notification clearly to patient.
- Work in conjunction with Health Advisors.

SKILLS

- Take a relevant detailed sexual history.
- Recognise psychosexual problems and refer appropriately.

ASSESSMENT & LEARNING METHODS

- MiniCEX

Assessment throughout training

Infections and Inflammation

Objective: To be able to investigate, diagnose and treat effectively and safely infections and inflammatory conditions of the genital tract.

Detection of Genital Tract Infection

Objective: To be able to detect genital tract infections independently in an adequately provided working environment

KNOWLEDGE

Obtaining adequate specimens for examination, interpreting results

- Culture and identification of bacteria, fungi and viruses pertinent to GUM.
- DNA amplification techniques and their advantages and limitations.
- Antigen and antibody tests and their role in the diagnosis of treponemal, chlamydial and viral infections.
- The uses and limitations of type specific HSV SEROLOGY.
- Perform direct inoculation of clinical material on transport and culture media.
- Establish rapport with laboratory staff.

SKILLS

- Interpretation of results with respect to sensitivity, specificity and the interrelationship of predictive values and population prevalence.
- The difference between diagnostic testing and screening.
- Take adequate and appropriate specimens.
- Use the microscope, including bright and dark field microscopy, setting up, adjusting and maintenance.
- Perform Gram-stains and interpret the findings.
- Correctly interpret serological tests.

ASSESSMENT & LEARNING METHODS

- Year 2 -3: 2 -4 weeks in Microbiology laboratory
- Year 2 -3: 2 -4 weeks in virus reference laboratory
- Year 2: Diploma in Genito-Urinary medicine

Assessment at SpR year 2 - 3

Genital Discharge and Associated Conditions

Objective: To correctly carry out treatment and management of genital discharge and associated conditions, independently in an adequately provided working environment.

KNOWLEDGE

Vaginal, urethral discharge; rectal and pharyngeal infection

- The natural history and management of vaginal and urethral discharge, including management of infection by *n gonorrhoea*, *C tractomatis*, *T vaginalis*, *C albicans* and other yeasts, and bacterial vaginosis.
- Aetiology and management of Chlamydia negative nongonococcal urethritis and chronic urethritis.
- Aetiology and management of rectal and pharyngeal infections.
- Diagnosis and management of disseminated gonococcal disease.
- Diagnosis, natural history and management of pelvic inflammatory disease (PID).
- Diagnosis and management of epididymitis and prostates.
- Diagnosis, natural history and management of sexually acquired reactive arthritis (*SARA or Reiter's Syndrome*).
- Explain the diagnosis and management clearly to patient.

SKILLS

- Diagnose and manage genital discharge
- Refer to/liase with other specialties when appropriate.

ASSESSMENT & LEARNING METHODS

- Diploma in Genito-Urinary Medicine
- 2-4 weeks in microbiology laboratory

Assessment at SpR year 2

Genital Ulcer Disease

Objective: To correctly carry out specialist assessment, treatment and management of genital ulcer disease, independently in an adequately provided working environment.

KNOWLEDGE

- Diseases causing genital ulcers
- Natural history and management of early syphilis.
- Diagnostic methods and management of late syphilis (*gumma, cardiovascular, neurological*) and the management of an asymptomatic patient with positive treponemal serology. Reasons for antenatal screening for syphilis.
- Diagnosis and management of tropical genital ulcer disease.
- Natural history and management of anogenital herpes simplex virus infections, psychosexual complications and indications for suppressive therapy.
- Management of herpes in pregnancy.
- Diagnosis and management of non-infective causes of genital ulcers such as Behcet's syndrome.

SKILLS

- Assessment, treatment and management of genital ulcer disease

ASSESSMENT & LEARNING METHODS

- Diploma in Genito-Urinary medicine
- 2-4 weeks in microbiology laboratory

Assessment at SpR year 2

Genital Human Papillomavirus Infection and Associated Conditions

Objective: To correctly carry out specialist assessment, treatment and management of genital human papillomavirus infection and associated conditions, independently in an adequately provided working environment.

