



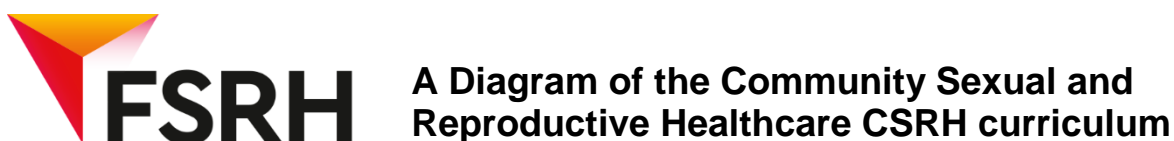
# **CSRH Specialty Curriculum Modules**

# Introduction

UK Training in Community Sexual and Reproductive Health (**CSRH**) consists of six years specialty training. The CSRH CCT Training programme is divided into three phases: basic, intermediate and advanced training. The curricular trajectory of the programme is that trainees will be awarded the Certificate of Completion of Training (**CCT**) at the end of six years (see **Fig 1** below). The [content and structure](#) of the programme has been approved by the GMC.

Two specialty specific committees; The Assessment & Curriculum Committee (**ACC**) and The Specialty Advisory Committee (**SAC**) manage the content and structure of the CSRH programme. These committees report to an over archiving strategic committee; The Education Strategy Board (**ESB**) which reports to FSRH Council and is responsible for the delivery of the specialty programme alongside the Lead Dean for CSRH. Additionally, these committees are responsible for the final recommendations to the GMC regarding the eligibility of doctors for the award of the CCT on successful completion of the training programme.

Fig 1.



CSRH Curriculum – 15 Modules					
Basic Training			Intermediate Training		Advanced training
ST1	ST2	ST3	ST4	ST5	ST6
ARCP	ARCP	ARCP	ARCP	ARCP	ARCP
DFSRH	MFSRH PART 1			MFSRH PART 2	
					Award of CCT/CP certificate
A break-down of all mandatory requirements can be found in Version four (2017) CSRH ARCP Matrix Annual Expectation of Educational Progression ST1 – ST6					

## The CSRH Training e-Portfolio

Each Trainee will be provided with an ePortfolio account when commencing the CSRH programme. The CSRH ePortfolio will provide a comprehensive record of training and will evidence progression through training. It is a resource that both trainer and trainee can use to

make training explicit, accountable, systematic and fit for purpose. A CSRH NHS e-portfolio logbook will also be issued to each trainee at commencement of training (this will appear on your ePortfolio account when live). Trainees should start building their e-portfolio at the start of ST1.

Attainment of competencies will be a central feature of CSRH training that will form a record of increasing achievement and progression through the curriculum. Achieving competencies to a defined level in the 15 modules that make up the portfolio is mandatory for progression from basic to intermediate training (ST3 to ST4) and from intermediate to advanced training (ST5 to ST6).

Successful completion of the logbook is a prerequisite for the award of the CCT or CP. The stages at which different competences need to be obtained are indicated in the logbook and ARCP Matrix and are colour coded according to separate training levels within the CSRH curriculum document. All basic competencies must be signed off before progressing from ST3 to ST4. All intermediate competences are to be completed prior to moving from year ST5 to ST6 and the advanced competencies are completed prior to the final ARCP assessment for the CCT.

## 1.1 The Logbook

Within each of the 15 CSRH modules is a logbook section that requires an electronic signature from the trainee's Educational Supervisor (ES). As new competencies are acquired, trainees should request a **SIGNED** and **DATED** paper version of the relevant section in the logbook (CSRH Curriculum - available to download from the [FSRH website](#)). The ES can then sign off the competency in the e-portfolio. Unless the competency is **signed and dated in the e-portfolio**, the completion of the module will not be accepted by ACC/SAC.

At the end of each module, in the paper logbook there is a section for each Clinical Supervisor to print and sign their names. Clinical Supervisor's may or may not be CSRH specialists and, some skills may be taught by senior trainees or senior specialist nurses.

The logbook competencies, as part of the modular CSRH portfolio, are not designed to be completed in isolation or during one period of training. Trainees will acquire skills at different times depending upon the opportunities provided by each clinical post. By the end of intermediate training (ST5), however, trainees must have completed and have signed off all of the intermediate skills targets to the level indicated in the logbook. Failure to complete the logbook will delay progression to advanced training (ST6).

## 1.2 How will CSRH training be assessed regarding other assessments and examinations?

The logbook makes use of a simple system for recording the acquisition of clinical skills. Each module has specific training targets and the final level of competence is reached in stages, ranging from observation (Level 1) through direct supervision (Level 2) to independent practice (Level 3).

### Example of a logbook item from module 11 – Ethics and Legal Issues

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
1. Undertake consultations with empathy and compassion						
2. Obtain valid written consent for operative procedure						
3. Obtain valid verbal consent for minor procedure						
4. Demonstrate ability to adhere to Fraser guidelines						
5. Liaise with Child Protection team						
6. Demonstrate ability to treat vulnerable adults						
7. Demonstrate ability to discuss clinical risk						
8. Write report documenting management of a case which is the subject of threatened litigation						
9. Respond to a letter of complaint						

#### Level 1:

**Level 1 (Observation)** Trainees should be signed off at Level 1 before moving to Level 2 (where the relevant clinical skill/problem will be undertaken under supervision). The trainee should:

- demonstrate a thorough understanding of the **principles** of the competence/clinical skill/situation, including the **indication** for the procedure and the **common complications**
- be aware that before undertaking any clinical skill under direct supervision that they will have **observed the procedure on a number of occasions**
- use **other methodologies** (for example, drills, simulation, e-learning and case-based discussion assessments) if direct experience of the procedure or clinical problem is not possible.

#### Anchor statement:

***‘Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation.’***

## **Level 2:**

### **Level 2** (Direct supervision)

Trainees must be observed directly in different clinical situations before being signed off at Level 2. The trainee should:

- **perform** the clinical skill/manage case **under supervision**
- be aware that the number of times the competence/clinical skill/situation needs to be supervised depends on the **complexity of the case** and **individual aptitude**
- be aware there is therefore **no limit to the number of times the procedure can be supervised** and there is no advantage in having a module signed off until the trainee and trainer are certain that the trainee can **safely perform this procedure in a number of different clinical situations and at varying levels of complexity**
- be able to manage any **unexpected complications** and know **when to summon senior help**.

### **Anchor statement:**

***‘The trainee is capable of performing the task or managing the clinical problem but with senior support.’***

## **Level 3:**

### **Level 3** (Independent practice)

The progression to independent practice may be the most difficult for trainees. Once trainees have been signed off at Level 2, they should start the process of performing procedures with less and less supervision, as agreed with a trainer. To be signed off for independent practice, the trainee should demonstrate the following:

- the **ability** and **confidence** to perform the clinical skill/situation competently **when senior staff are not immediately available**, e.g. out of the hospital or clinic
- a willingness to move on to **experiential learning** with further case exposure
- a willingness to **keep a record of the numbers of cases/procedures subsequently managed** (including any complications and their resolution).

Once deemed competent at Level 3, if appropriate, trainees must keep a formal record of the numbers of the procedures they subsequently perform and any complications that arise. They will need this information for revalidation. The necessary log of experience forms can be found in Section 8 of the Training Portfolio.

Remember that **competency** is a baseline level for safe independent practice with further exposure and experience leading to **proficiency** and subsequently **expertise** (the latter will generally be developed post-CCT).

### **Anchor statement:**

***'To be deemed competent, the majority of cases are managed with no direct supervision or assistance (senior support will be requested in certain complex cases/complications).'*** Achieving competency using other methodologies.

Trainees may find that there are some rarer clinical presentations contained within the curriculum in which it proves difficulty to develop competency. Trainees and trainers should be aware that in such circumstances (and only these circumstances), trainees need not be seen to observe or perform the relevant procedure in the clinical environment in order to be successfully assessed and in order to progress through training. Instead, alternative training methods may be used (drills, simulation, e-learning) together with case-based discussion assessments, which should be continued until all requirements at the specific assessment level are met.

When signing off a trainee using the above approach, trainers must mark 'OM' i.e. other methodology alongside their signature. As a guide for trainees and clinical supervisors, the logbooks are annotated with 'OM' and this highlights examples of competences in which this approach might be reasonably considered. However, these are examples and not necessarily the only situations in which the use of other methodologies may be relevant.

# Contents Page:

<b>MODULE 1: BASIC CLINICAL SKILLS</b>	<b>11</b>
<b>1) Learning Outcomes:</b>	<b>12</b>
a. History Taking:	12
b. Clinical Examination and Investigation:	13
c. Note keeping:	14
d. Time Management & Decision Making:	15
e. Communication:	16
<b>2) Basic Clinical Skills</b>	<b>17</b>
a. Skills	17
b. Training Courses or Sessions	19
c. Authorisation of Signatures	20
d. Completion of Module 1	20
<b>MODULE 2: CONTRACEPTION</b>	<b>21</b>
<b>1) Learning Outcomes:</b>	<b>22</b>
a.	22
<b>2) Basic Clinical Skills</b>	<b>25</b>
a. Skills	25
b. Training courses or sessions	27
c. Authorisation of signatures	28
d. Completion of Module 2	28
<b>MODULE 3: UNPLANNED PREGNANCY AND ABORTION CARE</b>	<b>29</b>
<b>1) Learning Outcomes:</b>	<b>30</b>
a. Special consideration for Abortion Care:	30
b. Unplanned pregnancy:	31
c. General Skills for Abortion care including pre-assessment and post-procedure review:	33
d. Medical Abortion procedures:	36
e. Surgical abortion procedures (up to 14 weeks) by manual or electric vacuum aspiration:	38
<b>2) Basic Clinical Skills f. unplanned pregnancy</b>	<b>39</b>
a. Skills	39
b. General Skills for Abortion care including pre-assessment and post-procedure review:	40
d. Surgical abortion (up to 14 weeks) by manual or electric vacuum aspiration:	43
e. Training courses or sessions	44
f. Authorisation of signatures	44
g. Completion of Module 3	45
<b>3) Appendix 1 to Module 3:</b>	<b>46</b>
Interview/history taking skills:	46
Clinical Management:	46
Clinical Skills Checklist:	47
Problem Solving:	47
Behaviour/Relationship with Client/Other Staff checklist:	47
<b>4) Appendix 2 to Curriculum Module 3:</b>	<b>47</b>
Surgical:	47
Medical:	47
<b>MODULE 4: GYNAECOLOGY</b>	<b>48</b>

<b>1) Learning Outcomes:</b>	<b>49</b>
a. Medical Gynaecology:	49
b. Surgical Gynaecology:	50
<b>2) Appendix to Curriculum Module 4: Details of Knowledge Criteria</b>	<b>51</b>
1. Menstrual disorders:	51
<b>3) Basic Clinical Skills</b>	<b>53</b>
a. Skills	53
b. Training courses or session	56
c. Authorisation of Signatures	56
d. Completion of Module	57
<b>MODULE 5: SPECIALIST GYNAECOLOGY</b>	<b>58</b>
<b>1) Learning Outcomes:</b>	<b>59</b>
a. Subfertility:	59
b. Gynaecological oncology:	60
c. Urogynaecology and pelvic floor problems:	61
<b>2) Basic Clinical Skills</b>	<b>62</b>
a. Skills	62
b. Training courses or sessions	64
c. Authorisation of signatures	64
d. Completion of Module 5	65
<b>MODULE 6: PREGNANCY</b>	<b>66</b>
<b>1) Learning Outcomes:</b>	<b>67</b>
a. Early pregnancy care:	67
b. Antenatal care:	68
c. Intra-partum care:	70
d. Post-partum care:	71
<b>2) Basic Clinical Skills</b>	<b>72</b>
a. Skills	72
b. Training courses or sessions	76
c. Authorisation of signatures	76
<b>MODULE 7: MENOPAUSE AND PMS</b>	<b>78</b>
<b>1) Learning Outcomes:</b>	<b>79</b>
a. General Menopause:	79
b. Bone:	80
c. Breasts:	81
d. Cardiovascular System:	81
e. HRT	82
f. Pre-Menstrual Syndrome:	82
<b>2) Basic Clinical Skills</b>	<b>83</b>
a. Skills	83
b. Training courses or sessions	86
c. Authorisation of signatures	86
d. Completion of Module 7	86
<b>MODULE 8: GENITOURINARY MEDICINE</b>	<b>88</b>
1) Learning Outcomes:	89
a. Learning Outcome 1: Recognise, diagnose and manage genital tract infections in both men and women; men who have sex with men (MSM), lesbian, and transgender (LGBT) clients in conjunction with appropriate colleagues.	90

b.	Learning Outcome 2: Carry out HIV pre and post-test discussion and testing.	92
c.	Learning Outcome 3 - Understand prevention and vaccination strategies	93
d.	Learning Outcome 4: Assess and undertake initial management in conjunction with appropriate colleagues of genital infections in pregnant women, the newborn, infants and children.	94
<b>2)</b>	<b>Basic Clinical Skills</b>	<b>95</b>
a.	Skills	95
b.	Training courses or sessions	98
c.	Authorisation of signature	99
d.	Completion of Module 8	99
 <b>MODULE 9: PUBLIC HEALTH</b>		<b>100</b>
<b>1)</b>	<b>Learning Outcomes:</b>	<b>101</b>
a.		101
b.		102
c.		102
d.		103
e.		103
<b>2)</b>	<b>Basic Clinical Skills</b>	<b>104</b>
a.	Skills	104
a.	Authorisation of signatures	107
b.	Training courses or sessions	107
c.	Completion of Module 9	108
<b>3)</b>	<b>APPENDIX</b>	<b>109</b>
 <b>MODULE 10: TEACHING APPRAISAL AND ASSESSMENT</b>		<b>110</b>
<b>1)</b>	<b>Learning Outcomes:</b>	<b>111</b>
<b>2)</b>	<b>Basic Clinical Skills</b>	<b>113</b>
a.	Skills	113
b.	Training courses or sessions	114
c.	Authorisation of signatures	115
d.	Completion of Module 10	115
 <b>MODULE 11: ETHICS AND LEGAL ISSUES</b>		<b>116</b>
<b>1)</b>	<b>Learning Outcomes:</b>	<b>117</b>
a.	Ethical Principles	117
b.	Consent:	118
c.	Confidentiality:	119
d.	Legal Issues:	120
<b>2)</b>	<b>Basic Clinical Skills</b>	<b>121</b>
a.	Skills	121
b.	Training course or sessions	122
c.	Authorisation of signature	122
	Completion of Module 11	123
 <b>MODULE 12: LEADERSHIP MANAGEMENT AND GOVERNANCE</b>		<b>124</b>
<b>1)</b>	<b>Learning Outcomes</b>	<b>125</b>
a.	Leadership	125
b.	Team Working and Partnerships	126
c.	Governance	127
i.	Staff Governance	127
ii.	Clinical Governance	128
iii.	Financial Governance	129

d. Service Development	130
e. Strategy	131
<b>2) Basic Clinical Skills</b>	<b>132</b>
a. Skills	132
b. Training courses or sessions	133
c. Authorisation of signatures	134
d. Completion of Module 12	134
<b>MODULE 13: IT, AUDIT AND RESEARCH</b>	<b>135</b>
<b>1) Learning Outcomes:</b>	<b>136</b>
a. Research Methods:	136
b. IT	137
c. Audit:	138
<b>2) Basic Clinical Skills</b>	<b>139</b>
a. Skills	139
b. Training courses or sessions	140
c. Authorisation of signatures	140
d. Completion of Module 13	140
<b>MODULE 14: SEXUAL ASSAULT</b>	<b>141</b>
<b>1) Learning Outcome:</b>	<b>142</b>
<b>2) Basic Clinical Skills</b>	<b>146</b>
a. Skills	146
b. Training courses or sessions	148
c. Authorisation of signatures	149
d. Completion of Module 14	149
<b>MODULE 15: SEXUAL PROBLEMS</b>	<b>150</b>
<b>1) Learning Outcomes:</b>	<b>151</b>
<b>2) Basic Clinical Skills</b>	<b>153</b>
a. Skills	153
b. Training courses or sessions -recommended	154
c. Authorisation of Trainer Signatures	154
d. Completion of Module 15:	155

## **Module 1: Basic Clinical Skills**



## CSRH Curriculum Module 1: Basic Clinical Skills

### 1) Learning Outcomes:

1. Utilises the appropriate knowledge, skills and attitudes to perform assessment of women and men by means of clinical history taking and physical examination.
2. Manages problems in a structured and flexible way.
3. Communicates effectively with women and men from diverse ethnic and socio-behavioural groups in a variety of clinical situations and involving other professional groups where appropriate.
4. Manages time effectively.

#### a. History Taking:

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. The pattern of common and uncommon symptoms in women and men presenting with sexual and reproductive health issues</li> <li>2. The pattern of common and uncommon symptoms in women presenting with gynaecological and obstetric problems</li> </ol>	<ol style="list-style-type: none"> <li>1. A sexual and reproductive health history from women and men is taken and analysed in a succinct and logical manner.</li> <li>2. A gynaecological and obstetric history is taken and analysed in a succinct and logical manner</li> <li>3. Manages and resolves difficulties of language, physical, educational and mental impairment.</li> <li>4. Appreciates the importance of the interplay between social, clinical and psychological factors for patients &amp; their relatives and carers</li> <li>5. Monitors and manages personal and professional ethical standards arising from patient interactions</li> </ol>	<ol style="list-style-type: none"> <li>1. Shows empathy and respect, and develops rapport with patients</li> <li>2. Demonstrates good communication skills</li> <li>3. Acknowledges and respects cultural diversity</li> <li>4. Recognises the need for interpreters and health advocates</li> <li>5. Recognises the hidden agenda/ unvoiced concerns (conscious and unconscious) in sexual health and gynaecological consultations.</li> </ol>	<ol style="list-style-type: none"> <li>1. e-DFSRH</li> <li>2. STIF course</li> <li>3. StratOG.net</li> <li>4. Local and regional generic training courses e.g. Breaking Bad News, Equality and Diversity</li> </ol>	<ol style="list-style-type: none"> <li>1. DFSRH</li> <li>2. CBD</li> <li>3. Mini CEX</li> <li>4. MSF</li> <li>5. Reflective diary</li> </ol>

## b. Clinical Examination and Investigation:

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. The pathophysiological basis of physical signs</li> <li>2. The indications, risks, benefits and effectiveness of investigations</li> <li>3. The applied clinical science of female and male reproduction</li> <li>4. Clinical guidelines relevant to sexual health</li> <li>5. Ethical guidelines relevant to intimate examination</li> </ol>	<ol style="list-style-type: none"> <li>1. Performs a reliable, and selects an appropriate, examination in women, including:               <ol style="list-style-type: none"> <li>1.1. Breast examination</li> <li>1.2. Abdominal examination Non-Pregnant Pregnant</li> <li>1.3. External genital examination</li> <li>1.4. Vaginal examination Bimanual Speculum</li> <li>1.5. Microbiology and virology samples:</li> <li>1.6. throat, vagina, cervix, , rectum, urine</li> <li>1.7. Cervical cytology</li> </ol> </li> <li>2. Performs a reliable, and selects an appropriate examination, in men, including               <ol style="list-style-type: none"> <li>2.1. Abdominal examination</li> <li>2.2. Examination of external genitalia</li> <li>2.3. Examination of groin</li> <li>2.4. Rectal examination and proctoscopy</li> <li>2.5. Microbiology and virology samples:</li> <li>2.6. throat, urethra, rectum, urine</li> </ol> </li> <li>3. Selects and performs relevant further investigations competently</li> <li>4. Applies sound clinical judgement to the Interpretation of the results of investigations</li> <li>5. Liaise and discuss investigations with colleagues</li> </ol>	<ol style="list-style-type: none"> <li>1. Respect client's dignity &amp; confidentiality</li> <li>2. Acknowledge and respect cultural diversity</li> <li>3. Involves relatives appropriately</li> <li>4. Acknowledges the need for a chaperone</li> <li>5. Acknowledges the need for a client to seek a female or male attendant</li> <li>6. Acknowledges the request for a female or male doctor</li> <li>7. Promotes shared awareness and understanding by making explanations to patients in language they can understand</li> <li>8. Recognises the limits of one's ability and the need to ask for help and appropriate onward referral</li> <li>9. Uses professional standards and ethical guidelines to inform practice</li> </ol>	<ol style="list-style-type: none"> <li>1. GMC Good Medical Practice</li> <li>2. e-DFSRH</li> <li>3. Clinical attachment to local Breast Unit</li> <li>4. RCOG Gynaecological examinations; guidelines for specialist practice 2002 <a href="http://www.rcog.org.uk/resources/public/pdf/WP_GynaeExams4.pdf">http://www.rcog.org.uk/resources/public/pdf/WP_GynaeExams4.pdf</a></li> <li>5. RCOG Standards in Gynaecology 2008 <a href="http://www.rcog.org.uk/resources/public/pdf/GYNStandardsWPR(web)0608.pdf">http://www.rcog.org.uk/resources/public/pdf/GYNStandardsWPR(web)0608.pdf</a></li> <li>6. NHS Cervical Screening Programme <a href="http://www.cancerscreening.nhs.uk/cervical/index.html">http://www.cancerscreening.nhs.uk/cervical/index.html</a></li> <li>7. NHS Breast Screening Programme <a href="http://www.cancerscreening.nhs.uk/breastscreen/index.html">http://www.cancerscreening.nhs.uk/breastscreen/index.html</a></li> <li>8. Laboratory visits e.g. microbiology, cytology, pathology</li> <li>9. Urology/GUM attachment for male examination skills</li> </ol>	<ol style="list-style-type: none"> <li>1. DFSRH</li> <li>2. Logbook</li> <li>3. Reflective diary</li> <li>4. DOPS</li> <li>5. MFSRH Part 1</li> </ol>

**c. Note keeping:**

<b>Knowledge Criteria (KC)</b>	<b>Clinical Competency (CC)</b>	<b>Professional Skills and Attitudes (PSA)</b>	<b>Training Support (TS)</b>	<b>Evidence/Assessment (E/A)</b>
<p>1. The importance and conventions of accurate clinical note keeping</p> <p>2. The relevance of data protection pertaining to patient confidentiality</p>	<p>1. Records and communicates concisely, accurately, confidentially &amp; legibly the results of the consultation: history, examination, investigations and management plan</p> <p>2. Appreciates the importance of timely dictation, cost effective use of medical secretaries &amp; increasing use of electronic communication</p>	<p>1. Maintains dialogue or rapport when note taking and using the computer</p> <p>2. Mark each note entry with date, signature, name and status</p> <p>3. The limitations and problems of electronic communication in a clinical setting</p> <p>4. Communicates promptly and accurately with primary care and other agencies</p> <p>5. Demonstrates courtesy towards secretaries, clerical and other staff</p>	<p>1. NHS Confidentiality Code of Practice. 2007. Guidelines on the use and protection of patient information. <a href="http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/PatientConfidentialityAndCaldicottGuardians/DH_4100550">http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/PatientConfidentialityAndCaldicottGuardians/DH_4100550</a></p> <p>2. Clinical Standards for Record Keeping. 2008 Faculty of Sexual and Reproductive Health <a href="http://www.fsrh.org/admin/uploads/ServiceStandardsRecordKeeping.pdf">http://www.fsrh.org/admin/uploads/ServiceStandardsRecordKeeping.pdf</a></p> <p>3. NHS Caldicott Guardians 2008 <a href="http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100563">http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100563</a></p> <p>4. NHS Guidance on patient records</p>	<p>1. DFSRH</p> <p>2. MSF</p> <p>3. CBD</p>

