

Genitourinary Medicine Decision Aid for trainees on the 2022 curriculum (updated November 2025)

This decision aid provides guidance on the requirement to be achieved for a satisfactory ARCP outcome at the end of each training year for trainees on the 2022 curriculum. All numbers are indicative and the ARCP panel should make a decision based on holistic review of the trainee's progress. The training requirements for Internal Medicine (IMS2) are set out in the IMS2 ARCP decision aid. ARCP decision aids are available on the JRCPTB website <https://www.jrcptb.org.uk/training-certification/arcp-decision-aids>

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Educational supervisor (ES) report	One to cover the training year since last ARCP (up to the date of the current ARCP)	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms meeting or exceeding expectations and no concerns	Confirms will meet all requirements needed to complete training
Generic capabilities in practice (CiPs)	Mapped to Generic Professional Capabilities (GPC) framework and assessed using global ratings Trainees should complete self-rating for each CiP, which must be discussed with, and confirmed by ES	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for level of training	ES to confirm trainee meets expectations for completion of training
Specialty capabilities in practice (CiPs)	See grid below (Table 2) for minimum levels expected for each year of training. Trainees should complete self-rating for each CiP, which must be discussed with, and	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm trainee is performing at or above the level expected for all CiPs	ES to confirm level 4 in all CiPs by end of training

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
	confirmed by ES. ES report to confirm entrustment level for each CiP				
Multiple consultant report (MCR)	A minimum of 2 MCRs must be completed in each training year. Each MCR is completed by a consultant who has supervised the trainee's clinical work. The ES should not complete an MCR for their own trainee	2	2	2	2
Multi-source feedback (MSF)	One MSF must be completed each training year to cover the generic and clinical capabilities required for both HST and IM. A minimum of 12 raters including at least 3 consultants and a mixture of other staff (medical and non-medical). MSF report must be released by the ES and feedback discussed with the trainee before the ARCP. If significant concerns are raised then arrangements	1 <i>(During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context)</i>	1 <i>(During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context)</i>	1 <i>(During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context)</i>	1 <i>(During a year that IM training occurs then at least 4 raters should come from those who have worked with the trainee in an IM context)</i>

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
	should be made for a repeat MSF				
Supervised Learning Events (SLEs): Case-based discussion (CbD) and mini-clinical evaluation exercise (mini-CEX)	To be carried out by a range of senior assessors including consultants, minimum number indicated. Trainees are encouraged to undertake more and supervisors may require additional SLEs if concerns are identified. SLEs should be undertaken throughout the training year by a range of assessors. Structured feedback should be given to aid the trainee's personal development and reflected on by the trainee Total number required will be pro rata to the amount of time spent in GUM	6 CbD 6 Mini-CEX	6 CbD 6 Mini-CEX	6 CbD 6 Mini-CEX	6 CbD 6 Mini-CEX
Direct Observation of Procedural Skills (DOPS)	See table of procedures (Table 1)	2	4	4	2
Diplomas: DFRSH	This is the order recommended to complete these knowledge based				

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Dip GUM Dip HIV	assessments. There will be some flexibility at ARCP however critical progression points are passing Dip GUM by end ST6 and Dip HIV by end ST7. DFRSH is recommended but not mandatory		DFSRH passed (Recommended)	Dip GUM passed (Mandatory)	Dip HIV passed (Mandatory)
LoC SDI LoC IUT	Attainment of the LoC SDI and LoC IUT is recommended but not mandatory				Achieved LoC SDI (Recommended) Achieved LoC IUT (Recommended)
Advanced life support (ALS)		Valid	Valid	Valid	Valid
Quality improvement (QI)/ Audit	QI project to be assessed with quality improvement project tool (QIPAT) Audit to be assessed with Audit Assessment (AA)	Participation in quality improvement project or audit	Participation in quality improvement project or audit	Completion of quality improvement project with satisfactory QIPAT and/or involvement in audit with satisfactory AA	Portfolio of quality improvement / audit involvement including National audit <i>(In addition, at least 1 IM related QI project to be completed and assessed with QIPAT)</i>
Patient Survey	Indicative minimum of 20 responses required. ES should		1		1

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	<p>complete patient survey summary form and provide feedback to the trainee.</p> <p>Two patient surveys to be completed - one in HST and one in IM</p>				
Teaching	<p>To be assessed by teaching observation (TO).</p> <p>Minimum 1 TO in either GUM or IMS2 with delegate evaluation</p>	Evidence of participation in teaching of medical students, junior doctors and other health care professionals	Evidence of participation in teaching of medical students, junior doctors and other health care professionals	Evidence of participation in teaching of medical students, junior doctors and other health care professionals	Evidence of participation in evaluated teaching using TO and delegate evaluation
Teaching attendance	Evidence in ePortfolio and assessed at ARCP	Attendance at >75% organised Regional/National training days			
Dermatology capabilities	See Rough guide, curriculum section 3.5 'presentation and conditions' and specialty CiP 2: Managing patients with complex GUM presentations in a specialist outpatient or community setting				Achieved by CCT. If unable to perform skin or punch biopsy independently then being appraised of the technique by online video/training or by observing, without having to

