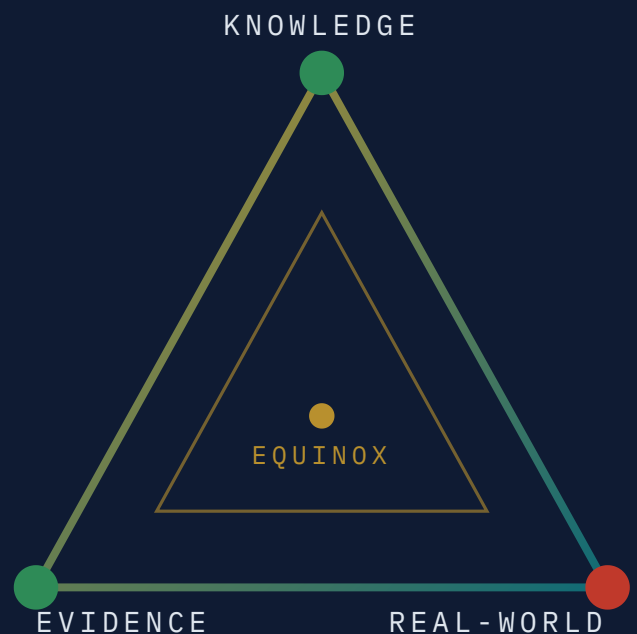


POSTGRADUATE PROGRAMMES FOR EXTENDED-ROLE AND
EXTENDED-SCOPE PRACTICE IN PRIMARY CARE

Certificates of Advanced Studies

- 1 Cardio-Renal-Metabolic Medicine
& Heart Failure
- 2 Menopause
& Andropause



Awarded by New Vision University, Tbilisi, Georgia · 10 ECTS (20 UK credits) · first cohorts 2027

Course Director: Prof Rajesh Varma, PhD MRCP MRCOG MBBS MA (Cantab)

Professor, New Vision University · Director and Course Convenor, Certificates of Advanced Studies



Prof Rajesh Varma, PhD MRCGP MRCOG MBBS
MA (Cantab)
Professor, New Vision University · Director and
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Studies

A WELCOME FROM THE COURSE DIRECTOR

Built for the clinicians who carry the load

Primary care now carries the long-term care of diabetes, kidney disease, heart failure and vascular risk, and of the menopause transition and male hormonal decline, for most of the population. The guidance that governs that work changes several times a year.

These two Certificates of Advanced Studies were designed for the clinicians who carry that load: general practitioners, pharmacist prescribers, advanced nurse and clinical practitioners who want to practise at an extended level with the knowledge, the evidence and the governance to do so safely.

Each programme teaches its whole syllabus. Every module is published with the guideline it rests on, every clinical statement is signed by a named clinician with the date and version relied on, and your award is re-dated every six months after graduation so that it does not quietly go out of date.

The capstone is a piece of work for your own service: an audit, a quality-improvement plan or a clinic design that you can run the week after you finish. I look forward to teaching you.

Prof Rajesh Varma

Director and Course Convenor, Certificates of Advanced Studies
Professor, New Vision University

THE PROGRAMMES

Two awards, one standard

The extended-scope clinician

The historical model of primary care as triage is giving way to extended-role practice: clinicians who assess, treat and govern complex long-term conditions in the community, within a multidisciplinary team and with clear referral thresholds. The NHS England multi-professional framework for advanced practice and the growth of neighbourhood teams make that scope explicit. The knowledge base for it is a postgraduate one.

Why a Certificate of Advanced Studies

A CAS is a short, credit-bearing postgraduate award in the European Higher Education Area tradition: ten ECTS, a defined syllabus, assessed at level 7, with a workplace capstone. It sits below a diploma or master's degree and above a CPD course, and it is the right size for a clinician who is already in practice.

