

## Guidance on implementation of the 2016 Genitourinary Medicine curriculum

### Background

The 2016 Genitourinary Medicine (GUM) curriculum was produced primarily to reflect changes that had already taken place in HIV prevention, treatment and care clinical practice in the UK. The major factor driving the changes has been the positive impact of antiretroviral therapy. Few individuals living with HIV now develop AIDS-related opportunistic infections or neoplasms. Therapy is initiated at an earlier stage of the condition, improving prognosis. Many patients now take single tablet once daily regimens without food or lifestyle restrictions. Over 90% of individuals living with HIV are now on treatment with 95% having no detectable virus in the blood and normal life expectancy.

As these changes were going to be made to the curriculum, it provided an opportunity to clarify competencies relating to sexual problems, and also to make it explicit rather than implicit that history taking and examination competencies includes female, male and transgender/non-binary individuals.

The overwhelming feedback from TPDs, Educational Supervisors and trainees when the proposed curriculum was sent out for comment was that the changes reflected what the trainees were already doing and could be implemented without difficulty.

The GMC requires trainees working towards a certificate of completion of training (CCT) to work towards the most current curriculum within two years of implementation.

The 2016 curriculum and ARCP decision aid will go live on 1 December 2016 to coincide with World Aids Day. These documents will be available on the [JRCPTB specialty webpage](#).

### Transition of current trainees

#### Year 1 trainees (ST3)

- From 1 December trainees will move to the new curriculum with all competencies and workplace-based assessment (WPBA) requirements to be completed in line with the 2016 curriculum and ARCP decision aid.

#### Year 2 trainees (ST4)

- From 1 December trainees will transfer to the updated curriculum with all competencies and workplace-based assessment (WPBA) requirements to be completed in line with the 2016 curriculum and ARCP decision aid.

#### Year 3 trainees (ST5)

- Trainees may complete training on the 2010 (2012 amendments) GUM curriculum providing their CCT date is within two years of implementation of the 2016 curriculum (ie 1 December 2018). Trainees in this category have the option to transfer to the new curriculum.

- Trainee's with a CCT date later 1 December 2018 should transfer to the new curriculum and discuss with their Educational Supervisor any additional training needs to meet the outcomes of the 2016 curriculum. It is anticipated that external attachments to large regional HIV units to gain experience of uncommon late complications will be required less frequently. Depending on local service configuration, trainees may wish to undertake out-patient attachments to gain experience in treating individuals living with hepatitis C being treated with new drug classes.

#### Year 4 trainee (ST6)

- All ST6 trainees will have completed the Diploma in HIV Medicine (DipHIV) and may remain on the 2010 (2012 amendments) GUM curriculum for the remainder of their training providing they meet all the curriculum requirements and complete training by 1 December 2018. There will be no requirement to undertake any further modular teaching or assessment.
- Trainees can transfer to 2016 curriculum on request and any additional training targets should be agreed with Educational Supervisor.

#### ePortfolio

- Trainees who are transferring should contact [curriculum@jrcptb.org.uk](mailto:curriculum@jrcptb.org.uk) to request that the 2016 curriculum is added to their ePortfolio account. Please note the 2016 curriculum will not go live on the ePortfolio until mid-November.
- It is not mandated that trainees transferring to the new curriculum should mark off on the new 2016 curriculum competencies that have already been achieved for previous years, but trainees and educational supervisors may find it helpful to add ratings for these competencies and insert "see evidence on previous curriculum" in the comments section.

Please see the table below for details of the curriculum changes.

