



The Royal Australasian
College of Physicians

Sexual Health Medicine

Advanced Training Curriculum

Australasian Chapter of Sexual Health Medicine





The Royal Australasian
College of Physicians

Physician Readiness for Expert Practice (PREP) Training Program

Sexual Health Medicine Advanced Training Curriculum

TO BE USED IN CONJUNCTION WITH:

Basic Training Curriculum – Adult Internal Medicine
Professional Qualities Curriculum

ACKNOWLEDGEMENTS

The Royal Australasian College of Physicians (RACP) Fellows, trainees and staff have contributed to the development of this document.

The College specifically thanks those Fellows and trainees who have generously contributed to the development of these curriculums, through critical comments drawn from their knowledge, experience and the donation of their time and professional expertise.

The following Fellows and trainees, in particular, deserve specific mention for their contribution:

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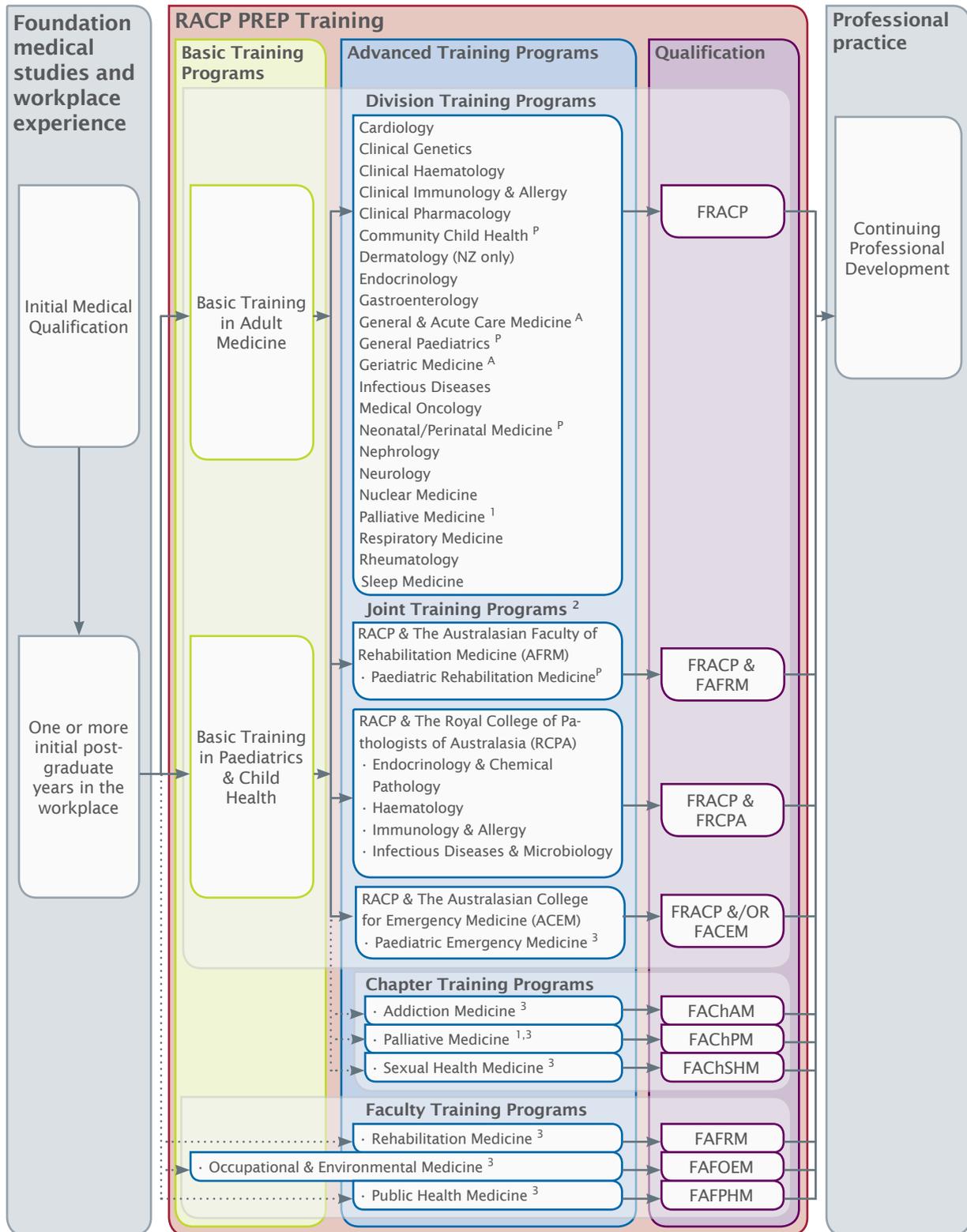
1st edition 2010 (revised 2013).

Please note: No Domains, Themes or Learning Objectives have been updated for this edition; design changes ONLY.

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RACP FELLOWSHIP TRAINING PATHWAYS AND THE CONTINUUM OF LEARNING



^P Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.

^A Trainees must complete Basic Training in Adult Medicine to enter this program.

¹ Trainees who have entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will be awarded FRACP upon completion and may subsequently be awarded FACHPM. Trainees who have NOT entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will only be awarded FACHPM upon completion.

² The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.

³ Alternative entry requirements exist for these training programs; please see the corresponding PREP Program Requirements Handbook for further information.

NB1: This diagram only depicts training programs that lead to Fellowship. Please see the RACP website for additional RACP training programs.

NB2: For further information on any of the above listed training programs, please see the corresponding PREP Program Requirements Handbook.

OVERVIEW OF THE SPECIALTY

Sexual health medicine is the specialised area of medical practice concerned with healthy sexual relations, including freedom from sexually transmissible infections (STIs), unplanned pregnancy, coercion, and physical or psychological discomfort associated with sexuality. Its practice encompasses the individual, population, social, cultural, interpersonal, microbial and immunological factors that contribute to STIs, sexual assault, sexual dysfunction and fertility regulation.

Sexual health medicine is concerned with the promotion of the sexual health of the community by identifying and minimising the impact of the above problems through education, behaviour change, advocacy, targeted medical and laboratory screening, diagnostic testing, clinical service provision, surveillance, and research.

The practice of sexual health medicine embraces two perspectives: a clinical perspective and a public health approach to sexual health problems. The treatment of individuals and the contact tracing and treatment of their sexual partner(s) is an essential part of the role of the specialist in sexual health medicine.

CURRICULUM OVERVIEW

Sexual Health Medicine – Advanced Training Curriculum

This curriculum outlines the broad concepts, related learning objectives and the associated theoretical knowledge, clinical skills, attitudes and behaviours required and commonly used by sexual health medicine physicians within Australia and New Zealand.

The purpose of Advanced Training is for trainees to build on the cognitive and practical skills. At the completion of the Sexual Health Medicine Advanced Training Program, trainees should be competent to provide at consultant level, unsupervised comprehensive medical care in sexual health medicine.

Attaining competency in all aspects of this curriculum is expected to take three years of training. It is expected that all teaching, learning and assessment associated with the Sexual Health Medicine Advanced Training Curriculum will be undertaken within the context of the physician's everyday clinical practice and will accommodate discipline-specific contexts and practices as required. As such it will need to be implemented within the reality of current workplace and workforce issues and the needs of health service provision.

There may be learning objectives that overlap with or could easily relate to other domains. However, to avoid repetition, these have been assigned to only one area. In practice, it is anticipated that within the teaching/learning environment, the progression of each objective would be explored.

Note: The curricula should always be read in conjunction with the relevant College Training Handbook available on the College website. It is an expectation that all Advanced Trainees have previously attained competency in the learning objectives outlined in the Basic Training Program. If not, training can be arranged.

Professional Qualities Curriculum (PQC)

The PQC outlines the range of concepts and specific learning objectives required by, and used by, all physicians, regardless of their specialty or area of expertise. It spans both the Basic and Advanced Training Programs and is also used as a key component of the CPD program.

Together with the various Basic and Advanced Training Curricula, the PQC integrates and fully encompasses the diagnostic, clinical, and educative-based aspects of the physician's/paediatrician's daily practice.

Each of the concepts and objectives within the PQC will be taught, learnt, and assessed within the context of everyday clinical practice. Thus, it is important that they be aligned with, and fully integrated into, the learning objectives within this curriculum.

EXPECTED OUTCOMES AT THE COMPLETION OF TRAINING

Graduates from this training program will be equipped to function effectively within the current and emerging professional, medical, and societal contexts. At the completion of the Advanced Training Program in sexual health medicine, as defined by this curriculum, it is expected that a new Fellow will have developed the clinical skills and have acquired the theoretical knowledge for competent sexual health medicine practice. It is expected that a new Fellow will be able to demonstrate:

- medical knowledge
- clinical skills
- clinical judgement
- understanding of research methodology and quality assurance
- humanistic qualities
- moral and ethical behaviour
- professional attitude and behaviour
- total medical care.

Formal Instruction

Trainees will note that there are formal instruction requirements for many of the learning objectives detailed below. The formal components from several universities can usually be combined into one Masters Degree where at least 50 percent of the work is undertaken at one institution. Advice should be sought from your supervisor and the secretariat regarding an appropriate combination if you are unsure.

Assessment Processes

Both formative and summative assessment will be used throughout the training period. Each element of the training curriculum has a selection of suitable assessment methods detailed within the program that follows. During the final year of training trainees will be expected to sit for an exit assessment. This will take the form of an oral examination covering a range of clinical scenarios undertaken with two sets of two examiners, i.e. four in total. This provides the examiners with an overview of the candidate's ability to think at the level of a consultant, think on their feet, and provide appropriate advice without ever seeing the client. At least one scenario will cover a public health issue or media commentary to demonstrate the candidate's ability to take a broader view of sexual health issues than individual client care. A DVD example of this examination process can be obtained from the secretariat. It is recommended that trainees practise their oral examination technique with their supervisor, mentor, or another senior colleague before undertaking the exit assessment.

CURRICULUM THEMES AND LEARNING OBJECTIVES

Each of the curriculum documents have been developed using a common format, thereby ensuring a degree of consistency and approach across the spectrum of training.

Domains

The domains are the broad fields which group common or related areas of learning.

Themes

The themes identify and link more specific aspects of learning into logical or related groups.