What these two programmes equip you to do

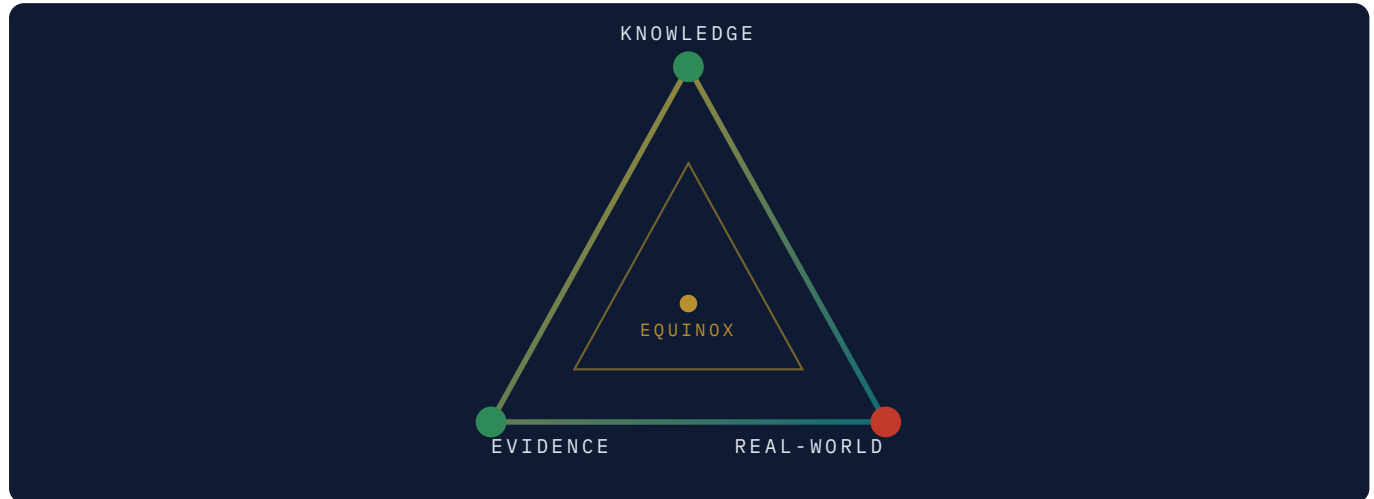
Each programme equips the primary-care clinician with the advanced-level professional knowledge and governance required to practise as a GP with an extended role, or as an allied health professional with extended-scope practice, in its domain: cardio-renal-metabolic medicine and heart failure; menopause and andropause. Local accreditation of extended roles and employer governance remain separate processes, and the programmes are designed to give you what those processes ask for.

AT A GLANCE

AWARD	Certificate of Advanced Studies, New Vision University	CREDIT	10 ECTS · 20 UK credits · 250 notional hours
LEVEL	Pitched at EQF level 7; equivalent in level to the FHEQ level 7 descriptors	DURATION	12 weeks: nine module weeks, an integration week and the assessment weeks
FORMAT	Distance learning on learn.mdacumen.com with two livestreamed London Saturdays at the Royal Society of Medicine, 1 Wimpole Street, London: 4 September and 30 October 2027 (mornings CAS CVRM-HF; afternoons CAS Menopause and Andropause)	FIRST COHORT	1 September to 31 December 2027: twelve study weeks within that window, with breaks between blocks · applications open 1 March 2027
FEE	£2,450 · founding cohort £2,150 · £250 deposit on application	ENTRY	GPs, pharmacist prescribers, advanced nurse and clinical practitioners with current professional registration and a level 7 professional qualification or equivalent experience

Certificate of Advanced Studies awarded by New Vision University, Tbilisi, Georgia; 10 ECTS (20 UK credits); pitched at EQF level 7, equivalent in level to the FHEQ level 7 descriptors. New Vision University is not a UK degree-awarding body; recognition of credit is at the discretion of receiving institutions

A living syllabus with a clinician's signature on every line



The Golden Triangle

Every condition we teach sits in a triangle. Knowledge is the top apex: what the condition is and how it is managed. Evidence is the bottom-left apex: what the trials and the guidelines say. Real-world is the bottom-right apex: what actually happens, including access, the inverse care law and socio-demographic disparities, together with the ethics and character the clinician brings. Each apex is rated red, amber or green for a condition in a setting. The clinician at the centre pulls the apices inward; three greens, the Equinox, is the point of equal balance. You will rate the triangle for every core condition and argue how to pull its weakest apex.

How a module is taught

Each module is a five-path living lesson, a live workshop and a confidence-rated knowledge check, built as a mastery loop: encode, retrieve, space, calibrate, master, refresh. Two London Saturdays at the Royal Society of Medicine, 1 Wimpole Street, London (4 September and 30 October 2027), livestreamed for those who cannot travel, carry the case-based teaching and the practical sessions: the morning belongs to the CVRM-HF programme and the afternoon to the Menopause and Andropause programme.

The Living CAS: self-detecting, human-updated

The programmes run on the Acumen Observatory, a registry in which every clinical assertion is a dated, signed atom linked to its source. Watchers detect new NICE, MHRA, ESC, KDIGO, EASD, EASL and BMS publications; a clinician reviews the change and signs the revised material; nothing reaches a learner unsigned. Your certificate states the period over which its content is warranted current, and a short Currency Update every six months after graduation re-dates the award.

Where AI sits

Every clinical statement is signed by a named GMC-registered clinician with the date and the guideline version relied on. Nothing reaches a learner unsigned. AI assists the drafting of our material, and no AI decides a mark. Every surface shows its class: deterministic; AI-drafted, clinician-signed; or adaptive and formative. Adaptive features recommend and never grade.

DETERMINISTIC

AI-DRAFTED, CLINICIAN-SIGNED

ADAPTIVE, FORMATIVE

The three class labels every learner sees on every surface.

