



**British Association for Sexual Health and HIV**

*Established 2003 through the merger of MSSVD (est. 1922) and AGUM (est. 1992)*

**A REGISTERED CHARITY  
No. 1099301**

**Annual Report of the Charity Trustees incorporating the  
Financial Accounts for the Financial Period ended 31<sup>st</sup>  
July 2008**

*Approved by the Trustees 12/12/08*

**Address registered with the Charity Commission:**

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**Auditors:**

**Farrington & Co**  
Chartered Certified Accountants  
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London, SW17 8HH

This Report and the Accounts are a public document, which should be read as one to obtain the correct view of the operation of the Charity during the year under report. Copies of this document may be obtained from the Royal Society of Medicine.

Readers' comments to the BASHH Secretariat at the Royal Society of Medicine on the Format and Content of this Report would be appreciated.

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## INTRODUCTION FROM PRESIDENT

It is a pleasure to commend to you this report of BASHH's activities for the year ending July 2008. The association has continued to grow from strength to strength in delivering educational activities, clinical guidelines and audit and addressing governance issues through the work of the Education Committee, the Clinical Governance Committee and the BASHH Branches. I have been particularly heartened to witness an increasing involvement of non-medical colleagues and the multidisciplinary content of our programmes.

The past year has been very challenging for many colleagues and I am particularly pleased that as a specialty we worked with the DH to meet the 48 hour access target. The pressure of improving access, modernization, commissioning as well as the impact of other NHS reforms which will impact our service have been acknowledged and we will, together, continue to address these effectively. We have continued to foster good relations with the Department of Health as well as other sexual health organizations and we have already demonstrated the fruits of collaborative working with colleagues in BHIVA, BIS, FRSH as well as others. I was particularly honored to have the opportunity of co-hosting our Spring Meeting with the ASTDA and would like to acknowledge the superb efforts of our conference secretary, Dr Janet Wilson for organising an excellent Spring Meeting as well as other conferences during her term of office.

On behalf of the Board and all the members of BASHH, I wish to congratulate all the officers, as well as chairs and officers of all the BASHH committees and Branches for the superb work they have done which is reflected in this report.

In addition, I would like thank the Trustees, particularly Dr. Rachel Challenor as Chair of Trustees, for ensuring the maintenance of probity and due process in all of our charitable activity and for all the support they have given the Board during the past year.

It is indeed an honour to be the President of BASHH and to have the privilege of working with such a hard working and committed team of colleagues.

**Immy Ahmed**  
**President**  
**Sept 2008**



## Vice-President's Report

Contributing to the annual report is always an opportunity to step back from the ongoing rush of events, and to reflect on what our association has achieved over the last 12 months. Whenever I do this I am always struck by what an extraordinarily successful organisation BASHH is. This is shown by its membership which, at over 1,000, makes us the largest such association in the world. This is all the more remarkable when one considers that nobody has to join BASHH; it is something individuals choose to do, and to pay for out of their own pockets. Looking through the rest of this report the reader will be struck by the incredible number and diversity of activities that BASHH has been involved in, and as a corollary of this, what an extremely complicated organisation it now is. The fact that it works so well is a tribute to all of its members who give freely of their time to be actively involved in its running. It is also only right that we recognise our debt of gratitude to the BASHH Secretariat, who cope with a very high-volume and complex workload from their base at the Royal Society of Medicine.

The reliable core of BASHH activity relates to its solid educational programme, complemented by the work that is done in the area of service delivery, led by the Clinical Governance Committee. The latter's branch structure ensures that there is representation from all parts of the United Kingdom, and its key sub-committees, the Clinical Effectiveness Group, the Information Group and the National Audit Group, all underpin this work.

BASHH is also a major stakeholder in the field of sexual health and continues to do its best to influence public policy in this area. In this regard it continues to actively engage with other organisations, including the Government's Independent Advisory Group on Sexual Health, the Terrence Higgins Trust, the British HIV Association and the Faculty of Sexual and Reproductive Healthcare.

This past year has seen the spotlight very much focussed on access to GU medicine clinics. This has undoubtedly been very uncomfortable at times, but it is pleasing to see that the speciality has withstood the pressure and has come through to deliver on the very exacting targets. I think it is no exaggeration to say that our sexual health services are the envy of the world.

