INSTITUTE
OF MEDICINE

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

# GENITOURINARY MEDICINE

## OUTCOME BASED EDUCATION CURRICULUM

**This Curriculum of Higher Specialist Training in Genitourinary Medicine was developed in 2023 by a working group led by Dr Aisling Loy, National Specialty Director, and the RCPI Workplace Education Team. The Curriculum undergoes an annual review process by the National Specialty Director and the RCPI Education Department. The Curriculum is approved by the Specialty Training Committee and the Institute of Medicine.**

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## *National Specialty Director's Foreword*

Genitourinary Medicine is a vibrant and dynamic discipline that provides specialist medical care to people living with HIV as a chronic disease and diagnoses and manages all aspects of sexual health care.

This specialty has close links with several disciplines such as Public Health, Urology, Gynaecology, Infectious Diseases and Dermatology. It has the rewarding balance of looking after HIV inpatients and providing outpatient care in Sexual Health and HIV medicine. Often it leads to working with all cross sections of society, from young to old and including many marginalised groups.

As a practitioner, you will find yourself as one of the few trusted people patients can turn to and confide in at a time of great worry and distress. Empathy, inclusivity and compassion are cornerstones of the work we do. Continuous learning and adaptability will help to arm you with the tools needed to play a pivotal role in preventing and managing conditions that often carry significant social and emotional concerns.

Genitourinary Medicine is a growing and evolving speciality in Ireland and abroad. Not only is it intellectually stimulating, but also crucial in safeguarding individual and societal well-being. The National Curriculum we present is not just a guide; it is an invitation to explore the depth and breadth of a field that resonates with the essence of considerate, cutting-edge healthcare.

As practitioners, you become guardians of sexual health, fostering an environment of inclusivity and empathy. In embracing this journey may a generation of dedicated professionals emerge, armed with knowledge, empathy and a commitment to excellence, elevating the standards in Genitourinary Medicine in Ireland and beyond.

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# INTRODUCTION

*This section includes an overview of the Higher Specialist Training programme and of this Curriculum document.*

## Purpose of Training

This programme is designed to provide the training and professional development necessary to work as a Consultant in Genitourinary Medicine. This is achieved by completing Genitourinary Medicine training in approved training posts, under the supervision of certified Trainers, in order to satisfy the outcomes listed in the Curriculum. Each post provides a Trainee with a named Trainer and the programme is under the direction of the National Specialty Director for Genitourinary Medicine.

## Purpose of the Curriculum

The purpose of the Curriculum is to guide the Trainee towards achieving the educational outcomes necessary to function as an independent Consultant. The Curriculum defines the relevant processes, content, outcomes, and requirements to be achieved. It stipulates the overarching goals, outcomes, expected learning experiences, instructional resources and assessments that comprise the Higher Specialist Training (HST) programme. It provides a framework for certifying successful completion of HST programme.

In keeping with developments in medical education and to ensure alignment with international best practice and standards, the Royal College of Physicians (RCPI) have implemented an Outcomes Based Education (OBE) approach. This Curriculum design differs from traditional "minimum requirement" designs in that the learning process and desired end-product of training (outcomes) are at the forefront of the design to provide the essential training opportunities and experiences to achieve those outcomes.

## How to use the Curriculum

Trainees and Trainers should use the Curriculum as a basis for goal-setting meetings, delivering feedback, and completing assessments, including appraisal processes (Quarterly Assessments/End of Post Assessment, End of Year Evaluation). Therefore, it is expected that both Trainees and Trainers familiarise themselves with the Curriculum and have a good working knowledge of it.

Trainees are expected to use the Curriculum as a blueprint for their training and record specific feedback, assessments and training events on ePortfolio. The ePortfolio should be updated frequently during each training placement.

It is important to note that ePortfolio is a digital repository designed to reflect Curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should always refer to the Curriculum in the first instance for information on the requirements of the training programme.

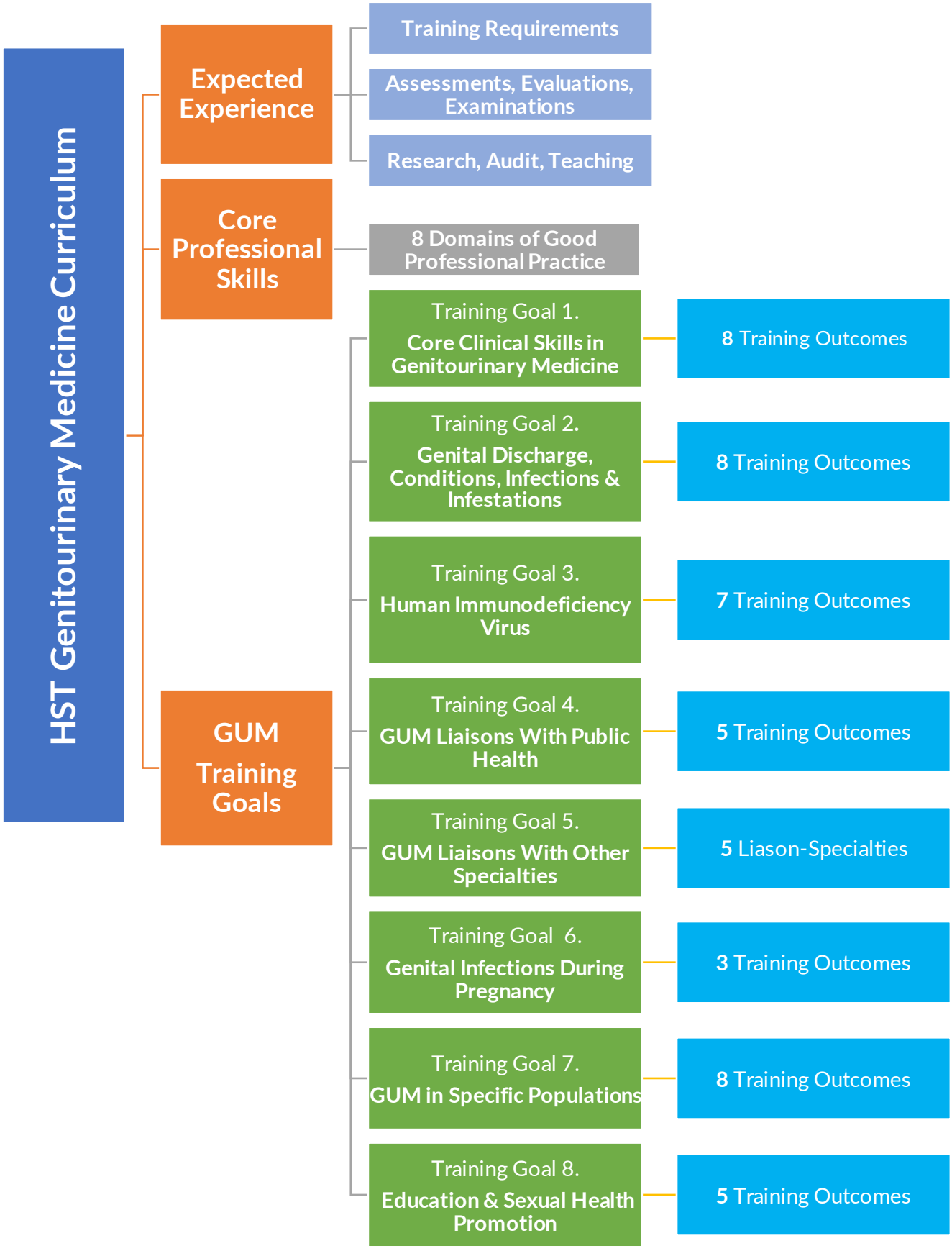
**Please note**: It is the responsibility of the Trainee to keep an up-to-date ePortfolio throughout the programme as it reflects their individual training experience and it documents that they have successfully met training standards as expected by the Medical Council.

