Genitourinary Medicine with General Internal Medicine (GIM)

Specialty Specific Guidance

This guidance is to help doctors who are applying for entry onto the Specialist Register with a CESR in Genitourinary Medicine. This guidance is for doctors choosing to apply in Genitourinary Medicine where the capabilities for General Internal Medicine will also be demonstrated by meeting all the requirements set out below. You will also need to read the curricula for Genitourinary Medicine and General Internal Medicine

An application has been made to change the name of General Internal Medicine to Internal Medicine

This is the specialty specific guidance for Genitourinary Medicine, updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
Introduction

This document is designed to provide helpful information and guidance to enable you to make an application for a Certificate of Eligibility for Specialist Registration (CESR) in Genitourinary Medicine with General Internal Medicine (GIM). This is not a standalone document and should be read in conjunction with the curricula - please see the Genitourinary Medicine page on the Joint Royal Colleges of Physicians Training Board (JRCPTB) website for more details. You can contact us and ask for advice before you apply.

It is worth noting that it is sometimes more difficult to make a successful CESR application if you have not worked in the NHS. This is because key features of training and practice in the NHS are not always covered in the same way outside it. This might include, for example, multidisciplinary team meetings, appraisal, multisource feedback and patient feedback, safety and quality activity especially in clinical audit and quality improvement projects and other areas. You must look at the curriculum and this guidance carefully to make sure that you can demonstrate equivalence to all the requirements. If you are or have recently been practising in an environment that is not comparable to practice in an NHS GUM department you might find it useful to consolidate your experience elsewhere before applying.

What is the indicative period of training for a Certificate of Completion of Training (CCT) in Genitourinary Medicine and GIM?

The indicative period of training for a CCT in Genitourinary Medicine is 4 years and it is unlikely that you would achieve all the learning outcomes required for a CCT in a shorter period of time.

The structure of the training programme (in indicative timescales) is as follows:

- Three years of Internal Medicine (stage 1) including MRCP(UK) or four years of Acute Care Common Stem – Internal Medicine (ACCS-IM) including MRCP(UK)
- 4 years of specialty training in Genitourinary Medicine and GIM
Applicants need to demonstrate that they have achieved the learning outcomes required for all stages of the curriculum.

**Curriculum Framework**

The curriculum is structured into high-level learning outcomes, known as Capabilities in Practice (CiPs). The CiPs are split into generic, clinical and specialty specific capabilities, as outlined below. Acquiring a CESR depends upon you providing evidence that you’re working at the level of being entrusted to perform safely and independently for each CiP.

The first six CiPs are generic and shared across all physician specialties, covering the universal requirements of Good Medical Practice and the [Generic Professional Capabilities (GPC) framework](https://www.gmc-uk.org). The eight clinical CiPs describe the clinical tasks or activities which are essential to the practice of Internal Medicine and the eight specialty CiPs describe the specialty-specific clinical tasks or activities which are essential to the practice of Genitourinary Medicine. The CiPs have been mapped to the GPC domains to reflect the generic professional capabilities required to undertake the clinical tasks.

The range of experience needed to achieve the CiPs is outlined in the curriculum – this covers different settings, contexts, clinical problems, conditions and stages of a person’s life and illness.

<table>
<thead>
<tr>
<th><strong>Generic CiPs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Able to function successfully within NHS organisational and management systems</td>
</tr>
<tr>
<td>2. Able to deal with ethical and legal issues related to clinical practice</td>
</tr>
<tr>
<td>3. Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement</td>
</tr>
<tr>
<td>4. Is focussed on patient safety and delivers effective quality improvement in patient care</td>
</tr>
<tr>
<td>5. Carries out research and manages data appropriately</td>
</tr>
<tr>
<td>6. Acts as a clinical teacher and clinical supervisor</td>
</tr>
</tbody>
</table>

*This is the specialty specific guidance for Genitourinary Medicine, updated December 2021*

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
**Clinical CiPs**

1. Managing an acute unselected take
2. Managing the acute care of patients within a medical specialty service
3. Providing continuity of care to medical inpatients, including management of comorbidities and cognitive impairment
4. Managing patients in an outpatient clinic, ambulatory or community setting, including management of long term conditions
5. Managing medical problems in patients in other specialties and special cases
6. Managing a multi-disciplinary team including effective discharge planning
7. Delivering effective resuscitation and managing the acutely deteriorating patient
8. Managing end of life and applying palliative care skills

**Specialty Specific CiPs**

1. Managing patients with non-complex GUM presentations in outpatient or community settings
2. Managing patients with complex GUM presentations in a specialist outpatient or community setting
3. Providing specialist care for individuals living with HIV in an outpatient or community setting
4. Providing specialist care for individuals with diagnosed HIV/AIDS in a hospital inpatient setting
5. Delivering interventions to prevent transmission of HIV, other blood borne viruses and STIs
6. Supporting early detection of STIs and HIV in all settings
7. Safeguarding of public health and delivering sexual health/HIV services and information for specific populations in a range of settings
8. Ability to successfully lead, manage and work with specialist service commissioning in acute and community settings

**Submitting your evidence**

Please keep the following in mind when gathering your evidence:

- The evaluators want to see quality, relevant evidence to demonstrate the required CiPs. It’s more important to carefully select your evidence and present it in an organised way, than provide large volumes of minimally relevant evidence.

This is the specialty specific guidance for Genitourinary Medicine, updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
- Triangulated evidence will make a stronger application
- Evidence of your recent practice (i.e. less than 5 years old) will be given more weight, as it reflects current capabilities
- Your evidence must be legible

All your evidence, other than qualifications you’re getting authenticated, must be accompanied by a proforma signed by the person who is attesting to the validity and accuracy of your evidence (your verifier). It’s very important that you read an explanation of how to do this in our important notice about evidence.

You will also need to submit translations of any documents that are not in English. Please ensure the translations you submit meet our translation requirements.

Your evidence must be accurate and may be verified at source should we have any queries or justifiable doubts about the accuracy of your evidence. All evidence submitted will be cross checked against the rest of your application and documents.

Anonymising your evidence

It is important that you anonymise your evidence before you submit it to us. You must remove:

- All patient identifying details
- Details of patients’ relatives
- Details of colleagues that you have assessed, written a reference for, or who have been involved in a complaint you have submitted

This includes:

- Names (first and last)
- Addresses
- Contact details such as phone numbers or email addresses
- NHS numbers
- Other individual patient numbers

This is the specialty specific guidance for Genitourinary Medicine, updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
• GMC numbers

The following details **don't** need to be anonymised:

• Gender
• Date of birth

It is your responsibility to make sure that your evidence has been anonymised. Evidence which has not been anonymised will be returned to you. More information can be found on our [website](http://www.gmc-uk.org).