Learning Objectives

The learning objectives outline the specific requirements of learning. They provide a focus for identifying and detailing the required knowledge, skills, and attitudes. They also provide a context for specifying assessment standards and criteria as well as providing a context for identifying a range of teaching and learning strategies.

LEARNING OBJECTIVES TABLES

| | |
|----------------------------|--|
| DOMAIN 1 | BASIC PRINCIPLES |
| Theme 1.1 | Patient Assessment |
| Learning Objectives | |
| 1.1.1 | Elicit history and obtain other relevant data |
| 1.1.2 | Conduct a physical examination and plan and arrange investigations |
| 1.1.3 | Develop a management plan |
| 1.1.4 | Undertake a sexual health consultation with other health professionals |
| 1.1.5 | Provide advanced sexual health counselling |
| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.1 | Symptom Complexes |
| Learning Objectives | |
| 2.1.1 | Assess and manage pelvic pain |
| 2.1.2 | Assess and manage genital discharge |
| 2.1.3 | Assess and manage genital ulceration |
| 2.1.4 | Assess and manage genital lumps and rashes |

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| Theme 2.2 | Bacterial |
| Learning Objectives | |
| 2.2.1 | Assess and manage chlamydia |
| 2.2.2 | Assess and manage lymphogranuloma venereum (LGV) |
| 2.2.3 | Assess and manage genital mycoplasma infections |
| 2.2.4 | Assess and manage non-gonococcal and non-chlamydia urethritis |
| 2.2.5 | Assess and manage gonococcal infections |
| 2.2.6 | Assess and manage syphilis |
| 2.2.7 | Assess and manage chancroid |
| 2.2.8 | Assess and manage donovanosis |
| Theme 2.3 | Viral |
| Learning Objectives | |
| 2.3.1 | Assess and manage human papilloma virus (HPV) |
| 2.3.2 | Assess and manage herpes simplex virus (HSV) |
| 2.3.3 | Assess and manage <i>Molluscum contagiosum</i> |
| Theme 2.4 | Fungal |
| Learning Objectives | |
| 2.4.1 | Assess and manage candida |
| 2.4.2 | Assess and manage tinea |
| Theme 2.5 | Protozoans |
| Learning Objectives | |
| 2.5.1 | Assess and manage <i>Trichomonas vaginalis</i> infection |
| 2.5.2 | Assess and manage sexually acquired intestinal protozoa |
| Theme 2.6 | HIV |
| Learning Objectives | |
| 2.6.1 | Assess and manage HIV infection |
| 2.6.2 | Manage fertility issues of patients with HIV infection |
| 2.6.3 | Assess and manage paediatric patients with HIV infection |

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| Theme 2.7 | Other BBVs |
| Learning Objectives | |
| 2.7.1 | Assess and manage hepatitis B virus (HBV) infection |
| 2.7.2 | Assess and manage hepatitis C virus (HCV) infection |
| 2.7.3 | Assess and manage hepatitis A virus (HAV) infection |
| 2.7.4 | Assess and manage hepatitis D virus (HDV) infection |
| Theme 2.8 | Upper Genital Tract Conditions |
| Learning Objectives | |
| 2.8.1 | Assess and manage pelvic inflammatory disease (PID) |
| 2.8.2 | Assess and manage prostatitis |
| Theme 2.9 | Non-Infectious and Dermatological Conditions |
| Learning Objectives | |
| 2.9.1 | Assess and manage malignant and non-malignant conditions |
| DOMAIN 3 | PSYCHOSOCIAL ASPECTS OF SEXUAL HEALTH MEDICINE |
| Theme 3.1 | Sexuality |
| Learning Objectives | |
| 3.1.1 | Describe the theoretical basis of sexuality |
| 3.1.2 | Describe the variants of sexuality |
| 3.1.3 | Outline how sexuality varies through life |
| Theme 3.2 | Sexual Function/Dysfunction |
| Learning Objectives | |
| 3.2.1 | Assess sexual function issues |
| Theme 3.3 | Reproductive Health |
| Learning Objectives | |
| 3.3.1 | Undertake management of a range of reproductive health issues |
| Theme 3.4 | Sexual Assault |
| Learning Objectives | |
| 3.4.1 | Undertake management of an adult who has been sexually assaulted |

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| 3.4.2 | Undertake management of a child who has been sexually assaulted |
| DOMAIN 4 | COMMUNITY PRACTICE |
| Theme 4.1 | Public Health |
| Learning Objectives | |
| 4.1.1 | Integrate evidence related to questions of public health, including contact tracing, diagnosis, therapy, prognosis, risk, and cause into clinical decision-making |
| 4.1.2 | Balance the needs of the population with those of the individual in the management of infectious diseases, such as STIs and BBVs |
| 4.1.3 | Apply public health principles to prevention of STIs and BBVs |
| 4.1.4 | Develop and implement health promotion activities in relation to sexual health, particularly in relation to the containment of STIs and BBVs |
| 4.1.5 | Describe the relationship between public health and individual rights |
| Theme 4.2 | Priority Populations |
| Learning Objectives | |
| 4.2.1 | Describe the special needs and epidemiology of priority populations |
| Theme 4.3 | Law and Ethics |
| Learning Objectives | |
| 4.3.1 | Resolve complex ethical and/or legal issues concerning patient management |
| DOMAIN 5 | PROFESSIONAL QUALITIES SPECIFIC TO SEXUAL HEALTH |
| Theme 5.1 | Professional Qualities Specific to Sexual Health Medicine |
| Learning Objectives | |
| 5.1.1 | Seek, obtain, critically appraise, and apply information from a range of evidence sources |
| 5.1.2 | Outline principles of research |
| 5.1.3 | Outline principles of health service management |
| 5.1.4 | Work in a multidisciplinary team |
| 5.1.5 | Develop a process for lifelong learning in CPD |
| 5.1.6 | Advocate for sexual health |

| DOMAIN 1 | BASIC PRINCIPLES |
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| Theme 1.1 | Patient Assessment |
| Learning Objective 1.1.1 | Elicit history and obtain other relevant data |
| Links | BT Domain 1: Clinical process Theme 1.1: Clinical skills |
| | PQC Domain 1: Communication Theme 1.1: Physician-patient communication Domain 6: Clinical decision making Theme 6.1: Clinical decision making |
| Knowledge | |
| <ul style="list-style-type: none"> outline how sexual health relates to general health. | |
| Skills | |
| <ul style="list-style-type: none"> explain confidentiality, privacy, and legal aspects of patient information take history of presenting complaint take detailed sexual and general medical history take into account cultural and psychosocial factors conduct risk and needs assessment of patient, including expressed and unexpressed needs. | |

| DOMAIN 1 | BASIC PRINCIPLES |
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| Theme 1.1 | Patient Assessment |
| Learning Objective 1.1.2 | Conduct a physical examination and plan and arrange investigations |
| Links | BT Domain 1: Clinical process Theme 1.1: Clinical skills |
| | PQC Domain 2: Quality and safety Theme 2.2: Safe practice Theme 2.3: Identifying, preventing and managing potential harm Domain 6: Clinical decision making Theme 6.1: Clinical decision making |
| Knowledge | |
| <ul style="list-style-type: none"> explain anatomy and physiology of anogenital and oropharyngeal regions and skin outline pathophysiology of physical signs recognise role of chaperone in clinical examinations as a support person for patient identify which tests and investigations to perform | |

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| DOMAIN 1 | BASIC PRINCIPLES |
| Theme 1.1 | Patient Assessment |
| Learning Objective 1.1.2 | Conduct a physical examination and plan and arrange investigations |
| <ul style="list-style-type: none"> • identify when to examine extra genital sites as part of clinical assessment • outline purpose of investigations and issues relating to sensitivity and specificity, positive and negative predictive value of tests. | |
| Skills | |
| <ul style="list-style-type: none"> • assess need for chaperone and ensure availability to all patients and recognise potential risk of unchaperoned examinations • seek informed consent of patient to conduct a physical examination • conduct physical examination • explain purpose and method of examination procedure • recognise cultural sensitivities when conducting intimate genital examinations • conduct examination using a vaginal speculum and proctoscope • explain features and purpose of colposcopy • interpret physical signs • recognise and explain normal anatomy and variants • discuss with patient nature of symptoms, possible diagnoses, appropriate investigations and plan of management • collect specimens from appropriate sites, including biopsies from a range of anogenital sites • outline alternate methods of specimen collection to patients who decline genital examination • instruct patients in collection of self-collected swabs and urine samples • conduct other point-of-care tests, including bench top microscopy, urinalysis, and near patient pregnancy testing. | |

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| DOMAIN 1 | BASIC PRINCIPLES |
| Theme 1.1 | Patient Assessment |
| Learning Objective 1.1.3 | Develop a management plan |
| Links | PQC Domain 6: Clinical decision making Theme 6.1: Clinical decision making |
| Knowledge | |
| <ul style="list-style-type: none"> • recognise issues which may impact on the sexual health of patient, their partners, or community • outline role, principles and objectives of partner notification and contact tracing • outline legal issues and implications • identify barriers for contact tracing and how to overcome them. | |

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| DOMAIN 1 | BASIC PRINCIPLES |
| Theme 1.1 | Patient Assessment |
| Learning Objective 1.1.3 | Develop a management plan |
| Skills | |
| <ul style="list-style-type: none"> • interpret test results • establish management plan • discuss role of partner notification and contact tracing during initial pre-test consultation • facilitate contact tracing and follow-up • adhere to local contact tracing guidelines • respect rights and dignity of index case and contacts • address concerns of index case and contacts • discuss strategies for prevention of future acquisition of STIs and BBVs with patient and sexual partner(s). | |

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| DOMAIN 1 | BASIC PRINCIPLES |
| Theme 1.1 | Patient Assessment |
| Learning Objective 1.1.4 | Undertake a sexual health consultation with other health professionals |
| Links | <p>PQC</p> <ul style="list-style-type: none"> Domain 1: Communication Theme 1.3: Communicating with colleagues and broader health care team Theme 1.4: Communicating with the broader community Domain 7: Leadership and management Theme 7.2: Leadership and managing others Domain 8: Health advocacy Theme 8.1: Advocacy for the patient Theme 8.3: Group advocacy |
| Knowledge | |
| <ul style="list-style-type: none"> • provide advice and demonstrate interdisciplinary collaboration with medical colleagues, other health professionals, and community members • provide knowledge of sexual health and other relevant legislation • outline attitudinal barriers in health care workers to working with sexual health patients • explain relevance of and expertise within other community and professional organisations • explain role and responsibility of a sexual health physician in community and within professional organisations • convey public health issues in management of patients' sexual health to other health professionals • discuss issues around confidentiality regarding sexual health, including dissemination of information to other health professionals or public health units | |