## Mapping of 2016 changes to Genitourinary medicine (GUM) curriculum

Section	2010 Curriculum	2016 Curriculum	Rationale
Rationale Page 4	2.2 Development	2.2 Development	This section has been updated to reflect the changes made to the 2010 curriculum
Syllabus – GUM competencies Page 10	<p>1. Sexual and medical history</p> <p>Knowledge: Recognise importance of different elements of medical and sexual history</p> <p>Recognise that domestic violence (physical and or sexual violence) is an issue for many men, women and children. Describe care pathways and onward referral.</p> <p>Explain the “NHS Trust and Primary Care Trusts (Sexually Transmitted Diseases) directions 2000” and confidentiality as applies to GUM</p>	<p>1. Sexual and medical history</p> <p>Knowledge: Recognise importance of different elements of medical and sexual history <i>for females, males, transgender/non-binary individuals.</i></p> <p>Recognise that <i>gender-based</i> violence (physical and or sexual violence <i>including female genital mutilation (FGM) and domestic violence</i>) is an issue for <i>individuals of all age groups</i>. Describe care pathways and onward referral.</p> <p>Explain <i>confidentiality legislation</i> as applies to GUM</p> <p><i>New content:</i> To provide safe, sensitive, effective care for women and children who have been subjected to FGM in partnership with other relevant agencies</p> <p>To be aware of requirements for</p>	<p>Revision to ensure trainees are explicitly aware of and respond to needs of transgender / non-binary individuals</p> <p>Widening of the term domestic violence to include all gender-based violence at all age groups and to include explicit reference to FGM and mandatory reporting requirements</p> <p>Broader term to recognise updated acts of legislation and devolved UK administrations.</p>

		mandatory reporting of FGM as described by the RCOG and the BASHH sexual violence special interest group.	
Syllabus – GUM competencies Page 13	2. Examination of the Genitals, Anus, Rectum and Systems – Decision Making and Clinical Reasoning	2. Examination of the Genitals, Anus, Rectum and Systems – Decision Making and Clinical Reasoning  Addition to knowledge: <i>Be able to perform genital examination in females, males, transgender/non-binary individuals</i>	Revision to ensure trainees are explicitly aware of and respond to the needs of transgender / non-binary individuals
Syllabus – GUM competencies Page 24	10. Genital lumps, cancer and human papillomavirus infection (HPV)  Knowledge: Explain the NHS cervical screening programme.  Level descriptor 1: Can examine and formulate differential diagnosis in patients presenting with genital lumps, asks for advise/uses guidelines for complex cases. Can perform cervical cytology. Understands the responsibilities of the smear taker in the context of the UK cervical screening programme.	10. Genital lumps, cancer and human papillomavirus infection (HPV)  Knowledge: Explain the <i>national</i> cervical screening programme.  Level descriptor 1: Can examine and formulate differential diagnosis in patients presenting with genital lumps, asks for advise/uses guidelines for complex cases. Can perform cervical cytology. Understands the responsibilities of the smear taker in the context of the <i>national</i> cervical screening programme.	Broader term to recognise changes in NHS legislation and devolved UK administrations.
Syllabus – GUM competencies Page 26		12. Sexual dysfunction – <i>new section</i>	This addresses a gap identified through consultation with trainees and specialists. This new content has been produced through collaboration with the British Association for Sexual Health and HIV (BASHH) sexual dysfunction Special Interest Group

<p>Syllabus – GUM competencies</p> <p>Page 27</p>	<p>12. Sexual assault/sexual abuse</p>	<p>13. Sexual assault/sexual abuse</p> <p>Addition to knowledge: <i>Explain the procedure for identifying child exploitation and how to assess in clinic</i></p>	<p>Include knowledge of child sexual exploitation and how to assess in clinic. Increased emphasis reflecting findings of national reports.</p>
<p>Syllabus – GUM competencies</p> <p>Page 28</p>	<p>13. Genital infections in pregnancy</p>	<p>14. Genital infections in pregnancy</p> <p>Addition to knowledge: <i>Explain the diagnosis, complications, treatment and management specific to of bacterial vaginosis, candida and group B Streptococcus (GBS)</i></p>	<p>Addition of specific knowledge of bacterial vaginosis, candida and group B Streptococcus (GBS) as significance may differ in pregnancy</p>
<p>Syllabus – GUM competencies</p> <p>Page 30</p>	<p>14. Genital infections in newborn, infants and children</p> <p>Knowledge: Knowledge of signs indicting child abuse and knows how to liaise with child protection services and refer</p> <p>Behaviours: Work effectively in a team with nurses, health advisors, social services, obstetricians, GP and paediatricians</p> <p>Be alert to the possibility of child abuse</p> <p>Level descriptor: Understands Fraser competency and vulnerability and is aware of the multidisciplinary child protection team within the unit</p>	<p>15. Genital infections in newborn, infants and children</p> <p>Knowledge: Knowledge of signs indicting child <i>sexual assault</i> and knows how to liaise with child protection services/<i>safeguarding team</i> and refer</p> <p>Behaviours: Work effectively in a team with nurses, <i>safeguarding team</i>, health advisors, social services, obstetricians, GPs, paediatricians, <i>teachers, nursery staff and registered child minders</i>.</p> <p>Be alert to the possibility of child <i>sexual assault</i></p> <p>Level descriptor: Understands Fraser competency and vulnerability and is aware of the</p>	<p>Updated to reflect current terminology including in devolved UK administrations.</p> <p>Added reference to teachers, nursery staff and registered child minders as part of the team.</p>

