



# The Society of Apothecaries of London

## Guide to Genitourinary Medicine (Dip G-U Med)

### Incorporating the Regulations and Syllabus

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#### **Notice of future amendments to the Guide (incorporating the Regulations and Syllabus) and revisions following publication of this version.**

The Dip G-U Med Examination will continue to change to reflect developments in medicine. While every attempt has been made to ensure that this version of the Dip G-U Med Examination Regulations and Syllabus is accurate, further changes to the Dip G-U Med examination, the Regulations and closing dates may be implemented during this time. Candidates should refer to the Society of Apothecaries website ([www.apothecaries.org](http://www.apothecaries.org)) for the most up-to-date information, and where any such changes will be detailed. In order that candidates are fully briefed about the status of any proposed changes, they are advised to regularly check the Society website.

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## **INTRODUCTION**

In 1973 The Court of the Society instituted an examination leading to the award of a Diploma in Venereology. This Diploma, now known as the Diploma in Genitourinary Medicine, covers the sexually transmitted infections and related conditions and is open to registered medical practitioners who have worked in a Department of Genitourinary Medicine, Venereology or Sexual Health, or who have other relevant experience.

## **DATE AND PLACE OF THE EXAMINATION**

The Examination is held twice a year at Apothecaries' Hall (for address refer to front cover).

## **EXAMINATION TIMETABLE AND FEES**

Please refer to the **Administrative Guidance for Candidates** (available online at [www.apothecaries.org](http://www.apothecaries.org)).

## REGULATIONS FOR ADMISSION TO THE EXAMINATION

1. The examination is exclusive to medical graduates, who must be registered with the General Medical Council of the United Kingdom and have held a qualification for **at least three years** to practise Medicine, Surgery and Obstetrics & Gynaecology.
2. Medical graduates who have qualified outside the United Kingdom (UK) who are not registered with the General Medical Council in the UK, but who are registered with an equivalent national medical council, may be admitted to the examination with the approval of the Court of Examiners if they have complied with all the other requirements of the Regulations.
3. Candidates must produce satisfactory evidence that, after qualification, they have at the time of application:
  - a. Completed *three months* full-time supervised experience, or the part-time equivalent, at a Department of Genitourinary Medicine **AND** have satisfactorily attended the BASHH course, modules 1-4;

**OR**

  - b. Completed *six months* full-time supervised experience, or the part-time equivalent, at a Department of Genitourinary Medicine.

Other applications will be considered on merit. Potential candidates should be aware that the examination is standard set at the level of a (competent) Year 2 SpR/ST4 in **Genitourinary Medicine (Sexual Health and HIV)**. Those applicants who are not at that level may lack some of the knowledge, skills and experience necessary to pass the examination.

4. Form A (for those applying for the first time) or Form R (for re-entrants) and the fee must be received by the closing date published in the **Administrative Guidance for Candidates** (available online at [www.apothecaries.org](http://www.apothecaries.org)). In order for applications to be processed, Form A **must** be counter-signed by a medical practitioner (for example, an educational supervisor) who is able to confirm that the candidate meets the entry criteria

## THE EXAMINATION

5. The examination will consist of:
  - **Written paper:** lasting 3 hours and containing Best of Five (BO5) questions only
  - **Objective Structured Clinical Examination (OSCE):** comprising 12 OSCE stations each lasting 10 minutes.
6. The examination will be standard set at the level of a competent Year 2 SpR/ST4 in GUM (Sexual Health and HIV).
7. In order to pass the examination, candidates must pass both sections at the same sitting.
8. Successful candidates are entitled to use the letters Dip G-U Med after their names.
9. The examination fee will be determined from time to time by the Court of Assistants and published in the **Administrative Guidance for Candidates**. Candidates who withdraw from the examination after the closing date will forfeit a proportion of the fee.
10. Candidates will be issued with an admission document once a place for the examination has been confirmed. This must be produced on the day of examination, along with some form of photographic identification.
11. On the day of the written examination, candidates are forbidden to bring books, papers, calculators, mobile phones or any other electronic aid into the examination rooms. It is strictly forbidden for candidates to talk to, or to attempt in any other way to communicate with each other whilst a written examination is in

progress.

12. Candidates who present themselves for written examinations after the start time stated in the admission document will be admitted if they arrive within 30 minutes of this time, but may not be admitted if they arrive thereafter. In any case, candidates will forfeit the time lost. In exceptional circumstances, where all candidates are affected by delays, the examination timings may be amended.
13. The Court of Assistants reserves the right to refuse to admit to the examination, or to proceed with the examination of, any candidate who infringes a regulation or who refuses to comply with the reasonable request of an officer of the Society.
14. Candidates' completed examination scripts become the property of, and will be retained by, the Society. Under no circumstances will they be available for study.