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| DOMAIN 1 | BASIC PRINCIPLES |
| Theme 1.1 | Patient Assessment |
| Learning Objective 1.1.4 | Undertake a sexual health consultation with other health professionals |
| <ul style="list-style-type: none"> understand local social and subculture issues regarding at-risk populations and how they relate to public health and delivery of health interventions to those populations. | |
| Skills | |
| <ul style="list-style-type: none"> liaise with staff of hospitals, community agencies, GPs, and other specialist colleagues provide advice without having seen patient facilitate group discussion give and receive constructive feedback demonstrate sensitivity to beliefs and attitudes of other health professionals develop letter writing skills in reply to referrals undertake basic sexual health counselling and refer for more intensive counselling convey public health issues in relation to patients to other involved health professionals collaborate with primary carers, other referrers and subspecialists in care of patients by providing consultative advice, sharing of care, or accepting ongoing care in the best interests of the patient work in multidisciplinary team share knowledge and skills with colleagues foster peer network and collaborative relationships in health care system provide reassurance and support to colleagues show respect for and acknowledge professional contributions of all others in workplaces, including office staff and employees provide information to media on issues of public interest in STIs and BBVs work with the media liaise with public health units with regards to media enquiries. | |

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| DOMAIN 1 | BASIC PRINCIPLES |
| Theme 1.1 | Patient Assessment |
| Learning Objective 1.1.5 | Provide advanced sexual health counselling |
| Knowledge | |
| <ul style="list-style-type: none"> • identify and assess effectiveness of common models of counselling, including cognitive, behavioural, systems theory, solution focused and narrative, and apply to different areas of sexual health • define role of pattern recognition as part of counselling process • recognise problems and issues in counselling, such as cross-cultural and religious factors related to sexual expression. | |
| Skills | |
| <ul style="list-style-type: none"> • apply the above knowledge in clinical interactions. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.1 | Symptom Complexes |
| Skills | |
| <ul style="list-style-type: none"> • take sexual history • seek informed consent to conduct physical examination • explain purpose and method of examination • perform examination, including bi-manual where appropriate • interpret physical signs, including pelvic pain • interpret results, develop management plan and recognise potential for impact on reproductive health and other comorbidities • facilitate contact tracing and follow-up • refer where appropriate. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.1 | Symptom Complexes |
| Learning Objective 2.1.1 | Assess and manage pelvic pain |
| Knowledge | |
| <ul style="list-style-type: none"> • outline common causes of pelvic pain • describe management of causes of pelvic pain. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.1 | Symptom Complexes |
| Learning Objective 2.1.2 | Assess and manage genital discharge |
| Knowledge | |
| <ul style="list-style-type: none"> • outline common causes of genital discharge • describe management of causes of genital discharge. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.1 | Symptom Complexes |
| Learning Objective 2.1.3 | Assess and manage genital ulceration |
| Knowledge | |
| <ul style="list-style-type: none"> • outline common causes of genital ulceration • describe management of causes of genital ulceration. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.1 | Symptom Complexes |
| Learning Objective 2.1.4 | Assess and manage genital lumps and rashes |
| Knowledge | |
| <ul style="list-style-type: none"> • outline common causes of genital lumps and rashes • outline dermatological causes of genital lumps and rashes • describe management of genital lumps and rashes. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.2 | Bacterial |
| Skills | |
| <ul style="list-style-type: none"> • take sexual history • seek informed consent to conduct physical examination • explain purpose and method of examination • perform examination • perform endocervical smear for chlamydia and gonococcal infections • interpret physical signs • collect specimens • order tests and investigations and explain implications • interpret results, develop management plan and recognise potential for impact on reproductive health and other comorbidities • facilitate contact tracing and follow-up. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.2 | Bacterial |
| Learning Objective 2.2.1 | Assess and manage chlamydia |
| Knowledge | |
| <ul style="list-style-type: none"> • describe <i>Chlamydia trachomatis</i> microbiology, including comparisons with other chlamydial infections • describe structure of chlamydia and how it can be classified and monitored from a population point of view • recognise manifestations of diseases, including LGV, systemic and immunological and fertility consequences of infection • outline the natural course of the disease processes • explain pathophysiology and immunology issues around infection and disease progression • outline laboratory investigations used in identifying chlamydial infections, including LGV, drug sensitivities and their use or limitations in clinical practice • explain prevalence, public health issues and notification issues, including historical data analysis • outline treatment issues, including neonatal infection, pregnancy, modes of treatment, disseminated or complicated infection, LGV, allergic individuals, and resistance issues • outline perinatal infection issues • outline monitoring and testing issues in infected individuals, at risk populations and pregnancy. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.2 | Bacterial |
| Learning Objective 2.2.2 | Assess and manage lymphogranuloma venereum (LGV) |
| Knowledge | |
| <ul style="list-style-type: none"> • describe microbiology, including comparisons with other related organisms • recognise manifestations of disease • outline natural course of disease process • outline mechanisms of resistance to treatment • outline laboratory investigations used in identifying LGV • explain prevalence, public health issues and notification issues • outline eradication programs and issues associated with infection, treatment, and implementation of eradication programs • outline treatment issues, including modes of treatment, complicated infection, and treatment in pregnancy. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.2 | Bacterial |
| Learning Objective 2.2.3 | Assess and manage genital mycoplasma infections |
| Knowledge | |
| <ul style="list-style-type: none"> • describe organisms involved and their microbiology • outline laboratory investigations used in identifying organisms, including drug sensitivities and their use or limitations in clinical practice • outline natural course of disease processes in symptomatic and asymptomatic individuals • explain prevalence, public health issues and notification issues • outline treatment and management issues, including asymptomatic infection, modes of treatment, complicated infection, allergic individuals, and recurrent urethritis • outline implications of partner notification. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.2 | Bacterial |
| Learning Objective 2.2.4 | Assess and manage non-gonococcal and non-chlamydial urethritis |
| Knowledge | |
| <ul style="list-style-type: none"> describe organisms involved, their microbiology and differential diagnosis, including non-infectious causes outline laboratory investigations used in identifying organisms, including drug sensitivities and their use or limitations in clinical practice outline the natural course of disease processes explain prevalence, public health issues and notification issues outline treatment and management issues, including modes of treatment, complicated infection, allergic individuals, and recurrent urethritis management issues outline implications of partner notification. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.2 | Bacterial |
| Learning Objective 2.2.5 | Assess and manage gonococcal infections |
| Knowledge | |
| <ul style="list-style-type: none"> describe <i>Neisseria gonorrhoeae</i> microbiology, including comparisons with other <i>Neisseria</i> infections and common dermatological manifestations in anogenital areas describe structure of <i>Neisseria</i> and how <i>Neisseria</i> can be classified and monitored from a population point of view according to resistance profiles or structure of organism recognise manifestations of disease outline natural course of disease process explain pathophysiological and immunological issues around infection and disease progression outline mechanisms of drug resistance in <i>Neisseria</i> outline laboratory investigations used in identifying gonorrhoea and drug sensitivities and their use or limitations in clinical practice explain prevalence, public health issues and notification issues, including historical data analysis outline treatment issues, including neonatal infection, pregnancy, modes of treatment, disseminated or complicated infection, allergic individuals, and resistance issues outline perinatal infection issues outline monitoring and testing issues in infected individuals, at-risk populations and pregnancy. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.2 | Bacterial |
| Learning Objective 2.2.6 | Assess and manage syphilis |
| Knowledge | |
| <ul style="list-style-type: none"> describe <i>Treponema pallidum</i> microbiology recognise manifestations of disease outline the natural course of disease process explain pathophysiology and immunology issues around infection and disease progression, including HIV infected individuals outline comparisons with other treponemal infections describe <i>Treponema</i> infections and laboratory investigations outline perinatal infection issues describe culture techniques and issues around laboratory investigations describe Jarisch-Herxheimer reaction explain prevalence, public health issues and notification issues, including historical data analysis outline treatment issues, including neonatal infection, pregnancy, modes of treatment, central nervous system (CNS) infection, penicillin allergic individuals, and resistance issues outline monitoring and testing issues in infected individuals, at risk populations, pregnancy, neonatal period, and CNS infections outline ethical issues around previous studies into syphilis, including the Tuskegee experiment. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.2 | Bacterial |
| Learning Objective 2.2.7 | Assess and manage chancroid |
| Knowledge | |
| <ul style="list-style-type: none"> describe <i>Haemophilus ducreyi</i> microbiology, including comparisons with other <i>Haemophilus spp.</i> recognise manifestations of disease outline natural course of disease process outline mechanisms of drug resistance to <i>H. ducreyi</i> outline laboratory investigations used in identifying <i>H. ducreyi</i> explain prevalence, public health issues and notification issues outline treatment issues, modes of treatment, complicated infection, allergic individuals, and resistance issues. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.2 | Bacterial |
| Learning Objective 2.2.8 | Assess and manage donovanosis |
| Knowledge | |
| <ul style="list-style-type: none"> describe microbiology, including comparisons with other related organisms recognise manifestations of disease outline natural course of disease process outline mechanisms of resistance to treatment outline laboratory investigations used in identifying donovanosis explain prevalence, public health issues, and notification issues outline eradication programs and issues associated with infection, treatment and implementation of eradication programs within the Aboriginal and Torres Strait Islander, Māori and Pacific Islander populations outline treatment issues, including modes of treatment, complicated infection, allergic individuals, and treatment in pregnancy. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.3 | Viral |
| Skills | |
| <ul style="list-style-type: none"> take sexual history seek informed consent to conduct physical examination explain purpose and method of examination perform examination interpret physical signs perform cervical smear for HPV collect specimens order tests and investigations and explain implications interpret results, develop management plan and recognise potential for impact on reproductive health and other comorbidities facilitate contact tracing and follow-up. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.3 | Viral |
| Learning Objective 2.3.1 | Assess and manage human papilloma virus (HPV) |
| Knowledge | |
| <ul style="list-style-type: none"> describe organism involved and virology describe structure of HPV and relationship to vaccines and oncogenicity explain pathophysiology and immunology issues around infection and disease progression outline natural course of disease processes in symptomatic and asymptomatic individuals, including its ability to cause vaginal, vulval, cervical, penile, anal and oropharyngeal dysplasia and cancer outline laboratory investigations used in identifying organisms, including sub-typing and their use or limitations in clinical practice outline colposcopy issues explain prevalence, public health issues and notification issues, including historical data analysis outline treatment and management issues, including neonatal infection, pregnancy, asymptomatic infection, modes of treatment, complicated infection, HIV co-infection and transmission, precancerous and carcinomatous disease outline classification and monitoring from a population point of view outline perinatal infection issues outline implications of partner notification explain HPV vaccine use and development, including individual and public health issues around vaccine use outline antiviral therapy and research. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.3 | Viral |
| Learning Objective 2.3.2 | Assess and manage herpes simplex virus (HSV) |
| Knowledge | |
| <ul style="list-style-type: none"> outline organisms involved and their virology, including non-HSV infections explain pathophysiology and immunology issues around infection and disease progression outline natural course of disease processes in symptomatic and asymptomatic individuals outline laboratory investigations used in identifying organisms, including drug sensitivities and their use or limitations in clinical practice explain prevalence, public health issues and notification issues, including historical data analysis outline treatment and management issues, including neonatal infection, pregnancy, asymptomatic infection, modes of treatment, complicated infection, CNS infection, HIV co-infection and transmission, and resistance issues outline classification and monitoring from a population point of view | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.3 | Viral |
| Learning Objective 2.3.2 | Assess and manage herpes simplex virus (HSV) |
| <ul style="list-style-type: none"> • outline perinatal infection issues • outline implications of partner notification • recognise vaccine development • explain antiviral pharmacology • explain role of HSV serology in investigation and management of patients. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.3 | Viral |
| Learning Objective 2.3.3 | Assess and manage <i>Molluscum contagiosum</i> |
| Knowledge | |
| <ul style="list-style-type: none"> • describe virology of organism involved • recognise manifestations of disease • outline natural course of disease process • explain pathophysiology and immunology issues around infection and disease progression, including HIV infected individuals • outline laboratory investigations used in identifying organisms and their use or limitations in clinical practice • outline treatment issues, including pregnancy, HIV infected individuals, modes of treatment and disseminated or complicated infection • outline implications of partner notification. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.4 | Fungal |
| Skills | |
| <ul style="list-style-type: none"> • take sexual history • seek informed consent to conduct physical examination • explain purpose and method of examination • perform examination • interpret physical signs • collect specimens • order tests and investigations and explain implications • interpret results, develop management plan, and recognise potential for impact on reproductive health and other comorbidities • facilitate contact tracing and follow-up. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.4 | Fungal |
| Learning Objective 2.4.1 | Assess and manage candida |
| Knowledge | |
| <ul style="list-style-type: none"> • describe microbiology, including organisms involved • recognise manifestations of disease • outline natural course of disease process, including non-genital sites • explain pathophysiology and immunology issues around infection and disease progression, including HIV infected individuals • outline mechanisms of drug resistance to organisms • outline laboratory investigations used in identifying organisms and drug sensitivities and their use or limitations in clinical practice • outline treatment issues, including pregnancy, modes of treatment, disseminated or complicated or recurrent infection, allergic individuals and resistance issues • outline implications of partner notification. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.4 | Fungal |
| Learning Objective 2.4.2 | Assess and manage tinea |
| Knowledge | |
| <ul style="list-style-type: none"> • describe microbiology of organisms involved • recognise manifestations of disease • outline natural course of disease process, including non-genital sites • explain pathophysiology and immunology issues around infection and disease progression, including HIV infected individuals • outline laboratory investigations used in identifying organisms and drug sensitivities and their use or limitations in clinical practice. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.5 | Protozoans |
| Skills | |
| <ul style="list-style-type: none"> • take sexual history • seek informed consent to conduct physical examination • explain purpose and method of examination • perform examination • interpret physical signs • collect specimens • order tests and investigations and explain implications • interpret results, develop management plan, and recognise potential for impact on reproductive health and other comorbidities • facilitate contact tracing and follow-up. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.5 | Protozoans |
| Learning Objective 2.5.1 | Assess and manage <i>Trichomonas vaginalis</i> infection |
| Knowledge | |
| <ul style="list-style-type: none"> • describe microbiology of organisms involved • recognise manifestations of disease • explain pathophysiology and immunology issues around infection and disease progression • outline mechanisms of drug resistance to organisms • outline laboratory investigations used in identifying organisms and drug sensitivities and their use or limitations in clinical practice • outline treatment issues, including pregnancy, modes of treatment, disseminated or complicated or recurrent infection, allergic individuals and resistance issues • outline implications of partner notification. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.5 | Protozoans |
| Learning Objective 2.5.2 | Assess and manage sexually acquired intestinal protozoa |
| Knowledge | |
| <ul style="list-style-type: none"> • describe microbiology of organisms involved • recognise manifestations of disease • outline natural course of disease process • explain pathophysiology and immunology issues around infection and disease progression, including HIV infected individuals • outline laboratory investigations used in identifying organisms and drug sensitivities and their use or limitations in clinical practice • outline treatment issues, including modes of treatment, disseminated or complicated infection, HIV infected individuals. • outline implications of partner notification. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.6 | HIV |