## Reference to Rules & Regulations

Please refer to the Training Handbook for rules and regulations associated with training. Policies, procedures, relevant documents, and Training Handbooks can be accessed on the RCPI website by following this link.

## Overview of Curriculum Sections & Training Goals



# EXPECTED EXPERIENCE

*This section details the training experience that all Trainees are expected to complete over the course of Higher Specialist Training.*

## Duration & Organisation of Training

The duration of HST in Genitourinary Medicine is 4 years.

No particular order or sequence of training is imposed, and the programme 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 Genitourinary 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 Genitourinary Medicine this should be accommodated as far as possible within the training period, re-adjusting timetables and postings accordingly.

The training programme offered will provide opportunities to fulfil all the requirements of the Curriculum of training for Genitourinary 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 of Genitourinary Medicine.

The experience gained through rotation around different departments is recognised as an essential part of HST. However, Trainees may be allowed to stay in the same training site for the whole duration of the training programme. Trainees should not be under the supervision of the same Trainer for more than 2 consecutive years. Trainees are encouraged to take time out of clinical programme (OCPE) to pursue additional training outside of Ireland, to undertake academic posts, or to complete a research project. For additional information regarding rules and regulations for OCPE please consult the RCPI website (here).

## Clinics, Ward Rounds, Consultations, Cases & Training Activities

Attendance at Clinics, participation in Ward Rounds and Patient Consultations are required elements of all posts throughout the programme. The timetable and frequency of attendance should be agreed with the assigned Trainer at the beginning of the post.

This table provides an overview of the expected experience a Trainee in Genitourinary Medicine should gain regarding clinic attendance, ward rounds, consultations, and other training activities.

All these activities should be recorded on ePortfolio using the respective form.

| CLINICS | | |
|---|---|---|
| **Type** | **Expected Experience** | **ePortfolio Form** |
| GUM and HIV clinic | Attend on average 5 clinics per year of clinical training. Record attendance on ePortfolio | Clinics |
| GUM clinic | Attend at least 1 clinic per week per year of clinical training. Record attendance on ePortfolio | Clinics |
| HIV clinic | Attend at least 1 clinic per week per year of clinical training. Record attendance on ePortfolio | Clinics |
| Dermatology clinic (to include attendance at specialist vulval clinics where possible) | Attend at least 20 clinics over the course of HST. Record attendance on ePortfolio | Clinics |
| Gynaecology (to include around 5 Colposcopy Clinics) | Attend at least 12 clinics over the course of HST. Record attendance on ePortfolio | Clinics |

| **WARD ROUNDS/CONSULTATIONS** | | |
|---|---|---|
| **Type** | **Expected Experience** | **ePortfolio Form** |
| Consultant-led Ward Rounds | Record at least 40 per year of clinical training | Clinical Activities |
| SpR-led Ward Rounds | Record at least 40 per year of clinical training | Clinical Activities |
| Consultations | Record at least 40 per year of clinical training | Clinical Activities |
| **CASES** (diagnosis of nature of problem and its presentation) | | |
| **Type** | **Expected Experience** | **ePortfolio Form** |
| Opportunistic infections including ICU cases | Record at least 5 per year of clinical training | Cases |
| Lymphoma | Record at least 2 per year of clinical training | Cases |
| Adverse drug reactions | Record at least 10 per year of clinical training | Cases |
| New Diagnosis | Record at least 10 per year of clinical training | Cases |
| Acute STIs | Record at least 5 per year of clinical training | Cases |
| Ethical/Social Issues | Record at least 2 per year of clinical training | Cases |
| **LABORATORY EXPERIENCE** | | |
| **Type** | **Expected Experience** | **ePortfolio Form** |
| Microbiology Laboratory (where STI/HIV diagnostics are performed) | 2 weeks in years 2-3 | Laboratory Activities |
| Laboratory (where molecular diagnostics relevant to STIs and HIV are performed) | 2 weeks in years 2-3 | Laboratory Activities |
| **ADDITIONAL/SPECIAL EXPERIENCE** | | |
| **Type** | **Expected Experience** | **ePortfolio Form** |
| O&G Rotation | 6 weeks rotation during training programme | Cases |
| **WORKPLACE-BASED ASSESSMENTS** | | |
| **Type** | **Expected Experience** | **ePortfolio Form** |
| Case Based Discussion (CBD) examples of cases for the assessment: 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. | Complete at least 2 Case Based Discussion Assessments with your Trainer per year of clinical training. Record on ePortfolio. | Case Based Discussion |
| Skin Biopsy DOPS | Expected experience: perform at least 1 procedure over the course of HST and complete the related DOPS assessment with your Trainer. Record on ePortfolio.<br>Desirable experience: perform 20 procedures over the course of HST and record on ePortfolio | Procedures, Skills and DOPS |
| MiniCEX | Complete at least 2 MiniCEX Assessments with your Trainer per year of clinical training. Record on ePortfolio. | MiniCEX |

## Hospital-Based learning & In-House Commitments

Trainees are expected to attend a series of in-house commitments as follows:

- Attend at least **1 Grand Rounds per month**
- Attend at least **1 Journal Club per month**
- Attend at least **5 MDT Meetings per year of clinical training**
- Attend at least **5 Lectures per year of clinical training**
- Attend at least **10 Seminars per year of clinical training** (e.g. Radiology, TB, resistance cases)
- It is desirable to attend **1 Pathology conference per year of clinical training**

## Research, Audit & Teaching

Trainees are expected to complete the following activities:

- Complete **1 Audit or Quality Improvement Project, per each year of training**
- Attend **1 National or International Meeting, per each year of training**
- Deliver **10 teaching** events including lectures, tutorials, and bedside teaching **per each year of training**
- Deliver **1 Oral presentation or Poster** per year

In addition, it is desirable, but not expected that Trainees attempt to:

- Complete 1 research project and/or 1 publication, over the course of HST
- Attend Committee Meetings
- Pursue additional qualification

## Teaching Attendance

Trainees are expected to complete the RCPI HST Taught Programme, attend the majority of the specialty-specific learning activities and study days as detailed in the Teaching Appendix, at the end of this document.

## Evaluations, Assessments & Examinations

Trainees are expected to:

- Complete **4 quarterly assessments per training year** (1 Assessment per quarter)
- Complete **1 end of post assessment at the end of each post** (this can replace the quarterly Assessment if happening at the end of a post, for more information, please check the Assessment Appendix at the end of this document)
- Complete **1 end of year evaluation at the end of each training year**
- Complete all the **workplace-based assessments** as outlined in the table above and as agreed with Trainer.
- **Pass the examination for the Diploma in GUM**
- **Pass the examination for the Diploma in HIV**

For more information on evaluations, assessment and examinations, please refer to the Assessment Appendix at the end of this document.