As the NHS continues to undergo terrific changes, and in the face of a worsening economic climate, we can anticipate that we shall continue to come under strong external pressures to change in the year ahead. We should console ourselves that we have a strong, established and fit-for-purpose professional association to help us to keep afloat in these choppy waters.

**Dr Keith Radcliffe  
Vice-President**



## General Secretary's Report

This is my first report as General Secretary of BASHH, and I am pleased to report the Association has seen growth in activity and membership this year. We continue to attract new members and Fellows and our membership at June 2008 stood at 1065, with 56 resident outside the United Kingdom.

The past year has seen active evolution of the administration of the Association, with formulation of agreements with external secretariats running courses, improving systems for VAT invoicing and sponsorship tracking, membership and journal database review and preparation for a re-negotiation of the RSM contract. The professional services from the RSM team in the BASHH secretariat have been crucial to the smooth running of the central business functions, and I would like to extend my personal thanks to the salaried staff involved especially to Liz Odette and Sarah Oshinowo.

The complexity and scope of our activities is well described in the following pages, where you can read of the wide range of educational, political and media work undertaken by our members and Officers. The enthusiasm, skill and expertise of our members in developing practice and teaching in the fields of genitourinary medicine, sexual health and HIV medicine drive all our activities. These are complemented by the active involvement of BASHH in governmental consultation exercises and collaborative discussion with sister societies and academic colleges.

A huge thank-you goes to all those members who gave their time so freely to the running of all the BASHH groups and regions. The continued success of BASHH depends upon recruiting and retaining members who will contribute to, as well as benefit from, the educational and clinical governance activities we plan and deliver. This document amply demonstrates what a lively and involved membership we have. We can look forward to the next year with confidence.

**Dr Jan Clarke**  
**General Secretary**



## Conference and Communication Secretary's Report

The Spring Meeting was held in Blackpool from 2-4 May 2007 at the Winter Gardens and the local host was Dr John Sweeney. The programme included plenary talks on STIs, HIV guideline review, a debate on access to HIV treatment and a medico-legal and ethical session based on cases and panel discussion. There were 23 oral presentations and 146 poster presentations covering a wide range of topics. On 2 May the Adolescent Special Interest Group held a parallel programme on child protection issues and the theme of the whole day was young people.

The oral presentation winner was Catherine Mercer for "How Much Do Delayed Health Care Seeking and Delayed Care Provision Contribute to the Transmission of STIs?" and Emma Rutland was runner up with "Patient Reported Waiting Times – How Accurate a Reflection of Clinic Service?" The poster winner was Kate Nambiar for "Post Exposure Prophylaxis following Sexual Exposure to HIV (PEPSE): First Do No Harm?" and Wai Ching Loke was runner up with "Domestic Violence In A GUM Setting - An Anonymous Prevalence Study In Women". The Maggie Godley Prize winner was Guy Rooney for "Do All Patients Attending Genitourinary Medicine Services Want to be Seen within 48 Hours?"

The social programme started with a Welcome Reception at the Tower Ballroom. The Lord Mayor of Blackpool welcomed us and the Wurlitzer organist entertained us. The Gala Dinner was held in the Empire Ballroom of the Winter Gardens.

The next meeting is in New York at the Marriott at the Brooklyn Bridge 7-11 May 2008. Our local host will be Professor Jonathan Zenilman.

On 7 February 2007 we held another successful joint meeting with the Faculty of Family Planning and Reproductive Health Care covering areas of common interest. A further joint meeting is planned for 19 February 2008.

**Dr Janet Wilson**  
**BASHH Conference & Communications Secretary**



## **Report from the Education Committee**

The work of the Education Committee has expanded over the past year. As well as delivering, through the Special Interest Groups, a varied and well attended Ordinary General Meeting Programme, it has collaborated with other organisations and Specialist Societies to produce meetings aimed at other branches of Medicine. The extensive work undertaken by the groups reporting via the Education Committee is listed below. As Sexual health Care is rolled out into non-Genitourinary medicine settings, members of the Education Committee have spent considerable time advising, developing and delivering educational programmes for the non-specialist. Committee members also feedback into National Consultations run by Government and Professional Bodies. The success of the OGMs, Doctors in Training Meeting, Non-Consultant Career Grade Meeting, ST/HIV course and STI Foundation Course and the excellent programme provided reflects the enormous effort of those members of the Education Committee and the Members of the Special Interest Groups.