Skills

- take sexual history
- seek informed consent to conduct physical examination
- explain purpose and method of examination
- perform general physical examination
- interpret physical signs
- collect specimens
- order tests and investigations and explain implications
- interpret results, develop management plan, and recognise potential for impact on reproductive health and other comorbidities
- facilitate contact tracing and follow-up
- counsel family
- undertake risk assessment for HIV and STI exposure
- provide information, support, and counselling for patients in making the decision about whether to opt for intervention
- undertake appropriate pre-vaccination serology and interpret results
- discuss usage of effective prophylactic medications, such as antiretrovirals and azithromycin
- monitor usage of antiretroviral medications and their side effects
- discuss role of vaccination in prophylaxis of infection
- discuss management of vaccine reactions and the appropriate reporting procedures
- respond to client suffering from an anaphylactic reaction
- discuss these issues with other medical personnel who seek advice where the patient is not under the trainee's direct care.

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.6 | HIV |
| Learning Objective 2.6.1 | Assess and manage HIV infection |
| Knowledge | |
| <ul style="list-style-type: none"> • describe structure of HIV • describe relationship to vaccines, antiviral therapy, and oncogenicity • describe microbiology of organisms involved and virology, including genome • explain pathophysiology and immunology issues around infection and disease progression • outline natural course of disease processes in symptomatic and asymptomatic individuals • outline laboratory investigations used in identifying infection, including sub-typing, resistance and viral load testing and their use or limitations in clinical practice • explain prevalence, public health issues and notification issues, including historical data • outline treatment and management issues, including asymptomatic infection, modes of treatment, complications of treatment, co-infection, and comorbidities • outline classification and monitoring from a population point of view • outline impact of HIV on pregnancy and perinatal transmission • outline implications of partner notification • assess potential risk of acquisition and appropriateness for usage of prophylactic therapies • define role of resistance testing and therapeutic drug monitoring • recognise impact of social stigma • outline principles of infection control • explain vaccine use and development, including individual and public health issues around vaccine use • outline epidemiology of HIV. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.6 | HIV |
| Learning Objective 2.6.2 | Manage fertility issues of patients with HIV infection |
| Knowledge | |
| <ul style="list-style-type: none"> • outline pre-conception and conception issues • outline management of maternal HIV • outline antiretroviral issues • outline breastfeeding issues. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.6 | HIV |
| Learning Objective 2.6.3 | Assess and manage paediatric patients with HIV infection |
| Knowledge | |
| <ul style="list-style-type: none"> • assess potential risk of acquisition and appropriateness for usage of prophylactic therapies • define role of antimicrobial resistance testing and therapeutic drug monitoring and phenotype and genotypic in HIV • outline natural history, which is different from adults, differential diagnosis, prevention and management of HIV and associated opportunistic infections • recognise and manage treatment failure and reinfection • define role of antimicrobial resistance testing and therapeutic drug monitoring and phenotype and genotypic in HIV • outline associated neurological conditions • explain immunological differences of antiretroviral treatment for children • recognise impact of social stigma • outline principles of infection control at school • outline impact on childhood vaccinations • locate information • explain vaccine use and development, including individual and public health issues around vaccine use • outline epidemiology of HIV. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.7 | Other BBVs |
| Skills | |
| <ul style="list-style-type: none"> • take sexual history • seek informed consent to conduct physical examination • explain purpose and method of examination • perform examination • interpret physical signs • collect specimens • order tests and investigations and explain implications • interpret results, develop management plan and recognise potential for impact on reproductive health and other comorbidities • facilitate contact tracing and follow-up. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.7 | Other BBVs |
| Learning Objective 2.7.1 | Assess and manage hepatitis B virus (HBV) infection |
| Knowledge | |
| <ul style="list-style-type: none"> describe microbiology of organisms involved and virology, including genome describe structure of HBV and relationship to vaccines, antiviral therapy, and oncogenicity explain pathophysiology and immunology issues around infection and disease progression, including hepatic and extrahepatic disease processes outline natural course of disease processes in symptomatic and asymptomatic individuals outline laboratory investigations used in identifying infection, including sub-typing, resistance and viral load testing and their use or limitations in clinical practice explain prevalence, public health issues and notification issues, including historical data analysis outline treatment and management issues, including: <ul style="list-style-type: none"> neonatal infection pregnancy asymptomatic infection modes of treatment extrahepatic manifestations complications of treatment HIV and HBV co-infection and transmission monitoring issues around hepatocellular carcinoma (HCC) outline classification and monitoring from a population point of view outline perinatal infection issues outline implications of partner notification explain vaccine use and development, including individual and public health issues around vaccine use assess potential risk of acquisition and appropriateness for usage of prophylactic therapies outline antiviral therapy and research. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.7 | Other BBVs |
| Learning Objective 2.7.2 | Assess and manage hepatitis C virus (HCV) infection |
| Knowledge | |
| <ul style="list-style-type: none"> describe microbiology of organism involved and virology, including genome describe structure of HCV and relationship to vaccine development, potential antiviral therapy, and oncogenicity explain pathophysiology and immunology issues around infection and disease progression, including hepatic and extrahepatic disease processes | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.7 | Other BBVs |
| Learning Objective 2.7.2 | Assess and manage hepatitis C virus (HCV) infection |
| <ul style="list-style-type: none"> • outline natural course of disease process • outline laboratory investigations used in identifying infection, including sub-typing, resistance and viral load testing and their use or limitations in clinical practice • explain prevalence, public health issues and notification issues, including historical data analysis • outline treatment and management issues, including modes of treatment, extrahepatic manifestations, complications of treatment, HIV and HBV co-infection and transmission, monitoring issues around HCC • outline classification and monitoring from a population point of view • outline implications of partner notification • assess potential risk of acquisition and appropriateness for usage of prophylactic therapies • outline antiviral therapy and research. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.7 | Other BBVs |
| Learning Objective 2.7.3 | Assess and manage hepatitis A virus (HAV) infection |
| Knowledge | |
| <ul style="list-style-type: none"> • describe microbiology of organisms involved and virology, including genome • describe structure of HAV and relationship to vaccines, antiviral therapy, and oncogenicity • explain pathophysiology and immunology issues around infection and disease progression, including hepatic and extrahepatic disease processes • outline natural course of disease processes in symptomatic and asymptomatic individuals • outline laboratory investigations used in identifying infection, including sub-typing, resistance and viral load testing and their use or limitations in clinical practice • explain prevalence, public health issues and notification issues, including historical data analysis • explain vaccine use and development, including individual and public health issues around vaccine use • assess potential risk of acquisition and appropriateness for usage of prophylactic therapies • outline interaction with HDV. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.7 | Other BBVs |
| Learning Objective 2.7.4 | Assess and manage hepatitis D virus (HDV) infection |