PROGRAMME 1

Cardio-Renal-Metabolic Medicine & Heart Failure

Diabetes, cardiac, renal and metabolic care, taught as one connected system



Diabetes, heart failure, chronic kidney disease, obesity and vascular risk are usually taught, and too often managed, as separate problems. They share one pathophysiology of insulin resistance, inflammation and fibrosis, and the same organ-protective therapies now cut across all of them. This programme teaches that connected reality, anchored to the 2026 AHA/ACC/ADA/ASN cardiovascular-kidney-metabolic guideline, the ESC and ESC/ERA 2026 guidelines, KDIGO 2024, ADA 2026 and the NICE guidance you must use in UK practice, and it ends with the service you will design where you work.

By the end you will be able to

1. Stage any patient on the CKM continuum (0–4, including 4a and 4b) and explain how stage changes management, using QRISK3, PREVENT and SCORE2 to risk-stratify and case-find.
2. Run a structured lifestyle and behaviour-change consultation and set up a proactive three-visit cardiometabolic clinic.
3. Select and sequence organ-protective therapies across diabetes, heart failure and chronic kidney disease: SGLT2 inhibitors, GLP-1 and dual incretin agonists, finerenone and modern lipid-lowering.
4. Individualise targets and prescribe safely in multimorbidity, frailty and polypharmacy, including deprescribing.
5. Run an integrated cardio-renal-metabolic consultation and shared-decision conversation with confidence.
6. Critically appraise the pivotal evidence and act soundly where guidelines are silent or disagree.
7. Design, lead and quality-improve a cardio-renal-metabolic or neighbourhood service, and build its value case.

The spine

STAGE

CKM staging and shared pathophysiology

Module 1

METABOLIC

Diabetes · obesity · lipids · MASLD

Modules 2–5

CARDIO-RENAL

Cardiac axis · CKD · the four pillars

Modules 6–7

INTEGRATE AND LEAD

Multimorbidity · evidence · service design

Modules 8–9

The Golden Triangle today



Cardiovascular disease prevention

K G · E G · R R



Hypertension

K G · E G · R R



Dyslipidaemia

K G · E G · R R



Heart failure

K G · E G · R R



Chronic kidney disease

K G · E G · R R



Type 2 diabetes

K G · E G · R A



Obesity

K G · E G · R R

Knowledge · Evidence · Real-world, as rated on the programme page, UK setting, October 2026. Three greens is the Equinox; the Real-world apex is where you will work.

CAS CVRM-HF · MODULES 1-3

MODULE 1

Foundations of integrated cardio-renal-metabolic medicine: CKM staging and risk

ALIGNED TO

2026 AHA/ACC/ADA/ASN CKM guideline · DCRM 2.0 (2024) · Lancet 2026 cardiometabolic multiple long-term conditions Series · NICE NG238

GOLDEN TRIANGLE

Cardiovascular disease prevention

YOU WILL BE ABLE TO

- Stage a patient on the CKM continuum 0–4, including 4a and 4b, and explain why staging is bidirectional and how a 10-year PREVENT-CVD risk of 20% or more counts as a stage-3 risk-equivalent.
- Explain the shared insulin-resistance, inflammation and fibrosis axis that links the metabolic, cardiac and renal organs.
- Risk-stratify and case-find with QRISK3 (NICE NG238), PREVENT and SCORE2, and with the eGFR, uACR and NT-proBNP case-finding triad, recognising sex- and ethnicity-related limits of the scores.

SYLLABUS

CKM staging and regression 7-core

Shared pathophysiology 7-core

Risk scores and their limits 7-core

The case-finding triad 7-core

Cardiometabolic multiple long-term conditions: epidemiology, mechanisms, interventions 7-adv

MODULE 2

Lifestyle, behaviour change and clinic set-up

ALIGNED TO

AHA Life's Essential 8 · CRM primary-care call to action (Säemann 2025) · NICE NG246 · NICE NG197

GOLDEN TRIANGLE

Obesity

YOU WILL BE ABLE TO

- Deliver a structured lifestyle consultation on Life's Essential 8, using motivational interviewing, SMART target-setting and patient decision aids.
- Design a proactive cardiometabolic clinic: a GP-coordinated multidisciplinary team, digital case finding, and a three-visit cycle of detect and baseline, activate and titrate, consolidate and sustain.
- Apply the NICE NG246 weight-management tiers, referral criteria and bariatric surgery criteria.