#### d. Time Management & Decision Making:

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. Clinical priorities and their Identification, evaluation and categorisation	1. Prioritises clinical tasks 2. Works with increasing efficiency as clinical skills develop 3. Knows when- and where - to get help, is self-aware and self-caring 4. Anticipates future clinical events and plans appropriately 5. Solves problems with a structured, flexible and open decision making approach	1. Keeps consultations to time and to task 2. Has realistic expectations of tasks to be completed, and timeframe for tasks 3. Prioritises workload 4. Appreciates the internal signs of one's own stress and asks for help 5. Willingness to consult and work as part of a team 6. Receptive to feedback on performance 7. Learns to be flexible, and willing to take advice, and change practice in the light of new information	1. Local and regional generic courses in consultation skills such as: 1.1. 'Time management' 2. GMC Consent: Doctors and patients making decisions together 2008 3. <a href="http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance/index.asp">http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance/index.asp</a> 4. FSRH clinical standards documents 5. GMC Good Medical Practice	1. DFSRH 2. MSF 3. CBD

**e. Communication:**

<b>Knowledge Criteria (KC)</b>	<b>Clinical Competency (CC)</b>	<b>Professional Skills and Attitudes (PSA)</b>	<b>Training Support (TS)</b>	<b>Evidence/Assessment (E/A)</b>
1. Methods of effective verbal and non-verbal communication associated with good doctor/patient/ client interactions	1. Communicates clearly both verbally & in writing to clients, including those whose first language may not be English  2. Gives clear information & feedback and shares information with clients, and relatives where appropriate and with consent  3. Deals sensitively with embarrassing and disturbing topics, able to respond effectively to disclosure  4. Breaks bad news sensitively  5. Shares information in an honest and unbiased way	1. Involve clients in decision making  2. Offers choices  3. Acknowledges and respects diversity  4. Respects clients' views and right to confidentiality  5. Uses appropriate non-verbal communication  6. Checks client's level of knowledge and understanding  7. Uses listening skills  8. Uses open questions where possible  9. Avoids medical jargon but can use judgement with reference to appropriate colloquial language.	1. e-DFSRH  2. Local and regional generic courses in consultation skills such as: 3. 'Breaking bad news' 'Dealing with difficult people'  4. StratOG.net: Communication skills e-tutorial  5. RCOG Standards for Gynaecology 2008 <a href="http://www.rcog.org.uk/resources/public/pdf/GYNStandardsWPR(web)0608.pdf">http://www.rcog.org.uk/resources/public/pdf/GYNStandardsWPR(web)0608.pdf</a>  6. RCOG Clinical Governance Advice no.7 Presenting information on risk <a href="http://www.rcog.org.uk">www.rcog.org.uk</a>	1. DFSRH  2. MSF  3. Mini CEX  4. Reflective diary  5. PSQ

## 2) Basic Clinical Skills

### a. Skills

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
<b>1. History taking</b>						
1.1. Take and evaluate a sexual history from a woman						
1.2. Take and evaluate a sexual history from a man						
1.3. Take and evaluate a gynaecological history						
1.4. Take and evaluate an obstetric history						
1.5. Appropriate use of interpreters and health advocates						
<b>2. Clinical examination and investigation of a woman</b>						
2.1. Breast examination						
2.2. Abdominal examination:						
2.2.1. Non pregnant						
2.2.2. Pregnant						
2.3. Vaginal examination:						

2.3.1. Bimanual examination in non-pregnant woman						
2.3.2. Bimanual examination in pregnant woman						
2.4. Speculum examination						
2.5. Perform cervical cytology screening						
2.6. Take microbiology and virology samples:						
2.6.1. Vagina						
2.6.2. Cervix						
<b>3. Clinical examination and investigation of a man</b>						
3.1. Genital examination						
3.2. Proctoscopy						
3.3. Take microbiology and virology samples in men:						
3.3.1. Urethra						
3.3.2. Rectum						

<b>4. Consultation skills</b>						
4.1. Communicate effectively with patients including those whose first language may not						
4.2. Deal sensitively with embarrassing or disturbing topics						
4.3. Elicit specific and relevant information from patient and/or their records to clarify						
4.4. Formulate management plan appropriate to findings in collaboration with the patient						
4.5. Record history, examination finding and act on results of investigations						
4.6. Interpret and act on the results of investigations						
4.7. Manage and document a consultation in a timely and accurate fashion						

**b. Training Courses or Sessions**

<b>Training courses or sessions</b>		
<b>Title</b>	<b>Signature of Educational Supervisor</b>	<b>Date</b>
1. Breaking bad news		
2. Equality and diversity		

**c. Authorisation of Signatures**

<b>Authorisation of signatures – please print your name and sign</b>	
<b>Name and designation (please print)</b>	<b>Signature</b>

**d. Completion of Module 1**

<b>Completion of Module 1: I confirm that all components of the module have been successfully completed.</b>	
Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

## Module 2: Contraception



## CSRH Curriculum Module 2: Contraception

### 1) Learning Outcomes:

1. Communicates, negotiates and manages fertility control.
2. Manages individuals with complex medical and social needs.

a.

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (EA)	Training Support (TS)	Evidence/Assessme
<ol style="list-style-type: none"> <li>1. All methods of reversible and irreversible contraception, and emergency contraception               <ol style="list-style-type: none"> <li>1.1. their mode of action and efficacy</li> <li>1.2. their indications, contraindications, complications and uncertainties</li> <li>1.3. emerging methods</li> </ol> </li> <li>2. Contraceptive needs of individuals with complex medical and social problems</li> <li>3. Evidence based guidelines for contraception</li> <li>4. The sexual healthcare needs of young people</li> <li>5. The sexual healthcare needs of vulnerable adults</li> </ol>	<ol style="list-style-type: none"> <li>1. A targeted history is taken in relation to contraceptive and sexual health needs and risk assessment in clients</li> <li>2. A targeted history is taken in relation to contraceptive and sexual health needs and risk assessment in clients with complex medical and social problems</li> <li>3. Provides information and counselling about all contraceptive options (reversible, irreversible and emergency)</li> <li>4. Manages complications secondary to all methods of contraception including failure of methods</li> <li>5. Formulates and implements a management plan</li> <li>6. Performs the following clinical procedures:               <ol style="list-style-type: none"> <li>6.1. Administers injectable contraception</li> </ol> </li> <li>7. Insertion of intrauterine contraception</li> </ol>	<ol style="list-style-type: none"> <li>1. Works in partnership with other health and social agencies and the public and their representatives e.g.; GUM specialists, General practice, Secondary care, social workers, counsellors, voluntary sector/self-help groups, police, interpreters, patient advocates</li> <li>2. Appreciates the importance of psychological factors in sexual health</li> <li>3. Adheres to Fraser Competence Guidelines</li> <li>4. Adheres to guidance for vulnerable adults</li> <li>5. Works in a multi-disciplinary sexual health team whose principles encompass:               <ol style="list-style-type: none"> <li>5.1. adherence to evidence based practice</li> <li>5.2. the need to respect men and women's rights, dignity and confidentiality</li> <li>5.3. the need to respect cultural and religious beliefs as well as sexual diversity</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. e-DFSRH</li> <li>2. FSRH Clinical Effectiveness Unit guidance documents <a href="http://www.fsrh.org/">http://www.fsrh.org/</a></li> <li>3. StratOG.net: Sexual and Reproductive Health</li> <li>4. National Sexual Health Strategies for the four UK countries</li> <li>5. FSRH Clinical Standards Guidance documents <a href="http://www.fsrh.org/">http://www.fsrh.org/</a></li> <li>6. UK Medical Eligibility Criteria and Selected Practice Recommendations</li> <li>7. RCOG Clinical Governance Advice no 7. Presenting information on risk and other guidance documents <a href="http://www.rcog.org.uk">www.rcog.org.uk</a></li> <li>8. FSRH Annual Scientific Symposia and Current Choice meetings</li> </ol>	<ol style="list-style-type: none"> <li>1. DFSRH</li> <li>2. MFSRH</li> <li>3. LoC IUT</li> <li>4. LoC SDI</li> <li>5. DOPS</li> <li>6. Mini CEX</li> <li>7. CBD</li> <li>8. PSQ</li> <li>9. MSF</li> <li>10. Reflective diary</li> <li>11. Logbook</li> <li>12. Certificates of courses attended</li> </ol>

<p>6. The local care pathways for multi-agency working to provide comprehensive services and cross referrals for individuals with sexual health needs and other health and wellbeing needs.</p>	<p>8. Insertion of intrauterine contraception when a local anesthetic block and cervical dilation is required</p>	<p>5.4. valuing the training and skills of all professional team members e.g. nurses, pharmacists and non-healthcare workers</p>	<p>9. Regional and national Contraception Updating courses</p>	
<p>7. The multi-disciplinary team working practices in sexual and reproductive health</p>	<p>9. Removal of intrauterine contraception including those with 'lost threads'</p> <p>10. Removal of deep/impalpable contraceptive implants and when previously failed removal</p> <p>11. Insertion of contraceptive implant</p> <p>12. Removal of contraceptive implant</p> <p>13. Undertakes ultrasound examination to localise the position of an IUD / IUS and a deep contraceptive implant</p> <p>14. Ability to apply evidence based guidelines to clinical practice</p> <p>15. Recognises and manages the sexual and social healthcare needs of young people eg impact of drugs, alcohol, education, lifestyle</p> <p>16. Recognises and manages the sexual healthcare needs of vulnerable groups eg asylum seekers, commercial sex workers, drug users and prisoners, individuals with disabilities</p> <p>17. Delivers all methods of contraception through a multi-disciplinary sexual health team</p>		<p>10. Intrauterine contraception Subdermal implants e-learning modules</p> <p>11. NICE guidelines <a href="http://www.nice.org.uk/">http://www.nice.org.uk/</a></p> <p>12. International Planned Parenthood Federation <a href="http://www.ippf.org/en/">http://www.ippf.org/en/</a></p> <p>13. GMC <a href="http://www.gmc-uk.org/guidance/ethical/guidance/consent/guidance/index.asp">http://www.gmc-uk.org/guidance/ethical/guidance/consent/guidance/index.asp</a></p> <p>14. International Planned Parenthood Federation <a href="http://www.ippf.org/en/">http://www.ippf.org/en/</a></p> <p>15. Medical Foundation for HIV and Sexual health <a href="http://medfash.org.uk">medfash.org.uk</a></p> <p>16. Teenage pregnancy <a href="http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/teenagepregnancy/teenagepregnancy/">http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/teenagepregnancy/teenagepregnancy/</a></p> <p>17. British Andrology Society <a href="http://www.britishandrolgy.org.uk/">http://www.britishandrolgy.org.uk/</a></p> <p>18. FPA <a href="http://www.FPA.org.uk/">http://www.FPA.org.uk/</a></p> <p>19. Brook <a href="http://www.brook.org.uk/content/">http://www.brook.org.uk/content/</a></p> <p>20. Caledonia Youth <a href="http://www.caledoniayouth.org/">http://www.caledoniayouth.org/</a></p>	

			<ul style="list-style-type: none"><li>21. Appropriate reading and personal study</li><li>22. Child Protection training (levels 1 and 2)</li><li>23. Equality and diversity training</li> <li>24. Adults with incapacity training</li> <li>25. Basic Life support training and anaphylaxis training</li> <li>26. NHS Choices</li></ul>	
--	--	--	---	--

## 2) Basic Clinical Skills

### a. Skills

Skills	Competency level:					
	Basic training <input type="checkbox"/>		Intermediate training <input type="checkbox"/>		Advanced training <input type="checkbox"/>	
	Level 1		Level 2		Level 3	
1.	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
1.1 Discuss and inform patients regarding all contraceptive options						
1.2 Provide all methods of reversible contraception including emergency						
1.3 Insertion of intrauterine contraception						
1.4 Insertion of intrauterine contraception when a local anaesthetic block and cervical dilation is required						
1.5 Removal of intrauterine contraception including those with 'lost threads'						
1.6 Insertion of subdermal implants						
1.7 Removal of subdermal implants						
1.8 Removal of deep/impalpable implants and when previously failed removal of subdermal implant						
1.9 Appreciates the importance of psychological factors in sexual health						
2 <b>Able to provide:</b>						
2.1 Counselling and management of complex contraceptive requirements						

2.2 Contraception for individuals with complex medical or social needs						
<b>3 Able to manage:</b>						
3.1 Complications secondary to all methods of contraception including failure						
<b>4 Able to provide contraception for:</b>						
4.1 Young people						
4.2 Individuals with learning disabilities and mental capacity issues						
4.3 Hard to reach groups such as asylum seekers, the homeless, commercial sex workers,						
4.4 Perimenopausal women						
4.5 Post-partum women						
4.6 Women after abortion						
<b>5 Ultrasound in contraception:</b>						
5.1 Localisation of IUD / IUS						
5.2 Localisation of impalpable contraceptive implant						

**b. Training courses or sessions**

<b>Training courses or sessions</b>		
<b>Title</b>	<b>Signature of Educational Supervisor</b>	<b>Date</b>
1. Child Protection Training		
2. DFSRH		
3. LoC Intrauterine Techniques		
4. LoC Subdermal Implants		
5. Vulnerable Adults Training/Mental Capacity Training		
6. Ultrasound in Sexual and Reproductive Health		
7. Basic Life Support		
8. Anaphylaxis training		

**c. Authorisation of signatures**

<b>Authorisation of signatures – please print your name and sign</b>	
<b>Name and designation (please print)</b>	<b>Signature</b>

**d. Completion of Module 2**

<b>Completion of Module 2:</b>	
<b>I confirm that all components of the module have been successfully completed.</b>	
Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

## **Module 3: Unplanned Pregnancy and Abortion Care**



## CSRH Module 3: Unplanned Pregnancy and Abortion Care

### 1) Learning Outcomes:

1. Develop a non-judgmental approach towards unplanned pregnancy and abortion care
2. Have in depth knowledge of medical and surgical methods of abortion
3. Provide holistic care for women requesting advice about unplanned pregnancy and abortion, including contraceptive, other sexual health and emotional needs.
4. Have the knowledge, skills and attitude to lead or establish pregnancy testing and abortion service
5. Develop an appreciation of the reasons that women have unplanned pregnancies, request abortion, including those with issues around domestic violence, drug and alcohol abuse, cultural issues and repeat termination

#### a. Special consideration for Abortion Care:

There may be conscientious objection to the acquisition of certain skills within this module.

1. ALL trainees are expected to fulfil the clinical competencies, demonstrate the professional skills and attitudes and complete the log book competencies relating to Unplanned Pregnancy
2. ALL trainees are expected to fulfil the clinical competencies, demonstrate the professional skills and attitudes and complete the log book competencies relating to Follow Up of women following abortion.
3. ALL trainees are expected to meet the Knowledge Criteria throughout the module
4. Trainees with conscientious objection to abortion are expected to demonstrate a non-judgmental attitude to women seeking abortion and make arrangement for them to receive timely and appropriate care from colleagues. Skills competencies not attempted because of conscientious objections should be clearly recorded in the logbook (using the letters CO and initialed by the trainee) and signed by the trainer

**b. Unplanned pregnancy:**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/ Assessment (E/A)
<ol style="list-style-type: none"> <li>1. The biochemistry and sensitivity of different pregnancy tests</li> <li>2. Attitudes to unplanned pregnancy abortion in different religious, ethnic and cultural groups</li> <li>3. Risk factors for unplanned pregnancy</li> <li>4. How to manage a community based, multi-provider, efficient, accessible and confidential pregnancy testing and support service networked to ongoing care by integrated care pathways</li> <li>5. Local pathways for antenatal care and adoption services for women who decide to continue their pregnancy</li> <li>6. Referral to and working of the local sexual assault referral centre (SARC) and supporting voluntary sector groups should the pregnancy be secondary to sexual assault</li> </ol>	<ol style="list-style-type: none"> <li>1. If needed, perform a free, on-the-spot pregnancy test for women of all pregnancy choices:</li> <li>2. If pregnancy test is positive,               <ol style="list-style-type: none"> <li>2.1. discuss with the woman how she feels about the result of the pregnancy test and ask whether she wishes time to reflect or wishes referral for care. If the latter,</li> <li>2.2. discuss options of abortion, adoption or maternity care and if either of latter 2, enter into local adoption/ maternity care pathway and provide with advice re staying well in pregnancy.</li> </ol> </li> <li>3. If abortion requested and personal conscientious objection, refer expeditiously to colleague willing to manage the woman</li> <li>4. If abortion requested and no personal conscientious objection,               <ol style="list-style-type: none"> <li>4.1. Take a clinical history indicating gestation,</li> <li>4.2. Assess for risk factors indicating the need for 'fast-tracking' entry to other pathways of care or engagement of other members of the multidisciplinary team e.g. concurrent significant medical condition, safeguarding children, domestic violence, late gestation                   <ol style="list-style-type: none"> <li>4.2.1. Physical health</li> <li>4.2.2. Mental health</li> <li>4.2.3. Sexual health</li> <li>4.2.4. Safeguarding children</li> <li>4.2.5. Vulnerable adult</li> <li>4.2.6. Domestic violence</li> <li>4.2.7. Disability</li> <li>4.2.8. Language/ cultural differences</li> </ol> </li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Identify distress, overtly and covertly displayed: support and offer specialist counselling as per local care pathway at every stage in the clinical episode</li> <li>2. Involve supporting partner/ carer/ friend appropriately</li> <li>3. Irrespective of personal beliefs, treat the woman with honesty and respect at all times</li> <li>4. Recognise high risk clinical situations and manage appropriately</li> <li>5. At every stage in the pathway, share discussion/decision making with the woman, if necessary using independent interpreting service/ providing whatever required to overcome any disability e.g. signing for the deaf</li> <li>6. Sensitively, accurately and non- directly counsel about options available and associated health issues</li> <li>7. Respect right to confidentiality and know when this can be broken e.g. safeguarding children</li> <li>8. Discuss factors that might lead to the need to breach confidentiality</li> <li>9. Ascertain social support, encouraging parental / carer involvement where patient under 16 years old</li> </ol>	<ol style="list-style-type: none"> <li>1. FSRH / RCOG Theory course in Abortion Care</li> <li>2. Counselling skills course</li> <li>3. Clinical observation by trainee of trainers</li> <li>4. Clinical training of trainee by trainers</li> <li>5. Self-directed learning</li> <li>6. StratOG</li> <li>7. RCOG Clinical Guidance Documents: Abortion</li> <li>8. Recommended standards for sexual health services; MedFASH 2005</li> <li>9. WHO Guidance – Safe abortion: technical and policy guidance for health systems. WHO 2012</li> </ol>	<ol style="list-style-type: none"> <li>1. Clinical observation</li> <li>2. Logbooks:               <ol style="list-style-type: none"> <li>2.1. clinical logbook</li> <li>2.2. generic logbook</li> <li>2.3. reflective diary</li> <li>2.4. work-based tutorials</li> <li>2.5. self-directed learning</li> </ol> </li> <li>3. MSF / TO</li> <li>4. CBD</li> <li>5. Mini-CEX</li> <li>6. PSQ</li> <li>7. Log of cases</li> </ol>

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/ Assessment (E/A)
	<p>5. Perform a clinical assessment for gestation where necessary</p> <p>6. Emergency referral to gynaecology department if clinical suspicion of ectopic pregnancy (pain, bleeding, history)</p> <p>7. Refer to central booking system of appropriate abortion carer as per local policy</p> <p>8. Provide written and verbal information on what to expect re appointments, therapeutic options, procedures</p> <p>9. Discuss initiation and if possible supply post-procedure contraception /condoms for sexual safety</p> <p>10. Supply with contact details if any problems/ queries before next step in pathway</p> <p>11. Re-iterate the how to access counselling / support</p> <p>12. Document episode accurately</p>	<p>10. Assess for need of involvement of Safeguarding Children team</p> <p>11. Implement local policy for vulnerable adult if assessed as such</p> <p>12. Respect religious and culture diversity and beliefs</p> <p>13. Ensure woman/ carer knows who/ how to contact in an emergency (24-hour helpline availability)</p> <p>14. Discuss sexual health risk minimisation</p>		

**c. General Skills for Abortion care including pre-assessment and post-procedure review:**

<b>Knowledge Criteria (KC)</b>	<b>Clinical Competency (CC)</b>	<b>Professional Skills and Attitudes (PSA)</b>	<b>Training Support (TS)</b>	<b>Evidence/ Assessment (E/A)</b>
<ol style="list-style-type: none"> <li>1. Legal and ethical aspects of abortion</li> <li>2. Epidemiology of abortion – global and local</li> <li>3. Medico legal aspects of abortion care: record keeping, information giving, consent, legal rights of partner/parent, sexual offences, local safeguarding children and vulnerable adult guidelines and policies and local forensic guidelines and policies.</li> <li>4. Development of the embryo and fetus</li> <li>5. Ultrasound appearances in early pregnancy including failed pregnancy, retained products of conception, ectopic pregnancy, molar pregnancy and correlation with HCG levels</li> <li>6. Pre-abortion investigations including routine blood tests, STI screening</li> <li>7. Knowledge of pharmacology of all drugs used at any stage in the abortion pathway</li> </ol>	<ol style="list-style-type: none"> <li>1. Take a pre-abortion clinical history and perform risk assessment:                             <ol style="list-style-type: none"> <li>1.1. Physical</li> <li>1.2. Psychological – counselling / support needs</li> <li>1.3. Social</li> <li>1.4. Safeguarding children / vulnerable adult issues</li> <li>1.5. Contraception</li> <li>1.6. Sexually transmitted infection</li> <li>1.7. Other significant medical conditions.</li> </ol> </li> <li>2. Perform appropriate clinical examination including full medical history and assessment of gestation</li> <li>3. Arrange routine laboratory and ultrasound investigations, and specific investigations as prompted by history and examination</li> <li>4. Arrange/ perform sexual health screen and arrange management and partner notification if positive</li> <li>5. Manage unexpected findings as per local care pathway e.g. miscarriage, ectopic gestation, molar pregnancy</li> <li>6. Explain clearly and openly treatment regimes, potential side effects of drugs and complications of procedures</li> <li>7. Arrange procedure locally or through another agency, including cervical priming and follow up as necessary, via care pathway</li> </ol>	<ol style="list-style-type: none"> <li>1. Recognise high risk clinical situations and manage appropriately</li> <li>2. Identify distress, overtly and covertly displayed: support and offer specialist counselling as per local care pathway at every stage in clinical episode</li> <li>3. At every stage in the pathway, share discussion/decision making with the woman, if necessary using independent interpreting service/ providing whatever required to overcome any disability e.g. signer for the deaf</li> <li>4. Sensitively, accurately and non- directly counsel about options available and associated health issues</li> <li>5. Discuss factors that might lead to the need to breach confidentiality</li> <li>6. Respect right to confidentiality and know when this can be broken e.g. safeguarding children</li> <li>7. Ascertain social support, encouraging parental / carer involvement where woman under 16 years old</li> <li>8. Assess for need of involvement of safeguarding Children team</li> <li>9. Implement local policy for vulnerable adult if assessed as such</li> </ol>	<ol style="list-style-type: none"> <li>1. FSRH / RCOG Theory courses</li> <li>2. Counselling skills course</li> <li>3. Clinical observation by trainee of trainers</li> <li>4. Clinical training of trainee by trainers</li> <li>5. Self-directed learning</li> <li>6. StratOG</li> <li>7. RCOG Clinical Guidance Documents: abortion, risk, fetal awareness and fetal abnormality</li> <li>8. Visit to a non-NHS service provider</li> <li>9. Visit to provider of any aspects of abortion care not provided in training unit</li> <li>10. Progress and priorities working together for high quality sexual health. Review of National Strategy for Sexual Health and HIV MedFASH 2008</li> <li>11. Mandatory Specification for Pregnancy Services in the guidance on the NHS</li> </ol>	<ol style="list-style-type: none"> <li>1. Clinical observation</li> <li>2. Logbooks:                             <ol style="list-style-type: none"> <li>2.1. clinical logbook</li> <li>2.2. generic logbook</li> <li>2.3. reflective diary</li> <li>2.4. work-based tutorials</li> <li>2.5. self-directed learning</li> </ol> </li> <li>3. MSF / TO</li> <li>4. CBD</li> <li>5. Mini-CEX</li> <li>6. PSQ</li> <li>7. Log of cases</li> </ol>