Evidence / requirement	Notes	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
					perform unsupervised, should not be a barrier to CCT
Gynaecology capabilities	See Rough guide, curriculum section 3.5 'presentation and conditions' and specialty CiP 2: Managing patients with complex GUM presentations in a specialist outpatient or community setting		Recommended that achieved by end ST5		
Laboratory & Pathology capabilities	See Rough guide and specialty CiP 6: Supporting early detection of STIs and HIV in all settings			Recommended that achieved by end ST6	
Microscopy capabilities				Recommended that achieved by end ST6	
Contraception capabilities	See Rough guide and specialty CiP 1: Managing patients with non-complex GUM presentations in outpatient or community settings		Passed DFSRH (recommended)	Dip GUM passed (mandatory)	Achieved by CCT Achieved Loc SDI (recommended) Achieved Loc IUT (recommended)
Management	See Rough guide and specialty CiP 8: Ability to successfully lead, manage and work with specialist service	Generic management and leadership competencies (eg	Participation in and some awareness of some aspect of management (eg	Awareness of managerial structures and functions within the	Understanding of managerial structures and recognises differing

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	commissioning in acute and community settings	ability to prioritise personal and team work, working effectively with colleagues and to meet scheduled commitments) Knowledge of local governance and complaints procedures	responsibility for organising rotas, teaching sessions or journal clubs)	NHS. Develops and works as part of a wider professional network in sexual health and HIV care (eg attendance at relevant training modules, knowledge of diagnostic coding and data analysis, and participation in local management meetings)	tendering/commissioning processes in the four Nations and across NHS and non-NHS providers (eg reflective ePortfolio entries around relevant NHS management activities, budget and cost savings, quality improvement projects, service innovation
Research	See Rough guide and specialty CiP 7: Safeguarding of public health and delivering sexual health/HIV services and information for specific populations in a range of settings	Evidence of critical thinking around relevant clinical questions	Evidence of developing research awareness (eg participation in research studies, critical reviews, presenting at relevant research meetings/courses)	Evidence of developing research capability (eg participation in research studies, critical reviews, presenting at relevant research meetings/courses)	Evidence of research capability – this may include a completed study with a peer reviewed publication or abstract

Table 1: Practical procedural skills

Trainees must be able to outline the indications for the procedures listed in the table below and recognise the importance of valid consent, aseptic technique, safe use of analgesia and local anaesthesia, minimisation of patient discomfort, and requesting a chaperone and help when appropriate. For all practical procedures the trainee must be able to appreciate and recognise complications and respond appropriately if they arise, including calling for help from colleagues in other specialties when necessary. Please see table below for minimum levels of competence expected in each training year. When a trainee has been signed off as being able to perform a procedure independently they are not required to have any further assessment (DOPS) of that procedure unless they or their educational supervisor think that this is required (in line with standard professional conduct).

Practical procedure	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
MANDATORY				
Female genital examination including bimanual examination, and speculum insertion		Competent to perform unsupervised	Maintain	Maintain
Male examination with proctoscopy and sample collection		Competent to perform unsupervised	Maintain	Maintain
Anogenital cryotherapy		Competent to perform unsupervised	Maintain	Maintain
Point of care testing for HIV infection		Competent to perform unsupervised	Maintain	Maintain
Female cervical cytology sampling		Satisfactory supervised practice	Competent to perform unsupervised	Maintain
Light microscopy of gram stained slides for detection of STIs		Satisfactory supervised practice	Competent to perform unsupervised	Maintain
Dark ground microscopy (of wet mounted vaginal smear / chancre smear)		Satisfactory supervised practice	Competent to perform unsupervised	Maintain
Preparation and administration of intramuscular vaccination	Satisfactory supervised practice	Competent to perform unsupervised	Maintain	Maintain

Practical procedure	Year 1 (ST4)	Year 2 (ST5)	Year 3 (ST6)	Year 4 (ST7)
Preparation and administration of intramuscular antibiotics	Satisfactory supervised practice	Competent to perform unsupervised	Maintain	Maintain
Medical TOP		Awareness of procedure & complications	Awareness of procedure & complications	Awareness of procedure & complications
Surgical TOP		Awareness of procedure & complications	Awareness of procedure & complications	Awareness of procedure & complications
Colposcopy		Awareness of procedure & complications	Awareness of procedure & complications	Observe colleague
RECOMMENDED				
Genital skin or punch biopsy	Awareness of procedure & complications	Observe colleague	Satisfactory supervised practice	Competent to perform unsupervised
Insertion and Removal of sub-dermal contraceptive implant		Observe colleague	Observe colleague or satisfactory supervised practice	Competent to perform unsupervised
Insertion and Removal of intrauterine device and system		Observe colleague	Observe colleague or satisfactory supervised practice	Competent to perform unsupervised

Table 2: Outline grid of levels expected for Genitourinary medicine specialty capabilities in practice (CiPs)

Levels to be achieved by the end of each training year for specialty CiPs

Level descriptors

Level 1: Entrusted to observe only – no clinical care; Level 2: Entrusted to act with direct supervision; Level 3: Entrusted to act with indirect supervision

Level 4: Entrusted to act unsupervised

Specialty CiPs	GUM Specialty + IM Stage 2				CCT	
	ST4	ST5	ST6	ST7		
1. Managing patients with non-complex GUM presentations in outpatient or community settings	2	3	3	CRITICAL PROGRESSION POINT	CRITICAL PROGRESSION POINT	
2. Managing patients with complex GUM presentations in a specialist outpatient or community setting		2	3			4
3. Providing specialist care for individuals living with HIV in an outpatient or community setting	2	3	3			4
4. Providing specialist care for individuals with diagnosed HIV/AIDS in a hospital inpatient setting		2	3			4
5. Delivering interventions to prevent transmission of HIV, other blood borne viruses and STIs	2	3	3			4
6. Supporting early detection of STIs and HIV in all settings	2	3	3			4
7. Safeguarding of public health and delivering sexual health/HIV services and information for specific populations in a range of settings		2	3			4
8. Ability to successfully lead, manage and work with specialist service commissioning in acute and community settings		2	3			4