Knowledge

- describe microbiology of organisms involved and virology, including genome
- describe structure of HDV and relationship to vaccines, antiviral therapy, and oncogenicity
- explain pathophysiology and immunology issues around infection and disease progression, including hepatic and extrahepatic disease processes
- outline natural course of disease processes in symptomatic and asymptomatic individuals
- outline laboratory investigations used in identifying infection, including sub-typing, resistance and viral load testing and their use or limitations in clinical practice
- explain prevalence, public health issues and notification issues, including historical data analysis
- outline treatment and management issues, including:
 - neonatal infection
 - pregnancy
 - asymptomatic infection
 - modes of treatment
 - extrahepatic manifestations
 - complications of treatment
 - HIV and HDV co-infection and transmission
 - monitoring issues around HCC
- outline perinatal infection issues
- outline classification and monitoring from a population point of view
- outline implications of partner notification
- explain vaccine use and development, including individual and public health issues around vaccine use
- assess potential risk of acquisition and appropriateness for usage of prophylactic therapies
- outline antiviral therapy and research.

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.8 | Upper Genital Tract Conditions |
| Skills | |
| <ul style="list-style-type: none"> • take sexual history • seek informed consent to conduct physical examination • explain purpose and method of examination • perform examination • interpret physical signs • collect specimens • order tests and investigations and explain implications • interpret results, develop management plan and recognise potential for impact on reproductive health and other comorbidities • facilitate contact tracing and follow-up. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.8 | Upper Genital Tract Conditions |
| Learning Objective 2.8.1 | Assess and manage pelvic inflammatory disease (PID) |
| Knowledge | |
| <ul style="list-style-type: none"> • describe microbiology of organisms involved • recognise manifestations of PID and fertility consequences of infection • outline natural course of PID • outline laboratory investigations used in identifying infection, including sub-typing, resistance and viral load testing and their use or limitations in clinical practice • explain prevalence, public health issues and notification issues, including historical data analysis • explain pathophysiology and immunology issues around infection and disease progression • outline treatment issues, including pregnancy, intra-uterine device (IUD), modes of treatment, complicated infection, allergic individuals, and resistance issues. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.8 | Upper Genital Tract Conditions |
| Learning Objective 2.8.2 | Assess and manage prostatitis |
| Knowledge | |
| <ul style="list-style-type: none"> describe microbiology of organisms involved recognise manifestations of prostatitis and fertility consequences of infection outline natural course of prostatitis outline laboratory investigations used in identifying infection, including sub-typing, resistance and viral load testing and their use or limitations in clinical practice explain prevalence, public health issues and notification issues, including historical data analysis explain pathophysiology and immunology issues around infection and disease progression outline treatment issues, including modes of treatment, complicated infection, allergic individuals, and resistance issues. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.9 | Non-Infectious and Dermatological Conditions |
| Skills | |
| <ul style="list-style-type: none"> take sexual and dermatological history seek informed consent to conduct physical examination explain purpose and method of examination perform examination interpret physical signs collect specimens order tests and investigations and explain implications interpret results, develop management plan and recognise potential for impact on reproductive health and other comorbidities facilitate contact tracing and follow-up. | |

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| DOMAIN 2 | PRINCIPLES OF DIAGNOSIS AND MANAGEMENT |
| Theme 2.9 | Non-Infectious and Dermatological Conditions |
| Learning Objective 2.9.1 | Assess and manage malignant and non-malignant conditions |
| Knowledge | |
| <ul style="list-style-type: none"> recognise generalised dermatological conditions occurring in anogenital areas, such as: <ul style="list-style-type: none"> anogenital dysplasia in cancer eczema intraepithelial neoplasia lichen sclerosis psoriasis vulvodynia describe epidemiology of generalised dermatological conditions describe clinical characteristics explain pathophysiological features outline specific diagnostic techniques outline management options. | |

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| DOMAIN 3 | PSYCHOSOCIAL ASPECTS OF SEXUAL HEALTH MEDICINE |
| Theme 3.1 | Sexuality |
| Learning Objective 3.1.1 | Describe the theoretical basis of sexuality |
| Knowledge | |
| <ul style="list-style-type: none"> outline biological basis of sexual development from fetus to adulthood and influencing factors outline atypical sexual development and intersex development outline sociocultural factors of sexual development discuss terminology of gender discourse outline range of gender, sexual differences, and practices in the community outline range of sex and gender issues. | |
| Skills | |
| <ul style="list-style-type: none"> apply the above knowledge in clinical interactions. | |

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| DOMAIN 3 | PSYCHOSOCIAL ASPECTS OF SEXUAL HEALTH MEDICINE |
| Theme 3.1 | Sexuality |
| Learning Objective 3.1.2 | Describe the variants of sexuality |
| Knowledge | |
| <ul style="list-style-type: none"> • outline variations of sexual orientation and factors affecting expression in the community • describe medical interventions potentially available for transgender individuals • outline 'nature vs. nurture' issues in the genesis and management of sexual orientation • assess current literature on issues of gender identity and social and cultural factors and their expression in a community • demonstrate understanding of social and psychological factors that influence expression of gender roles in the community • evaluate current research base and evidence on sex and gender and apply this to own personal and professional environment. | |
| Skills | |
| <ul style="list-style-type: none"> • apply the above knowledge in clinical interactions • provide information, support and counseling for patients, partners and carers. | |

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| DOMAIN 3 | PSYCHOSOCIAL ASPECTS OF SEXUAL HEALTH MEDICINE |
| Theme 3.1 | Sexuality |
| Learning Objective 3.1.3 | Outline how sexuality varies through life |
| Knowledge | |
| <ul style="list-style-type: none"> • outline how sexuality varies through life • outline ageing and health implications • outline impact of biological changes of ageing on sexuality • outline management of sexual dysfunction related to ageing • discuss effects of specific diseases on the aged and their partners • demonstrate understanding of issues of sexuality and intimacy in older adults in the context of nursing home and aged care facilities • discuss issues related to STIs in specific age groups. | |
| Skills | |
| <ul style="list-style-type: none"> • apply the above knowledge in clinical interactions • develop management plan, accounting for the above knowledge • provide information, support and counseling for patients, partners, and carers. | |

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| DOMAIN 3 | PSYCHOSOCIAL ASPECTS OF SEXUAL HEALTH MEDICINE |
| Theme 3.2 | Sexual Function/Dysfunction |
| Learning Objective 3.2.1 | Assess sexual function issues |
| Knowledge | |
| <ul style="list-style-type: none"> • outline human sexual response cycle • outline benefits to general health and relationships for normal sexual functioning • diagnose and manage common causes of male and female sexual dysfunction • define dysfunctional relationships • recognise coexisting medical and surgical conditions contributing to male and female sexual dysfunction • outline biopsychosocial aspects contributing to male and female sexual dysfunction. | |
| Skills | |
| <ul style="list-style-type: none"> • recognise range of sexual behaviours and activities that constitute normal sexual activity in consenting relationships • take sexual function history • discuss sexual behaviours and anxieties • recognise patient's attitudes and values • recognise need to counsel both partners • display sensitivity in understanding psychosocial sequelae of sexual dysfunction for men and women • examine patients to determine any underlying organic factors contributing to sexual dysfunction • treat in a holistic way that recognises biopsychosocial aspects of sexual dysfunction in both men and women • discuss effects of prescribed and recreational drugs on sexual function • exhibit respect for patient autonomy and informed choice • use Permission, Limited Information, Specific Suggestions, and Intensive Therapy (PLISSIT) model for brief interventions • develop management plan, including prescribing medication and recognise potential for impact on reproductive health and other comorbidities • participate as a team member in managing patient's dysfunction • recognise own limitations in management of sexual function, and refer where appropriate. | |

