

NEW CURRICULA

Curriculum standards

Advanced Training in Sexual Health Medicine (Australasian Chapter of Sexual Health Medicine)

February 2025



RACP
Specialists. Together

About this document

The new Advanced Training in Sexual Health Medicine curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the curriculum standards for Advanced Training in Sexual Health Medicine trainees and supervisors. The curriculum standards should be used in conjunction with the Advanced Training in Sexual Health Medicine [LTA program](#).

The new curriculum was approved by the College Education Committee in February 2025. Please refer to the [College website](#) for details on its implementation.

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Program overview

Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

Specialty overview

Sexual health medicine is the specialised area of medical practice concerned with healthy sexual relationships, including freedom from sexually transmitted infections (STIs) and their sequelae, unplanned pregnancy, coercion, and physical or psychological discomfort associated with sexuality and gender. 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, stigma reduction, behavioural 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.

Sexual health physicians are specialists in sexual and reproductive health care throughout the life course, including sexual function and wellbeing, the management of STIs and blood-borne viruses (BBVs), sexual assault, aspects of medical gynaecology and dermatology, abortion, unplanned pregnancy, contraception, and psychosexual care.

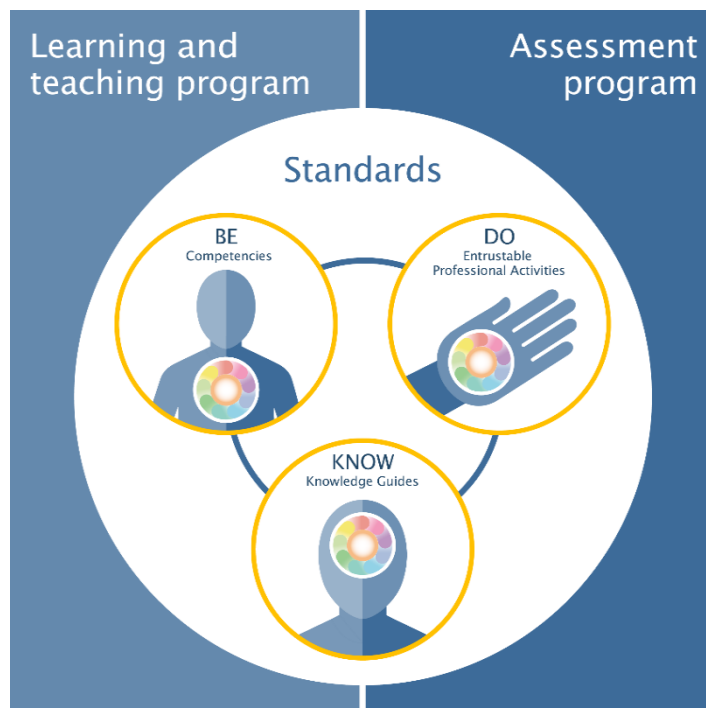
Sexual health specialists most commonly provide care in outpatient settings, including public and private sexual health clinics, sexual assault services, HIV clinics, priority services for marginalised communities, and reproductive / family planning services.

Sexual health specialists have specific professional skills, including:

- **applying a multidisciplinary approach.** Sexual health specialists work collaboratively with other health professionals and within a team.
- **working sensitively with a variety of patients.** Sexual health specialists develop an ability to deal with patients from a diverse range of backgrounds in a professional and empathetic manner.

- **strong communication skills.** Sexual health specialists must develop a personable interviewing technique and an ability to relate to patients from all walks of life. It is also essential that they appreciate when referral to a more appropriate or more qualified practitioner in a particular subspecialty is necessary.
- **managing resources for the benefit of patients and communities.** Sexual health specialists develop and implement health promotion activities in relation to sexual health and apply public health principles to the prevention of STIs and BBVs.
- **applying a scholarly approach.** Sexual health specialists conduct academic research to discover better ways of understanding, diagnosing, treating, and preventing disease, applying research to improve the management of patients.

Advanced Training curricula standards



The **RACP curriculum model** is made up of curricula standards supported by learning, teaching, and assessment programs.

Learning and teaching programs outline the strategies and methods to learn and teach curricula standards, including required and recommended learning activities.

Assessment programs outline the planned use of assessment methods to provide an overall picture of the trainee's competence over time.

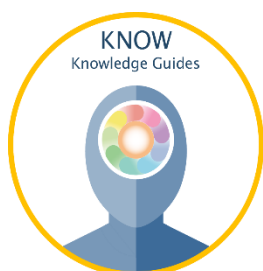
The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.



- **Competencies** outline the expected professional behaviours, values and practices of trainees in 10 domains of professional practice.



- **Entrustable Professional Activities (EPAs)** outline the essential work tasks trainees need to be able to perform in the workplace.



- **Knowledge guides** outline the expected baseline knowledge of trainees.

Professional Practice Framework

The Professional Practice Framework describes 10 domains of practice for all physicians.



Learning, teaching, and assessment structure

The learning, teaching, and assessment structure defines the framework for delivery



Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

Advanced Training is a **hybrid time- and competency-based training program**.

There is a minimum time requirement of between three to five years' full-time equivalent experience, depending on the training program undertaken. Progress and completion decisions are based on evidence of trainees' competence.

Curriculum standards

Competencies

Competencies outline the expected professional behaviours, values and practices that trainees need to achieve by the end of training.

Competencies are grouped by the 10 domains of the professional practice framework.

Competencies will be common across training programs.



Medical expertise

Professional standard: Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.

Knowledge: Apply knowledge of the scientific basis of health and disease to the diagnosis and management of patients.

Synthesis: Gather relevant data via age- and context- appropriate means to develop reasonable differential diagnoses, recognising and considering interactions and impacts of comorbidities.

Diagnosis and management: Develop diagnostic and management plans that integrate an understanding of individual patient circumstances, including psychosocial factors and specific vulnerabilities, epidemiology, and population health factors in partnership with patients, families, whānau, or carers¹, and in collaboration with the health care team.

¹ References to patients in the remainder of this document may include their families, whānau, and/or carers.



Communication

Professional standard: Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically, and in a manner that is understandable.

Physicians share information responsibly with patients, families, carers, colleagues, community groups, the public, and other stakeholders to facilitate optimal health outcomes.

Effective communication: Use a range of effective and appropriate verbal, nonverbal, written and other communication techniques, including active listening.

Communication with patients, families, and carers: Use collaborative, effective, and empathetic communication with patients, families, and carers.

Communication with professionals and professional bodies: Use collaborative, respectful, and empathetic clinical communication with colleagues, other health professionals, professional bodies, and agencies.

Written communication: Document and share information about patients to optimise patient care and safety.

Privacy and confidentiality: Maintain appropriate privacy and confidentiality, and share information responsibly.



Quality and safety

Professional standard: Physicians practice in a safe, high-quality manner within the limits of their expertise.

Physicians regularly review and evaluate their own practice alongside peers and best practice standards, and conduct continuous improvement activities.

Patient safety: Demonstrate a safety focus and continuous improvement approach to own practice and health systems.

Harm prevention and management: Identify and report risks, adverse events, and errors to improve healthcare systems.

Quality improvement: Participate in quality improvement activities to improve quality of care and safety of the work environment.

Patient engagement: Enable patients to contribute to the safety of their care.



Teaching and learning

Professional standard: Physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluating evidence.

Physicians foster the learning of others in their profession through a commitment to mentoring, supervising, and teaching.²

Lifelong learning: Undertake effective self-education and continuing professional development.

Self-evaluation: Evaluate and reflect on gaps in own knowledge and skills to inform self-directed learning.

Supervision: Provide supervision for junior colleagues and/or team members.

Teaching: Apply appropriate educational techniques to facilitate the learning of colleagues and other health professionals.

Patient education: Apply appropriate educational techniques to promote understanding of health and disease amongst patients and populations.



Research

Professional standard: Physicians support creation, dissemination, and translation of knowledge and practices applicable to health.² They do this by engaging with and critically appraising research, and applying it in policy and practice to improve the health outcomes of patients and populations.

Evidence-based practice: Critically analyse relevant literature and refer to evidence-based clinical guidelines, and apply these in daily practice.

Research: Apply research methodology to add to the body of medical knowledge and improve practice and health outcomes.

²Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Cultural safety



Professional standard: Physicians engage in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices and practising behaviours. Together with the requirement of understanding the cultural rights of the community they serve; this brings awareness and accountability for the impact of the physician's own culture on decision-making and healthcare delivery. It also allows for an adaptive practice where power is shared between patients, family, whānau and/or community and the physician, to improve health outcomes.

Physicians recognise the patient and population's rights for culturally-safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision-making. This shift in the physician's perspective fosters collaborative and engaged therapeutic relationships, allows for strength-based (or mana-enhanced) decisions, and sharing of power with the recipient of the care, optimising health care outcomes.

Physicians critically analyse their environment to understand how colonialism, systemic racism, social determinants of health and other sources of inequity have and continue to underpin the healthcare context. Consequently, physicians then can recognise their interfacing with, and contribution to, the environment in which they work to advocate for safe, more equitable and decolonised services and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds.³

Critical reflection. Engage in iterative and critical self-reflection and demonstrate cultural safety in the context of their own cultural identity, power, biases, prejudices and practising behaviours.

Allyship. Recognise the patient and population's rights to culturally-safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision-making.

Inclusive communication. Apply culturally-safe communication, acknowledging the sharing of power, and cultural and human rights to enable patients, families and whānau to engage in appropriate patient care decisions.

Culturally-safe environment. Contributes to a culturally-safe learning and practice environment for patients and team members. Respect patients may feel unsafe in the healthcare environment.

³ The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below):

Cultural safety can be defined as¹.

- The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.
- The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided.
- The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

1. Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". International Journal for Equity in Health (2019) 18:174



Ethics and professional behaviour

Professional standard: Physicians' practice is founded upon ethics, and physicians always treat patients, their families, communities, and populations in a caring and respectful manner.

Physicians demonstrate their commitment and accountability to the health and wellbeing of individual patients, communities, populations, and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.

Beliefs and attitudes: Reflect critically on personal beliefs and attitudes, including how these may impact on patient care.

Honesty and openness: Act honestly, including reporting accurately, and acknowledging their own errors.

Patient welfare: Prioritise patients' welfare and community benefit above self-interest.

Accountability: Be personally and socially accountable.

Personal limits: Practise within their own limits and according to ethical principles and professional guidelines.

Self-care: Implement strategies to maintain personal health and wellbeing.

Respect for peers: Recognise and respect the personal and professional integrity, roles, and contribution of peers.

Interaction with professionals: Interact equitably, collaboratively, and respectfully with other health professionals.

Respect and sensitivity: Respect patients, maintain appropriate relationships, and behave equitably.

Privacy and confidentiality: Protect and uphold patients' rights to privacy and confidentiality.

Compassion and empathy: Demonstrate a caring attitude towards patients, and endeavour to understand patients' values and beliefs.

Health needs: Understand and address patients', families', carers', and colleagues' physical and emotional health needs.

Medical and health ethics and law: Practise according to current community and professional ethical standards and legal requirements.



Judgement and decision making

Professional standard: Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.

Physicians negotiate, implement, and review their decisions and recommendations with patients, their families and carers, and other health professionals.

Diagnostic reasoning: Apply sound diagnostic reasoning to clinical problems to make logical and safe clinical decisions.

Resource allocation: Apply judicious and cost-effective use of health resources to their practice.

Task delegation: Apply good judgement and decision making to the delegation of tasks.

Limits of practice: Recognise their own scope of practice and consult others when required.

Shared decision-making: Contribute effectively to team-based decision-making processes.



Leadership, management, and teamwork

Professional standard: Physicians recognise, respect, and aim to develop the skills of others, and engage collaboratively to achieve optimal outcomes for patients and populations.

Physicians contribute to and make decisions about policy, protocols, and resource allocation at personal, professional, organisational, and societal levels.

Physicians work effectively in diverse multidisciplinary teams and promote a safe, productive, and respectful work environment that is free from discrimination, bullying, and harassment.

Managing others: Lead teams, including setting directions, resolving conflicts, and managing individuals.

Wellbeing: Consider and work to ensure the health and safety of colleagues and other health professionals.

Leadership: Act as a role model and leader in professional practice.

Teamwork: Negotiate responsibilities within the healthcare team and function as an effective team member.



Health policy, systems, and advocacy

Professional standard: Physicians apply their knowledge of the nature and attributes of local, national, and global health systems to their own practices. They identify, evaluate, and influence health determinants through local, national, and international policy.

Physicians deliver and advocate for the best health outcomes for all patients and populations.

Health needs: Respond to the health needs of the local community and the broader health needs of the people of Australia and Aotearoa New Zealand.

Prevention and promotion: Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients and their social support networks.

Equity and access: Work with patients and social support networks to address determinants of health that affect them and their access to needed health services or resources.