SYLLABUS

Life's Essential 8 and the lifestyle consultation 7-core

Motivational interviewing and decision aids 7-core

The three-visit clinic cycle and the multidisciplinary team 7-adv

Digital case finding and patient-facing results 7-adv

Weight-management pathways 7-core

MODULE 3

The metabolic core: type 2 diabetes

ALIGNED TO

NICE NG28 (updated February 2026) · ADA Standards of Care 2026 · EASD

GOLDEN TRIANGLE

Type 2 diabetes

YOU WILL BE ABLE TO

- Individualise HbA1c targets, including in frailty and where hypoglycaemia carries most risk.
- Select organ-protective glucose-lowering therapy: an SGLT2 inhibitor with metformin as initial dual therapy for most adults, a GLP-1 receptor agonist first-line in atherosclerotic cardiovascular disease, and safe sequencing and stopping rules.
- Run complications surveillance (uACR, retinal screening, foot risk) and apply sick-day rules, recognising diabetic ketoacidosis, the hyperosmolar hyperglycaemic state and euglycaemic ketoacidosis with SGLT2 inhibitors.

SYLLABUS

Diagnosis and individualised targets 7-core

Organ-protective sequencing 7-adv

Complications surveillance 7-core

Sick-day rules, DKA, HHS and metformin at low eGFR 7-core

MODULE 4

Obesity, incretin therapy and MASLD

ALIGNED TO

NICE NG246 (2026) · NICE TA1152 · ADA and the Obesity Association · EASO · EASL-EASD-EASO 2024

GOLDEN TRIANGLE

Obesity

YOU WILL BE ABLE TO

- Assess adiposity with BMI and waist-to-height ratio, using ethnicity-adjusted thresholds.
- Initiate and monitor GLP-1 and GIP/GLP-1 receptor agonists: eligibility, dose escalation, adverse effects, stopping rules and weight regain.
- Stage metabolic dysfunction-associated steatotic liver disease non-invasively with FIB-4, ELF and transient elastography, refer appropriately, and integrate nutrition and bariatric pathways with post-bariatric follow-up.

SYLLABUS

Adiposity assessment 7-core

Incretin therapy 7-adv

MASLD staging and cardiometabolic management 7-adv

Nutrition and bariatric pathways 7-core

MODULE 5

Lipids and the atherogenic axis

ALIGNED TO

2026 ACC/AHA multisociety dyslipidaemia guideline · ESC/EAS 2025 focused update · NICE NG238 · NICE TA733 · NICE CG71

GOLDEN TRIANGLE

Dyslipidaemia

YOU WILL BE ABLE TO

- Reach lipid targets through the modern ladder: high-intensity statin, ezetimibe, PCSK9 inhibitors, inclisiran and bempedoic acid, including upfront combination therapy.
- Use apolipoprotein B and once-in-a-lifetime lipoprotein(a) testing, and case-find familial hypercholesterolaemia.
- Reconcile the NICE approach (atorvastatin 20 mg at QRISK3 of 10% or more, then escalate in secondary prevention to LDL-C 2.0 or non-HDL-C 2.6 mmol/L) with the ESC/EAS treat-to-goal approach, and manage statin intolerance.

SYLLABUS

Targets and the lipid-lowering ladder 7-adv

ApoB, Lp(a) and familial hypercholesterolaemia 7-adv

Primary and secondary prevention logic: NICE and ESC 7-core

Statin intolerance 7-core

MODULE 6

The cardiac axis: hypertension and heart failure

ALIGNED TO

NICE NG136 (updated February 2026) · ESC 2024 hypertension · NICE NG106 (updated September 2025) · ESC 2026 heart failure · NICE NG196 · ESC/ERA 2026

GOLDEN TRIANGLE

Hypertension · Heart failure

YOU WILL BE ABLE TO

- Diagnose hypertension with clinic and out-of-office measurement, treat to age- and comorbidity-specific targets, and recognise resistant and secondary hypertension.
- Diagnose heart failure using the NT-proBNP referral windows and echocardiographic phenotypes; start the four pillars as upfront quadruple therapy in HFrEF and titrate while monitoring potassium and renal function; treat HFpEF with an SGLT2 inhibitor and an MRA.
- Manage secondary prevention in atherosclerotic disease and atrial fibrillation in the cardiometabolic patient, including CHA2DS2-VASc and ORBIT and the preference for a DOAC over a vitamin K antagonist down to an eGFR of 15.

SYLLABUS

Hypertension: diagnosis, targets, drug ladder, secondary causes 7-core

Heart failure diagnosis and referral windows 7-core

HFrEF: the four pillars, titration and iron deficiency 7-adv

HFpEF: disease-modifying therapy 7-adv

Atherosclerotic disease and cardiac rehabilitation 7-core

Atrial fibrillation and anticoagulation in CKD 7-core

MODULE 7

The cardio-renal axis: chronic kidney disease

ALIGNED TO

KDIGO 2024 · NICE NG203 · NICE TA877, TA1075, TA942 · ESC/ERA 2026 (STAMP on CKD) · UK Kidney Association

GOLDEN TRIANGLE

Chronic kidney disease

YOU WILL BE ABLE TO

- Stage CKD on the KDIGO heat-map with eGFR and uACR confirmed over three months, and use the Kidney Failure Risk Equation.
- Sequence cardiorenal protection: RAS blockade, an SGLT2 inhibitor (dapagliflozin TA1075; empagliflozin TA942), finerenone (TA877) and a GLP-1 receptor agonist, guided by uACR and mapped to the UK funding gates.
- Manage hyperkalaemia, including potassium binders, apply sick-day rules and avoid acute kidney injury, use the NICE referral thresholds, and test every patient with cardiovascular disease for kidney disease as ESC/ERA 2026 recommends.