**Dr Karen Rogstad**





## 2007/08 OGM Scientific Programme

### **BASHH OGMs 2007-2008**

**11-12 Oct 07**

BHIVA Autumn meeting, London

BHIVA/BASHH OGM

HIV prevention and testing strategies

Pre-exposure prophylaxis

*Dr Catherine Hankins- WHO*

Diagnosing undiagnosed HIV infection

*Dr Kevin De Cock- WHO*

Point of care testing

*Dr Alan McOwan- Chelsea and Westminster Hospital*

**12/10/07**

### **BASHH Afternoon OGM- Medical Research Council**

Introduction: Professor Graham Hart

Chair of MRC/DH Sexual Health & HIV Research Strategy Committee

Professor Jonathan Elford

*Sexual health of ethnic minority MSM in Britain*

Dr Claudia Estcourt

*Can Accelerated Partner Therapy (APT) improve outcomes of partner notification?*

Dr Zahid Asghar

*Modelling local syphilis outbreaks*

Dr Jackie Cassell & Angelos Tsourapas

*HIV disclosure, care and costs of HIV in primary care - results from analysis of a large primary care cohort*

Dr Cliodna McNulty

*Strategies used to increase Chlamydia screening in primary care*

Dr Martin Fisher

*Developing home sampling kits for STIs for men who have sex with men*

**12/10/07**

### **BASHH Evening OGM - HPV SIG**

HPV SIG - Dr Chris Sonnex

*Vaccines for treating genital warts and HPV related disease - Dr Jane Sterling, Honorary Consultant Dermatologist and Lecturer, University of Cambridge*

*Public understanding of HPV infection - Professor Jane Wardle, Department of Epidemiology and Public Health, University College London*

**11/1/2008**

### **BASHH Afternoon OGM - HIV SIG**

HIV SIG - Dr Adrian Palfreeman

Inaugural lecture (7)  
*Can we block HIV at the mucosa?*  
Prof Charles Lacey – Hull York University Medical School

Inaugural lecture  
*Castlemans disease*  
Prof Mark Bower – Chelsea and Westminster Hospital, London

*Sexual Transmission of hepatitis C: Fact or Fiction?*  
Dr Richard Gilson, University College Hospital, London

*Acute Hepatitis C: Diagnosis, Management and treatment*  
Dr Martin Vogel , University of Bonn, Germany

**11/1/08**

**BASHH Evening OGM- HIV SIG**

HIV SIG Dr Adrian Palfreeman, Dr Mark Nelson

*New drugs for hepatitis B and C-*  
Prof Graham Foster, Barts and the London NHS Trust, London

*Sequencing of drugs for hepatitis B-implications of resistance*  
Dr Mark Atkins

*Management of cirrhosis in HIV patients, including transplantation*  
Dr Kosh Agarwal- Kings College Hospital, London

**11/4/08**

**BASHH Afternoon OGM**

Lecture from the new honorary life fellow  
*HIV, antiviral drugs, lipids and the adipocyte*  
Mohsen Shamanesh, Birmingham

*BSIG, Prof Cathy Ison*  
*Group B Streptococci - does it matter in women with vaginal discharge*  
Rhona Hughes, Edinburgh

*Sexual HCV transmission in MSM*  
Prof Cathy Ison

*DVD on Microscopy for Genitourinary Infections*  
Frances Keane, Truro

*New Frontiers in Vaginal Flora: Implications for Clinical and Epidemiologic Understanding of Vaginitis*  
Jeanne Marrasso, Seattle, USA

**11/4/08**

**BASHH Evening OGM**

BSIG & HPA, Prof Cathy Ison, Gwenda Hughes

*Trends in Sexually Transmitted Infections*  
Gwenda Hughes

*Enhanced surveillance for syphilis.*  
Heather Jebbari

Molecular detection of *Treponema pallidum*  
Sarah Alexander

*Results of syphilis audit*  
Rohini Manual

*National SOP for syphilis*  
Catherine Ison

**7-11 May 2008**

**BASHH/ASTDR spring meeting. New York  
27/6/08**

**BASHH Afternoon OGM**

*Sexual health service innovation & delivery: using the evidence*

Chair: Dr Claudia Estcourt, Barts and the London School of Medicine & Dentistry

*How to evaluate your new service development*  
Professor Jackie Cassell, Brighton & Sussex Medical School