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/ Assessment (E/A)
<p>8. Medical and surgical methods of abortion at all gestations; methods and factors influencing choice of procedure (clinical and patient)</p> <p>9. Knowledge of factors leading to late and repeat abortion.</p> <p>10. Late medical abortion and feticide</p> <p>11. Issues surrounding fetal abnormality</p> <p>12. Sensitive disposal of fetal remains</p> <p>13. Management of fetal tissue following sexual assault</p> <p>14. Local control of substances Hazardous to Health policy</p> <p>15. Adverse sequelae of abortion and management of immediate and delayed complications</p> <p>16. Aftercare including care pathways to organisations for different aspects of ongoing care</p> <p>17. Knowledge of different service design, organisation and provision including local care pathways for networking for NHS and in the private / charitable sector</p>	<p>8. Seek informed consent after assessment of competency; if not competent, implement local policy (adult or child)</p> <p>9. Supply appropriate information for women and their accompanying persons</p> <p>10. Prescribe drugs required for chosen procedure including cervical priming/ local antibiotic prophylaxis policy/contraception as per local care pathway</p> <p>11. Arrange interpreter/signer if required</p> <p>12. Complete necessary documentation including HSA1</p> <p>12.1. Post-procedure:</p> <p>12.1.1. Assess clinically:</p> <p>12.1.2. Physical wellbeing</p> <p>12.1.3. Psychological wellbeing; review counselling / support needs</p> <p>12.1.4. Confirm procedure complete and review:</p> <p>12.1.5. Social needs</p> <p>12.1.6. Review safeguarding children / vulnerable adult issues</p> <p>12.1.7. Contraceptive risk assessment</p> <p>12.1.8. Sexually transmitted infection risk assessment</p> <p>12.2. Manage delayed complications including:</p> <p>12.2.1. Bleeding</p> <p>12.2.2. Infection</p> <p>12.2.3. Retained products of conception</p> <p>12.2.4. Ongoing pregnancy</p> <p>12.2.5. Emotional distress</p>	<p>10. Formulate and implement plan of management and modify it, if necessary</p> <p>11. Liaise effectively with colleagues in other disciplines, clinical and non-clinical through Care Pathways</p> <p>12. Recognise the role and skills of the multidisciplinary team in the provision of comprehensive abortion services</p> <p>13. Respect religious and culture diversity and beliefs</p> <p>14. Check patient/ carer aware of procedure/ analgesia/ support</p> <p>15. Ensure patient/ carer knows who/ how to contact in an emergency (24-hour helpline availability)</p> <p>16. Discuss initiation of future chosen method of contraception</p> <p>17. Discuss sexual health risk minimisation</p> <p>18. See Appendix A for detailed Interview / History taking skills</p>	<p>12. Standard Contract for Community Services 2010/2011</p>	

<b>Knowledge Criteria (KC)</b>	<b>Clinical Competency (CC)</b>	<b>Professional Skills and Attitudes (PSA)</b>	<b>Training Support (TS)</b>	<b>Evidence/ Assessment (E/A)</b>
<p>19. Knowledge of agencies providing support for women suffering domestic violence or who have been sexually assaulted</p> <p>20. Knowledge of recommended best commissioning practice</p> <p>21. Knowledge of Care Quality Commission criteria for abortion services.</p>	<p>13. Discuss and arrange ongoing care through local networks and care pathways</p> <p>14. Complete necessary documentation including HSA4 if appropriate</p>			

**d. Medical Abortion procedures:**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/ Assessment (E/A)
<ol style="list-style-type: none"> <li>1. Organisation of medical abortion services including local care pathways for networking</li> <li>2. Medical abortion procedures including pre- and post-procedure care at all gestations and place of feticide</li> <li>3. Medical abortion – regimens, indications and contraindications, routes of administration of drugs, pharmacology of drugs including mifepristone and prostaglandins</li> <li>4. Possible complications and their management</li> <li>5. Aftercare including care pathways to organisations for different aspects of ongoing care</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>At time of 1st visit for procedure:</b> <ol style="list-style-type: none"> <li>1.1. Check gestation</li> <li>1.2. Review suitability for procedure method. Double check no exclusion to drugs in regime</li> <li>1.3. Seek/ check consent, including unlicensed use of drugs</li> <li>1.4. Act appropriately on abnormal lab results</li> <li>1.5. Check all medication required for procedure is administered appropriately according to prescription/Patient Group Direction</li> <li>1.6. Check future sexual health needs, including contraception, are discussed, prescribed and available</li> <li>1.7. Provide verbal and written advice about what bleeding, discomfort and drug side effects may be experienced and provide 24-hour contact numbers for information, advice and support.</li> <li>1.8. Ensure patient knows date time and place of next visit</li> <li>1.9. Complete all necessary documents including HSA1/4 if appropriate</li> </ol> </li> <li>2. <b>At time of 2<sup>nd</sup> visit for procedure:</b> <ol style="list-style-type: none"> <li>2.1. Check all medication to be prescribed by doctor prescribed and available</li> <li>2.2. Administer prostaglandins</li> </ol> </li> <li>3. <b>If the abortion process is continued in the Unit i.e. patient does not go home to complete procedure:</b> <ol style="list-style-type: none"> <li>3.1. Manage pain/ nausea and any medication side effects to local protocol</li> <li>3.2. Manage abortion process</li> <li>3.3. Early gestations: Identify products of conception. Later gestations:</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Identify distress, overtly and covertly displayed: support and offer specialist counselling as per local care pathway</li> <li>2. Discuss potential consequences of not completing treatment regime with patient</li> <li>3. Answer all questions asked openly and honestly</li> <li>4. Discuss expected pain and bleeding during/after procedure</li> <li>5. Identify need for follow up and arrange appropriately- e.g. for incomplete or non-passage of POC, and potential issues of regret</li> <li>6. Recognise the role and skills of the multidisciplinary team in the provision of medical abortion services and their aftercare</li> </ol>	<ol style="list-style-type: none"> <li>1. Theory course</li> <li>2. Clinical observation by trainee of trainers</li> <li>3. Clinical training of trainee by trainers</li> <li>4. Self-directed learning</li> <li>5. Work based tutorials</li> </ol>	<ol style="list-style-type: none"> <li>1. Clinical observation</li> <li>2. <b>Logbooks:</b> <ol style="list-style-type: none"> <li>2.1. clinical logbook</li> <li>2.2. generic logbook</li> <li>2.3. reflective diary</li> <li>2.4. work-based tutorials</li> <li>2.5. self-directed learning</li> <li>2.6. audit of delayed complications</li> </ol> </li> <li>3. MSF / TO</li> <li>4. CBD</li> <li>5. Mini-CEX</li> <li>6. PSQ</li> <li>7. OSATS</li> <li>8. Logbook of cases</li> </ol>

Knowledge Criteria	Clinical Competency	Professional Skills and Attitudes	Training Support	Evidence/ Assessment
	<p>deliver fetus and placenta. Dispose of same with due regard to respect and dignity, and according to patient's wishes and cultural values (ascertain prior to procedure).</p> <p>3.4 Manage immediate complications (see Appendix 2 for further details) including the need for surgical evacuation of the uterus</p> <p>4. <b>Prior to discharge (whether procedure completed in the Unit or at home):</b></p> <p>4.1. Confirm/ supply contraceptive provision/ condoms for sexual health and where to access further care e.g. intrauterine contraception/ supplies including LARC and permanent contraception</p> <p>4.2. Give written and verbal discharge instructions explaining what is normal and abnormal (signs and symptoms) in next few weeks</p> <p>4.3. Advise abstinence until bleeding stopped</p> <p>4.4. Reiterate who/ how to contact for help/ advice/ support</p> <p>4.5. Give anti D where clinically indicated</p> <p>4.6. Arrange follow up</p> <p>5. Complete necessary documentation</p>			

**e. Surgical abortion procedures (up to 14 weeks) by manual or electric vacuum aspiration:**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/ Assessment (E/A)
<p>1. Organisation of surgical abortion services including local care pathways for networking</p> <p>2. Surgical procedures including electrical and manual vacuum aspiration, local and general anaesthesia indications and contraindication including pre- and post-procedure care</p> <p>3. Possible complications and their management</p> <p>4. Aftercare including care pathways to organisations for different aspects of ongoing care</p>	<p>1. At admission for procedure</p> <p>1.1. Check no change in health, consent or contraceptive choice if to be provided at this visit and manage if there is</p> <p>1.2. Check all drugs prescribed including priming, antibiotics and contraception</p> <p>1.3. Check equipment (including analgesia if not performed under GA)</p> <p>2. <b>Clinical procedure:</b></p> <p>2.1. Position patient</p> <p>2.2. Bimanual examination (empty bladder)</p> <p>2.3. Speculum examination</p> <p>2.4. Stabilisation of cervix</p> <p>2.5. Application of local anaesthetic if not under GA</p> <p>2.6. Cervical dilatation, if required</p> <p>2.7. Aspiration of uterine contents</p> <p>2.8. Identification of products of conception and disposal of same with due regard to respect and dignity, and according to patient's wishes</p> <p>2.9. Manage if inadequate products seen</p> <p>2.10. Manage immediate complications (see Appendix 2 for details)</p> <p>3. <b>Recovery and discharge</b></p> <p>3.1. Confirm/ supply contraceptive provision/ condoms for sexual health and where to access further care/ supplies</p> <p>3.2. Give written and verbal discharge instructions explaining what is normal and abnormal (signs and symptoms) in next few weeks.</p> <p>3.3. Advise abstinence until bleeding stopped</p> <p>3.4. Reiterate who/ how to contact for help/ advice/ support</p> <p>3.5. Arrange follow up</p> <p>4. Completion of necessary documentation including HSA 4</p>	<p>1. Identify distress, overtly and covertly displayed: support and offer specialist counselling as per local care pathway</p> <p>2. Answer all questions asked openly and honestly discuss expected pain and bleeding during / after procedure</p> <p>3. Identify need for follow up and arrange appropriately- eg for suspected incomplete removal POC, and potential issues of regret</p> <p>4. Recognise the role and skills of the multidisciplinary team in the provision of comprehensive abortion services and their aftercare</p>	<p>1. Theory course</p> <p>2. Work-based tutorials</p> <p>3. FSRH/RCOG Manual Vacuum evacuation course</p> <p>4. Clinical observation by trainee of trainers</p> <p>5. Clinical training of trainee by trainers</p>	<p>1. Clinical observation</p> <p>2. Logbooks:</p> <p>2.1. clinical logbook</p> <p>2.2. generic logbook</p> <p>2.3. reflective diary</p> <p>2.4. work-based tutorials</p> <p>2.5. self-directed learning</p> <p>2.6. audit of delayed complications</p> <p>3. MSF / TO</p> <p>4. CBD</p> <p>5. Mini -CEX</p> <p>6. PSQ</p> <p>7. OSATS</p> <p>8. Logbook of cases</p>

**2) Basic Clinical Skills**  
**f. unplanned pregnancy**

**a. Skills**

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
1. Perform a pregnancy test						
2. Discuss options honestly and in a non-directional manner if a positive pregnancy test						
3. Initiate antenatal / adoption care pathways						
4. Initiate abortion care pathways						
5. Assess and manage identified clinical and non-clinical risks						
6. Discuss and provide ongoing methods of contraception, or refer, as						
7. Perform and manage STI risk assessment						
8. Ensure closure of episode includes written and verbal information on ongoing care						
9. Demonstrate a non-judgmental and non-directive attitude to women with an unplanned						
10. Effectively communicate with patients and accompanying persons, respecting diversity of						
11. Assess patient for competency as adult or child and if lacking competence, act according to local policy and guidelines						
12. Answer all questions openly and honestly						

**b. General Skills for Abortion care including pre-assessment and post-procedure review:**

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
<b>Initial assessment of a woman seeking abortion:</b>						
1. Take a history						
2. Undertake risk assessment and manage appropriately						
3. Perform a clinical examination						
4. Arrange appropriate investigations/sexual health screen						
5. Refer for specialist care, physical and/ or emotional						
6. Manage unexpected finding from routine assessment						
7. Effectively communicate with patients and accompanying persons, respecting diversity of beliefs						
8. Demonstrate a non-judgmental and non-directive attitude to women seeking abortion						
9. Answer all questions openly and honestly						
10. Assess patient for competency as adult or child and if so, act according to local policy and guidelines						

11. Check no safeguarding children issues and if so, act according to local policy and guidelines						
12. Effectively liaise and network with colleagues, including those in other departments (eg obstetrics, general medicine, primary care)						

b.i)

13. Discuss options with patient, involving partner/ supporter as she wishes						
14. Arrange procedure/ prescribe drugs						
15. Formulate, implement and, if necessary, modify management plans						
16. Completes documentation including consent						
17. Provide contraceptive and sexual health advice and supplies						
18. <b>In the follow-up clinic:</b>						
19. Perform a clinical assessment, physical and emotional						
20. Manage delayed complications						
21. Discuss and arrange ongoing care through the multidisciplinary team, including all sexual health needs and risk factors for repeat unplanned pregnancy						
22. Complete documentation if appropriate						
23. Effectively communicate with patients and accompanying persons, respecting diversity of beliefs						
24. Demonstrate a non-judgemental to women following abortion						

25. Answer all questions openly and honestly						
26. Formulate, implement and, if necessary, modify management plans						

**c. Medical Abortion**

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
1. Perform pre-procedure checks ( <i>visit 1 and 2</i> )						
2. Initiate the abortion ( <i>visit 1</i> )						
3. Manage abortion, ensure expulsion of products if planned to occur in the Unit ( <i>visit 2</i> )						
4. Complete documentation ( <i>visit 1 and 2</i> )						
5. Manage immediate complications (Appendix 2) ( <i>visit 1 and 2</i> )						
6. Supply written and verbal information on side effects and 24-hour contact information ( <i>visit 1 and 2</i> )						
7. Provide contraceptive and sexual health advice and supplies and discharge information ( <i>visit 2</i> )						
8. Monitor the procedure and communicate effectively with woman, partner/carer and clinical team						
9. Apply infection control principles and implement local disposal of human remains policy						

**d. Surgical abortion (up to 14 weeks) by manual or electric vacuum aspiration:**

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input checked="" type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
1. Perform pre-op checks						
2. Perform MVA under LA analgesia						
3. Perform vacuum aspiration up to 14 weeks gestation under GA						
4. Manage immediate complications (Appendix 2)						
5. Provide post-op care						
6. Provide contraceptive and sexual health advice and supplies						
7. Communicate effectively with woman, partner/carer and clinical team throughout						
8. Complete documentation						

**e. Training courses or sessions**

Training courses or sessions		
Title	Signature of Educational Supervisor	Date
1.		
2.		
3.		

**f. Authorisation of signatures**

Authorisation of signatures – please print your name and sign	
Name (please print)	Signature

**g. Completion of Module 3**

<b>Completion of Module 3:</b> <b>I confirm that all components of the module have been successfully completed.</b>	
Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

### 3) Appendix 1 to Module 3:

#### Details of professional attitudes and skills criteria

##### Interview/history taking skills:

1. Respects and observes confidentiality
2. Introduces self to client
3. Involves others as appropriate e.g. interpreter, parent (with child's consent)
4. Identifies client reason for consultation
5. Allows client to elaborate, presenting problem fully
6. Listens
7. Puts client at ease
8. Recognises client's verbal and non-verbal cues
9. Uses silences appropriately
10. Phrases questions simply and clearly
11. Uses open questions, appropriate closed questions and focused questions (avoids double or misleading questions)
12. Exhibits well organised approach to information gathering
13. Seeks clarification of words used by client as appropriate
14. Elicits specific and relevant information from client and/or their records to clarify management
15. Check that any information given is understood
16. If reads, writes notes or uses computer does so in a manner that does not interfere with dialogue and rapport
17. Deals sensitively with embarrassing and/or disturbing topics
18. Structures interview in logical sequence
19. Display tact, empathy, respect and concern for the patient
20. Respond effectively to any disclosure
21. Non-judgmental and non-directive
22. Display an understanding of how one's personal beliefs could affect the consultation
23. Aware of and maintain the patient's dignity
24. Aware of personal limitations
25. Communicate appropriately and clearly, verbally and in writing, utilising (non-family) interpreters where appropriate
26. Show appreciation and acceptance of the range of human sexuality, lifestyles and culture
27. Recognise the importance of assessment of client with and without supporters- partner/parents

##### Clinical Management:

1. Formulates management plan appropriate to findings in collaboration with the client
2. Gives explanations and information at appropriate times
3. Checks clients' level of knowledge and understanding
4. Encourages client to discuss any additional points
5. Is prepared to use time appropriately

**Clinical Skills Checklist:**

- b. Is sensitive to client physical and emotional discomfort
- c. Can identify ambivalence
- d. Can identify risk factors for subsequent regret
- e. Can arrange and carry out reviews
- f. Can identify the need for further counselling and support
- g. Refers appropriately
- h. Supports the patient and accompanying person
- i. Is capable of recognising limits of personal competence

**Problem Solving:**

1. Correctly interprets and applies information obtained from client
2. Records history, physical examination and investigations
3. Identifies problems or makes working diagnosis

**Behaviour/Relationship with Client/Other Staff checklist:**

- b. Maintains friendly but professional relationship with client
- c. Demonstrates awareness that the client's attitude to the doctor (and vice versa) affects management and levels of co-operation

**4) Appendix 2 to Curriculum Module 3:**

Immediate complications of abortion procedures

**Surgical:**

- b. *Per-operative difficulties:* dilatation, poor aspiration of uterine contents, blockage of cannula, haemorrhage, uterine atony, incomplete abortion, continuing pregnancy, vasovagal reaction, allergic reaction, uterine false passage/rupture, cervical laceration, air embolism, acute haematometra,

**Medical:**

- c. *Complications:* adverse drug reaction, non-passage of POC, passage of POC between admissions, bleeding, atony, cervical shock, uterine rupture, ongoing pregnancy, nausea, vomiting and diarrhoea

## Module 4: Gynaecology



**CSRH Curriculum Module 4: Gynaecology**

**1) Learning Outcomes:**

Knowledge, skills and attitudes to diagnose and manage common gynaecological problems

1. Perform appropriate basic gynaecological ultrasound examination
2. Knowledge, skills and attitudes to undertake basic surgical gynaecological procedures
3. Manage simple paediatric and adolescent gynaecological disorders

**a. Medical Gynaecology:**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. The epidemiology, aetiology, biological behaviour, pathophysiology, clinical characteristics, prognostic features and management of: 1.1 Menstrual disorders 1.2 Postmenopausal bleeding 1.3 Benign conditions of the genital tract 1.4 Endocrine disorders 1.5 Pelvic pain 1.6 Emergency gynaecology 1.7 Pre-conceptual care 1.8 Cervical pathology 1.9 Congenital abnormalities of the genital tract 1.10 Paediatric gynaecology 1.11 Puberty 1.12 Female genital mutilation	1. Diagnoses, investigates and manages common gynaecological disorders 2. Performs ultrasound scan: 2.1. to diagnose and facilitate appropriate management of women with common ovarian and uterine abnormalities 2.2. to measure endometrial thickness, diagnose uterine fibroids and endometrial polyps 2.3. to diagnose polycystic ovaries and ovarian cysts	1. Demonstrates the ability to communicate prognosis and counsel women sensitively about the options available 2. Explains the nature, complications and effects of medical treatments 3. Demonstrates the ability to formulate and implement a plan of management and have the ability to modify this as necessary 4. Recognises the need for appropriate referral for more complex or detailed evaluation with ultrasound or other imaging techniques 5. Liaises with colleagues in other disciplines where required 6. Demonstrates an understanding of the use appropriate referral pathways and local protocols if abnormal findings suspected	1. StratOG.net: Gynaecological Problems e-tutorials 2. Supervised clinical sessions 3. Specific courses and academic meetings 4. Multidisciplinary vulval clinics 5. Menstrual disorders clinics 6. Local and regional courses in paediatric gynaecological problems and disorders of puberty 7. RCOG guidance documents e.g. female genital mutilation, polycystic ovarian syndrome, endometriosis, initial management of chronic pelvic pain <a href="http://www.rcog.org.uk">www.rcog.org.uk</a> 8. NICE guidelines e.g. heavy menstrual bleeding	1. Logbook 2. Reflective diary 3. CBD 4. PSQ 5. Audit project 6. MSF 7. Annual Review

**b. Surgical Gynaecology:**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<p>1. Legal issues around valid consent to surgical procedures, including consent of children, and adults with incapacity</p> <p>2. Name and mode of use of common surgical instruments and sutures</p> <p>3. Common intra- operative and post- operative complications of surgery</p> <p>4. General principles of post-operative care</p> <p>5. Commonly encountered infections, including an understanding of the principles of infection control</p> <p>6. Principles of nutrition, fluid, electrolyte and acid base balance and cell biology</p> <p>7. Appropriate use of blood and blood products</p> <p>8. Basic science (anatomy and physiology) related to undertaking basic gynaecological surgical procedures</p>	<p>1. Arranges preoperative management</p> <p>2. Interprets preoperative investigations</p> <p>3. Recognises potential comorbidity</p> <p>4. Obtains valid consent</p> <p>5. Explains procedures to patient</p> <p>6. Advises patient on postoperative course</p> <p>7. Manages common post-operative complications</p> <p>8. Offers psychological support to patient and relatives</p> <p>9. Endometrial biopsy (under local and general anaesthetic)</p> <p>10. Evacuation of uterus</p> <p>11. Biopsy of genital lesion</p> <p>12. Observe diagnostic laparoscopy</p> <p>13. Observe Laparoscopic sterilisation</p> <p>14. Diagnostic hysteroscopy (under local and general anaesthetic)</p> <p>15. Minor cervical procedures (under local and general anaesthetic)</p>	<p>1. Demonstrates the ability to communicate prognosis and counsel women sensitively about the options available</p> <p>2. Provides information and explains the nature, complications and effects of surgical treatments</p> <p>3. Demonstrates the ability to formulate and implement a plan of management and have the ability to modify this as necessary</p> <p>4. Recognises the need for and initiates collaboration with other disciplines, before, during and after surgery</p> <p>5. Shows the need to appreciate and recognise that decision making is a collaborative process between doctor and patient</p> <p>6. Demonstrate the ability to work effectively with members of the theatre team</p>	<p>1. StratOG.net: Surgical Procedures and postoperative Care e-tutorials</p> <p>2. Basic practical skills in O&amp;G course (RCOG approved)</p> <p>3. Obtaining Valid Consent (RCOG, October 2008)</p> <p>4. RCOG Consent Advice series</p> <p>5. DH website</p> <p>6. Local courses</p> <p>7. StratOG.net: The Obstetrician and Gynaecologist as a Professional. Ethical and legal issues e-tutorial</p> <p>8. Observation of, assisting and discussion with senior medical staff</p> <p>9. RCOG guidelines on thromboembolism.</p> <p>10. Useful websites: 10.1. <a href="http://www.nice.org.uk">www.nice.org.uk</a> 10.2. <a href="http://www.rcog.org.uk">www.rcog.org.uk</a> 10.3. <a href="http://www.sign.ac.uk">www.sign.ac.uk</a></p>	<p>1. Logbook</p> <p>2. Reflective diary</p> <p>3. Audit project</p> <p>4. MSF</p> <p>5. DOPS</p> <p>6. CBD</p> <p>7. Annual Review</p> <p>8. Morbidity and mortality meetings attended</p>

## 2) Appendix to Curriculum Module 4: Details of Knowledge Criteria

### 1. Menstrual disorders:

- 1.1. Irregular menstrual bleeding
- 1.2. Heavy menstrual bleeding
- 1.3. Investigation of menstrual disorders
- 1.4. Medical and surgical management of menstrual disorders.