SYLLABUS

KDIGO staging and the Kidney Failure Risk Equation 7-core

The cardiorenal protection sequence and funding gates 7-adv

Hyperkalaemia, sick-day rules and referral thresholds 7-core

STAMP on CKD 7-adv

MODULE 8

Integration and evidence

ALIGNED TO

DCRM 2.0 · Lancet 2026 Series · the pivotal outcome trials

YOU WILL BE ABLE TO

- Run an integrated cardio-renal-metabolic consultation that sequences the organ-protective classes in multimorbidity, including deprescribing.
- Critically appraise the pivotal trials (EMPA-REG OUTCOME, DAPA-HF, DAPA-CKD, CREDENCE, EMPA-KIDNEY, FIDELIO-DKD and FIGARO-DKD, SELECT, STEP-HFpEF) and act soundly where guidelines disagree.
- Rate the Golden Triangle for each core condition, name the Real-world gap in your own population, and plan how the clinician pulls the weakest apex.

SYLLABUS

The integrated consultation and deprescribing 7-adv

Trial appraisal and guideline divergence 8-stretch

Golden Triangle ratings and the Real-world apex 7-core

MODULE 9

Leadership, quality and service governance

ALIGNED TO

NHS England multi-professional framework for advanced practice · CaReMe UK · NICE quality standards

YOU WILL BE ABLE TO

- Design a cardio-renal-metabolic or neighbourhood service: population search criteria, multidisciplinary roles, referral thresholds and a value case.
- Run audit and quality improvement (PDSA cycles, driver diagrams) and prescribing governance, and apply basic health economics.
- Mentor colleagues and scaffold your capstone from this module.

SYLLABUS

Service design and the value case 7-adv

Audit, quality improvement and prescribing governance 7-core

Health economics and mentorship 7-core

Weeks 10–12. Integration week with the second London day; capstone writing with supervision; applied-knowledge assessment and viva. Level bands: 7-core is the pass standard; 7-adv is expected of an extended-role clinician; 8-stretch is Professor Mode enrichment, never a hurdle to pass.

PROGRAMME 2

Menopause & Andropause

Confident, current, extended-scope practice across the menopause transition and male hypogonadism

Menopause care has moved decisively into primary care, and demand for safe, confident hormone prescribing has never been higher. This programme equips you to assess and manage the menopause transition across its full symptom range and, in parallel, to recognise and manage male hypogonadism on the same evidence-led, benefit–risk footing. It is built on NICE NG23 as updated in April 2026, the guidance of the British Menopause Society, the International Menopause Society and RCOG, and the Endocrine Society and BSSM guidance for the male strand. Throughout, the emphasis is individualised, shared decision-making: the right preparation, route and dose for the person in front of you.

By the end you will be able to

1. Identify and stage the menopause transition, including premature ovarian insufficiency, and recognise male hypogonadism on symptoms plus consistently low morning testosterone.
2. Individualise HRT, choosing preparation, route and dose while weighing benefits and risks, including VTE and breast considerations, and the timing of initiation.
3. Manage the full symptom range: vasomotor, genitourinary syndrome of menopause, mood, musculoskeletal and sexual health.
4. Offer evidence-based non-hormonal options and lifestyle care where HRT is declined or contraindicated, and manage bone and cardiovascular risk after the menopause.
5. Initiate and monitor testosterone therapy in men with confirmed hypogonadism safely, including haematocrit and prostate surveillance.
6. Run a confident, shared-decision menopause or andropause consultation, and design or quality-improve a service where you work.

The spine

FOUNDATIONS

The transition · diagnosis

Module 1

PRESCRIBE

HRT · routes · benefit–risk

Module 2

SYMPTOMS

Domains · special situations · non-hormonal care

Modules 3–5

MEN AND LEAD

Hypogonadism · integration · service design

Modules 6–8

The Golden Triangle today



Menopause, perimenopause and POI

K G · E G · R R



Cardiovascular disease in women after the menopause

K A · E A · R R



Osteoporosis and fragility fracture

K A · E A · R R



Male testosterone deficiency

K A · E A · R R

Knowledge · Evidence · Real-world, as rated on the programme page, UK setting, October 2026. Three greens is the Equinox; the Real-world apex is where you will work.