Stakeholder engagement: Involve communities and patient groups in decisions that affect them to identify priority problems and solutions.

Advocacy: Advocate for prevention, promotion, equity, and access to support patient and population health needs within and outside the clinical environment.

Resource allocation: Understand the factors influencing resource allocation, promote efficiencies, and advocate to reduce inequities.

Sustainability: Manage the use of healthcare resources responsibly in everyday practice.

Entrustable Professional Activities

Entrustable Professional Activities (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.



#	Theme	Title
1	<u>Team leadership</u>	Lead a team of health professionals
2	<u>Supervision and teaching</u>	Supervise and teach professional colleagues
3	<u>Quality improvement</u>	Identify and address opportunities for improvement in health care delivery
4	<u>Clinical assessment and management</u>	Clinically assess and manage the ongoing care of patients
5	<u>Management of transitions in care</u>	Manage the transition of patient care between health professionals, providers, and contexts
6	<u>Emergency and longitudinal care</u>	Manage emergencies and coordinate the longitudinal care of patients with chronic illness and/or long-term health issues
7	<u>Communication with patients</u>	Discuss diagnoses and management plans with patients
8	<u>Prescribing</u>	Prescribe therapies tailored to patients' needs and conditions
9	<u>Investigations and procedures</u>	Select, organise, and interpret investigations and procedures
10	<u>Clinic management</u>	Manage an outpatient clinic or multidisciplinary sexual health service

EPA 1: Team leadership

Theme	Team leadership		AT-EPA-01
Title	Lead a team of health professionals		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• prioritise workload• manage multiple concurrent tasks• articulate individual responsibilities, expertise, and accountability of team members• understand the range of team members' skills, expertise, and roles• acquire and apply leadership techniques in daily practice• collaborate with and motivate team members• encourage and adopt insights from team members• act as a role model.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>	
Medical expertise	<ul style="list-style-type: none">• synthesise information with other disciplines to develop optimal, goal-centred plans for patients⁴• use evidence-based care to meet the needs of patients or populations• assess and effectively manage clinical risk in various scenarios• demonstrate clinical competence and skills by effectively supporting team members	<ul style="list-style-type: none">• demonstrate adequate knowledge of healthcare issues by interpreting complex information• assess the spectrum of problems to be addressed• apply medical knowledge to assess the impact and clinical outcomes of management decisions• provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team	
Communication	<ul style="list-style-type: none">• provide support and motivate patients or populations and health professionals by effective communication• demonstrate a transparent, consultative style by engaging patients, families, carers, relevant professionals and/or the public in shared decision making• work with patients, families, carers, and other health professionals to resolve conflict that may arise when planning and aligning goals	<ul style="list-style-type: none">• communicate adequately with colleagues• communicate adequately with patients, families, carers, and/or the public• respect the roles of team members	

⁴ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> demonstrate rapport with people at all levels by tailoring messages to different stakeholders 	
Quality and safety	<ul style="list-style-type: none"> identify opportunities to improve care by participating in surveillance and monitoring of adverse events and 'near misses' identify activities within systems to reduce errors, improve patient and population safety, and implement cost-effective change place safety and quality of care first in all decision making 	<ul style="list-style-type: none"> participate in audits and other activities that affect the quality and safety of patients' care participate in interdisciplinary collaboration to provide effective health services and operational change use information resources and electronic medical record technology where available
Teaching and learning	<ul style="list-style-type: none"> regularly self-evaluate personal professional practice, and implement changes based on the results actively seek feedback from supervisors and colleagues on their own performance identify personal gaps in skills and knowledge, and engage in self-directed learning maintain current knowledge of new technologies, health care priorities and changes of patients' expectations teach competently by imparting professional knowledge manage and monitor learner progress, providing regular assessment and feedback 	<ul style="list-style-type: none"> accept feedback constructively, and change behaviour in response recognise the limits of personal expertise, and involve other health professionals as needed demonstrate basic skills in facilitating colleagues' learning
Cultural safety	<ul style="list-style-type: none"> demonstrate culturally competent relationships with professional colleagues and patients demonstrate respect for diversity and difference take steps to minimise unconscious bias, including the impact of gender, religion, cultural beliefs and socioeconomic background on decision making 	<ul style="list-style-type: none"> demonstrate awareness of cultural diversity and unconscious bias work effectively and respectfully with people from different cultural backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> promote a team culture of shared accountability for decisions and outcomes encourage open discussion of ethical and clinical concerns respect differences of multidisciplinary team members understand the ethics of resource allocation by aligning optimal patients and organisational care effectively consult with stakeholders, achieving a balance of alternative views 	<ul style="list-style-type: none"> support ethical principles in clinical decision making maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities respect the roles and expertise of other health professionals work effectively as a member of a team promote team values of honesty, discipline, and commitment to continuous improvement

	<ul style="list-style-type: none"> • acknowledge personal conflicts of interest and unconscious bias • act collaboratively to resolve behavioural incidents and conflicts such as harassment and bullying 	<ul style="list-style-type: none"> • demonstrate understanding of the negative impact of workplace conflict
Judgement and decision making	<ul style="list-style-type: none"> • evaluate health services and clarify expectations to support systematic, transparent decision making • make decisions when faced with multiple and conflicting perspectives • ensure medical input to organisational decision making • adopt a systematic approach to analysing information from a variety of specialties to make decisions that benefit health care delivery 	<ul style="list-style-type: none"> • monitor services and provide appropriate advice • review new health care interventions and resources • interpret appropriate data and evidence for decision making
Leadership, management, and teamwork	<ul style="list-style-type: none"> • combine team members' skills and expertise in delivering patient care and/or population advice • develop and lead effective multidisciplinary teams by developing and implementing strategies to motivate others • build effective relationships with multidisciplinary team members to achieve optimal outcomes • ensure all members of the team are accountable for their individual practice 	<ul style="list-style-type: none"> • understand the range of personal and other team members' skills, expertise, and roles • acknowledge and respect the contribution of all health professionals involved in patients' care • participate effectively and appropriately in multidisciplinary teams • seek out and respect the perspectives of multidisciplinary team members when making decisions
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • engage in appropriate consultation with stakeholders on the delivery of health care • advocate for the resources and support for healthcare teams to achieve organisational priorities • influence the development of organisational policies and procedures to optimise health outcomes • identify the determinants of health of the population, and mitigate barriers to access to care • remove self-interest from solutions to health advocacy issues 	<ul style="list-style-type: none"> • communicate with stakeholders within the organisation about health care delivery • understand methods used to allocate resources to provide high-quality care • promote the development and use of organisational policies and procedures

EPA 2: Supervision and teaching

Theme	Supervision and teaching		AT-EPA-02
Title	Supervise and teach professional colleagues		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• provide work-based teaching in a variety of settings• teach professional skills• create a safe and supportive learning environment• plan, deliver, and provide work-based assessments• encourage learners to be self-directed and identify learning experiences• supervise learners in day-to-day work, and provide feedback• support learners to prepare for assessments.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>	
Medical expertise	<ul style="list-style-type: none">• combine high-quality care with high-quality teaching• explain the rationale underpinning a structured approach to decision making• consider the patient-centric view during consultations• consider the population health effect when giving advice• encourage learners to consider the rationale and appropriateness of investigation and management options	<ul style="list-style-type: none">• teach learners using basic knowledge and skills	
	Communication	<ul style="list-style-type: none">• establish rapport and demonstrate respect for junior colleagues, medical students, and other health professionals• communicate effectively when teaching, assessing, and appraising learners• actively encourage a collaborative and safe learning environment with learners and other health professionals• encourage learners to tailor communication as appropriate for different patients⁵, such as younger or older people, and different populations	<ul style="list-style-type: none">• demonstrate accessible, supportive, and compassionate behaviour

⁵ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • support learners to deliver clear, concise and relevant information in both verbal and written communication • listen and convey information clearly and considerately 	
Quality and safety	<ul style="list-style-type: none"> • support learners to deliver quality care while maintaining their own wellbeing • apply lessons learnt about patient safety by identifying and discussing risks with learners • assess learners' competence, and provide timely feedback to minimise risks to care • maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns 	<ul style="list-style-type: none"> • observe learners to reduce risks and improve health outcomes
Teaching and learning	<ul style="list-style-type: none"> • demonstrate knowledge of the principles, processes, and skills of supervision • provide direct guidance to learners in day-to-day work • work with learners to identify professional development and learning opportunities based on their individual learning needs • offer feedback and role modelling • participate in teaching and supervision professional development activities • encourage self-directed learning and assessment • develop a consistent and fair approach to assessing learners • tailor feedback and assessments to learners' goals • seek feedback and reflect on own teaching by developing goals and strategies to improve • establish and maintain effective mentoring through open dialogue • support learners to identify and attend formal and informal learning opportunities • recognise the limits of personal expertise, and involve others appropriately 	<ul style="list-style-type: none"> • demonstrate basic skills in the supervision of learners • apply a standardised approach to teaching, assessment, and feedback without considering individual learners' needs • implement teaching and learning activities that are misaligned to learning goals • adopt a teaching style that discourages learner self-directedness
Research	<ul style="list-style-type: none"> • clarify junior colleagues' research project goals and requirements, and provide feedback regarding the merits or challenges of proposed research 	<ul style="list-style-type: none"> • guide learners with respect to the choice of research projects • ensure that the research projects planned are feasible and of suitable standards

	<ul style="list-style-type: none"> • monitor the progress of learners' research projects regularly, and may review research projects prior to submission • support learners to find forums to present research projects • encourage and guide learners to seek out relevant research to support practice 	
Cultural safety	<ul style="list-style-type: none"> • role model a culturally appropriate approach to teaching • encourage learners to seek out opportunities to develop and improve their own cultural safety • encourage learners to consider culturally appropriate care of Aboriginal and Torres Strait Islander peoples and Māori into patients' management • consider cultural, ethical, and religious values and beliefs in teaching and learning 	<ul style="list-style-type: none"> • function effectively and respectfully when working and teaching with people from different cultural backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> • apply principles of ethical practice to teaching scenarios • act as a role model to promote professional responsibility and ethics among learners • respond appropriately to learners seeking professional guidance 	<ul style="list-style-type: none"> • demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect • provide learners with feedback to improve their experiences
Judgement and decision making	<ul style="list-style-type: none"> • prioritise workloads and manage learners with different levels of professional knowledge or experience • link theory and practice when explaining professional decisions • promote joint problem solving • support a learning environment that allows for independent decision making • use sound and evidence-based judgement during assessments and when giving feedback to learners • escalate concerns about learners appropriately 	<ul style="list-style-type: none"> • provide general advice and support to learners • use health data logically and effectively to investigate difficult diagnostic problems
Leadership, management, and teamwork	<ul style="list-style-type: none"> • maintain personal and learners' effective performance and continuing professional development • maintain professional, clinical, research, and/or administrative responsibilities while teaching • create an inclusive environment in which learners feel part of the team 	<ul style="list-style-type: none"> • demonstrate the principles and practice of professionalism and leadership in health care • participate in mentor programs, career advice, and general counselling

	<ul style="list-style-type: none"> • help shape organisational culture to prioritise quality and work safety through openness, honesty, shared learning, and continued improvement 	
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • advocate for suitable resources to provide quality supervision and maintain training standards • explain the value of health data in the care of patients or populations • support innovation in teaching and training 	<ul style="list-style-type: none"> • incompletely integrate public health principals into teaching and practice

EPA 3: Quality improvement

Theme	Quality improvement		AT-EPA-03
Title	Identify and address opportunities for improvement in health care delivery		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> • identify and report actual and potential ‘near miss’ errors • conduct and evaluate system improvement activities • adhere to best practice guidelines • audit clinical practice and outcomes • contribute to the development of policies and protocols designed to protect patients⁶ and enhance health care • monitor one’s own practice and develop individual improvement plans. 		
Behaviours			
Professional practice framework domain	Ready to perform without supervision	Requires some supervision	
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity	
Medical expertise	The trainee will:	The trainee may:	
	<ul style="list-style-type: none"> • use population health outcomes to identify opportunities for improvement in delivering appropriate care • regularly review patients’ or population health outcomes to identify opportunities for improvement in delivering appropriate care • regularly monitor personal professional performance • represent needs of specific priority populations at local levels and appreciate roles and importance of advocacy at a national level 	<ul style="list-style-type: none"> • contribute to processes on identified opportunities for improvement • recognise the importance of prevention and early detection in clinical practice • use local guidelines to assist patient care decision making • use standardised protocols to adhere to best practice and prevent the occurrence of procedural errors 	
Communication	<ul style="list-style-type: none"> • support patients to have access to, and use, easy-to-understand, high-quality information about health care • support patients to share decision making about their own health care, to the extent they choose • assist patients’ access to their health information, as well as complaint and feedback systems • discuss with patients any safety and quality concerns they have relating to their care • implement the organisation’s open disclosure policy 	<ul style="list-style-type: none"> • demonstrate awareness of the evidence for consumer engagement and its contribution to quality improvement in health care • apply knowledge of how health literacy might affect the way patients or populations gain access to, understand, and use health information 	

⁶ References to patients in the remainder of this document may include their families, whānau, and/or carers.

