



**IRISH COMMITTEE
ON HIGHER
MEDICAL TRAINING**

ROYAL COLLEGE OF
PHYSICIANS OF IRELAND

HIGHER SPECIALIST TRAINING IN

GENITOURINARY MEDICINE



This curriculum of training in Genitourinary Medicine was developed in 2010 and undergoes an annual review by Dr Fiona Lyons, National Specialty Director, Dr Ann O'Shaughnessy, Head of Professional Affairs, and by the Genitourinary Medicine Training Committee. The curriculum is approved by the Irish Committee on Higher Medical Training.

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Introduction

Genitourinary medicine (GUM) is the speciality dedicated to the assessment and management of sexually transmitted infections (STIs). In addition a large part of the work is involved in the clinical management of patients with HIV infection at all stages of disease, including inpatient management. The work involves a number of non-infectious medical genital problems such as genital dermatoses and sexual dysfunction. Multidisciplinary team working is a key element of Genitourinary Medicine and therefore calls for those working in this specialty to have a strong team ethos and excellent communication skills.

In addition to the specialty specific elements of the curriculum, trainees in Genitourinary Medicine must also acquire certain core competencies which are essential for good medical practice. These comprise the generic components of the curriculum.

Aims

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

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

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

Professionalism

Being a good doctor is more than technical competence. It involves values – putting patients first, safeguarding their interests, being honest, communicating with care and personal attention, and being committed to lifelong learning and continuous improvement. Developing and maintaining values are important; however, it is only through putting values into action that doctors demonstrate the continuing trustworthiness with the public legitimately expect. According to the Medical Council, Good Professional Practice involves the following aspects:

- Effective communication
- Respect for autonomy and shared decision-making
- Maintaining confidentiality
- Honesty, openness and transparency (especially around mistakes, near-misses and errors)
- Raising concerns about patient safety
- Maintaining competence and assuring quality of medical practice

Entry Requirements

Applicants for Higher Specialist Training (HST) in Genitourinary Medicine must have a certificate of completion of Basic Specialist Training (BST) and obtained the MRCPI or (UK*).

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

Duration & Organisation of Training

The duration of HST in Genitourinary Medicine is 4 years. Those who wish to obtain dual certification in Genitourinary Medicine and General (Internal) Medicine will require at least a fifth year of training. For further information on the training requirements for General Internal Medicine please refer to the GIM curriculum.

No particular order or sequence of training will be imposed and programmes offered should be flexible i.e. capable of being adjusted to meet trainees' needs. The earlier years will usually be directed towards acquiring a broad general experience of 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.

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

Flexible Training

National Flexible Training Scheme – HSE NDTP

The HSE NDTP operates a National Flexible Training Scheme which allows a small number of Trainees to train part time, for a set period of time.

Overview

- Have a well-founded reason for applying for the scheme e.g. personal family reasons
- Applications may be made up to 12 months in advance of the proposed date of commencement of flexible training and no later than 4 months in advance of the proposed date of commencement
- Part-time training shall meet the same requirements as full-time training, from which it will differ only in the possibility of limited participation in medical activities to a period of at least half of that provided for full-time trainees

Job Sharing - RCPI

The aim of job sharing is to retain doctors within the medical workforce who are unable to continue training on a full-time basis.

Overview

- A training post can be shared by two trainees who are training in the same specialty and are within two years on the training pathway
- Two trainees will share one full-time post with each trainee working 50% of the hours
- Ordinarily it will be for the period of 12 months from July to July each year in line with the training year
- Trainees who wish to continue job sharing after this period of time will be required to re-apply
- Trainees are limited to no more than 2 years of training at less than full-time over the course of their training programme

Post Re-assignment – RCPI

The aim of post re-assignment is to support trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme which requires a change to the agreed post/rotation.

Overview:

- Priority will be given to trainees with a significant change in circumstances due to their own disability, it will then be given to trainees with a change in circumstances related to caring or parental responsibilities. Any applications received from trainees with a change involving a committed relationship will be considered afterwards
- If the availability of appropriate vacancies is insufficient to accommodate all requests eligible trainees will be selected on a first come, first serve basis

For further details on all of the above flexible training options, please see the Postgraduate Specialist Training page on the College website www.rcpi.ie

Training Programme

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 for Genitourinary Medicine. Programmes will be as flexible as possible consistent with curricular requirements, for example to allow the trainee to develop a sub-specialty interest.

The experience gained through rotation around different departments is recognised as an essential part of HST. However it is recognised in Genitourinary Medicine that there is one training site which precluded rotation to other departments. Trainees are encouraged to gain some experience outside of Ireland as part of their training. A Specialist Registrar may **not** remain in the same unit for longer than 2 years of clinical training; or with the same trainer for more than 1 year. For some specialties this may not be possible.

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

Teaching, Research & Audit

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

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

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

ePortfolio

The trainee is required to keep their ePortfolio up to date and maintained throughout HST. The ePortfolio will be countersigned as appropriate by the trainers to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies set out in the Curriculum. This will remain the property of the trainee and must be produced at the annual Evaluation meeting.

The trainee also has a duty to maximise opportunities to learn, supplementing the training offered with additional self-directed learning in order to fulfil all the educational goals of the curriculum. Trainees must co-operate with other stakeholders in the training process. It is in a SpR's own interest to maintain contact with the Medical Training Department and Dean of Postgraduate Specialist Training, and to respond promptly to all correspondence relating to training. "Failure to co-operate" will be regarded as, in effect, withdrawal from the HST's supervision of training.

At the annual Evaluation, the ePortfolio will be examined. The results of any assessments and reports by educational supervisors, together with other material capable of confirming the trainee's achievements, will be reviewed.

Assessment Process

The methods used to assess progress through training must be valid and reliable. The Genitourinary Medicine curriculum has been re-written, describing the levels of competence which can be recognised. The assessment grade will be awarded on the basis of direct observation in the workplace by consultant supervisors. Time should be set aside for appraisal following the assessment e.g. of clinical presentations, case management, observation of procedures. As progress is being made, the lower levels of competence will be replaced progressively by those that are higher. Where the grade for an item is judged to be deficient for the stage of training, the assessment should be supported by a detailed note which can later be referred to at annual review.

The assessment of training may utilise the Mini-CEx, DOPS and Case Based Discussions (CBD) methods adapted for the purpose. These methods of assessment have been made available by HST for use at the discretion of the NSD and nominated trainer. They are offered as a means of providing the trainee with attested evidence of achievement in certain areas of the Curriculum e.g. competence in procedural skills, or in generic components. Assessment will also be supported by the trainee's portfolio of achievements and performance at relevant meetings, presentations, audit, in tests of knowledge, attendance at courses and educational events.

Annual Evaluation of Progress

Overview

The HST Annual Evaluation of Progress (AEP) is the formal method by which a trainee's progression through her/his training programme is monitored and recorded each year. The evidence to be reviewed by the panel is recorded by the trainee and trainer in the trainee's e-Portfolio.

There is externality in the process with the presence of the National Specialty Director (NSD) and a Chairperson. Trainer's attendance at the Evaluation is mandatory, if it is not possible for the trainer to attend in person, teleconference facilities can be arranged if appropriate. In the event of a penultimate year Evaluation an External Assessor, who is a consultant in the relevant specialty and from outside the Republic of Ireland will be required.

Purpose of Annual Evaluation

- Enhance learning by providing formative Evaluation, enabling trainees to receive immediate feedback, measure their own performance and identify areas for development;
- Drive learning and enhance the training process by making it clear what is required of trainees and motivating them to ensure they receive suitable training and experience;
- Provide robust, summative evidence that trainees are meeting the curriculum standards during the training programme;
- Ensure trainees are acquiring competencies within the domains of Good Medical Practice;
- Assess trainees' actual performance in the workplace;
- Ensure that trainees possess the essential underlying knowledge required for their specialty;
- Inform Medical Training, identifying any requirements for targeted or additional training where necessary and facilitating decisions regarding progression through the training programme;
- Identify trainees who should be advised to consider a change in career direction.

Structure of the Meeting

The AEP panel speaks to the trainee alone in the first instance. The trainee is then asked to leave the room and a discussion with the trainer follows. Once the panel has talked to the trainer, the trainee is called back and given the recommendations of the panel and the outcome of the AEP.