KNOWLEDGE

Human papilloma virus infection

- Natural history, diagnosis and management of human papillomavirus infection.
- Natural history, diagnosis, and management of cervical intraepithelial neoplasia (CIN), and other HPV- related lower genital tract malignancies.
- Role of colposcopy and biopsy in diagnosis and management of cervical cellular abnormality.
- Treatment options available.
- Use of colposcopy at other anogenital sites.
- Natural history, diagnosis and management of molluscum contagiosum.
- Correctly diagnose and manage the above conditions.
- Competently perform on of either: curettage, diathermy or scissor excision for the treatment of genital warts.
- Competently perform cervical cytology smears.

SKILLS

- Interpretation of cytology, colposcopy and histological findings.
- Perform cervical cytology smears

ASSESSMENT & LEARNING METHODS

- Year 1 - 2 : Family planning course
- Attend dermatology sessions
- Gynaecology and Obstetrics & Colposcopy module (Appendix I)

Genital Infestations

Objective: *To correctly carry out specialist assessment, treatment and management of genital infestations independently in and adequately provided working environment.*

KNOWLEDGE

- Scabies and pediculosis
- Diagnose and manage scabies
- Diagnose and manage pediculosis pubis
- Explain the diagnosis and management clearly to patient.

SKILLS

- Diagnosis and management of scabies.
- Diagnosis and management of pediculosis pubis.

ASSESSMENT & LEARNING METHODS

- Case based discussion
- MiniCEX
- Dermatology Clinics
- Diploma in GU Medicine

Assessment at SpR year 1

Adults Who Have Been Sexually Assaulted

Objective: To correctly carry out specialist assessment, treatment and management of adults who have been sexually assaulted independently in an adequately provided working environment.

KNOWLEDGE

Note: It may be difficult for some trainees to get practical experience, in view of gender preference or other factors, of the history and examination of persons who have been sexually assaulted but they should be able to explain how to do it.

Sexual assault in adults

- The importance of timing of forensic examination.
- The chain of evidence procedure.
- When treatment of prophylaxis of infections, HIV counselling and post-exposure prophylaxis, and post-coital contraception are indicated.
- Take a full sexual history, perform a full genital examination noting any injuries.
- Write full and accurate documentation from which a medico-legal report may be produced at a later date.
- Give treatment or prophylaxis of infections, HIV counselling and post-exposure prophylaxis and post-coital contraception when indicated.
- Refer onto local voluntary organisations to provide on-going support.
- Be aware of the need for a chaperone.

SKILLS

- Prophylaxis treatment
- Counselling

ASSESSMENT & LEARNING METHODS

- Forensic course (mandatory)
- Attend sessions in a sexual assault clinic (optional)

Assessment at SpR year 1 - 4

Genital Infections in Pregnant Women, the Newborn, in Infants and Children

Objective: To correctly carry out specialist assessment, treatment and management of genital infections in pregnant women, newborn, in infants and children, in conjunction with appropriate colleagues in an adequately provided working environment.

KNOWLEDGE

Infections in pregnancy, the newborn, infants and children

- Diagnosis, complications, treatment and management of sexually transmitted infections and other genital infections in pregnancy.
- Knowledge of diagnosis, treatment and management of sexually transmitted pathogens in the newborn.
- Knowledge of diagnosis, treatment and management of sexually transmitted pathogens in the infants.
- Knowledge of diagnosis, treatment and management of sexually transmitted pathogens in the children.
- The multidisciplinary management of children with genital infections.
- The chain of evidence procedure.
- The procedures and protocol.
- Correctly diagnose and manage the above infections in pregnant women
- Explain the diagnosis and management clearly to the patient.
- Refer to/liase with other specialties when appropriate.
- Be alert to the possibility of child abuse.
- Work in conjunction with nurses, health advisors, obstetricians and paediatricians.

SKILLS

- Management of infections in pregnancy
- Diagnosis and treatment of genital infections in pregnancy
- Appropriate drug use in pregnancy

ASSESSMENT & LEARNING METHODS

- Diploma in Obstetrics and Gynecology
- MRCOG
- **or**
- Time spent in Obstetrics and gynecology service (Appendix 1)

Vulvovaginitis and Balanitis

Objective: To correctly carry out specialist assessment, treatment and management of vulvovaginitis and balanitis independently in an adequately provided working environment.