**How much evidence to submit**

**As a general guide, most applications are expected to include around 100 electronically uploaded documents. You must ensure that you follow our guidance on how to present and group your evidence in the online application.**

The total number of documents and assessments presented is less important than the quality of the documents, and the breadth of cases covered. This allows the evaluators to form reliable judgements of performance and capabilities.

This guidance on documents to supply is not exhaustive and you may have alternative evidence. You do not necessarily have to supply every type of evidence listed, but you must submit sufficient evidence to address each of the required learning outcomes and the associated capabilities. We recognise that you may not have all the evidence that is required but it will help us process your application more quickly if you ensure that you only submit evidence that is directly relevant. Triangulation of evidence will strengthen an application, and we recommend that you delay submitting an application until you have achieved this.

---

This is the specialty specific guidance for Genitourinary Medicine, updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
Your evidence **must** cover the knowledge, skills and experience to demonstrate the required CiPs in all areas of the curriculum. You should focus on providing **good quality** evidence, rather than quantity. You are advised to review the curriculum and ARCP decision aid to see what is expected from doctors in training in the UK.

You should bear in mind the following points:

- Don’t duplicate evidence that is relevant to more than one CiP – you should include one copy and list it under each relevant CiP (cross referencing)
- Evidence should only be cross referenced where it adds significant support to a CiP
- Evidence should be provided from a variety of clinical settings.

**Our guidance on compiling your evidence will help you to decide what is relevant and what is not. We recommend that you read it carefully.**

**Organising your evidence**

Your evidence will need to be organised to reflect the structure of the online application. You need to gather your evidence by CiP and then attach this under the relevant section in your online application.

Please refer to our [user guide](#) for information on grouping and uploading your evidence.

Your evidence must be mapped to the curriculum by providing primary evidence for knowledge, skills and qualifications to demonstrate the required CiPs for all areas of the curriculum. If evidence is missing from any area of the curriculum, your application may be unsuccessful.

You will not be able to compensate for shortfalls in your evidence of training and experience in a particular area, by providing extra evidence in other areas.
**Tips for a successful application**

In our experience, CESR applications fail because they provide inadequate or poor evidence of current capability covering the entire curriculum. Below are some tips for you to consider when making an application:

- Before submitting an application, you should review the current CCT curriculum in conjunction with this document. A strong CESR application will provide evidence to demonstrate that knowledge, skills and experience are equivalent in both the breadth and level of capability, to that set out in the curriculum.

- Provide evidence of your **current capability** in all areas of the curriculum. This includes the maintenance of CiPs and key skills over the last five years – all evidence should be clearly linked to the CiPs.

- Provide evidence demonstrating core medical knowledge and application of this knowledge in practice to the level of completion of Internal Medicine stage 1 training. This can be demonstrated through the generic and clinical CiPs of the curriculum. Applicants will also need MRCP (UK) or an equivalent specialist medical qualification. Please see the ‘evidence of training and qualifications’ section below for more information.

- Present your evidence in a clear, logical manner. You should refer to our user guide for advice on how to group, title and upload your evidence.

- Ensure your referees can provide detailed support for your key skills across all (or most) areas of the curriculum and understand the requirements for specialist training and registration in the UK.

- Provide evidence of managing a broad range of patients, as seen daily by Genitourinary Medicine doctors in the UK.

- Provide evidence of your clinical capability across the range of experience, ages and settings.

- Ensure your evidence demonstrates you are entrusted to act at consultant level across all of the specialty CiPs.

---

**This is the specialty specific guidance for Genitourinary Medicine, updated December 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
We strongly recommend that you closely match your experiences against the current curriculum and provide evidence of equivalence across all areas.

How your evidence can be used to demonstrate key capabilities in different CiPs

You will notice that some of the suggested evidence is listed more than once. This is because these documents are relevant to more than one CiP. For example, MSF can be used to demonstrate competence in most CiPs – therefore, you can use the same MSF to demonstrate the required capability across several CiPs.

If you have a document that is relevant to more than one CiP, don’t include multiple copies of it. Instead, provide one copy and list it in your application under each relevant CiP, stating that the document is located elsewhere, and you’d like to cross reference it.

Below is a list of evidence that are relevant to most CiPs – it is by no means exhaustive, and you are encouraged to submit a variety of evidence.

A description of the assessments below, together with template forms, can be found on the [JRCPTB website](https://www.jrcptb.org).

<table>
<thead>
<tr>
<th>Evidence / requirement</th>
<th>About</th>
<th>Minimum expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervised Learning Events (SLEs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Care Assessment Tool (ACAT)</td>
<td>These should have been undertaken with a consultant. Each ACAT must include a minimum of 5 cases and should be used for global assessment of an applicant’s</td>
<td>10</td>
</tr>
</tbody>
</table>
performance on take, or on presenting new patients on ward rounds, encompassing both individual cases and overall performance (e.g., prioritisation, working with the team).

These should have been undertaken with a consultant.

CbDs and Mini-CEXs should cover different aspects of Genitourinary Medicine and General Internal Medicine and at the appropriate level of complexity.

<table>
<thead>
<tr>
<th>Workplace Based Assessments (WPBAs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct Observation of Procedural Skills (DOPS)</strong></td>
</tr>
<tr>
<td><strong>Quality Improvement Project Assessment Tool (QIPAT)</strong></td>
</tr>
<tr>
<td><strong>Patient Survey (PS)</strong></td>
</tr>
</tbody>
</table>
If it is not possible to provide a formal patient survey an applicant could provide alternative evidence. However, this must provide equivalent details and breadth of information.

Alternative evidence could include:

- Thank you letters/cards from patients
- Statements from referees
- Testimonial letters from colleagues
- Feedback from patients/colleagues

<table>
<thead>
<tr>
<th>Teaching observation (TO)</th>
<th>At least one should be completed by a consultant in the specialty.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multi Source Feedback (MSF)</strong></td>
<td>MSF is a strong piece of evidence as it is an anonymous feedback exercise. Minimum of one in the year before the application has been submitted – any available from the last 5 years should also be submitted. MSF should include a minimum of 12 assessments. The majority of raters should be consultants, senior trainees and experienced nursing and allied health professional colleagues</td>
</tr>
<tr>
<td><strong>Other evidence</strong></td>
<td></td>
</tr>
</tbody>
</table>
| **To be included in the portfolio of evidence** | **Appraisal** is good evidence of engaging with systems, processes and mandatory requirements and demonstrates performance (clinical and non-clinical)  
**Reflective** diaries/ evidence of self-reflection |

This is the specialty specific guidance for Genitourinary Medicine, updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
- **Supervisor report** reports from trainers and supervisors are important evidence to affirm and support capabilities and performance in both clinical and non-clinical activities. JRCPTB provides a Multiple Consultant Report (MCR) template for the purpose of these reports of which there should be 4 in the last 12 months.