## Summary of Expected Experience

| Experience Type | Trainee is Expected To | ePortfolio Form |
|---|---|---|
| **Rotation Requirements** | Complete all requirements related to the posts agreed | n/a |
| **Personal Goals** | At the start of each training year complete a Personal Goals form on ePortfolio, agreed with Trainer and signed by both Trainee & Trainer | Personal Goals |
| **On-call Commitments** | Partake in at least 1 on-call experience in the different posts attended | Clinical Activities |
| **Clinics** | Attend Clinics as indicated in the table above and as agreed with Trainer. Record attendance per each post on ePortfolio | Clinics |
| **Ward Rounds/Consultations** | Gain experience in clinical handover and ward rounds as indicated in the table above and as agreed with Trainer. Record attendance per each post on ePortfolio | Clinical Activities |
| **Cases** | Gain experience in clinical cases as indicated in the table above and as agreed with Trainer. Record cases on ePortfolio | Cases |
| **Additional/Special Experience** | Gain additional/special experience as indicated in the table above and as agreed with Trainer. Record cases on ePortfolio | Cases |
| **Management Experience** | In years 3-4, gain experience in clinical management and leadership as agreed with Trainer. Record 1 on ePortfolio | Management Experience |
| **Deliver Teaching** | Record on ePortfolio episodes where you have delivered teaching as indicated above. | Delivery of Teaching |
| **Research** | Desirable Experience: actively participate in research, seek to publish a paper and present research at conferences or national/international meetings | Research Activities |
| **Publication** | Desirable Experience: complete 1 publication during the training programme | Additional Professional Activities |
| **Presentation** | Desirable Experience: Deliver 1 oral presentation or poster per each year of training | Additional Professional Activities |
| **Audit** | Complete and report on 1 audit or Quality Improvement (QI) per each year of training, either to start, continue or complete | Audit and QI |
| **Attendance at Hospital Based Learning** | Attend different activities as indicated above. Record attendance on ePortfolio | Attendance at Hospital Based Learning |
| **National/International Meetings** | Attend 1 per year of training. Record attendance on ePortfolio | Additional Professional Activities |
| **Teaching Attendance** | Complete the RCPI HST Taught Programme, attend specialty-specific learning activities and Study Days as detailed in the Teaching Appendix. Record attendance on ePortfolio | Teaching Attendance |
| **Workplace-based Assessments** | Complete all the workplace-based assessment as outlined in the table above and as agreed with Trainer. Record respective form on ePortfolio | CBD/DOPS/Mini-CEX |
| **Examinations** | Pass the examination for the Diploma in GUM and for the Diploma in HIV | Examinations |
| **Quarterly and/or End-of-Post Assessments** | Complete a Quarterly Assessment/End of post assessment with Trainer 4 times in each year. Discuss progress and complete the ePortfolio form with your Trainer | Quarterly Assessments/End-of-Post Assessments |
| **End of Year Evaluation** | Prepare for the End of Year Evaluation by ensuring the portfolio is up to date and the End of Year Evaluation form is initiated with the assigned Trainer | End of Year Evaluation |

# CORE PROFESSIONAL SKILLS

*This section includes the Irish Medical Council guidelines for medical professional conduct.*

*The Medical Council has defined **eight domains of good professional practice**.*

*These domains describe a framework of competencies applicable to all doctors across the continuum of professional development from formal medical education and training through to maintenance of professional competence. They describe the outcomes which doctors should strive to achieve and doctors should refer to these domains throughout the process of maintaining competence.*

*These principles are woven into training practice and feedback is formally provided in the Quarterly Assessments, End of Post, and End of Year Evaluation.*

# Core Professional Skills

The Core Professional Skills (CPS), updated in 2026, define the standards of professional practice expected of all doctors in postgraduate training across RCPI specialties. Aligned with the *Eight Domains of Good Professional Practice* (**Irish Medical Council, 2024**), they provide the standards of practice across the continuum of professional development, from formal medical education and training through the maintenance of professional competence.

The CPS are embedded within the formal structures of training and are developed through clinical practice, workplace-based learning, supervision, and structured educational activity. CPS are assessed through workplace-based assessment, quarterly assessments, and ePortfolio evidence, ensuring that Trainees embed professionalism in their practice. Within this, the RCPI Taught Programme provides structured educational content through which CPS standards are addressed and contextualised across all levels of training.

Within each domain identified by the Medical Council, the cross-speciality RCPI Clinical Working Group has articulated key areas of professional practice and relevant expectations for training. Collectively, the domains support professionalism as a core component of safe, effective, and patient-centred care.

## 1 Patient Safety and Quality of Patient Care

Doctors must place patient safety and quality of care at the centre of practice, ensuring accountability to patients, their profession, and their organisation. This requires addressing risks, managing incidents, preventing infection, and driving continuous improvement within governance and ethical standards. By embedding safety and accountability into practice, doctors protect patients from preventable harm, strengthen trust, and uphold professional integrity.

### Quality Improvement

- Apply quality improvement methods (e.g., audit, evaluation) to monitor and enhance care.
- Analyse and interpret patient, staff, and system data to inform service improvements.

### Patient Safety and Incident Management

- Apply safe practices in prescribing, procedures, referrals, infection prevention and control, care transitions, and near-patient diagnostics.
- Identify, escalate, and report risks, incidents, near-misses, and notifiable events in line with statutory and professional duties.
- Participate in open disclosure after adverse events, in line with statutory duty.

### Infection Prevention and Control

- Implement evidence-based infection prevention and control, including hand hygiene, aseptic technique, safe PPE use, and safe management of medical devices and clinical environments.

### System Safety and Governance

- Demonstrate understanding of local governance structures, reporting systems, and escalation pathways.
- Recognise and escalate organisational or service barriers (e.g., unsafe premises, processes, or systems) that compromise patient safety or timely access to care.

### Antimicrobial Resistance

- Understand behavioural, social, environmental, and geographic drivers of antimicrobial resistance in clinical decision-making.

## 2 Relating to Patients

Doctors must foster respectful, person-centred clinical relationships that uphold patient autonomy, dignity, and trust. This requires clear communication, protection of confidentiality, and supporting informed consent, while recognising individual needs and potential barriers to care. By practising with fairness and shared responsibility, doctors enable patients to participate meaningfully in decisions about their care and contribute to safer, more equitable outcomes.

### Person-Centred Care

- Deliver care that upholds dignity, autonomy, and individual preferences, considering cultural context and social determinants of health.
- Communicate clearly and accessibly, adapting to patients' language, literacy, cognitive ability, and circumstances.

### Confidentiality

- Protect confidentiality across all communications, applying data-protection legislation and managing required disclosures appropriately.
- Explain limits to confidentiality where required (e.g. safeguarding, public health, or legal duties).

### Informed Consent and Shared Decision-Making

- Assess capacity and ensure discussions allow sufficient time to explain risks, benefits, and alternatives, and, where relevant, the purpose and implications of complex or sensitive procedures (e.g., genetic testing).
- Support patient autonomy through informed consent and shared decision-making, respecting valid Advance Healthcare Directives when capacity is lacking.
- Identify, address or escalate cultural and social barriers to participation in healthcare decisions.

### Information and Care Navigation

- Provide clear, balanced, and evidence-based information to help patients understand their care options, make informed decisions, and access appropriate services or supports.
- Coordinate referrals and share relevant information to support continuity and navigation of care pathways.

### Relationships and Boundaries

- Build respectful relationships with patients while maintaining professional boundaries.
- Be clear about the limits of competence and refer patients when required.

### Health Promotion and Preventive Care

- Provide evidence-based health promotion and preventive care advice, tailored to individual risk factors.

## 3 Communication and Interpersonal Skills

Doctors must communicate clearly, compassionately, and safely with patients, families, and colleagues to support trust, understanding, and shared decision-making. This requires adapting communication to meet individual needs, handling challenging conversations with sensitivity, upholding professional boundaries, and ensuring accuracy in records, correspondence, and handovers. By communicating effectively across all settings, doctors reduce risk, ensure patient understanding, and promote safe, coordinated care.