Quality and safety	<ul style="list-style-type: none"> demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover participate in organisational quality and safety activities, including morbidity and mortality reviews, clinical incident reviews, root cause analyses, and corrective action preventative action plans participate in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events ensure that identified opportunities for improvement are raised and reported appropriately use clinical audits and registries of data on patients' experiences and outcomes, learnings from incidents, and complaints to improve care 	<ul style="list-style-type: none"> demonstrate understanding of a systematic approach to improving the quality and safety of health care
Teaching and learning	<ul style="list-style-type: none"> translate quality improvement approaches and methods into practice participate in professional training in quality and safety to ensure a contemporary approach to safety system strategies supervise and manage the performance of junior colleagues in the delivery of high-quality, safe care 	<ul style="list-style-type: none"> work within organisational quality and safety systems for the delivery of clinical care use opportunities to learn about safety and quality theory and systems
Research	<ul style="list-style-type: none"> ensure that any protocol for human research is approved by a human research ethics committee, in accordance with the national statement on ethical conduct in human research 	<ul style="list-style-type: none"> understand that patient participation in research is voluntary and based on an appropriate understanding about the purpose, methods, demands, risks, and potential benefits of the research
Cultural safety	<ul style="list-style-type: none"> undertake professional development opportunities that address the impact of cultural bias on health outcomes 	<ul style="list-style-type: none"> communicate effectively with patients from culturally and linguistically diverse backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> align improvement goals with the priorities of the organisation contribute to developing an organisational culture that enables and prioritises patients' safety and quality 	<ul style="list-style-type: none"> comply with professional regulatory requirements and codes of conduct
Judgement and decision making	<ul style="list-style-type: none"> use decision-making support tools, such as guidelines, protocols, pathways, and reminders analyse and evaluate current care processes to improve care 	<ul style="list-style-type: none"> access information and advice from other health practitioners to identify, evaluate, and improve patients' care management

Leadership, management, and teamwork	<ul style="list-style-type: none"> • formulate and implement quality improvement strategies as a collaborative effort involving all key health professionals • support multidisciplinary team activities to lower patients' risk of harm, and promote interdisciplinary programs of education • actively involve clinical pharmacists in the medication-use process when appropriate 	<ul style="list-style-type: none"> • demonstrate attitudes of respect and cooperation among members of different professional teams • partner with clinicians and managers to ensure patients receive appropriate care and information on their care
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • participate in all aspects of the development, implementation, evaluation, and monitoring of governance processes • participate regularly in multidisciplinary meetings where quality and safety issues are standing agenda items, and where innovative ideas and projects for improving care are actively encouraged • measure, analyse, and report a set of specialty-specific process of care and outcome clinical indicators, and a set of generic safety indicators • take part in the design and implementation of the organisational systems for: <ul style="list-style-type: none"> » clinical education and training » defining the scope of clinical practice » performance monitoring and management » safety and quality education and training 	<ul style="list-style-type: none"> • maintain a dialogue with service managers about issues that affect patients' care • contribute to relevant organisational policies and procedures • help shape an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement

EPA 4: Clinical assessment and management

Theme	Clinical assessment and management		AT-EPA-04
Title	Clinically assess and manage the ongoing care of patients		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• identify and access sources of relevant information about patients⁷• obtain patient histories• examine patients• synthesise findings to develop provisional and differential diagnoses• discuss findings with patients, families, and/or carers• generate management plans• present findings to other health professionals.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p> <ul style="list-style-type: none">• elicit accurate, organised, and problem-focused medical histories, including sexual history, considering physical, psychosocial, and other risk factors• perform focused genitourinary examinations with view to full physical examinations, where relevant and required, to establish the nature and extent of symptoms• synthesise and interpret findings from histories and examinations to devise the most likely provisional diagnoses via reasonable differential diagnoses• assess the severity of problems, likelihood of complications, and clinical outcomes• develop management plans based on relevant guidelines, and consider the balance of benefit and harm by taking patients' personal sets of circumstances into account	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p> <ul style="list-style-type: none">• take patient-centred histories, considering psychosocial factors• perform accurate physical examinations• recognise and correctly interpret abnormal findings• synthesise pertinent information to direct clinical encounters and diagnostic categories• develop appropriate management plans	
Medical expertise			
Communication	<ul style="list-style-type: none">• communicate openly, listen, and take patients' concerns seriously, giving them adequate opportunity to ask questions	<ul style="list-style-type: none">• anticipate, read, and respond to verbal and nonverbal cues• demonstrate active listening skills	

⁷ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> provide information to patients to enable them to make a fully informed decision from various diagnostic, therapeutic, and management options communicate clearly, effectively, respectfully, and promptly with other health professionals involved in patients' care 	<ul style="list-style-type: none"> communicate patients' situations to colleagues, including senior clinicians
Quality and safety	<ul style="list-style-type: none"> demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover recognise aggressive and violent patient behaviours, and have strategies for de-escalation and management of these behaviours to the extent possible through appropriate training obtain informed consent before undertaking any investigation or providing treatment (except in an emergency) ensure patients are informed of the material risks associated with any part of proposed treatment or management plans 	<ul style="list-style-type: none"> perform hand hygiene, and take infection control precautions at appropriate moments take precaution against assaults from confused or agitated patients, ensuring appropriate care of patients document history and physical examination findings, and synthesise with clarity and completeness
Teaching and learning	<ul style="list-style-type: none"> set defined objectives for clinical teaching encounters and solicit feedback on mutually agreed goals regularly reflect upon and self-evaluate professional development obtain informed consent before involving patients in teaching activities turn clinical activities into an opportunity to teach, appropriate to the setting 	<ul style="list-style-type: none"> set unclear goals and objectives for self-learning self-reflect infrequently deliver teaching considering learners' level of training
Research	<ul style="list-style-type: none"> search for, find, compile, analyse, interpret, and evaluate information relevant to the research subject 	<ul style="list-style-type: none"> refer to guidelines and medical literature to assist in clinical assessments when required demonstrate an understanding of the limitations of evidence and the challenges of applying research in daily practice
Cultural safety	<ul style="list-style-type: none"> use plain-language patient education materials, and demonstrate cultural and linguistic sensitivity demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples and Māori, and members of other cultural groups 	<ul style="list-style-type: none"> display respect for patients' cultures, and attentiveness to social determinants of health display an understanding of at least the most prevalent cultures in society, and an appreciation of their differences appropriately access interpretive or culturally focused services

	<ul style="list-style-type: none"> • use a professional interpreter, health advocate, or a family or community member to assist in communication with patients, and understand the appropriateness and potential limitations of each • acknowledge patients' beliefs and values, and how these might impact on health 	
Ethics and professional behaviour	<ul style="list-style-type: none"> • demonstrate professional values, including compassion, empathy, respect for diversity, integrity, honesty, and partnership with all patients • hold information about patients in confidence, unless the release of information is required by law or public interest • assess patients' capacity for decision making, involving a proxy decision maker appropriately 	<ul style="list-style-type: none"> • demonstrate professional conduct, honesty, and integrity • consider patients' decision-making capacity • identify patients' preferences regarding management and the role of families in decision making • not advance personal interest or professional agendas at the expense of patient or social welfare
Judgement and decision making	<ul style="list-style-type: none"> • apply knowledge and experience to identify patients' problems, making logical, rational decisions, and acting to achieve positive outcomes for patients • use a holistic approach to health, considering comorbidity, uncertainty, and risk • use the best available evidence for the most effective therapies and interventions to ensure quality care 	<ul style="list-style-type: none"> • demonstrate clinical reasoning by gathering focused information relevant to patients' care • recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	<ul style="list-style-type: none"> • work effectively as a member of multidisciplinary teams to achieve the best health outcomes for patients • demonstrate awareness of colleagues in difficulty, and work within the appropriate structural systems to support them while maintaining patient safety 	<ul style="list-style-type: none"> • share relevant information with members of the healthcare team
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • participate in health promotion, disease prevention and control, screening, and reporting notifiable diseases • aim to achieve optimal cost-effective patient care to allow maximum benefit from the available resources • demonstrate awareness of local and national strategies in relation to sexually transmitted infections (STIs) and blood-borne viruses (BBVs) 	<ul style="list-style-type: none"> • identify and navigate components of the healthcare system relevant to patients' care • identify and access relevant community resources to support patients' care • access public health acts and privacy legislation relevant to location

EPA 5: Management of transitions in care

Theme	Management of transitions in care		AT-EPA-05
Title	Manage the transition of patient care between health professionals, providers, and contexts		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">manage transitions of patients’ care to ensure the optimal continuation of care between providersidentify the appropriate care providers and other stakeholders with whom to share patient informationexchange pertinent, contextually appropriate, and relevant patient informationperform this activity in settings appropriate to sexual health medicine.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>	
Medical expertise	<ul style="list-style-type: none">facilitate an optimal transition of care for patientsidentify and manage key risks for patients during transitionanticipate possible changes in patients’ conditions, and provide recommendations on how to manage them	<ul style="list-style-type: none">understand the details of patients’ conditions, illness severity, and potential emerging issues, with appropriate actionsprovide accurate summaries of patients’ information with accurate identification of problems or issues	
Communication	<ul style="list-style-type: none">write relevant and detailed medical record entries, including clinical assessments and management planswrite comprehensive and accurate summaries of care, including discharge summaries, clinic letters, and transfer documentationinitiate and maintain verbal communication with other health professionals, when requiredcommunicate with patients⁸, families, and/or carers about transitions of care, and engage and support them in decision making	<ul style="list-style-type: none">communicate clearly with clinicians and other caregiversuse standardised verbal and written templates to improve the reliability of information transfer and prevent errors and omissionscommunicate accurately and in a timely manner to ensure effective transitions between settings, and continuity and quality of care	
Quality and safety	<ul style="list-style-type: none">use consent processes, including written consent if required, for	<ul style="list-style-type: none">ensure that handover is complete, or work to mitigate risks if incomplete	

⁸ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> the release and exchange of information identify patients at risk of poor transitions of care, and mitigate risks where possible use electronic tools (where available) to securely store and transfer patient information demonstrate understanding of the medicolegal context of written communications 	<ul style="list-style-type: none"> ensure results are received and actioned keep patients' information secure, adhering to relevant legislation regarding personal information and privacy ensure the safety and wellbeing of children and young people by providing information to others for the purpose of ensuring safety, according to relevant legislation
Teaching and learning	<ul style="list-style-type: none"> integrate clinical education in handover sessions and other transition of care meetings tailor clinical education to the level of the professional parties involved 	<ul style="list-style-type: none"> take opportunities to teach junior colleagues as necessary
Cultural safety	<ul style="list-style-type: none"> communicate with careful consideration to health literacy, language barriers, and culture about patient preferences, and whether they are realistic and possible, respecting patient choices recognise the timing, location, privacy, and appropriateness of sharing information with patients and their families or carers collaborate with health promotion officers, Indigenous health workers, and non-government organisations to achieve positive outcomes with specific communities 	<ul style="list-style-type: none"> include relevant information regarding patients' cultural or ethnic backgrounds, and whether an interpreter is required
Ethics and professional behaviour	<ul style="list-style-type: none"> disclose and share only contextually appropriate medical and personal information demonstrate understanding of the clinical, ethical, and legal rationale for information disclosure share information about patients' care in a manner consistent with privacy laws and professional guidelines on confidentiality respect patients' rights to privacy, and develop systems to ensure patients' personal information remains confidential where appropriate demonstrate strategies to maintain enhanced confidentiality through clinic and systems measures manage unexpected or unanticipated disclosure of confidential information interact in a collegiate and collaborative way with professional 	<ul style="list-style-type: none"> maintain respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality demonstrate understanding of legislation and policies related to some types of patient information, such as BBV status, and seek appropriate advice about disclosure of such information

	colleagues during transitions of care	
Judgement and decision making	<ul style="list-style-type: none"> ensure patients' care is within the most appropriate facility, setting, or provider 	<ul style="list-style-type: none"> use a structured approach to consider and prioritise patients' issues recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	<ul style="list-style-type: none"> share the workload of transitions of care appropriately, including delegation demonstrate understanding of the medical governance of patient care, and the differing roles of team members show respect for the roles and expertise of other health professionals, and work effectively as a member of professional teams ensure that multidisciplinary teams provide the opportunity for patients' engagement and participation when appropriate 	<ul style="list-style-type: none"> recognise factors that impact the transfer of care, and help subsequent health professionals understand the issues to continue care work to overcome the potential barriers to continuity of care, appreciating the role of handover in overcoming these barriers
Health policy, systems, and advocacy	<ul style="list-style-type: none"> contribute to processes for managing risks, and identify strategies for improvement in transition of care engage in organisational processes to improve transitions of care, such as formal surveys or follow-up phone calls 	<ul style="list-style-type: none"> factor transport issues and costs to patients into arrangements for transferring patients to other settings