*Optimising access to GUM: lessons learned from NST visits.*  
Mr Steve Penfold, Deputy Delivery Manager for Sexual Health National Support Team

*Commissioning Sexual Health Services: national commissioning streams*  
Ms Rosie Gagnon, Chairperson Sexual Health Commissioners Group

*How to build a successful tender*  
Ms Vanessa Griffiths, Clinical Director, Terence Higgins Trust

**27/6/08**

**BASHH Evening OGM**

Lecture from the new honorary life fellow

*Mr Lloyd and the early days of the VD service*

Dr James Bingham

**Presentations of non consultant HCPs**

BASHH Undergraduate prize winner 2008:

Daniel Marks, The Royal Free and University College London Medical School  
"Adverse events of anti-tuberculosis therapy in South African patients with HIV co-infection and low rates of anti-retroviral drug use"

*The role of penile biopsy in the diagnosis of penile dermatoses*  
Dr M Samuel, King's College Hospital, London

*Contraceptive Use Amongst Female Attenders of an Open Access GenitoUrinary  
Medicine Clinic*

Dr Karen Trewinnard, Royal South Hants Hospital, Southampton

*Local Enhanced Services in Sexual Health: Where are they and what are they  
doing?*

Dr Angela Bailey, Royal Sussex County Hospital, Brighton

*Review of a dedicated male aftercare service provided by a Sexual Assault Referral Centre*  
Dr Nick Waters, St Bartholomew's Hospital, London

*What happens to 'Did not attend's at a Genito-urinary clinic?*

Dr Leela Sanmani, Royal South Hants Hospital, Southampton

*Winner for Non consultant HCPs presentation:* Dr Angela Bailey



## **Special Interest Groups** **HIV Special Interest Group**

Dr A Palfreeman - Chair  
Dr M Nelson - Chair of Hepatitis Special Interest Sub Group  
Dr M Poulton  
Dr C Orkin  
Dr K Radcliffe  
Dr M Fisher  
Dr I Williams  
Dr B Peters  
Dr A De Ruiter  
Dr S Bhagani (Hepatitis Group)  
Dr G Brook (Hepatitis Group)  
Ms L Power  
Dr Raj Patel  
Dr A Pozniak, Co-Chair  
Dr R Nandwani  
Dr S Das

2008 has been an interesting year.  
Meeting held so far

BASHH/ BHIVA joint Diploma and HIV revision course  
This was held on 1<sup>st</sup> September 2008 at the Chelsea and Westminster Hospital and was organised by Vincent Lee.  
About 40 SpRs attended and we had excellent feedback. BHIVA provided secretariat support

HIV Focus Meeting  
This took place on the 15<sup>th</sup> September 2008 with approximately 80 delegates attending at the RSM. We had 6 companies sponsoring the event enabling us to offer free registration. There was a comprehensive program with ample time for a discussion both with an expert panel and the audience with excellent feedback for a very successful day.

Meetings planned

Joint BASHH/BHIVA meeting on the 10<sup>th</sup> October after the BHIVA autumn meeting  
This will focus on the joint HIV testing guidelines and their delivery. All 3 speakers have confirmed.

HIV Masterclass We have already prepared and had a provisional programme for the 12<sup>th</sup> and 13<sup>th</sup> March 2009 lead by Chloe Orkin

Ordinary General meeting January 2009.  
We have a provisional programme prepared for this

Other Activity:  
BASHH has helped produce the new UK Guidelines for HIV testing in conjunction with BHIVA and the British Infection Society.