### Clinical Communication and Documentation

- Take accurate, structured histories and explain diagnoses, care plans, and clinical decisions with clarity and empathy.
- Apply handover protocols to ensure safe care transitions.
- Maintain complete, timely, and legible documentation to support continuity, safety, and compliance

### Patient Communication and Comprehension

- Confirm and document patient understanding of information shared, including risks, benefits, alternatives, and limitations.
- Apply health literacy principles across verbal, written, digital, and visual formats.
- Deliver difficult news clearly and with empathy.
- Adapt communication to patient capacity, language, literacy, cognitive ability, or culture, involving interpreters, advocates, or supports (e.g., written materials) as required.

### Safeguarding

- Conduct safeguarding discussions respectfully, protecting dignity, confidentiality, and legal compliance.
- Escalate safeguarding concerns through appropriate channels.

### Complaints and Regulatory Communication

- Respond promptly and professionally to patient complaints and enquiries.
- Reduce complaint risk through clear communication, accurate records, and timely follow-up.
- Engage constructively with organisational and regulatory complaint processes and contribute to service learning.

### Open Disclosure

- Participate in supervised open disclosure discussions after adverse events using honest, transparent, and compassionate communication, in line with statutory and professional standards.

### Team Dialogue

- Engage in respectful and constructive dialogue with colleagues to support shared understanding and safe decisions.
- Identify and escalate communication breakdowns that may compromise patient safety.

## 4 Collaboration and Teamwork

Doctors must work collaboratively with colleagues across disciplines and services to deliver safe, coordinated, and high-quality care. This requires contributing to shared decisions, respecting team roles, and maintaining open and constructive communication. By promoting collaboration and teamwork, doctors strengthen service delivery, promote shared accountability, and foster continuous improvement in team-based care.

### Governance and Organisational Awareness

- Understand local governance and leadership structures relevant to your role, including responsibilities and lines of accountability.
- Raise clinical, safety, resource, or organisational concerns through appropriate channels in line with governance and escalation policies

### Team Coordination and Integrated Care

- Build effective working relationships with interprofessional teams, recognising the roles of all members.
- Share accountability for decision-making and care coordination, recognising the risks of fragmentation.
- Ensure continuity of care by providing timely, accurate discharge summaries.

### Organisational Leadership and Team Culture

- Contribute to leadership by facilitating shared decision-making, coordinating care, and supporting junior colleagues.
- Foster psychological safety by promoting respectful communication, shared learning, and open dialogue.
- Manage conflict to support respectful, functional, and safe team environments.

### Team Learning and Development

- Engage in structured team-based learning (e.g., case reviews, safety forums), to inform service improvement and professional development.
- Provide and receive feedback constructively to support team development and patient care quality.

## 5 Management (Including Self-Management)

Doctors must manage workload, time, and personal wellbeing to ensure safe and effective clinical practice. This requires prioritising tasks, recognising limits, escalating concerns appropriately, and engaging constructively with organisational systems and processes. By balancing personal capacity with service demands, doctors protect patients from harm, prevent burnout, and support the safe and sustainable delivery of healthcare.

### Health, Wellbeing, and Development

- Monitor personal health and performance, recognising fatigue or burnout, and seek support when needed.
- Set and review professional development goals informed by reflection, supervision, and feedback.

### Workload and Task Management

- Prioritise tasks to deliver timely, safe, and effective care.
- Coordinate rotas, leave, handovers, and cover to maintain service continuity.
- Communicate availability and scheduling clearly to colleagues.

### Administrative Competence

- Complete documentation and administrative tasks accurately and on time.
- Engage with training and professional development, including preparation, participation, and submission of required materials.
- Fulfil supervisory and/or line-management responsibilities where appropriate (e.g., supporting colleagues, approving leave, and contributing to performance assessments).
- Use operational tools (e.g., rotas, workflows, IT systems) effectively to support safe and coordinated care.

### Sustainability and Environmental Stewardship

- Order, prescribe, investigate, and deliver care responsibly, ensuring clinical necessity while adopting resource-conscious and sustainable approaches.
- Be aware of organisational sustainability initiatives (e.g., green prescribing, waste reduction).

### Systems and Safety Engagement

- Recognise how system pressures (e.g. staffing levels) affect patient safety.
- Contribute to local safety monitoring, governance, and service improvement activities within role and training scope.

## 6 Patient Safety and Quality of Patient Care

Doctors should maintain and advance their professional competence through lifelong learning, supervision, reflection, teaching, and research. This requires engaging critically with evidence, translating learning into practice improvement, and contributing to the education and development of colleagues. By integrating inquiry, reflection, and shared learning into their work, doctors strengthen decision-making, enhance patient safety, and uphold professional standards.

### Evidence-Based Practice

- Apply research evidence, guidelines, and clinical data appropriately to inform patient care.
- Use audit, service evaluation, and quality improvement data to evaluate and improve practice.

### Lifelong Learning and Scope of Practice

- Comply with training and development requirements within your training programme (e.g., maintaining your ePortfolio).
- Set and evaluate learning goals informed by reflection, feedback, and supervision.
- Use insights from audits, reviews, and adverse events to improve practice.
- Recognise limits in knowledge or skill and seek supervision or escalate when required.

### Teaching and Role Modelling

- Teach, supervise, and support colleagues and teams using effective communication and evidence-based practice.
- Share clinical knowledge to strengthen team learning and service improvement.
- Model professionalism, clinical integrity, critical thinking and reflective practice in everyday work.

### Research and Dissemination

- Undertake audit, research, or service evaluation, disseminating and communicating findings through professional or academic channels.
- Comply with legal, institutional, and ethical standards in research activities.

### Innovation and Digital Literacy

- Apply health informatics, telehealth, and emerging technologies with attention to safety, evidence base, and ethical considerations.
- Evaluate risks, benefits, and limitations of digital innovations, including AI, to ensure safe and effective patient care.

## 7 Professionalism

Doctors must uphold integrity, accountability, and respect in all aspects of clinical care, leadership, and professional practice. This requires complying with legal and regulatory duties, maintaining confidentiality and professional boundaries, and acting with fairness in healthcare delivery. By modelling professionalism, doctors build trust, protect patients, and promote safe, inclusive healthcare systems.

### Statutory and Ethical Duties

- Comply with legal and regulatory requirements, reporting unsafe or unprofessional behaviours, and engaging with investigations and complaints.
- Fulfil safeguarding duties, including mandatory reporting of child protection and vulnerable adult concerns.
- Uphold professional boundaries across all settings to protect patient dignity, autonomy, and trust.
- Protect patient data in line with GDPR and professional standards.
- Declare and transparently manage conflicts of interest in clinical, research, and public activities.

### Resource Use and Stewardship

- Use diagnostic, prescribing, and other clinical resources responsibly and fairly, ensuring clinical justification.
- Integrate sustainability principles into practice, balancing immediate patient needs with long-term system and environmental responsibility.

### Advocacy, Equity and Fair Practice

- Treat patients and colleagues with dignity and respect, ensuring care is free from discrimination.
- Advocate for fair access to, and equitable experience within, healthcare by recognising and addressing diverse needs and social or structural barriers, inclusive of disability and socioeconomic disadvantage.