At the end of the Evaluation, all panel members and the Trainee agree to the outcome of the Evaluation and the recommendations for future training. This is recorded on the AEP form, which is then signed electronically by the Medical Training Coordinator on behalf of the panel and trainee. The completed form and recommendations will be available to the trainee and trainers within their ePortfolio.

Outcomes

- Trainees whose progress is satisfactory will be awarded their AEP
- Trainees who are being certified as completing training receive their final AEP
- Trainees who need to provide further documentation or other minor issues, will be given 2 weeks (maximum 8) from the date of their AEP to meet the requirements. Their AEP outcome will be withheld until all requirements have been met.
- Trainees who are experiencing difficulties and/or need to meet specific requirements for that year of training will not be awarded their AEP. A date for an interim AEP will be decided and the trainee must have met all the conditions outlined in order to be awarded their AEP for that year of training. The "Chairperson's Overall Assessment Report" will give a detailed outline of the issues which have led to this decision and this will go the Dean of Postgraduate Specialist Training for further consideration.
- Trainees who fail to progress after an interim Evaluation will not be awarded their AEP.

The Dean of Postgraduate Training holds the final decision on AEP outcomes. Any issues must be brought to the Dean and the Annual Chairperson's Meeting for discussion.

Facilities

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

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

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

These should include the following:

Approximately 4,000 new STI presentations per year with a case mix representing all the common genitourinary infections and non-infectious genital conditions such as genital dermatoses and sexual dysfunction.

A caseload of a minimum of 500 HIV patients attending for ongoing care.

Laboratory facilities capable of diagnosing all the common STIs, including:

Serological and appropriate molecular tests for syphilis, HIV, and the hepatitis viruses .

Appropriate identification tests for *N gonorrhoea*, *C trachomatis*, *M. genitalium*, *T vaginalis*, *C albicans* (and other yeasts), and the herpes viruses.

In-patient facilities for GUM and HIV related admissions with on-call commitments for both GUM and HIV related admissions throughout training. Trainees should be able to gain experience of inpatient HIV management in a facility that is managing a minimum of 80 admissions per year and should have access to in patient HIV management throughout clinical training years.

Access to attendance at special interest clinics vulval, psychosexual, erectile dysfunction and family planning.

Access to appropriate training in other related specialities, specifically clinical microbiology, virology, obstetrics/gynaecology (including colposcopy) and dermatology to fulfil individual needs of training in line with the curriculum.

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

Generic Components

This chapter covers the generic components which are relevant to HST trainees of all specialties but with varying degrees of relevance and appropriateness, depending on the specialty.

As such, this chapter needs to be viewed as an appropriate guide of the level of knowledge and skills required from all HST trainees with differing application levels in practice.

Good Professional Practice

Objective: Trainees must appreciate that medical professionalism is a core element of being a good doctor and that good medical practice is based on a relationship of trust between the profession and society, in which doctors are expected to meet the highest standards of professional practice and behaviour.

Medical Council Domains of Good Professional Practice: Relating to Patients, Communication and Interpersonal Skills, Professionalism, Patient Safety and Quality of Patient Care.

KNOWLEDGE

Effective Communication

- How to listen to patients and colleagues
- The principles of open disclosure
- Knowledge and understanding of valid consent
- Teamwork
- Continuity of care

Ethics

- Respect for autonomy and shared decision making
- How to enable patients to make their own decisions about their health care
- How to place the patient at the centre of care
- How to protect and properly use sensitive and private patient information in accordance with data protection legislation and how to maintain confidentiality
- The judicious sharing of information with other healthcare professionals where necessary for care following Medical Council Guidelines
- Maintaining competence and assuring quality of medical practice
- How to work within ethical and legal guideline when providing clinical care, carrying research and dealing with end of life issues

Honesty, openness and transparency (mistakes and near misses)

- Preventing and managing near misses and adverse events.
- When and how to report a near miss or adverse event
- Incident reporting; root cause and system analysis
- Understanding and learning from errors
- Understanding and managing clinical risk
- Managing complaints
- Following open disclosure practices
- Knowledge of national policy and National Guidelines on Open Disclosure

Raising concerns about patient safety

- Safe working practice, role of procedures and protocols in optimal practice
- The importance of standardising practice through the use of checklists, and being vigilant
- Safe healthcare systems and provision of a safe working environment
- Awareness of the multiple factors involved in failures
- Knowledge and understanding of Reason's Swiss cheese model
- Understanding how and why systems break down and why errors are made
- Health care errors and system failures
- Human and economic costs in system failures
- The important of informing a person of authority of systems or service structures that may lead to unsafe practices which may put patients, yourself or other colleagues at risk
- Awareness of the Irish Medical Councils policy on raising concerns about safety in the environment in which you work

SKILLS

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with colleagues to achieve safe and effective quality patient care
- Being an effective team player
- Ethical and legal decision making skills
- Minimising errors during invasive procedures by developing and adhering to best-practice guidelines for safe surgery
- Minimising medication errors by practicing safe prescribing principles
- Ability to learn from errors and near misses to prevent future errors
- Managing errors and near-misses
- Using relevant information from complaints, incident reports, litigation and quality improvement reports in order to control risks
- Managing complaints
- Using the Open Disclosure Process Algorithm

ASSESSMENT & LEARNING METHODS

- Consultant feedback at annual assessment
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in practice
- RCPI HST Leadership in Clinical Practice
- RCPI Ethics programmes
- Medical Council Guide to Professional Conduct and Ethics
- Reflective learning around ethical dilemmas encountered in clinical practice
- Quality improvement methodology course - recommended

Infection Control

Objective: To be able to appropriately manage infections and risk factors for infection at an institutional level, including the prevention of cross-infections and hospital acquired infection

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Management (including Self-Management).

KNOWLEDGE

Within a consultation

- The principles of infection control as defined by the HIQA
- How to minimise the risk of cross-infection during a patient encounter by adhering to best practice guidelines available, including the 5 Moments for Hand Hygiene guidelines
- The principles of preventing infection in high risk groups e.g. managing antibiotic use to prevent *Clostridium difficile*
- Knowledge and understanding of the local antibiotic prescribing policy
- Awareness of infections of concern, e.g. MRSA, *Clostridium difficile*
- Best practice in isolation precautions
- When and how to notify relevant authorities in the case of notifiable infectious disease
- Understanding the increased risk of infection to patients in surgery or during an invasive procedure and adhering to guidelines for minimising infection in such cases
- The guidelines for needle-stick injury prevention and management

During an outbreak

- Guidelines for minimising infection in the wider community in cases of communicable diseases and how to seek expert opinion or guidance from infection control specialists where necessary
- Hospital policy/seeking guidance from occupational health professional regarding the need to stay off work/restrict duties when experiencing infections the onward transmission of which might impact on the health of others

SKILLS

- Practicing aseptic techniques and hand hygiene
- Following local and national guidelines for infection control and management
- Prescribing antibiotics according to antibiotic guidelines
- Encouraging staff, patients and relatives to observe infection control principles
- Communicating effectively with patients regarding treatment and measures recommended to prevent re-infection or spread
- Collaborating with infection control colleagues to manage more complex or uncommon types of infection including those requiring isolation e.g. transplant cases, immunocompromised host
- In the case of infectious diseases requiring disclosure:
 - Working knowledge of those infections requiring notification
 - Undertaking notification promptly
 - Collaborating with external agencies regarding reporting, investigating and management of notifiable diseases
 - Enlisting / requiring patients' involvement in solving their health problems, providing information and education
 - Utilising and valuing contributions of health education and disease prevention and infection control to health in a community

ASSESSMENT & LEARNING METHODS

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

Self-Care and Maintaining Well-Being

Objectives:

1. To ensure that trainees understand how their personal histories and current personal lives, as well as their values, attitudes, and biases affect their care of patients so that they can use their emotional responses in patient care to their patients' benefit
2. To ensure that trainees care for themselves physically and emotionally, and seek opportunities for enhancing their self-awareness and personal growth

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Relating to Patients, Communication and Interpersonal Skills, Collaboration and Teamwork, Management (including self-management).