KNOWLEDGE

- Diagnosis and management of infective causes of vulvovaginitis and balanitis.
- Diagnosis and management of common non-infective conditions (*in terms of their genital and extra-genital presentation*), including psoriasis, eczema, irritant vulvitis, lichen planus, lichen sclerosus, drug reactions and fungal dermatoses.
- Correctly diagnose and manage the above conditions.
- Explain the diagnosis and management clearly to the patient.
- Refer to/liaise with other specialties when appropriate.
- Be able to competently perform skin scraping and skin biopsy.

SKILLS

- Diagnose and manage vulvovaginitis and balanitis

ASSESSMENT & LEARNING METHODS

- Diploma in Genito-Urinary medicine
- Vulval specialist clinics (optional)

Assessment at SpR year 1-3

Viral Hepatitis

Objective: To correctly carry out specialist assessment (and referral if necessary) of viral hepatitis, independently in an adequately provided working environment.

KNOWLEDGE

Infection with A,B,C and other causes of viral hepatitis

- Natural history, diagnosis and management of hepatitis A.
- Natural history, diagnosis and management of hepatitis B.
- Natural history, diagnosis and management of hepatitis C.
- Natural history, diagnosis and management of other viral causes of hepatitis.
- Treatment, or when to refer for treatment, or chronic hepatitis B and C when appropriate.
- Indications for, technique and follow-up of immunisation for Hepatitis A and B.
- Correctly diagnose and manage the above conditions.
- Refer to other specialties when appropriate.

SKILLS

- Diagnosis and management of hepatitis

ASSESSMENT & LEARNING METHODS

- Attend HIV infection clinics
- Attend co-infection clinics in HIV and Hepatitis
- Case based discussion
- MiniCEX
- Diploma in HIV Medicine (optional)
- 2-4 weeks National Virus Reference Lab
- Attend Hepatology monthly teaching meeting

Assessment at SpR year 2 -4

Contraception

Objective: *To correctly carry out specialist assessment and management of contraception independently in an adequately provided working environment.*

KNOWLEDGE

- Different methods of contraception available.
- Indications and contraindications for each method.
- Side effects of each method.
- Indications and methods of post-coital contraception.
- Issues relating to termination of pregnancy.
- Explain the different forms of contraception and side effects clearly to the patient.
- Prescribe and monitor of contraception.
- Prescribe and monitor of post-coital contraception.
- Refer to other agencies as appropriate.
- Show respect for different religious values.

SKILLS

- Prescribe and monitor contraception

ASSESSMENT & LEARNING METHODS

- Diploma in Genito-Urinary medicine
- Family Planning course
- Ethics I, II, III, IV

Assessment at SpR year 1 - 2

HIV Infection and Disease

Objective: To acquire the knowledge, skills and attitudes necessary to understand and explain HIV transmission and risk. To be competent to diagnose and assess HIV infection, disease and its complications. To be able to provide treatment and support which is appropriate for patients and their family.

HIV Testing and Counselling

Objective: To be able to correctly carry out testing for HIV, and to provide counselling.

KNOWLEDGE

HIV testing, reporting, counselling and prophylaxis

- Laboratory tests used to diagnose HIV infection.
- Risk factors for HIV infection.
- Relevant issues for someone undergoing HIV testing.
- Relevant issues for a pregnant women undergoing HIV testing.
- The sexual and no-sexual indications for post-exposure prophylaxis.
- Confidential reporting system for HIV/AIDS.
- Medico-legal and ethical issues relevant to HIV/AIDS including partner notification.
- Be able to:
 - Counsel about HIV testing.
 - Counsel a pregnant woman about HIV testing.
 - Manage a person requiring post-exposure prophylaxis.
 - Giving a positive HIV result.
 - Explain the diagnosis and management clearly to the patient.
 - Demonstrate willingness to report HIV/AIDS cases.