- **Logbooks** must cover the last 5 years and show the type of procedures you performed and your role in the procedure.

- **Training events** (courses, study days, meetings) over the last five years.

- **Evidence of seeing patients** over the last five years covering a range of settings, referral contexts, conditions, stages of illness, ages.

- **Academic activities**

- **Management activities**

- **Structured reports**

  4 completed in the last 12 months (e.g. MCRs)

### Continuing Professional Development (CPD)

CPD represents the acquisition and maintenance of knowledge, skills and key skills.

Courses you may want to provide evidence of include:

- Life support
- Teaching
- Simulation
- Management
- Research methodology
- Business
- Communication
- Education

---

**This is the specialty specific guidance for Genitourinary Medicine, updated December 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
### Leadership and management

- Ethics and legal framework of practice
- Relevant specialty courses such as laboratory methods, STIs, HIV and reproductive health

Examples of evidence could include a personal, reflective diary of learning achievements, in addition to detailed evidence of courses attended.
**Evidence of training and qualifications**

Substantial primary evidence for any previous training towards a medical qualification should **only** be submitted if the training is directly relevant to your CESR capabilities and dates from the past five years. Otherwise, certificates of completion are sufficient evidence of training.

| **Primary medical qualification (PMQ)** | If you hold full registration with us, you do not need to submit your PMQ as we saw it when we assessed your application for registration. |
| **Primary medical qualification (PMQ)** | If you do not hold registration, you will need to have your PMQ independently verified by ECFMG before we can grant you full registration with a licence to practise. |
| **Primary medical qualification (PMQ)** | You can find out more about primary source verification on our website. |
| **Primary medical qualification (PMQ)** | You only need to get your PMQ verified by ECFMG. The rest of your evidence should be verified in line with our guidance. |

| **Specialist medical qualification(s)** | Please provide an **authenticated copy** of any specialist medical qualifications you hold. |
| **Specialist medical qualification(s)** | Evidence of completion of full **MRCP(UK)** or equivalent. |
| **Specialist medical qualification(s)** | The MRCP(UK) is comprised of three tests, designed to assess acquisition of the full range of knowledge, skills and behaviour, as well as clinical understanding and execution, as detailed in the UK curriculum for Core Medical/Internal Medicine Training. For further information on the MRCP(UK), click here. |
| **Specialist medical qualification(s)** | Evidence of completion of **diplomas in Genitourinary Medicine (Dip GUM) and HIV Medicine (Dip HIV)**, or equivalent, is mandatory. The Diploma of the Faculty of Sexual and
Reproductive Health (DFSRH), Letter of Competence Subdermal Contraceptive Implants Techniques Insertion and Removal (LoC SDI) and Letter of Competence Intrauterine Techniques (LoC IUT) are recommended but not mandatory.

There are no qualifications from outside Europe that enable automatic entry to the Specialist Register in any specialty. An evaluation is made based on an applicant’s whole career and therefore two applicants with the same qualifications but different training and/or experience may not receive the same decision.

If your specialist medical qualification is from outside the UK, please ensure that you provide the following evidence  in addition to your qualification:

- Training curriculum or examination syllabus
- Formal period assessments completed during training (these may be older than 5 years)

<table>
<thead>
<tr>
<th><strong>Recent specialist training</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have worked in posts approved for a specialist training programme for a relevant qualification outside the UK in the past five years, please provide an <strong>authenticated copy</strong> of the curriculum or syllabus that was in place when you undertook your training.</td>
</tr>
<tr>
<td>If a formal curriculum or syllabus (including assessment methods) is not available please provide a letter from the awarding body outlining the content of the training programme or examination.</td>
</tr>
<tr>
<td>You must provide evidence of formal periodic assessment during your training. This evidence must have been completed at the time the training was undertaken (if it is completed retrospectively less weight will be given to the information provided). If you do not supply formal assessment documents, the curriculum must demonstrate how you were assessed. A detailed letter of verification from an educational supervisor would satisfy this requirement.</td>
</tr>
</tbody>
</table>
| **Specialist registration outside the UK** | If areas for development were highlighted, please provide evidence to demonstrate that you have subsequently addressed them.  
If you have undertaken approved specialty training towards a CCT or CESR(CP) in this specialty in the UK in the past five years, you should provide a copy of your ARCPs. |
| **Other relevant qualifications and certificates** | Please provide an **authenticated copy** of details of the registration requirements of that authority. |

**Evidence of employment in posts and duties (including training posts)**

| **Employment letters and contracts of employment** | The information in these letters and contracts **must** match your CV. They will confirm the following:  
- dates you were in post  
- post title, grade, training  
- type of employment: permanent, fixed term, or part time (including percentage of whole time equivalent) |
| **Job descriptions** | These **must** match the information in your CV. They will confirm the following:  
- your position within the structure of your department |
- your post title
- your clinical and non-clinical commitment
- your involvement in teaching or training.

**Rotas**

You must provide samples of your rotas from the last three years. These should demonstrate your weekly clinical and non-clinical activities. For example, if you worked a 1:8 rota, you should submit eight consecutive weeks’ rota to represent that placement.

**Departmental/ Unit annual caseload statistics**

You should provide departmental and unit caseload statistics, activity data, range and scope of work undertaken in a placement from the last three years.

**Appraisal**

Those working in an NHS or managed environment should submit evidence of annual appraisals. A revalidation or appraisal portfolio would be appropriate (if it is completed retrospectively less weight will be given to the information provided).

For non-training posts you should provide evidence of ongoing evaluation of your performance. This may take the format of formal appraisals by the department head or line manager (clinical director, medical director, professor).

For those applicants working in independent practice it is recommended that at least one employer. Appraisal is undertaken and summary documentation of this submitted with the application.

Where an applicant is not based in the UK alternative forms of appraisal are strongly advised. Alternative evidence may include letters (written at the time) commenting on your performance. In
addition, where no formal appraisal or assessment forms are available you must provide information on the method of career review or progression.
Practical Procedures

Below details the practical procedures and the level of competency you will be expected to evidence. You can provide evidence for these procedures using logbooks and DOPS.