KNOWLEDGE

- Self-awareness including preferences and biases
- Personal psychological strengths and limitations
- Understand how personality characteristics, such as need for approval, judgemental tendencies, needs for perfection and control etc., affect relationships with patients and others
- Knowledge of core beliefs, ideals, and personal philosophies of life, and how these relate to own goals in medicine
- Know how family-of-origin, race, class, religion and gender issues have shaped own attitudes and abilities to discuss these issues with patients
- Understand the difference between feelings of sympathy and feelings of empathy
- Know the factors between a doctor and patient that enhance or interfere with abilities to experience and convey empathy
- Understanding of own attitudes toward uncertainty and risk taking and own need for reassurance
- How own relationships with certain patients can reflect attitudes toward paternalism, autonomy, benevolence, non-maleficence and justice
- Recognise own feelings in straightforward and complex patient-doctor interactions
- Recognising the symptoms of stress and burn out

SKILLS

- Exhibiting empathy and showing consideration for all patients, their impairments and attitudes irrespective of cultural and other differences
- Ability to create boundaries with patients that allow for therapeutic alliance
- Challenge authority appropriately from a firm sense of own values and integrity and respond appropriately to situations that involve abuse, unethical behaviour and coercion
- Recognise own limits and seek appropriate support and consultation
- Work collaboratively and effectively with colleagues and other members of health care teams
- Manage effectively commitments to work and personal lives, taking the time to nurture important relationship and oneself
- Ability to recognise when falling behind and adjusting accordingly
- Demonstrating the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise and ask for help
- Utilising a non-judgemental approach to patient's problem
- Recognise the warning signs of emotional ill-health in self and others and be able to ask for appropriate help
- Commitment to lifelong process of developing and fostering self-awareness, personal growth and well being
- Be open to receiving feedback from others as to how attitudes and behaviours are affecting their care of patients and their interactions with others
- Holding realistic expectations of own and of others' performance, time-conscious, punctual
- Valuing the breadth and depth of experience that can be accessed by associating with professional colleagues

ASSESSMENT & LEARNING METHODS

- On-going supervision
- RCPI Ethics programmes
- Wellness Matters Course
- RCPI HST Leadership in Clinical Practice course

Communication in Clinical and Professional Setting

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

Medical Council Domains of Good Professional Practice: Relating to Patients; Communication and Interpersonal Skills.

KNOWLEDGE

Within a consultation

- How to effectively listen and attend to patients
- How to structure an interview to obtain/convey information; identify concerns, expectations and priorities; promote understanding, reach conclusions; use appropriate language.
- How to empower the patient and encourage self-management

Difficult circumstances

- Understanding of potential areas for difficulty and awkward situations
- How to negotiate cultural, language barriers, dealing with sensory or psychological and/or intellectual impairments and how to deal with challenging or aggressive behaviour
- Knowing how and when to break bad news
- How to communicate essential information where difficulties exist, how to appropriately utilise the assistance of interpreters, chaperones, and relatives.
- How to deal with anger and frustration in self and others
- Selecting appropriate environment; seeking assistance, making and taking time

Dealing with professional colleagues and others

- How to communicate with doctors and other members of the healthcare team
- How to provide a concise, written, verbal, or electronic, problem-orientated statement of facts and opinions
- The legal context of status of records and reports, of data protection confidentiality
- Freedom of Information (FOI) issues
- Understanding of the importance of legible, accessible, records to continuity of care
- Knowing when urgent contact becomes necessary and the appropriate place for verbal, telephone, electronic, or written communication
- Recognition of roles and skills of other health professionals
- Awareness of own abilities/limitations and when to seek help or give assistance, advice to others; when to delegate responsibility and when to refer

Maintaining continuity of care

- Understanding the relevance of continuity of care to outcome, within and between phases of healthcare management
- The importance of completion of tasks and documentation, e.g. before handover to another team, department, specialty, including identifying outstanding issues and uncertainties
- Knowledge of the required attitudes, skills and behaviours which facilitate continuity of care including, being available and contactable, alerting others to avoid potential confusion or misunderstanding through communications failure

Giving explanations

- The importance of possessing the facts, and of recognising uncertainty and conflicting evidence on which decisions have to be based
- How to secure and retain attention avoiding distraction
- Understanding how adults receive information best, the relative value of the spoken, written, visual means of communication, use of reinforcement to assist retention
- Knowledge of the risks of information overload
- Tailoring the communication of information to the level of understanding of the recipient
- Strategies to achieve the level of understanding necessary to gain co-operation and partnership; compliance, informed choice, acceptance of opinion, advice, recommendation

Responding to complaints

- Value of hearing and dealing with complaints promptly; the appropriate level, the procedures (departmental and institutional); sources of advice, and assistance available
- The importance of obtaining and recording accurate and full information, seeking confirmation from multiple sources
- Knowledge of how to establish facts, identify issues and respond quickly and appropriately to a complaint received

SKILLS

- Ability to appropriately elicit facts, using a mix of open and closed-ended questions
- Using “active listening” techniques such as nodding and eye contact
- Giving information clearly, avoiding jargon, confirming understanding, ability to encourage co-operation, compliance; obtaining informed consent
- Showing consideration and respect for other’s culture, opinions, patient’s right to be informed and make choices
- Respecting another’s right to opinions and to accept or reject advice
- Valuing perspectives of others contributing to management decisions
- Conflict resolution
- Dealing with complaints
- Communicating decisions in a clear and thoughtful manner
- Presentation skills
- Maintaining (legible) records
- being available, contactable, time-conscious
- Setting realistic objectives, identifying and prioritising outstanding problems
- Using language, literature (e.g. leaflets) diagrams, educational aids and resources appropriately
- Establish facts, identify issues and respond quickly and appropriately to a complaint received
- Accepting responsibility, involving others, and consulting appropriately
- Obtaining informed consent
- Discussing informed consent
- Giving and receiving feedback

ASSESSMENT & LEARNING METHODS

- Mastering Communication course (Year 1)
- Consultant feedback at annual assessment
 - Workplace based assessment e.g. Mini-CEX, DOPS, CBD
 - Educational supervisor’s reports on observed performance (in the workplace): communication with others e.g. at handover. ward rounds, multidisciplinary team members
- Presentations
- RCPI Ethics programmes
- RCPI HST Leadership in Clinical Practice Course

Leadership

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

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skill; Collaboration and Teamwork; Management (including Self-Management); Scholarship.

KNOWLEDGE

Personal qualities of leaders

- Knowledge of what leadership is in the context of the healthcare system appropriate to training level
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Working with others

- Awareness of own personal style and other styles and their impact on team performance
- The importance of good communication in teams and the role of human interactions on effectiveness and patient safety

Managing services

- The structure and function of Irish health care system
- Awareness of the challenges of managing in healthcare
 - Role of governance
 - Clinical directors
- Knowledge of planning and design of services
- Knowledge and understanding of the financing of the health service
 - Knowledge of how to prepare a budget
 - Defining value
 - Managing resources
- Knowledge and understanding of the importance of human factors in service delivery
 - How to manage staff training, development and education
- Managing performance
 - How to perform staff appraisal and deal effectively with poor staff performance
 - How to rewards and incentivise staff for quality and efficiency

Setting direction

- The external and internal drivers setting the context for change
- Knowledge of systems and resource management that guide service development
- How to make decisions using evidence-based medicine and performance measures
- How to evaluate the impact of change on health outcomes through ongoing service evaluation

SKILLS

- Effective communication with patients, families and colleagues
- Co-operation and collaboration with others; patients, service users, carers colleagues within and across systems
- Being an effective team player
- Ability to manage resources and people
- Managing performance and performance indicators

Demonstrating personal qualities

- Efficiently and effectively managing one-self and one's time especially when faced with challenging situations
- Continues personal and professional development through scholarship and further training and education where appropriate
- Acting with integrity and honesty with all people at all times
- Developing networks to expand knowledge and sphere of influence
- Building and maintaining key relationships
- Adapting style to work with different people and different situations
- Contributing to the planning and design of services

ASSESSMENT & LEARNING METHODS

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

Quality Improvement

Objective: To demonstrate the ability to identify areas for improvement and implement basic quality improvement skills and knowledge to improve patient safety and quality in the healthcare system.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Communication and Interpersonal Skills; Collaboration and Teamwork; Management; Relating to Patients; Professionalism

KNOWLEDGE

Personal qualities of leaders

- The importance of prioritising the patient and patient safety in all clinical activities and interactions

Managing services

- Knowledge of systems design and the role of microsystems
- Understanding of human factors and culture on patient safety and quality

Improving services

- How to ensure patient safety by adopting and incorporating a patient safety culture
- How to critically evaluate where services can be improved by measuring performance, and acting to improve quality standards where possible
- How to encourage a culture of improvement and innovation

Setting direction

- How to create a 'burning platform' and motivate other healthcare professionals to work together within quality improvement
- Knowledge of the wider healthcare system direction and how that may impact local organisations

SKILLS

- Improvement approach to all problems or issues
- Engaging colleagues, patients and the wider system to identify issues and implement improvements
- Use of quality improvement methodologies, tools and techniques within every day practice
- Ensuring patient safety by adopting and incorporating a patient safety culture
- Critically evaluating where services can be improved by measuring performance, and acting to raise standards where possible
- Encouraging a culture of improvement and innovation

Demonstrating personal qualities

- Encouraging contributions and involvement from others including patients, carers, members of the multidisciplinary team and the wider community
- Considering process and system design, contributing to the planning and design of services

ASSESSMENT & LEARNING METHODS

- RCPI HST Leadership in Clinical Practice
- Consultant feedback at annual assessment
- Involvement in hospital committees where possible e.g. Division of Medicine, Drugs and Therapeutics, Infection Control etc.