### Antimicrobial Stewardship

- Prescribe antimicrobials responsibly, selecting agents, dosing, and duration appropriately.
- Participate in stewardship initiatives, such as audits, surveillance, and outbreak management.

### Professional Leadership and Accountability

- Represent the profession with integrity, modelling leadership that promotes a culture of safety, openness, and professional accountability.
- Take responsibility for patient safety by identifying and escalating risks, and contributing to learning (e.g., AAR, NIMS).
- Manage personal or team workload pressures, escalating where necessary to maintain safe practice.
- Recognise and respond to signs of stress or impaired performance in self and colleagues, addressing appropriately to safeguard wellbeing and team function.

### Public and Online Professional Conduct

- Uphold professional standards in all online and social media activity, recognising that the same expectations apply as in face-to-face communication.
- Maintain patient confidentiality and clear boundaries, separating personal and professional use, and directing patient contact through formal channels.
- Ensure that public communications are accurate, evidence-based, and compliant with regulatory standards.

## 8 Clinical Skills

Doctors must maintain and apply clinical skills that enable safe, accurate, and effective assessment, diagnosis, and treatment across all stages of patient care. This requires integrating patient history, examination findings, investigations, and patient context to inform clinical reasoning, safe prescribing, and appropriate escalation or referral. By applying these skills responsibly, doctors support patient safety, ensure continuity of care, and deliver high-quality outcomes across healthcare settings. This Domain addresses the professional and ethical responsibilities that underpin the safe application of practice, complementing specialty-specific technical competencies.

### Assessment and Reasoning

- Conduct comprehensive assessments, with consent, integrating history, examination, investigations, and patient context.
- Apply structured reasoning to generate differential diagnoses and safe management plans, using evidence and guidelines.
- Recognise uncertainty, limits of competence, or impaired performance, and escalate or seek supervision when required.
- Take account of the patient's psychological, social, and contextual factors where clinically relevant to safe decision-making.
- Use digital tools responsibly to support assessment, decision-making, and care delivery.

### Transfer of Care

- Refer or transfer patients as required, contributing to collaboration, coordination, and continuity across services.

### Records and Communication

- Maintain accurate and timely records and correspondence to support safe handover, discharge, and care transitions, complying with legal and data protection standards.

### Complex Care Planning

- Initiate and participate in discussions regarding high-risk or complex care, including end-of-life care and advanced planning, ensuring shared decision-making.
- Provide person-centred care for patients with life-limiting illness, including pain and symptom control, and family support.

### Safe Prescribing

- Prescribe safely and appropriately, selecting the correct drug, dose, route, and duration, and ensure monitoring or handover where required.

# SPECIALTY SECTION – GENITOURINARY MEDICINE TRAINING GOALS

*This section includes the Genitourinary Medicine Training Goals that the Trainee should achieve by the end of the Higher Specialist Training.*

*Each Training Goal is broken down into specific and measurable Training Outcomes.*

*To demonstrate evidence of training and progression in each Training Outcome, Trainees should record workplace-based assessments (DOPS, MiniCEX, CBD) and Feedback Opportunities on ePortfolio.*

*It is recommended to agree on the most appropriate type of training and assessment methods with the assigned Trainer.*

# Training Goal 1 – Core Clinical Skills in Genitourinary Medicine

**By the end of Higher Specialist Training in Genitourinary Medicine**, the Trainee is expected to correctly carry out assessment, investigation and management of Genitourinary and associated conditions, independently in an adequately provided working environment.

### Outcome 1 – Take a sexual history

For the Trainee to take an accurate sexual history, identifying infection risk associated with different types of sexual behaviour and including history on partners, practices, protection from STIs and HIV, past history of STIs, social and gynaecological history.

### Outcome 2 – Perform genital examination

For the Trainee to perform an accurate genital examination and extra genital examination – including speculum and proctoscopy examination when indicated. Explain the examination procedure clearly to the patient and elicit physical signs with minimal discomfort to the patient, including the appreciation of the need for a chaperone.

### Outcome 3 – Investigation, diagnostics and notification

For the Trainee to take adequate and appropriate specimens for the assessment of patients presenting to Genitourinary services. Correctly interpret diagnostic test results, including the interpretation of equivocal, false positive and false negative test results. Initiate partner notification when appropriate.

### Outcome 4 – Formulate management plan

For the Trainee to formulate an appropriate management plan based on the information elicited during examination and from the investigation.

### Outcome 5 – Advise and refer when necessary

For the Trainee to advise as appropriate about safe sex practices and appropriately refer to subspecialties, including referral for presentations of psychosexual problems.

### Outcome 6 – Presentation of sexual assault in adults

For the Trainee to demonstrate awareness of how to deal with presentations of adults who have been sexually assaulted, including:

- the importance of timing of forensic examination
- the chain of evidence procedure
- when HIV counselling and post-exposure prophylaxis (HIV, HBV and chlamydia), and post-coital contraception are indicated
- write full and accurate documentation from which a medico-legal report may be produced at a later date
- referral to/liaising with other specialties and other services (e.g., Social Services, SATU, An Garda Siochana) when appropriate
- referral onto local voluntary organisations to provide on-going support

### Outcome 7 – Communicate appropriately and respect confidentiality

For the Trainee to communicate with patients in an appropriate manner, adhering to the requirements for patient confidentiality and in accordance with the Medical Council guidelines on breaching confidentiality in certain circumstances. The Trainee should provide clear explanation of the reasons for confidentiality breach and partner notification to the patient.

### OUTCOME 8 – DEMONSTRATE RESPECT AND PATIENT DIGNITY

For the Trainee to demonstrate respect for diversity of sexual orientation, gender identity, culture, religious beliefs and ethnicity, ensuring the maintenance of patient dignity in all contexts.

## Training Goal 2 – Genital Discharge, Genital Conditions, Infections & Infestations

**By the end of Higher Specialist Training in Genitourinary Medicine**, the Trainee is expected to assess, diagnose, manage the most common presentations in Genitourinary Medicine.

### Outcome 1 – Diagnose and manage anogenital discharge

For the Trainee to correctly diagnose, treat and manage anogenital discharge.

### Outcome 2 – Assess and manage genital ulcer disease

For the Trainee to assess, treat and manage infective and non-infective causes of genital ulcer disease.

### Outcome 3 – Diagnose and manage Vulvovaginitis and Balanitis

For the Trainee to diagnose and manage infective or non-infective causes of vulvovaginitis and balanitis and fixed drug reactions.

### Outcome 4 – Diagnose anogenital and pharyngeal infections

For the Trainee to diagnose and identify the aetiology of Vaginal, urethral, rectal and pharyngeal infections.

### Outcome 5 – Diagnose and manage HPV infection

For the Trainee to correctly diagnose and manage Human Papillomavirus Infection and associated conditions.

### Outcome 6 – Perform cervical cytology and genital biopsy

For the Trainee to perform cervical cytology and genital biopsy as appropriate to the differential diagnosis.

### Outcome 7– Interpret cytology, colposcopy and histological findings

For the Trainee to interpret cytology, colposcopy and histological findings.

### Outcome 8 – Assess, treat and manage genital infestations

For the Trainee to assess, treat and manage genital infestations including scabies and pediculosis pubis.