EPA 6: Emergency and longitudinal care

Theme	Emergency and longitudinal care		AT-EPA-06
Title	Manage emergencies and coordinate the longitudinal care of patients with chronic illness and/or long-term health issues		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• recognise and assess patients requiring urgent care that may be seen in the sexual health setting, and facilitate patients' care in a timely manner• recognise and manage anaphylaxis, and perform basic life support according to resuscitation council guidelines• manage chronic and advanced conditions, complications, disabilities, and comorbidities• develop management plans and goals in consultation with patients⁹, families, and/or carers• facilitate patients' and/or families' and/or carers' self-management and self-monitoring• collaborate with other care providers• ensure continuity of care• engage with the broader health policy context.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity	
Medical expertise	The trainee will:	The trainee may:	
	<ul style="list-style-type: none">• regularly assess and review care plans for patients with chronic conditions and disabilities based on short- and long-term clinical and quality of life goals, including people living and aging with HIV• ensure patients contribute to their needs assessments and care planning• monitor treatment outcomes, effectiveness, and adverse events• coordinate patients' management in a multidisciplinary team environment, including collaborating with other specialties as required• systematically identify causes of acute deterioration in health status and levels of physical and cognitive functioning• ensure appropriate initial management emergencies, such as anaphylaxis	<ul style="list-style-type: none">• assess patients' knowledge, beliefs, concerns, and daily behaviours related to their chronic condition and/or disability and its management• provide documentation on patients' presentation, management, and progress, including key points of diagnosis and decision making, to inform coordination of care• recognise seriously unwell patients requiring immediate care• identify potential causes of current deterioration, and comply with escalation protocols• facilitate initial tests to assist in diagnosis and develop management plans for immediate treatment	

⁹ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • ensure appropriate referral for emergency ongoing care • provide urgent care when required and appropriate 	
Communication	<ul style="list-style-type: none"> • encourage patients' self-management through education to take greater responsibility for their care, and support problem solving • encourage patients' access to self-monitoring devices and assistive technologies • communicate with multidisciplinary team members, and involve patients in that dialogue • negotiate realistic treatment goals, and determine and explain the expected prognoses and outcomes • employ communication strategies appropriate for younger patients or those with cognitive difficulties • explain the situation to patients in a sensitive and supportive manner, avoiding jargon and confirming their understanding • determine the level of health literacy of individual patients and their level of understanding of agreed care decisions 	<ul style="list-style-type: none"> • provide healthy lifestyle advice and information to patients on the importance of self-management • work in partnership with patients, and motivate them to comply with agreed care plans • demonstrate communication skills to sufficiently support the function of multidisciplinary teams • if possible, determine patients' understanding of their diseases and what they perceive as the most desirable goals of care • triage patients requiring urgent care
Quality and safety	<ul style="list-style-type: none"> • use innovative models of chronic disease care, using telehealth and digitally integrated support services • review medicine use and ensure patients understand safe medication administration to prevent errors • support patients' self-management by balancing between minimising risk and helping patients to become more independent • participate in quality improvement processes impacting on patients' abilities to undertake normal activities of daily living • identify evidence-based practice gaps using clinical indicators, and implement changes to improve patients' outcomes • coordinate and encourage innovation, and objectively evaluate improvement initiatives for outcomes and sustainability 	<ul style="list-style-type: none"> • participate in continuous quality improvement processes and clinical audits on chronic disease management • identify activities that may improve patients' quality of life • evaluate the quality and safety processes implemented within the workplace, and identify gaps in their structure

	<ul style="list-style-type: none"> analyse adverse incidents and sentinel events to identify system failures and contributing factors 	
Teaching and learning	<ul style="list-style-type: none"> contribute to the development of clinical pathways for chronic diseases management and comorbidities, including people living and aging with HIV, based on current clinical guidelines educate patients to recognise and monitor their symptoms, and undertake strategies to assist their recovery mentor and train others to enhance team effectiveness provide constructive feedback to junior colleagues to contribute to improvements in individuals' skills seek guidance and feedback from healthcare teams to reflect on encounters and improve future patients' care 	<ul style="list-style-type: none"> use clinical practice guidelines for chronic diseases management contribute to team education, including education for junior colleagues
Research	<ul style="list-style-type: none"> prepare reviews of literature on patients' encounters to present at journal club meetings search for and critically appraise evidence to resolve clinical areas of uncertainty evaluate the value of treatments in terms of relative and absolute benefits, cost, potential patient harm, and feasibility evaluate the applicability of the results of clinical studies to the circumstances of individual patients, especially those with multiple comorbidities specify research evidence to the needs of individual patients 	<ul style="list-style-type: none"> search literature using problem / intervention / comparison / outcome (PICO) format recognise appropriate use of review articles use information from credible sources to aid in decision making refer to evidence-based clinical guidelines and protocols on acutely unwell patients demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice
Cultural safety	<ul style="list-style-type: none"> encourage patients from culturally and linguistically diverse backgrounds to join local networks to receive the support needed for long-term self-management negotiate health care decisions in a culturally appropriate way by considering variation in family structures, cultures, religion, or belief systems, particularly in the priority groups seen in sexual health medicine integrate culturally appropriate care of Aboriginal and Torres Strait Islander peoples and Māori into patients' management 	<ul style="list-style-type: none"> provide culturally safe chronic disease management practise cultural competency appropriate for the community serviced proactively identify barriers to care access

	<ul style="list-style-type: none"> consider cultural, ethical, and religious values and beliefs in leading multidisciplinary teams 	
Ethics and professional behaviour	<ul style="list-style-type: none"> share information about patients' health care, consistent with privacy laws and confidentiality and professional guidelines use consent processes for the release and exchange of health information assess patients' decision-making capacity, and appropriately identify and use alternative decision makers consider the consequences of delivering treatment that is deemed futile, directing to other care as appropriate facilitate interactions within multidisciplinary teams respecting values, encouraging involvement, and engaging all participants in decision making demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy 	<ul style="list-style-type: none"> share information between relevant service providers acknowledge and respect the contribution of health professionals involved in patients' care communicate medical management plans as part of multidisciplinary plans establish, where possible, patients' wishes and preferences about care contribute to building a productive culture within teams
Judgement and decision making	<ul style="list-style-type: none"> implement stepped care pathways in the management of chronic diseases and disabilities recognise patients' needs in terms of both internal resources and external support on long-term health care journeys recognise the need for escalation of care, and escalate to appropriate staff or services integrate evidence related to questions of diagnosis, therapy, prognosis, risks, and cause into clinical decision making 	<ul style="list-style-type: none"> recognise personal limitations and seek help in an appropriate way when required involve additional staff to assist in a timely fashion when required
Leadership, management, and teamwork	<ul style="list-style-type: none"> coordinate whole-person care through involvement in all stages of patients' care journeys use a multidisciplinary approach across services to manage patients with chronic diseases and disabilities develop collaborative relationships with patients, families, carers, and a range of health professionals work collaboratively with staff in the emergency department, intensive care, and other subspecialty inpatient units when relevant 	<ul style="list-style-type: none"> participate in multidisciplinary care for patients with chronic diseases and disabilities, including organisational and community care, on a continuing basis, appropriate to patients' context encourage an environment of openness and respect to lead effective teams

Health policy,
systems, and
advocacy

- use health screening for early intervention and chronic diseases management
 - assess alternative models of care delivery to patients with chronic diseases and disabilities
 - participate in government initiatives for chronic disease management to reduce hospital admissions and improve patients' quality of life
 - help patients access initiatives and services for patients with chronic diseases and disabilities
 - use a considered and rational approach to the responsible use of resources, balancing costs against outcomes
 - prioritise patients' care based on need, and consider available resources
 - demonstrate understanding of the social determinants of sexual health and wellbeing, such as financial impact, stable housing, education and literacy, transport, and accessibility
 - collaborate with other specialist colleagues to develop policies and protocols for areas of need
 - demonstrate awareness of government initiatives and services available for patients with chronic diseases and disabilities, and display knowledge of how to access them
 - understand the systems for the escalation of care for deteriorating patients
 - understand the role of clinician leadership and advocacy in appraising and redesigning systems of care that lead to better patient outcomes
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EPA 7: Communication with patients

Theme	Communication with patients		AT-EPA-07
Title	Discuss diagnoses and management plans with patients		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• select suitable contexts, and include family and/or carers and other team members• adopt a patient-centred perspective, including adjusting for cognition and disabilities• select and use appropriate modalities and communication strategies• structure conversations intentionally• negotiate mutually agreed management plans• verify patient¹⁰, family or carer understanding of information conveyed• develop and implement plans to ensure actions occur• ensure conversations are documented.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity	
Medical expertise	The trainee will:	The trainee may:	
	<ul style="list-style-type: none">• anticipate and be able to correct any misunderstandings patients may have about their conditions and/or risk factors• inform patients of all aspects of their clinical management, including assessments and investigations, and give them adequate opportunity to question or refuse interventions and treatments• seek to understand the concerns and goals of patients, and plan management in partnership with them• provide information to patients to enable them to make informed decisions about diagnostic, therapeutic, and management options• apply public health, ethical, and legal principles to achieve a high level of patient participation in processes of partner notification, by patient or provider	<ul style="list-style-type: none">• apply knowledge of the scientific basis of health and disease to the management of patients• demonstrate an understanding of clinical problems being discussed• formulate management plans in partnership with patients	

¹⁰ References to patients in the remainder of this document may include their families, whānau, and/or carers.

Communication	<ul style="list-style-type: none"> • use appropriate and confidential communication strategies and modalities for communication, such as emails, face-to-face, or phone calls • elicit patients' views, concerns, and preferences, promoting rapport • establish supportive relationships with patients, families, and/or carers based on understanding, trust, empathy, and confidentiality • provide information to patients in plain language, avoiding jargon, acronyms, and complex medical terms • encourage questions and answer them thoroughly • ask patients to share their thoughts or explain their management plan in their own words, to verify understanding • convey information considerately and sensitively to patients, seeking clarification if unsure of how best to proceed • treat all people respectfully, including adolescents, and young and older people, and listen to their views • recognise the role of family or carers and, when appropriate, encourage patients to involve their family or carers in decisions about their care • discuss new clinical diagnoses with patients, with empathy and understanding 	<ul style="list-style-type: none"> • select appropriate and confidential modes of communication • engage patients in discussions, avoiding the use of jargon • check patients' understanding of information • adapt communication style in response to patients' age, developmental level, and cognitive, physical, cultural, socioeconomic, and situational factors • collaborate with patient liaison officers as required • ensure consistent messages are given to patients, families, and/or carers about treatment options, their likelihood of success, risks, and prognosis
Quality and safety	<ul style="list-style-type: none"> • discuss with patients their condition and the available management options, including potential benefits and harms • seek consent after providing information in a clear and accessible manner • consider young people's capacity for decision making and consent • recognise and take precautions where patients may be vulnerable, such as issues of child protection, self-harm, or elder abuse • participate in processes to manage patients' complaints 	<ul style="list-style-type: none"> • inform patients of the material risks associated with proposed management plans • treat information about patients as confidential
Teaching and learning	<ul style="list-style-type: none"> • obtain informed consent or other valid authority before involving patients in teaching 	<ul style="list-style-type: none"> • participate in ongoing learning regarding patient communication, particularly regarding sexual

	<ul style="list-style-type: none"> teach others about patient communication, particularly regarding sexual health, such as communicating a harm minimisation approach related to sexual activity, sex positive communication, and communicating with people of diverse genders and sexualities 	<p>health, such as communicating a harm minimisation approach related to sexual activity, sex positive communication, and communicating with people of diverse genders and sexualities</p>
Research	<ul style="list-style-type: none"> provide information to patients that is based on guidelines issued by the National Health and Medical Research Council and/or Health Research Council of New Zealand provide information to patients in a way they can understand before asking for their consent to participate in research obtain an informed consent or other valid authority before involving patients in research 	<ul style="list-style-type: none"> refer to evidence-based clinical guidelines demonstrate an understanding of the limitations of the evidence and the challenges of applying research in daily practice
Cultural safety	<ul style="list-style-type: none"> demonstrate effective and culturally competent communication with Aboriginal and Torres Strait Islander peoples and Māori effectively communicate with members of other cultural groups by meeting patients' specific language, cultural, and communication needs use qualified language interpreters or cultural interpreters to help meet patients' communication needs provide plain language and culturally appropriate written materials to patients when possible 	<ul style="list-style-type: none"> identify when to use interpreters allow enough time for communication across linguistic and cultural barriers
Ethics and professional behaviour	<ul style="list-style-type: none"> encourage and support patients to be well informed about their health, and to use this information wisely when they make decisions encourage and support patients and, when relevant, their families and/or carers, in caring for themselves and managing their health demonstrate respectful professional relationships with patients prioritise honesty, patients' welfare, and community benefit above self-interest develop a high standard of personal conduct, consistent with professional and community expectations 	<ul style="list-style-type: none"> respect the preferences of patients communicate appropriately, consistent with the context, and respect patients' needs and preferences maximise patient autonomy, and support their decision making set boundaries to avoid developing any sexual, intimate, and/or financial relationships with patients demonstrate a caring attitude towards patients demonstrate awareness of resource persons available to assist in resolving ethical issues, such as clinic counsellors and university ethicists