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| DOMAIN 3 | PSYCHOSOCIAL ASPECTS OF SEXUAL HEALTH MEDICINE |
| Theme 3.3 | Reproductive Health |
| Learning Objective 3.3.1 | Undertake management of a range of reproductive health issues |
| Knowledge | |
| <ul style="list-style-type: none"> • outline contraceptive methods • recognise common gynaecological presentations and their diagnosis and management • recognise gynaecological presentations of STIs and their management • explain diagnosis and management of early pregnancy, including timing and range of antenatal screening tests • outline local laws and the clinical issues in relation to termination of pregnancy (TOP) • explain impact and management of STIs in pregnancy, including safety of antibiotic use in pregnancy and breastfeeding • recognise common male genital conditions and their management • recognise and manage common causes of male and female infertility and sub-fertility. | |
| Skills | |
| <ul style="list-style-type: none"> • manage patient request for information about contraception, including explaining different methods of contraception, suitability, and failure rate • prescribe contraceptive methods • arrange referral for contraceptive implants and IUDs if not trained to use these methods • provide information and access for emergency contraception • recognise and discuss issues surrounding an unplanned pregnancy and the options available, and arrange for referral • diagnose pregnancy, determine gestation, and refer where appropriate • discuss legal aspects of TOP • discuss management of HIV and other STIs in pregnancy • recognise, investigate and refer women with gynaecological conditions that require further management, e.g. irregular vaginal bleeding • recognise, investigate, and refer men with genito-urinary conditions that may require further management, e.g. prostate problems • access and use evidence-based guidelines on reproductive health topics • discuss professional and legislative frameworks that apply to reproductive health area, e.g. provision of contraceptives or TOP for minors or people with a disability • undertake management of unplanned pregnancy and refer • discuss male and female sterilisation and refer. | |

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| DOMAIN 3 | PSYCHOSOCIAL ASPECTS OF SEXUAL HEALTH MEDICINE |
| Theme 3.4 | Sexual Assault |
| Learning Objective 3.4.1 | Undertake management of an adult who has been sexually assaulted |
| Links | PQC Domain 6: Clinical decision making Theme 6.1: Clinical decision making Domain 8: Health advocacy Theme 8.1: Advocacy for the patient |
| Knowledge | |
| <ul style="list-style-type: none"> outline principles and practice of medical, forensic and psychological care of adolescents and adults after sexual assault outline medical principles of sexual assault medicine and apply these principles to deliver medical and psychological care at the initial examination as well as follow-up medical care explain use of prophylaxis for STIs in setting of sexual assault, based on knowledge of the prevalence, detection, prevention, treatment, and control of STIs outline place for immediate vaccination for hepatitis B outline medical, forensic and psychological principles relating to sexual assault and apply this knowledge in order to provide medical care after delayed disclosure of sexual assault explain short- and long-term sequelae of sexual assault, including medical, psychological and social consequences, such as awareness of impact of sexual assault on individual health care provision and the impact at a population level recognise need for gender sensitivity in persons who have experienced sexual assault outline role of and appropriate usage of non-occupational post-exposure prophylaxis (nPEP), including knowledge of the prevalence of STIs/HIV in the Australian population and current antibiotic STI guidelines outline STI and BBV testing after sexual assault, including window periods for STI testing, patient choice, and follow up of positive results in the legal setting explain forensic medical examination, the principles of forensic medicine, methods of evidence collection, and application of sexual assault kits outline legal system in relation to sexual assault, including legal process from time of initial report of assault, police process, and court system outline documentation in relation to sexual assault matters outline expert evidence guidelines in jurisdiction the trainee is working in outline principles of self-care when dealing with sexual assault matters access support people and agencies. | |
| Skills | |
| <ul style="list-style-type: none"> inform patient and discuss with them their medical, legal, and psychological care options following sexual assault provide medical care take medical and sexual and reproductive history | |

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| DOMAIN 3 | PSYCHOSOCIAL ASPECTS OF SEXUAL HEALTH MEDICINE |
| Theme 3.4 | Sexual Assault |
| Learning Objective 3.4.1 | Undertake management of an adult who has been sexually assaulted |
| <ul style="list-style-type: none"> • assess and manage physical injuries and refer in the case of severe injury • assess immunity to tetanus and HBV • initiate STI and BBV screening • prescribe STI, tetanus and hepatitis B prophylaxis, emergency contraception and HIV nPEP • organise follow-up medical care • conduct follow-up testing and treatment • document medical history, examination, and follow-up medical care • provide psychological care • discuss range of immediate responses to sexual assault, including providing reassurance to the person • encourage contact with specialist counselling services and organise referral to these services • consider immediate physical and emotional safety and organise support for patient in these instances • organise early follow-up for those who require it • conduct forensic medical examination • seek consent, take history of assault, conduct examination with accurate identification of injuries, collect forensic specimens, maintaining chain of evidence • document forensic medical examination • provide written report of the examination, including summary opinion statements • provide evidence in court in accordance with expert witness guidelines • respect parameters of expert witnesses • access legal advice in cases of sexual assault • provide clinical follow-up after sexual assault • discuss options following delayed disclosure of sexual assault • discuss options if pregnancy ensues after sexual assault, including collection of forensic evidence if appropriate • show sensitivity to immediate and long-term impact of sexual assault, alteration of therapeutic strategies to manage patients in this situation • respect need of individual to make own decisions and try to regain a sense of control • work cooperatively with other services, including police and protection services • operate within a multidisciplinary team with specialist sexual assault counsellors and sexual assault nurse examiners (SANEs) • maintain sensitivity to preference of clinician gender • debrief and seek advice and support when required • identify appropriate support person for their own requirements • recognise inappropriate referral patterns for people who display or acknowledge sexually abusive behaviours. | |

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| DOMAIN 3 | PSYCHOSOCIAL ASPECTS OF SEXUAL HEALTH MEDICINE |
| Theme 3.4 | Sexual Assault |
| Learning Objective 3.4.2 | Undertake management of a child who has been sexually assaulted |
| Links | PQC Domain 6: Clinical decision making Theme 6.1: Clinical decision making Domain 8: Health advocacy Theme 8.1: Advocacy for the patient |
| Knowledge | |
| <ul style="list-style-type: none"> outline principles and practice of medical, forensic and psychological care of infants, children and adolescents after sexual assault outline medical principles of sexual assault medicine and apply these principles to deliver medical and psychological care at the initial examination as well as follow-up medical care explain use of prophylaxis for STIs in the setting of sexual assault, based on knowledge of the prevalence, detection, prevention, treatment, and control of STIs outline the place for immediate vaccination for hepatitis B outline medical, forensic and psychological principles relating to sexual assault and apply this knowledge in order to provide medical care after delayed disclosure of sexual assault explain short- and long-term sequelae of sexual assault, including medical, psychological and social consequences, including awareness of impact of sexual assault on individual health care provision and the impact at a population level recognise need for gender sensitivity in persons who have experienced sexual assault outline role of and appropriate usage of nPEP and PEPSI, including knowledge of the prevalence of STIs/HIV in the Australian population and current antibiotic STI guidelines outline STI and BBV testing after sexual assault, including window periods for STI testing, patient choice and follow-up of positive results in the legal setting explain forensic medical examination, the principles of forensic medicine, methods of evidence collection and application of sexual assault kits outline legal system in relation to sexual assault, including the legal process from the time of initial report of the assault, the police process, the court system outline documentation in relation to sexual assault matters outline expert evidence guidelines in the jurisdiction the trainee is working in. | |
| Skills | |
| <ul style="list-style-type: none"> inform patient and discuss with them their medical, legal, and psychological care options following sexual assault provide medical care take medical and sexual history assess and manage physical injuries and refer in the case of severe injury assess immunity to tetanus and HBV | |

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| DOMAIN 3 | PSYCHOSOCIAL ASPECTS OF SEXUAL HEALTH MEDICINE |
| Theme 3.4 | Sexual Assault |
| Learning Objective 3.4.2 | Undertake management of a child who has been sexually assaulted |
| <ul style="list-style-type: none"> • initiate STI and BBV screening • prescribe STI, tetanus and hepatitis B prophylaxis, emergency contraception and HIV nPEP • organise follow-up medical care • conduct follow-up testing and treatment • document medical history, examination, and follow-up medical care • provide psychological care • discuss range of immediate responses to sexual assault, including providing reassurance to the person • encourage contact with specialist counselling services and organise referral to these services • consider immediate physical and emotional safety and organise support for patient in these instances • organise early follow-up for those who require it • conduct forensic medical examination • seek consent, take a history of assault, conduct examination with accurate identification of injuries, collect forensic specimens, maintaining chain of evidence • document forensic medical examination • provide written report of the examination, including summary opinion statements • provide evidence in court in accordance with expert witness guidelines • respect parameters of expert witnesses • access legal advice in cases of sexual assault • provide clinical follow-up after sexual assault • discuss options following delayed disclosure of sexual assault • discuss options if pregnancy ensues after sexual assault, including collection of forensic evidence if appropriate • show sensitivity to immediate and long-term impact of sexual assault, alteration of therapeutic strategies to manage patients in this situation • respect need of individual to make own decisions and try to regain a sense of control • work cooperatively with other services, including police and child protection services • undertake mandatory reporting for child abuse • operate within a multidisciplinary team with specialist sexual assault counsellors and SANEs • maintain sensitivity to preference of clinician gender • debrief and seek advice and support when required • identify appropriate support person for their own requirements • recognise inappropriate referral patterns for people who display or acknowledge sexually abusive behaviours. | |

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| DOMAIN 4 | COMMUNITY PRACTICE |
| Theme 4.1 | Public Health |
| Learning Objective 4.1.1 | Integrate evidence related to questions of public health, including contact tracing, diagnosis, therapy, prognosis, risk, and cause into clinical decision-making |
| Links | PQC Domain 2: Quality and safety Theme 2.1: Using evidence and information |
| Knowledge | |
| <ul style="list-style-type: none"> • interface between research evidence, clinical expertise and judgment, patient values and references, and societal expectations • recognise areas of clinical practice that are evidence-poor • outline levels of evidence according to study design • outline quality of evidence according to methodological rigor • define role of expert opinion and observational evidence. | |
| Skills | |
| <ul style="list-style-type: none"> • rank evidence according to its consistency and freedom from bias • reconcile evidence with contrary patient values and preferences • reconcile dissonant expert opinion with research evidence • make decisions based on clinical judgment in circumstances where evidence is lacking or conflicting • use evidence to inform decision making whenever feasible. | |