Internal Medicine Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Level of competence required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced cardiopulmonary resuscitation (CPR)</td>
<td>Leadership of CPR team</td>
</tr>
<tr>
<td>Direct current (DC) cardioversion</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Temporary cardiac pacing using an external device</td>
<td>Skills lab or satisfactory supervised practice</td>
</tr>
<tr>
<td>Central venous cannulation (internal jugular or subclavian)</td>
<td>Skills lab or satisfactory supervised practice</td>
</tr>
<tr>
<td>Access to circulation for resuscitation (femoral vein or intraosseous)</td>
<td>Skills lab or satisfactory supervised practice</td>
</tr>
<tr>
<td>Pleural aspiration for fluid (diagnostic)</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Pleural aspiration (pneumothorax)</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Intercostal drain for pneumothorax</td>
<td>Skills lab or satisfactory supervised practice</td>
</tr>
<tr>
<td>Intercostal drain for effusion</td>
<td>Skills lab or satisfactory supervised practice</td>
</tr>
<tr>
<td>Nasogastric (NG) tube</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Ascitic tap</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Abdominal paracentesis</td>
<td>Skills lab or satisfactory supervised practice</td>
</tr>
<tr>
<td>Lumbar puncture</td>
<td>Competent to perform unsupervised</td>
</tr>
</tbody>
</table>
## Specialty Procedures

### Mandatory procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Level of competence required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female genital examination including bimanual examination and speculum insertion</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Male examination with proctoscopy and sample collection</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Liquid nitrogen cryotherapy</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Point of care testing for HIV infection</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Female cervical cytology sampling</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Light microscopy of gram stained slides for detection of STIs</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Dark ground microscopy (of wet mounted vaginal smear/chancre smear)</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Preparation and administration of intramuscular vaccination</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Preparation and administration of intramuscular antibiotics</td>
<td>Competent to perform unsupervised</td>
</tr>
</tbody>
</table>

### Recommended procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Level of competence recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genital skin or punch biopsy</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Insertion and removal of sub-dermal contraceptive implant</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Insertion and removal of intrauterine device and system</td>
<td>Competent to perform unsupervised</td>
</tr>
<tr>
<td>Medical TOP</td>
<td>Awareness of procedure and complications</td>
</tr>
<tr>
<td>Surgical TOP</td>
<td>Awareness of procedure and complications</td>
</tr>
</tbody>
</table>

---

**This is the specialty specific guidance for Genitourinary Medicine, updated December 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
Colposcopy

Observed colleague performing procedure

**Generic CiPs**

The suggested documentation is given below each CiP and the overall numbers expected are given in the section above. Each piece of evidence can support more than one CiP and you should cross reference.

**CiP 1: Able to function successfully within NHS organisational and management systems**

**Key skills:**

- Aware of, and adheres to, the GMC professional requirements
- Aware of public health issues including population health, social determinants of health and global health perspectives
- Demonstrates effective clinical leadership
- Demonstrates promotion of an open and transparent culture
- Keeps up to date through learning and teaching
- Demonstrates engagement in career planning
- Demonstrates capabilities in dealing with complexity and uncertainty
- Aware of the role and processes for commissioning
- Aware of the need to use resources wisely

**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)

Evidence of taking an active role in governance structures, including service development. This may, for example, include the minutes of meetings for governance and unit management in which the applicant has been involved, MDT meetings, and any documented service development initiatives such as QIPAT.

Evidence of attendance at an NHS / health service management course

CiP 2: Able to deal with ethical and legal issues related to clinical practice

Key skills:

- Aware of national legislation and legal responsibilities, including safeguarding vulnerable groups
- Behaves in accordance with ethical and legal requirements
- Demonstrates ability to offer apology or explanation when appropriate
- Demonstrate ability to lead the clinical team in ensuring that ethical and legal factors are considered openly and consistently

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of ability to assess the mental capacity of patients to make healthcare decisions. Evidence could include:
  - Reflections on cases where you had to assess a patient’s mental capacity

This is the specialty specific guidance for Genitourinary Medicine, updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
Evidence of involvement in making ‘best interests’ decisions, such as:
- Notes
- Letters
- Meeting minutes

Awareness of relevant legislation, including confidentiality of medical records and consultations, safeguarding, Sexual Offences Act, competency assessment in over-18s, Fraser guidelines and mental capacity legislation by completion of an online training course, for example:
- CPD Online Mental Capacity Act: https://cpdonline.co.uk/course/mental-capacity-act/
- SCIE Mental Capacity Act: https://www.scie.org.uk/e-learning/mca

CiP 3: Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement

Key skills:
- Communicates clearly with patients and carers in a variety of settings
- Communicates effectively with clinical and other professional colleagues
- Identifies and manages barriers to communication (e.g. cognitive impairment, speech and hearing problems, capacity issues)
- Demonstrates effective consultation skills including effective verbal and non-verbal interpersonal skills
- Shares decision making by informing the patient, prioritising the patient’s goals and wishes, and respecting the patient’s beliefs, concerns and expectations
- Shares decision making with children and young people
- Applies management and team working skills appropriately, including influencing, negotiating, re-
assessing priorities and effectively managing complex, dynamic situations

**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of your ability to analyse a patient’s communication difficulties:
  - Reflective diaries
- Feedback from patients, such as a patient survey
- Reflective practice entries about patients or families who posed difficulties
- Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX

**CiP 4: Is focused on patient safety and delivers effective quality improvement in patient care**

**Key skills:**

- Makes patient safety a priority in clinical practice
- Raises and escalates concerns where there is an issue with patient safety or quality of care
- Demonstrates commitment to learning from patient safety investigations and complaints
- Shares good practice appropriately
- Contributes to and delivers quality improvement
- Understands basic Human Factors principles and practice at individual, team, organisational and system levels

*This is the specialty specific guidance for Genitourinary Medicine, updated December 2021*

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
- Understands the importance of non-technical skills and crisis resource management
- Recognises and works within limit of personal competence
- Avoids organising unnecessary investigations or prescribing poorly evidenced treatments

**Suggested documentation:**

<table>
<thead>
<tr>
<th><strong>•</strong> Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>•</strong> Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)</td>
</tr>
<tr>
<td><strong>•</strong> Reflective practice entries about patients or families who posed difficulties</td>
</tr>
</tbody>
</table>
| **•** Evidence that you have arranged and attended meetings about a patient with Social Services or other non-health organisations. For example:  
  - Meeting minutes, demonstrating your attendance and participation  
  - Invites sent from you demonstrating arranging meetings |
| **•** Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX |
| **•** Documented evidence of development of procedures to improve inter-service and inter-agency communication, you will need to demonstrate your involvement in the new procedure and its effectiveness |
| **•** Evidence of specific quality improvement activity, such as a QIPAT |
| **•** Copies of letters you have written to NHS and non-NHS services involved with patients |

