

SRH Advanced Training CURRICULUM 2022



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CURRICULUM OBJECTIVE

The objective of the New Zealand College of Sexual and Reproductive Health (NZCSRH) Curriculum is to equip future specialists with the knowledge, skills and professional qualities appropriate to the sexual and reproductive healthcare needs of all New Zealanders.

Upon completion of all elements of the curriculum, a Fellow of NZCSRH will have demonstrated that they have attained a core set of attributes and values that provide a platform to deliver equitable specialist sexual and reproductive health (SRH) outcomes for patients and communities.

A Fellow of the NZCSRH:

- Is a specialist medical practitioner providing and promoting excellence in SRH care in New Zealand.
- They will be recognised by the health system to be to a primary point for the management of both common and complex SRH conditions.
- Understands the principles of Te Tiriti o Waitangi and the principles of hauora Māori.
- Applies an equity lens to customise care according to the individual needs and wishes of patients in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background.

The Curriculum seeks to lay out the pathway through the advanced training modules to enable a NZCSRH Trainee to develop the essential profile and characteristics of a Fellow of the NZCSRH.

The NZCSRH has adopted the learning domains listed below to structure the curriculum:

- Medical Care
- Communication
- Collaboration and Management
- Scholarship
- Professionalism

Learning objectives have been identified and aligned to these domains, as demonstrated in Table 1.

TABLE 1: LEARNING OBJECTIVES

DOMAINS	LEARNING OBJECTIVES
MEDICAL CARE	Demonstrates specialist clinical expertise in the medical management of sexual and reproductive health.
	Demonstrates clinical expertise in the management of presentations requiring referral to specialist management outside sexual reproductive health.
	Practices a holistic approach to patient management.
COMMUNICATION	 Develops interpersonal, culturally safe, equitable communication skills that result in effective information exchange and collaboration with patients, their families, whānau, and other healthcare professionals.
COLLABORATION & MANAGEMENT	Establishes effective professional relationships with medical, nursing and other healthcare colleagues.
SCHOLARSHIP	 Demonstrates self-learning in sexual and reproductive health and other relevant areas of medical practice, including recognition of limits of their own knowledge and abilities.
	 Understand how to apply the principles of Te Tiriti o Waitangi to create a culturally safe doctor-patient relationship and clinical environment.
	 Understands the principles and practice of evidence-based medicine and research in a clinical setting.
	 Understands the need to maintain knowledge and practice in order to provide up-to- date evidence-based care.
PROFESSIONALISM	Conducts effective reviews of professional practice.
	Solicits and accepts constructive feedback.
	 Exhibits ethical attitudes and conduct consistent with Code of Health and Disability Services Consumers' Rights

SRH ADVANCED TRAINING

Entry to the SRH Advanced Training Programme will be via a competitive process.

Trainees involved in this programme must follow a course of clinical training and study to the equivalent of 36 months full-time (see <u>Table 2</u>). The requirements of this training can be met by part-time work but are to be completed within 72 months of the initial registration. The clinical training program will include 12 months full-time equivalent (FTE) of supervised training in approved family planning and sexual health clinics and 24 months full-time equivalent working in an apprentice supervised model gaining a wider scope of experience to equip the trainee to work as a Fellow at graduation. (see <u>Table 3</u>)

NZCSRH recognises that some trainees will wish to interrupt their advanced training programme. The maximum time allowed 'on hold' is 36 months cumulative total. If the trainee is 'on hold' for a period of longer than 12 months (continuously) on return to the programme they may be required to transfer to any new programme rules or to undertake an alternate programme in discussion with NZCSRH.

TABLE 2: CLINICAL TRAINING PROGRAMME

Clinical	Training program duration = 36 months full-t	me (up to 72 months flexible training)			
BEFORE ENTRY	 Two years post graduate practice Ongoing full registration with MCNZ DipOMG or DRANZCOG CPR training within last 3 years 				
YEAR 1	36 weeks FTE Family	12 weeks FTE Sexual Health			
	Planning	Medicine			
YEARS 2-3	80 weeks FTE employment in a sexual reprodu weeks in a clinic accredited to provide family p	octive health service to include a minimum of 50 planning experience			
	Equivalent of 6 months of 1 day a week (7.5 hrs) of abortion care (unless completed in year 1) including counselling and observation/provision of medical and surgical abortion (which may be within a sexual and reproductive health accredited clinic)				
	Research project presented at a national or int	cernational conference/published in a peer review			
	An audit with completion of the audit cycle what a sexual and reproductive health setting (unless	nich leads to demonstrated change in practice in ss completed in year 1)			
	Minimum of 50 hours in each of 2 elective topi	cs from the specified list			



FIRST YEAR OF TRAINING

The first year of training must include:

- 36 weeks of full-time equivalent (FTE) supervised family planning training.
- 12 weeks FTE supervised sexual health training.