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| DOMAIN 4 | COMMUNITY PRACTICE |
| Theme 4.1 | Public Health |
| Learning Objective 4.1.2 | Balance the needs of the population with those of the individual in the management of infectious diseases, such as STIs and BBVs |
| Links | PQC Domain 9: The broader context of health Theme 9.1: Burden of disease Theme 9.2: Determinants of health Theme 9.3: Prevention and control Theme 9.5: Economics of health |
| Knowledge | |
| <ul style="list-style-type: none"> • outline principles, methods and applications of screening for early detection, prevention, treatment, and control of diseases • outline importance of partner notification testing and treatment: rationale and methods of partner notification and associated ethical and legal principles; responsibility to respect patient confidentiality whilst working within the remit of relevant public health acts | |

| DOMAIN 4 | COMMUNITY PRACTICE |
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| Theme 4.1 | Public Health |
| Learning Objective 4.1.2 | Balance the needs of the population with those of the individual in the management of infectious diseases, such as STIs and BBVs |
| <ul style="list-style-type: none"> • explain transmission dynamics, including $R_0 = BcD$ • define role of legislative, fiscal, and other public policy measures as they relate to sexual health • outline epidemiology of STIs including HIV at local, national, and international level • outline rationale for provision of clinical services in relation to STIs via specialist public sexual health clinics and in primary care • demonstrate awareness of state/territory and national strategies in relation to STIs and BBVs • outline impact of health economics on health service provision, including cost-benefit, cost-effectiveness analyses of testing and treatment regimens • outline principles of infection control in clinical practice. | |
| Skills | |
| <ul style="list-style-type: none"> • contribute to provision of accurate local surveillance data and interpret local and national surveillance data regarding STIs and BBVs in relation to clinical care, policy development, and service planning • use epidemiological data to provide and evaluate innovative clinical services to priority populations for sexual health services, including: <ul style="list-style-type: none"> • men who have sex with men (MSM) • young people • sex workers • injecting drug users • prisoners • multipartnered heterosexuals • travellers and immigrants from high risk countries • Aboriginal and Torres Strait Islanders • Māori and Pacific Islanders • collaborate with range of stakeholders, including public health units and non-government organisations (NGOs), in identification of and response to emerging epidemics in relation to STIs, e.g. cluster increases in rates of syphilis, gonorrhoea, or HIV • support mix of service delivery including primary care, public sexual health centres, outreach programs and co-located services in order to maintain access to confidential testing and treatment • support participation in ongoing professional development for primary care providers • represent strategies in local service planning and evaluation • collaborate with a range of stakeholders, including public health units and NGOs to manage emerging epidemics of STIs and BBVs • balance individual rights with those of population in relation to health privacy and risk of transmission of infectious disease • present accurate, factual and non-emotive information to public, using media in an appropriate manner to balance protection of individual rights with rights of community in relation to risk of contracting STIs and BBVs. | |

| DOMAIN 4 | COMMUNITY PRACTICE |
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| Theme 4.1 | Public Health |
| Learning Objective 4.1.3 | Apply public health principles to prevention of STIs and BBVs |
| Links | PQC Domain 1: Communication Theme 1.4: Communicating with the broader community Domain 3: Teaching and learning (scholar) Theme 3.2: Research Domain 4: Cultural competency Theme 4.1: Cultural competency Domain 5: Ethics Theme 5.3: Ethics and health law Domain 9: The broader context of health Theme 9.3: Prevention and control Theme 9.4: Priority population groups |
| Knowledge | |
| <ul style="list-style-type: none"> • outline prevention frameworks for interventions at a population level – primary, secondary, and tertiary interventions • describe procedures, methods, and tools used for health impact assessments • describe epidemiological basis for prevention strategies • outline principles, methods, and applications of screening for: <ul style="list-style-type: none"> • early detection • prevention • treatment and control of diseases • statistical aspects of screening tests • ethical and economic aspects of screening • planning • delivery • evaluation of screening programs • evidence for cervical cancer screening program • outline management strategies for clients identified as being at higher risk of transmitting infection, including local, state, or national policy directives • describe role of human research ethics committees in relation to campaigns aimed at prevention of infectious diseases, e.g. aboriginal health and medical research council • explain importance of community involvement in range of priority populations, e.g. indigenous communities, same-sex attracted, culturally and linguistically diverse communities, young people and injecting drug users • identify potential for community-wide screening and mass treatment programs to eliminate or significantly reduce infectious disease in specific communities • outline efficacy of vaccination for hepatitis A and B • describe value of guidelines for clinical and non-clinical health workers, to provide consistency of advice in response to requests for information about STIs and BBVs | |

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| DOMAIN 4 | COMMUNITY PRACTICE |
| Theme 4.1 | Public Health |
| Learning Objective 4.1.3 | Apply public health principles to prevention of STIs and BBVs |
| <ul style="list-style-type: none"> describe role of partner notification in disease reduction access public health acts and privacy legislation relevant to location. | |
| Skills | |
| <ul style="list-style-type: none"> discuss importance of providing range of clinical services, including contact tracing for priority populations provide leadership at clinical, policy, and service planning levels in development, maintenance, and evaluation of services for screening clients for STIs and BBVs apply statistical concepts, e.g. sensitivity, specificity, likelihood ratios and positive and negative predictive value, in relation to use and interpretation of specific screening tests at an individual and population level apply public health, ethical, and legal principles to achieve high level of patient participation in processes of partner notification, by patient or provider discuss relevant state or territory public health legislation in relation to STIs, including HIV, with consideration of issues of disclosure, safe sex, and specific groups, such as commercial sex workers recognise and resolve complex and conflicting clinical and contact tracing issues discuss state/territory/national guidelines on management of individuals who may knowingly place others at risk of HIV infection recognise patients who are possibly risking transmitting infection, develop management plan within remit of state/territory/national guidelines, and liaise with public health officials accordingly work in multidisciplinary team with health promotion officers, indigenous sexual health workers, NGOs to achieve positive outcomes with specific communities. | |

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| DOMAIN 4 | COMMUNITY PRACTICE |
| Theme 4.1 | Public Health |
| Learning Objective 4.1.4 | Develop and implement health promotion activities in relation to sexual health, particularly in relation to the containment of STIs and BBVs |
| Links | PQC Domain 8: Health advocacy Theme 8.1: Advocacy for the patient Theme 8.2: Individual advocacy Theme 8.3: Group advocacy |
| Knowledge | |
| <ul style="list-style-type: none"> outline history and contribution of health promotion approaches to the management, at population level, of STIs and BBVs outline design and implementation of population-based health promotion programs, e.g. social marketing and use of media, capacity building, and community development | |

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| DOMAIN 4 | COMMUNITY PRACTICE |
| Theme 4.1 | Public Health |
| Learning Objective 4.1.4 | Develop and implement health promotion activities in relation to sexual health, particularly in relation to the containment of STIs and BBVs |
| <ul style="list-style-type: none"> describe importance of advocacy role of specialist in sexual health medicine in relation to health promotion and public health interventions describe role of health promotion in reducing the problems associated with unplanned pregnancies outline coercive sexual behaviours and sexual safety skills, including use of drugs, alcohol and ambivalence in relation to sexual identity and sexual orientation recognise importance of evaluation of health promotion activities. | |
| Skills | |
| <ul style="list-style-type: none"> identify key strategies and evidence for effectiveness in health promotion interventions in relation to STIs and BBVs design health promotion intervention, including the following components in relation to STIs and BBVs: <ul style="list-style-type: none"> carry out needs assessment identify and consult with stakeholders develop program goals, objectives, and strategies select strategies to achieve program objectives implement and monitor programs evaluate programs – process, impact, and outcome use a range of assessment tools, such as questionnaires and focus groups, to determine health needs and effect of health promotion activities use a variety of approaches in clinical context to promote individual health and wellbeing: <ul style="list-style-type: none"> risk assessment readiness to change models tailored information improving health literacy harm reduction, including access to condoms, dams and injecting equipment, and skills development in negotiating safer sex recognise individual clients/client groups at higher risk of acquiring STIs and/or BBVs, including HIV, develop strategies to engage them in ongoing care and/or provide referral identify framework for intersectoral collaboration and community engagement and apply to a sexual health promotion initiative discuss elements of public health advocacy campaign understand personal scope and limits as a sexual health physician in health promotion and public health advocacy, and recognise and support roles of different health professionals, organisations, and populations represent needs of specific priority populations, such as MSM, young people, indigenous people, sex workers and injecting drug users at local levels and appreciate roles and importance of advocacy at a national level. | |

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| DOMAIN 4 | COMMUNITY PRACTICE |
| Theme 4.1 | Public Health |
| Learning Objective 4.1.5 | Describe the relationship between public health and individual rights |
| Links | PQC Domain 5: Ethics Theme 5.1: Professional ethics Theme 5.3: Ethics and health law |
| Attitudes | Non-judgemental and seeks advice where appropriate |
| Knowledge | |
| <ul style="list-style-type: none"> outline principles underpinning legislation at federal, state, and local level. | |
| Skills | |
| <ul style="list-style-type: none"> recognise and resolve complex and conflicting clinical and contact tracing issues recognise need to consult public authorities discuss range of infectious diseases notifiable by laboratories and clinicians in their local jurisdiction discuss requirements made in relation to the Public Health Act for clients with a notifiable infection to notify partners of risk prior to engaging in sexual contact discuss place of public health orders in management of risky behaviour discuss both public health and criminal law with respect to infectious diseases outline infection control measures required to conduct clinical services in sexual health medicine recognise role of allied health professionals in resolving non-clinical issues discuss definitions of a range of sexually inappropriate and abusive behaviours and the appropriate referral sources for patients experiencing abuse discuss place of consent in relation to sexual intercourse discuss law in relation to age of consent to sexual intercourse in their local jurisdiction discuss law in relation to consent to medical treatment in their local jurisdiction discuss state, territory and national laws in relation to discrimination, both in general and in relation to sexuality or disability access information. | |

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| DOMAIN 4 | COMMUNITY PRACTICE |
| Theme 4.2 | Priority Populations |
| Learning Objective 4.2.1 | Describe the special needs and epidemiology of priority populations |
| Knowledge | |
| <ul style="list-style-type: none"> • identify priority populations: <ul style="list-style-type: none"> • MSM • young people • Aboriginal people • sex workers • injecting drug users • describe epidemiology of priority populations • describe epidemiology of STIs in priority populations • describe special needs of priority populations. | |
| Skills | |
| <ul style="list-style-type: none"> • assess risk in priority populations • provide advice to other health providers. | |

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| DOMAIN 4 | COMMUNITY PRACTICE |
| Theme 4.3 | Law and Ethics |
| Learning Objective 4.3.1 | Resolve complex ethical and/or legal issues concerning patient management |
| Links | PQC Domain 5: Ethics Theme 5.1: Professional ethics Theme 5.2: Personal ethics Theme 5.3: Ethics and health law |

Knowledge

- outline ethical considerations in sexual health research
- outline sexual consent in the mentally ill
- describe issues around consent to treatment and investigation
- outline support for colleagues working in psychiatry with medical management of their patients.