### 2. Fibroids

### 3. Non-menstrual bleeding (inter-menstrual, post-coital, breakthrough bleeding, postmenopausal bleeding).

### 4. Amenorrhoea and endocrine disorders:

- 4.1. Investigation and interpretation
- 4.2. Hypothalamic/pituitary disorders
- 4.3. Hyperprolactinaemia
- 4.4. Premature ovarian failure
- 4.5. Polycystic ovaries and polycystic ovary syndrome
- 4.6. Other causes of hyperandrogenism
- 4.7. Thyroid/adrenal disorders
- 4.8. Autoimmune endocrine disease

### 5. Female genital mutilation

### 6. Congenital abnormalities of genital tract:

- 6.1. Ambiguous genitalia
- 6.2. Imperforate hymen
- 6.3. Vaginal septae
- 6.4. Uterine anomalies
- 6.5. Müllerian duct development
- 6.6. Gonadal dysgenesis.

### 7. Puberty:

- 7.1. Physiology and chronology
- 7.2. Precocious puberty
- 7.3. Delayed puberty
- 7.4. Excessive menstrual loss.

### 8. Benign conditions of the lower genital tract:

- 8.1. Vulva:
  - 8.1.1. Pruritus vulvae
  - 8.1.2. Non-neoplastic cysts
  - 8.1.3. Non-neoplastic epithelial disorders
  - 8.1.4. Vulvodynia.

- 8.2. Vagina:

8.2.1. Vaginal discharge (non-sexually transmitted causes)

8.3. Pelvic pain:

8.3.1. Dysmenorrhoea

8.3.2. Dyspareunia

8.3.3. Endometriosis (staging, treatment)

8.3.4. Pelvic inflammatory disease

8.3.5. Non-gynaecological disorders.

8.4. Ovary:

8.4.1. Benign ovarian neoplasms

8.4.2. Functional ovarian cysts.

## 9. Emergency gynaecology:

9.1. Pelvic inflammatory disease

9.2. Bartholin's and vulval abscess

9.3. Ovarian cysts

9.4. Acute vaginal bleeding outwith pregnancy

9.5. Early pregnancy problem

### 3) Basic Clinical Skills

#### a. Skills

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
1. MEDICAL GYNAECOLOGY	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
<b>Diagnose, investigate and manage the following clinical problems:</b>						
1.1. Menstrual disorders:						
1.1.1. Heavy menstrual bleeding						
1.1.2. Irregular menstrual loss						
1.1.3. Amenorrhoea/oligomenorrhoea						
1.1.4. Dysmenorrhoea						
1.2. Pelvic pain:						
1.2.1. Dyspareunia						
1.2.2. Endometriosis						
1.2.3. Pelvic inflammatory disease						
1.2.4. Non-gynaecological causes						
1.3. Others:						

1.3.1. Postmenopausal bleeding						
1.3.2. Benign ovarian cysts						
1.3.3. Fibroids						
1.3.4. Hirsutism						
1.3.5. Vulval disorders						
<b>1.4. Transvaginal ultrasound:</b>						
1.4.1. Use of machine						
1.4.2. Measure endometrial thickness						
1.4.3. Diagnose uterine fibroids and endometrial polyps						
1.4.4. Diagnose ovarian cysts and polycystic ovarian syndrome						
1.4.5. Abdominal ultrasound scan of pelvis						
<b>2. Surgical Gynaecology</b>						
2.1. Arrange preoperative management						
2.2. Interpret preoperative investigations						
2.3. Obtain informed consent						
2.4. Arrange postoperative management						

2.5. Offer psychological support to patient undergoing surgery and their relatives						
<b>3. Skills:</b>						
3.1. Endometrial biopsy						
3.2. Evacuation of uterus						
3.3. Biopsy of genital lesion						
3.4. Diagnostic laparoscopy						
3.5. Laparoscopic hydrotubation						
3.6. Laparoscopic sterilisation						
3.7. Diagnostic hysteroscopy						
3.8. Hysteroscopic sterilisation						
3.9. Cervical biopsy						
3.10. Therapeutic hysteroscopic procedures - varying techniques						
3.11. Laparotomy – opening and closing the abdomen						
3.12. Hysterectomy – abdominal, vaginal and laparoscopically assisted						

**b. Training courses or session**

Training courses or sessions		
Title	Signature of Educational Supervisor	Date
1.		
2.		
3.		

**c. Authorisation of Signatures**

Authorisation of signatures – please print your name and sign	
Name (please print)	Signature

**d. Completion of Module**

<b>Completion of Module 4:</b>	
<b>I confirm that all components of the module have been successfully completed.</b>	
Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

## Module 5: Specialist Gynaecology



## CSRH Curriculum Module 5: Specialist Gynaecology

### 1) Learning Outcomes:

1. Diagnose and manage basic subfertility problems
2. Diagnose and manage basic gynaecological oncology problems
3. Diagnose and manage basic urogynaecology and pelvic floor problems.

#### a. Subfertility:

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (EA)
<ol style="list-style-type: none"> <li>1. Epidemiology, aetiology, pathogenesis, clinical features, treatment and prognosis of male and female subfertility</li> <li>2. Indications, limitations and interpretation of investigations:               <ol style="list-style-type: none"> <li>2.1. endocrine measurements (male and female)</li> <li>2.2. semen analysis</li> <li>2.3. operative procedures</li> </ol> </li> <li>3. Indications, limitations and complications of assisted reproduction techniques:               <ol style="list-style-type: none"> <li>3.1. ovulation induction</li> <li>3.2. IVF and ICSI</li> <li>3.3. gamete donation</li> </ol> </li> <li>4. Legal and ethical issues</li> </ol>	<ol style="list-style-type: none"> <li>1. Takes comprehensive history and examines a couple presenting with subfertility</li> <li>2. Arranges basic investigations</li> <li>3. Counsels couples about diagnosis and management options</li> </ol>	<ol style="list-style-type: none"> <li>1. Appreciates the importance of psychological and psychosexual factors for women and their partners</li> <li>2. Demonstrates respect for woman's dignity and confidentiality</li> <li>3. Understands the issues relating to NHS funding, age restrictions and number of attempts</li> <li>4. Acknowledges cultural issues and issues relating to same sex partnerships and single parenthood</li> </ol>	<ol style="list-style-type: none"> <li>1. Appropriate postgraduate education courses</li> <li>2. Multidisciplinary and clinical team meetings</li> <li>3. StratOG.net: Subfertility e-tutorials</li> <li>4. Subfertility clinics</li> <li>5. Assisted reproduction sessions</li> <li>6. Useful websites:               <ol style="list-style-type: none"> <li>6.1. <a href="http://www.nice.org.uk">www.nice.org.uk</a></li> <li>6.2. <a href="http://www.hfea.gov.uk">www.hfea.gov.uk</a></li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Logbook</li> <li>2. Reflective diary</li> <li>3. CBD</li> <li>4. PSQ</li> <li>5. Annual Review</li> <li>6. Case reports</li> <li>7. Audit projects</li> </ol>

## b. Gynaecological oncology:

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (EA)
<p>1. Epidemiology, aetiology, diagnosis, prevention, screening, management, prognosis, complications and anatomical considerations of premalignant and malignant conditions of:</p> <ol style="list-style-type: none"> <li>1.1. vulva</li> <li>1.2. vagina</li> <li>1.3. cervix</li> <li>1.4. uterus</li> <li>1.5. ovary</li> </ol> <p>2. Indications and limitations in relation to screening and investigative techniques:</p> <ol style="list-style-type: none"> <li>2.1. cytology</li> <li>2.2. colposcopy</li> </ol>	<p>1. Performs cervical screening and counsels about cervical cytology reports</p> <p>2. Recognises, investigates counsels and plans initial management of premalignant conditions of:</p> <ol style="list-style-type: none"> <li>2.1. cervix</li> <li>2.2. endometrium</li> <li>2.3. vulva</li> </ol> <p>3. Recognises, investigates, counsels and plans initial management or appropriate referral for carcinoma of:</p> <ol style="list-style-type: none"> <li>3.1. cervix</li> <li>3.2. endometrium</li> <li>3.3. ovary</li> <li>3.4. vulva</li> <li>3.5. vagina</li> </ol>	<p>1. Shows empathy with patients</p> <p>2. Recognises the importance of psychological factors for women and their families</p> <p>3. Demonstrates respect for the patient's dignity and confidentiality</p>	<p>1. Appropriate postgraduate education courses</p> <p>2. Multidisciplinary and clinical team meetings</p> <p>3. StratOG.net: Gynaecological Oncology e- tutorials</p> <p>4. <i>The Obstetrician &amp; Gynaecologist</i> journal</p> <p>5. Breaking bad news course</p> <p>6. Colposcopy sessions</p> <p>7. RCOG Clinical Governance Advice no 7. Presenting information on risk <a href="http://www.rcog.org.uk">www.rcog.org.uk</a></p> <p>8. Useful websites:</p> <ol style="list-style-type: none"> <li>8.1. <a href="http://www.nice.org.uk">www.nice.org.uk</a></li> <li>8.2. <a href="http://www.bsccp.org.uk">www.bsccp.org.uk</a></li> <li>8.3. <a href="http://www.rcog.org.uk">www.rcog.org.uk</a></li> <li>8.4. <a href="http://www.sign.ac.uk">www.sign.ac.uk</a></li> <li>8.5. <a href="http://www.show.scot.nhs.uk/">www.show.scot.nhs.uk/</a></li> <li>8.6. Spcerh</li> </ol>	<ol style="list-style-type: none"> <li>1. Logbook</li> <li>2. Reflective diary</li> <li>3. CBD</li> <li>4. PSQ</li> <li>5. Annual Review</li> <li>6. Case reports</li> <li>7. Audit projects</li> <li>8. Meetings attended</li> </ol>

## c. Urogynaecology and pelvic floor problems:

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (EA)
1. Anatomy, physiology and pathophysiology of: 1.1. pelvic floor 1.2. urinary tract  2. Epidemiology, aetiology, characteristics and prognosis of: 2.1. urinary and faecal incontinence 2.2. urogenital prolapse 2.3. urinary infection 2.4. lower urinary tract disorders 2.5. urinary disorders associated with other conditions  3. Indications and limitations of investigations: 3.1. microbiological examination of urine 3.2. quantification of urine loss 3.3. urodynamic investigations 3.4. videocystourethrography 3.5. urethrocystoscopy 3.6. imaging  4. Indications, techniques, limitations and complications of treatment: 4.1. pharmaceutical 4.2. surgical  5. others	1. Takes a urogynaecological history  2. Interprets investigations  3. Assessment and non-surgical management of uterovaginal prolapse  4. Treatment of acute bladder voiding disorder  5. Counsels and plans initial management of overactive bladder symptoms and stress urinary incontinence  6. Aware of the national continence policy	1. Shows empathy with patients  2. Appreciates the importance of psychological factors for patients  3. Demonstrates respect for patient's dignity and confidentiality  4. Demonstrates the need to deal sensitively with issues regarding incontinence	1. Local and regional courses  2. Multidisciplinary and clinical team meetings  3. StratOG.net: Urogynaecology and Pelvic Floor Problems e-tutorials  4. <i>The Obstetrician &amp; Gynaecologist</i> journal  5. Urodynamic sessions  6. RCOG guidance document on stress incontinence <a href="http://www.rcog.org.uk">www.rcog.org.uk</a>  7. Useful websites: 7.1. <a href="http://www.nice.org.uk">www.nice.org.uk</a> 7.2. <a href="http://www.sign.ac.uk">www.sign.ac.uk</a> 7.3. <a href="http://www.show.scot.nhs.uk/spc/erh">www.show.scot.nhs.uk/spc/erh</a>	1. Logbook  2. Reflective diary  3. CBD 4. PSQ  5. Annual Review  6. Case reports  7. Meetings attended  8. Audit projects

2) Basic Clinical Skills

a. Skills

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
<b>1. Subfertility skills:</b>						
1.1. Take history from couple						
1.2. Investigate female subfertility						
1.3. Interpret semen analysis						
1.4. Manage anovulation					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.5. Investigate tubal function					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.6. Counsel about management options						
<b>2. Gynae-oncology skills</b>						
2.1. Counsel about cytology reports						
2.2. Perform basic colposcopy examination					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.3. Management cervical intraepithelial neoplasia					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.4. Management of pre-malignant endometrial 2.5. conditions					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.6. Recognise, counsel and plan initial management 2.7. or appropriate referral for carcinoma of cervix					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.8. Recognise, counsel and plan initial management 2.9. or appropriate referral for carcinoma of ovary					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2.10. Recognise, counsel and plan initial management							
2.11. or appropriate referral for carcinoma of							
2.12. endometrium							
<b>3. Uro-gynaecology skills:</b>							
3.1. Take urogynaecological history							
3.2. Cystoscopy							
3.3. Understand urodynamic investigations							
3.4. Non-surgical management of incontinence							
3.5. Assess uterovaginal prolapse							
3.6. Non-surgical management of uterovaginal							
3.7. prolapse, including insertion of ring pessary							
3.8. Surgical repair of prolapse and vaginal							
3.9. hysterectomy							
3.10. Surgical procedures for urinary stress							
3.11. incontinence							

**b. Training courses or sessions**

Training courses or sessions		
Title	Signature of Educational Supervisor	Date

**c. Authorisation of signatures**

Authorisation of signatures – please print your name and sign	
Name (please print)	Signature

**d. Completion of Module 5**

<b>Completion of Module 5:</b>	
<b>I confirm that all components of the module have been successfully completed.</b>	
Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

## Module 6: Pregnancy



**CSRH Curriculum Module 6: Pregnancy**

**1) Learning Outcomes:**

As appropriate for Sexual and Reproductive Health, the trainee should:

1. Understand and demonstrate knowledge, skills and attitudes in relation to early pregnancy care.
2. Understand and demonstrate knowledge, skills and attitudes in relation to antenatal care.
3. Understand and demonstrate knowledge, skills and attitudes in relation to labour and delivery.
4. Understand and demonstrate knowledge, skills and attitudes in relation to postpartum care and problems.

**a. Early pregnancy care:**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (EA)
<ol style="list-style-type: none"> <li>1. Epidemiology, aetiology, pathogenesis and clinical features of miscarriage</li> <li>2. Epidemiology, aetiology pathogenesis and clinical features of ectopic pregnancy</li> <li>3. Epidemiology, aetiology, pathogenesis and clinical features of pregnancy of unknown location</li> <li>4. Epidemiology, aetiology, pathogenesis and clinical features of trophoblastic disease</li> <li>5. Management options</li> <li>6. Impact of sexually transmitted infections on pregnancy</li> </ol>	<ol style="list-style-type: none"> <li>1. Clinical assessment of miscarriage and ectopic pregnancy and pregnancy of unknown location</li> <li>2. Ultrasonographic (transabdominal and transvaginal) and biochemical assessment of early pregnancy</li> <li>3. Develops a management plan (with the support of colleagues where necessary)</li> <li>4. Refers for more complex or detailed evaluation with ultrasound or other imaging techniques</li> <li>5. Surgical, medical and conservative management of miscarriage</li> <li>6. Nonsurgical management of ectopic pregnancy</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstrates the ability to communicate findings and management plans effectively with patients and relatives, and confirms their understanding.</li> <li>2. Breaks bad news, appreciates and describes the possible long-term consequences for the woman in a sensitive manner</li> </ol>	<ol style="list-style-type: none"> <li>1. StratOG.net: Gynaecological Problems and Early Pregnancy Loss e-tutorials</li> <li>2. Ultrasound skills course</li> <li>3. Management of Early Pregnancy Loss (RCOG Green-Top Guideline, No. 25) October 2006</li> </ol>	<ol style="list-style-type: none"> <li>1. Meetings attended</li> <li>2. Case reports</li> <li>3. Reflective diary</li> <li>4. Audit project</li> <li>5. CBD</li> <li>6. Mini-CEX</li> <li>7. PSQ</li> <li>8. Logbook</li> </ol>

**b. Antenatal care:**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. Preconception care 2. Purpose and practice of antenatal care 3. Recognition of domestic violence 4. Problems of young pregnancy 5. Awareness of drug and alcohol misuse 6. Bacteriuria and urine infections in pregnancy 7. Management of normal pregnancy, birth and puerperium 8. Management of abnormal fetal growth in pregnancy 9. Common placental abnormalities and diseases 10. Genetic modes of inheritance and common genetic conditions 11. Epidemiology, aetiology, pathogenesis, diagnosis and basic management of: 11.1.pregnancy-induced hypertension	1. Undertake pregnant and non-pregnant abdominal examination 2. Assessment of gestation 3. Take obstetric history and make relevant referral in cases of domestic violence, drug/alcohol misuse 4. Conduct booking visit 5. Conduct follow-up visit 6. Arrange appropriate investigations 7. Observe management of: 7.1. growth restriction 7.2. mode of delivery after caesarean section 7.3. multiple pregnancy 7.4. antepartum haemorrhage 7.5. malpresentation 7.6. preterm pre-labour rupture of the fetal membranes 7.7. reduced fetal movements 7.8. prolonged pregnancy 7.9. drug and alcohol misuse 7.10. smokers in pregnancy 8. Counsels about: 8.1. screening for Down syndrome and other chromosomal abnormalities 8.2. genetic disease 8.3. fetal abnormality 8.4. haemolytic disease 8.5. infection 8.6. mode of delivery	1. Liaises with hospital and community midwives and other health professional to optimise antenatal care 2. Demonstrates an ability to explain current advice on lifestyle and precautions that may be taken pre-conception/periconception to reduce the risk of neural tube defects, fetal infection and discuss inherited risks of chromosomal and genetic diseases with those planning a pregnancy 3. Demonstrates the skills to enable a woman to make informed choices around pregnancy and childbirth and encourages her active participation in the decision-making, involving her partner and family where this is appropriate. 4. Demonstrates an ability to explain correctly and place in context for the woman: 4.1. detection rates and limitations of antenatal screening 4.2. principles of screening for neural tube defects and Down's syndrome 4.3. genetic disorders and their inheritance, with examples such as cystic fibrosis and thalassaemia 4.4. effects upon fetus and neonate of infections during pregnancy, including HIV, measles, chickenpox, rubella, cytomegalovirus, parvovirus and toxoplasmosis 5. Show awareness of the need to	1. Appropriate postgraduate educational courses. 2. Perinatal morbidity and mortality meetings 3. Risk assessment meetings 4. StratOG.net: Antenatal care e-tutorials 5. RCOG guidance documents <a href="http://www.rcog.org.uk">www.rcog.org.uk</a> 6. Fetal awareness: Review of research and recommendations for practice 2010 7. Termination of pregnancy for fetal abnormality in England 2010 8. Antenatal results and choices (ARC) <a href="http://www.arc-uk.org">www.arc-uk.org</a> 9. Useful websites and postoperative care e-tutorials: 9.1. <a href="http://www.nice.org.uk">www.nice.org.uk</a> 9.2. <a href="http://www.sign.ac.uk">www.sign.ac.uk</a> 9.3. <a href="http://www.show.scot.nhs.uk/s_pcerh">www.show.scot.nhs.uk/s_pcerh</a>	1. Logbook 2. Local meetings 3. Case reports 4. Audit projects 5. MSF 6. CBD 7. Mini CEX 8. PSQ

<p>haemorrhage            11.2.preterm pre-labour rupture of membranes            11.3.multiple pregnancies            11.4.malpresentation            11.5.fetal growth restriction            11.6.fetal haemolysis (rhesus isoimmunisation)            11.7.prolonged pregnancy            11.8.congenital malformations            11.9.social and cultural factors (e.g.FGM)</p> <p>12. Counselling patients following abnormal serum screening</p> <p>13. Understand the effect of chronic maternal disease on pregnancy and pregnancy on chronic maternal disease esp.:            13.1.diabetes            13.2.hypertension            13.3.renal disease            13.4.cardiac disease            13.5.malignancy eg breast            13.6.liver disease            13.7.inflammatory bowel disease            13.8.thrombophilias            13.9.neurological e.g. epilepsy, MS            13.10. psychiatric e.g. antenatal, postnatal depression, anxiety, bipolar disorder</p> <p>14. Basic obstetric ultrasound            14.1.Role of ultrasound in antenatal care            14.2.nuchal translucency            14.3.detailed fetal anomaly scan</p>	<p>9. Awareness of antenatal education and the role of midwives and physiotherapists.</p> <p>10. Understand when increased antenatal surveillance and additional assessment beyond routine antenatal care is required</p>	<p>identify and deal with domestic violence and have a working knowledge of child protection issues as they relate to obstetrics</p> <p>6. Identifies infections in pre-conception care and liaises with colleagues as appropriate.</p>		
---	---	---	--	--

## c. Intra-partum care:

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. Mechanisms of normal and abnormal labour 2. Induction and augmentation of labour 3. Analgesic options in labour including regional and opiate 4. Monitoring of fetal wellbeing in labour 5. Mechanism of spontaneous vaginal delivery.	1. Observe management of: <ul style="list-style-type: none"> <li>1.1 preterm labour</li> <li>1.2 intrauterine fetal death</li> <li>1.3 obstetric haemorrhage</li> <li>1.3 severe pre-eclampsia</li> <li>1.4 obstetric collapse</li> <li>1.5 in-utero transfer</li> </ul> 2. Evaluate clinical risk 3. Liaise with other clinical staff 4. Observe: <ul style="list-style-type: none"> <li>4.1. induction of labour</li> <li>4.2. delay in labour</li> <li>4.3. labour after previous caesarean section</li> <li>4.4. operative vaginal delivery</li> <li>4.5. Caesarean section</li> </ul> 5. Advise on analgesia	1. Demonstrate the appropriate use of protocols and guidelines 2. Respects cultural and religious differences in attitudes to childbirth such as Jehovah's witnesses and blood transfusion 3. Practice effective liaison with difference in attitudes to childbirth 4. Recognise personal limitations and the need to refer appropriately 5. Respects teamworking role with midwifery colleagues	1. Perinatal mortality and morbidity meetings 2. StratOG.net: Management of Labour and Delivery e-tutorials 3. RCOG guidance documents <a href="http://www.rcog.org.uk">www.rcog.org.uk</a> 4. Risk management meetings	1. Meetings attended 2. Case reports 3. Annual Review 4. CBD 5. Logbook 6. Reflective diary

**d. Post-partum care:**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. Normal and abnormal postpartum period  2. Postpartum complications including: 2.1. retained placenta 2.2. haemorrhage 2.3. sepsis 2.4. acute collapse 2.5. psychiatric disorders  3. Techniques for control of postpartum haemorrhage and appropriate use of blood and blood products  4. Perineal surgery with basic knowledge of repair to damage of anal sphincter  5. Infant feeding	1. Manages the normal puerperium, including breast and perineal problems  2. Advises on and prescribes appropriate postpartum contraception	1. Understands the roles of other healthcare professionals during the puerperium (e.g. community midwives, social workers, psychiatrists, physiotherapists)  2. Aware of Breastfeeding Initiatives  3. Displays empathy with women with puerperal problems, and their families	1. Perinatal mortality and morbidity meetings  2. StratOG.net: Postpartum and Neonatal Problems e-tutorials  3. Useful websites: 3.1. <a href="http://www.nice.org.uk">www.nice.org.uk</a> 3.2. <a href="http://www.rcog.org.uk">www.rcog.org.uk</a> 3.3. <a href="http://www.sign.ac.uk">www.sign.ac.uk</a> 3.4. <a href="http://www.show.scot.nhs.uk/spc/erh">www.show.scot.nhs.uk/spc/erh</a>	1. Meetings attended  2. Case reports  3. Reflective diary  4. Audit project  5. Annual Review  6. DOPS  7. Logbook