Standard full-time trainees will be required to work 0.8 FTE clinical time a week with up to 0.2FTE release for learning opportunities. This must be completed within 36 months.

Training time in sexual health training must be a minimum of o.2FTE/week during that component of training.

YEAR TWO / THREE TRAINING

80 weeks FTE employment in a sexual reproductive health service with a minimum of 50 weeks in a clinic accredited to provide family planning experience.

This time is used to continue to refine skills, knowledge, and clinical practice with a large emphasis on reflection.

Complete the equivalent of 6 months of 1 day a week (7.5 hours) to understand abortion care including attendance at counselling / clinics / surgical sessions if this has not been completed in year 1.

Minimum of 50 hours of experience in two elective topics which may include but is not limited to the list below where each placement is approved in advance:

- Surgical abortion provision
- Menopause
- Vasectomy
- Psychosexual counselling
- Colposcopy
- Outpatient hysteroscopy
- Sexual Assault Care
- Alternative elective topics may be identified and prospectively pre-approved by the Educational Advisory Committee

CLINICAL PLACEMENTS

The learning objectives as set out in the curriculum need to be met during the clinical placements and a record of learning made in the trainees training record. Supervisors will have the experience and qualifications to ensure that a good clinical learning environment is in place for trainees.

The clinical learning environment must enable trainees to develop skills from the curriculum.

Access to resources for training include:

- facilities for teaching in a clinical setting in Family Planning and Sexual Health.
- facilities for meetings, case discussion.
- equipment and therapeutic modalities appropriate to the specialty.
- access to diagnostic resources, including laboratory and radiology services.
- an electronic library.

CLINICAL SUPERVISION

Trainees will be directly supervised by their supervisor until by mutual agreement they are considered suitable for indirect onsite supervision.



This programme is primarily rooted in experiential and adult learning theories using sound educational models of adult learning. This allows trainees to experience, learn and reflect upon opportunities that are relevant and authentic.

SRH services providing training will need to meet the NZCSRH accreditation criteria.

Supervision will be provided by NZCSRH training supervisors. These will be doctors with vocational registration in family planning and reproductive health.

Trainees will be encouraged to identify an independent mentor.

Training supervisors will facilitate training for elective topics. Trainees will have protected time for the advanced training learning requirements (see <u>Table 4 / Table 5</u>).

TABLE 4: CURRICULUM LEARNING OUTCOMES

DOMAIN	LEARNING OUTCOMES
MEDICAL CARE	Have knowledge of all topics relating to family planning matters in New Zealand including history taking, examination, investigations, patient management and public health.
	Have knowledge of all contraception methods available in New Zealand and provide a tiered approach to counselling to ensure that the patient has sufficient information to make an informed choice.
	Have knowledge of all gynaecological health issues including fertility, menstruation, abortion, urogynaecology including accurate assessment and diagnosis, epidemiology, patient, and condition management.
	Demonstrate advanced abilities in clinical reasoning and judgement, and an ability to manage clinical situations.
	Recognise current limits of medical expertise.
	Customise care according to the individual needs and wishes of patients in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background.
COMMUNICATION	Demonstrate understanding of relevant social and cultural issues that impact upon the provision of healthcare to patients and their families/whānau.
	Understand the physical and emotional models and norms of medical gynaecology in the context of lifestyle, culture, health, environment, and related social factors.
	 Demonstrate shared decision-making skills in the care of their patient and whānau.
COLLABORATION AND MANAGEMENT	Hold an appreciation of human and cultural diversity and respect for the values of individuals and different cultural groups.
SCHOLARSHIP	Have knowledge of legislation relating to abortion and sexual health in New Zealand.
	 Have knowledge of the principles of Te Tiriti o Waitangi and an appreciation of the implications of the principles for hauora Māori.
	 Have knowledge of models for understanding hauora Māori, including but not limited to Te Whare Tapa Whā.
	Have knowledge of the elective topics and an understanding of their significance in the context of sexual and reproductive health.
PROFESSIONALISM	Develop, implement and monitor a personal, ongoing professional development / continuing education strategy in order to:
	o maintain up-to-date knowledge and practices.
	o be flexible in terms of changes in career paths.