SKILLS

- Confidential reporting system for HIV/AIDS
- Counselling with positive results
- Prophylaxis
- Communication skills

ASSESSMENT & LEARNING METHODS

- Diploma in Genito-Urinary medicine
- Attend HIV Club
- Case Based Discussion
- MiniCEX
- Attend CPC meeting

Assessment at SpR year 1-4

Asymptomatic HIV Disease, Including Anti-Retroviral Prescribing

Objective: To correctly carry out specialist assessment, treatment and management of asymptomatic HIV disease, including anti-retroviral prescribing, independently in an adequately provided working environment.

KNOWLEDGE

Asymptomatic HIV disease, prescribing

- Natural history of HIV disease and laboratory investigations used for assessment.
- Current views of prophylaxis against opportunistic infections.
- Modes of action of antiretroviral therapy, side effects, drug interactions and use of clinical practice.
- Treatment failure and switching antiretroviral therapy.
- Resistance testing and therapeutic drug monitoring, and when they are appropriate in clinical practice.
- Management of HIV disease in pregnancy.
- Assess clinically, and by appropriate laboratory investigations, someone with seroconversion illness.
- Assess clinically, and by appropriate laboratory investigations, someone with symptomatic HIV infection.
- Explain the diagnosis and management clearly to the patient.
- Prescribe and monitor appropriate antiretroviral therapy.
- Prescribe and monitor prophylaxis against opportunistic infections.
- Manage side effects of drugs used in HIV disease.
- Display tact, empathy and concern for patients.
- Be non-judgemental.
- Respect patient choice.
- Work in conjunction with the multidisciplinary team.

SKILLS

- Knowledge of antiretroviral treatment (Year 1 – 3)
- Antiretroviral prescribing, initiate and change (Year 4)
- Antiretroviral resistance evaluation

ASSESSMENT & LEARNING METHODS

- Attendance at weekly resistance meeting
- Attendance at BHIVA resistance course (or equivalent)
- Case based discussion
- MiniCEX

Respiratory Presentation of HIV Disease

Objective: To correctly carry out specialist assessment, treatment and management of respiratory presentations of HIV disease independently in an adequately provided working environment.

KNOWLEDGE

- Clinical presentations, investigations and general management of respiratory infections.
- Diagnosis and management of bacterial pneumonia.
- Diagnosis and management of *Pneumocystis carinii* pneumonia.
- Diagnosis and management (*including infection control and contact tracing*) of Mycobacterium Tuberculosis.
- Diagnosis and management of fungal and viral respiratory opportunistic infections.
- Correctly diagnosis and manage the above conditions.
- Explain the diagnosis and management clearly to the patient.

SKILLS

- Diagnose and manage respiratory infections
- Multidisciplinary team working

ASSESSMENT & LEARNING METHODS

- Attendance at TB liaison group
- Attendance at radiology conferences (monthly)

Assessment at SpR year 1-4

Gastrointestinal Presentation of HIV

Objective: *To correctly carry out specialist assessment, treatment and management of gastrointestinal presentations of HIV disease independently in an adequately provided working environment.*

KNOWLEDGE

- Clinical presentations, investigations and general management of gastrointestinal infections.
- Diagnosis and management of oral and oesophageal candida.
- Diagnosis and management of oral, oesophageal and large bowel ulceration.
- Diagnosis and management of infective diarrhoea.
- Investigations and management of a person with significant weight loss.
- Diagnosis of liver disease and referral when appropriate.
- Correctly diagnose and manage the above conditions.
- Explain the diagnosis and management clearly to the patient.

SKILLS

- Diagnose and manage gastrointestinal problems in HIV patients

ASSESSMENT & LEARNING METHODS

- Case based discussion

Assessment at SpR year 1 - 4

Neurological Presentation of HIV Disease

Objective: To correctly carry out specialised assessment, treatment and management of the neurological presentations of HIV disease independently in an adequately provided working environment.

KNOWLEDGE

- Clinical presentations, investigations and general management of neurological conditions including disorders of consciousness, dementia and peripheral neuropathy.
- Diagnosis and management of cerebral toxoplasmosis.
- Diagnosis and management of cryptococcal meningitis.
- Diagnosis and management of cytomegalovirus retinitis.
- Diagnosis and management of HIV related neurological disease.
- Correctly diagnose and manage the above conditions.
- Explain the diagnosis and management clearly to the patient.