## 2) Basic Clinical Skills

### a. Skills

Skills	Competency level: Basic training: <input type="checkbox"/> Intermediate training: <input type="checkbox"/> Advanced training: <input type="checkbox"/> Not required: <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
<b>1. Early pregnancy skills:</b>						
1.1. Medical and conservative management of miscarriage						
1.2. Surgical management of miscarriage						
1.3. Counselling around miscarriage						
1.4. Counselling around and management of pregnancy of unknown location						
1.5. Diagnosis of ectopic pregnancy						
1.6. Medical and conservative management of ectopic pregnancy						
1.7. Surgical management of ectopic pregnancy						
1.8. Assess gestation, viability and diagnose intrauterine pregnancy with ultrasound						
1.9. Management of hyperemesis gravidarum						
<b>2. Antenatal skills:</b>						
2.1. Conduct a booking visit						

2.2. Conduct a follow up visit						
2.3. Arrange appropriate investigations						
2.4. Counsel regarding and discuss screening for Down's syndrome and other fetal abnormalities						
2.5. Discuss mode of delivery following previous Caesarean section						
<b>3. Assess fetal wellbeing by interpretation of:</b>						
3.1. Maternal history						
3.2. CTG						
3.3. Ultrasound assessment						
<b>4. Antenatal Management of:</b>						
4.1. Oligohydramnios/polyhydramnios						
4.2. Growth restriction						
4.3. Multiple pregnancy						
4.4. Malpresentation						
4.5. Reduced fetal movements						
4.6. Prolonged pregnancy						
4.7. Preterm premature rupture of the membranes						
4.8. Antepartum haemorrhage						

4.9. Infections in pregnancy						
4.10. HIV in pregnancy						
<b>5. Antenatal &amp; peripartum management of maternal conditions including:</b>						
5.1. Chronic hypertension						
5.2. Pre-eclampsia						
5.3. Cardiac disease including congenital heart disease						
5.4. Renal disease						
5.5. Liver disease – including obstetric cholestasis & acute fatty liver of pregnancy						
5.6. Gastrointestinal disease						
5.7. Diabetes-impaired glucose tolerance & IDDM						
5.8. Thromboembolic disorders including inherited thrombophilias						
5.9. Psychiatric disorders						
5.10. Substance abuse – drugs/alcohol						
<b>6. Intra-partum skills:</b>						
6.1. Normal vaginal delivery						
6.2. Operative vaginal delivery						
6.3. Caesarean section						

6.4. Management of pre-eclampsia						
6.5. Obstetric haemorrhage						
6.6. Retained placenta						
6.7. Perineal repair						
6.8. Repair of anal sphincter damage						
<b>7. Post-partum skills:</b>						
7.1. Conduct a postnatal consultation						
7.2. Prescribe contraception						
7.3. Management of haemorrhage						
7.4. Management of sepsis						
7.5. Breast problems						
7.6. Psychiatric problems						
7.7. Pelvic floor problems						
7.8. Thromboembolic problems						

**b. Training courses or sessions**

Training courses or sessions		
Title	Signature of Educational Supervisor	Date

**c. Authorisation of signatures**

Authorisation of signatures – please print your name and sign	
Name (please print)	Signature

**Completion of Module 6:****I confirm that all components of the module have been successfully completed.**

Date

Name of Educational Supervisor

Signature of Educational Supervisor

## Module 7: Menopause and PMS



**CSRH Curriculum Module 7: Menopause and PMS**

**1) Learning Outcomes:**

1. To develop the knowledge, skills and attitudes to diagnose and manage the menopause, related conditions and HRT issues competently
2. To develop the knowledge, skills and attitudes to diagnose and manage pre-menstrual syndrome competently

**a. General Menopause:**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. Physiology, epidemiology and demography of the menopause to include:                             <ol style="list-style-type: none"> <li>1.1. endocrine changes</li> <li>1.2. fertility</li> <li>1.3. contraceptive needs</li> <li>1.4. aetiology of ovarian failure</li> <li>1.5. surgical menopause</li> <li>1.6. premature menopause</li> <li>1.7. genetics</li> </ol> </li> <li>2. Pathophysiology of the menopause including:                             <ol style="list-style-type: none"> <li>2.1. vasomotor symptoms</li> <li>2.2. connective tissue effects</li> <li>2.3. urogenital atrophy (effect on vagina, female urethra, bladder, and pelvic floor)</li> </ol> </li> <li>3. Mood disorders around the time of the menopause</li> <li>4. Cognitive symptoms associated with the menopause</li> <li>5. Sexual changes and sexual problems at the time of the menopause</li> </ol>	<ol style="list-style-type: none"> <li>1. Take a history and life style assessment</li> <li>2. Perform a clinical examination relating to menopause</li> <li>3. Demonstrate ability to consider differential diagnoses</li> <li>4. Able to diagnose, counsel and manage women with premature menopause</li> <li>5. Undertake and assess symptom based visual analogue scores and quality-of-life questionnaires</li> <li>6. Undertake basic psychological evaluation</li> <li>7. Undertake cognitive assessment</li> <li>8. Take a sexual history including details of dyspareunia, loss of libido, vaginismus, phobias, and psychosexual dynamics</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish rapport with patient, and demonstrate good general communication and consultation skills</li> <li>2. Demonstrate tact, empathy and concern, with particular respect to ethnic and cultural issues</li> <li>3. Demonstrate a knowledge of recent advances /controversies in management of the menopause</li> <li>4. Have ability to appraise critically recent trials and studies on systemic HRT and vaginal estrogens and apply this knowledge to individual patient management</li> <li>5. Competently administer cognitive function tests</li> <li>6. Identify and refer women with complex psychosexual problems</li> </ol>	<ol style="list-style-type: none"> <li>1. Specialist Menopause Clinics</li> <li>2. Observation and discussion with senior medical staff and team</li> <li>3. Interactive tutorials</li> <li>4. Menopause / Postreproductive Health courses such as Faculty or RCOG</li> <li>5. RCOG guidance documents <a href="http://www.rcog.org.uk">www.rcog.org.uk</a></li> <li>6. BMS website and Handbook</li> <li>7. Recent journal and literature review</li> <li>8. Personal study</li> <li>9. Support and education from affiliated psychosexual counsellor</li> </ol>	<ol style="list-style-type: none"> <li>1. Mini CEX</li> <li>2. Log of cases</li> <li>3. CBD</li> <li>4. PSQ</li> <li>5. Observation of consultations</li> <li>6. Management of consultations</li> <li>7. Case reports and audit</li> <li>8. MSF</li> </ol>

**b. Bone:**

<b>Knowledge Criteria (KC)</b>	<b>Clinical Competency (CC)</b>	<b>Professional Skills and Attitudes (PSA)</b>	<b>Training Support (TS)</b>	<b>Evidence/Assessment (E/A)</b>
1. Bone physiology including: <ol style="list-style-type: none"> <li>1.1. natural history of bone metabolism</li> <li>1.2. genetic factors</li> <li>1.3. risk factors for osteoporosis</li> <li>1.4. effect of hormonal contraception</li> </ol> 2. Methodologies for investigating and screening bone density, including DEXA and ultrasound densitometry           3. Treatment strategies including: <ol style="list-style-type: none"> <li>3.1. Lifestyle counselling</li> <li>3.2. Weight-bearing exercise</li> <li>3.3. HRT</li> <li>3.4. non-hormonal drug alternatives</li> </ol>	<ol style="list-style-type: none"> <li>1. Undertake clinical osteoporosis assessment and make appropriate recommendations</li> <li>2. Interpret bone density scan results</li> <li>3. Explain lifestyle and therapeutic interventions to those at risk of osteoporosis and to those with established disease</li> </ol>	<ol style="list-style-type: none"> <li>1. Identify women with risk factors for osteoporosis</li> <li>2. Demonstrate ability to recommend appropriate investigations e.g. DEXA</li> <li>3. Understand investigative results and implications for individual risk</li> <li>4. Show ability to explain the complexities and uncertainties of evidence-based treatment for both prevention and treatment of low bone mass</li> </ol>	<ol style="list-style-type: none"> <li>1. Discussion with senior colleagues in menopause and related disciplines eg rheumatology, orthopaedics and radiology</li> <li>2. Specialist osteoporosis clinics</li> <li>3. Tutorials with radiologists / radiographers skilled in DEXA scanning</li> <li>4. BMS website and Handbook</li> <li>5. Recent journal and literature review</li> </ol>	<ol style="list-style-type: none"> <li>1. Mini CEX</li> <li>2. Log of cases</li> <li>3. CBD</li> <li>4. PSQ</li> <li>5. Observation of consultations</li> <li>6. Case reports</li> </ol>

**c. Breasts:**

<b>Knowledge Criteria (KC)</b>	<b>Clinical Competency (CC)</b>	<b>Professional Skills and Attitudes (PSA)</b>	<b>Training Support (TS)</b>	<b>Evidence/Assessment (E/A)</b>
1. Benign breast disease and association with hormonal factors  2. Breast cancer and association with hormonal factors  3. Breast cancer and association with family history and lifestyle factors	1. Interpret breast risk and screening results  2. Demonstrate ability to discuss breast cancer risk with HRT, family history and lifestyle influences  3. Manage menopausal symptoms in women with previous breast cancer	1. Identification and referral of women with breast problems/cancer risk	1. BMS website and Handbook  2. Recent journal and literature review  3. Observation and discussion with senior medical staff and multidisciplinary team  4. Specialist breast clinics and familiar cancer genetic clinics	1. Log of cases  2. CBD  3. Observation of consultations

**d. Cardiovascular System:**

<b>Knowledge Criteria (KC)</b>	<b>Clinical Competency (CC)</b>	<b>Professional Skills and Attitudes (PSA)</b>	<b>Training Support (TS)</b>	<b>Evidence/Assessment (E/A)</b>
1. Pathophysiology of relevant cardiovascular and haematological diseases to include: 1.1. demographics 1.2. predisposing factors e.g. obesity, diabetes, high blood pressure, thrombotic risk  2. Mechanisms for the positive and negative effects of estrogen on the cardiovascular system.	1. Explain the age- and menopause-related changes which increase cardiovascular risk and advise accordingly  2. Discuss the cardiovascular benefits and risks of HRT  3. Discuss risks of VTE with HRT  4. Identify and refer women with increased risk of VTE  5. Identify and refer high risk women with co-existing medical disease	1. Demonstrate ability to identify personal and familial cardiovascular risk factors  2. Exhibit skill in interpretation of significance of risk factors and relevance to individual  3. Demonstrate ability to make appropriate recommendations regarding therapeutic choices in patients with pre-existing cardiovascular disease	1. BMS website and Handbook  2. Recent journal and literature review  3. Observation and discussion with senior medical staff and multidisciplinary team  4. RCOG guidance documents <a href="http://www.rcog.org.uk">www.rcog.org.uk</a>	1. Log of cases  2. CBD  3. Observation of consultations

## e. HRT

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. Pharmacology of different types of estrogen, progestogen, and testosterone</li> <li>2. Types of HRT available and different combinations</li> <li>3. Modes of delivery and their mechanisms of action: oral, patch, gel, implant, and vaginal preparations</li> <li>4. Contraindications, risks and adverse effects of different preparations</li> <li>5. Use in special circumstances e.g. endometriosis, breast cancer, women with cardiovascular or other complex medical conditions</li> </ol>	<ol style="list-style-type: none"> <li>1. Able to discuss potential benefits of HRT e.g. symptom relief, osteoporosis and other possible benefits</li> <li>2. Able to discuss risks associated with HRT e.g. breast, VTE, endometrial</li> <li>3. Able to discuss potential benefits and risks of alternative treatments e.g. pharmaceutical and complementary therapies for menopause symptoms</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstrate ability to formulate individualised risk benefit ratio for HRT</li> <li>2. Demonstrate ability to recommend non-HRT therapeutic and complementary treatments</li> <li>3. Demonstrate ability to match principles to individual patients</li> </ol>	<ol style="list-style-type: none"> <li>1. BMS website and Handbook</li> <li>2. Recent journal and literature review</li> </ol>	<ol style="list-style-type: none"> <li>1. Log of cases</li> <li>2. CBD</li> <li>3. Mini-CEX</li> <li>4. PSQ</li> <li>5. Case reports</li> </ol>

## f. Pre-Menstrual Syndrome:

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. Normal reproductive physiology and possible aetiologies of PMS/premenstrual dysphoric disorder</li> <li>2. Hormonal and non-hormonal drug treatment strategies for PMS</li> <li>3. Role of alternative and complementary therapies in the management of PMS</li> </ol>	<ol style="list-style-type: none"> <li>1. Take a history and lifestyle assessment</li> <li>2. Demonstrate ability to give general health and lifestyle advice</li> <li>3. Able to assess daily symptom diary charts</li> <li>4. Undertake basic psychological evaluation</li> <li>5. Explain the possible aetiologies of PMS</li> <li>6. Discuss the various treatment options for PMS</li> </ol>	<ol style="list-style-type: none"> <li>1. Establish rapport with and demonstrate good general communication and consultation skills</li> <li>2. Demonstrate a non-judgmental and supportive attitude to women suffering from PMS</li> <li>3. Identify women whose symptoms do not fit the diagnosis of PMS and offer appropriate referral elsewhere</li> <li>4. Able to counsel a woman sensitively on the role of surgery for severe PMS and the likely consequences of this procedure</li> </ol>	<ol style="list-style-type: none"> <li>1. Specialist PMS clinics</li> <li>2. National Association for Premenstrual Syndrome (NAPS) website <a href="http://www.pms.org.uk/">www.pms.org.uk/</a></li> <li>3. Observation and discussion with senior medical staff and team</li> <li>4. RCOG guidance document on PMS <a href="http://www.rcog.org.uk/files/rcog-corp/uploaded-files/GT48ManagementPremenstrualSyndrome.pdf">http://www.rcog.org.uk/files/rcog-corp/uploaded-files/GT48ManagementPremenstrualSyndrome.pdf</a></li> <li>5. Interactive tutorials</li> </ol>	<ol style="list-style-type: none"> <li>1. Log of cases</li> <li>2. CBD</li> <li>3. Mini-CEX</li> <li>4. PSQ</li> <li>5. Observation of consultations</li> </ol>

## 2) Basic Clinical Skills

### a. Skills

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
<b>MENOPAUSE</b>						
<b>1. General:</b>						
1.1. Take a history and lifestyle assessment						
1.2. Undertake general clinical examination						
1.3. Demonstrate ability to dispense health and lifestyle advice						
1.4. Appropriate use of VAS and QOL questionnaires						
1.5. Diagnose and manage premature menopause						
1.6. Undertake basic psychological evaluation						
1.7. Demonstrate understanding of what cognition is and how to assess it						
1.8. Demonstrate ability to take a sexual history, including vaginismus, phobias, psychosexual						
1.9. Undertake assessment of urogenital atrophy						
1.10. Demonstrate ability to decide on course of further investigation e.g. endocrine tests / bone assessment/lipids/cognitive function						

<b>2. HRT:</b>						
2.1. Demonstrate ability to explain risks and benefits of HRT						
2.2. Demonstrate ability to choose appropriate HRT regimen according to bleeding pattern & uterine						
2.3. Demonstrate ability to alter HRT regimen if bleeding problems or progestogenic side						
<b>3. Bone:</b>						
3.1. Undertake clinical osteoporosis assessment						
3.2. Demonstrate ability to discuss osteoporosis benefits of HRT & non hormonal alternatives						
3.3. Interpret bone density measurements, including DEXA, peripheral X ray and bone						
<b>4. Cardiovascular disease:</b>						
4.1. Undertake cardiovascular examination						
4.2. Demonstrate understanding of significance of investigative						
4.3. Demonstrate ability to discuss cardiovascular benefits and risks of HRT						
4.4. Demonstrate ability to discuss VTE risks of HRT						
<b>5. Breast</b>						
5.1. Demonstrate ability to discuss breast cancer risks with HRT						
5.2. Demonstrate ability to discuss risks of HRT with previous breast cancer						
<b>6. HRT and alternatives:</b>						

6.1. Demonstrate ability to create an individual benefit/risk ratio for HRT & alternatives based on personal and family risk profile and						
6.2. Demonstrate ability to counsel patients regarding the efficacy and safety of pharmaceutical alternatives for managing						
6.3. Demonstrate ability to counsel patients regarding the efficacy and safety of complementary therapies for managing menopausal symptoms						
<b>7. PMS</b>						
7.1. Take a history and lifestyle assessment						
7.2. Demonstrate ability to give health and lifestyle advice						
7.3. Appropriate use of daily symptoms diary charts						
7.4. Undertake basic psychological evaluation						
7.5. Understand and be able to explain the possible aetiology of pre-menstrual syndrome						
7.6. Discuss the role of hormonal therapies in the management of						
7.7. Discuss the role of non-hormonal therapies in the management of PMS						
7.8. Discuss the role of alternative and complementary therapies in the						
7.9. Discuss the role of surgery in the management of severe PMS						

**b. Training courses or sessions**

Training courses or sessions		
Title	Signature of Educational Supervisor	Date
1.		
2.		
3.		

**c. Authorisation of signatures**

Authorisation of signatures – please print your name and sign	
Name (please print)	Signature

**d. Completion of Module 7**

**Completion of Module 7:**

**I confirm that all components of the module have been successfully completed.**

Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

## Module 8: Genitourinary Medicine



## CSRH Curriculum Module 8: GUM

### 1) Learning Outcomes:

1. Recognise, diagnose and manage genital tract infections in both men and women
2. Assess and manage genital tract infections in men who have sex with men, lesbian and transgender clients, in conjunction with appropriate colleagues
3. Recognise and demonstrate an understanding of the psychological aspects of having an STI
4. Carry out HIV pre- and post- test discussion and testing
5. Understand prevention and vaccination strategies including partner notification
6. Assess and undertake initial management of genital infections in pregnant women, the newborn, infants and children, in conjunction with appropriate colleagues.

**a. Learning Outcome 1: Recognise, diagnose and manage genital tract infections in both men and women; men who have sex with men (MSM), lesbian, and transgender (LGBT) clients in conjunction with appropriate colleagues.**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<p>1. The epidemiology, aetiology and natural history of:</p> <p>1.1. <i>C. trachomatis</i> including LGV</p> <p>1.2. <i>N. gonorrhoeae</i></p> <p>1.3. <i>T. vaginalis</i></p> <p>1.4. <i>C. albicans</i> and other yeasts</p> <p>1.5. bacterial vaginosis</p> <p>1.6. syphilis</p> <p>1.7. HSV</p> <p>1.8. viral hepatitis (A,B,C)</p> <p>1.9. scabies</p> <p>1.10. pediculosis pubis</p> <p>1.11. genital HPV</p> <p>1.12. molluscum contagiosum</p>	<p>1. Take an appropriate history / risk assessment</p> <p>2. Perform appropriate clinical examination and investigations</p> <p>3. Perform appropriate microbiological and virology investigations to investigate the common presentations of STIs and correctly interpret test results</p> <p>4. Adhere to locally agreed patient care pathways</p>	<p>1. Explain the diagnosis and management clearly to the patient</p> <p>2. Demonstrate an understanding of the psychological aspects of having an STI</p> <p>3. Prescribe drugs as per local care pathways</p> <p>4. Demonstrate appropriate level of clinical decision making in daily clinical practice</p> <p>5. Demonstrate non-judgmental behaviour to all clients including respecting each client's sexual orientation and behaviour</p>	<p>1. STIF course</p> <p>2. e-DFSRH</p> <p>3. e-HIV-STI levels 1&amp;2</p> <p>4. BASHH STI/HIV course modules 1 - 4</p> <p>5. Faculty guidance documents</p> <p>6. BASHH guidance documents</p> <p>7. StratO&amp;G.com</p> <p>8. SIGN guidelines (Scotland)</p> <p>9. Health Protection Agency (England) <a href="http://www.hpa.org.uk">www.hpa.org.uk</a></p> <p>10. DH Chlamydia screening programme (England)</p> <p>11. <a href="http://www.chlamydiaSCREENING.nhs.uk">www.chlamydiaSCREENING.nhs.uk</a></p> <p>12. Relevant national strategies for Sexual Health</p> <p>13. Local protocols and care pathways</p>	<p>1. DOPS</p> <p>2. Mini CEX</p> <p>3. CBD</p> <p>4. PSQ</p> <p>5. MSF</p> <p>6. Reflective diary</p> <p>7. Logbook</p> <p>8. Audit projects</p> <p>9. GMC – Serious Communicable Diseases</p>
<p>2. The infective causes and differential diagnosis of:</p> <p>2.1. genital discharge (urethral, anal and abnormal vaginal)</p> <p>2.2. dysuria</p> <p>2.3. genital ulceration</p> <p>2.4. genital lumps</p> <p>2.5. genital itch/soreness</p>	<p>5. Diagnose and manage the following conditions:</p> <p>5.1. infective causes of vulvovaginitis and balanitis</p> <p>5.2. vaginal discharge</p> <p>5.3. urethritis (including non-gonococcal urethritis in men)</p> <p>5.4. pelvic inflammatory disease (PID)</p> <p>5.5. HSV infection</p>	<p>6. Work effectively in conjunction with colleagues and in liaison with other specialties and departments</p> <p>7. Make appropriate tertiary referrals</p>		
<p>3. Different laboratory methods of identification of bacteria, fungi and viruses that cause genital tract infection.</p>	<p>6. Assess and explain common management options for:</p> <p>6.1. recurrent vulvo-vaginal candidiasis</p> <p>6.2. recurrent bacterial vaginosis</p> <p>6.3. recurrent HSV including indications for suppressive therapy</p> <p>6.4. contact dermatitis and lichen simplex</p> <p>6.5. psychosexual complications of STI or genital infections</p>			
<p>4. The uses and limitations of the currently available tests, including near patient testing, antenatal and population screening</p>				

<p>5. Storage requirements for specimens and the logistics of transport of samples to laboratories</p> <p>6. Local referral care pathways and clinical guidance</p> <p>7. The National Chlamydia Screening Programme (England) or other national equivalents</p> <p>8. Local care pathways for multi-agency working and cross referrals for individuals with sexual health needs</p> <p>9. The law in the UK relating to sexually transmitted infections and relevant GMC guidance</p> <p>10. Specific health and wellbeing needs of clients eg mental health issues, alcohol, recreational drug use and smoking.</p> <p>11. Health promotion and interventions specifically aimed at risk reduction in high risk behaviour groups</p>	<p>7. Recognise, initiate immediate management and arrange appropriate referral for:</p> <p>7.1. rectal and pharyngeal infections</p> <p>7.2. complicated gonococcal infection</p> <p>7.3. non-HSV causes of genital ulcers.</p> <p>7.4. viral hepatitis</p> <p>7.5. syphilis</p> <p>7.6. chronic urethritis,</p> <p>7.7. epididymo-orchitis.</p> <p>7.8. prostatitis and sexually acquired reactive arthritis (SARA or Reiter's syndrome)</p> <p>7.9. genital dermatoses, such as lichen planus, lichen sclerosus</p> <p>8. Explain the principles of partner notification and epidemiological treatment for sexual contacts</p> <p>9. Demonstrate health promotion skills eg offer healthy living advice, smoking cessation</p>		<p>14. Faculty/BASHH/RCOG meetings</p> <p>15. Useful websites</p> <p>15.1. <a href="http://www.medfash.org.uk">www.medfash.org.uk</a></p> <p>15.2. <a href="http://www.bashh.org.uk">www.bashh.org.uk</a></p> <p>15.3. <a href="http://www.shastd.org.uk">www.shastd.org.uk</a></p>	
--	---	--	---	--