## Training Goal 3 – Human Immunodeficiency Virus Medicine

**By the end of Higher Specialist Training in Genitourinary Medicine**, the Trainee is expected to:

- diagnose HIV using appropriate tests and window periods. Interpret HIV test results, including false positive and negatives. Counsel a newly diagnosed individual regarding HIV with empathy and compassion. Be able to explain its natural history to a patient and educate regarding transmission risks, medication. Initiate or switch antiretrovirals appropriately, taking into account resistance, Drug Drug Interactions, comorbidities, gender, plans to conceive etc.
- Look after patients living with HIV in an outpatient setting, monitoring response to medications and any associated health issues that arise, including in pregnancy and development of co-morbidities, and polypharmacy/drug interactions.
- Diagnose and manage the range of HIV-related opportunistic infections and malignancies (including HIV in patient care), carry out sexual health screens and recommend vaccinations when appropriate. Educate patients regarding HIV Prevention (PrEP/PEP) and initiate PrEP/PEP in appropriate circumstances.

### Outcome 1 – HIV Prevention

For the Trainee to assess indications for and monitoring of HIV post-exposure prophylaxis and pre-exposure prophylaxis.

### Outcome 2 – HIV Testing and counselling

For the Trainee to correctly carry out testing for HIV, explain the diagnosis and management clearly to the patient, and provide counselling.

### Outcome 3 – Management of HIV infection

For the Trainee to correctly carry out assessment, treatment and management of HIV infection, including anti-retroviral prescribing, independently in an adequately provided working environment.

Understand the importance of long-term engagement in care and adherence to antiretroviral treatment regimens. Demonstrate practical skills to ensure high-quality HIV care.

### Outcome 4 – Assessment and management of conditions associated with HIV infection

For the Trainee to correctly carry out assessment, treatment and management of opportunistic infections and malignancies and other conditions associated with HIV infection independently in an adequately provided working environment. Including, but not limited to:

- Respiratory conditions associated with HIV infection including bacterial pneumonia, Pneumocystis jirovecii pneumonia, Mycobacterial infections (including NTM, M. tuberculosis)and fungal and viral respiratory opportunistic infections
- Gastrointestinal conditions associated with HIV infection
- Cardiac conditions associated with HIV Infection
- Neurological conditions associated with HIV infection
- Hematological conditions associated with HIV infection
- Dermatological conditions associated with HIV infection
- Oncological conditions associated with HIV infection
- Immune reconstitution syndrome

### Outcome 5 – Report HIV cases

For the Trainee to perform statutory reporting of HIV/AIDS cases in line with national legislation.

### OUTCOME 6 – HIV MEDICO-LEGAL AND ETHICAL ISSUES

For the Trainee to demonstrate awareness of medico-legal and ethical issues relevant to HIV/AIDS including partner notification.

### OUTCOME 7 – HIV MULTIDISCIPLINARY TEAMWORK

For the Trainee to appreciate the requirement to work in conjunction with the multidisciplinary team and demonstrate effective multidisciplinary teamwork.

## Training Goal 4 – Genitourinary Medicine Liaisons with Public Health

**By the end of Higher Specialist Training in Genitourinary Medicine**, the Trainee is expected to understand the role of Public Health in safeguarding the public from STIs/HIV. Participate in notifying public health in regard to STIs/HIV. Be aware of statutory obligations with regard to infectious diseases in their own field of practice. Understand the natural history of disease transmission and outbreaks. Be aware of national and international surveillance of STIs/HIV and demonstrate an understanding of national/international approaches to outbreak response.

### Outcome 1 – Epidemiology Principles and Public Health

The demonstrate an understanding of epidemiological reports on STIs, HIV and other relevant infectious diseases, and demonstrate knowledge of the principles of epidemiology and Public Health.

### Outcome 2 – Alert Public Health

For the Trainee to appropriately and timely alert Public Health for concerns relating to epidemiological trends in STIs, HIV and other relevant infectious diseases.

### Outcome 3 – Outbreak response

For the Trainee to contribute to multidisciplinary and multisectoral responses to STI, HIV, TB and other emerging infection outbreaks.

### Outcome 4 – Data Collection Methods

For the Trainee to demonstrate awareness of national and local data collection methods and their limitations.

### Outcome 5 – Notification processes for statutory notifiable diseases

For the Trainee to demonstrate awareness and understanding of notification processes for statutory notifiable diseases.

# Training Goal 5 – Genitourinary Medicine Liaisons with Other Specialties

**By the end of Higher Specialist Training in Genitourinary Medicine**, the Trainee is expected to appropriately assess patients and treat them within the scope of practice whilst also recognising the need for onward referral to associated specialities.

## Liaisons with Urology

### Outcome 1.1 – Testicular lesions

For the Trainee to take a history and examine testicular symptoms such as discomfort, pain and alteration in size. Assess requirement for emergency vs urgent referral using clinical skill to assess for pathologies such as testicular cysts, torsion, varicoceles, testicular cancer, epididymorchitis. Carry out laboratory or radiological tests as appropriate and treat or refer as appropriate.

### Outcome 1.2 – Incontinence

For the Trainee to assess and refer to appropriate speciality once infective causes have been outruled.

### Outcome 1.3 – Erectile dysfunction

For the Trainee to be familiar with aspects such as aetiology, epidemiology, clinical features, investigation, management and prognosis. To then make onward referrals as appropriate to General Practitioners or Urology colleagues.

### Outcome 1.4 – Prostatitis chronic

For the Trainee to assess carry out an appropriate infection screen

### Outcome 1.5 – Penile lesions

For the Trainee to assess and diagnose within the scope of GUM practice. If Biopsy is required for diagnosis to refer to Urology or Dermatology as deemed appropriate. To then manage the outcome if within the scope of practice or to refer on if appropriate to Urology or Dermatology.

### Outcome 1.6 – Biopsy

For the Trainee to assess and decide if a lesion can be biopsied within the GUM clinic or needs onward referral to Dermatology or Urology colleagues.

## Liaisons with Dermatology

### Outcome 2.1 – GUM patients with dermatological conditions

For the Trainee to assess and manage patients with dermatological conditions presenting to genitourinary medicine, including onward referral where appropriate.

### Outcome 2.2 – GUM patients with extragenital manifestations of dermatological conditions

For the Trainee to assess and manage patients with extragenital manifestations of dermatological conditions relevant to genitourinary medicine, including onward referral where appropriate.

### Outcome 2.3 – Assess for skin biopsy

For the Trainee to assess patients for skin biopsies including indications, contraindications for same.

### Outcome 2.4 – Skin conditions requiring referral

For the Trainee to demonstrate awareness and competence in assessment of skin conditions requiring onward referral for further assessment including to dermatology, urology and colorectal surgery such as anogenital symptoms or signs suggesting malignancy or anogenital intraepithelial neoplasia.

## Liaisons with Obstetrics and Gynaecology

### Outcome 3.1 – Diagnose and manage O&G presentations in GUM patients

For the Trainee to demonstrate diagnose and manage Obstetrics and Gynaecology presentations of genitourinary medicine patients, including but not limited to:

- Disorders of menstruation, dysmenorrhea, menorrhagia, intermenstrual and post-coital bleeding.
- Infertility and subfertility – causes and approaches to diagnosis and treatment.
- Contraception – methods, side effects, indications and contraindications.
- Disorders of early pregnancy – interpretation of bleeding in early pregnancy; ectopic pregnancy; risk and treatment of infections.
- Management of infections in pregnancy, including, HIV, Syphilis, Herpes, hepatitis B/C, Genital warts, Chlamydia, Gonorrhoea, and Mycoplasma genitalium.
- Middle and late pregnancy – knowledge of expected and normal phenomena in order to refer women with abnormalities.
- Prescribing in pregnancy and the puerperium, including breastfeeding.
- Abdominal and pelvic pain – differential diagnosis.
- Approaches to management of acute and chronic pelvic pain.
- Vulval disorders.