Scholarship

Objective: To develop skills in personal/professional development, teaching, educational supervision and research

Medical Council Domains of Good Professional Practice: Scholarship

KNOWLEDGE

Teaching, educational supervision and assessment

- Principles of adult learning, teaching and learning methods available and strategies
- Educational principles directing assessment methods including, formative vs. summative methods
- The value of regular appraisal / assessment in informing training process
- How to set effective educational objectives and map benefits to learner
- Design and delivery of an effective teaching event, both small and large group
- Use of appropriate technology / materials

Research, methodology and critical evaluation

- Designing and resourcing a research project
- Research methodology, valid statistical analysis, writing and publishing papers
- Ethical considerations and obtaining ethical approval
- Reviewing literature, framing questions, designing a project capable of providing an answer
- How to write results and conclusions, writing and/or presenting a paper
- How to present data in a clear, honest and critical fashion

Audit

- Basis for developing evidence-based medicine, kinds of evidence, evaluation; methodologies of clinical trials
- Sources from which useful data for audit can be obtained, the methods of collection, handling data, the audit cycle
- Means of determining best practice, preparing protocols, guidelines, evaluating their performance
- The importance of re-audit

SKILLS

- Bed-side undergraduate and post graduate teaching
- Developing and delivering lectures
- Carrying out research in an ethical and professional manner
- Performing an audit
- Presentation and writing skills – remaining impartial and objective
- Adequate preparation, timekeeping
- Using technology / materials

ASSESSMENT & LEARNING METHODS

- An Introduction to Health Research (online)
- Performing audit course (online)
- Effective Teaching and Supervising Skills course (online) - recommended
- Educational Assessment Skills course - recommended
- Health Research Methods for Clinicians - recommended

Management

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

Medical Council Domains of Good Professional Practice: Management.

KNOWLEDGE

Health service structure, management and organisation

- The administrative structure of the Irish Health Service, services provided in Ireland and their funding and how to engage with these for best results
- Department of Health, HSE and hospital management structures and systems
- The national regulatory bodies, health agencies and patient representative groups
- Understanding the need for business plans, annual hospital budgets, the relationship between the hospital and PCCC

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

- Methods of collecting, analysing and presenting information relevant to the health of a population and the apportionment of healthcare resources
- The common ways in which data is presented, knowing of the sources which can provide information relevant to national or to local services and publications available

Maintaining medical knowledge with a view to delivering effective clinical care

- Understanding the contribution that current, accurate knowledge can make to establishing clinical effectiveness, best practice and treatment protocols
- Knowledge of sources providing updates, literature reviews and digests

Delegation skills, empowerment and conflict management

- How to assess and develop personal effectiveness, improve negotiating, influencing and leadership skills
- How to manage time efficiently, deal with pressure and stress
- How to motivate others and operate within a multidisciplinary team

SKILLS

- Chairing, organising and participating in effective meetings
- Managing risks
- Managing time
- Delegating tasks effectively
- Managing conflicts
- Exploring, directing and pursuing a project, negotiating through the relevant departments at an appropriate level
- Ability to achieve results through an understanding of the organisation and its operation
- Ability to seek / locate information in order to define an issue needing attention e.g. to provide data relevant to a proposal for change, establishing a priority, obtaining resources
- Ability to make use of information, use IT, undertake searches and obtain aggregated data, to critically evaluate proposals for change e.g. innovative treatments, new technologies
- Ability to adjust to change, apply management, negotiating skills to manage change
- Appropriately using management techniques and seeking to improve these skills and personal effectiveness

ASSESSMENT & LEARNING METHODS

- Mastering Communication course
- Performing audit course (online)
- RCPI HST Leadership in Clinical Practice
- Annual audit
- Consultant feedback on management and leadership skills
- Involvement in hospital committees

Standards of Care

Objective: To be able to consistently and effectively assess and treat patients' problems

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care; Relating to Patients; Communication and Interpersonal Skills; Collaboration and Teamwork: Management (including Self-Management); Clinical Skills.

KNOWLEDGE

Diagnosing Patients

- How to carry out appropriate history taking
- How to appropriately examine a patient
- How to make a differential diagnosis

Investigation, indications, risks, cost-effectiveness

- The pathophysiological basis of the investigation
- Understand the clinical significance of reference ranges, positive and negative predictive value and potential risks of inappropriate tests
- The procedures for commonly used investigations, common or/and serious risks
- Understanding of the sensitivity and specificity of results, artefacts, PPV and NPV
- Understanding significance, interpreting and explaining results of investigations
- Logical approach in choosing, sequencing and prioritising investigations

Treatment and management of disease

- Natural history of diseases
- Quality of life concepts
- How to accurately assess patient's needs, prescribe, arrange treatment, recognise and deal with reactions / side effects
- How to set realistic therapeutic goals, to utilise rehabilitation services, and use palliative care approach appropriately
- Recognising that illness (especially chronic and/or incapacity) has an impact on relationships and family, having financial as well as social effects e.g. driving

Disease prevention and health education

- Screening for disease: methods, advantages and limitations
- Health promotion and support agencies; means of providing sources of information for patients
- Risk factors, preventive measures, and change strategies applicable to smoking, alcohol, drug abuse, and lifestyle
- Disease notification; methods of collection and sources of data

Notes, records, correspondence

- Functions of medical records, their value as an accurate up-to-date commentary and source of data
- An understanding of the need and appropriate use of problem-orientated discharge notes, letters, more detailed case reports, concise out-patient reports and focused reviews
- Appreciating the importance of up-to-date, easily available, accurate information, and the need for communicating promptly e.g. with primary care

Prioritising, resourcing and decision taking

- How to prioritise demands, respond to patients' needs and sequence urgent tasks
- Establishing (clinical) priorities e.g. for investigations, intervention; how to set realistic goals; understanding the need to allocate sufficient time, knowing when to seek help
- Understanding the need to complete tasks, reach a conclusion, make a decision, and take action within allocated time
- Knowing how and when to conclude

Handover

- Know what are the essential requirements to run an effective handover meeting
 - Sufficient and accurate patients information
 - Adequate time
 - Clear roles and leadership
 - Adequate IT
- Know how to prioritise patient safety
 - Identify most clinically unstable patients
 - Use ISBAR (Identify, Situation, Background, Assessment, Recommendations)
 - Proper identification of tasks and follow-ups required
 - Contingency plans in place
- Know how to focus the team on actions
 - Tasks are prioritised
 - Plans for further care are put in place
 - Unstable patients are reviewed

Relevance of professional bodies

- Understanding the relevance to practice of standards of care set down by recognised professional bodies – the Medical Council, Medical Colleges and their Faculties, and the additional support available from professional organisations e.g. IMO, Medical Defence Organisations and from the various specialist and learned societies