**b. Learning Outcome 2: Carry out HIV pre and post-test discussion and testing.**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. The epidemiology, transmission modes and risks, clinical features, and prevention of HIV/AIDS 2. Laboratory tests used to diagnose HIV infection and their interpretation 3. Risk factors for HIV infection 4. Implications for a pregnant woman undergoing HIV testing. 5. Medico-legal and ethical issues relevant to HIV/AIDS including partner notification, ABI guidelines on insurance medical reports and confidentiality	1. Perform an HIV risk assessment and discuss HIV transmission 2. Perform an HIV pre-test discussion 3. Give positive and negative results 4. Provide appropriate immediate management and onward referral for patients with positive results 5. Undertake PEPSE assessment, give initial prescription and arrange further management	1. Demonstrate appropriate level of clinical decision making in daily clinical practice 2. Demonstrate an understanding of the psychosocial impact of STIs and living with HIV/AIDS, including knowledge of the support systems available for clients. 3. Make appropriate tertiary referrals	1. Local protocols and care pathways 2. Relevant courses 3. BHIVA and BASHH guidance documents 4. StratO&G.com 5. <a href="http://www.aidsmap.com">www.aidsmap.com</a> 6. <a href="http://www.medfash.org.uk">www.medfash.org.uk</a> 7. <a href="http://www.tht.org.uk">www.tht.org.uk</a>	1. CBD 2. Mini CEX 3. Audit projects 4. Reflective practice 5. Log book

## c. Learning Outcome 3 - Understand prevention and vaccination strategies

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. Current national strategies on sexual health 2. Health promotion and interventions such as: 2.1. safer sex, 2.2. risk reduction, 2.3. behavioural change 3. Statutory notification 4. Partner notification 5. National GUM data collection systems 6. Hepatitis A and B vaccinations including: 6.1. indications for screening 6.2. dosing schedules 6.3. follow-up 7. HPV vaccination including 7.1. dosing schedules 7.2. follow-up	1. Discuss the risk factors for sexual and blood borne viral infections with patients. 2. Advise vaccination where appropriate 3. Explain vaccination regimes including potential side effects	1. Demonstrate appropriate level of clinical decision making in daily practice 2. Make effective use of appropriate external protocols and guidelines	1. DoH (and guidance from devolved nations) 2. BASHH 3. BHIVA 4. Relevant courses 5. StratO&G.com 6. <a href="http://www.medfash.org.uk">www.medfash.org.uk</a> 7. <a href="http://www.aidsmap.com">www.aidsmap.com</a>	1. CBD 2. Mini CEX 3. MSF 4. Logbook 5. Audit projects 6. Certificates of Course attendances 7. Evidence of reflective practice

**d. Learning Outcome 4: Assess and undertake initial management in conjunction with appropriate colleagues of genital infections in pregnant women, the newborn, infants and children.**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<p>1. The diagnosis, complications, treatment and management of sexually transmitted infections and other genital infections in pregnancy</p> <p>2. Know the risk of vertical transmission of STIs and strategies to reduce the risks.</p> <p>3. The multi-disciplinary management of children with genital infections.</p> <p>4. The child protection issues and risk assessment for possible child abuse.</p> <p>5. National and local guidelines regarding referral and locally agreed referral pathways</p>	<p>1. Diagnose STIs in pregnant women</p> <p>2. Arrange partner notification when indicated</p> <p>3. Explain the diagnosis, implications for pregnancy and management clearly to the patient</p> <p>4. Liaise with specialists for expert investigation and management when appropriate.</p> <p>5. Refer children with genital symptoms appropriately</p>	<p>1. Demonstrate appropriate level of clinical decision making in daily clinical practice.</p> <p>2. Demonstrate safe prescribing practice of appropriate treatment in accordance with evidence based guidelines and local protocols</p> <p>3. Work effectively in conjunction with colleagues and in liaison with other specialties and departments.</p>	<p>1. Relevant BASHH, RCOG, and BHIVA guidelines, and the BNF</p> <p>2. Local protocols and Care pathways</p> <p>3. Attendance at course relevant to the subject</p>	<p>1. Logbook</p> <p>2. Audit projects</p> <p>3. Certificates of course attendances</p> <p>4. Evidence of reflective practice</p> <p>5. CBD</p> <p>6. DOPS</p> <p>7. Mini CEX</p> <p>8. MSF</p>

## 2) Basic Clinical Skills

### a. Skills

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
1. Take an appropriate history and assess an individual's risk of STIs						
2. Take appropriate samples from asymptomatic women requesting sexual health screening (SHS), giving suitable explanation and obtaining informed consent						
3. Take appropriate samples from asymptomatic men requesting sexual health screening (SHS), giving suitable explanation and obtaining informed consent						
4. Follow locally agreed patient care pathways and prescribe drug treatment appropriately						
5. Demonstrate non-judgmental attitude to all clients						
6. Demonstrate appropriate level of clinical decision making in daily clinical practice						
7. Work effectively in conjunction with colleagues and in liaison with other specialties and						
8. Diagnose, investigate and manage the following genital infections in women:						
8.1.1. Chlamydia trachomatis						
8.1.2. Candida albicans and other yeasts						
8.1.3. Trichomonas vaginalis						

8.1.4. Neisseria gonorrhoea						
8.1.5. Bacterial vaginosis						
8.1.6. Herpes simplex						
8.1.7. HPV infection						
8.1.8. Molluscum contagiosum						
8.1.9. Scabies and pediculosis pubis						
9. Diagnose, investigate and manage the following genital infections in men:						
9.1.1. Chlamydia trachomatis						
9.1.2. Candida albicans and other yeasts						
9.1.3. Neisseria gonorrhoea						
9.1.4. Herpes simplex						
9.1.5. HPV infection						
9.1.6. Molluscum contagiosum						
9.1.7. Scabies and pediculosis pubis						
10. Recognise, initiate the immediate management and make appropriate referral for the following conditions:						
10.1.1. Non-herpetic ulcers						
10.1.2. Recurrent HSV						

10.1.3. Complicated gonococcal infection						
10.1.4. HIV						
10.1.5. Chronic urethritis						
10.1.6. Hepatitis						
10.1.7. Epididymo-orchitis						
10.1.8. SARA						
10.1.9. Rectal infections						
10.1.10. Pharyngeal infections						
11. Perform near patient microscopy of genital specimens including preparation of gram stain						
12. Interpret near patient microscopy findings						
13. Diagnose and manage the following conditions:						
13.1.1. Pelvic inflammatory disease						
13.1.2. Vaginal discharge						
13.1.3. Vulvo-vaginitis						
13.1.4. Balanitis						
13.1.5. Urethritis (including non-gonococcal urethritis in						
14. Undertake an HIV risk assessment and discuss HIV transmission in a high and low risk client						

15. Undertake a pre-HIV discussion with an individual and collect serum sample for antibody test						
16. Give a negative HIV antibody test result						
17. Give a positive HIV antibody test result						
18. Diagnose, investigate and manage genital infections in pregnant women including liaison with appropriate colleagues						
19. Assessment and multi-disciplinary team management of genital infections in new born infants and children						
20. Undertake general health promotion relevant to clients e.g. condom use, risk taking behaviour and role of drugs and alcohol, smoking cessation						
21. Liaise with and make appropriate referrals to Health Advisors						
22. Perform partner notification where appropriate						
23. Undertake appropriate follow up and management of clients with STIs						

**b. Training courses or sessions**

Training courses or sessions		
Title	Signature of Educational Supervisor	Date

**c. Authorisation of signature**

Authorisation of signatures – please print your name and sign	
Name (please print)	Signature
1.	
2.	
3.	
4.	
5.	
6.	

**d. Completion of Module 8**

Completion of Module 8: I confirm that all components of the module have been successfully completed.	
Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

## Module 9: Public Health



## CSRH Curriculum Module 9: Public Health

### 1) Learning Outcomes:

1. To be able to retrieve, select and assimilate sufficient appropriate evidence to answer public health questions related to sexual and reproductive health
2. To address a health improvement, need in a defined community, be able to develop and implement a plan to address this issue and have the ability to identify and engage all relevant stakeholders.
3. To be able to manage and complete a public health project related to sexual and reproductive health within available resources and realistic timescales
4. To develop the ability to lead a sexual health service within which the principals of Public Health are embedded
5. To develop the ability to apply health protection principles in sexual health settings

a.

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. Assessment and surveillance of population's health and wellbeing	1. Find and use available sources of data to describe (in epidemiological language) the population and demonstrate health need	<ol style="list-style-type: none"> <li>1. Be able to apply descriptive epidemiology skills to describe mortality and morbidity of populations using routinely available and bespoke sources of data.</li> <li>2. Be able to analyse population data to demonstrate trends and draw comparisons and identify inequalities in health</li> <li>3. Be able to calculate a rate</li> <li>4. Be able to standardise data</li> <li>5. Be familiar with routinely held sources of data with particular reference to sexual health</li> <li>6. To apply this skill to contribute significantly to an epidemiological needs assessment</li> </ol>	<ol style="list-style-type: none"> <li>1. Public health trainer courses on medical statistics and critical appraisal</li> <li>2. Public health information analysts</li> </ol>	<ol style="list-style-type: none"> <li>1. Write a report and or presentation of analysis of data</li> <li>2. Courses attended</li> <li>3. Log book</li> <li>4. MSF</li> <li>5. Any publications</li> </ol>

## b.

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. Policy and strategy development and implementation – national policy upon lifestyle interventions e.g. alcohol, weight management and sexual behaviour	1. To be able to lobby for political or national level action to address health problems not manageable at the individual level i.e. have an advocacy role	<ol style="list-style-type: none"> <li>1. Demonstrate knowledge of national policy relating to lifestyle interventions e.g. affecting STI risk reduction</li> <li>2. Recognise the need for policy work to address problems</li> <li>3. Understand the key association between risk taking sexual behaviour and alcohol and drugs</li> <li>4. Understand the multiagency approach necessary to reduce teen conception and repeat abortion</li> </ol>	<ol style="list-style-type: none"> <li>1. Public health trainer</li> <li>2. Sexual Health lead</li> <li>3. Many local government symposia on policy development</li> <li>4. All documentation available on web</li> <li>5. Teenage pregnancy co-coordinator</li> <li>6. Visit addiction services and weight management services in local area</li> </ol>	<ol style="list-style-type: none"> <li>1. Evidence of attendance at teenage pregnancy partnership board meetings, minutes and any role played.</li> <li>2. Evidence of involvement eg with Christmas campaign relating to alcohol and sex</li> <li>3. Log book</li> <li>4. Supervisor report</li> </ol>

## c.

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. Health improvement	1. To understand the sentiments behind Dahlgren and Whitehead's wider determinants of health, levels of intervention and the relative effectiveness of population interventions to improve health	<ol style="list-style-type: none"> <li>1. Debate the relative importance of individual and society decisions for health and ethical issues relating to health improvement</li> <li>2. Debate the theory of community development and action</li> <li>3. Debate the strengths and weaknesses of a variety of health improvement interventions directed at large populations including social marketing</li> </ol>	<ol style="list-style-type: none"> <li>1. Shadow health improvement specialist</li> <li>2. Find out about local community regeneration projects</li> <li>3. Visit a surestart centre</li> <li>4. Understand the evidence</li> </ol>	<ol style="list-style-type: none"> <li>1. Presentations given</li> <li>2. Articles read</li> <li>3. Public health trainer report</li> <li>4. Log book of experience in the public health department</li> <li>5. MSF</li> </ol>

## d.

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. Health protection	<ol style="list-style-type: none"> <li>To adhere to the principles of infection prevention during all clinical activities</li> <li>To understand environmental risk as a service lead</li> </ol>	<ol style="list-style-type: none"> <li>To lead staff in operational aspects of infection control</li> <li>To be able to identify environmental risk in working conditions for staff (noise, stress, hazards) and take appropriate steps to risk manage.</li> <li>To understand the implications of an emergency state on the service (such as a flu pandemic) and ensure appropriate policies in place</li> </ol>	<ol style="list-style-type: none"> <li>Local Health protection unit</li> <li>Infection control nurses</li> <li>Local Emergency planning officer</li> </ol>	<ol style="list-style-type: none"> <li>Infection control update records</li> <li>Example of a risk assessment undertaken</li> <li>Emergency planning/business continuity plans for service</li> </ol>

## e.

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. Public Health Intelligence	<ol style="list-style-type: none"> <li>Formulate and articulate problems so they can be addressed using public health intelligence</li> </ol>	<ol style="list-style-type: none"> <li>Be able to consider service delivery and health issues in terms of questions which may be posed to health intelligence units</li> <li>Be able to store information, data, use databases, articles to enable effective knowledge management</li> </ol>	<ol style="list-style-type: none"> <li>Information analysts PCT IT training programmes for excel and access</li> <li>Management courses</li> <li>Public health observatory websites</li> </ol>	<ol style="list-style-type: none"> <li>Log book</li> <li>Reports written</li> <li>Courses attended</li> </ol>

2) Basic Clinical Skills

a. Skills

Skill	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
<p>1. Be able to find, retrieve, select and assimilate sufficient appropriate evidence to answer a health question <i>e.g. assess a request for ad hoc funding such as unusual drug, out of area therapy etc. Formulate a research question and then use a hierarchy of evidence approach to make decision.</i></p> <p><i>Prepare responses to clinical queries with the CEU.</i></p>						
<p>2. Be able to manage a project to successful completion within available resources and timescales</p> <p><i>eg Health Needs Assessment for LARC in an area or for a population. Use prescribing data from primary care and community services to assess current activity. NICE costing template can be used to assess funding, and NICE guidance the evidence of an effective intervention. The output could be a paper of an outline business case for the funding needed to expand use of LARC.</i></p>						
<p>3. Demonstrate the ability to lead a service within which the principals of Public Health are embedded, and which works in partnership with commissioners, other providers and client groups to address public health issues <i>e.g. attend multiagency meetings and provide an articulate contribution to reducing teenage pregnancy.</i></p>						

<p>4. Be able to work with media</p> <p><i>eg do a radio interview, do an interview with the local press, prepare a written press release</i></p>						
<p>5. Have the ability to analyse population data to assess health status/inequalities and draw appropriate conclusions from quantitative and qualitative research e.g. use abortion data to create trend analysis and rates within age groups.</p>						
<p>6. Have the ability to understand the development of policy and strategy and make appropriate changes to policy and/or strategy proposals in response to discussion with stakeholders</p>						
<p>7. Have the ability to identify and engage stakeholders in a project to improve public health – be proactive and confident in approaching others from different organisations and professions</p>						
<p>8. Have the ability to assess and communicate the need for health improvement in a defined community and develop and implement a plan to address a health improvement need. If there are no GP practices in an area of high teen conception who provide LARC, be part of the solution.</p>						
<p>9. Have the ability to apply health protection principles in particular</p>						

settings and high risk groups e.g. sexual health  <i>eg prepare a briefing note for the Chief Executive on the local/regional teenage pregnancy rates over the last 5 years</i>						
10. Have the ability to evaluate and audit services to assure and improve quality and apply results of HNA leading to service development						
11. Have the ability to formulate and articulate problems so they can be addressed using public health intelligence						
12. Have the ability to draw appropriate conclusions and make recommendations for research						
13. Have the ability to work within the principles of good research governance  <i>eg submit or be involved in submitting a bid for research monies or an ethics committee approval</i>						

**a. Authorisation of signatures**

Authorisation of signatures – please print your name and sign	
Name (please print)	Signature

**b. Training courses or sessions**

Training courses or sessions		
Title	Signature of Educational Supervisor	Date

**c. Completion of Module 9**

**Completion of Module 9**

**I confirm that all components of the module have been successfully completed:**

Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

### 3) APPENDIX

The nine key areas of public health and learning outcomes relevant to a trainee in Sexual and Reproductive health are as follows: -

Surveillance and assessment of the population's health and wellbeing. Show awareness of available data to describe the (sexual) health status and determinants of a local population and compare with other populations using appropriate statistical and standardisation techniques and identify localities or groups with poor (sexual) health

- a.** Assessment of evidence of effectiveness of interventions, programmes and services intended to improve the health or wellbeing of individuals or populations
  - i. Demonstrate the ability to find and retrieve suitable evidence
  - ii. Demonstrate the ability to assess the quality of evidence found
  - iii. To be able to synthesise evidence and make recommendations for evidence based clinical policy
  
- b.** Policy and strategy development and implementation
  - i. Display knowledge of current public health policies with respect to lifestyle activities (including sexual behaviour)
  - ii. Understand how policy development and change is necessary to effect change e.g. UK sex and relationship education policy in England
  
- c.** Leadership and collaborative working for health  
Contained within module Leadership, governance and management
  
- d.** Health improvement
  - i. Understand the theory of community development and action
  - ii. Understand the relative merits of health improvement interventions directed at large populations including social marketing
  
- e.** Health Protection
  - i. Understand the role of the service lead in identifying environmental risks and hazards, and response to emergency situations
  
- f.** Health and social service quality
  - i. No relevant learning outcomes
  
- g.** Public health intelligence
  - i. Formulate and articulate problems so that they can be addressed using public health intelligence
  
- h.** Academic public health
  - i. As for evidence of effective

## **Module 10: Teaching Appraisal and Assessment**



## CSRH Module 10: Teaching, Appraisal and Assessment

### 1) Learning Outcomes:

1. Knowledge, skills and attitudes to provide appropriate teaching, training, mentorship, learning support, appraisal and assessment to undergraduate and postgraduate students.
2. Design and evaluate training programmes for single trainees and/or groups of trainees.
3. Responsible for and able to deliver training programmes in Sexual and Reproductive Health to a wide variety of professionals and non- professionals including the public and equivalents in different circumstances and settings.
4. Development of own medical educational skills by reflecting on practice.
5. Translate adult learning principles into practice.

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and attitudes (PSA)	Training support (TS)	Evidence/Assessment (E/A)
1. Principles of adult learning including: <ol style="list-style-type: none"> <li>1.1. different teaching methods (1-2-1, small groups, workshops, lectures) their appropriate use advantages and disadvantages and how they can support the autonomous learner</li> <li>1.2. how to teach/train in different learning environments including clinical and non-clinical settings</li> <li>1.3. the development of effective learning environments and learner support systems</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstrate the ability to plan, structure and facilitate an educational session / intervention/ event/ or training programme, including aims, objectives, learning resources to be used and evaluation methods</li> <li>2. Implement different teaching modalities including 1-2-1 teaching, small group, problem- based, workshops and formal lectures and be aware of which teaching modality may suit a specific educational session/group best</li> <li>3. Demonstrate an ability to effectively teach/train in different learning environments (clinical and non-clinical)</li> <li>4. Able to elicit the educational need of others and respond in support of personal learning agendas</li> <li>5. Ability to teach/train different health professionals and non-health professionals effectively</li> </ol>	<ol style="list-style-type: none"> <li>1. Maintains awareness of innovation and developments in medical education and educational techniques</li> <li>2. Perform teaching session, with consideration for rapport with audience, appropriateness of presentation, effective use of materials, clarity, appropriate use of time, audience participation and feedback</li> <li>3. Ensures informed patient involvement in clinical training and ensures patient confidentiality from teaching from clinical cases</li> <li>4. Awareness of role of consumers in providing learning feedback</li> <li>5. Recognises training opportunities in clinical settings and demonstrates appropriate skills and attitudes when interacting with the training/ teaching team and patients</li> </ol>	<ol style="list-style-type: none"> <li>1. Shadowing of teaching and training event organisers</li> <li>2. Participation in the planning and execution of training events</li> <li>3. Teaching and training practice with feedback including from consumers involved in professional learning</li> <li>4. Educational Supervision of training programme</li> <li>5. Peer support and evaluation of practice</li> <li>6. Self-directed learning: library and web based</li> <li>7. e- DFSRH</li> <li>8. StratOG</li> </ol>	<ol style="list-style-type: none"> <li>1. Achievement of Letter of Competence in Medical Education.</li> <li>2. LoC MEd log of reflective practice</li> <li>3. Formal observation of teaching/training practice.</li> <li>4. Evidence of participation in the planning and execution of DFSRH courses and training.</li> <li>5. Logbook of training experiences in different clinical and non-clinical settings with supporting evidence</li> <li>6. MSF/TO</li> <li>7. Log of reflective practice</li> <li>8. Mini CEX</li> </ol>

## Module 10: Teaching Appraisal and Assessment

<p>1.4 Giving feedback and the role of reflective practice in autonomous learning assessment tools and designs matched to organisational and personal objectives.</p> <p>1.5 how to deliver, design, organise and evaluate a teaching / training programme</p> <p>2. The role of the educational supervisor and the clinical supervisor, including the process of mentoring</p> <p>3. The Faculty of Sexual and Reproductive Health's requirements for MFSRH / DFSRH / LoCs</p> <p>4. Genitourinary medicine courses and qualifications STIF / Diploma in genitourinary medicine (Dip GUM)</p> <p>5. The Course Organisers' Registration and Assurance Scheme (CORAS system) for pre and post course evaluation</p> <p>6. Principles of appraisal and how this differs from assessment</p> <p>7. Basic educational research methods and techniques</p>	<p>5. Able to evaluate and reflect upon personal teaching style and practice</p> <p>6. Perform the duties required for effective educational and clinical supervision</p> <p>7. Conduct an assessment of trainees including work based assessment techniques e.g. mini-CEX, DOPS, CBD</p> <p>8. Identify a trainee in difficulty and demonstrate ability in the formal process of managing a failing trainee</p> <p>9. Demonstrates effective and appropriate mentoring skills</p>	<p>6. Actively seeks feedback on own practice as an educator and plans appropriate changes to future practice</p> <p>7. Objectivity in providing constructive feedback and use of a structured approach in educational supervision</p> <p>8. Active commitment to establish effective learning environments for learners (health based, multi-professional and otherwise) and able to direct trainees to appropriate resources and how to access them.</p> <p>9. Commitment to develop and deliver "fit for purpose" teaching / training programmes.</p> <p>10. Awareness of and able to adapt to the differing learning styles of trainees</p> <p>11. Awareness of need to comply with quality assurance issues and recognised standards as set down by GMC.</p> <p>12. Objectivity in assessment and use of reliable and valid approaches Including self assessment</p> <p>13. Awareness of limitations of assessment methods</p> <p>14. Demonstrates professional and supportive skills and attitude appropriate for the management of the failing trainee</p> <p>15. Commitment and a professional approach to role as mentor</p> <p>16. Demonstrates awareness of ethical and professional responsibilities in educational research</p>	<p>9. Reflective practice with guidance of mentor in addressing challenging situations</p> <p>10. Formal courses e.g. LoC Med Ed., Train the Trainers, Clinical Supervision, Educational Supervision, Workplace-based assessment courses, Appraisal training.</p> <p>11. Attendance at local postgraduate training committee</p>	<p>9. Evidence of undertaking role as primary trainer for DFSRH and LoC trainees</p> <p>10. Evidence of use of assessments tools and methods</p> <p>11. Role play and/ or CBD</p>
--	--	--	--	---

2) Basic Clinical Skills

a. Skills

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
1. Can describe different theories of adult learning applicable to medical teaching and training including vocational, experiential, work based and independent learning approaches						
2. Able to plan educational sessions/interventions:						
2.1. 1 2 1 teaching						
2.2. small group						
2.3. problem based						
2.4. seminars						
2.5. formal lectures						
3. Able to effectively teach /train in different learning environments and support						
4. Able to evaluate and reflect upon personal teaching practice						
5. Able to contribute to formal evaluation of training programmes						
6. Demonstrates a thorough knowledge of the Faculty of Family Planning's requirements for MFSRH / DFSRH / LoCs						

7. Basic knowledge of genitourinary medicine courses and qualifications STIF/ diploma in genitourinary medicine (Dip GUM)/ Competencies for STIs toolkit						
8. Is able to perform the duties required for effective educational and clinical supervision						
9. Able to plan and deliver teaching/training in a supportive learning environment						
10. Demonstrates ability in course planning delivery and assessment including innovations in educational techniques						
11. Ability to conduct assessment of trainees including objective work based assessment techniques e.g. mini- CEX, OSATS						
12. Identify a trainee in difficulty and demonstrate ability in the formal process of managing a failing trainee						
13. Demonstrates effective and appropriate mentoring skills						