PRIOR TRAINING	FIRST YEAR OF TRAINING / FULL TIME EQUIVALENT	COMPLETE THROUGHOUT / PRIOR TO GRADUATION
Dip OMG / DRANZCOG	Family Planning Contraceptive Course	Satisfactory completion of NZCSRH LARC Train the Trainer course
	Satisfactory completion of MOH/NZCSRH Abortion Theory Training Modules	Satisfactory completion of implant insertion and removal training
	Approved cervical screening and education and training course (NZQA Approved)	Satisfactory Completion of IUC insertion training
	Self-directed learning – RANZCOG CQUIP module	CPR Course refresher (if required)
CPR Course (within 3 years)	Review Medsafe Medicine and use in Pregnancy with self-reflection Review Medical Council of New Zealand	NZCSRH Advanced Training Cultural Safety Training: Te Tiriti ō Waitangi and Hauora Māori E-Learning Modules Self Reflection
	statement on information choice of treatment and informed consent with self- reflection	Research project presented at a national or international conference/published in a peer review journal or an audit with completion of the audit cycle which leads to demonstrated change in practice in a sexual and
	Review the Ministry of Health <u>He Korowai</u> <u>Oranga – Māori Health Strategy</u>	reproductive health setting (unless completed in year 1)
		Peer Review Meetings with active participation (minimum 10 hours/ year)
		Self-directed / e-learning:
		eIntegrity eSRHeIntegrity eHIV
		Research methods e-learning course
		 Goodfellow Unit HEEADSSS course Review NZ Maternity legislation (Section- 88) with self-reflection.



Competency is achieved through an incremental process of learning and development. The programme of learning is primarily rooted in both experiential and adult learning theory, using reflective learning practices. It will utilise an apprenticeship model of clinical learning which promotes intrinsic motivation and development of life-long learning skills.

The overall objective of the training is to ensure competence in skills, knowledge, and attitudes in sexual and reproductive health, which will involve both personal and public health perspectives, and allow the graduate to contribute to the development of policy and practice in the field.

New fellows will be expected to demonstrate competency in the skills listed in <u>Table 6</u>. These will be assessed using a combination of assessment methods including courses and certificates where not directly assessed as part of the advanced training learning requirements. New fellow competencies are assessed in a comprehensive logbook, mini CEX (clinical evaluation exercises) and the six-monthly 360° review-informed summative assessments.