	<ul style="list-style-type: none"> support patients' rights to seek second opinions 	<ul style="list-style-type: none"> respect patients, including protecting their rights to privacy and confidentiality behave equitably towards all, irrespective of gender, age, culture, socioeconomic status, sexual preferences, beliefs, contribution to society, illness-related behaviours, or the illness itself use social media ethically and according to legal obligations to protect patients' confidentiality and privacy
Leadership, management, and teamwork	<ul style="list-style-type: none"> communicate effectively with team members involved in patients' care, and with patients, families, and/or carers discuss medical assessments, treatment plans, and investigations with patients and primary care teams, working collaboratively with all discuss patients' care needs with healthcare team members to align them with appropriate resources facilitate an environment in which all team members feel they can contribute and their opinion is valued communicate accurately and succinctly, and motivate others on the healthcare team 	<ul style="list-style-type: none"> answer questions from team members summarise, clarify, and communicate responsibilities of healthcare team members keep healthcare team members focused on patient outcomes
Health policy, systems, and advocacy	<ul style="list-style-type: none"> collaborate with other services, such as community health centres and consumer organisations, to help patients navigate the healthcare system discuss principles of ethical behaviour outlined by organisations such as the World Medical Association, the Australian Medical Association, and in the Hippocratic Oath recognise primacy of one law over another, such as 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 provide expert evidence for court in matters relating to sexual health, including sexual assault 	<ul style="list-style-type: none"> communicate with and involve other health professionals as appropriate

EPA 8: Prescribing

Theme	Prescribing		AT-EPA-08
Title	Prescribe therapies tailored to patients' needs and conditions		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">take and interpret medication historieschoose appropriate medicines and doses based on an understanding of pharmacology, taking into consideration age, allergies, benefits, comorbidities, potential drug interactions, pregnancy or breastfeeding, and riskscommunicate with patients¹¹, families, and/or carers about the benefits and risks of proposed therapiesprovide instructions on medication administration effects and side effectsmonitor medicines for efficacy and safetyreview medicines and interactions, and cease, switch, or adjust dose where appropriatecollaborate with pharmacists.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>	
Medical expertise	<ul style="list-style-type: none">identify the patients' needs requiring pharmacotherapyconsider non-pharmacologic therapiesconsider age, allergies, chronic disease status, lifestyle factors, patient preference, potential drug interactions, and pregnancy prior to prescribing a new medicationconsider past treatment history and resistance profile (if relevant) prior to commencing or changing medicationdemonstrate awareness of the special access schemeplan for follow-ups and monitoringrecognise up- and down-titration regimen in terms of dosages and rate of change	<ul style="list-style-type: none">be aware of potential side effects and practical prescription points, such as medication compatibility and monitoring in response to therapiesselect medicines for common conditions appropriately, safely, and accuratelydemonstrate understanding of the rationale, risks, benefits, side effects, contraindications, dosage, and drug interactionsidentify and manage adverse events	
Communication	<ul style="list-style-type: none">discuss and evaluate the risks, benefits, and rationale of treatment options, making decisions in partnership with patients	<ul style="list-style-type: none">discuss and explain the rationale for treatment options with patients, families, or carers	

¹¹ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> educate patients about the intended use, expected outcomes, and potential side effects for each prescribed medication, addressing the common, rare, and serious effects at the time of prescribing to improve patients' adherence to pharmacotherapy describe how the medication should and should not be administered, including any important relationships to food, time of day, and other medicines being taken ensure patients' understanding by repeating back pertinent information regarding dosage regimens, when to return for monitoring, and whether therapy continues after this single prescription identify patients' concerns and expectations, and explain how medicines might affect their everyday lives provide clear and legible prescriptions in plain language, and include specific indications for the anticipated duration of therapy 	<ul style="list-style-type: none"> explain the benefits and burdens of therapies, considering patients' individual circumstances write clearly legible scripts or charts using generic names of the required medication in full, including mg / kg / dose information and all legally required information seek further advice from experienced clinicians or pharmacists when appropriate
Quality and safety	<ul style="list-style-type: none"> review medicines regularly to optimise therapy, provide adherence support when required, and monitor treatment effectiveness, possible side effects, and drug interactions, ceasing medicines that are no longer indicated use continuously updated software for computers and electronic prescribing programs, where available use electronic prescribing tools where available, and access electronic drug references to prevent errors caused by drug interactions and poor handwriting participate in clinical audits to improve prescribing behaviour, including an approach to polypharmacy and prescribing cascade report suspected adverse events to the Advisory Committee on Medicines (Australia) or the Centre for Adverse Reactions Monitoring (NZ) and record it in patients' medical records 	<ul style="list-style-type: none"> check the dose and drug-drug interaction before prescribing monitor side effects of medicines prescribed identify medication errors and institute appropriate measures use electronic prescribing systems safely rationalise medicines to avoid polypharmacy

Teaching and learning	<ul style="list-style-type: none"> maintain up-to-date knowledge with new medications, their indication, safety profile, and efficacy use appropriate guidelines and evidence-based medicine resources to maintain a working knowledge of current medicines, keeping up to date on new medicines 	<ul style="list-style-type: none"> undertake continuing professional development to maintain currency with prescribing guidelines reflect on prescribing, and seek feedback from a supervisor
Research	<ul style="list-style-type: none"> critically appraise research material to ensure any new medicine improves patient-oriented outcomes more than older medicines, and not just more than placebo use sources of independent information about medicines that provide accurate summaries of the available evidence on new medicines 	<ul style="list-style-type: none"> make therapeutic decisions according to the best evidence recognise where evidence is limited, compromised, or subject to bias or conflict of interest
Cultural safety	<ul style="list-style-type: none"> explore patients' understanding of and preferences for non-pharmacological and pharmacological management offer patients effective choices based on their expectations of treatment, health beliefs, and cost interpret and explain information to patients at the appropriate level of their health literacy anticipate queries to help enhance the likelihood of medicines being taken as advised ensure appropriate information is available at all steps of the medicine management pathway 	<ul style="list-style-type: none"> appreciate patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches
Ethics and professional behaviour	<ul style="list-style-type: none"> provide information to patients about: <ul style="list-style-type: none"> » how to take the medicine » potential side effects » what the medicine does » what the medicine is for » when the medicine should be stopped make prescribing decisions based on good safety data when the benefits outweigh the risks involved demonstrate understanding of the ethical implications of pharmaceutical industry-funded research and marketing, including sponsored educational events 	<ul style="list-style-type: none"> consider the efficacy of medicines in treating illnesses, including the relative merits of different non-pharmacological and pharmacological approaches follow regulatory and legal requirements and limitations regarding prescribing follow organisational policies regarding pharmaceutical representative visits and drug marketing

Judgement and decision making	<ul style="list-style-type: none"> • use a systematic approach to select treatment options • use medicines safely and effectively to get the best possible results • choose suitable medicines only if medicines are considered necessary and will benefit patients • prescribe medicines appropriately to patients' clinical needs, in doses that meet their individual requirements, for a sufficient length of time, with the lowest cost to them • evaluate new medicines in relation to their possible efficacy and safety profile for individual patients 	<ul style="list-style-type: none"> • recognise personal limitations and seek help in an appropriate way when required • consider the following factors for all medicines: <ul style="list-style-type: none"> » contraindications » cost to patients, families, and the community » funding and regulatory considerations » generic versus brand medicines » interactions » risk-benefit analysis
Leadership, management, and teamwork	<ul style="list-style-type: none"> • interact with medical, pharmacy, general practitioners, and nursing staff to ensure safe and effective medicine use 	<ul style="list-style-type: none"> • work collaboratively with pharmacists
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • choose medicines in relation to comparative efficacy, safety, and cost-effectiveness against medicines already on the market • be aware of stigma, and advocate on behalf of their patients if needed 	<ul style="list-style-type: none"> • prescribe in accordance with the organisational policy

EPA 9: Investigations and procedures

Theme	Investigations and procedures		AT-EPA-09
Title	Select, organise, and interpret investigations and procedures		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• select, plan, and interpret evidence-based, clinically appropriate investigations• ensure appropriate use of limited resources across the patient population• evaluate the anticipated value of investigations• work in partnership with patients¹², families, and/or carers to facilitate choices that are right for them, demonstrating patient-centred care• discuss choice of investigations with patients and their families, and obtain informed consent when required• provide aftercare for patients• accurately interpret the results and outcomes of investigations• effectively communicate the outcome of investigations to patients.		
Behaviours			
<u>Professional practice framework</u> Domain	Ready to perform without supervision	Requires some supervision	
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity	
Medical expertise	The trainee will:	The trainee may:	
	<ul style="list-style-type: none">• carefully choose evidence-based investigations, and frame them as an adjunct to comprehensive clinical assessments• demonstrate understanding of the differences between diagnostic and screening investigations• demonstrate understanding of the performance and limitations of specific investigations, which, in the context of disease prevalence and clinical epidemiology, include:<ul style="list-style-type: none">» interpretation of sensitivity» likelihood ratios» predictive values» specificity• avoid use of low-yield diagnostic strategies that may not benefit patients, including an appreciation of management of resources, distributive justice, and equity• consider the risk of potential harm when choosing diagnostic investigations	<ul style="list-style-type: none">• provide rationale for investigations• understand the significance of abnormal test results, and act on these• consider patient factors and comorbidities• consider age-specific reference ranges• assess patients, and identify indications for procedures• check for allergies and adverse reactions• interpret results of common diagnostic procedures• organise and document post-procedure review of patients	

¹² References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • avoid over-investigation and over-diagnosis • assess patients' concerns, and determine the need for specific tests that are likely to address these • tailor investigations and management for individual patients' circumstances in an equitable way • prioritise the order and importance when multiple investigations are required • recognise and correctly interpret abnormal findings within the clinical context, and act accordingly 	
Communication	<ul style="list-style-type: none"> • discuss potential benefits, burdens, costs, potential alternatives, risks, and side effects of each option • obtain consent before proceeding • discuss the rationale, and the possibility of false negative / false positive results, as well as incidental findings with patients and/or caregivers • specifically discuss the option of no investigation, and the risks and benefits of this, with patients • use clear and simple language, and check that patients understand the terms used • offer patients the opportunity to ask further questions and time to think about the decision • identify patients' concerns and expectations, providing adequate explanations to address these • confirm whether patients understand the information they have been given and the need for more information before making decisions • use written or visual material or other aids that are accurate and up to date to support discussions with patients • explain findings or possible outcomes of investigations to patients, families, and/or carers • give information that patients may find distressing in a considerate way, using best-practice techniques for breaking of bad news 	<ul style="list-style-type: none"> • discuss the benefits, complications, indications, and risks with patients before ordering investigations • explain the results of investigations to patients • arrange investigations, providing accurate and informative referrals, and liaise with other services where appropriate • explain the process of procedures to patients without providing a broader context • help patients, families, and/or carers choose procedures • discuss postprocedural care with patients, families, and/or carers • complete relevant documentation, and conduct appropriate clinical handovers if needed

	<ul style="list-style-type: none"> • discuss the likely timeframes during which investigations will occur, and the plan for communicating results when available • include sufficient clinical information to accurately convey patients' contexts and reasons for investigations within investigation requests • discuss results using simple language, and explain how the results might affect future management • counsel patients sensitively and effectively, and support them to make informed choices • keep other relevant healthcare practitioners updated regarding planned investigations and results, including clear communication of who is responsible for reviewing these • accurately document procedures in the clinical notes, including: <ul style="list-style-type: none"> » aftercare » aseptic technique » informed consent » medicines given » procedures performed » reasons for procedures • address patients', families', and/or carers' concerns relating to procedures, providing opportunities to ask questions • communicate effectively with team members, patients, families, and/or carers prior to, during, and after procedures 	
Quality and safety	<ul style="list-style-type: none"> • select appropriate investigations, using a value-based care framework • identify adverse outcomes, including false positives, false negatives, and incidental findings, that may result from proposed investigations, focusing on patients' individual situations • demonstrate understanding of iatrogenic harms that may result from diagnostic investigations • consider strategies to reduce the chance of harm, and employ these if possible / practical • identify, document, and appropriately notify of any adverse events or equipment malfunction 	<ul style="list-style-type: none"> • consider safety aspects of investigations when planning them • seek help with interpretation of test results for less common tests or indications or unexpected results • provide information in a manner so that patients, families, and/or carers are fully informed when consenting to any procedures • demonstrate an inconsistent application of aseptic technique • identify patients using approved patients' identifiers before any treatment or intervention is initiated • attempt to perform a procedure in an unsafe environment