SKILLS

- Diagnose and manage neurological problems in the HIV patient
- Liaise with psychiatry

ASSESSMENT & LEARNING METHODS

- Attendance at HIV Club
- Attendance Radiology conference
- Case based discussion
- Study Days

Assessment at SpR year 1 - 4

HIV Associated Malignancies and Palliative Care for HIV Diseases

Objective: *To provide the trainee with the knowledge, skills and attitudes to be able to correctly carry out specialist assessment, treatment and management of HIV associated malignancies and provide and/or arrange palliative care of HIV disease independently in an adequately provided working environment.*

KNOWLEDGE

- Clinical presentations, diagnosis and management of Kaposi's sarcoma.
- Clinical presentations, diagnosis and management of lymphoma.
- Clinical presentations, diagnosis and management of other malignancies associated with HIV infection.
- Pain relief, palliative and terminal care.
- Correctly diagnosis and manage the above conditions.
- Explain the diagnosis and management clearly to the patient.
- Refer to/liaise with other specialties when appropriate.
- Display tact, empathy, respect and concern for patients.
- Be non-judgemental.
- Work in conjunction with the multidisciplinary team.

SKILLS

- Multidisciplinary team working
- Day ward management of chemotherapy

ASSESSMENT & LEARNING METHODS

- Study day

Dermatological Presentations of HIV Disease

Objective: *To correctly carry out specialist assessment, treatment and management of dermatological presentations of HIV disease independently in an adequately provided working environment.*

KNOWLEDGE

- Clinical presentations, diagnosis and management of HIV related skin problems, including seborrheic dermatitis, herpes zoster, herpes simplex, superficial fungal infections, pruritic folliculitis and itchyosis.
- Correctly diagnose and manage the above conditions.
- Explain the diagnosis and management clearly to the patient.
- Refer to/liase with other specialties when appropriate.
- Display tact, empathy, respect and concern for patients.
- Be non-judgemental.
- Work in conjunction with the multidisciplinary team.

SKILLS

- Skin biopsy
- Cryotherapy
- Excision and curettage of benign skin lesions

ASSESSMENT & LEARNING METHODS

- DOPS - Skin biopsy
- Attendance at dermatology clinic - 1 clinic per week for 6 months

Haematological Presentations of HIV Disease

Objective: To correctly carry out specialist assessment, treatment and management of haematological presentations of HIV disease independently in an adequately provided working environment.

KNOWLEDGE

- Investigations and management of anaemia, neutropenia, thrombocytopenia and pancytopenia.
- Investigations and management of pyrexia of unknown origin.
- Diagnosis and management of disseminated mycobacterium avium complex (MAC).
- Correctly diagnose and manage the above conditions
- Explain the diagnosis and management clearly to the patient.

SKILLS

- Investigation and management of haematological presentations of HIV disease
- Investigation and management of coagulation disorders

ASSESSMENT & LEARNING METHODS

- HIV Club attendance
- Case based discussion
- DOPS: Bone Marrow

Assessment at SpR year 1 -2

Epidemiology and Public Health

Objective: To recognise and develop the role of epidemiology in the management of Genito-Urinary disease and the organisation of services and public health measures

To provide the trainee with the knowledge and skills relevant to epidemiological and public health aspects of sexually transmitted and other genital infections.

KNOWLEDGE

- The principles of epidemiology and public health.
- The epidemiology of sexually transmitted, and other genital infections and HIV.
- Awareness of national and local data collection methods, and their limitations.
- Notifiable diseases.
- Assess an individual's risk.
- Encourage participation in disease prevention or screening programmes.
- Demonstrate willingness to report to national and local databases.
- Balance the positive and negative aspects of screen and prevention.
- Respect patient choice.

SKILLS

- Management of outbreak of infectious disease

ASSESSMENT & LEARNING METHODS

- Audit
- Epidemiology Study Day
- Statistics/Research Skills Course

Managing Genito-Urinary Medicine Clinics

Objective: To provide the trainee with the knowledge, skills and attitudes applicable to Genito-Urinary Medicine clinical management.