**b. Training courses or sessions**

Training courses or sessions		
Title	Signature of Educational Supervisor	Date

--	--	--

**c. Authorisation of signatures**

<b>Authorisation of signatures – please print your name and sign</b>	
<b>Name (please print)</b>	<b>Signature</b>

**d. Completion of Module 10**

<b>Completion of Module 10:</b>	
<b>I confirm that all components of the module have been successfully completed.</b>	
Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

## Module 11: Ethics and Legal Issues



## CSRH Module 11: Ethics and Legal Issues

### 1) Learning Outcomes:

1. Acts in a professional manner at all times in keeping with the standards set out in 'Good Medical Practice'
2. Able to obtain valid consent from patients including individuals under the age of 16 years and vulnerable adults
3. Adheres at all times to local and national confidentiality guidelines
4. Has an in-depth knowledge of the ethical and legal issues relating to sexual and reproductive health and can apply this in routine practice

#### a. Ethical Principles

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. The doctor-patient partnership	1. Provides good clinical care	1. Acts with empathy and compassion at all times	1. Observation of and discussion with senior medical staff	1. TO
2. Principles of informed choice	2. Provides objective, evidence based information in appropriate formats	2. Aware of diversity including gender issues	2. StratOG: The Obstetrician and Gynaecologist as a Professional. Ethical and legal issues e- tutorial	2. CBD
3. Respect for colleagues		3. Excellent communication skills		3. PSQ
4. Health and probity		4. Maintains trust	3. GMC Guidance on Good Medical practice: accountability in multidisciplinary teams, maintaining boundaries, raising concerns.	4. Reflective practice cases
5. Conflict of interest		5. Honest and trustworthy	4. E-diploma	
6. Workings and structure of Ethics Committees			5. Attends an Ethics committee meeting as an observer	
7. Global issues related to ethics in sexual and reproductive health including female genital mutilation, torture, male dominated societies, access to abortion and contraception			6. <a href="http://www.ethics-network.org.uk">www.ethics-network.org.uk</a>	
8. Status of asylum seekers and refugees in the UK				

9. Private and NHS practice; how they differ and when to charge patients attending for NHS treatment				
10. Publication ethics relating to plagiarism				
11. Other ethical areas indirectly related to sexual and reproductive health including human embryo research, stem cell research, use of cord blood				

**b. Consent:**

<b>Knowledge Criteria (KC)</b>	<b>Clinical Competency (CC)</b>	<b>Professional Skills and Attitudes (PSA)</b>	<b>Training Support (TS)</b>	<b>Evidence/Assessment (E/A)</b>
<ol style="list-style-type: none"> <li>Principles and legal issues surrounding valid consent</li> <li>Specific legal issues about valid consent in under 16-year-olds eg the Gillick case, Fraser Guidelines</li> <li>Specific legal issues about valid consent in vulnerable adults</li> <li>The Sexual Offences Act 2003 and its implications</li> <li>The legal status of the fetus and the implications of this</li> <li>Role of the chaperone and who should undertake this</li> </ol>	<ol style="list-style-type: none"> <li>Uses written material correctly and accurately</li> <li>Gains valid consent for:                             <ol style="list-style-type: none"> <li>patient care &amp; procedures</li> <li>research</li> </ol> </li> <li>Knows when to refer for a second opinion</li> <li>Counsels patient under the age of 16 years showing understanding of Fraser Guidelines</li> <li>Counsels vulnerable adult and knows how to obtain valid consent</li> <li>Knows when and how to refer for Child Protection issues</li> <li>Discusses clinical risk associated with treatments and procedures</li> <li>Offers a chaperone appropriately</li> </ol>	<ol style="list-style-type: none"> <li>Demonstrates the ability to give appropriate information in a manner that patients and relatives understand and assesses their comprehension</li> <li>Awareness of the patient's needs as an individual</li> </ol>	<ol style="list-style-type: none"> <li>FSRH Service Standards on Obtaining Consent in Sexual Health Services <a href="http://www.fsrh.org/admin/uploads/949_ServiceStandardsOnObtainingValidConsent.pdf">http://www.fsrh.org/admin/uploads/949_ServiceStandardsOnObtainingValidConsent.pdf</a></li> <li>Department of Health Guidance on Consent <a href="http://www.dh.gov.uk">www.dh.gov.uk</a></li> <li>StratOG: The Obstetrician and Gynaecologist as a Professional. Ethical and legal issues e- tutorial</li> <li>RCOG Obtaining Valid Consent 2008</li> <li>GMC Good Medical Practice</li> </ol>	<ol style="list-style-type: none"> <li>CBD</li> <li>Mini-CEX</li> <li>PSQ</li> <li>TO</li> <li>Reflective practice cases</li> </ol>

**c. Confidentiality:**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. Relevant strategies to ensure confidentiality</li> <li>2. When confidentiality might be broken</li> <li>3. Principles of data protection including electronic and administrative systems</li> <li>4. Role of interpreters and patient advocates</li> </ol>	<ol style="list-style-type: none"> <li>1. Adheres to national and local confidentiality guidelines e.g. with reference to Caldicott Guardian</li> <li>2. Shares and uses personal information appropriately</li> <li>3. Knows when and how to involve social services and police</li> </ol>	<ol style="list-style-type: none"> <li>1. Respects the right to confidentiality</li> <li>2. Aware of the requirements of children, adolescents and patients with special needs</li> </ol>	<ol style="list-style-type: none"> <li>1. FSRH Service Standards on Confidentiality <a href="http://www.fsrh.org/admin/uploads/ServiceStandardsOnConfidentiality.pdf">http://www.fsrh.org/admin/uploads/ServiceStandardsOnConfidentiality.pdf</a></li> <li>2. StratOG: The Obstetrician and Gynaecologist as a Professional. Ethical and legal issues e- tutorial</li> <li>3. GMC Guidance on Good Medical practice: accountability in multidisciplinary teams, maintaining boundaries, raising concerns.</li> <li>4. Caldicott Committee Report on the Review of Patient Identifiable Information (DH 1997)</li> <li>5. Confidentiality and Disclosure of Health Information: RCOG Ethics Committee comments on BMA Document October 2000</li> </ol>	<ol style="list-style-type: none"> <li>1. CBD</li> <li>2. Mini-CEX</li> <li>3. PSQ</li> <li>4. TO</li> <li>5. Role play</li> <li>6. Reflective practice cases</li> </ol>

**d. Legal Issues:**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. Abortion certification and awareness of exemptions for those who will not participate in abortion services for moral or religious reasons</li> <li>2. The indications for section under the Mental Health Act</li> <li>3. Process of litigation</li> <li>4. Clinical negligence cases in sexual and reproductive health</li> <li>5. Guidance on avoiding litigation:               <ol style="list-style-type: none"> <li>5.1. Record keeping</li> <li>5.2. Keeping training and skills up to date</li> <li>5.3. Obtain valid consent</li> <li>5.4. Patient confidentiality</li> <li>5.5. Offer appropriate apology</li> <li>5.6. Follow appropriate guidance and protocols</li> <li>5.7. Know limitations</li> <li>5.8. Develop good relationships with patients</li> </ol> </li> <li>6. The devolved UK nations and their legal framework which impacts on sexual and reproductive health</li> </ol>	<ol style="list-style-type: none"> <li>1. Completes relevant abortion certification forms (unless has moral or religious objections)</li> <li>2. Writes a legal report</li> </ol>	<ol style="list-style-type: none"> <li>1. Have the ability to know how to obtain suitable evidence and whom to consult</li> </ol>	<ol style="list-style-type: none"> <li>1. GMC Good Medical practice</li> <li>2. Medical defence organisations courses</li> <li>3. Local NHS legal departments</li> <li>4. Local courses</li> <li>5. FSRH Service Standards for Record Keeping <a href="http://www.fsrh.org/admin/uploads/ServiceStandardsRecordKeeping.pdf">http://www.fsrh.org/admin/uploads/ServiceStandardsRecordKeeping.pdf</a></li> <li>6. Mental Capacity Act 2005 (E&amp;W)/ Adults with Incapacity (Scotland) Act 2000</li> </ol>	<ol style="list-style-type: none"> <li>1. CBD</li> <li>2. Record keeping</li> <li>3. Legal report</li> </ol>

**2) Basic Clinical Skills**  
**a. Skills**



Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input checked="" type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
10. Undertake consultations with empathy and compassion						
11. Obtain valid written consent for operative procedure						
12. Obtain valid verbal consent for minor procedure						
13. Demonstrate ability to adhere to Fraser guidelines						
14. Liaise with Child Protection team						
15. Demonstrate ability to treat vulnerable adults						
16. Demonstrate ability to discuss clinical risk						
17. Write report documenting management of a case which is the subject of threatened litigation						
18. Respond to a letter of complaint						

**b. Training course or sessions**

Training courses or sessions		
Title	Signature of Educational Supervisor	Date
1.		
2.		
3.		
4.		

**c. Authorisation of signature**

Authorisation of signatures – please print your name and sign	
Name (please print)	Signature
1.	
2.	
3.	
4.	
5.	
6.	

**Completion of Module 11**

**Completion of Module 11:**

**I confirm that all components of the module have been successfully completed.**

Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

## **Module 12: Leadership Management and Governance**



**CSRH Curriculum Module 12: Leadership, governance and management**

**1) Learning Outcomes**

**Learning Outcomes**

1. To demonstrate the personal qualities required to lead a sexual and reproductive health service.
2. To demonstrate the personal qualities required to plan and deliver a sexual and reproductive health service

**a. Leadership**

Knowledge Criteria (KC)	Competency (C)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. Personal values and principles</li> <li>2. The different values and principles that others may hold</li> <li>3. Systems to ensure effective management of time and workload</li> <li>4. Processes for managing change in the work place</li> <li>5. GMC guidance on Good Medical practice</li> </ol>	<ol style="list-style-type: none"> <li>1. Identify own strengths and weaknesses</li> <li>2. Learn from work place experiences, and adapt practice accordingly</li> <li>3. Understand and be able to work with conscientious objectors ((to abortion and emergency contraception)</li> <li>4. Manage time and workload effectively whilst considering needs and priorities of colleagues</li> <li>5. Manage staffing capacity, balancing clinical demand and staff leave needs</li> <li>6. Lead and complete a change management project</li> <li>7. Demonstrate reflective practice in project management tasks</li> <li>8. Take responsibility for chairing group/meeting</li> <li>9. Speak publicly using a range of presentation media</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstrate self-awareness</li> <li>2. Be willing to accept feedback, and act/adapt accordingly</li> <li>3. Act in an open and ethical manner</li> <li>4. To be able to inspire and enthuse others in the work place</li> <li>5. Be able to provide sensitively feedback to other colleagues</li> <li>6. Demonstrate ability to act with personal integrity</li> <li>7. Demonstrate attention to punctuality and fulfilment of service commitments</li> <li>8. Demonstrate personal responsibility and commitment to ensuring service provision</li> <li>9. Demonstrate ability to listen to and consider views of all group members</li> <li>10. Allow/ facilitate other staff to take responsibility</li> </ol>	<ol style="list-style-type: none"> <li>1. Deanery leadership course for trainees</li> <li>2. Leadership training course e.g. transformational leadership</li> <li>3. Engagement with inspirational role models</li> <li>4. Enhancing Engagement in Medical Leadership Project (Academy of Medical Royal Colleges and NHS) <a href="http://www.institute.nhs.uk/medicalleadership">www.institute.nhs.uk/medicalleadership</a></li> </ol>	<ol style="list-style-type: none"> <li>1. Educational supervisor reports</li> <li>2. MSF/TDF</li> <li>3. Report from 360° feedback</li> <li>4. Myers-Biggs</li> <li>5. Minutes from chaired meetings</li> <li>6. Evidence of completion of leadership course</li> <li>7. Completed change management assignment, demonstrating ability to achieve consensus, develop a plan, and deliver outcome, with evidence of reflective learning</li> </ol>

**b. Team Working and Partnerships**

**Learning Outcomes**

1. To be able to work effectively within a team in the workplace, to ensure optimum service delivery.
2. To be able to work in partnership with other organisations within the NHS, local authority and voluntary sectors.

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. Principles of leadership within a team</li> <li>2. The roles and responsibilities of other staff delivering SRH service e.g. nurses, pharmacists, charitable sector</li> <li>3. Knowledge of legislative framework for extending role of other staff</li> <li>4. Concept of managed clinical network/care networks</li> <li>5. Role of SRH service within the context of the wider health service</li> <li>6. Awareness of the contribution and influence on an SRH service of other parts of the NHS</li> <li>7. Structure and responsibilities of local government, education and social care services,</li> <li>8. The role of voluntary sector organizations</li> <li>9. The principles of partnership working i.e. service level agreement, contracts, informal arrangements</li> </ol>	<ol style="list-style-type: none"> <li>1. Participate effectively in team working and team meetings</li> <li>2. Be able to devolve clinical responsibility to appropriately trained team members</li> <li>3. Be able to support/supervise a team member developing a new skill e.g. mentor a nurse prescriber</li> <li>4. Participate effectively in multi-agency service delivery</li> <li>5. Be able to design client care pathway and apply this to clinical practice</li> <li>6. Be able to ensure that team works within agreed protocols</li> <li>7. Ensure involvement of local authority and voluntary sector services as appropriate in delivery of service</li> </ol>	<ol style="list-style-type: none"> <li>1. Be able to actively seek the views of others including users of the service</li> <li>2. Be committed to ensuring all team members are able to express their views</li> <li>3. Be able to participate in group decision making, and agree to a consensus view</li> <li>4. Recognise and respect the contribution made by all team members</li> <li>5. Be comfortable in providing feedback to team members</li> <li>6. Be willing to change clinical practice in line with agreed protocols/guidelines</li> <li>7. Recognise and respect the role of local authority and voluntary sector in providing care</li> <li>8. Be comfortable in role as either team leader or team member</li> </ol>	<ol style="list-style-type: none"> <li>1. Shadowing senior staff/other team leaders</li> <li>2. Shadow other team members e.g. reception staff, health care assistant</li> <li>3. Shadowing local authority and voluntary sector workers</li> <li>4. Mentorship training or experience of mentoring under supervision</li> <li>5. RCOG guidance document on involving users of services</li> </ol>	<ol style="list-style-type: none"> <li>1. Experience log/reflective practice</li> <li>2. MSF</li> <li>3. Attendance at team meetings</li> <li>4. Production of care pathway</li> <li>5. Participation in guideline development e.g. FSRH, SIGN, NICE</li> <li>6. Minutes from team meetings</li> <li>7. Represent service on external committee/group</li> <li>8. Provide evidence of contribution to groups and feed back to own service (team)</li> <li>9. DOC</li> </ol>

**c. Governance**  
**i. Staff Governance**

**Learning Outcomes**

1. To demonstrate the knowledge, skills and attitudes to manage effectively a multi-disciplinary staff team.

<b>Knowledge Criteria (KC)</b>	<b>Clinical Competency (CC)</b>	<b>Professional Skills and Attitudes (PSA)</b>	<b>Training Support (TS)</b>	<b>Evidence/Assessment (E/A)</b>
1. The appraisal and re-validation system for all staff  2. Recruitment and selection policies and practice  3. Requirements of job description/person specification  4. Sickness absence policy  5. Agenda for change and knowledge and skills framework  6. Organisational policies including for example harassment and bullying, grievance procedures, work-life balance	1. Be appraised on a regular basis  2. Participate in the appraisal of other staff members, keeping an appropriate record  3. Be able to contribute to an interview/selection panel  4. Write a satisfactory job description for a new post  5. Demonstrate knowledge of how sickness and absence policy is applied  6. Ability to provide a reference for another member of staff	1. Be committed to ensuring staff are regularly appraised  2. Demonstrate a commitment to ensure equity within the recruitment and selection process  3. Demonstrate a willingness to support all staff to continue developing  4. Be able to appreciate sickness absence management from the perspective of both the employer and the employee	1. Appraisal training course  2. Recruitment and selection course  3. Equality and disability training  4. Shadow senior staff member on interview panel  5. Observe sickness absence review meeting  6. Attend job planning course	1. Course attendance record  2. Summary of appraisal discussion led by trainee  3. Example of job description drafted by trainee  4. Example of interview schedule  5. Example of reference drafted for a colleague  6. Write/review KSF (knowledge and skills framework)  7. Write a job plan

ii. Clinical Governance

Learning Outcomes

1. To be able to lead a service which is staffed by appropriately skilled individuals, providing care in an environment which is continually monitored and responsive to both positive and negative events.

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. The clinical competencies required to deliver a safe and appropriate community based SRH service</li> <li>2. The local NHS complaints policy and procedure</li> <li>3. Adverse event/critical incident reporting mechanism</li> <li>4. The audit cycle</li> <li>5. PROMS (patient related outcome measure)</li> <li>6. The role of local/national performance management, key clinical indicators/benchmarking and service standards in service improvement</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop competency framework for different staff groups e.g. specialty doctor in SRH, health care worker in SRH</li> <li>2. Demonstrate ability to respond appropriately to a complaint including from parents of underage children</li> <li>3. Participate actively in adverse event reporting and be able to identify patterns and necessity for change</li> <li>4. Design, undertake and complete regular audits at each stage of training including patient satisfaction audits using validated measures such as PROMS</li> <li>5. Participate in review of progress in meeting local/national performance indicators.</li> </ol>	<ol style="list-style-type: none"> <li>1. Be able to provide direction to support others to achieve their competencies</li> <li>2. Be able to discuss a complaint sensitively with another staff member, using constructive feedback where appropriate</li> <li>3. Be able to discuss a complaint appropriately with a patient</li> <li>4. Be able to support a positive environment to encourage reporting of adverse events</li> <li>5. Be able to utilise audit outcomes to affect change</li> <li>6. Be able to use local/national performance indicators to affect change</li> </ol>	<ol style="list-style-type: none"> <li>1. Shadow senior staff members i.e. complaints manager in service and at trust</li> <li>2. Risk management training and participating in local QIP/clinical governance team</li> <li>3. Root cause analysis training and participating in local QIP/clinical governance team</li> <li>4. Attachment with trust audit department</li> <li>5. FSRH Service Standards on Risk Management <a href="http://www.fsrh.org">www.fsrh.org</a></li> </ol>	<ol style="list-style-type: none"> <li>1. Competence list developed</li> <li>2. Draft response to complaint</li> <li>3. Examples of how AER (adverse event reporting) and review has affected change</li> <li>4. Examples of audits completed</li> <li>5. Write a reflective commentary on local service performance against a set of local or national targets</li> <li>6. DOC</li> </ol>

**iii. Financial Governance**

**Learning Outcomes**

1. To be able to manage service resources cost effectively, be able to attract funding resources, and to function in an open and accountable financial structure

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. NHS funding structures</li> <li>2. Standing financial instructions</li> <li>3. Standing financial reports</li> <li>4. Budget setting and the appropriate allocation of resources</li> <li>5. Purchasing process within NHS</li> <li>6. Process of funding bid development and submission</li> <li>7. Situations where a conflict of interest may exist</li> </ol>	<ol style="list-style-type: none"> <li>1. Be able to interpret service budget reports</li> <li>2. Development and submission of a business case</li> <li>3. Ability to manage change in funding resource, whilst ensuring maintenance of service quality</li> <li>4. Be able to manage pharmacy budget effectively</li> <li>5. Be able to describe purchasing process</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstrate ability to work with integrity, and with an honest and trustworthy manner</li> <li>2. Be able to convey need to review resource allocation to staff</li> <li>3. Demonstrate understanding of the importance of ensuring efficient use of resource, maximising benefits</li> </ol>	<ol style="list-style-type: none"> <li>1. Shadow management accountant</li> <li>2. Attachment to trust finance department</li> </ol>	<ol style="list-style-type: none"> <li>1. Example of business case developed</li> <li>2. Review of prescribing patterns with service</li> <li>3. Write commentary on standard financial reporting</li> </ol>

**d. Service Development**

**Learning Outcomes**

1. To be able to lead a service which is continually striving to improve quality and evolve models of care.

<b>Knowledge Criteria (KC)</b>	<b>Clinical Competency (CC)</b>	<b>Professional Skills and Attitudes (PSA)</b>	<b>Training Support (TS)</b>	<b>Evidence/Assessment (E/A)</b>
1. The principle of service design and delivery	1. Be able to review critically an aspect of service provision and make recommendations for service redesign	1. Demonstrate an ability to think analytically	1. Formal change management courses	1. Evidence of active involvement in service development/redesign
2. The external drivers to continued evaluation of NHS services	2. Be able to lead and respond to a service user consultation on potential service change and on all aspects of service delivery	2. Demonstrate enthusiasm for working within a changing and evolving work environment	2. Shadowing managers e.g. health improvement and planning managers	2. Participation in a service user survey or consultation
3. Public and professional consultation in service design	3. Be able to monitor the effects and outcomes of service developments	3. Encourage innovation, supporting a climate of ongoing service improvement	3. Shadow union representative involved in 'staff-side' of a change management process	3. Written reflection of role of different staff groups, unions and clients in service developments
4. Social inequalities in determining health			4. RCOG guidance document on involving users in services	4. Undertake project to improve access or review equality for one particular disadvantaged group

e. Strategy

**Learning Outcomes**

1. To acquire the knowledge, skills and attributes necessary for effective participation in setting direction, and contribute to the vision and aspiration for future direction of sexual health services.

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. Local, regional and national sexual health strategies</li> <li>2. Local, regional and national organisation framework</li> <li>3. The roles and rules of the national organisations such as GMC and Royal Colleges</li> <li>4. The political, and professional organisation of the NHS, and the impact of devolution</li> <li>5. The importance of the media</li> <li>6. The need to horizon scan for new technologies and evolving policies</li> <li>7. Impact of national policy documents on local services, including the relevance of education policy and strategy</li> </ol>	<ol style="list-style-type: none"> <li>1. Participate and contribute to local sexual health strategy group</li> <li>2. Be able to work with the media effectively to portray service direction</li> <li>3. Contribute to ongoing review of implementation of national/local sexual health strategy</li> </ol>	<ol style="list-style-type: none"> <li>1. Enthusiasm for involvement in wider context/political drivers</li> <li>2. Be able to present professionally in written, spoken and visual media format</li> <li>3. Be able to talk to the media</li> <li>4. Demonstrate ability to present work in appropriate format for range of audiences</li> </ol>	<ol style="list-style-type: none"> <li>1. Opportunity to shadow at political groups e.g. cross party group on sexual health, local councils</li> <li>2. Shadow at health board/SHA planning groups</li> <li>3. Attend course on talking to the media</li> </ol>	<ol style="list-style-type: none"> <li>1. Education supervisors report</li> <li>2. Membership of strategic/policy driving organisations</li> <li>3. Written report and presentation to department on impact of at least one national policy document on local service</li> <li>4. Written response to national or regional consultation on behalf of service</li> </ol>

## 2) Basic Clinical Skills

### a. Skills

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
1. Be able to manage time, balancing clinical and managerial demands						
2. Lead a defined change management project in the SRH setting						
3. Demonstrate ability to organise a group meeting, including agenda setting, chairing						
4. Demonstrate effective public presentation skills						
5. Participate in 360 appraisal process						
6. Understand managed care networks and demonstrate ability to develop care pathways and						
7. Demonstrate ability and enthusiasm for team working, including partnership working with non-						
8. Demonstrate adequate knowledge of HR policies including recruitment and selection, sickness absence and bullying and harassment						
9. Understand the appraisal and revalidation processes, and participate in appraisal, both as appraisee and appraiser						
10. Be able to write a job description and person specification, shortlist applications, interview and write an appropriate staff reference						
11. Demonstrate ability to design, undertake and complete appropriate audit projects						
12. Understand risk management and adverse event reporting and show ability to respond with appropriate action						

13. Be knowledgeable about the complaints process, and be able to respond in a timely manner to a complaint received						
14. Be knowledgeable about relevant local/national performance indicators						
15. Understand the NHS and SRH service funding structures, and be able to interpret budget						
16. Be able to prepare a business case						
17. Demonstrate ability to carry out service user consultation, and utilise results to effect service change						
18. Demonstrate knowledge of local, regional and national sexual health strategies, and be aware how these influence the work of local sexual health strategy groups						
19. Demonstrate ability to write a response on behalf of service to a consultation document						
20. Demonstrate development of media skills, and be able to present to both professional and lay						

**b. Training courses or sessions**

Training courses or sessions		
Title	Signature of educational supervisor	Date
1. Media skills training		
2. Leadership skills course		
3. Appraisal training course		

**c. Authorisation of signatures**

Authorisation of signatures – please print your name and sign	
Name (please print)	Signature
1.	
2.	
3.	
4.	
5.	
6.	