Skills

- apply professional boundaries
- recognise one's own limits
- work in multidisciplinary team
- discuss elements of Medical Code of Conduct that protect both patients and organisations from physical, emotional, and financial exploitation

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| DOMAIN 4 | COMMUNITY PRACTICE |
| Theme 4.3 | Law and Ethics |
| Learning Objective 4.3.1 | Resolve complex ethical and/or legal issues concerning patient management |
| <ul style="list-style-type: none"> • engage patients whilst resolving ethical issues • discuss need for informed consent and range of activities which might be undertaken to ensure as far as possible that client is adequately informed • discuss principles of ethical behaviour outlined by organisations, such as the World Medical Association, the Australian Medical Association and in the Hippocratic Oath • explain to patient implications of decisions regarding potential tests and treatment • demonstrate awareness of resource persons available to assist in resolving ethical issues, e.g. clinic counsellor and university ethicist • discuss relevant state, territory, and national law in relation to confidentiality, privacy of health information and privacy of clinical records • recognise primacy of one law over another, e.g. child protection over confidentiality of personal information where a child is either at risk or potentially at risk or in the case of public health notifications • respect the right, within constraints of relevant state, territory or national laws, for patients to choose to undertake TOP • discuss complexities of ethical aspects of assisted reproduction • demonstrate understanding of potential ethical dilemmas associated with human research • discuss distressing new clinical diagnoses, such as HIV or HSV with patient, and with permission their partner/ family members, with empathy and understanding while providing a realistic prognosis and appropriate follow-up • discuss principles of legislation in relation to consent to sexual intercourse with respect to the age of the individual and to unwanted sexual contacts • discuss issue of age in relation to consent to medical treatment with specific reference to the legislation in their current location. | |

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| DOMAIN 5 | PROFESSIONAL QUALITIES SPECIFIC TO SEXUAL HEALTH MEDICINE |
| Theme 5.1 | Professional Qualities Specific to Sexual Health Medicine |
| Learning Objective 5.1.1 | Seek, obtain, critically appraise, and apply information from a range of evidence sources |
| Links | PQC Domain 2: Quality and safety Theme 2.1: Using evidence and information |
| Attitudes | Prognosticate and predict risk evidence effectively and efficiently to inform clinical decision-making |

Knowledge

- outline types of evidence sources: primary and secondary databases, clinical trials, systematic reviews, meta-analyses, clinical practice guidelines, economic analyses, clinical prediction rules, other reports, media, internet
- outline different study designs and their suitability for providing valid evidence to answer specific clinical questions relating to diagnosis, therapy, prognosis, clinical prediction rules, and quality and safety
- outline critical appraisal rules as applied to published literature applicability of results of clinical studies to circumstances of individual patients, especially those with multiple comorbidities.

Skills

- demonstrate efficient searching of literature databases to retrieve evidence
- select studies on basis of optimal trial design, freedom from bias, and precision of measurement
- evaluate value of diagnostic tests in terms of sensitivity, specificity, likelihood ratios, predictive value, cost, reproducibility and patient convenience
- evaluate value of treatments in terms of relative and absolute benefits, cost, potential patient harm, and feasibility
- evaluate use of risk and prognostic factors
- evaluate value of clinical prediction rules as applied to common clinical conditions
- particularise research evidence to the needs of individual patients.

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| DOMAIN 5 | PROFESSIONAL QUALITIES SPECIFIC TO SEXUAL HEALTH MEDICINE |
| Theme 5.1 | Professional Qualities Specific to Sexual Health Medicine |
| Learning Objective 5.1.2 | Outline principles of research |
| Links | PQC Domain 3: Teaching and learning (scholar) Theme 3.2: Research |
| Attitudes | Understand the evolving nature of scientific understanding |
| Knowledge | |
| <ul style="list-style-type: none"> • outline relevance of research to evidence-based practice • outline principles of research ethics – National Health and Medical Research Council guidelines • identify sources of research funding. | |
| Skills | |
| <ul style="list-style-type: none"> • assimilate and evaluate literature • analyse existing research • identify deficiencies in current theoretical understanding • understand study design • evaluate statistical methodology • apply research to clinical practice • examine transferability of research to other contexts • appreciate importance of critical feedback • understand concept of stakeholders within a research framework • understand current funding of clinical research. | |

| DOMAIN 5 | PROFESSIONAL QUALITIES SPECIFIC TO SEXUAL HEALTH MEDICINE |
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| Theme 5.1 | Professional Qualities Specific to Sexual Health Medicine |
| Learning Objective 5.1.3 | Outline principles of health service management |
| Links | PQC Domain 7: Leadership and management Theme 7.1: Self-management Theme 7.2: Leadership and managing others |
| Attitudes | Consultative approach, the need for constant reflection on quality of services and the need to adapt to change |
| Knowledge | |
| <ul style="list-style-type: none"> • outline range of options available to develop local health service plans • outline human resource principles, including equal employment and opportunity, performance management, grievance and disciplinary procedures • outline principles of hospital accreditation • access local and state policies and guidelines as they relate to sexual health service delivery, e.g. child protection, occupational health and safety, privacy, and media enquiries. | |
| Skills | |
| <ul style="list-style-type: none"> • apply databases and other information technologies as they may apply in assisting with clinical service delivery, monitoring activity and reporting requirements • demonstrate understanding of data management issues as they apply to service delivery • demonstrate understanding of information technologies and their potential use in a sexual health setting • demonstrate understanding of concepts of benchmarking and key performance indicators and be able to identify relevant indicators and benchmarks for a sexual health service • develop clinical and administrative policies and procedures • develop, implement and evaluate quality assurance activities • participate in strategic planning to meet health service objectives • monitor and evaluate service activity • demonstrate understanding of guidelines and policies that underpin sexual health service delivery. | |

| DOMAIN 5 | PROFESSIONAL QUALITIES SPECIFIC TO SEXUAL HEALTH MEDICINE |
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| Theme 5.1 | Professional Qualities Specific to Sexual Health Medicine |
| Learning Objective 5.1.4 | Work in a multidisciplinary team |
| Links | PQC Domain 1: Communication Theme 1.3: Communicating with colleagues and broader health care team Domain 7: Leadership and management Theme 7.2: Leadership and managing others |
| Attitudes | Respect for opinions and skills of others, respecting personal, and professional boundaries |
| Knowledge | |
| <ul style="list-style-type: none"> • describe roles and responsibilities of other staff, both clinical, and non-clinical • outline principles of conflict resolution • outline principles of working in small groups, e.g. team meetings or planning activities • outline range of approaches in dealing with difficult clients, including aggressive clients • describe role of local service policies and procedures as they apply to team work. | |
| Skills | |
| <ul style="list-style-type: none"> • communicate with supervisor and other health care workers in team and in other services • complete assigned tasks within deadlines • undertake conflict resolution while demonstrating awareness of stepwise approach dependent on effectiveness at each stage • reflect on feedback, both written and verbal, and if appropriate, incorporate into clinical practice • undertake training in aggression management • manage aggressive clients and know when to seek help • outline principles of performance appraisal and review and participation in same • refer to other disciplines/staff • participate in all mandatory training activities of the local health service. | |

| DOMAIN 5 | PROFESSIONAL QUALITIES SPECIFIC TO SEXUAL HEALTH MEDICINE |
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| Theme 5.1 | Professional Qualities Specific to Sexual Health Medicine |
| Learning Objective 5.1.5 | Develop a process for lifelong learning in CPD |
| Links | PQC Domain 3: Teaching and learning (scholar) Theme 3.1: Ongoing learning Theme 3.3: Educator |
| Attitudes | Have an open attitude to learning and assist other colleagues in their professional learning |
| Knowledge | |
| <ul style="list-style-type: none"> • outline adult learning principles • understand basic techniques used in effective teaching, including but not limited to the following: <ul style="list-style-type: none"> • small group tutorials • one on one case discussion • 'teaching on the run' • planned assessment • 360 degree reviews. | |
| Skills | |
| <ul style="list-style-type: none"> • maintain professional skills through formulation of a learning plan • use techniques of self-evaluation and self-directed learning • participate in medical education activities • participate in professional dialogue about sexual health • recognise gaps in knowledge and source teaching and learning activities to address gaps • demonstrate teaching skills • participate in small group cases or problem-based learning activities • recognise value of 'just in time' approach to adult learning • use electronic and written learning resources • recognise value of, and use web-based programs, such as Up to Date, OVID and PubMed • discuss range of mechanisms available for continuing development, such as interpersonal consultation with colleagues, video conferencing and distance learning programs including e-learning, attendance at conferences and workshops, access to journals in both print and electronic format • initiate and participate in audit processes for both clinical and administrative activities to review and improve clinical health service provision. | |

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| DOMAIN 5 | PROFESSIONAL QUALITIES SPECIFIC TO SEXUAL HEALTH MEDICINE |
| Theme 5.1 | Professional Qualities Specific to Sexual Health Medicine |
| Learning Objective 5.1.6 | Advocate for sexual health |
| Knowledge | |
| <ul style="list-style-type: none"> • define role of advocacy for sexual health physicians • outline key policies, practices, and laws relating to sexual health • identify key issues for sexual health • outline key issues, needs of minority, and stigmatised groups • outline key issues and needs of priority populations. | |
| Skills | |
| <ul style="list-style-type: none"> • advocate for needs of sexual health • advocate for needs of minority and stigmatised groups • advocate for needs of priority populations • communicate with a variety of stakeholders, including media, non-medical organisations, and other health professionals. | |