---

This is the specialty specific guidance for Genitourinary Medicine updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
CiP 5: Carries out research and manages data appropriately

Key skills:

- Manages clinical information / data appropriately
- Understands principles of research and academic writing
- Demonstrates ability to carry out critical appraisal of the literature
- Understands the role of evidence in clinical practice and demonstrates shared decision making with patients
- Demonstrates appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry
- Demonstrates appropriate knowledge of research principles and concepts and the translation of research into practice
- Follows guidelines on ethical conduct in research and consent for research
- Understands public health epidemiology and global health patterns
- Recognises potential of applied informatics, genomics, stratified risk and personalised medicine and seeks advice for patient benefit when appropriate

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of completion of Good Clinical Practice (GCP) training:
- Documented evidence of research activity. This may include evidence of:
  - Helping in a project
  - Reviewing research papers / grants
  - Writing and co-authoring research papers
  - Contributing to research projects
- Presentations – either lectures (podium presentations) or poster presentations
- Documented evidence of development of procedures to improve quality of care beyond personal practice, e.g. QIPAT or evidence of performing an audit
- Publications

**CiP 6: Acts as a clinical teacher and clinical supervisor**

**Key skills:**

- Delivers effective teaching and training to medical students, junior doctors and other healthcare professionals
- Delivers effective feedback with action plan
- Able to supervise less experienced trainees in their clinical assessment and management of patients
- Able to supervise less experienced trainees in carrying out appropriate practical procedures
- Able to act as a clinical supervisor to doctors in earlier stages of training

*This is the specialty specific guidance for Genitourinary Medicine updated December 2021*

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Completion of relevant training course(s), such as management or leadership courses
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation (TO) or other observational assessment of teaching
Internal Medicine Clinical CiPs

Applicants must demonstrate that they are currently practising at the level of ‘entrusted to act independently’ in all clinical CiPs. Further detail regarding the descriptors for the key skills in each clinical CiP can be found in the curriculum.

CiP 1: Managing an acute unselected take

Key skills:

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Takes a relevant patient history including patient symptoms, concerns, priorities and preferences
- Performs accurate clinical examinations
- Shows appropriate clinical reasoning by analysing physical and psychological findings
- Formulates an appropriate differential diagnosis
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Appropriately selects, manages and interprets investigations
- Recognises need to liaise with specialty services and refers where appropriate

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR)
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
<table>
<thead>
<tr>
<th>Key skills:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to manage patients who have been referred acutely to a specialised medical service as opposed to the acute unselected take (e.g. cardiology and respiratory medicine acute admissions)</td>
</tr>
<tr>
<td>Demonstrates professional behaviour with regard to patients, carers, colleagues and others</td>
</tr>
<tr>
<td>Delivers patient centred care including shared decision making</td>
</tr>
<tr>
<td>Takes a relevant patient history including patient symptoms, concerns, priorities and preferences</td>
</tr>
<tr>
<td>Performs accurate clinical examinations</td>
</tr>
<tr>
<td>Shows appropriate clinical reasoning by analysing physical and psychological findings</td>
</tr>
<tr>
<td>Formulates an appropriate differential diagnosis</td>
</tr>
<tr>
<td>Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required</td>
</tr>
<tr>
<td>Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues</td>
</tr>
<tr>
<td>Appropriately selects, manages and interprets investigations</td>
</tr>
<tr>
<td>Demonstrates appropriate continuing management of acute medical illness in a medical specialty setting</td>
</tr>
<tr>
<td>Refers patients appropriately to other specialties as required</td>
</tr>
</tbody>
</table>

**CiP 2: Managing the acute care of patients within a medical specialty service**

*This is the specialty specific guidance for Genitourinary Medicine updated December 2021*

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of one of each of the below:
  - Evidence of discussing on reflecting on your professional judgement in a clinical case, such as a CbD Assessments of acute care such as an ACAT
- Logbook of cases
- Evidence of simulation training and assessment

CiP 3: Providing continuity of care to medical inpatients, including management of comorbidities and cognitive impairment

Key skills:

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Demonstrates effective consultation skills
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required

This is the specialty specific guidance for Genitourinary Medicine updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Demonstrates appropriate continuing management of acute medical illness inpatients admitted to hospital on an acute unselected take or selected take
- Recognises need to liaise with specialty services and refers where appropriate
- Appropriately manages comorbidities in medial inpatients (unselected take, selected acute take or specialty admissions)
- Demonstrates awareness of the quality of patient experience

### Suggested documentation:
- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Assessments of acute care such as ACATs
- Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
- Direct observation of procedural skills such as DOPS

### CiP 4: Managing patients in an outpatient clinic, ambulatory or community setting (including management of long term conditions)
Key skills:

- Demonstrates professional behaviour with regard to patients, carers, colleagues and others
- Delivers patient centred care including shared decision making
- Demonstrates effective consultation skills
- Formulates an appropriate diagnostic and management plan, taking into account patient preferences

- Explains clinical reasoning behind diagnostic and clinical management decisions to patients/carers/guardians and other colleagues
- Appropriately manages comorbidities in outpatient clinic, ambulatory or community setting
- Demonstrates awareness of the quality of patient experience

Suggested documentation:

| Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports |
| Assessments of acute care such as ACATs |
| Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX |
| Feedback from patients such as a Patient Survey |
| Letters generated at outpatient clinics |

CiP 5: Managing medical problems in patients in other specialties and special cases

Key skills:

This is the specialty specific guidance for Genitourinary Medicine updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
Demonstrates effective consultation skills (including when in challenging circumstances)

Demonstrates management of medical problems in inpatients under the care of other specialties

Demonstrates appropriate and timely liaison with other medical specialty services when required

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Assessments of acute care such as ACATs
- Evidence of a case-based discussion with a consultant to assess professional judgement, such as a CbD

CiP 6: Managing a multi-disciplinary team including effective discharge planning

Key skills:

- Applies management and team working skills appropriately, including influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations
- Ensures continuity and coordination of patient care through the appropriate transfer of information demonstrating safe and effective handover
- Effectively estimates length of stay
- Delivers patient centred care including shared decision making
- Identifies appropriate discharge plan
  Recognises the importance of prompt and accurate information sharing with primary care team following hospital discharge