		multidisciplinary child protection/ <i>safeguarding team</i> within the unit.	
Syllabus - HIV competencies  Pages 40-60	21. To test individuals for HIV infection 22. HIV exposure and post-exposure prophylaxis 23. Early HIV and primary HIV infection 24. Advanced immunosuppression in HIV 25. To prescribe and monitor antiretroviral therapy 26. Therapeutics and safe prescribing 27. Antiretroviral treatment failure 28. Side effects and toxicity of ARV treatment. 29. Respiratory, ear, nose, and throat complications of HIV disease 30. Metabolic and cardiovascular disease related to HIV infection 31. Gastro-intestinal disease related to HIV infection and its treatment 32. Hepatitis B and/or C infection including in those who are HIV positive 33. Renal and musculoskeletal complications of HIV 34. Ophthalmological, neurological and psychiatric presentations of HIV 35. Dermatological presentations of HIV disease 36. HIV-associated malignancies and other haematological conditions	22. HIV testing and diagnosis 23. Epidemiology, natural history and general management of HIV 1 and HIV 2 infection 24. Prevention of HIV transmission 25. Complications of HIV infection 26. Antiretroviral Treatment 27. Viral hepatitis including co-infection with HIV 28. Psychosocial aspects of HIV 29. Sexual and Reproductive health	The syllabus content on HIV has been rationalised into eight key sections. These now more closely map to guidelines for the delivery of HIV care produced by the British HIV Association ( <a href="http://www.bhiva.org/guidelines.aspx">http://www.bhiva.org/guidelines.aspx</a> ). The focus on late stage opportunistic infections and neoplasms system by system has changed as these are now uncommonly seen in individuals being treated with antiretroviral therapy.

	37. Disseminated infections and other conditions of HIV disease 38. HIV within specific patient groups.		
Syllabus – Medical Leadership and Management  Page 67	Managing Services	Managing Services  Additional knowledge: <i>Awareness of local commissioning processes, service level agreements, tendering and implications for sexual health service delivery</i>	To make more explicit the need to be aware of local commissioning processes, service level agreements, tendering and implications for sexual health service delivery
5.5 ARCP Decision Aid  Page 91	5.5 ARCP Decision Aid	5.5 ARCP Decision Aid	The ARCP decision aid has been replaced with the most up to date version
<b>Generic content updating</b>			
3.2 Good Medical Practice (and syllabus)  Page 7	3.3 Good Medical Practice	3.3 Good Medical Practice	This generic revision brings this section up to date and the content of learning/syllabus has been mapped to the 2013 version of GMP
5.3 Assessment methods  Page 89		Additions:  <b>Multiple Consultant Report (MCR)</b> The Multiple Consultant Report (MCR) captures the views of consultant supervisors on a trainee's clinical performance. The MCR year summary sheet summarises the feedback received, outcomes for clinical areas and comments which will give valuable insight to how well the trainee is performing, highlighting areas of excellence and areas of support	Multiple Consultant Report (MCR) added to the assessment methods and blueprinted to the syllabus as agreed with GMC for all physician specialties  Quality Improvement Project Assessment Tool (QIPAT) added to assessment methods and mapped to the syllabus as an alternative tool to the Audit Assessment (AA)

		<p>required. MCR feedback will be available to the trainee and included in the educational supervisor's report</p> <p><b>Quality Improvement Project Assessment Tool (QIPAT)</b></p> <p>The Quality Improvement Project Assessment tool is designed to assess a trainee's competence in completing a quality improvement project. The Quality Improvement Project Assessment can be based on review of quality improvement project documentation OR on a presentation of the quality improvement project at a meeting. If possible the trainee should be assessed on the same quality improvement project by more than one assessor.</p>	
<p>9. Equality and diversity</p> <p>Page 101</p>	9. Equality and diversity	9. Equality and diversity	This section has been updated in line with policy and legislation

1 November 2016