**Dr Adrian Palfreeman**



## Herpes Simplex Virus Advisory Panel

Dr John Green - Chairman  
Jane Deayton  
Dr Simon Barton  
Ms Jane Bickford - Nursing representative  
Dr Anna-Maria Geretti  
Ms Marian Nicholson - Community representative  
Dr Raj Patel - co-chair  
Dr Nigel O'Farrell

During 2007-8 SIG members took part in the production of a BBC radio documentary on HSV. SIG members contributed to the production of the revised IUSTI guidelines for the management of genital herpes. There was greater turnover of SIG committee members than usual during the year with the retirement of several long-standing members. Recruitment of replacements is in hand. Planning is well advanced for two meetings during 2008-9, an OGM and a training meeting focussing on disclosure to partners and prevention of onward transmission from infected individuals. A possible meeting on co-infection with HIV and HSV is at an early planning stage.



**Dr John Green**

## Sexual Dysfunction Special Interest Group

David Goldmeier - Chair  
Pippa Green Vice - Chair  
Karl Hallows Staff - Grade Representative  
Carol Emerson - SpR Representative until November 2008  
Kathryn Eccleston - SpR Representative from November 2008  
Eric Curless - Immediate Past-Chairman  
Tessa Crowley  
Wallace Dinsmore  
Beng Goh  
Vanessa Griffiths  
John Green  
Uday Joshi  
Frances Keane  
Ali Mears  
Emile Morgan  
Penny Mostyn  
Daniel Richardson  
Alan Tang

The group now consists of 19 members who will be meeting on 19<sup>th</sup> November 2008 at the Terence Higgins Trust to discuss strategy for the coming year. The SIG did not have its annual Masterclass this year as it presented an afternoon OGM session at the RSM on 3<sup>rd</sup> October 2008. This included Professor Sandra Leiblum from the USA talking about sexual arousal and the inaugural Professorial Lecture on erectile dysfunction from Wallace Dinsmore. The SIG is also in the process of carrying out a national survey of GU/HIV SpRs to ascertain their current sexual dysfunction practice and wishes for training in sexual dysfunction. A paper on how to get training in sexual dysfunction in a GU setting is available

on the SIG website. A paper on recommendations for the management of persistent sexual arousal disorder in women has been submitted to the International Journal of STD & AIDS. Clinical enquiries and advice in the sexual dysfunction area can be directed to the chairperson at [david.goldmeier@imperial.nhs.uk](mailto:david.goldmeier@imperial.nhs.uk) who will ensure an expert opinion on any relevant topic.

**Dr David Goldmeier**



### **Human Papillomavirus (HPV) Special Interest Group**

Dr C Sonnex - Chair  
Dr R Gilson - Scientific secretary  
Dr D Rowen - Treasurer  
Dr P Fox  
Dr P Goon  
Prof C Lacey  
Dr R Maw  
Dr M Nathan  
Dr K Soldan

The HPV SIG has held three meetings in the previous year. Much attention has focused on the national HPV vaccination programme, with the group providing an advisory role for BASHH and leading in strategy development for the vaccination of GU Medicine clinic attenders, a project of obvious major public benefit. Educational material in the form of a power point slide repository on HPV vaccination and broader issues related to HPV infection has been updated and is available on the HPV SIG webspace. Studies of AIN, epidemiology of HPV and immunology of genital HPV infection have been discussed and are currently being undertaken by group members.

**Dr Chris Sonnex**



## Bacterial Special Interest Group

Catherine Ison - Chair  
Caroline Carder  
Catherine Lowndes  
Elizabeth Claydon  
Arnold Fernandes  
Justin Gaffney  
Beng Goh  
Phillip Hay  
Patrick Horner  
Eva Jungmann  
Frances Keane  
Angela Robinson  
Jonathan Ross  
S. Uthayakumar  
Mohsen Shahmanesh - retired at the end of the year

### Activities

- The BSIG organised the afternoon OGM on 11 April 2008 on Basic Science for Genitourinary Medicine, which again was hugely successful and attracted a large audience and much discussion. The session was primarily dedicated to talks on vaginitis and we were delighted that Jeanne Marrazzo from Seattle, USA could join us to speak on 'New Frontiers in Vaginal Flora: Implications for Clinical and Epidemiologic Understanding of Vaginitis' and Rhona Hughes from Bristol who spoke on 'Group B streptococci- does it matter in women with vaginal discharge'. Mohsen Shahmanesh, Birmingham, who has been a long-standing member of the BSIG, started the session by giving a lecture as a New Honorary Life Fellow on 'HIV, antiviral drugs, lipids and the adipocyte'.
- During this meeting the BSIG launched the DVD on Microscopy for STIs. This project has been a major undertaking and Frances Keane, Truro, described the content and gave an entertaining insight into its production. The DVD is now available from [www.bsig-resources.org.uk](http://www.bsig-resources.org.uk)
- The Dark-field microscopy course, organised by Dr Beng Goh, ran in October 2007 and January 2008, and the Microscopy course was held in October 2007 and March 2008.
- The BSIG held a steering group meeting in April 2008.