Who it is for

GPs, prescribing pharmacists and advanced clinical practitioners who want structured, current, assessed expertise in menopause and midlife men's health, and who will prescribe, review and govern hormone therapy in their own service. The baseline is pitched at level 7; an optional Professor Mode stretch reaches the research frontier for those who want it.

CAS MENOPAUSE & ANDROPAUSE · MODULES 1-3

MODULE 1

Foundations and the menopause transition

ALIGNED TO

NICE NG23 (updated April 2026) · British Menopause Society · ESHRE POI guideline 2024

GOLDEN TRIANGLE

Menopause, perimenopause and POI

YOU WILL BE ABLE TO

- Diagnose perimenopause and menopause clinically, without FSH at 45 and over, using FSH under 45 and the criteria for premature ovarian insufficiency under 40.
- Use staging language, explain what to expect, and counsel on the symptom range.
- Diagnose and manage premature ovarian insufficiency, including HRT or combined hormonal contraception until at least the natural age of menopause and its bone and cardiovascular implications.

SYLLABUS

Clinical diagnosis across the ages 7-core

Staging and counselling 7-core

Premature ovarian insufficiency 7-adv

MODULE 2

HRT: preparations, routes and benefit-risk

ALIGNED TO

NICE NG23 · BMS · IMS · BMS joint guideline on unscheduled bleeding on HRT (May 2026) · NG23 discussion aid (November 2024) · MHRA Drug Safety Update (2019)

YOU WILL BE ABLE TO

- Select the regimen by uterus and stage: oestrogen-only or combined; sequential while perimenopausal and continuous combined once twelve months since the last period, with the BMS rule to switch within five years of sequential use or by age 54.
- Choose the route and the progestogen: transdermal first where VTE risk is raised, including BMI over 30, and the oral-not-transdermal stroke signal; micronised progesterone, the levonorgestrel intrauterine system and dose adequacy for endometrial protection.
- Hold the benefit-risk conversation in absolute numbers, including breast cancer (59 of 1,000 women never taking HRT; 69 with five years of oestrogen-only HRT from 50; 79 with combined HRT), VTE, stroke and the timing hypothesis, and manage unscheduled bleeding on HRT with the expected-bleeding windows and the BMS 2026 triage.

SYLLABUS

Regimen selection and the switch rule 7-core

Route selection: the NICE-anchored core and the consensus tail 7-core

Progestogens and endometrial protection 7-core

Benefit and risk in absolute numbers 7-adv

Unscheduled bleeding on HRT 7-adv

MODULE 3

Symptom domains

ALIGNED TO

NICE NG23 · NICE TA1143 (March 2026) · MHRA Drug Safety Update on fezolinetant (April 2025) · BMS

YOU WILL BE ABLE TO

- Manage vasomotor symptoms with HRT and the non-hormonal options, including fezolinetant with the MHRA liver-monitoring rules.
- Treat the genitourinary syndrome of menopause with vaginal oestrogen, moisturisers and ospemifene, including long-term use.
- Separate menopausal low mood from depression (HRT or CBT for depressive symptoms; the depression guideline alongside where criteria are met), and address musculoskeletal and sexual health, including testosterone for low sexual desire in women on BMS guidance.

SYLLABUS

Vasomotor symptoms 7-core

Genitourinary syndrome of menopause 7-core

Mood and cognition 7-core

Musculoskeletal and sexual health, including female testosterone 7-adv

CAS MENOPAUSE & ANDROPAUSE · MODULES 4–6

MODULE 4

Special situations

ALIGNED TO

NICE NG23 · BMS · RCOG · FSRH and UKMEC

YOU WILL BE ABLE TO

- Manage surgical and medical menopause, and menopause after breast and gynaecological cancer.
- Prescribe after venous thromboembolism or with a thrombophilia, with haematology involved first where NG23 requires it.
- Provide contraception in the perimenopause with the stopping rules, and know when to refer to a menopause specialist service.

SYLLABUS

Surgical, medical and post-cancer menopause 7-adv

Contraception in the perimenopause 7-core

Referral 7-core

MODULE 5

Non-hormonal and lifestyle care; bone and cardiovascular risk

ALIGNED TO

NICE NG23 · BMS · NOGG (2021, updated 2022) · NICE CG146 and TA464 · NICE NG238 · ESC 2021 prevention guideline

GOLDEN TRIANGLE

Osteoporosis and fragility fracture · Cardiovascular disease in women after the menopause

YOU WILL BE ABLE TO

- Offer CBT, SSRIs and SNRIs, and other non-hormonal agents where appropriate, with exercise, weight, alcohol and smoking advice, for women who decline or cannot take HRT.
- Assess fracture risk with FRAX or QFracture and DXA, and prescribe bone protection (bisphosphonates, denosumab, HRT for bone) on published NICE and NOGG guidance.
- Manage the post-menopausal cardiometabolic transition: lipid and blood-pressure change, central adiposity, and the sex-specific risk enhancers (pre-eclampsia, gestational diabetes, polycystic ovary syndrome, early menopause) that the standard risk scores omit.

