



**INSTITUTE
OF MEDICINE**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

GENITOURINARY MEDICINE

OUTCOME-BASED EDUCATION – OBE 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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1. INTRODUCTION

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

2.1. 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.

1.2. 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.

1.3. 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.

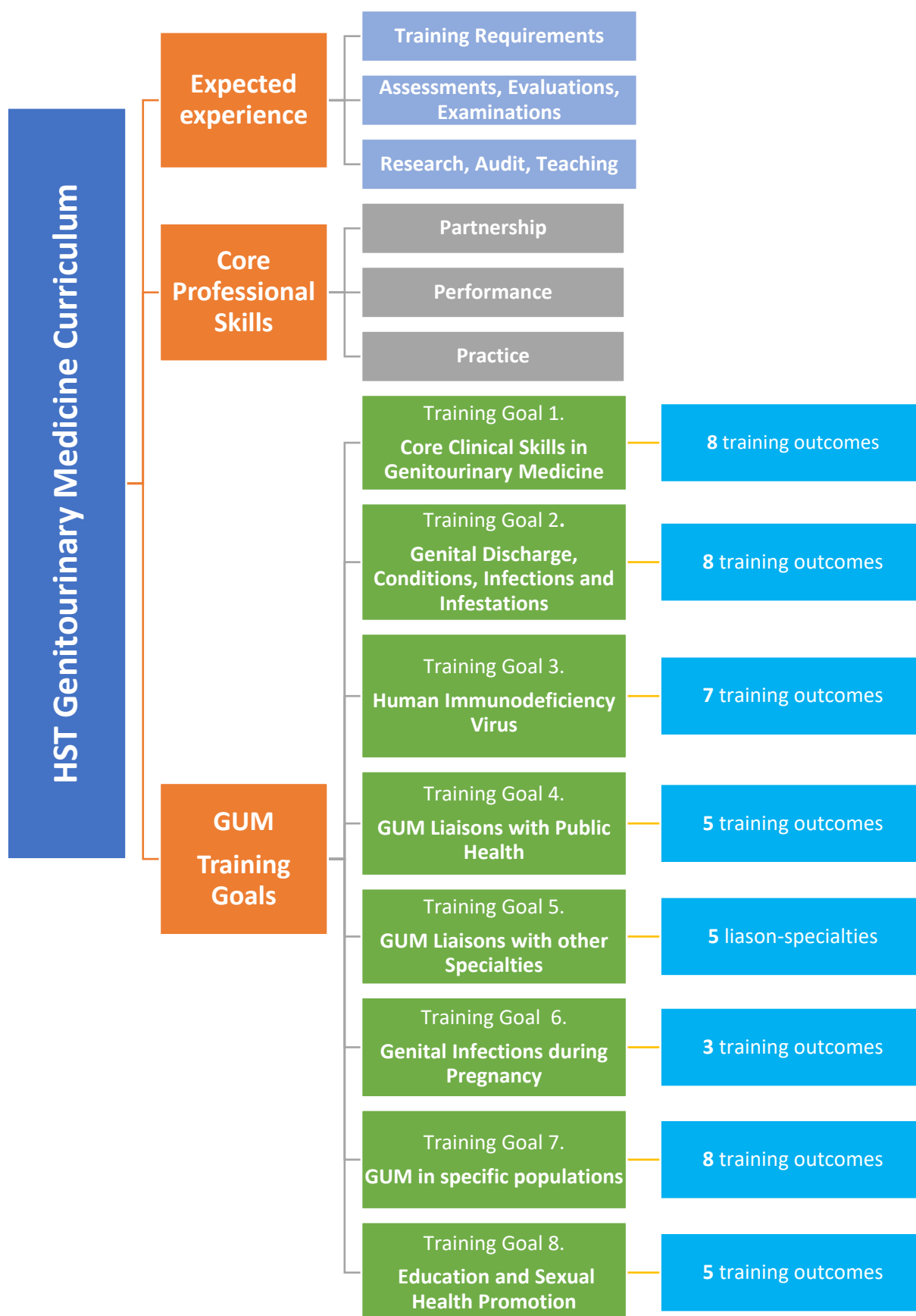
It is important to note that ePortfolio is a digital repository designed to reflect Curriculum requirements. It facilitates recording of progress through HST and evidence that training is valid and appropriate. While a complete ePortfolio is essential for HST certification, Trainees and Trainers should 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.

1.4. Reference to Rules and 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](#).

1.5. Overview of Curriculum Sections and Training Goals



2. EXPECTED EXPERIENCE

This section details the training experience and the service provision tasks that all Trainees are expected to complete throughout the Higher Specialist Training.

2.1. Duration and 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](#)).

2.2. Clinics, Ward Rounds, Consultations, Cases and 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	

HIV clinic	Attend at least 1 clinic per week per year of clinical training. Record attendance on ePortfolio	
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	
Gynaecology (to include around 5 Colposcopy Clinics)	Attend at least 12 clinics over the course of HST. Record attendance on ePortfolio	
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	
Consultations	Record at least 40 per year of clinical training	
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	
Adverse drug reactions	Record at least 10 per year of clinical training	
New Diagnosis	Record at least 10 per year of clinical training	
Acute STIs	Record at least 5 per year of clinical training	
Ethical/Social Issues	Record at least 2 per year of clinical training	
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	
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	<u>Expected experience:</u> perform at least 1 procedure over the course of HST and complete the related DOPS assessment with your Trainer. Record on ePortfolio. <u>Desirable experience:</u> 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

2.3. Hospital-based learning and 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**

2.4. Research, Audit and 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

2.5. 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.