## REVIEW AND APPEAL PROCEDURES

15. The stages of the review and appeal procedures are as follows:
  - a. Feedback – first, automatic stage
  - b. Review – second, optional stage;
  - c. Appeal – third, optional stage.
16. **Feedback (automatic).** Feedback on examination performance will be provided automatically to all candidates.
17. **Review (optional).** A request by a candidate for a review of a paper must be received in writing within 28 days of the receipt of feedback. There is a fee of £150 for a re-mark.
18. **Appeal (optional).** An appeal to the Society's Examinations Board is open to a candidate who is not satisfied with the decision of the Examination Panel, feedback or the Review Panel. In accordance with the Society's Examination Review and Appeal Procedures, the detailed grounds on which the appeal is made must be stated (and see paragraph 20 below). The appeal must be received in writing within 28 days of the candidate being notified of the feedback or re-marking report. It is not necessary to seek a re-mark before appealing. There is a fee of £150 for an appeal.
19. If the appellant is dissatisfied with the report of the Examinations Board Appeal Tribunal and wishes to make an appeal to the Court of Assistants, this should be communicated to the Registrar within 28 days of the receipt of the decision of the Appeal Tribunal.
20. The processes outlined in paragraphs 15-19 will be dealt with according to the Review and Appeal Procedures agreed by the Court of Assistants, which is available to candidates online. In no circumstances should a candidate make representations directly to an examiner.

MRS J M E MACLEAN  
Registrar

## WRITTEN PAPER

21. The paper will consist of Best of Five (BO5) questions only.
22. Example questions are given in the **Administrative Guidance for Candidates** ([www.apothecaries.org](http://www.apothecaries.org)) to show the style and format of questions.

## OSCE

23. The examination will take the form of 12 stations. It may be necessary to include extra 'rest' stations if candidate numbers require them; candidates will not be asked questions nor marked for these stations.
24. The stations will test candidates on technical knowledge, clinical skills, clinical problem solving, clinical examination and management and counselling techniques. Examiners will be present at all stations and use will be made of actors and counsellors, who will also be involved in assessing candidates. Candidates must pass 8 out of the 12 stations to pass the OSCE.
25. Candidates will receive a further briefing on the day of the OSCE.

## MARKING SYSTEM

26. The Dip G-U Med examination is criterion referenced to the current nationally acceptable standard as determined by the Examiners.
27. Before the Examination, the Dip G-U Med Examination Panel assesses the difficulty of the questions against the level of knowledge expected of candidates using a standard procedure such as the modified Angoff method.
28. All judgements by the standard setters are then analysed and a criterion-referenced pass mark is established. As a result of the standard setting, the pass mark and pass rate can vary from one examination to the next, although the standard required remains the same.
29. The Examination may include pre- and post-test questions (trial questions that are used for research purposes only). A small number of pre-test questions may appear in any paper. Responses to them do not count towards a candidate's final score.

## SYLLABUS

30. For the purpose of the Diploma examination, STI and related conditions include:
  - a. **BACTERIAL:** *Neisseria gonorrhoeae*, *Chlamydia trachomatis* serovars D – K and L1 – L3, *Mycoplasma genitalium*, *Treponema pallidum*, *Haemophilus ducreyi*, *Klebsiella granulomatis*, *Campylobacter*, *Shigella Spp*, *Salmonella Spp*
  - b. **VIRAL:** *Human papilloma virus*, *herpes simplex virus*, *human immunodeficiency virus*, *molluscum contagiosum virus*, *hepatitis A, B and C*
  - c. **OTHER:** *Trichomonas vaginalis*, bacterial vaginosis, *Candida Spp*, *Phthirus pubis*, *Sarcoptes scabiei*, *Giardia lamblia*, thread worms.
  - d. **SYNDROMES:** Vulvitis, vaginitis, cervicitis, balanitis, urethritis, proctitis, scrotal pain and lumps, pelvic pain – male and female, cystitis / urinary tract infections, genital ulcer disease, sexually acquired reactive arthritis