SYLLABUS

Non-hormonal therapy and lifestyle care 7-core

Bone health and fracture prevention 7-adv

The post-menopausal cardiometabolic transition 7-adv

MODULE 6

Male hypogonadism (andropause)

ALIGNED TO

Endocrine Society clinical practice guideline on testosterone therapy · BSSM guidelines on adult testosterone deficiency · the TRAVERSE trial

GOLDEN TRIANGLE

Male testosterone deficiency

YOU WILL BE ABLE TO

- Diagnose testosterone deficiency on symptoms plus two consistently low morning total testosterone samples, with SHBG and calculated free testosterone, LH, FSH and prolactin, and the exclusion of secondary causes.
- Initiate and monitor testosterone therapy: preparations, contraindications (prostate cancer, polycythaemia, untreated sleep apnoea, a wish for fertility), haematocrit, PSA and symptom review, and cardiovascular safety after TRAVERSE.
- Recognise erectile dysfunction as a cardiovascular marker and treat it within the cardiometabolic assessment.

SYLLABUS

Diagnosis 7-core

Therapy and monitoring 7-adv

Erectile dysfunction and cardiovascular risk 7-core

CAS MENOPAUSE & ANDROPAUSE · MODULES 7–8

MODULE 7

Integration and shared decisions

ALIGNED TO

NICE NG23 review structure · NICE NG197 shared decision making · the Observatory's Golden Triangle design note

YOU WILL BE ABLE TO

- Run the shared-decision menopause or andropause consultation, including media-driven concerns, and document it defensibly.
- Carry out structured review and deprescribing.
- Rate the Golden Triangle for menopause, premature ovarian insufficiency, post-menopausal cardiovascular disease, osteoporosis and testosterone deficiency, and plan how to pull the Real-world apex in your own population.

SYLLABUS

The shared-decision consultation 7-core

Structured review and deprescribing 7-core

Golden Triangle ratings and the Real-world apex 7-core

MODULE 8

Leadership, quality and service governance

ALIGNED TO

NHS England multi-professional framework for advanced practice · NICE quality standards

YOU WILL BE ABLE TO

- Design a menopause or midlife-health service and its multidisciplinary pathways.
- Audit HRT route and regimen against NICE and BMS, and run prescribing governance, including off-label testosterone.
- Apply basic health economics, mentor colleagues and scaffold your capstone from this module.

SYLLABUS

Service design 7-adv

Audit and prescribing governance 7-core

Health economics and mentorship 7-core

Weeks 9–12. Integration week with the second London day; capstone writing with supervision; applied-knowledge assessment and viva. Level bands: 7-core is the pass standard; 7-adv is expected of an extended-scope clinician; 8-stretch is Professor Mode enrichment, never a hurdle to pass.

ASSESSMENT AND THE CAPSTONE

Assessed at level 7; distinction reaches to level 8

Three elements, completed in the final weeks. The pass standard sits at level 7; the optional Professor Mode material earns distinction and is never a hurdle to pass.

45%

Applied-knowledge assessment

Confidence-calibrated single-best-answer questions · 2 hours

45%

Workplace capstone

3,000 words · your own setting

10%

Presentation and questions

A short defended viva with New Vision University examiners

Your capstone is a workplace asset

Quality improvement or service set-up

A QI or new-service plan with aims, measures and an implementation route, ready to run where you work.

Practice audit, before and after

For CVRM-HF, the heart-failure four pillars and SGLT2 inhibitor eligibility; for Menopause & Andropause, HRT route and regimen against NICE and BMS.

Critical appraisal

A structured appraisal of recent pivotal evidence with explicit implications for practice.

Aligned complex case series

Related complex cases with guideline-referenced management justified throughout.

Appraisal-ready

Every certificate comes with appraisal-ready records: a one-page reflection record in the fields UK appraisal expects, and a Quality Improvement Activity record for the capstone audit. They are plain PDFs that any appraisal toolkit accepts.

Academic integrity

You declare any use of AI in assessed work. The viva is where you defend your own reasoning.

The Living CAS

At enrolment

Every lesson, reference and item is current with the latest NICE, ESC, ADA, KDIGO and BMS positions.

Your award carries a currency window

The certificate states the period over which its content is warranted current, not only a date of issue.

Throughout the programme

When a cornerstone guideline moves while you are studying, the affected material is reviewed, re-signed and refreshed.

Every six months after graduation

A short Currency Update micro-lesson with a brief self-assessment re-dates your award, indefinitely.