	<ul style="list-style-type: none"> • ensure timely follow-up of investigation results, using recall / reminder systems and other tools if appropriate • take full responsibility for reviewing results of any investigations ordered by trainees, and hand this responsibility over to a designated colleague if this is not possible 	
Teaching and learning	<ul style="list-style-type: none"> • use appropriate decision support tools, diagnostic algorithms, evidence sources, and guidelines • participate in clinical audits to improve test ordering strategies for diagnoses and screening 	<ul style="list-style-type: none"> • undertake professional development to maintain currency with investigation guidelines • participate in continued professional development
Research	<ul style="list-style-type: none"> • ensure appropriate ethics approval when undertaking investigations as part of clinical research • provide patients with relevant information if a proposed investigation is part of a research program • obtain written consent from patients if the investigation is part of a research program 	<ul style="list-style-type: none"> • refer to evidence-based clinical guidelines • consult current research on investigations
Cultural safety	<ul style="list-style-type: none"> • be cognisant of patients' views and preferences about any proposed investigations and the adverse outcomes they are most concerned about • recognise the principles of equity as they pertain to diagnostic decision making, and apply these appropriately to advocate for patients • recognise the impact of implicit bias on diagnostic decision making, and initiate steps to address this • be aware of key legislation policies and how these relate to access to diagnostic services, such as Te Tiriti o Waitangi, the United Nations Declaration on the Rights of Indigenous Peoples, and the United Nations Refugee Agency's 1951 Refugee Convention • consider individual patients' cultural perception of health and illness, and adapt practice accordingly 	<ul style="list-style-type: none"> • consider patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the acceptability of proposed investigations
Ethics and professional behaviour	<ul style="list-style-type: none"> • discuss with patients how decisions will be made once the investigation has started and the patient is not able to participate in decision making 	<ul style="list-style-type: none"> • identify appropriate proxy decision makers when required • choose not to investigate in situations where it is not appropriate for ethical reasons

	<ul style="list-style-type: none"> • remain within the scope of the authority given by patients (except for emergencies) • respect patients' decisions to refuse investigations and procedures, even if their decisions may not be appropriate or evidence based • explain the expected benefits as well as the potential burdens and risks of any proposed investigations or procedures • advise patients if there may be additional costs, which they may wish to clarify before proceeding • clarify who will make decisions on the patient's behalf if they are unable to do so • show respect for the knowledge and expertise of colleagues 	<ul style="list-style-type: none"> • practise within current ethical and professional frameworks • practise within own limits, and seek help when needed • involve patients in decision making regarding investigations, obtaining the appropriate informed consent, including financial consent, if necessary • perform procedures when adequately supervised • follow procedures to ensure safe practice
Judgement and decision making	<ul style="list-style-type: none"> • evaluate the benefits, costs, and potential risks of each investigation in a clinical situation • adjust investigative paths depending on test results received • consider the clinical necessity and urgency of investigations • consider whether patients' conditions may get worse or better if no tests are selected • avoid using investigations where the results are unlikely to change clinical management • demonstrate how the range of certainty around the accuracy of diagnostic tests and the efficacy of treatments may limit their applicability in clinical practice 	<ul style="list-style-type: none"> • choose the most appropriate investigations for clinical scenarios in discussion with patients • recognise personal limitations and seek help in an appropriate way when required • assess personal skill levels, and seek help with procedures when appropriate • use tools and guidelines to support decision making
Leadership, management, and teamwork	<ul style="list-style-type: none"> • consider the role other members of the healthcare team might play, and what other sources of information and support are available • ensure clear delegation of tasks within the team, including responsibility for following up test results • ensure results are checked in a timely manner • identify relevant management options with colleagues • liaise with other healthcare professionals for expert advice when indicated 	<ul style="list-style-type: none"> • demonstrate understanding of what parts of investigations are provided by different doctors or health professionals • ensure all relevant team members are aware that a procedure is occurring

Health policy,
systems, and
advocacy

- select and justify investigations regarding the pathological basis of disease, appropriateness, cost effectiveness, safety, and utility
 - consider resource use through peer review of testing behaviours
 - discuss serious incidents at appropriate clinical review meetings
 - support health policy and system development to improve equitable patient access to investigations
 - initiate local improvement strategies in response to serious incidents
 - perform relevant procedures in accordance with organisational guidelines and policies
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EPA 10: Clinic management

Theme	Clinic management		AT-EPA-10
Title	Manage an outpatient clinic or multidisciplinary sexual health service		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• manage medical procedures and treatments• manage clinic services• oversee quality improvement activities• liaise with other health professionals and team members• demonstrate problem-solving skills• responsibly use public resources• assess policies and guidelines as they relate to sexual health service delivery, child protection, occupational health and safety, and privacy• communicate with external stakeholders and respond to media enquiries with the support of the relevant health communication team.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>	
Medical expertise	<ul style="list-style-type: none">• ensure clinic systems enable the identification, recording, and addressing of current clinical concerns, as well as longer-term clinical objectives, as appropriate to patients' context• evaluate environmental and lifestyle health risks relevant to the community served by the clinic, and ensure the clinic has capacity to respond to these• ensure clinic documentation occurs in a time frame appropriate to the clinical situation of patients	<ul style="list-style-type: none">• demonstrate understanding of the importance of prevention, early detection, health maintenance, and chronic condition management	
Communication	<ul style="list-style-type: none">• collaborate with other services, such as community health centres and consumer organisations• advocate for the needs of minority, stigmatised, and priority groups that access sexual health services• identify or support the development of specific community-based health programs and group education programs• demonstrate an understanding of information technologies and their potential use in the sexual health	<ul style="list-style-type: none">• wherever practical, meet the specific language and communication needs of patients¹³, their families, and/or carers• facilitate appropriate use of interpreter services and translated materials	

¹³ References to patients in the remainder of this document may include their families, whānau, and/or carers

	<p>setting</p> <ul style="list-style-type: none"> • contribute to the provision of accurate local surveillance data, and interpret local and national surveillance data regarding sexually transmitted infections (STIs) and blood-borne viruses (BBVs) in relation to clinical care, policy development, and service planning • collaborate with a range of stakeholders, including public health units and non-government organisations, in identification of and response to emerging epidemics in relation to STIs 	
Quality and safety	<ul style="list-style-type: none"> • practice health care that maximises patient safety • adopt a systematic approach to the review and improvement of professional practice in the outpatient sexual health clinic setting • demonstrate an understanding of how to identify and implement key performance indicators and benchmarking for a sexual health service • develop, implement, and evaluate quality assurance activities • monitor and evaluate service delivery • identify aspects of service provision that may be a risk to patients' safety • support a mix of service delivery, including primary care, public sexual health centres, outreach programs and co-located services, to maintain access to confidential testing and treatment 	<ul style="list-style-type: none"> • take reasonable steps to address issues if patients' safety may be compromised • understand a systematic approach to improving the quality and safety of health care • participate in organisational quality and safety activities, including clinical incident reviews
Teaching and learning	<ul style="list-style-type: none"> • evaluate own professional practice • demonstrate learning behaviour and skills in educating junior colleagues • contribute to the generation of knowledge • maintain professional continuing education standards 	<ul style="list-style-type: none"> • recognise the limits of personal expertise, and involve other professionals as needed to contribute to patients' care • use information technology appropriately as a resource for modern medical practice
Research	<ul style="list-style-type: none"> • ensure clinic research is undertaken with appropriate ethical and governance oversight • notify breaches of protocol for approved research 	<ul style="list-style-type: none"> • allow patients to make informed and voluntary decisions to participate in research

	<ul style="list-style-type: none"> • demonstrate an understanding of data management issues as they apply to service delivery • ensure clinic protocols are in place to inform patients about their rights, the purpose of the research, the procedures to be undergone, and the potential risks and benefits of participation, and obtain informed consent or other valid authority before involving patients in research 	
Cultural safety	<ul style="list-style-type: none"> • apply knowledge of the cultural needs of the community being served, and how best to meet them • mitigate the influence of own culture and beliefs on interactions with patients and decision making • adapt practice to improve patient engagement and health outcomes 	<ul style="list-style-type: none"> • acknowledge the social, economic, cultural, and behavioural factors influencing health, both at individual and population levels
Ethics and professional behaviour	<ul style="list-style-type: none"> • identify and respect the boundaries that define professional and therapeutic relationships • respect the roles and expertise of other health professionals • comply with the legal requirements of preparing and managing documentation • demonstrate awareness of financial and other conflicts of interest 	<ul style="list-style-type: none"> • demonstrate understanding of the responsibility to protect and advance the health and wellbeing of individuals and communities • maintain the confidentiality of documentation, and store clinical notes appropriately • ensure that the use of social media is consistent with ethical and legal obligations
Judgement and decision making	<ul style="list-style-type: none"> • integrate prevention, early detection, health maintenance, and chronic condition management, where relevant, into clinical practice • work to achieve optimal and cost-effective patient care that allows maximum benefit from available resources 	<ul style="list-style-type: none"> • demonstrate understanding of the appropriate use of human resources, diagnostic interventions, therapeutic modalities, and health care facilities
Leadership, management, and teamwork	<ul style="list-style-type: none"> • prepare for and conduct clinical encounters in a well-organised and time-efficient manner • work effectively as a member of multidisciplinary teams or other professional groups • ensure that all important discussions with colleagues, multidisciplinary team members, and patients are appropriately documented • provide supervision for clinical activities, and documentation of junior colleagues 	<ul style="list-style-type: none"> • attend relevant clinical meetings regularly

	<ul style="list-style-type: none"> • support colleagues who raise concerns about patients' safety • provide medical leadership that supports other team members' ability to work effectively and efficiently 	
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • demonstrate capacity to engage in the surveillance and monitoring of the health status of populations in the outpatient setting • use databases and other information technologies to assist clinical service delivery • develop clinical and administrative policies and procedures • participate in strategic planning to meet health service objectives • maintain good relationships with health agencies and services • apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs • advocate for the needs of a variety of stakeholders, including media, non-medical organisations, and other professions 	<ul style="list-style-type: none"> • understand common population health screening and prevention approaches • contribute to clinical policy and procedure development

Knowledge Guides

Knowledge guides (KGs) provide detailed guidance to trainees on the important topics and concepts trainees need to understand to become experts in their chosen specialty.

Trainees are not expected to be experts in all areas or have experience related to all items in these guides.



#	Title
1	Scientific foundations and basic principles of sexual health medicine
2	Infections
3	HIV
4	Dermatological conditions
5	Sexual function and dysfunction
6	Reproductive health
7	Gender-affirming care
8	Sexual assault
9	Public health

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics.

- Anatomy and physiology of anal, genital, neogenital, and oropharyngeal structures and skin
- Behavioural, biological, and disease-related changes of ageing in relation to sexual health and sexuality
- Biological and endocrinological basis of sexual development from fetus to adulthood and influencing factors, both common and less common
- Epidemiology of sexually transmitted infections (STIs) and HIV locally, nationally, and globally
- Immunology of HIV
- Pathophysiology of STIs

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients¹⁴, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

Investigations

- Point-of-care tests, such as:
 - » bench top microscopy
 - » pregnancy testing
 - » urinalysis
- Relevant tests for screening, diagnosis and monitoring of STIs, including awareness of issues relating to:
 - » cost
 - » patient convenience
 - » predictive values:
 - negative
 - positive
 - » reproducibility
 - » sensitivity
 - » specificity

Procedures

- Anogenital examination
- Bimanual examination
- Cryotherapy
- Features and purpose of colposcopy and high resolution anoscopy
- Genital biopsy
- Proctoscopy
- Vaginal speculum examination

¹⁴ References to patients in the remainder of this document may include their families, whānau, and/or carers.

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management and outcomes.