This is the specialty specific guidance for Genitourinary Medicine, updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Assessments of acute care such as ACATs
- Discharge summaries, including reason for admission, findings, treatment plan and patient health on discharge

CiP 7: Delivering effective resuscitation and managing the acutely deteriorating patient

Key skills:

- Demonstrates prompt assessment of the acutely deteriorating patient, including those who are shocked or unconscious
- Demonstrates the professional requirements and knowledge of legal processes associated with consent for resuscitation
- Participates effectively in decision making with regard to resuscitation decisions, including decisions not to attempt CPR, and involves patients and their families
- Demonstrates competence in carrying out resuscitation
### Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Direct observation of procedural skills such as DOPS
- Assessments of acute care such as ACATs
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of learning advanced life support techniques such as an ALS certificate
- Record of procedures and clinics undertaken such as a logbook
- Written reflections on learning and experience
- Evidence of simulation
CiP 8: Managing end of life and applying palliative care skills

Key skills:

- Identifies patients with limited reversibility of their medical condition and determines palliative and end of life care needs
- Identifies the dying patient and develops an individualised care plan, including anticipatory prescribing at end of life
- Demonstrates safe and effective use of syringe pumps in the palliative care population
- Able to manage non complex symptom control including pain
- Facilitates referrals to specialist palliative care across all settings
- Demonstrates effective consultation skills in challenging circumstances
- Demonstrates compassionate professional behaviour and clinical judgement

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Evidence of a case-based discussion with a consultant to assess professional judgement, such as a CbD
- Assessment of observed clinical skills, attitudes and behaviours, such as a Mini-CEX
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Evidence of regional teaching
- Written reflections on learning and experience
Specialty Specific CiPs

Applicants must demonstrate that they are currently practising at the level of ‘entrusted to act independently’ in all specialty CiPs. Further detail regarding the descriptors for the key skills in each specialty specific CiP can be found in the curriculum.

Specialty CiP 1: Managing patients with non-complex GUM presentations in outpatient or community settings

Key skills

- Takes a comprehensive sexual and reproductive health history from cis and trans men and women, including non-binary individuals, and performs a risk assessment in all with empathy and sensitivity, respecting the patients’ confidentiality
- Performs HIV pre-test discussion
- Demonstrates medical examination of the genitals, anus and rectum with valid consent and use of chaperones
- Demonstrates appropriate sample taking and interpretation of laboratory tests for HIV, STIs, blood borne viruses, cervical cytology, pregnancy and pre-immunisation
- Medically leads an integrated sexual health clinic providing care for asymptomatic patients and patients with uncomplicated STIs, genital lumps, vaginal discharge, urethral discharge, vulvovaginitis, balanitis and genital infestations
- Facilitates partner notification with clinical team, with understanding of available range notification methodologies, issues around need of disclosure and respecting confidentiality
- Prescribes emergency contraception if indicated
- Assesses patients’ contraception needs meeting those initially wherever possible and referring into specialist services where indicated
- Able to adopt the utilisation of technology of remote management in sexual health eg telephone clinics, video consultations, online image viewing/testing/platforms for meetings and teaching, postal testing, digital partner notification. Understands advantages and limitations of these tools in the context of sexual health

**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - CbD or alternative evidence of discussion reflecting on your professional judgement in a clinical case
  - Mini CEX or similar assessment of observed clinical skills, attitudes and behaviours
- Minimum of two direct observations of procedural skills such as DOPS in:
  - Female genital examination and sample collection including speculum insertion and bimanual examination
  - Male genital examination with proctoscopy and sample collection
  - Light microscopy for detection of sexually transmitted infections
  - Point of care testing for HIV infection
  - Liquid nitrogen cryotherapy
- Feedback from patients, such as patient survey
- Dip GUM

*This is the specialty specific guidance for Genitourinary Medicine updated December 2021*

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
- DRSRH
- Relevant reflective practice entries

This is the specialty specific guidance for Genitourinary Medicine updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
Specialty CiP 2: Managing patients with complex GUM presentations in a specialist outpatient or community setting.

Key skills:

- Medically leads a clinic seeing symptomatic patients including those with complicated sexual health conditions, STIs, genital ulcers, systemic and extra-genital manifestations
- Clinically manages and uses tools to identify individuals who may need safeguarding or are vulnerable eg those who have experienced sexual assault, sexual exploitation, sexual abuse gender-based violence, victims of modern slavery, female genital mutilation (FGM) or who are engaging in chemsex. Manages psychosocial aspects of care for these patients and/or is able to refer appropriately
- Supports HIV and viral hepatitis testing and prevention for individuals at highest risk, including vaccination and pre- or post-exposure prophylaxis if provided locally, and appropriate onward referral of positive cases. Demonstrates awareness of indications, available options, interactions and complications of treatment for patients with viral hepatitis
- Demonstrates assessment and referral of pregnancy, gynaecological and obstetric problems
- Identification, initial assessment, management and appropriate referral of psychosexual dysfunction and genital pain syndromes
- Able to manage STIs in pregnancy, including working collaboratively with antenatal team to reduce mother to child transmission
- Demonstrates knowledge of investigation and management of genital infections in newborn, infants and children
- Assesses and clinically manages sexual & reproductive health needs and child sexual exploitation in <18s. Shows understanding of issues relating to valid consent and Fraser competency assessment and to importance of discussions regarding confidentiality. Awareness of legal considerations eg Sexual Offences Act
- Facilitates partner notification with clinical team, with understanding of available range of notification methodologies, issues around need to disclose vs respecting confidentiality, consideration of safeguarding for <18s, vulnerable and complex cases
- Assesses suitability for and administers or refers on for long-acting reversible contraception methods including sub-dermal implants, intrauterine devices and systems
- Clinically manages patients with genital dermatological conditions and awareness of when to refer to specialist services

**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - CbD or other evidence of a case-based discussion with a consultant to assess professional judgement.
  - Mini CEX or an assessment of observed clinical skills, attitudes and behaviours
- Direct observation of procedural skills such as DOPS in genital skin or punch biopsy, female cervical cytology sampling, dark ground microscopy (of wet mounted vaginal smear / chancre smear), preparation and administration of intramuscular vaccination and antibiotics,
- Feedback from patients, such as a patient survey
- Level 3 safeguarding
- Dip GUM
- DFSRH
- SDI and IUT DOPS (or equivalent) or LoCs
- Logbook of complex cases
- Relevant reflective practice entries

*This is the specialty specific guidance for Genitourinary Medicine updated December 2021*

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
Logbook of specialist clinic attendance e.g. dermatology, hepatitis, gynaecology & obstetrics etc.