SKILLS

- Taking and analysing a clinical history and performing a reliable and appropriate examination, arriving at a diagnosis and a differential diagnosis
- Liaising, discussing and negotiating effectively with those undertaking the investigation
- Selecting investigations carefully and appropriately, considering (patients') needs, risks, value and cost effectiveness
- Appropriately selecting treatment and management of disease
- Discussing, planning and delivering care appropriate to patient's needs and wishes
- Preventing disease using the appropriate channels and providing appropriate health education and promotion
- Collating evidence, summarising, recognising when objective has been met
- Screening
- Working effectively with others including
 - Effective listening
 - Ability to articulate and deliver instructions
 - Encourage questions and openness
 - Leadership skills
- Ability to prioritise
- Ability to delegate effectively
- Ability to advise on and promote lifestyle change, stopping smoking, control of alcohol intake, exercise and nutrition
- Ability to assess and explain risk, encourage positive behaviours e.g. immunisation and preventive measures
- Involve patients' in solving their health problems, by providing information and education
- Availing of support provided by voluntary agencies and patient support groups, as well as expert services e.g. detoxification / psychiatric services
- Act in accordance with, up to date standards on palliative care needs assessment
- Valuing contributions of health education and disease prevention to health in a community
- Compile accurate and appropriate detailed medical notes and care reports including the results of examinations, investigations, procedures performed, sufficient to provide an accurate, detailed account of the diagnostic and management process and outcome, providing concise, informative progress reports (both written and oral)
- Transfer information in an appropriate and timely manner

- Maintaining legible records in line with the Guide to Professional Conduct and Ethics for Registered Medical Practitioners in Ireland
- Actively engaging with professional/representative/specialist bodies

ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace)
- Annual Audit
- Medical Council Guide to Professional Conduct and Ethics

Dealing with & Managing Acutely Ill Patients in Appropriate Specialties

Objectives: To be able to assess and initiate management of patients presenting as emergencies, and to appropriately communicate the diagnosis and prognosis. Trainees should be able to recognise the critically ill and immediately assess and resuscitate if necessary, formulate a differential diagnosis, treat and/or refer as appropriate, elect relevant investigations and accurately interpret reports.

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care, Clinical Skills.

KNOWLEDGE

Management of acutely ill patients with medical problems

- Presentation of potentially life-threatening problems
- Indications for urgent intervention, the additional information necessary to support action (e.g. results of investigations) and treatment protocols
- When to seek help, refer/transfer to another specialty
- ACLS protocols
- Ethical and legal principles relevant to resuscitation and DNAR in line with National Consent Policy
- How to manage acute medical intake, receive and refer patients appropriately, interact efficiently and effectively with other members of the medical team, accept/undertake responsibility appropriately
- Management of overdose
- How to anticipate / recognise, assess and manage life-threatening emergencies, recognise significantly abnormal physiology e.g. dysrhythmia and provide the means to correct e.g. defibrillation
- How to convey essential information quickly to relevant personnel: maintaining legible up-to-date records documenting results of investigations, making lists of problems dealt with or remaining, identifying areas of uncertainty; ensuring safe handover

Managing the deteriorating patient

- How to categorise a patients' severity of illness using Early Warning Scores (EWS) guidelines
- How to perform an early detection of patient deterioration
- How to use a structured communication tool (ISBAR)
- How to promote an early medical review, prompted by specific trigger points
- How to use a definitive escalation plan

Discharge planning

- Knowledge of patient pathways
- How to distinguish between illness and disease, disability and dependency
- Understanding the potential impact of illness and impairment on activities of daily living, family relationships, status, independence, awareness of quality of life issues
- Role and skills of other members of the healthcare team, how to devise and deliver a care package
- The support available from other agencies e.g. specialist nurses, social workers, community care
- Principles of shared care with the general practitioner service
- Awareness of the pressures/dynamics within a family, the economic factors delaying discharge but recognise the limit to benefit derived from in-patient care

SKILLS

- BLS/ACLS (or APLS for Paediatrics)
- Dealing with common medical emergencies
- Interpreting blood results, ECG/Rhythm strips, chest X-Ray, CT brain
- Giving clear instructions to both medical and hospital staff
- Ordering relevant follow up investigations
- Discharge planning, including complex discharge
- Knowledge of HIPE (Hospital In-Patient Enquiry)
- Multidisciplinary team working
- Communication skills
- Delivering early, regular and on-going consultation with family members (with the patient's permission) and primary care physicians
- Remaining calm, delegating appropriately, ensuring good communication
- Attempting to meet patients'/ relatives' needs and concerns, respecting their views and right to be informed in accordance with Medical Council Guidelines
- Establishing liaison with family and community care, primary care, communicate / report to agencies involved
- Demonstrating awareness of the wide ranging effects of illness and the need to bridge the gap between hospital and home
- Categorising a patients' severity of illness
- Performing an early detection of patient deterioration
- Use of structured communication tools (e.g. ISBAR)

ASSESSMENT & LEARNING METHODS

- ACLS course
- Record of on call experience
- Mini-CEX (acute setting)
- Case Based Discussion (CBD)
- Consultant feedback

Therapeutics and Safe Prescribing

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

Medical Council Domains of Good Professional Practice: Patient Safety and Quality of Patient Care.

KNOWLEDGE

- Pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment cost-effectiveness
- Indications, contraindications, side effects, drug interaction, dosage and route of administration of commonly used drugs
- Commonly prescribed medications
- Adverse drug reactions to commonly used drugs, including complementary medicines
- Identifying common prescribing hazards
- Identifying high risk medications
- Drugs requiring therapeutic drug monitoring and interpretation of results
- The effects of age, body size, organ dysfunction and concurrent illness or physiological state e.g. pregnancy on drug distribution and metabolism relevant to own practice
- Recognising the roles of regulatory agencies involved in drug use, monitoring and licensing e.g. IMB, and hospital formulary committees
- Procedure for monitoring, managing and reporting adverse drug reaction
- Effects of medications on patient activities including potential effects on a patient's fitness to drive
- The role of The National Medicines Information Centre (NMIC) in promoting safe and efficient use of medicine
- Differentiating drug allergy from drug side effects
- Know the difference between an early and late drug allergy, and drug side-effects
- Good Clinical Practice guidelines for seeing and managing patients who are on clinical research trials
- Best practice in the pharmacological management of cancer pain
- The management of constipation in adult patients receiving palliative care

SKILLS

- Writing a prescription in line with guidelines
- Appropriately prescribing for the elderly, children and pregnant and breast feeding women
- Making appropriate dose adjustments following therapeutic drug monitoring, or physiological change (e.g. deteriorating renal function)
- Reviewing and revising patients' long term medications
- Anticipating and avoiding defined drug interactions, including complementary medicines
- Advising patients (and carers) about important interactions and adverse drug effects including effects on driving
- Providing comprehensible explanations to the patient, and carers when relevant, for the use of medicines
- Being open to advice and input from other health professionals on prescribing
- Participating in adverse drug event reporting
- Take and record an accurate drug allergy history and history of previous side effects

ASSESSMENT & LEARNING METHODS

- Consultant feedback
- Workplace based assessment e.g. Mini-CEX, DOPS, CBD
- Educational supervisor's reports on observed performance (in the workplace): prioritisation of patient safety in prescribing practice
- Guidance for health and social care providers - Principles of good practice in medication reconciliation (HIQA)

Specialty Section

General Principles of the Assessment, Investigation and Management of Genitourinary and Associated Conditions

Objective: To correctly carry out assessment, investigation and management of Genitourinary and associated conditions, independently in an adequately provided working environment.

KNOWLEDGE

Sexual history

- Recognition of the different types of sexual behaviour
- Identification of infection risk associated with different types of sexual behaviour and formulation of an appropriate examination, investigation and management plan with this information
- Presentation of psychosexual problems and when appropriate to refer for assessment
- Communication with patients in an appropriate manner
- Knowledge of requirement for patient confidentiality and knowledge of medical council guidance on breaching confidentiality in certain circumstances
- Demonstration of respect for diversity of sexual orientation, gender identity, culture, religious beliefs and ethnicity

Genital examination

- Normal anatomy and physiology of the genital tract
- Recognition of pathophysiological basis of physical signs
- Awareness of need and competence in examination of extra-genital sites where appropriate
- Competent use of instruments for examining the lower anogenital tract
- Maintenance of patient dignity
- Appreciation of need for chaperone

Advice about safer sex practices

- Different types of sexual behaviour and associated risks
- Provision of clear information to patients
- Demonstration of a non-judgmental approach

Initiate partner notification when appropriate

- Knowledge of infections where partner notification is relevant
- Methods of partner notification
- Clear explanation of the reasons for partner notification to patient
- Requirement to work in conjunction with Health Advisors and those involved in partner notification

Obtaining adequate specimens for examination, interpreting results

- Diagnostic tests for the identification of pathogens pertinent to GUM
- Awareness of the indications, advantages and limitations of diagnostic tests
- Interpretation of results with respect to sensitivity, specificity and the interrelationship of predictive values and population prevalence
- Awareness of the difference between diagnostic testing and screening

SKILLS

- Take a relevant detailed sexual history
- Elicitation of physical signs with minimal discomfort to patient
- Recognise psychosexual problems and refer appropriately.
- Demonstrate capacity to undertake detailed genital examination and extra genital examination where appropriate

- Demonstrate tact, empathy and a non-judgmental approach
- Explain examination procedure clearly to patient
- Advise as appropriate about safe sex practices
- Initiate partner notification when appropriate
- Take adequate and appropriate specimens for the assessment of patients presenting to Genitourinary services
- During laboratory experience use the microscope, including bright and dark field microscopy
- During laboratory experience perform Gram-stains and interpret the findings
- Correctly interpret diagnostic test results, including the interpretation of equivocal, false positive and false negative test results
- Establish rapport with laboratory staff and awareness of when to liaise with laboratory staff
-

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- 4 weeks in laboratory to cover time spent at laboratory benches appropriate to GU Medicine
- Mini-CEX
- Case Based Discussion
- Diploma in Genitourinary Medicine (Required)

Genital Discharge and Associated Conditions

Objective: To correctly carry out, treat and manage anogenital discharge and associated conditions, independently in an adequately provided working environment.