TABLE 6: DETAILED CURRICULUM

DOMAIN	LEARNING OBJECTIVES	LEARNING OUTCOMES	LEARNING OPPORTUNITY	NEW FELLOW COMPETENCIES	ASSESSMENT – SATISFACTORY COMPLETION		
MEDICAL CARE	MEDICAL CARE Demonstrates specialist clinical expertise in the medical	cecialist clinical topics relating to family planning matters in New	Training and direct work experience in Family Planning clinics.	Demonstrate a comprehensive understanding of reproductive anatomy and physiology, including sexual response, hormonal control of the menstrual cycle, the effects of various drugs and lifestyle factors.	In-training competency assessment		
	management of sexual and	taking, examination, investigation, patient	Prior learning from Dip OMG or DRANZCOG and Family	Take a comprehensive and accurate medical, gynaecological, obstetric, social, sexual and medication history.	Mini CEX		
	reproductive health.	management, public health.	Planning contraceptive course.	Perform an expert gynaecological examination, including proficiency with a vaginal speculum and bimanual examination.	Completion of IUC insertion certificate		
		Have knowledge of a	Approved self-directed	Perform an expert anogenital, oral, skin and general examination.	Mini CEX		
		contraception methods available in New Zealand and provide a tiered	e-learning. Approved cervical screening	Describe the pathological process of pelvic inflammatory disease and the diagnosis and management of this condition, including long-term sequelae.	In-training competency assessment		
		approach to counselling ensuring the patient has sufficient information to	and education and training course (NZQA Approved).	Describe the management options for premenstrual syndrome/Premenstrual dysphoric disorder.	In-training competency assessment		
		make an informed choice.	Satisfactory completion of implant insertion and removal certificate.	Diagnose and manage vaginal discharges, including non-infective causes in females in all age groups.	In-training competency assessment		
				Describe the physiological changes and management of menopausal symptoms.	In-training competency assessment		
		Satisfactory completion of IUC insertion certificate. Training and direct work experience in Sexual Health clinics. CPR Course MOH/NZCSRH Abortion Theory Training Modules Attend an Abortion-Care Clinical Experience.	Discuss the use of menopausal hormone therapy, including any screening required.	In-training competency assessment			
			experience in Sexual Health clinics.		Recognise, and provide appropriate management of contraceptive side-effects/complications, including the use of alternatives.	In-training competency assessment	
							Describe any specific investigations needed before starting any particular method of contraception.
				Demonstrate competence in intrauterine contraception insertion and subdermal contraceptive implant insertion and removal.	Completion of IUC insertion certificate		
				Initiate management of ectopic pregnancy, miscarriage, and molar pregnancy, and describe follow-up of these conditions.	In-training competency assessment		
				Demonstrate a detailed knowledge of the management of pregnancy in the first trimester, with appropriate screening, investigations, and management, including complications, diet, lifestyle factors, teratogenicity, folic acid and iodine supplementation.	In-training competency assessment		
				Recognise and manage acute anaphylaxis and be competent in cardiopulmonary resuscitation.	CPR Course		

DOMAIN	LEARNING OBJECTIVES	LEARNING OUTCOMES	LEARNING OPPORTUNITY	NEW FELLOW COMPETENCIES	ASSESSMENT – SATISFACTORY COMPLETION
MEDICAL CARE (cont.)	Demonstrates	Have knowledge of all		Collect and appropriately handle anogenital, oropharyngeal and other specimens.	Mini CEX
	specialist clinical expertise in the medical	topics related to sexual health matters in New Zealand, including		Apply a detailed knowledge of antimicrobial chemotherapy as applied to STIs, including antimicrobial resistance	In-training competency assessment
	management of sexual and reproductive	history taking, examination, screening and testing, patient		Candidates should be able to provide HIV pre- and post-test counselling and be aware of the support networks available in the community	Mini CEX
	health (cont.)	management, public health.		Diagnose and manage male and female cases of the following genitourinary conditions:	In-training competency assessment
			 Chlamydia trachomatis Gonorrhoea Trichomoniasis Herpes simplex Genital Warts Vulvovaginitis - infectious and non-infectious Candidasis Bacterial vaginosis NSU Scabies Lice Molluscum Contagiosum Syphilis PID/epidydimo-orchitis Genital pain syndromes 		
	Demonstrates clinical expertise in the	Have knowledge of all gynaecological health issues including fertility,	Training and direct work experience in Family Planning clinics.	Identify the causes of infertility, arrange appropriate investigations, and provide management and referral as appropriate.	In-training competency assessment
	management of menstruation, presentations urogynaecolog requiring referral including accu to specialist assessment an	menstruation, abortion, urogynaecology including accurate assessment and diagnosis, epidemiology,	Prior learning from Dip OMG or DRANZCOG Approved self-directed e-learning. Training and direct work experience in Sexual Health clinics. Satisfactory completion of MOH/NZCSRH Abortion Theory Training Modules	Understand, diagnose and medically manage the causes of dysmenorrhoea, oligomenorrhoea, amenorrhoea, abnormal uterine bleeding, intermenstrual, post-coital and post-menopausal bleeding.	In-training competency assessment
	management outside sexual reproductive	patient and condition management.		Understand, diagnose and manage the causes of lower abdominal/pelvic pain in women, with referral when indicated.	In-training competency assessment
	health.			Apply a knowledge of the epidemiology, symptoms, signs, value and limitations of investigations for reproductive tract pathology, including benign and malignant cysts and tumours, and arrange appropriate management.	In-training competency assessment
				Apply a knowledge of the epidemiology, symptoms, signs, value and limitations of investigations for endometriosis, and discuss the management options.	In-training competency assessment
			Attend an Abortion-Care	Diagnose and manage vulval pruritis, dystrophies and neoplasia.	In-training competency assessment
			Clinical Experience.	Diagnose and refer as appropriate, common malformations of the female genital tract.	In-training competency assessment
				Diagnose and manage breast symptoms and lesions in women, including appropriate referral.	In-training competency assessment