**Dr Cathy Ison**



## Adolescent Special Interest Group

AJ Robinson  
R. Burack  
K. Prime  
G. Forster  
S.Heke  
E.Morris  
K. Rogstad  
A.Thomas  
O. Williams

Members of Adolescent SIG and other BASHH members were acknowledged for their input into the RCPCH evidence based guidelines 'Physical signs in child sexual abuse' which were launched at the College in 2008.

The group has been represented at NICE stakeholder meeting on when to suspect child maltreatment, has had input into HIV testing Guidelines with reference to children and adolescents and contributed to the RCGP Adolescent Task Group Away Day and ongoing meetings. It was recognized that the group must link with CHIVA and HYPNET to work collaboratively on cross cutting issues. The group also undertook to update the guidelines on Children and Young people attending GUM clinics, audit of guidance through BCCG and arranged an OGM for the 2008/09 session.

**Dr Angela Robinson**



## Colposcopy and Genital Dermatology Special Interest Group

Dr Sarah Edwards – Chair  
Dr Sashidharan Parameswaran

*(At present the Colposcopy and Genital Dermatology SIG are recruiting members)*

The Colposcopy and Genital Dermatoses SIG has been in transition over the past year, and is now looking forwards after the appointment of Dr Sarah Edwards as Chairperson in July 2008. The existing links between the original Colposcopy group and the British Society for Colposcopy and Cervical Pathology have been maintained with input into the BSCCP training course. The membership is now being widened to reflect the broader remit of the group, and we look forward to further developments in the forthcoming year.

**Dr Sarah Edwards**





## British Co-operative Clinical Group

### REPORT ON ACTIVITIES

#### 1. BCCG - Membership

Raymond Maw - chair  
Sasikala Rajamanoharan  
Wallace Dinsmore  
Philip Kell - hon. sec  
Andrew Nayagam  
Arnold Fernandes  
Benjamin Goorney  
Carolyn Thompson  
Chris Carne  
Cindy Sethi  
Damitha Edirisinghe  
David Rowen  
Dr. Sivakumar  
Elizabeth Foley  
Eric Monteiro  
Gail Crowe  
George R Kinghorn  
Gurdeep Singh  
Helen Ward  
Jackie Cassell  
Karen Rogstad  
Mary Browning  
Mayur Chauhan  
Mia Huengsberg  
Rob Miller  
Noreen Desmond  
Olwen Williams

#### 2. Meetings

Business meetings were held on 12<sup>th</sup> October 2007 and 11<sup>th</sup> April 2008. These meetings were well attended and produced active discussions re: present and future surveys.

#### 3. Papers

Papers published during the year were:

McMillan A, Kell P, Ward H on behalf of the British Co-operative Clinical Group of the British Association for Sexual Health and HIV. Diagnosing Chlamydia and managing proctitis in men who have sex with men: current UK practice. *Sex Transm Infect.* 2008 Apr; **84**(2):97-100. Epub 2007 Dec 12. PMID: 18077609 [PubMed - indexed for MEDLINE]

S E McAndrew , OE Williams , K E Rogstad P D Kell on behalf of the British Co-operative Clinical Group. Management of under 16 year olds in UK Genito-Urinary Medicine Clinics.

*International Journal of STD & AIDS* 2008; **19**: 625–628

### **Terms of Reference**

See Appendix 1

The Terms of Reference as follows were agreed after amendment on 19 May 2000.