KNOWLEDGE

Clinical management

- Knowledge of statutory reporting requirements to public health
- Management of clinic defaulters.
- Use of computers in relation to the running of GUM clinics (*appointments, infectious disease returns, attendance data, contacting, changes in clinic case mix, HIV databases*).
- Competently perform all of above.
- Competent use of database.
- Demonstrate willingness to report for national statistics.

SKILLS

- Public health coding
- Keeping of returns
- Data base management
- IT Skills

ASSESSMENT & LEARNING METHODS

- Leadership Skills
- Statistics/Research Skills course

Appendix 1

Gynaecology and Obstetrics in Genito-Urinary Medicine

Objective: To ensure that all trainees have adequate training, necessary skills and overall competence in the management of relevant obstetrics and gynaecological problems.

KNOWLEDGE

- Disorder of menstruation, dysmenorrhoea, menorrhagia, intermenstrual and post-coital bleeding. Diagnosis and management.
- Infertility and subfertility – causes and approaches to diagnosis and treatment.
- Contraception – methods, side effects, indications and contraindications.
- Disorders of early pregnancy – interpretations of bleeding in early pregnancy; ectopic pregnancy; risk and treatment of infections.
- Middle and late pregnancy – knowledge of expected and normal phenomena in order to refer women with abnormalities.
- Prescribing in pregnancy and the puerperium.
- Abdominal and pelvic pain – differential diagnosis. Approaches to management of acute and chronic pelvic pain. Diagnosis and management of endometriosis. Diagnosis of the acute abdomen. Management of severe intra-abdominal sepsis.
- Uterine neoplasia – epidemiology of cervical and endometrial neoplasia. Recognition of early symptoms and signs. Value and limitations of cervical cytology and colposcopy. Approaches to the staging and management of frank neoplasia.
- Ovarian neoplasia – simple classifications of common benign and malignant cysts and tumours. Diagnosis and management.
- Vulval problems – simple classifications of dystrophies; Vulval neoplasia, pruritus vulvae, vulvodynia.
- Vaginal discharge – especially non-infective causes and discharge presenting in women and children outside reproductive years.
- Therapeutic abortion – the legal situation.
- Psychosexual problems.
- Other areas – common congenital malformations of the genital tract – uterine displacement/prolapse. Indications, complications and side effects of common gynaecological procedures.
- The trainee should attain clinical, technical and allied skills pertinent to the management of women presenting with common gynaecological problems.
- The trainee should develop a non-judgemental and non-discriminatory approach when working with patients and liaising with other staff.
- Colposcopic examination of the lower genital tract
- Observation of colposcopic treatment of cervical intraepithelial neoplasia

Minimum Requirements for Training

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Section 1 - Training Plan				
Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)	Required	1	Training Post	Form 045
Personal Goals Plan (Copy of agreed Training Plan for your current training year)	Required	1	Training Post	Form 052
On Call Rota	Required	1	Training Post	Form 064
Section 2 - Training Activities				
Outpatient Clinics				
General GUM Clinics (average 200 clinics during year 1-2, average 100 clinics during year 3-4)	Required	300	Training Programme	Form 001
HIV Medicine Clinics (average 200 clinics during year 1-2, average 100 clinics during year 3-4)	Required	300	Training Programme	Form 001
Dermatology (minimum 20 during training)	Required	20	Training Programme	Form 001
Gynaecology (minimum 12 during training)	Required	12	Training Programme	Form 001
Ward Rounds/Consultations				
Consultant led (3 per week)	Required	120	Year of Training	Form 002
SpR led (2 per week)	Required	80	Year of Training	Form 002
Consultations	Desirable	1	Year of Training	Form 002
Emergencies/Complicated Cases (Diagnosis of nature of problem and its presentation.)				
Cases should include at least one of each of the following:				
Infections	Required	1	Training Programme	Form 003
Lymphoma	Required	1	Training Programme	Form 003
Adverse drug reactions	Required	1	Training Programme	Form 003