DOMAIN	LEARNING OBJECTIVES	LEARNING OUTCOMES	LEARNING OPPORTUNITY	NEW FELLOW COMPETENCIES	ASSESSMENT – SATISFACTORY COMPLETION
MEDICAL CARE (cont.)				Describe and medically manage the types of uterovaginal prolapse including appropriate referral.	In-training competency assessment
				Describe and medically manage the types of urinary incontinence including appropriate referral.	In-training competency assessment
				Demonstrate an understanding of the causes of sexual dysfunction for all genders and arrange appropriate management, including referral.	Mini CEX
				Apply a detailed knowledge of the management of sexual assault for people of all genders, including counselling, interpersonal violence, legal constraints, investigations, treatment, subsequent management, and referral as appropriate.	In-training competency assessment
				Provide initial clinical assessment, including appropriate referral, for persons with HIV infection.	In-training competency assessment
				Provide initial clinical assessment including appropriate referral for abortion care.	Mini CEX
	Practices a holistic approach to	Demonstrate advanced abilities in clinical	Training and direct work experience in Family Planning	Demonstrate advanced abilities in clinical reasoning and judgement, and an ability to manage clinical situations	6-monthly summative assessment
	patient management.	reasoning and judgement, and an ability to manage clinical	Clinics.	Recognise current limits of medical expertise.	6-monthly summative assessment
		situations. Recognise current limits of medical expertise. Customise care according to the individual needs		Customise care according to the individual needs and wishes of patients in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background.	NZCSRH Advanced Training Programme Cultural Safety Training 6-monthly summative assessment
		and wishes of patients in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background.			

DOMAIN	LEARNING OBJECTIVES	LEARNING OUTCOMES	LEARNING OPPORTUNITY	NEW FELLOW COMPETENCIES	ASSESSMENT – SATISFACTORY COMPLETION						
COMMUNICATION	,		Training and direct work experience in Family Planning	Discuss the social and psychological impact of loss of fertility on individuals and couples.	In-training competency assessment						
	culturally safe, equitable communication	relevant social and cultural issues that impact upon the	Clinics.	Provide contact tracing or referral for STIs.	In-training competency assessment						
	skills that result in effective	provision of healthcare to patients and their	MOH/NZCSRH Abortion Theory Training Modules	Describe the indications, methods, counselling, and legal constraints on abortion.	NZCSRH abortion training						
	information exchange and collaboration with	families/whānau. Understand the physical	Prior learning from Dip OMG or	Demonstrate insight into the cultural factors that affect sexual and reproductive health and use this insight to work with people from different cultures.	In-training competency assessment						
	patients, their families, whānau, and other healthcare	and emotional models and norms of medical gynaecology in the	Training and direct work	Training and direct work		Training and direct work	Training and direct work experience in Sexual Health clinics.	Training and direct work experience in Sexual Health clinics.	Demonstrate appropriate attitudes, awareness, knowledge, and skills to work successfully with patients of different cultural backgrounds.	In-training competency assessment	
	professionals.	context of lifestyle, culture, health, environment, and	culture, health,	culture, health, environment, and	culture, health, environment, and	culture, health, environment, and			clinics.	clinics.	clinics.
		Demonstrates shared decision-making skills in the care of their patient	NZCSRH Advanced Training Programme Cultural Safety Training	Take a detailed history pertinent to contraceptive use, including medical, family, menstrual, sexual, obstetric, cultural, social, and contraceptive use history.	Mini CEX						
		and whānau.	and whānau.	and whānau.	DISCOSS		Discuss indications and contra-indications, and side-effects of the various available contraception options.	In-training competency assessment			
				Counsel regarding the individual appropriateness of different forms of contraception.	In-training competency assessment						
				Demonstrate an understanding of models and simple techniques used to help a person practice safer sex.	Mini CEX						
					Provide pre-pregnancy counselling, with appropriate investigations and referral.	In-training competency assessment					
				Take a comprehensive and accurate medical, social, sexual and drug history.	Mini CEX						
			Counsel patients regarding their diagnosis and encourage behaviour change.	Mini CEX							
				_	Counsel pregnant people on pregnancy options.	In-training competency assessment					
							Provide HIV pre- and post-test counselling.	In-training competency assessment			
				Identify patient risk factors, select appropriate laboratory tests and gain informed consent.	Mini CEX						