2.6. Evaluations, Assessments and 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.

2.7. 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	
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 in section 2.4.	Delivery of Teaching
Research	<u>Desirable Experience</u> : actively participate in research, seek to publish a paper and present research at conferences or national/international meetings	Research Activities
Publication	<u>Desirable Experience</u> : complete 1 publication during the training programme	Additional Professional Activities
Presentation	<u>Desirable Experience</u> : 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 in section 2.3. 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

3. CORE PROFESSIONAL SKILLS

This section includes the Medical Council guidelines for medical professional conduct, regarding Partnership, Performance and Practice.

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

Partnership

Communication and interpersonal skills

- Facilitate the exchange of information, be considerate of the interpersonal and group dynamics, and have a respectful and honest approach
- Engage with patients and colleagues in a respectful manner
- Actively listen to the thoughts, concerns, and opinions of others
- Consider data protection, duty of care and appropriate modes of communication when exchanging information with others

Collaboration

- Collaborate with patients, their families, and colleagues to work in the best interest of the patient, for improved services and to create a positive working environment
- Work cooperatively with colleagues and team members to deliver an excellent standard of care
- Seek to build trust and mutual respect with patients
- Appropriately share knowledge and information, in compliance with GDPR guidelines
- Take on-board available, relevant feedback

Health Promotion

- Communicate and facilitate discussion around the effect of lifestyle factors on health and promote the ethical practice of evidence-based medicine
- Seek up-to-date evidence on lifestyle factors that:
 - negatively impact health outcomes
 - increase risk of illness
 - positively impact health and decrease risk factors
- Actively promote good health practices with patients individually and collectively

Caring for patients

- Take into consideration patient's individuality, personal preferences, goals, and the need to provide compassionate and dignified care
- Be familiar with
 - Ethical guidelines
 - Local and national clinical care guidelines
- Act in the patient's best interest
- Engage in shared decision-making and discuss consent

Performance

Patient safety and ethical practice

- Put the interest of the patient first in decisions and actions
- React in a timely manner to issues identified that may negatively impact the patient's outcome
- Follow safe working practices that impact patient's safety
- Understand ethical practice and the medical council guidelines
- Support a culture of open disclosure and risk reporting
- Be aware of the risk of abuse, social, physical, financial, and otherwise, to vulnerable persons

Organisational behaviour and leadership

- The activities, personnel and resources that impact the functioning of the team, hospital, and health care system
- Understand and work within management systems
- Know the impacts of resources and necessary management
- Demonstrate proficient self-management

Wellbeing

- Be responsible for own well-being and health and its potential impact on the provision of clinical care and patient outcomes
- Be aware of signs of poor health and well-being
- Be cognisant of the risk to patient safety related to poor health and well-being of self and colleagues
- Manage and sustain own's physical and mental well-being

Practice

Continuing competence and lifelong learning

- Continually seek to learn, improve clinical skills and understand established and emerging theories in the practice of medicine
- Meet career requirements including those of the medical council, employer, and training body
- Be able to identify and optimise teaching opportunities in the workplace and other professional environments
- Develop and deliver teaching using appropriate methods for the environment and target audience

Reflective practice and self-awareness

- Bring awareness to actions and decisions and engage in critical appraisal of own's work to drive lifelong learning and improve practice
- Pay critical attention to the practical values and theories which inform everyday practice
- Be aware of own's level of practice and learning needs
- Evaluate and appraise decisions and actions with consideration as to what you would change in the future
- Seek to role model good professional practice within the health service

Quality assurance and improvement

- Seek opportunities to promote excellence and improvements in clinical care through the audit of practice, active engagement in and the application of clinical research and the dissemination of knowledge at all levels and across teams
- Gain knowledge of quality improvement methodology
- Follow best practices in patient safety
- Conduct ethical and reproducible research

4. 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 Síochána) 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 and 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 specialties.

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/liase with other specialties and other services (e.g., Social Services and An Garda Síochána) 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 and 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.

5. 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 and 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 and 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	
<i>CBD Case Based Discussion</i>	<p>This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 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. 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. 3. Feedback: The Trainer provides constructive feedback to the Trainee. <p>It is good practice to complete at least one CBD per quarter in each year of training.</p>
<i>DOPS Direct Observation of Procedural Skills</i>	<p>This assessment is specifically targeted at the evaluation of procedural skills involving patients in a single encounter.</p> <p>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.</p>
<i>MiniCEX Mini Clinical Examination Exercise</i>	<p>The Trainer is required to observe and assess the interaction between the Trainee and a patient. This assessment is developed in three phases:</p> <ol style="list-style-type: none"> 1. The Trainee is expected to conduct a history taking and/or a physical examination of the patient within a standard timeframe (15 minutes). 2. The Trainee is then expected to suggest a diagnosis and management plan for the patient based on the history/examination. 3. The Trainer assesses the overall Trainee's performance by using the structured ePortfolio form and provides constructive feedback.
<i>Feedback Opportunity</i>	<p>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)</p>
MANDATORY EVALUATIONS	
<i>QA Quarterly Assessment</i>	<p>As the name suggests, the Quarterly Assessment recurs four times in the academic year, once every academic quarter (every three months).</p> <p>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.</p> <p>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.</p> <p>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.</p>
<i>EOPA End of Post Assessment</i>	
<i>EOYE End of Year Evaluation</i>	<p>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).</p>
<i>PYE Penultimate Year Evaluation</i>	<p>The Penultimate Year Evaluation occurs in place of the End of Year Evaluation, in the year before the last year of training.</p> <p>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.</p>
<i>FYE Final Year Evaluation</i>	<p>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.</p>

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