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
New Diagnosis	Required	1	Training Programme	Form 003
Substance Abuse related	Required	1	Training Programme	Form 003
Acute STIs	Required	1	Training Programme	Form 003
Ethical/Social Issues	Required	1	Training Programme	Form 003
Procedures/Practical Skills/Surgical Skills				
Skin Biopsy	Desirable	1	Training Programme	Form 004
Additional/Special Experience Gained				
6 weeks in O&G or MRCOG	Required	1	Training Programme	Form 005
Laboratory Experience				
Microbiology Laboratory (2-4 weeks in year 2-3)	Required	1	Training Programme	Form 018
Virus Reference Laboratory (2-4 weeks in year 2-3)	Required	1	Training Programme	Form 018
Relatively Unusual Cases	Desirable	1	Training Programme	Form 019
Chronic Cases/Long term care	Desirable	1	Training Programme	Form 066
ICU/CCU Cases	Desirable	1	Training Programme	Form 090
Management Experience	Desirable	1	Training Programme	Form 110
Section 3 - Educational Activities				
Mandatory Courses				
Mastering Communications (Year 1)	Required	1	Training Programme	Form 006
Audit (Year 1)	Required	1	Training Programme	Form 006
Leadership Skills (Year 3+)	Required	1	Training Programme	Form 006
Ethics I: Professionalism	Required	1	Training Programme	Form 006
Ethics II: Ethics & Law	Required	1	Training Programme	Form 006
Ethics III: Research	Required	1	Training Programme	Form 006
Ethics IV: End of Life	Required	1	Training Programme	Form 006
ACLS	Required	1	Training Programme	Form 006
Forensic Course	Required	1	Training Programme	Form 006

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Diploma in GUM course	Required	1	Training Programme	Form 006
Non – Mandatory Courses	Desirable	1	Training Programme	Form 007
Study days (minimum of 2 per year)	Required	2	Year of Training	Form 008
See examples: (Disease Prevention & Health Education, Epidemiology Study Day)				
National/International meetings (attend minimum 1 per year)	Required	1	Year of Training	Form 010
In-house activities				
Grand Rounds (minimum 1 per month)	Required	10	Year of Training	Form 011
Pathology Conference	Desirable	1	Year of Training	Form 011
Lecture	Desirable	1	Year of Training	Form 011
Seminar	Desirable	1	Year of Training	Form 011
MDT Meetings	Desirable	1	Year of Training	Form 011
Journal Club	Desirable	1	Year of Training	Form 011
Minimum of 4 per month of the following:				
HIV club	Required	10	Year of Training	Form 011
Radiology conference	Required	10	Year of Training	Form 011
TB liaison group	Required	10	Year of Training	Form 011
Weekly resistance meetings	Required	10	Year of Training	Form 011
CPC meeting	Required	10	Year of Training	Form 011
Hepatology monthly teaching meeting	Required	10	Year of Training	Form 011
Examinations				
Diploma in GUM	Required	1	Training Programme	Form 012
Formal Teaching Activity (minimum 1 formal teaching session per month from the categories below)	Required	10	Year of Training	Form 013
Lecture				
Tutorial				

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Bed side Teaching				
Research	Desirable	1	Training Programme	Form 014
Audit activities (1 per year to either start or complete)	Required	1	Year of Training	Form 015
Publications	Desirable	1	Year of Training	Form 016
Presentations (1 oral/poster per year)	Required	1	Year of Training	Form 017
Committee Attendance	Desirable	1	Training Programme	Form 063
Additional Qualifications	Desirable	1	Training Programme	Form 065
ICU/CCU Cases	Desirable	1	Training Programme	Form 090
Management Experience	Desirable	1	Training Programme	Form 110
Section 4 - Assessments				
CBD	Required	1	Year of Training	Form 020
See examples: (Genital Infestations, Viral Hepatitis, Anti-retroviral Prescribing, HIV Testing and Counselling, Gastrointestinal Presentation of HIV, Neurological Presentation of HIV, HIV Associated Malignancies, Haematological Presentations of HIV Diseases)				
DOPS				
Skin Biopsy	Required	1	Training Programme	Form 021
Mini-CEX (At least two Mini-CEX assessments)	Required	2	Year of Training	Form 023