DOMAIN	LEARNING OBJECTIVES	LEARNING OUTCOMES	LEARNING OPPORTUNITY	NEW FELLOW COMPETENCIES	ASSESSMENT – SATISFACTORY COMPLETION
COLLABORATION AND MANAGEMENT	effective professional diversity and respect for relationships with medical, nursing and other healthcare human and cultural diversity and respect for the values of individuals and different cultural groups	human and cultural diversity and respect for the values of individuals	CQUIP – review the National Screening Unit Cervical Screening Guidelines Approved cervical screening and education and training course (NZQA Approved)	Apply a knowledge of the epidemiology, symptoms, signs, value and limitations of cervical screening and colposcopy, demonstrate an in-depth understanding of screening for cervical intraepithelial neoplasia and its limitations, including current management guidelines.	Approved cervical screening and education and training course (NZQA Approved)
		groups		Understand the maternity care system to enable explanation to patients to facilitate access to maternity care.	In-training competency assessment
	colleagues.		Self-Directed learning – Review NZ Maternity legislation (Section 88)	Demonstrate an awareness of the importance of public health measures intended to control STI/HIV infections such as contact tracing, surveillance, health promotion programmes, professional education and research.	In-training competency assessment
			Training and direct work experience in Sexual Health clinics		

DOMAIN	LEARNING OBJECTIVES	LEARNING OUTCOMES	LEARNING OPPORTUNITY	NEW FELLOW COMPETENCIES	ASSESSMENT – SATISFACTORY COMPLETION	
SCHOLARSHIP	Demonstrates self-learning in sexual and	Have a knowledge of legislation relating to abortion and sexual	Prior learning from Dip OMG or DRANZCOG	Have knowledge of all topics related to abortion health matters in New Zealand, including history taking, screening and testing, patient management, public health.	NZCSRH abortion training	
	reproductive health and other relevant areas of medical practice,	health in New Zealand Have a knowledge of the	Self-directed learning review of He Korowai Oranga New Zealand's Māori Health Strategy	Demonstrate an in-depth understanding of breast cancer screening and its limitations, including current management guidelines.	In-training competency assessment	
	including recognition of limits of their own	principles of Te Tiriti o Waitangi and an appreciation of the implications of the	MOH/NZCSRH Abortion Theory Training Modules	List the mechanisms for normal continence in anatomic females and describe the causes and management of urinary female incontinence, including investigations and referral.	In-training competency assessment	
	knowledge and abilities.	principles for hauora Māori.		Have knowledge of all STI's including accurate assessment and diagnosis, epidemiology, patient and condition management.	In-training competency assessment	
	Understand how to apply the	Have knowledge of models for	NZCSRH Advanced Training Programme Cultural Safety	Demonstrate a detailed knowledge of the available forms of contraception.	In-training competency assessment	
	principles of Te underst Tiriti o Waitangi to Māori, i	Waitangi to a culturally octor- to the stands the oles and elective topics and election and training course Māori, including but not limited to Te Whare Tapa Whā. Family planning contraceptive course Approved self-directed e-learning Approved cervical screening and education and training course (NZQA Approved)	Māori, including but not limited to Te Whare Tapa	ori, including but not ted to Te Whare Tapa Family planning contraceptive	For each form of contraception, define the failure rate in terms of the Pearl Index, and be able to contrast the typical failure rate with the theoretical (method) failure rate hormonal factors, the effects of various drugs and lifestyle factors.	In-training competency assessment
	patient relationship and clinical		Describe the clinical and laboratory/radiological methods for the diagnosis of pregnancy.	In-training competency assessment		
	environment.		Approved cervical screening and	Understand the options for prenatal screening e.g. muchal thickness, and prenatal diagnosis, including chorionic villus sampling and amniocentesis.	In-training competency assessment	
	Understands the principles and practice of context of sexual and reproductive health.		(NIZOA Approved)	(NZQA Approved)	Understand which drugs are safe to use in pregnancy and lactation and which are contra-indicated, or where to obtain such information.	In-training competency assessment
	evidence-based medicine and		CFR COUISE	Understand the epidemiology of abortion including a global view.	NZCSRH abortion training	
	research in a clinical setting. Understands the need to maintain knowledge and practice in order to provide up-to-date evidence-based care.	research in a	Liective topic.	Elective topic.	Under the biological, behavioural and psychosexual aspects of human sexuality.	In-training competency assessment
		need to maintain knowledge and practice in order to provide up-to- date evidence- Interest Medicine and ose in Pregnancy. MOH/NZCSRH Abortion Theory Training Modules	Medsafe Medicine and use in	Understand how physical disease, disability and drugs affect sexual and reproductive health.	In-training competency assessment	
			Understand the sexual and reproductive health issues of groups in the community across the gender and sexuality spectrum, and including sex workers.	In-training competency assessment		
			y	Have comprehensive understanding of biological make reproductive anatomy and physiology, including sexual response.	In-training competency assessment	
				Describe the management of people who have been affected by Female Genital Mutilation .	In-training competency assessment	