31. Candidates must be able to:

- a. Discuss accurately the ethical and legal aspects of Sexually Transmitted Infections (STI), including Human Immunodeficiency virus (HIV); recognise issues concerning informed consent; demonstrate the necessary skills and attitudes to practise safely and maintain confidentiality when appropriate in accordance with the NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000, other relevant UK legislation and General Medical Council guidelines.
- b. Relate the anatomy and physiology of the genital tract to explain clinical pathology; detailed knowledge of the anatomy and physiology of the reproductive tract will be assessed.
- c. Identify types of sexual behaviour and vulnerable groups, and relate sexual behaviour to the risks of STI transmission and to discuss accurately individual risk reduction strategies.
- d. Explain the epidemiology and control of STI and HIV infection and AIDS in both developed and developing countries, with emphasis on the UK; to explain the inter-relationship between STIs and HIV transmission and the implications for prevention strategies.
- e. Demonstrate practical skills and appropriate attitudes in pre- and post-HIV test discussion, where necessary.
- f. Demonstrate practical skills and appropriate attitudes in utilising clinical history taking, examination, and the use of laboratory tests:
  - (i) in the diagnosis, and / or exclusion of STI;
  - (ii) to make an initial assessment of the newly diagnosed HIV positive patient
- g. Explain the natural history, diagnosis (both clinical and laboratory) and management of STI, other genital infections, and related disorders, and their complications.
- h. Demonstrate practical skills in the use of the microscope (including setting up and adjusting, bright and dark field microscopy) in microscopic identification and isolation of organisms causing STI; candidates will also be expected to perform Gram stain and interpret the findings.
- i. Explain the indications, limitations, interpretation and clinical utility of investigations in the diagnosis of STI and related conditions and be aware of the *UK National screening and test guidelines (BASHH)*.
- j. Demonstrate an in-depth knowledge of the current *UK guidelines for the diagnoses and treatment of STI and closely related conditions* and to discuss the adverse effects of these treatments.
- k. Be able to explain in which conditions partner notification is relevant and be able to explain the reasons for PN clearly
- l. Discuss accurately the role of vaccines in the control and management of STI.
- m. Explain the effects of STI on fertility, pregnancy and the neonate.
- n. List and explain the techniques for the detection and treatment of cervical and other genital pre-malignant and malignant conditions and to identify indications for onward specialist referral. Be aware of the National screening programme.
- o. Be aware of the differential diagnosis and initial management of dermatoses affecting the genital area.
- p. Explain the natural history and pathogenesis of HIV infection
- q. Recognise the clinical features and differential diagnosis of primary HIV infection.

- r. Explain how to prevent opportunistic infections in the HIV positive patient to include 1° and 2° prophylaxis.
- s. Make differential diagnoses, determine initial investigations and plan the immediate management of common acute presentations in patients with HIV infection *to include fever, headache, breathlessness, cough, abdominal pain and diarrhoea, rash, oesophageal pain.*
- t. Discuss accurately the advice (eg current BHIVA guidelines) on when to start anti-HIV therapy and how to monitor therapy, including adherence.
- u. Recognise toxicities associated with anti-HIV therapies: *to include hypersensitivity, rash, neuropathy, hepatitis, pancreatitis, dyslipidaemia, mitochondrial dysfunction, bone marrow suppression*
- v. Explain the modes of action of current antiretroviral agents in relation to the life cycle of HIV.
- w. Explain the potential significant drug interactions between antiretroviral agents and drugs used for other common indications e.g. tuberculosis, methadone, contraception, epilepsy.
- x. Explain the relationship of the clinical features, differential diagnosis, diagnosis and treatment of the complications of HIV infection in the following conditions:
  - (i) HIV-associated opportunistic infections
  - (ii) Immune reconstitution syndrome
  - (iii) HIV-associated malignancies; *Kaposi's sarcoma, lymphoproliferative disorders*
  - (iv) System-specific HIV-associated conditions and co-infections:
    - (1) Haematological (*HIV related thrombocytopenia*);
    - (2) Neurological (*AIDS dementia complex, PML, peripheral neuropathy*);
    - (3) Oro-oesophageal
  - (v) Co-infections with tuberculosis, Hepatitis B and Hepatitis C
- y. Discuss accurately interventions that may limit or affect vertical transmission of HIV.
- z. Demonstrate practical skills and appropriate attitudes in the management of potential exposure to HIV *to include the use of post exposure prophylaxis and risk assessment (occupational and non-occupational).*
- aa. Explain the principles of research: to include different type of study designs and their limitations, common sources of bias and methods of reducing bias, common types of trial analysis and methods of systematic review including meta-analysis.
- bb. Recognise the presentation of psychosexual problems. Recognise female genital mutilation.
- cc. Explain the importance of the timing of a forensic examination, the chain of evidence procedure, prophylaxis, HIV counselling, emergency contraception in relation to rape and sexual abuse.
- dd. List the principles of contraception and to demonstrate a detailed knowledge of emergency contraception and condom use.

The syllabus is based on the Postgraduate Medical Education and Training Board (PMETB) approved Curriculum for Higher Specialist Training in Genitourinary Medicine issued by The Joint Royal College of Physicians Training Board (JRCPTB) in May 2007.