- Attitudes and beliefs of health care workers working with patients with sexual health-related issues
- Concepts, possible implications, and terminology of alternative sexual lifestyles and sexuality, including:
 - » fetish
 - » kink
 - » non-monogamy
- Confidentiality regarding sexual health, including dissemination of information to other health professionals or public health units
- Evaluation of current research base and evidence on sexual health-related topics, and apply this to own personal and professional environment
- Gender:
 - » concepts of binary and non-binary gender, development of gender expression, and variation throughout life
 - » concepts of social, legal, and medical gender transition, and how this may change over time for the individual and society
 - » gender dysphoria, and impact of medical intervention on sexual wellbeing and sexuality
 - » impact of cultural influences
 - » social and psychological factors that influence expression of gender roles in the community
 - » terminology of gender discourse
- Impact of past abuse, neglect, and trauma on:
 - » health-seeking behaviours
 - » sexual behaviours
 - » sexuality
- Impact of sexual health and sexuality on general health and mental health
- Impact of cultural, relationship, and social factors on patient concepts of:
 - » conception
 - » contraception
 - » fertility
 - » pregnancy
- Impact of embarrassment, guilt, shame, and stigma regarding sexuality and gender and sexual expression, and how these will vary across different cultures, sub-groups, and age groups, and their relationship to sexual behaviours and health-seeking behaviours
- Impact of variations in ability and disability on sexual health and sexuality
- Issues and management of intimacy, sexual function, and sexuality in older adults, including in the context of aged care facilities and nursing homes
- Local social and subculture issues regarding priority populations, and how they relate to public health and delivery of health interventions to those populations
- Sexuality:
 - » how sexuality varies throughout life
 - » 'nature versus nurture' issues in the genesis and management of sexuality
 - » variance of sexual diversity and sexuality
- Range of gender, and sexual differences, sexual orientation, and sexual practices in the community, and factors affecting expression in the community
- Recognition of sexual difficulties and concepts of management
- Rights and dignity of index case and contacts
- Role of chaperone in clinical examinations as a support person for patients
- Sexual health counselling:

-
- » common models of counselling, including acceptance and commitment therapy, cognitive behavioural therapy (CBT), and interpersonal therapy, and how these may apply to different areas of sexual health
 - » concepts of transference and countertransference, and how these may impact therapeutic relationships with sexual health physicians
 - » possible issues in counselling, such as cross-cultural and religious factors related to sexual expression
 - Sociocultural factors of gender, sexual development, and sexuality
 - Strategies for prevention of future acquisition of STIs, blood-borne viruses (BBVs), and unwanted pregnancies
 - Variations between management guidelines in different jurisdictions, and the rationale for these variations

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Bacterial

- Chlamydia
- Gonorrhoea
- Lymphogranuloma venereum (LGV)
- Mycoplasma genitalium
- Treponema pallidum (syphilis)

Protozoa, fungal, and other

- Bacterial vaginosis
- Candida
- Pubic lice
- Scabies
- Sexually acquired enteric pathogens
- Tinea
- Trichomonas

Viral

- Herpes simplex virus
- Human papillomavirus (HPV)
- Molluscum contagiosum
- Mpox
- Viral hepatitis:
 - » A
 - » B
 - » C
 - » D

Syndromes and clinical presentations

- Anogenital ulceration
- Cervicitis
- Epididymo-orchitis
- Pelvic inflammatory disease
- Proctitis
- Prostatitis (infectious)
- Rectal discharge
- Urethritis
- Vaginal discharge
- Vulvovaginitis

*For each presentation and condition, Advanced Trainees will **know how to**:*

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁵ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

¹⁵ References to patients in the remainder of this document may include their families, whānau, and/or carers.

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

- Chancroid
- Donovanosis
- Human T-lymphotropic virus type 1 (HTLV-1)
- Sexually acquired reactive arthritis
- Sexually transmitted infections (STIs) in neonates
- STIs in pregnancy

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Antimicrobial resistance mechanisms and issues
- Epidemiology
- Microbiology, including virulence factors
- Pathogenesis and immunogenesis of clinical presentations and natural history:
 - » extra-genital manifestations
 - » genital manifestations
 - » immunosuppression, including HIV, and effect on natural history and management
 - » impact of age / stage of life on presentations
- Treatment options:
 - » allergic patients
 - » alternatives
 - » breastfeeding
 - » complicated
 - » first-line
 - » pregnancy
 - » recurrent
 - » suppressive
- Vaccinology and vaccine use

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk

Investigations

- Antimicrobial resistance testing
- Cervical cytology
- Cervical screening tests
- Culture
- HPV DNA test
- Microscopy, including wet prep
- Nucleic acid amplification testing
- Serology

Procedures

- Anoscopy
- Biopsy
- Cryotherapy
- Role of colposcopy
- Role of high resolution anoscopy

and obtain informed consent where applicable

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Complications and long-term sequelae, including fertility complications
- Counselling on testing, diagnosis, and management
- Emerging research on STI control and management
- Ethics of various studies, such as the Tuskegee and Guatemalan syphilis studies and the HPV 'Unfortunate Experiment'
- Partner notification and contact tracing
- Public health notification requirements
- Risk assessments
- Screening and testing guidelines
- STI prevention and control methods in different populations
- Stigma and discrimination
- Transmission dynamics

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations and conditions

- Ageing with HIV
- All stages of HIV infection:
 - » acute HIV
 - » advanced HIV and AIDS
 - » chronic HIV
- Chronic disease monitoring for people living with HIV:
 - » bone
 - » cancer screening
 - » cardiovascular
- Diagnosis of HIV
- Drug resistance
- HIV co-infections:
 - » hepatitis B
 - » hepatitis C
 - » human T-lymphotropic virus type 1 (HTLV-1)
 - » sexually transmitted infections (STIs)
 - » tuberculosis (TB)
- HIV prevention:
 - » HIV screening
 - » post-exposure prophylaxis (PEP) in:
 - adolescents
 - adults
 - neonates
 - » pre-exposure prophylaxis (PrEP) in:
 - adolescents
 - adults
- Immune reconstitution inflammatory syndrome (IRIS)
- Manifestations of HIV:
 - » cancer
 - » cardiovascular
 - » dermatological
 - » gastrointestinal
 - » haematologic
 - » neurological
 - » ocular
 - » renal
 - » respiratory
- Medication-related adverse effects
- Opportunistic infections (OI)
- Reproductive health:
 - » contraception
 - » fertility

*For each presentation and condition, Advanced Trainees will **know how to:***

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁶ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

¹⁶ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> » menopause » pregnancy, including neonatal management • Vaccination 	
<p>LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS</p> <p>Advanced Trainees will understand these presentations and conditions.</p> <p>Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.</p>	<p>Presentations and conditions</p> <ul style="list-style-type: none"> • HIV in children and adolescents, including transitioning to adult services • Mental health issues in the context of HIV infection • Substance use in the context of HIV infection 	
<p>EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES</p> <p>Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.</p>	<ul style="list-style-type: none"> • Antiretroviral therapy (ART) and other therapies: <ul style="list-style-type: none"> » adverse drug reactions » biomedical prevention » drug-drug interactions » initiation in treatment-naïve people » long-term management of antiretroviral (ARV) regimes » managing drug resistance and treatment-experienced people » monitoring in pregnancy and breastfeeding » OI prophylaxis and treatment • Epidemiology: <ul style="list-style-type: none"> » global » national • Epidemiology, natural history, and pathophysiology of opportunistic infections • HIV pathophysiology • HIV virology and immunology • Natural history of HIV infection 	
<p>INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS</p> <p>Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.</p>	<p>Investigations and procedures</p> <ul style="list-style-type: none"> • Anogenital human papillomavirus (HPV) screening • Baseline investigations for new HIV diagnosis • Cancer screening • Cardiovascular risk assessment • Chronic disease monitoring • Diagnosis / Screening for opportunistic infections • HIV monitoring • HIV point of care testing • HIV serology and confirmatory testing • Resistance testing, including role of proviral DNA testing 	

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Contact tracing
- Engagement in care
- Legislation around duty of disclosure and risk of transmission to others
- Local support services, including non-governmental organisations
- Public health notification
- Risk factors for HIV acquisition
- Stigma and discrimination

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Blisters
- Dyspareunia
- Itch or irritation
- Lumps or growths
- Pain
- Skin discolouration / pigmentation
- Ulceration

Conditions

- Anogenital intraepithelial neoplasia, dysplasia, and cancer
- Aphthous ulcers
- Balanitis – various types
- Bartholin cysts
- Dermatological sequelae of sexually transmitted infections (STIs) and blood-borne viruses (BBVs):
 - » hepatitis C
 - » herpes simplex virus (HSV)
 - » HIV
 - » human papillomavirus (HPV)
 - » lymphogranuloma venereum (LGV)
 - » mpox
 - » syphilis
- Eczema
- Erythema multiforme
- Erythrasma
- Genital dermatology due to systemic conditions, such as Crohn disease
- Impetigo
- Lichen planus
- Lichen sclerosis
- Pruritis ani
- Psoriasis
- Seborrheic dermatitis
- Tinea cruris
- Vulval candida

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Manage

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- » identify individual and social factors and the impact of these on diagnosis and management

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LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations

- Dermatological sequelae of opportunistic infections, such as:
 - » cytomegalovirus (CMV)
 - » Epstein–Barr virus (EBV)
 - » tuberculosis (TB)
- Fixed drug eruption

Conditions

- Behçet's disease
- Kaposi sarcoma

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Anatomy and physiology of normal female and male anogenital regions
- Anogenital region diseases, such as:
 - » dermatoses:
 - benign
 - malignant
 - » inflammatory diseases
 - » skin lesions:
 - benign
 - malignant
 - » STIs
- Dermopathology of:
 - » inflammatory dermatoses
 - » tumours:
 - benign
 - malignant
- Disorders of skin and mucous membranes
- Genital dermatology and normal variation
- Skin and subcutaneous anatomy and biology:
 - » cells:
 - Langerhans
 - mast
 - Merkel
 - » dermis:
 - basement membranes
 - collagen
 - elastin
 - extracellular matrix
 - glycosaminoglycans
 - proteoglycans
 - » epidermis:
 - epidermal differentiation
 - keratinisation
 - » microanatomy:
 - apocrine glands
 - eccrine glands
 - hair
 - nails
 - sebaceous glands
 - » mucus membranes:
 - genitalia
 - oral
- Pathophysiology of dermatological conditions and immunology issues
- Principles of wound healing

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

Investigations

- Culture / Microscopy / Sensitivity testing
- Cytology
- Histopathology
- Nucleic acid amplification tests (NAAT)
- Outline specific diagnostic techniques, interpret results, and develop management plans

Procedures

- Skin and anogenital biopsy
- Skin scraping

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations and conditions

- Chronic pelvic pain syndrome and prostatitis
- Ejaculatory dysfunction, such as:
 - » anejaculation
 - » delayed ejaculation
 - » haemospermia
 - » painful ejaculation
 - » premature ejaculation
 - » retrograde ejaculation
- Erectile dysfunction:
 - » mixed
 - » organic
 - » psychogenic
- Genitopelvic pain / penetration dysfunction:
 - » dyspareunia
 - » vaginismus
 - » vulvodynia
- Hypoactive sexual desire disorders
- Orgasm / Ejaculation issues, including anorgasmia
- Other specified dysfunction, such as aversion, or in the context of gender dysphoria
- Penile deformity, including Peyronie disease
- Priapism
- Sexual arousal disorders
- Sexual dysfunction related to medication or substance use

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- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁸ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
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- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

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LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

- Problematic sexual behaviour, including in children
- Specific issues of sexual dysfunction which may be experienced by:
 - » people with cognitive impairment
 - » people with drug addiction
 - » people with mental health conditions

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Biological, psychological, relational, and sociocultural factors affecting sexual function
- Coexisting medical, psychiatric, and surgical conditions contributing to sexual dysfunction
- Human sexual response cycle
- Physical and psychological influences on sexual pleasure and function
- Range of sexual behaviours and activities that constitute normal sexual activity in consenting relationships
- Relationship between asexual identity and sexual function, acknowledging that varying levels of sexual activity, arousal, attraction, desire, and function may be normal for different individuals

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

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- Develop management plans and prescribe medication
- Discuss effects of prescribed and recreational drugs on sexual function
- Discuss sexual behaviours and anxieties
- Display sensitivity in understanding psychosocial sequelae of sexual dysfunction
- Examine patients to determine any underlying organic factors contributing to sexual dysfunction
- Exhibit respect for patient autonomy and informed choice
- Manage sexual disorders in the context of medical conditions, including mental health conditions
- Plan and arrange appropriate investigations
- Recognise need to counsel individuals and partners
- Recognise patients' attitudes and values
- Take sexual function history
- Treat in a holistic way that recognises biopsychosocial aspects of sexual dysfunction in people
- Use appropriate models, such as Permission, Limited Information, Specific Suggestions, and Intensive Therapy (PLISSIT), for brief interventions

IMPORTANT SPECIFIC ISSUES

- Benefits to general health and relationships for normal sexual functioning
- Impact of dysfunctional relationships on sexual function
- Participate as a team member in managing patients' dysfunction