KNOWLEDGE

Vaginal, urethral, rectal and pharyngeal infection

- The natural history and management of vaginal and urethral discharge, including management of infection by *N. gonorrhoeae*, *C trachomatis*, *M. genitalium*, *T vaginalis*, *C. albicans* and other yeasts, and bacterial vaginosis
- Aetiology and management of Chlamydia negative nongonococcal urethritis and chronic urethritis
- Aetiology and management of rectal and pharyngeal infections
- Diagnosis and management of disseminated gonococcal disease
- Diagnosis, natural history and management of pelvic inflammatory disease (PID)
- Diagnosis and management of epididymitis and prostatitis
- Diagnosis, natural history and management of sexually acquired reactive arthritis (SARA or Reiter's Syndrome)

SKILLS

- Diagnose and manage genital discharge
- Refer to/liase with other specialties when appropriate
- Explain the diagnosis and management clearly to patient

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- 4 weeks in laboratory to cover time spent at laboratory benches appropriate to GU Medicine
- MiniCEX
- Case Based Discussion
- Diploma in Genitourinary Medicine (Required)

Genital Ulcer Disease

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

KNOWLEDGE

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

SKILLS

- Assessment, treatment and management of genital ulcer disease
- Refer to/liaise with other specialties when appropriate

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- Attendance at dermatology clinics
- 4 weeks in microbiology laboratory
- MiniCEX and CBD
- Diploma in Genitourinary Medicine (Required)

Genital Human Papillomavirus Infection and Associated Conditions

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

KNOWLEDGE

Human papilloma virus infection

- Natural history, diagnosis and management of anogenital warts infection
- Natural history, diagnosis, and management of cervical intraepithelial neoplasia (CIN), and other HPV- related lower genital tract abnormalities
- Role of HPV testing, colposcopy and biopsy in diagnosis and management of cervical and lower anogenital tract abnormalities
- Treatment options available
- Awareness of when indicated and how to competently perform cervical cytology
- Awareness of how to interpret cervical cytology including the limitations of cervical cytology
- Awareness of when indicated and how to competently perform genital biopsy
- Awareness of when HPV vaccination indicated and of the development of new indications for HPV vaccination in line with national immunisation guidelines

SKILLS

- Correctly diagnose and manage Human Papillomavirus Infection and associated conditions
- Perform cervical cytology and genital biopsy
- Interpretation of cytology, colposcopy and histological findings
- Refer to/liase with other specialties when appropriate

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- Attendance at Colposcopy clinics as part of gynaecology training
- Attendance at dermatology clinics
- CBD
- DOPS (for genital skin biopsies)
- Diploma in Genitourinary Medicine (Required)

Genital Infestations

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

KNOWLEDGE

- Scabies and pediculosis pubis
- How to diagnose and manage scabies
- How to diagnose and manage pediculosis pubis

SKILLS

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

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- Assessment at Dermatology Clinics
- CBD
- Diploma in Genitourinary Medicine (Required)

Adults Who Have Been Sexually Assaulted

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

KNOWLEDGE

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

Sexual assault in adults

- The importance of timing of forensic examination
- The chain of evidence procedure
- When HIV counselling and post-exposure prophylaxis (HIV, HBV and chlamydia), and post-coital contraception are indicated
- Know how to write full and accurate documentation from which a medico-legal report may be produced at a later date
- Referral to/liasing with other specialties and other services (eg. Social services and An Garda Síochána) when appropriate
- Referral onto local voluntary organisations to provide on-going support
- Awareness of the need for a chaperone

SKILLS

- Take a full sexual history, perform a full genital examination noting any injuries
- Prophylaxis treatment
- Counselling and liaison/onward referral as appropriate

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- Attend sessions in a sexual assault clinic (Required)
- CBD

Genital Infections in Pregnant Women, and Children

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

KNOWLEDGE

Infections in pregnancy and children

- Diagnosis, complications, treatment and management of sexually transmitted infections and other genital infections in pregnancy
- Diagnosis, treatment and management of sexually transmitted pathogens in children
- The multidisciplinary management of children with genital infections
- Obligations in line with relevant legislation in relation to child protection
- Referral to/liasing with other specialties and other services (eg. Social services and An Garda Siochana) when appropriate
- Appreciation of working in conjunction with nurses, health advisors, obstetricians and paediatricians

SKILLS

- Diagnose and treat infection in pregnancy
- Management of appropriate drug use in pregnancy
- Explain the diagnosis and management clearly to the patient
- Be alert to the possibility of child abuse and be aware and competent in when and how to make onward referrals when child abuse issues are raised
- Demonstrate effective multidisciplinary working

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics (young person clinic attendance is desirable)
- Child protection training (available through HSEland)
- CBD
- MiniCEX
- Diploma in Genitourinary Medicine (Required)

Vulvovaginitis and Balanitis

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

KNOWLEDGE

- Diagnosis and management of infective causes of vulvovaginitis and balanitis
- Diagnosis and management of common non-infective conditions (in terms of their genital and extra-genital presentation), including psoriasis, eczema, irritant vulvitis, lichen planus, lichen sclerosus, and fixed drug reactions
- Referral to/liasing with other specialties when appropriate
- How to competently assess need for skin scraping and genital skin biopsy

SKILLS

- Diagnose and manage vulvovaginitis and balanitis
- Explain the diagnosis and management clearly to the patient
- Competently perform skin scraping and genital skin biopsy
- Competently interpret skin scraping and genital skin biopsy results
- Make appropriate onward referral as indicated

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- Attendance at dermatology clinics including attendance at specialist vulval clinics where possible
- Vulval specialist clinics (optional)
- CBD
- DOPS (for genital skin biopsies)
- Diploma in Genitourinary Medicine (Required)

Viral Hepatitis

Objective: To correctly carry out assessment of viral hepatitis, independently in an adequately provided working environment.

KNOWLEDGE

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

- Natural history, diagnosis and management of hepatitis A
- Natural history, diagnosis and management of hepatitis B
- Natural history, diagnosis and management of hepatitis C
- Natural history, diagnosis and management of other viral causes of hepatitis
- Treatment, or when to refer for treatment, of chronic hepatitis B and C when appropriate
- Indications for, technique and follow-up of immunisation for Hepatitis A and B in line with national immunisation guidelines
- Correct diagnosis and management of the above conditions
- Refer to other specialties when appropriate

SKILLS

- Diagnose and manage hepatitis A, hepatitis B and Hepatitis C
- Refer to other specialties when appropriate

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- Attendance at viral hepatitis clinics
- Attendance at HIV clinics
- Laboratory attendance
- CBD
- Mini-CEX
- Diploma in Genitourinary Medicine
- Diploma in HIV Medicine (Required)

Contraception

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

KNOWLEDGE

- Different methods of contraception available
- Indications and contraindications for each method
- Side effects of each method
- Indications, methods, side effects and limitations of post-coital contraception
- Issues relating to termination of pregnancy in line with legislation
- Referral to other agencies as appropriate

SKILLS

- Explain the different forms of contraception and side effects clearly to the patient
- Prescribe and monitor contraception (optional)
- Prescribe post-coital contraception
- Liaise with and refer to other services as appropriate
- Show respect for different religious and cultural values

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- Attendance at gynaecology clinics
- Attendance at RCPI contraception course
- Attendance at mandatory HST ethics courses
- CBD
- RCPI Family Planning (Required)
- Diploma in Genitourinary Medicine (Required)
- Certificate in Contraception (ICGP), (optional)

HIV Infection and Associated Conditions

Objective: To acquire the knowledge, skills and attitudes necessary to understand and explain HIV transmission and risk. To be competent in the diagnosis, assessment and management of HIV and its associated conditions. To be competent in the provision of appropriate support for patients and their families.