DOMAIN	LEARNING OBJECTIVES	LEARNING OUTCOMES	LEARNING OPPORTUNITY	NEW FELLOW COMPETENCIES	ASSESSMENT – SATISFACTORY COMPLETION
PROFESSIONALISM	Conducts effective reviews of professional	Develops, implements, and monitors a personal, ongoing professional	Training and direct work experience in Family Planning clinics	Demonstrate an expert knowledge of the legal and ethical requirement regarding the provision of contraceptive services, especially to adolescents and mentally impaired patients.	In-training competency assessment
	practice.	development / continuing education strategy in order to:	Training and direct work	Demonstrate an expert knowledge of the legal and ethical requirements regarding the obtaining of informed consent.	In-training competency assessment
	Solicits and accepts constructive feedback. Exhibits ethical attitudes and conduct consistent with Code of Health and Disability Services Consumers' Rights.	Maintain up-to-date knowledge and practices Be flexible in terms of change in career paths	experience in Sexual Health clinics. Self-Direct learning – review Medical Council of New Zealand, statement on information choice of treatment and informed consent. Supervised research project (presented/published) or an audit leading to change in practice in a sexual reproductive health setting	Develop, implement, and monitor ongoing professional development within their chosen speciality	Professional Practice Review
			Peer Review Meetings		

ASSESSMENT METHODS

The new fellow competencies are assessed using the methods listed below. All trainees must satisfactorily complete these assessments during their training:

- Logbook in the core topics of family planning, abortion and sexually health and elective topics which will include self-reflection including cultural safety.
- In-training competency assessment by supervisor including elogbook review.
- Contraceptive counselling online module.
- MOH approved IUC training.
- MOH approved implant training.
- CPR course.
- NZCSRH Advanced Training Programme Cultural Safety Training
- NZCSRH LARC TTT course
- Approved cervical screening and education and training course (NZQA Approved).
- Six monthly formative reflective assessments until graduation.
- Six monthly summative assessments with elogbook review until graduation.
- Research project presented at a national or international conference/published in a peer review journal or an audit with completion of the audit cycle which leads to demonstrated change in practice in a sexual and reproductive health setting (unless completed in year 1).
- Satisfactory completion of mini CEX's demonstrating the following competencies:
 - o Taking a comprehensive and accurate medical, social, sexual and drug history.
 - o Taking a detailed sexual and reproductive history from patients of all gender identities in a non-judgmental manner.
 - Taking a detailed history pertinent to contraceptive use, including medical, family, menstrual, sexual, obstetric, cultural, social, interpersonal violence, and contraceptive use history including demonstrating an understanding of some models and simple techniques used to help a person practice safer sex.
 - o Demonstrating an understanding of the causes of sexual dysfunction for all genders and ages and arrange appropriate management, including referral.
 - o Providing an initial clinical assessment including appropriate referral on abortion care.
 - o Identifying patient risk factors, selecting appropriate laboratory tests and gaining informed consent.
 - o Counselling patients regarding their diagnosis and encouraging behaviour change.
 - o Performing an expert anogenital, oral, skin and general examination.
 - o Demonstrating completion of a HEEADSSS assessment.