**d. Completion of Module 12**

Completion of Module 12: I confirm that all components of the module have been successfully completed.	
Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

## Module 13: IT, Audit and Research



## CSRH Module 13: Research Methodology Audit and IT

### 1) Learning Outcomes:

1. Evaluates study design, statistics, epidemiology, critical appraisal, strategies for data analysis, ethics and human rights in clinical research
2. Awareness of research methods particularly appropriate to sexual health research
3. Initiates and participates in research, selecting appropriate research methods
4. Critically appraises research findings
5. Establishes a skills and knowledge foundation for potential research OOPE
6. Understand the principles of undertaking audit and how to use it to change practice
7. Initiates and participates in clinical audit
8. Utilises modern IT resources in line with Good Medical Practice

#### a. Research Methods:

Knowledge Criteria (KC)	Competency (C)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. Research methods commonly used in SRH including epidemiological studies, clinical trials and qualitative research</li> <li>2. Commonly used statistical methods</li> <li>3. Processes involved in writing a research proposal and applying for funding</li> <li>4. Ethical issues in research and the process of gaining valid consent and research ethics approval, research governance and authorisations</li> </ol>	<ol style="list-style-type: none"> <li>1. Critically appraise a scientific paper in SRH</li> <li>2. Evaluate a multicentre clinical trial</li> <li>3. Design a simple questionnaire/interview study</li> <li>4. Seek approval for a simple questionnaire or interview study from a local research ethics committee</li> <li>5. Undertake a review of the literature relating to a topic in SRH</li> </ol>	<ol style="list-style-type: none"> <li>1. Enthusiastic about the need for clinical research</li> <li>2. Enthusiastic about participating in clinical research</li> <li>3. Willing to change practice in response to robust research evidence</li> <li>4. Receptive to innovations resulting from research</li> <li>5. Aware of the issues of gaining valid consent for research including the effect on patients</li> <li>6. Constructively critical in the evaluation of data</li> </ol>	<ol style="list-style-type: none"> <li>1. Research Methods and Governance courses</li> <li>2. Literature searching course</li> <li>3. Questionnaire design course</li> <li>4. Participation in research activity</li> <li>5. Cochrane Reviews database; resources and guidance</li> </ol>	<ol style="list-style-type: none"> <li>1. Logbook</li> <li>2. Reflective diary</li> <li>3. Presentations at journal clubs, clinical meetings</li> <li>4. Literature review</li> <li>5. Completed simple questionnaire/ interview study</li> </ol>

5. Principles and process of evidence gathering		7. Self-monitors and self-aware of plagiarism issues in relation to Duties of a Doctor <a href="http://www.qmc-uk.org">www.qmc-uk.org</a>		
6. National Institute for Health Research (NIHR) and Comprehensive Local Research Networks (CLRN)				

**b. IT**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and attitudes (PSA)	Training support (TS)	Evidence/Assessment (E/A)
1. Principles of Good Clinical Practice	1. Retrieve and use data recorded in clinical systems	1. Ability to apply IT solutions in the management of patients	1. IT courses	1. Logbook
2. Principles of storage, retrieval, analysis and presentation of data	2. Appropriate use of IT for patient care and for personal development	2. Adopt a proactive and enquiring attitude to new technology		2. Literature review
3. Effective use of computing systems	3. Use of databases, word processing techniques, statistics programmes and electronic mail			3. Written reports
4. The range of uses of clinical data and its effective interpretation	4. Perform searches and access web- sites and health-related databases			4. PowerPoint presentations at local meetings
5. Research governance and confidentiality issues	5. Present data in an understandable and audience sensitive manner			
6. The use of Excel, Word and PowerPoint and simple data entry / statistics packages				

**c. Audit:**

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
<ol style="list-style-type: none"> <li>1. The audit cycle</li> <li>2. Clinical effectiveness including the principles of evidence based practice                             <ol style="list-style-type: none"> <li>2.1. types of clinical trial used to generate the evidence</li> <li>2.2. standards of evidence used by NICE</li> <li>2.3. systems of classification and grades of recommendation</li> </ol> </li> <li>3. Guidelines, how they are developed and their limitations</li> </ol>	<ol style="list-style-type: none"> <li>1. Perform an audit exercise                             <ol style="list-style-type: none"> <li>1.1 Define standard</li> <li>1.2 Prepare project</li> <li>1.3 Collect data</li> <li>1.4 Formulate policy</li> <li>1.5 Disseminate findings</li> <li>1.6 Re-audit &amp; close loop</li> <li>1.7 Reformulate policy if needed</li> </ol> </li> <li>2. Adapt and implement a clinical guideline                             <ol style="list-style-type: none"> <li>2.1 Adapt and/or adopt recommendations</li> <li>2.2 Identify auditable standards</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Willingness to use audit to improve clinical practice</li> </ol>	<ol style="list-style-type: none"> <li>1. Understanding Audit (RCOG October 2003)</li> <li>2. Principles for best practice in audit (NICE)</li> <li>3. UK Medical Eligibility Criteria and Selected Practice Recommendations.</li> <li>4. Courses/ audit meetings</li> <li>5. RCOG guidance on developing guidelines <a href="http://www.rcog.org.uk">www.rcog.org.uk</a></li> </ol>	<ol style="list-style-type: none"> <li>1. Logbook</li> <li>2. Reflective diary</li> <li>3. Written audit report and presentations at clinical meeting</li> </ol>

## 2) Basic Clinical Skills

### a. Skills

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
<b>1. Research Methods</b>						
1.1. Critically appraise a research paper						
1.2. Conduct a literature review of an SRH topic						
1.3. Present a research proposal for a simple questionnaire/interview						
1.4. Complete a simple questionnaire/interview study						
<b>2. Audit</b>						
2.1. Perform an audit						
2.2. Adapt and implement a clinical guideline						
<b>3. IT</b>						
3.1. Prepare and present a research report using Word, PowerPoint and Excel						
3.2. Manage IT resources for patient, professional and personal use.						
3.3. Retrieve electronic information from a variety of public and specialist resources						

**b. Training courses or sessions**

Training courses or sessions		
Title	Signature of Educational Supervisor	Date
WORD, EXCEL and PowerPoint		
Research Methods (NHS programme)		
Literature searching course		

**c. Authorisation of signatures**

Authorisation of signatures – please print your name and sign	
Name (please print)	Signature

**d. Completion of Module 13**

Completion of Module 13: I confirm that all components of the module have been successfully completed.	
Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

## Module 14: Sexual Assault



## CSRH Curriculum Module 14: Sexual Assault

### 1) Learning Outcome:

1. Provide appropriate management and care of adults and young people complaining of sexual assault in any clinical setting

Knowledge Criteria (KC)	Clinical Competency (C)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. Statutory definitions of rape and other sexual offences: 1.1. Sexual Offences Act 2003 1.2. Draft Sexual Offences (Scotland) Bill 2008 1.3. The Sexual Offences (Northern Ireland) Order 2008  2. Statistics of incidence of sexual assault, frequency of reporting sexual crimes, attrition and conviction rates.  3. Root causes for sexual crimes e.g. gender inequalities, vulnerable client group  4. Valid consent 4.1 To examination and sampling in the interests of collecting evidence 4.2 To disclosure of forensic medical records  5. Dual role of the forensic medical examiner 5.1. Medical care 5.2. Duty of impartiality	1. Take an appropriate initial account from a person disclosing sexual assault to allow referral to the most appropriate service: 1.1 Age of complainant 1.2 What happened 1.3 When it happened 1.4 Who did it 1.5 Where it happened 1.6 Who heard first account & when 1.7 Injuries sustained 1.8 Medical/surgical/psychiatric/medication history 1.9 Recent sexual history 1.10 Relevant obstetric/gynae history 1.11 LMP, current contraception  2. Identify and manage/refer any urgent health needs that should take priority over management of sexual assault whilst maintaining optimum preservation of forensic evidence  3. Enquire if complainant has considered discussing the assault with the Police when dealing with self-referrals  4. Explain options for management with complainant, including local arrangements for forensic examination and refer to appropriate service with agreement of complainant  5. Identify complainants who lack capacity	1. Display tact, empathy, respect, concern and time for clients  2. Demonstrate non-judgmental behaviour  3. Demonstrate tact and concern with respect to ethnic, religious and cultural issues  4. Establish rapport with clients  5. Demonstrate ability to reassure client that he/she is in place of safety  6. Show awareness of client dignity and the need to offer a chaperone  7. Adheres to guidelines on obtaining consent, including application of Fraser criteria and guidance for vulnerable adults  8. Adheres to local protocols for Safeguarding Children  9. Demonstrate appropriate level of decision-making in daily clinical practice	1. Sexual Offences Act 2003 <a href="http://www.homeoffice.gov.uk">www.homeoffice.gov.uk</a>  2. Sexual Offences (Scotland) legislation  3. Child Protection Training Courses Levels 1, 2 and 3  4. Training courses organised by professional bodies and Sexual Assault Referral Centres e.g. 4.1 RCOG Forensic Gynaecology Courses <a href="http://www.rcog.org.uk">www.rcog.org.uk</a> 4.2 4.3 The Havens <a href="http://www.thehavens.org.uk">www.thehavens.org.uk</a> 4.4 St Mary's Centre <a href="http://www.stmaryscentre.org">www.stmaryscentre.org</a> 4.5 Metropolitan police  5. Forensic Gynaecology 6. Edited by Maureen Dalton. 7. RCOG Press 2004  8. Obtaining Valid Consent. RCOG 2004  9. FSRH Service Standards on Obtaining Consent in Sexual Health Services. 2007	1. Log of experience and competence and/or e-portfolio  2. Mini-CEX  3. CBD  4. PSQ  5. DOPS  6. Reflective diary  7. Certificates of courses attended  8. Court room appearance course (e.g. Bond Solon)

<p>6. Valid consent in special client groups:</p> <p>6.1. Capacity to consent to treatment by under 16s</p> <p>6.2. Capacity to consent to examination including effects of age, intoxication, distress, pain/trauma,</p> <p>6.3. Capacity to consent if special educational needs, mental capacity issues, communication difficulties eg client deaf/mute, or English not first language.</p> <p>7. Confidentiality and information sharing</p> <p>8. Clinical settings where complainants of sexual assault may present</p> <p>9. Local care/referral pathways for management of complainants of sexual assault</p> <p>9.1. With a SARC</p> <p>9.2. Without a SARC</p> <p>10. Be able to explain role of different professionals in managing a case of sexual assault</p> <p>11. Management options available</p> <p>12. Appropriate offer of forensic medical examination by trained healthcare professional</p>	<p>to consent to disclosure of sexual assault to the Police and discuss with senior colleagues, statutory agencies and adults with parental responsibility, in accordance with local and national protocols</p> <p>6. Obtain valid consent for examination as appropriate</p> <p>7. Undertake appropriate medical &amp; forensic examination guided by account of type and timing of incident, obtaining forensic specimens correctly labelled and stored, maintaining chain of evidence</p> <p>8. Document history and examination clearly</p> <p>9. Discuss findings with complainant without giving an opinion</p> <p>10. Assess health needs and discuss options with complainant with provision of care in a timely manner:</p> <p>10.1. Emergency contraception</p> <p>10.2. STI testing / prophylaxis</p> <p>10.3. HIV risk assessment / PEPSE</p> <p>10.4. Vaccination against Hepatitis B/ tetanus</p> <p>10.5. Analgesia, anxiolytic</p> <p>10.6. Risk assessment of self-harm</p> <p>11. Arrange appropriate follow-up as guided by account of incident, examination findings, medical and psychological history</p> <p>11.1. SRH/GUM</p> <p>11.2. GP</p> <p>11.3. Mental health team</p> <p>11.4. Social Services</p> <p>11.5. Domestic Violence team</p> <p>11.6. Counselling</p> <p>11.7. Paediatricians</p> <p>11.8. Victim support</p>	<p>10. Demonstrate ability to communicate with clients effectively and to adapt consultation style to suit client's understanding.</p> <p>11. Demonstrate ability to identify risks for clients and make appropriate recommendations regarding therapeutic choices.</p> <p>12. Work effectively in conjunction with colleagues and in liaison with other specialties, departments, disciplines and agencies</p> <p>13. Adheres to local protocols for forensic sampling, labelling, packaging and documentation</p> <p>14. Demonstrates realistic recognition of own competence level and refers to senior colleagues where appropriate</p> <p>15. Awareness of psychological reactions to sexual assault and refers clients to specialists where appropriate</p> <p>16. Keeps clear contemporaneous records</p> <p>17. Recognises one's own limitations when dealing with clients of serial assault with regard to regular debriefing with supervisor</p>	<p>10. DH Reference Guide to Consent for Examination or treatment. 2001</p> <p>11. FSRH Service Standards on Confidentiality 2009</p> <p>12. <a href="http://www.careandevidence.org">www.careandevidence.org</a> (Website providing information and advice for professionals who come into contact with victims of sexual assault)</p> <p>13. <a href="http://www.careandevidence.org/Assets/Care%20WITH%20SARC.pdf">http://www.careandevidence.org/Assets/Care%20WITH%20SARC.pdf</a></p> <p>14. <a href="http://www.careandevidence.org/Assets/Care%20WITHOUT%20SARC.pdf">http://www.careandevidence.org/Assets/Care%20WITHOUT%20SARC.pdf</a></p> <p>15. <a href="http://www.careandevidence.org/Assets/SA_Referral.pdf">http://www.careandevidence.org/Assets/SA_Referral.pdf</a></p> <p>16. BASHH guidelines <a href="http://www.bashh.org">www.bashh.org</a></p> <p>17. Guidelines on paediatric forensic examination in relation to possible child sexual abuse. The Royal College of Paediatrics and Child Health &amp; Faculty of Forensic &amp; Legal Medicine 2007</p> <p>18. <a href="http://www.careandevidence.org/Assets/Evidence%20Collection.pdf">http://www.careandevidence.org/Assets/Evidence%20Collection.pdf</a></p> <p>19. Guidelines from Forensic Science Service</p>	
---	--	--	---	--

<p>20. Know what to do if adolescent/young person discloses                  20.1. Acute sexual assault                  20.2. Chronic/historic sexual abuse</p> <p>21. Forensic Science                  21.1. Different types of evidence                  21.2. Locard's principle                  21.3. Relevance of samples according to timing and account of incident                  21.4. Preservation of evidence and chain of evidence                  21.5. Avoidance of cross-contamination</p> <p>22. Health implications of incident                  22.1. Acute injuries                  22.2. SRH                  22.3. Mental health                  22.4. Follow-up</p> <p>23. Examination                  23.1. Role of systems examination                  23.2. Role of body examination                  23.3. Role of genital examination</p> <p>24. Documentation                  24.1. Note writing                  24.2. Photodocumentation                  24.3. Record of examination findings</p> <p>25. Differing roles of                  25.1. Professional witnesses                  25.2. Expert witnesses</p>	<p>11.9 Youth services                  11.10 Psychology</p> <p>12. Give written arrangements for follow-up and details of other support agencies</p>		<p>20. Courses run by Faculty of Forensic &amp; Legal Medicine</p> <p>21. <a href="http://www.fflm.ac.uk">www.fflm.ac.uk</a></p> <p>22. Observation, supervision and mentoring from expert FME</p> <p>23. Proformas and body diagrams published by The Havens, FFLM</p> <p>24. Forensic physicians as witnesses in criminal proceedings. FFLM 2009</p>	
---	---	--	--	--

26	Police procedures in dealing with complainants of sexual assault				
27	Court system in jurisdiction in which the candidate practices				
28	Rape crisis support				

## 2) Basic Clinical Skills

### a. Skills

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input checked="" type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
1. Ability to explain to the client the options available for management of sexual assault						
2. Ability to explain to the client the options available for management of sexual assault after 7 days (i.e. outside the therapeutic window) and refer appropriately where needed.						
3. Ability to explain to the client the role of the forensic medical examiner						
<b>4. Ability to obtain valid consent to medical and forensic examination as appropriate:</b>						
4.1. In adults						
4.2. In young people						
4.3. In clients with learning disabilities						
4.4. In clients with mental health problems						
4.5. In clients who do not have English as their first language						
4.6. In clients who lack capacity						
5. Ability to obtain valid consent to disclosure of medical records						
<b>6. Take a history from a complainant of sexual assault:</b>						
6.1. Adult female						
6.2. Adult male						

6.3. Young female						
6.4. Young male						
7. Undertake physical (“top-to-toe”) and forensic examination, including genital						
8. Undertake collection of appropriate samples for Forensic Science Service, ensuring maintenance of chain of evidence						
9. Document findings in appropriate format						
10. Provide emergency contraception where appropriate						
11. Undertake risk assessment for transmission of STIs including HIV and hepatitis B						
12. Ability to discuss risks of STI transmission with client and provide antibiotic prophylaxis/ 13. vaccination/PEPSE						
14. Undertake risk assessment for suicide/self-harm by complainant of sexual assault						
15. Undertake risk assessment for domestic violence/personal safety of complainant and his/her dependents						
16. Ability to make referral to mental health services and other healthcare teams, including Community Paediatricians / Safeguarding Teams / Primary Care where appropriate						
17. Ability to arrange follow-up medical, sexual health and psychosocial care						
18. Ability to provide appropriate follow-up SRH/GUM care following sexual assault, including STI testing under chain of evidence protocol						
19. Advise complainant on statutory and voluntary agencies available for support						
20. Write professional witness statement relating to history and examination						
21. Give evidence relating to history and examination as professional witness in court						

**b. Training courses or sessions**

Training courses or sessions		
Title	Signature of Educational Supervisor	Date

**c. Authorisation of signatures**

Authorisation of signatures – please print your name and sign	
Name (please print)	Signature

**d. Completion of Module 14**

<b>Completion of Module 14:</b> <b>I confirm that all components of the module have been successfully completed.</b>	
Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

## Module 15: Sexual Problems



## CSRH Curriculum Module 15: Sexual Problems

### 1) Learning Outcomes:

1. Awareness of the various ways that sexual problems can present (overt and covert) and how to create an environment in which the patient feels able to raise and discuss sexual issues
2. Able to raise sexual issues within a relevant consultation and communicate effectively with patients who present with overt or covert sexual problems.
3. Able to take a basic sexual problems history and be able to identify common sexual problems and where necessary, the appropriate points to refer to other specialists.
4. Initiate and review investigations to exclude a physical cause for a sexual problem.
5. Understand the different management options for sexual problems.
6. Awareness of the doctor-patient interactions that can occur within a consultation.
7. Recognise own limitations in managing sexual problems
8. Awareness of the local referral pathways at all relevant points of the consultation process.
9. Able to identify whether the trainee wishes to pursue further specialist training in sexual problems.

#### Further specialist training:

1. This module provides basic training in sexual problems awareness
2. Trainees may wish to deepen their skills in the management of sexual problems through the Faculty of Sexual & Reproductive Healthcare Foundation Sexual Problems Special Skills Module, IPM or BASRT training.

Knowledge Criteria (KC)	Clinical Competency (CC)	Professional Skills and Attitudes (PSA)	Training Support (TS)	Evidence/Assessment (E/A)
1. Physiology of sexual response: female and male 2. Gender identity 3. Sexual orientation 4. Range of sexual problems and sexual behaviours 5. How problems present themselves in a clinical setting 6. Factors which can impact on the sexual lives of a patient and their partner eg 6.1. Vulval dermatoses 6.2. Vaginal infections 6.3. Medical conditions 6.4. Physical disability 6.5. Unwanted pregnancy 6.6. Sexual assault 6.7. Sexual/physical abuse 6.8. Childbirth 6.9. Miscarriage 6.10. Infertility issues 7. Management options 8. Basic pharmacological treatment options	1. Consider the possibility of a sexual problem. 2. Take a basic sexual problems history. 3. Have an awareness of hidden sexual problems by observing the patient's non-verbal clues (such as body language, demeanour) and verbal clues (such as angry, aggressive or distressed comments). 4. Initiate or review investigations to exclude a physical cause for the sexual problem. 5. Be aware of the interactions and feelings between the practitioner and patient.	1. Feel able to raise sexual issues and be comfortable with the topic 2. Demonstrate, through reflective case discussion, 2.1. An ability to create an atmosphere in which the patient feels able to raise problems of a sexual nature. 2.2. An ability to communicate effectively with patients who present with overt or covert sexual problems. 2.3. Non judgemental attitudes to patients across the whole spectrum of sexual identity, sexual orientation and range of sexual behaviours 2.4. Non judgemental attitudes to patients regardless of age, ethnicity, disability. 2.5. An ability to empathise with patients who have problems of a sexual nature. 2.6. An ability to deal with emotions which may emerge in the consultation. 2.7. A respect for diversity of religious and cultural beliefs in relation to sexuality.	1. Reflective Case Based Discussions with Sexual Problems Trainer 2. IPM Seminars 3. BASRT group or individual supervision. 4. Approved demonstration case presentations on CDRom, eg IPM CDRom. 5. <a href="http://www.ipm.org.uk">www.ipm.org.uk</a> 6. <a href="http://www.basrt.org.uk">www.basrt.org.uk</a> 7. 2 day Foundation Sexual Problems Theory Course 8. Recommended reading list 8.1. Extended Matching Questions (EMQ). 8.2. <a href="http://www.fsrh.org">www.fsrh.org</a>	1. Reflective Case Based Discussions

9. Basic physical treatment options				
10. Awareness of self-help manuals, DVDs and support group networks				
11. Basic psychotherapeutic options				
12. Referral options, both NHS and non-statutory				

## 2) Basic Clinical Skills

### a. Skills

Skills	Competency level: Basic training <input type="checkbox"/> Intermediate training <input type="checkbox"/> Advanced training <input type="checkbox"/> Not required <input checked="" type="checkbox"/>					
	Level 1		Level 2		Level 3	
	Date	Signature of trainer	Date	Signature of trainer	Date	Signature of trainer
1. Identify the possibility of a psychosexual problem when presented overtly or covertly						
2. Able to identify factors which may impact on a patient's sexual life						
3. Take a basic sexual problems history						
4. Identify significant doctor/patient interactions						
5. Identify patient's nonverbal signals						
6. Arrange and review investigations to exclude a physical cause for a sexual problem						

7. Arrange a referral on to an appropriate practitioner						
8. Able to raise sexual issues within a consultation						
9. Able to demonstrate reflective practice						

**b. Training courses or sessions -recommended**

Training courses or sessions - recommended		
Title	Signature of Educational Supervisor	Date
1.		

**c. Authorisation of Trainer Signatures**

Authorisation of trainer(s) signatures – please print your name and sign	
Name (please print)	Signature
1.	
2.	
3.	
4.	
5.	
6.	

**d. Completion of Module 15:**

<b>Completion of Module 15:</b> <b>I confirm that all components of the module have been successfully completed.</b>	
Date	
Name of Educational Supervisor	
Signature of Educational Supervisor	