1. HIV Testing and Counselling

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

KNOWLEDGE

HIV testing, reporting, counselling and prophylaxis

- Indications for and limitations of laboratory and near patient HIV tests used to diagnose HIV infection
- Window periods in relation to HIV testing and indications for repeat HIV testing
- Risk factors for HIV infection
- Relevant issues for someone undergoing HIV testing including in pregnancy
- Indications for post-exposure prophylaxis in line with national guidelines
- Indications for pre exposure prophylaxis in line with national guidance
- Statutory reporting of HIV/AIDS in line with national legislation
- Medico-legal and ethical issues relevant to HIV/AIDS including partner notification
- Know how to:
 - Counsel about HIV testing including in pregnancy
 - Assess and manage a person for post-exposure prophylaxis
 - Assess and manage a person for pre-exposure prophylaxis
 - Giving a positive HIV result
 - Report HIV cases appropriately

SKILLS

- Explain the diagnosis and management clearly to the patient
- Demonstrate competence in counselling patients with positive results
- Be competent in assessment of indications for and monitoring of HIV post exposure prophylaxis and pre exposure prophylaxis
- Demonstrate competence in communication skills
- Be competent in reporting of HIV/AIDS

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- Attendance at HIV clinics
- Liaison with health advisors and counsellors
- Attendance at multidisciplinary meetings
- CBD
- Mini-CEX
- Diploma in Genitourinary medicine
- Diploma in HIV Medicine (Required)

2. Management of HIV infection, Including Anti-Retroviral Prescribing

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

KNOWLEDGE

HIV infection, prescribing

- Natural history of HIV infection and laboratory investigations used for assessment
- Current indications for prophylaxis against opportunistic infections
- Modes of action of antiretroviral therapy, side effects, drug-drug interactions and use in clinical practice
- Current indications for antiretroviral therapy
- Antiretroviral treatment failure
- Antiretroviral switching
- Resistance testing and therapeutic drug monitoring, and when they are appropriate in clinical practice
- Management of HIV in pregnancy
- Clinical assessment and appropriate investigation and management of HIV seroconversion
- Clinical assessment and appropriate investigation and management of symptomatic HIV infection

How to:

- Prescribe and monitor antiretroviral therapy appropriately
- Prescribe and monitor prophylaxis against opportunistic infections appropriately
- Manage side effects of drugs used in management of HIV infection
- Requirement to display tact, empathy and a non-judgmental approach to patients
- Respect of patient choice
- Appreciation of requirement to work in conjunction with the multidisciplinary team

SKILLS

- Explain the diagnosis and management clearly to the patient
- Demonstrate a knowledge of antiretroviral treatment Prescribe antiretroviral treatment and change as appropriate
- Evaluate antiretroviral resistance
- Demonstrate competence in assessment, treatment and management of HIV infection
- Demonstrate effective multidisciplinary team working

LEARNING AND ASSESSMENT METHODS

- Attendance at HIV clinics
- Attendance at multidisciplinary meetings
- CBD
- Mini-CEX
- Attendance at study days, national and international meetings
- Diploma in Genitourinary Medicine (Required)
- Diploma in HIV Medicine (Required)

3. Assessment and management of conditions associated with HIV infection

Objective: 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.

KNOWLEDGE

- Clinical presentations, investigation, diagnosis and general management of:
 - respiratory conditions associated with HIV infection including bacterial pneumonia Pneumocystis jirovecii pneumonia Mycobacterium Tuberculosis and fungal and viral respiratory opportunistic infections
 - Gastrointestinal 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
- Pain relief, palliative and terminal care

SKILLS

- Diagnose and manage infections and infections conditions associated with HIV disease
- Liaise with and refer to other specialties, including intensive care, as indicated Skin biopsy
- Demonstrate effective multidisciplinary team working
- Explain the diagnosis and management clearly to the patient and family as appropriate

LEARNING AND ASSESSMENT METHODS

- HIV inpatient care, including on-call and care of patients in intensive care
- HIV clinics
- Attendance at study days, national and international meetings
- CBD
- DOPs for skin biopsies
- Attendance at dermatology clinics
- Attendance at multidisciplinary meetings
- Diploma in Genitourinary Medicine (Required)
- Diploma in HIV Medicine (Required)

Interface with Public Health Medicine

Objective: To understand the role of public health in the understanding of and response to the epidemiology of HIV and STIs and other relevant infectious diseases. To provide the trainee with the knowledge and skills to understand the epidemiology of HIV, STIs and other relevant infectious diseases and interface appropriately with public health in a multidisciplinary way. .

KNOWLEDGE

- The principles of epidemiology and public health
- The epidemiology of STIs and HIV and TB
- Awareness of national and local data collection methods, and their limitations
- Awareness and understanding of notification processes for statutory notifiable diseases

SKILLS

- Understanding of epidemiological reports on STIs, HIV and other relevant infectious diseases
- Assessment of individual risk in relation to relevant infectious diseases
- Contribution to multidisciplinary and multisectoral responses to STI, HIV and TB outbreaks
- Understanding of when and how to alert Public Health to concerns relating to epidemiological trends in STIs, HIV and other relevant infectious diseases

LEARNING AND ASSESSMENT METHODS

- Mandatory HST audit course
- Mandatory HST health research course
- Undertaking audit
- Attendance at Epidemiology Study Day
- CBD
- Attendance at and participation in Public Health Outbreak control meetings (desirable)

Managing Genitourinary Medicine Clinics

Objective: To acquire the knowledge, skills and attitudes to effectively provide specialist care at a Genitourinary Medicine clinic.

KNOWLEDGE

- Knowledge of statutory reporting requirements to public health
- Knowledge of the appropriate management of patients who fail to attend clinic
- Knowledge of the use of information technology to facilitate effective, safe management of GUM clinics
- Knowledge of the developments in information technology that could improve effectiveness and quality in the running of GUM clinics (appointments, infectious disease returns, attendance data, contacting, changes in clinic case mix, HIV databases).
- Competent and appropriate use of database, including data protection

SKILLS

- Database management
- IT Skills

LEARNING AND ASSESSMENT METHODS

- Mandatory HST Leadership in Clinical Practice course
- Mandatory HST Health Research course
- Mandatory HST ethics course
- Attendance at study days, national and international meetings
- Participation in clinic management meetings (year 3-4)

Dermatology in Genitourinary Medicine

Objective: To acquire adequate training, necessary skills and appropriate competence in the identification and management of dermatological conditions relevant to genitourinary medicine.

KNOWLEDGE

- Presentation, diagnosis and management of dermatological conditions relevant to genitourinary medicine
- Awareness and competence in assessment of skin conditions requiring onward referral for further assessment including to dermatology, urology and colorectal surgery
- Awareness of epidemiology, symptoms and signs of anogenital tract neoplasia.
- Awareness of appropriate assessment and investigation of anogenital symptoms
- Awareness of appropriate referral of patients with anogenital symptoms or signs suggesting malignancy or anogenital intraepithelial neoplasia
- Awareness of the classification of Vulval disorders and appropriate assessment and management (including onward referral as appropriate)
- Awareness of the extragenital manifestations of dermatological conditions relevant to genitourinary medicine

SKILLS

- Demonstrate skills pertinent to the assessment and management (including onward referral where appropriate) of patients presenting with dermatological conditions presenting to genitourinary medicine
- Demonstrate skills in the assessment and management (including onward referral where appropriate) of patients presenting with extragenital manifestations of dermatological conditions relevant to genitourinary medicine
- Demonstrate skills in the assessment of patients for skin biopsies including indications, contraindications for same

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- Attendance at dermatology clinics (including dedicated vulval clinics where possible)
- DOPS for skin biopsies
- Attendance at multidisciplinary meetings

Gynaecology and Obstetrics in Genitourinary Medicine

Objective: To acquire adequate training, necessary skills and appropriate competence in the management of relevant obstetrics and gynaecological problems.