Completion of relevant training course(s), such as sexual assault, genital dermatology etc.

Involvement with / attendance at relevant MDTs e.g. safeguarding, STIs in pregnancy etc.

**Specialty CiP 3: Providing specialist care for individuals living with HIV in an outpatient or community setting**

**Key skills:**

- Recognises and assesses individuals with previously undiagnosed HIV infection in primary, secondary and tertiary settings
- Medically leads a clinic treating people living with HIV-1 and HIV-2 (PLWH), including specific populations such as adolescents, pregnant women, men who have sex with men (MSM), sex workers, injecting drug users, haemophiliacs, transgender people, migrants, asylum seekers, health care workers, prisoners and older people
- Manages HIV-related medical conditions, prescribing and monitoring of antiretroviral therapies (ART) and chemoprophylaxis and demonstrates knowledge of appropriate vaccination strategies, including contraindications
- Ability to explain the function of the intact immune system, pathophysiology of HIV
- Demonstrates an extensive knowledge of the data supporting the uses of anti-retroviral therapy in HIV infection including: indications, contraindications and relative merits of the different antiviral medications, pharmacokinetics, modes of action, interactions, mechanisms and relevance of resistance and cross-resistance

This is the specialty specific guidance for Genitourinary Medicine updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
• Demonstrates ability to monitor treatment response including laboratory tests, drug adherence and drug tolerance.
• Able to tailor therapy to individual patients, taking into account medical co-morbidities, concurrent medications, social circumstances, lifestyle, patient preference and cost efficacy considerations
• Demonstrates detailed awareness of current treatment guidelines including therapy for the prevention of mother-to-child transmission and treatment as prevention
• Able to tailor advise of risk of onward transmission of HIV through sexual route, non-sexual route and occupational implications based on virological outcome; with considerations over the need for partner notification, preventative measures and potential medico-legal implication of non-disclosure
• Demonstrates provision of relevant counselling to patients, partner(s), carers and family when appropriate; with careful considerations over confidentiality and disclosure.
• Uses knowledge of the epidemiology and natural history of HIV to prevent late diagnosis
• Recognises and assesses individuals with known and previously undiagnosed viral hepatitis co-infection in primary, secondary and tertiary settings
• Demonstrates awareness of indications, available options, interactions and complications of treatment for patients with viral hepatitis co-infection
• Demonstrates awareness of monitoring for medical complications in patients with viral hepatitis co-infection
• Clinically addresses the psychosocial care needs affecting PLWH, including mental health issues, mood disorders and issues arising from participation in chemsex, within a multidisciplinary team and/or refers on to specialist services
• Clinically manages the sexual and reproductive health care needs of PLWH
• Clinically manages transitional care of adolescents/young people with HIV, including those who were vertically infected
• Understands the differences in epidemiology, morbidity and management of HIV infection in prison populations
• Understands the differences in epidemiology, clinical presentation, investigation, management and prevention of systems complications in HIV positive individuals compared with HIV-negative individuals, including the role of immunosuppression
• Understands the epidemiology, clinical presentation, investigation, management and prevention of complications of HIV disease relating to different organ systems including AIDS and non AIDS defining malignancies
• Supports and promotes active engagement by patients in follow up
**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - CbD or other evidence of a case-based discussion with a consultant to assess professional judgement.
  - Mini CEX or an assessment of observed clinical skills, attitudes and behaviours
- Feedback from patients, such as patient survey
- Dip GUM
- Dip HIV
- Logbook of complex cases
- Relevant reflective practice entries
- Logbook of specialist clinic attendance e.g. TB, hepatitis, metabolic, renal, neurology, adolescent, prison etc.
- Involvement with / attendance at relevant MDTs e.g. ARV/virology, TB or Hepatitis B/C co-infection, transitional care, pregnancy etc.

---

**This is the specialty specific guidance for Genitourinary Medicine updated December 2021**

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
Specialty CiP 4: Providing specialist care for individuals with diagnosed HIV/ AIDS in a hospital inpatient setting

Key skills:

- Clinically manages unwell or immunosuppressed patients with medical complications of HIV and/or co-morbidities as part of a multi-professional team
- Demonstrates awareness of drug interactions between antiretrovirals and/or medication to manage coexisting medical conditions or those related to HIV infection
- Demonstrates ability to lead the decision making and coordination of care for PLWH with complex multi-system conditions including elderly patients with frailty.
- Demonstrates considerations over confidentiality, legal and ethical aspects relating to HIV infection including mental capacity, Do-Not-Resuscitate (DNR) order, end of life and palliative care
- Clinically manages the full range of opportunistic infections in PLWH and is able to describe and explain the correlation between the epidemiology, immunosuppression, clinical presentation, investigation and management of a full range of infections including:
  - Viral: Cytomegalovirus (CMV), herpes simplex virus (HSV), varicella zoster virus (VZV), Epstein-Barr virus (EBV), Human herpes virus-8 (HHV8), parvovirus, JC virus
  - Bacterial: including specific HIV susceptibility to pneumococcus, haemophilus, norcardia and syphilis
  - Tuberculosis (TB) and atypical mycobacterial infection
  - Fungi: including candida, pneumocystis, cryptococcus and aspergillus
  - Protozoa: toxoplasmosis and gut-related protozoa including cryptosporidium
  - Helminths: including strongyloidiasis
  - Describes the use of primary and secondary prophylaxis against opportunistic infection
  - Describes the epidemiology, diagnosis, investigation and management of immune reconstitution inflammatory syndrome (IRIS)
**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - CbD or other evidence of a case-based discussion with a consultant to assess professional judgement.
  - Mini CEX or an assessment of observed clinical skills, attitudes and behaviours
- Evidence of advanced life support skills eg ALS certification
- Dip HIV
- Logbook of complex cases
- Relevant reflective practice entries
**Specialty CiP 5: Delivering interventions to prevent transmission of HIV, other blood borne viruses and STIs**

**Key skills:**

- Demonstrates knowledge of STI transmission networks, partner notification, time frames for tests of cure and effective interaction with sexual health advisers and/or other healthcare professionals engaged with prevention activity
- Utilises local and national data sources to influence specialist service delivery
- Demonstrates use of social determinants of health on STI, BBV and HIV epidemiology to influence specialist service provision
- Delivers interventions to prevent HIV, other blood borne viruses (BBVs) and STI transmission including delivery of pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), knowledge of treatment as prevention, preventing mother to child transmission of HIV, encouraging participation in vaccination programmes and awareness of consequences of engagement in chemsex and support with safer sexual practice
- Demonstrates knowledge of viral hepatitis, including in PLWH; persons living with HIV infection, the tests required to establish stage of infection, treatment strategies and when to refer, how to report notifiable viral hepatitis infections to public health, encourage screening and vaccination of contacts