### Outcome 3.2 – Refer to O&G

For the Trainee to demonstrate competence in appropriate onward referral of women presenting with obstetric and gynaecological problems to genitourinary medicine services.

## Liaisons with Microbiology and Virology

### Outcome 4.1 – Laboratory testing principles

For the Trainee to gain knowledge of laboratory testing principles. With a focus on STI testing, HIV diagnosis and monitoring and other infectious diseases e.g., TB.

### Outcome 4.2 – Interpret microbiological investigations

For the Trainee to interpret the findings of microbiological investigations and recognise their limitations.

### Outcome 4.3 – Interpret laboratory data

For the Trainee to interpret laboratory data in the context of clinical information.

### Outcome 4.4 – Prescribe antimicrobials

For the Trainee to prescribe appropriate antimicrobials in response to microbiological investigations in the context of the clinical scenarios.

### Outcome 4.5 – MDT approach with Microbiology/Virology

Understand the crucial interaction with Microbiology/Virology colleagues in the management of patients. Participate in MDT meetings with laboratory colleagues to further patient care and Trainee knowledge.

## Liaisons with other specialties (Infectious Diseases/Hepatology)

### Outcome 5.1 – Diagnose and Manage Viral Hepatitis

For the Trainee to carry out a natural history, diagnosis and management of hepatitis A, B, C, D and E.

### Outcome 5.2 – Initiate treatment for Hepatitis B and C

For the Trainee to initiate treatment of chronic Hepatitis B and C, or refer for treatment when appropriate.

### Outcome 5.3 – Provide indications and follow-up for Hepatitis A and B

For the Trainee to provide indications for, technique and follow-up of immunisation for Hepatitis A and B in line with national immunisation guidelines.

## Training Goal 6 – Genital Infections during Pregnancy

**By the end of Higher Specialist Training in Genitourinary Medicine**, the Trainee is expected to correctly carry out assessment, treatment and management of genital infections in pregnant women, and adolescents, in conjunction with appropriate colleagues in an adequately provided working environment.

### Outcome 1 – Diagnose and manage GUM infections in pregnancy

For the Trainee to diagnose and manage sexually transmitted infections and other genital infections in pregnancy ensuring appropriate drug use.

### Outcome 2 – Follow-up of neonate

For the Trainee to liaise with Paediatric and Obstetric colleagues to ensure where possible onward transmission of infection to the baby does not occur and that the appropriate follow-up and management of the baby takes place as required.

### Outcome 3 – Management of the Person Living with HIV in Pregnancy

For the Trainee to counsel all people of childbearing potential regarding Antiretroviral therapy and prescribe appropriately. Ongoing assessment and management throughout pregnancy and postpartum to decrease the risk of vertical transmission.

## Training Goal 7 – Genitourinary Medicine in Specific Populations

**By the end of Higher Specialist Training in Genitourinary Medicine**, the Trainee is expected to integrate principles of inclusion health, ensuring holistic patient care. They should adeptly diagnose and manage sexually transmitted pathogens in adolescents, while adhering to legal frameworks. Additionally, they should facilitate referrals and collaborations with other specialties and services, particularly concerning vulnerable populations such as LGBTQI+ individuals, sex workers, migrants, and prisoners. Proficiency in multidisciplinary teamwork is crucial for effective patient management, requiring effective coordination with various healthcare professionals.

### Outcome 1 – Apply the principles of inclusion health

For the Trainee to apply the principles of inclusion health when treating patients. Hence, to identify patients' needs accounting for the physical, cognitive, cultural, socio-economic, behavioural factors influencing patients' overall health.

### Outcome 2 – Diagnose and manage sexually transmitted pathogens in adolescent patients

For the Trainee to diagnose and manage sexually transmitted pathogens in adolescent patients working within recognised guidelines and legislative frameworks when dealing with young and vulnerable people.

### Outcome 3 – Refer to/liaise with other specialties and services

For the Trainee to refer to/liaise with other specialties and other services (e.g., Social Services and An Garda Siochana) when appropriate and in line with relevant legislation in relation to child protection.

### Outcome 4 – LGBTQI+ Community Patients

For the Trainee to recognise the different needs of each patient based on sexual orientation and gender. To use appropriate respectful recognised terminology. To carry out appropriate sexual health promotion, vaccinations, STI screens. To refer on as appropriate to gender services.

### Outcome 5 – Sex Workers population

For the Trainee to know the appropriate legislation regarding sex work. To identify risks and to carry out sexual health promotion. To refer to appropriate services for support and help as required. To carry out sexual health screening, cervical cytology.

### Outcome 6– Migrants population

For the Trainee to be aware of the specific needs of the migrant population. Carry out sexual health screening and sexual health promotion and prevention as required. To refer on to appropriate services as needed.

### Outcome 7 – Prison Population

For the Trainee to be aware of the specific needs of the Prison population. To be aware of sexual health testing and promotion services, as well as HIV in reach services.

### Outcome 8 – Multidisciplinary team working

For the Trainee to demonstrate effective multidisciplinary team working in conjunction with nurses, health advisors and medical social workers as necessary.

## Training Goal 8 – Education & Sexual Health Promotion

**By the end of Higher Specialist Training in Genitourinary Medicine**, the Trainee is expected to effectively guide patients to services for contraception, termination of pregnancy, sexual health promotion, HIV support, LGBTQI+ support, and assistance for vulnerable groups. This entails providing informed referrals and signposting to relevant resources and community services, ensuring comprehensive care for diverse patient needs.

### Outcome 1 – Signpost to services for contraception and termination of pregnancy

For the Trainee to demonstrate competence in signposting to appropriate services for contraception and termination of pregnancy.

### Outcome 2 – Sexual Health Promotion

For the Trainee to demonstrate awareness of sexual health promotion materials and signposting to appropriate websites and resources.

### Outcome 3 – HIV support services

For the Trainee to be aware of the various services on offer in the community to support PLWHIV and how to signpost to these services.

### Outcome 4 – LGBTQI+ Support

For the Trainee to be aware of the various services on offer in the community to support PLWHIV and how to signpost to these services

### Outcome 5- Vulnerable groups

For the Trainees to be aware of services available for victims of Domestic Violence, Sexual assault, trafficking, child sex abuse, sex workers and other vulnerable or marginalised groups; to know how to refer to or signpost to these services.

# APPENDICES

*This section includes two appendices to the Curriculum.*

*The first one is about Assessment (i.e. Workplace Based Assessments, Evaluations etc).*

*The second one is about Teaching Attendance (i.e. Taught Programme, Specialty-Specific Learning Activities and Study Days)*

# ASSESSMENT APPENDIX

## Workplace-Based Assessment & Evaluations

The expression "workplace-based assessments" (WBA) defines all the assessments used to evaluate Trainees' daily clinical practices employed in their work setting. It is primarily based on the observation of Trainees' performance by Trainers. Each observation is followed by a Trainer's feedback, with the intent of fostering reflective practice.