Who teaches, who examines, and how the standard is held

Course Director

Prof Rajesh Varma, PhD MRCGP MRCOG MBBS MA (Cantab)

Professor, New Vision University · Director and Course Convenor, Certificates of Advanced Studies

Prof Rajesh Varma is Professor of Medicine and Life Sciences at New Vision University, Tbilisi, and Professor in Clinical Sciences at East-West University, Tbilisi. He holds a PhD from the University of Birmingham, is a visiting researcher at the University of Cambridge Department of Public Health and Primary Care, and trained as a consultant obstetrician and gynaecologist at St Thomas' Hospital, London, before moving to general practice. He is a practising general practitioner in Hertfordshire, where he runs a weekly cardio-renal-metabolic and heart-failure clinic, and his research on digital phenotyping and very-high-risk secondary prevention was presented at the ESC Congress 2026. He is the founding Editor-in-Chief of the Global Journal of Primary Care and Director of MD Acumen Ltd, which delivers the programmes.

Teaching faculty

A UK clinical faculty of guest specialists and primary-care clinicians teaches the live workshops and the London days; a second clinical signer shares verification. Faculty are named on the programme page before applications open.

Examiners

New Vision University faculty act as examiners for the viva and moderate the capstone marks; an external examiner reviews each cohort. University faculty examine; they do not teach the programme.

Independence

Independent: no pharmaceutical funding of any credit-bearing or paid programme. Teaching, assessment and the content of every module are decided by the faculty alone. A sponsor register for the company's CPD events is published separately.

The six-block quality framework

- | | | |
|--|--|--|
| 1 Curriculum
Mapped to the cornerstone guidelines and to the published GMC and RCGP maps, through the Syllabus Registry. | 2 Assessment
Blueprinted to the learning outcomes; standards held at the award's level; external examiner. | 3 Faculty
Director-level clinical sign-off on every module and item before it goes live; a second clinical signer. |
| 4 Risk governance
An auditable trail; nothing publishes unsigned; currency actively maintained. | 5 Student feedback
Structured feedback on every object feeds programme enhancement each cycle. | 6 Programme monitoring
Quarterly review of currency, statistics and learner voice. |

Every clinical statement is signed by a named GMC-registered clinician with the date and the guideline version relied on. Nothing reaches a learner unsigned. AI assists the drafting of our material, and no AI decides a mark.

ADMISSION, DATES AND FEES

How to apply

Entry requirements

Current professional registration (GMC, GPhC, NMC or HCPC or the equivalent in your country) and a level 7 professional qualification or equivalent experience in an advanced or extended-scope role. Applicants describe the service in which the capstone will be delivered.

Dates

Applications and deposits open 1 March 2027. First cohort April 2027; second intake autumn 2027. Twelve weeks, with two London days livestreamed for those who cannot travel.

Fees

£2,450, or £2,150 for the founding cohort, with a £250 deposit on application. The fee includes the two London days, all materials, the Currency Updates after graduation and the appraisal-ready records. Cohort licences are available for training hubs and employers.

Apply

Apply or join the waiting list at mdacumen.com/programmes, or write to enquiry@mdacumen.com.

Questions we are asked

Is a Certificate of Advanced Studies a degree?

No. It is a short, credit-bearing postgraduate award (10 ECTS, 20 UK credits) pitched at EQF level 7. It is not a UK degree, GMC registration or specialist registration, and recognition of credit is at the discretion of receiving institutions.

Who awards it?

New Vision University, Tbilisi, Georgia. New Vision University is a Georgian university; it is not a UK degree-awarding body. The programmes are delivered by MD Acumen Ltd with a UK teaching faculty; New Vision University faculty act as examiners and an external examiner moderates.

Does it make me a GP with an extended role?

It equips you with the advanced-level knowledge and governance expected for extended-role or extended-scope practice in its domain. Local accreditation of extended roles and employer governance remain separate processes.

What does my employer get?

A capstone built for your own service: an audit, a quality-improvement plan or a clinic design, with a Quality Improvement Activity record, and a clinician whose award is re-dated every six months.

Certificate of Advanced Studies awarded by New Vision University, Tbilisi, Georgia; 10 ECTS (20 UK credits); pitched at EQF level 7, equivalent in level to the FHEQ level 7 descriptors. New Vision University is not a UK degree-awarding body; recognition of credit is at the discretion of receiving institutions.

Certificates of Advanced Studies

Cardio-Renal-Metabolic Medicine & Heart Failure · Menopause & Andropause

mdacumen.com/programmes

enquiry@mdacumen.com

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Aligned with the published GMC MLA content map and the RCGP GP Curriculum 2025; not affiliated with or endorsed by the GMC or the RCGP. A Certificate of Advanced Studies is an academic award; it is not a UK degree, GMC registration or specialist registration.

Certificate of Advanced Studies awarded by New Vision University, Tbilisi, Georgia; 10 ECTS (20 UK credits); pitched at EQF level 7, equivalent in level to the FHEQ level 7 descriptors. New Vision University is not a UK degree-awarding body; recognition of credit is at the discretion of receiving institutions.

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