**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of **one of each** of the below supervised learning events (SLEs):

*This is the specialty specific guidance for Genitourinary Medicine updated December 2021*

Please make sure you are reading the latest version. You can find all the guidance you need at [www.gmc-uk.org](http://www.gmc-uk.org).
- CbD or other evidence of a case-based discussion with a consultant to assess professional judgement.
- Mini CEX or an assessment of observed clinical skills, attitudes and behaviours

- Direct observation of procedural skills such as DOPS in preparation and administration of intramuscular vaccination and antibiotics

- Dip GUM
- Dip HIV

**Specialty CiP 6: Supporting early detection of STIs and HIV in all settings**

**Key skills:**

- Interacts with colleagues in public health, acute and community settings, including primary care, to promote testing for STIs and HIV
- Facilitates pathways for positive STI and HIV diagnoses from primary, secondary care, online/postal testing, community settings including risk group venues and voluntary premises, into specialist services
- Explains and delivers tests to enable early detection of STIs and HIV including online/postal testing, point of care HIV tests and light and dark-field microscopy
- Demonstrates working with HIV and sexual health third sector and voluntary sector groups to promote public and patient engagement
- Understands test sensitivity and specificity, need for confirmation by same or different tests and timescale for results. Explains which sites to sample, storage of specimens and transfer time to lab. Describes time frame to positive result from infection and to negative result post treatment
- Demonstrates ability to give a negative, positive or indeterminate STI and BBV (including HIV) test results in a...
sensitive manner and discusses relevant issues including confidentiality, partner notification and disclosure

**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports

- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)

- Minimum of **one of each** of the below supervised learning events (SLEs):
  - CbD or other evidence of a case-based discussion with a consultant to assess professional judgement.
  - Mini CEX or an assessment of observed clinical skills, attitudes and behaviours

- Evidence of management skills, such as completion of a management course

- Feedback from relevant formal teaching sessions to medical and non-medical staff:
  - Teaching Observation SLE (TO)

- Quality improvement activity, such as a QIPAT

- Minimum of two direct observations of procedural skills such as DOPS in:
  - Light microscopy for detection of sexually transmitted infections
  - Dark ground microscopy (of wet mounted vaginal smear/chancroid smear)
  - Point of care testing for HIV
Specialty CiP 7: Safeguarding of public health and delivering sexual health/ HIV services and information for specific populations in a range of settings

Key skills:

- Demonstrates understanding of the epidemiology of common STIs and HIV including incidence, prevalence and measures of risk
- Demonstrates an understanding of the key determinants of transmission and maintenance of STIs and HIV at a population level, including at risk groups
- Practices safeguarding of individuals and the wider public from the negative consequences of sexual ill-health and BBV infection, including HIV
- Demonstrates use of information technology to maintain and improve public health, including understanding of data collection through local, regional and national coding systems e.g. Genitourinary Medicine Clinical Activity Dataset, HIV and AIDS Reporting System, Sexual and Reproductive Health Activity Dataset.
- Demonstrates an awareness of notifying outbreaks of STIs and HIV to Public Health in addition to their role in the control of notifiable disease. Facilitates referral of these patients across all care settings.
- Demonstrates engagement with colleagues in all sectors (including the media and voluntary sector) to promote behaviours to reduce HIV infection and sexual ill health
- Demonstrates level 3 training in safeguarding of children and young people <18 years and the delivery of information in a format which is accessible by this age group. Demonstrates awareness of the mental capacity act and how to recognise and safeguard vulnerable adults including those who have experienced sexual assault, sexual exploitation, sexual abuse or gender-based violence, victims of modern slavery, female genital mutilation (FGM) or who are engaging in chemsex
- Able to engage with other organisations involved in safeguarding eg Social Services, the Police, SARCs, voluntary agencies, and awareness of how to refer appropriately
- Understanding of how to engage with marginalised groups including those who have a hearing or visual impairment, a physical disability, whose first language is not English and who have challenges with reading and/or writing in English

This is the specialty specific guidance for Genitourinary Medicine updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
**Suggested documentation:**

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of **one of each** of the below supervised learning events (SLEs):
  - CbD or other evidence of a case-based discussion with a consultant to assess professional judgement.
  - Mini CEX or an assessment of observed clinical skills, attitudes and behaviours
- Evidence of management skills, such as completion of a management course
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation SLE (TO)
- Quality improvement activity, such as a QIPAT
- Level 3 safeguarding
- Dip GUM
- Dip HIV
Specialty CiP 8: Ability to successfully lead, manage and work with specialist service commissioning in acute and community settings

Key skills:

- Understands working with bodies responsible for the organisation and commissioning of services to deliver cost-sensitive specialist services that meet local population demographics
- Recognises the tendering/commissioning process is different in the four Nations and across NHS/HSC and non-NHS providers. Demonstrate contribution/participation within local process.
- Demonstrates evidence-based approach using scientific method and critical analysis for specialist service development and quality improvement
- Develops and works as part of wider professional network in sexual health and HIV care
- Participation in multi-professional meetings to agree a consensus view to progress delivery of specialist services.
- Participating in research, audit and quality improvement projects.
- Participating/leading on service innovation to improve clinical effectiveness

Suggested documentation:

- Reports from consultants who have worked with you, such as the Multiple Consultant Report (MCR), end of placement and appraisal reports
- Feedback from a variety of clinical and non-clinical colleagues who have worked with you, such as the Multisource Feedback (MSF)
- Minimum of one of each of the below supervised learning events (SLEs):

This is the specialty specific guidance for Genitourinary Medicine, updated December 2021

Please make sure you are reading the latest version. You can find all the guidance you need at www.gmc-uk.org.
- CbD or other evidence of a case-based discussion with a consultant to assess professional judgement.
- Mini CEX or an assessment of observed clinical skills, attitudes and behaviours

- Evidence of management skills, such as completion of a management course
- Feedback from formal teaching sessions to medical and non-medical staff:
  - Teaching Observation SLE (TO)

- Good Clinical Practice course
- Quality improvement activity, such as a QIPAT
- Feedback from patients, such as patient survey
- Dip GUM
- Dip HIV