## Relevance of Feedback for WBA

Although "assessment" is the keyword in WBA, it is necessary to acknowledge that feedback is an integral part and complementary component of WBA. The main purpose of WBA is to provide specific feedback for Trainees. Such feedback is expected to be:

- **Frequent**: the opportunities to provide feedback are preferably given by directly observed practice, but also by indirectly observed activities. Feedback is expected to be frequent and should concern a low-stake event. Rather than being an assessor, the Trainer is an observer who is asked to provide feedback in the context of the training opportunity presented at that moment.
- **Timely**: preferably, the feedback should be a direct conversation between Trainer and Trainee in a timeframe close to the training event. The Trainee should then record the feedback on ePortfolio in a timely manner.
- **Constructive**: the recorded feedback would inform both Trainee's practice for future performance and committees for evaluations. Hence, feedback should provide Trainees with behavioural guidance on how to improve performance and give committees the context that leads to a rating, so that progression or remediation decisions can be made.
- **Actionable**: to improve performance and foster behavioural change, feedback should include practical and contextualised examples of both Trainee's strengths and areas for improvement. Based on these examples, it is necessary to outline a realistic action plan to direct the Trainee towards remediation/improvement.

## Types of WBAs in use at RCPI

There is a variety of WBAs used in medical education. They can be categorised into three main groups: *Observation of performance*; *Discussion of clinical cases*; *Feedback*; *Mandatory Evaluations*.

As WBAs at RCPI we use *Observation of performance* via MiniCEX and DOPS; *Discussion of clinical cases* via CBD; *Feedback* via Feedback Opportunity.

*Mandatory Evaluations* are bound to specific events or times of the academic year, for these at RCPI we use: Quarterly Assessment/End of Post Assessment; End of Year Evaluation; Penultimate Year Evaluation; Final Year Evaluation.

### Recording WBAs on ePortfolio

It is expected that WBAs are logged on an electronic portfolio. Every Trainee has access to an individual ePortfolio where they must record all their assessments, including WBAs. By recording assessments on this platform, ePortfolio serves both the function to provide an individual record of the assessments and to track Trainees' progression.

### Formative & Summative Assessment

The Trainee can record any WBA either as formative or summative with the exception of the *Mandatory Evaluations* (Quarterly/End of Post, End of Year, Penultimate Year, Final Year evaluations).

**If the WBA is logged as formative, the Trainee can retain the feedback on record, but this will not be visible to an assessment panel, and it will not count towards progression. If the WBA is logged as summative it will be regularly recorded and it will be fully visible to assessment panels, counting towards progression**.

| WORKPLACE-BASED ASSESSMENTS | |
|---|---|
| ***CBD*** **|***Case Based Discussion*** | This assessment is developed in three phases:<br>1. Planning: The Trainee selects two or more medical records to present to the Trainer who will choose one for the assessment. Trainee and Trainer identify one or more training goals in the Curriculum and specific outcomes related to the case. Then the Trainer prepares the questions for discussion.<br>2. Discussion: Prevalently, based on the chosen case, the Trainer verifies the Trainee's clinical reasoning and professional judgment, determining the Trainee's diagnostic, decision-making and management skills.<br>3. Feedback: The Trainer provides constructive feedback to the Trainee.<br>It is good practice to complete at least one CBD per quarter in each year of training. |
| ***DOPS*** **|** *Direct Observation of Procedural Skills* | This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter.<br>In the context of a DOPS, the Trainer evaluates the Trainee while they are performing a procedure as a part of their clinical routine. This evaluation is assessed by completing a form with pre-set criteria, then followed by direct feedback. |
| ***MiniCEX*** **|** *Mini Clinical Examination Exercise* | The Trainer is required to observe and assess the interaction between the Trainee and a patient. This assessment is developed in three phases:<br>1. The Trainee is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes).<br>2. The Trainee is then expected to suggest a diagnosis and management plan for the patient based on the history/examination.<br>3. The Trainer assesses the overall Trainee's performance by using the structured ePortfolio form and provides constructive feedback. |
| ***Feedback Opportunity*** | Designed to record as much feedback as possible. It is based on observation of the Trainees in any clinical and/or non-clinical task. Feedback can be provided by anyone observing the Trainee (peer, other supervisors, healthcare staff, juniors). It is possible to turn the feedback into an assessment (CDB, DOPS or MiniCEX) |
| **MANDATORY EVALUATIONS** | |
| ***QA*** **|***Quarterly Assessment*** | As the name suggests, the Quarterly Assessment recurs four times in the academic year, once every academic quarter (every three months).<br>It frequently happens that a Quarterly Assessment coincides with the end of a post, in which case the Quarterly Assessment will be substituted by completing an End of Post Assessment. In this sense the two Assessments are interchangeable, and they can be completed using the same form on ePortfolio.<br>However, if the Trainee will remain in the same post at the end of the quarter, it will be necessary to complete a Quarterly Assessment. Similarly, if the end of a post does not coincide with the end of a quarter, it will be necessary to complete an End of Post Assessment to assess the end of a post.<br>This means that for every specialty and level of training, a minimum of four Quarterly Assessment and/or End of Post Assessment will be completed in an academic year as a mandatory requirement. |
| ***EOPA*** **|** *End of Post Assessment* | |
| ***EOYE*** **|** *End of Year Evaluation* | The End of Year Evaluation occurs once a year and involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs); the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so. These meetings are scheduled by the respective Specialty Coordinators and happen sometime before the end of the academic year (between April and June). |
| ***PYE*** **|** *Penultimate Year Evaluation* | The Penultimate Year Evaluation occurs in place of the End of Year Evaluation, in the year before the last year of training.<br>It involves the attendance of an evaluation panel composed of the National Specialty Directors (NSDs) and an External Member who is a recognised expert in the Specialty outside of Ireland; the Specialty Coordinator attends too, to keep records of and facilitate the meeting. The assigned Trainer is not supposed to attend this meeting unless there is a valid reason to do so. |
| ***FYE*** **|** *Final Year Evaluation* | In the last year of training, the End of Year Evaluation is conventionally called Final Year Evaluation, however, its organisation is the same as an End of Year Evaluation. |

# TEACHING APPENDIX

## RCPI Taught Programme

The RCPI Taught Programme consists of a series of modular elements spread across the years of training.

Delivery will be a combination of self-paced online material, live virtual tutorials, and in-person workshops, all accessible in one area on the RCPI's virtual learning environment (VLE), RCPI Brightspace.

The live virtual tutorials will be delivered by Tutors related to this specialty and they will use specialty-specific examples throughout each tutorial. Trainees will be assigned to a tutorial group and will remain with their tutorial group for the duration of HST.

Trainees will receive their induction content and timetable ahead of their start date on HST. Trainees must plan the time to complete their requirements and must be supported with the allocation of study leave or appropriate rostering.

As the HST Taught Programme is a mandatory component of HST, it is important that Trainees are released from service to attend the Virtual Tutorials and, where possible facilitated with the use of teaching space in the hospital.

## Specialty-Specific Learning Activities (Courses & Workshops)

Trainees will also complete specialty-specific courses and/or workshops as part of the programme.

Trainees should always refer to their training Curriculum for a full list of requirements for their HST programme. When not sure, Trainees should contact their Programme Coordinator.

## Study Days

Study days vary from year to year, they comprise a rolling schedule of hospital-provided topic-specific educational days and national/international events selected for their relevance to the HST Curriculum.

Trainees are expected to attend the majority of the study days available and **at least 2 per training year**.

## Genitourinary Medicine Teaching Attendance Requirements

### RCPI Taught Programme

Modularised content available on Brightspace

### Specialty-Specific Learning Activities

**Specialty Courses**
- RCPI Family Planning Course

**Hospital-Based Courses**
- ACLS

**Desirable Courses**
- Certificate in Contraception (ICGP)
- Forensic Course

### Study Days

Trainees are expected to attend the majority of the study days available and

**at least 2 per training year**