KNOWLEDGE

- Diagnosis and management of disorders of menstruation, dysmenorrhoea, 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
- Middle and late pregnancy – knowledge of expected and normal phenomena in order to refer women with abnormalities
- Prescribing in pregnancy and the puerperium
- Abdominal and pelvic pain – differential diagnosis. Approaches to management of acute and chronic pelvic pain.
- Anogenital tract neoplasia (and intraepithelial neoplasia)
- Awareness of epidemiology, symptoms and signs of anogenital tract neoplasia.
- Awareness of appropriate assessment and investigation of anogenital symptoms
- Awareness of appropriate referral of patients with anogenital symptoms or signs suggesting malignancy or anogenital intraepithelial neoplasia
- Awareness of the value and limitations of anogenital tract cytology and colposcopy
- Vulval disorders
- Awareness of the classification of Vulval disorders and appropriate assessment and management (including onward referral as appropriate)

SKILLS

- Demonstrate skills pertinent to the management of women presenting with common obstetric problems
- Demonstrate skills pertinent to the management of women presenting with common gynaecological problems
- Demonstrate a non-judgemental and non-discriminatory approach when working with patients
- Demonstrate competence in appropriate onward referral of women presenting with obstetric and gynaecological problems to genitourinary medicine services

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- Attendance at gynaecology/obstetric and Colposcopy clinics
- Attendance at multidisciplinary meetings
- CBD
- Attendance at Study days

Laboratory Medicine (clinical microbiology and virology) in Genitourinary Medicine

Objective: To obtain an understanding of the role of the Microbiologist and Virologist and the importance of microbiological techniques (including the limitations of techniques) in the investigation of STIs, HIV and infections relevant to patients with HIV infection.

KNOWLEDGE

Knowledge of microbiological basis of STIs, HIV, and infections relevant to patients with HIV infection

- Knowledge of the pathological basis of tests and the laboratory factors affecting their interpretation

Knowledge of the appropriate use of antimicrobials in the management of patients with STIs, HIV and infections relevant to patients with HIV infection

SKILLS

- Perform laboratory tests identifying microorganisms
- Interpret the findings of microbiological investigations and recognise their limitations
- Establish close rapport and understanding with laboratory staff
- Interpret laboratory data in the context of clinical information
- Prescribe appropriate antimicrobials in response to microbiological investigations in the context of the clinical scenarios

LEARNING AND ASSESSMENT METHODS

- Attendance at STI clinics
- Attendance at HIV clinics
- Attendance at clinical microbiology and virology laboratory
- Attendance at multidisciplinary meetings
- Attendance at study days, national and international meetings
- CBD
- Diploma in Genitourinary Medicine (Required)
- Diploma in HIV Medicine (Required)

Documentation of Minimum Requirements for Training

- These are the minimum number of cases you are asked to document as part of your training. It is recommended you seek opportunities to attain a higher level of exposure as part of your self-directed learning and development of expertise.
- You should expect the demands of your post to exceed the minimum required number of cases documented for training.
- If you are having difficulty meeting a particular requirement, please contact your speciality coordinator

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Section 1 - Training Plan				
Weekly Timetable (Sample Weekly Timetable for Post/Clinical Attachment)	Required	1	Year of Training	Form 045
Personal Goals Plan (Copy of agreed Training Plan for your current training year signed by both Trainee & Trainer)	Required	1	Year of Training	Form 052
Personal Goals Review Form	Desirable	1	Year of Training	Form 137
On Call Rota	Required	1	Year of Training	Form 064
Section 2 - Training Activities				
Outpatient Clinics				
General GUM and HIV Clinics: Average 5-6 per year of training to include 1 GUM clinic and 1 HIV clinic per week	Required	80	Year of Training	Form 144
Dermatology (minimum 20 during training) to include attendance at specialist vulval clinics where possible	Required	20	Training Programme	Form144
Gynaecology (minimum 12 during training to include 4 – 6 Colposcopy Clinics)	Required	12	Training Programme	Form 144
Ward Rounds/Consultations				
Consultant led	Required	40	Year of Training	Form 144
SpR led	Required	40	Year of Training	Form 144
Consultations	Desirable	40	Year of Training	Form 144
Emergencies/Complicated Cases (Diagnosis of nature of problem and its presentation.)				

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Cases should include at least one of each of the following:				
Opportunistic infections including ICU cases	Required	5	Year of Training	Form 003
Lymphoma	Required	2	Year of Training	Form 003
Adverse drug reactions	Required	10	Year of Training	Form 003
New Diagnosis	Required	10	Year of Training	Form 003
Acute STIs	Required	5	Year of Training	Form 003
Ethical/Social Issues	Required	2	Year of Training	Form 003
Procedures/Practical Skills/Surgical Skills				
Skin Biopsy	Desirable	20	Training Programme	Form 004
Additional/Special Experience Gained				
6 weeks in O&G	Required	1	Training Programme	Form 005
Laboratory Experience				
Microbiology Laboratory (2weeks in year 2-3) where STI/HIV diagnostics are performed	Required	1	Training Programme	Form 018
Laboratory where molecular diagnostics relevant to STIs and HIV are performed (2 weeks in year 2-3)	Required	1	Training Programme	Form 018
Management Experience (Year 3 – 4)	Required	1	Training Programme	Form 110
Section 3 - Educational Activities				
Mandatory Courses				
ACLS	Required	1	Training Programme	Form 006
Certificate in Family Planning (RCPI)	Required	1	Training Programme	Form 006
Ethics Foundation	Required	1	Training Programme	Form 006
Ethics for General Medicine	Required	1	Training Programme	Form 006
An Introduction to Health Research	Required	1	Training Programme	Form 006
HST Leadership in Clinical Practice (≥ Year 3)	Required	1	Training Programme	Form 006
Mastering Communications (Year 1)	Required	1	Training Programme	Form 006
Performing Audit (Year 1)	Required	1	Training Programme	Form 006
Wellness Matters	Required	1	Training Programme	Form 006

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Non – Mandatory Courses				
Certificate in Contraception (ICGP)	Desirable	1	Training Programme	Form 007
Forensic Course	Desirable	1	Training Programme	Form 007
Study days (minimum of 2 per year)	Required	2	Year of Training	Form 008
See examples: (Disease Prevention & Health Education, Epidemiology Study Day)				
National/International meetings (attend minimum 1 per year with at least 2 days of education per year))	Required	1	Year of Training	Form 010
Participation at In-house activities minimum of 1 per month from the categories below:				
Grand Rounds (minimum 1 per month)	Required	10	Year of Training	Form 011
Pathology Conference	Desirable	1	Year of Training	Form 011
Lecture	Required	5	Year of Training	Form 011
Seminar (e.g. Radiology, TB, resistance cases)	Required	10	Year of Training	Form 011
MDT Meetings	Required	5	Year of Training	Form 011
Journal Club	Required	10	Year of Training	Form 011
Examinations				
Diploma in GUM	Required	1	Training Programme	Form 012
Diploma in HIV	Required	1	Training Programme	Form 012
Delivery of Teaching				
Lecture, tutorial and bedside teaching	Required	10	Year of Training	Form 013
Research	Desirable	1	Training Programme	Form 014
Audit activities and Reporting (1 per year either to start or complete, Quality Improvement (QI) projects can be uploaded against audit)	Required	1	Year of Training	Form 135
Publications	Desirable	1	Year of Training	Form 016
Presentations (1 oral/poster per year)	Required	1	Year of Training	Form 017
Committee Attendance	Desirable	1	Training Programme	Form 063

Curriculum Requirement	Required/Desirable	Minimum Requirement	Reporting Period	Form Name
Additional Qualifications	Desirable	1	Training Programme	Form 065
Section 4 – Assessment				
CBD	Required	2	Year of Training	Form 020
See examples: (Genital Infestations, Viral Hepatitis, Anti-retroviral Prescribing, HIV Testing and Counselling, Gastrointestinal Presentation of HIV, Neurological Presentation of HIV, HIV Associated Malignancies, Haematological Presentations of HIV Diseases)				
DOPS				
Skin Biopsy	Required	1	Training Programme	Form 021
Mini-CEX (At least two Mini-CEX assessments)	Required	2	Year of Training	Form 023
Quarterly Assessment	Required	4	Year of Training	Form 092