PRACTICE VISIT

A practice visit in the trainee's clinical environment will be completed as the final assessment. Satisfactory performance is required for the trainee to graduate. The final assessment will be arranged and managed by the training services and will include a patient survey and 360° feedback. Doctors who are awarded fellowship of the NZCSRH will be qualified to apply for vocational registration in the scope of family planning and reproductive health with the Medical Council of New Zealand. bpac^{nz} is administering the continuing professional development programme to maintain vocational registration.

CLINICAL SUPERVISION

Clinical supervisors will be responsible for the trainees' quality of learning in the clinical context and for ensuring that clinical standards and safe practice are maintained in the workplace. Supervisors will be approved by the Educational Advisory Committee (EAC).

Each trainee will be assigned a supervisor in their first-year placement. In each workplace in which the trainee is providing clinical services as part of their apprenticeship learning, there will be an experienced doctor who is identified as the trainee's clinical tutor. All clinical tutors will be approved by the supervisor.

Supervisors and clinical tutors will be required to answer any questions the trainee may have about specific cases, assist in practical skills and organisational and rostering matters. The main roles of the supervisor are the coordination of training, ensuring clinical safety, acting as a role model, and providing brief feedback and teaching.

The trainee will carry the normal responsibilities of an employee in the workplace and will follow the lines of accountability set out by that workplace.

A supervisor will be able to supervise up to three trainees at any one time. The supervisor will be responsible for ensuring that the trainee is gaining enough experience to attain the skills required, is reaching the learning objectives, is able to think critically and review his/her practice. The supervisor will also assist the trainee to plan and organise training in two elective topics. The supervisor will be responsible for reviewing the trainee's elogbook as a record of skill attainment at each summative assessment. The supervisor may be the same person as the tutor in some situations.

The supervisor will be responsible for reporting back to the EAC on the progress of trainees on a three-monthly basis.

The details of a supervisor's responsibilities are laid out in the Training Supervisor Statement of Understanding document.

CURRICULUM EVALUATION

An important part of this curriculum framework is ensuring that the high quality of the training programme is maintained and continuously improved.

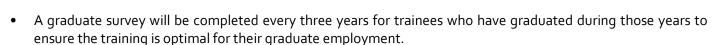
The EAC will meet in November each year to review the programme.

The course review will address:

- curriculum and content
- trainee information and course materials
- staffing and supervision
- resourcing
- patient demand and feedback from evaluations
- emerging health issues, legal or policy changes
- assessment results
- administration and trainee support services
- financial viability.

A number of processes are in place to further ensure quality improvements:

- The EAC will review the curriculum content every three years in order to ensure that the content keeps pace with new research and policy guidelines. The EAC report will be externally reviewed.
- The trainees will be engaged to encourage both receiving and giving feedback about their training to their supervisor and the EAC.
- Written feedback will be collected from trainees after each placement. Every three years information from the training supervisors and clinical tutors will be gathered about the ongoing suitability of the environment for training. This also applies to elective topic learning placements.
- Annual electronic surveys of trainees will be done to assess their training.
- The standard of assessment will be reviewed by the EAC every three years to ensure consistency of assessments, and that content delivery and assessments are consistent.



The review process will also evaluate whether continuous improvement is taking place from three perspectives:

- 1. "Did we ...?" i.e. was trainee feedback and self and peer review acted upon?
- 2. "Are we...?" i.e. is curriculum, content, materials and resourcing current and relevant?
- 3. "Should we...? i.e. are we cognizant of emerging health and societal issues etc.; is the Advanced Training viable and sustainable?

CURRICULUM/CONTENT CHANGES

Changes may arise as a result of the annual review or during the year if required to keep abreast of changes to professional practice.

The EAC members will not independently and without reference make changes to the content.

If changes are made to hard or soft copies of training materials, this will be dated and all previous versions will be archived.

Importantly, the Curriculum is a dynamic document requiring ongoing review and evaluation of both the educational plan and its implementation. This includes adapting to changes in technology and the manner in which trainees use a range of media to access learning opportunities. This will ensure that changing workforce profiles, demographics and legislative and regulatory contexts are acknowledged and appropriately incorporated.