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Recognise own limitations in management of sexual function, and refer where appropriate
- Recognise the length of time people can take to present with sexual difficulties and be proactive in enquiring about issues in sexual histories
- Treatment strategies for psychosocial effects and drivers of pain

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations and conditions

- Abnormal uterine bleeding
- Cervical screening
- Contraception:
 - » barrier methods
 - » emergency contraception
 - » hormonal contraception
 - » intrauterine devices (IUDs)
 - » permanent contraception
- Haematospermia
- Menopause
- Pelvic pain
- Postcoital bleeding
- Pregnancy:
 - » early / late
 - » miscarriage
 - » preconception care
 - » sexually transmitted infections (STIs) in pregnancy
 - » termination of pregnancy, including complications
 - » unwanted pregnancy
- Premenstrual syndrome
- Prostatitis

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- » establish a differential diagnosis
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- » consider the impact of illness and disease on patients¹⁹ and their quality of life when developing a management plan

Manage

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- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

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LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

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Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations and conditions

- Endometriosis
- Infertility / Subfertility
- Molar pregnancy
- Ovarian cysts
- Polycystic ovary syndrome (PCOS)
- Pregnancy:
 - » antenatal care
 - » complications
 - » ectopic

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Contraception:
 - » adverse effects
 - » contraindications
 - » drug interactions
 - » efficacy
 - » mechanism of action
 - » suitability
- Fertility throughout the course of life
- Human papillomavirus-related cancers
- Menopause:
 - » associated comorbidities
 - » diagnostic criteria
 - » pharmacological versus non-pharmacological management
- Menstrual cycle:
 - » factors or conditions that can affect menstruation
- Pregnancy:
 - » complications, including:
 - ectopic
 - miscarriage
 - » pregnancy-related STIs, including:
 - management
 - screening
 - » trimesters
- Termination of pregnancy:
 - » follow-up management, including:
 - failed termination
 - management of complications
 - » medical
 - » pharmacology of medications used in medical termination
 - » pre-termination counselling
 - » relevant pharmacology and pharmacotherapy
 - » surgical

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including

- Bimanual examination
- Cervical screening
- Digital anorectal examination
- Long-acting reversible contraception:
 - » implant insertion / removal
 - » intrauterine device (IUD) insertion / removal
- Permanent contraception:
 - » tubal ligation
 - » vasectomy

relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

- Pregnancy:
 - » antenatal screening
 - » calculation of gestation and expected date of delivery
 - » diagnosis
- Role of ultrasound:
 - » abnormal uterine bleeding
 - » pelvic pain
 - » pregnancy
- Termination of pregnancy:
 - » pre-termination screening

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Legislation in relation to termination of pregnancy
- Professional and legislative frameworks that apply to reproductive health areas, such as provision of contraceptives or termination of pregnancy for minors or people with a disability

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations and conditions

- Adjuncts to transition:
 - » binding
 - » hair removal
 - » tucking
 - » voice therapy
- Complications of hormone therapy
- Gender dysphoria
- Gender incongruence
- HIV / Sexually transmitted infections (STI) screening and prevention
- Medical transition:
 - » feminising hormone therapy
 - » masculinising hormone therapy
- Pelvic pain in people using masculinising hormone therapy
- Reproductive health:
 - » contraception options
 - » fertility, including fertility preservation
 - » pregnancy
- Sexual function and dysfunction

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Presentations and conditions

- Management of gender diverse people aged under 18, and relevant laws
- Mental health issues and neurodivergence in the context of gender diversity
- Neophallus and neovagina:
 - » assessment of surgical complications
 - » care / maintenance
 - » infections
- Social transition
- Surgical options for transition:
 - » chest augmentation / reconstruction
 - » gender affirming genital surgery
 - » other surgery, such as:
 - facial
 - vocal

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- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients²⁰ and their quality of life when developing a management plan

Manage

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- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

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EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Embryology related to genital development, including intersex variation
 - Endocrinology of sexual development and puberty
 - Epidemiology of gender diversity in Australia / Aotearoa New Zealand and the limitations of how these statistics are determined
 - Pharmacology of hormone therapy:
 - » expected physical and psychological responses
 - » initiation protocols
 - » risks and complications
 - » risks regarding pregnancy
 - » side effects
 - » therapeutic options regarding drug delivery methods
 - Spectrum of gender variance, including binary and non-binary gender identities
 - Terminology of gender discourse
-

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

- Assessment of conditions of the neovagina and neophallus, including:
 - » differing presentations of common conditions, including infections
 - » surgical complications
 - Baseline investigations prior to gender-affirming hormone therapy
 - Interpretation of hormone levels related to gender-affirming therapy
 - Monitoring of clients using gender-affirming hormone therapy
-

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Acknowledge current evidence gaps in management
- Cancer screening
- Intersectionality with sexual health risks
- Legislation affecting social transition
- Legislation regarding transition in children and adolescents
- Local support services, including non-governmental organisations and peer support networks
- Models of consent to gender-affirming care
- Role of mental health practitioners in supporting people accessing gender-affirming care
- Stigma and discrimination

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics.

Clinical sciences

- Acute management following recent sexual assault
- Emergency contraception and options
- Follow-up care after sexual assault, including sexually transmitted infection (STI) testing
- Implications of STI transmission for legal processes
- Management of common physical injuries co-occurring with sexual assault, including non-fatal strangulation
- Mandatory reporting requirements for adults and children
- Principles of biological sampling for:
 - » DNA detection
 - » injury documentation
 - » toxicology
- Principles of trauma-informed care
- Principles of use of post-exposure prophylaxis against HIV, hepatitis B, and other STIs after sexual assault
- Role of sexual health physicians in the collection of forensic evidence and referral pathways according to jurisdiction or country of practice
- Therapeutic management of historic sexual assault
- Usage of non-occupational post-exposure prophylaxis (nPEP) for HIV in sexual assault setting

Epidemiology

- Impacts on First Nations peoples
- Population groups with higher prevalence of sexual assault
- Prevalence of sexual assault and child sexual abuse
- Relationship between sexual assault and other forms of abuse, neglect, and violence, including intimate partner violence and non-fatal strangulation

Forensic medicine

- Legal requirements for consenting to forensic assessments, and how this differs to duty of care
- Legislative requirements as a professional or expert witness in the context of sexual assault
- Local legislation, including key sexual offences
- Role of police and courts in prosecuting sexual offences

Pathophysiology

- General physical and anogenital injuries occurring secondary to sexual assault
- Physical and psychological consequences of adult and child sexual abuse
- STI transmission in the context of sexual assault

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients²¹, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

Acute medical and forensic care following sexual assault

- Assess and manage physical injuries, and provide referral in the case of severe injury
- Assess immediate physical and emotional safety, and organise support for patients in these instances
- Be aware of the range of immediate responses to sexual assault, and:
 - » manage acute distress
 - » provide appropriate emotional support
 - » provide immediate safety planning
- Discuss the legal, medical, and psychological care options following sexual assault
- Document medical history, examination, and follow-up medical care
- Provide medical care, including emergency contraception, post-exposure prophylaxis (PEP) for HIV, hepatitis B, and STIs, and tetanus vaccination, where required

Follow-up care and care following delayed disclosure

- Assessment of and management options for pregnancy conceived from sexual assault
- Provide psychological care, including referral to counselling services
- Referral for follow-up of other injuries, including non-fatal strangulation and head injuries
- STI and HIV follow-up testing

Legal procedures

- Provide evidence in court in accordance with expert witness guidelines

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management and outcomes.

Multidisciplinary care

- Operate within a multidisciplinary health team, which may include:
 - » forensic clinicians
 - » nurses
 - » specialist sexual assault counsellors
- Work cooperatively with other services, including:
 - » child protection services
 - » family and domestic violence units
 - » police

Vicarious trauma

- Acknowledge impact of exposure to trauma
- Debrief and seek advice and support when required
- Identify appropriate support person for own requirements

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EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics.

Clinic management

- Infection control measures required to conduct clinical services in sexual health medicine
- Principles of infection control in clinical practice
- Rationale for provision of clinical services via specialist public sexual health clinics and in primary care

Epidemiology

- Epidemiological basis for prevention strategies
- Epidemiology of sexually transmitted infections (STIs) / HIV at local, national, and international levels
- Epidemiology of STIs / HIV in priority populations
- Priority populations:
 - » how and why priority populations may vary over time and location
 - » priority populations for different STIs in different contexts and locations
 - » process of community engagement with different priority populations
 - » rationale for why priority populations require particular attention
 - » use epidemiological data to develop and evaluate innovative clinical services for priority populations
- Social determinants of health and how they relate to sexual behaviours, health, and risk, and the complex interplay between components
- Transmission dynamics, including $R_0 = BcD$

Evidence

- Describe levels of evidence according to study design, and rank evidence according to consistency, freedom from bias, and methodological rigour
- Differentiate expert opinion from observational evidence, and reconcile dissonant expert opinion with patient values, research evidence, and societal expectations
- Make decisions based on clinical judgement in circumstances where evidence is lacking or conflicting
- Reconcile evidence with contrary patient values and preferences

Health promotion

- Design and implementation of population-based health promotion programs
- Evaluation of health promotion activities
- History and contribution of health promotion approaches to the management at population level
- Importance of the advocacy role of specialists in sexual health medicine in relation to health promotion and public health interventions
- Key strategies and evidence for effectiveness in health promotion interventions
- Prevention frameworks for interventions at a population level:
 - » primary
 - » secondary
 - » tertiary

Partner notification

- Ethical and legal principles
- Rationale and methods of partner notification
- Strategies for resolution of conflicting ethical and legal requirements

Policy

- Fiscal, legislative, and other public policy measures as they relate to sexual health
- Impact of health economics on health service provision, including cost-benefit and cost-effectiveness analyses of testing and treatment regimens

Screening

- Methods for planning, delivery, and evaluation of programs
- Principles of screening as defined by the World Health Organization:
 - » early detection and intervention to prevent disease progression
 - » ethical and economic aspects
 - » management of screening databases
- Strategies and target populations for screening programs:
 - » community-wide screening and mass treatment programs to eliminate or significantly reduce infectious disease in specific communities
 - » importance of population prevalence in program design
 - » opt-out versus opt-in screening
- Use of statistical tests in screening programs

Vaccination

- Efficacy of vaccination for STIs
- Importance of vaccination in reducing basic reproductive rate
- Roll out of vaccination programs through sexual health clinics and other locations and services, including the role of community engagement in program development
- Strategies for targeting priority populations

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

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Epidemiology

- Apply statistical concepts in relation to the use and interpretation of specific screening tests at the individual and population level, such as:
 - » likelihood ratios
 - » predictive value:
 - negative
 - positive
 - » sensitivity
 - » specificity

Patient management

- Develop strategies for ongoing engagement with, and management of, individual clients / client groups at higher risk of acquiring and/or transmitting STIs and/or blood-borne viruses (BBVs)
- Negotiate complex and conflicting clinical and contact tracing issues
- Use a variety of approaches in clinical context to promote individual health and wellbeing, including:
 - » developing communication skills in negotiating safer sex
 - » harm reduction, such as:
 - condoms
 - dams
 - injecting equipment
 - non-occupational post-exposure prophylaxis (nPEP)
 - pre-exposure prophylaxis (PrEP)
 - treatment as prevention
 - vaccination
 - » improving health literacy
 - » readiness to change models

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-
- » risk assessment
 - » tailored information

Public health programs

- Describe disease outbreak management, including identification of the outbreak, stakeholders, interventions, and evaluation
 - Design health promotion intervention, including the following components in relation to STIs and BBVs:
 - » carry out needs assessments
 - » develop program goals, objectives, and strategies
 - » evaluate programs – process, impact, and outcome
 - » identify and consult with stakeholders
 - » implement and monitor programs
 - » select strategies to achieve program objectives
 - Identify frameworks for intersectoral collaboration and community engagement, and apply to a sexual health promotion initiative
 - Procedures, methods, and tools used for health impact assessments
 - Use a range of assessment tools to determine health needs and the effect of health promotion activities
-

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis, management and outcomes.

Ethical considerations

- Balance individual rights with those of the population in relation to infectious disease
- Consent and issues of consent to investigation and medical treatment
- Consent and issues of consent to sex in local jurisdiction
- Research ethics
- Role of community engagement and involvement in clinic services and research
- Role of human research ethics committees
- Specific issues of consent in young people and people with reduced capacity

Legal considerations

- Legislation in relation to discrimination, both in general and in relation to disability, gender, and sexuality
- Management of individuals who may knowingly place others at risk
- Notification of infectious diseases by laboratories and clinicians in local jurisdictions
- Principles underpinning legislation
- Public health legislation in relation to infectious diseases and STIs, with consideration of issues of discussing status, prevention of transmission, and safer sex, and as it applies to specific groups
- Public health orders in management of risk behaviours
- Recognise the need and role of consultation with public health authorities