### **4. Constitution**

See Appendix 2

## **Appendix 1**

### **BCCG**

#### **TERMS OF REFERENCE**

1. The Chairman and Honorary Secretary will, following discussion of the programme of work with the Group, draw up an annual business plan with costings for approval by the BASHH Board.
2. The Group will conduct studies of relevance to the specialty. These will often focus on clinical practice or epidemiology. These will include studies which involve all clinics in the UK.
3. Studies may be proposed by the Group or by other professionals from genitourinary medicine or other disciplines, e.g. other Special Interest Groups may collaborate with the BCCG.
4. The decision on whether or not to conduct a particular study will normally be taken by a meeting of the entire Group. The meeting will decide which members will form a sub-group to conduct the study. However, if no meeting is imminent and information is urgently required, the Chairman and Secretary may convene a sub-group of the BCCG to conduct the study.
5. The Honorary Secretary will produce a summary of the year's activities for the Annual Report of BASHH.
6. The Group will use appropriate stationery to comply with Charity Regulations (BASHH logo, Registered Charity Number, common template).
7. The Honorary Treasurer of BASHH will have overall responsibility for approving funding and expenditure.

## **Appendix 2**

### **BCCG**

#### **CONSTITUTION**

1. There will be a Chairman, Secretary, two members from the Communicable Disease Surveillance Centre, two independent members, eighteen Regional Representatives, and the editors of Sexually Transmitted Infections and the International Journal of STD and AIDS.
2. The tenure of the Chairman, Secretary and the two independent members will be three years, renewable for a further three years. Each will be elected by a secret ballot of the other members of the BCCG. Any member of the MSSVD will be eligible to stand for these posts. Nominations for these posts will be sought through the BASHH Newsletter. The appointment of the Chairman will be ratified by the BASHH Board
3. The members from CDSC will be appointed by CDSC.
4. The tenure of the Regional Representatives will be three years, renewable for a further three years. Each will be elected by a secret ballot of the consultants in the region represented. The ballot will be organised by the consultants in the region.
5. The group should include one elected member of BASHH Board. The membership of the BCCG should be made known to the general membership by way of the Annual Report, Website and Newsletter.



## STI & HIV Course

### Steering Group Membership

Dr Elizabeth Foley - Chair  
Ms Tracie Woods - BASHH Course Secretary

### Day Organisers

Dr Melinda Tenant-Flowers  
Dr David Hawkins  
Dr Paddy Horner  
Dr Beng Goh  
Dr Greta Forster  
Dr David Rowen  
Dr Raj Patel (SAC Chair)  
Dr Nicola Mackie  
Dr Annemiek de Ruiter  
Dr Karen Rogstad (Chair of BASHH Education Committee)

This 10-day course covering the epidemiology, presentation, management, up to date research, policy and service aspects of STI and HIV care is held twice a year every Spring and Autumn in London. The course is extremely popular and well evaluated with places filled well in advance. This year elements of the Public Health SpR training have been successfully incorporated into the programme.

To accommodate increased demand, the course has expanded the number of participants to a maximum of 50. To address the OSCE part of the Diploma of GU Medicine, one day revision workshops have been held in Southampton and Manchester prior to the Diploma examination. These have proved to be very successful.

Particular thanks go to Tracie Woods, course secretary and the day organisers who work very hard to constantly improve and update their modules. Without their continuing support and commitment to ensure the smooth running of the programme, the course would be impossible to deliver. Thanks also to Dr Vincent Lee for running the Manchester OSCE course, Dr Blume, Dr Samraj and Dr Babu for their help with the OSCE workshops and to the Institute of Materials, Metals and Minerals for use of their facilities.

**Dr Elizabeth Foley**



## STI Foundation Course

### STIF Steering Group Members

Jyoti Dhar - Chair  
Nick Theobald - Vice Chair  
Claudia Estcourt - GU Physician  
Stephen Kegg- GU Physician  
Ushan Andraday- GU Physician (Wales)  
Alison Currie- GU Physician (Scotland)  
Richrd Pattman- GU Physician (Northern)  
Sue Bird- Secretariat  
Kate Shardlow- General Practitioner/RCGP  
Angela Robinson- BASHH Representative  
Neil Lazaro- Sex, Drugs and HIV Task Group  
Sally Whittet- General Practitioner  
Colin Roberts- RCN Representative  
Karen Piegsa- Faculty of Family Planning and Reproductive Health  
Cindy Sethi- Co-opted Member (Guy and Thomas's)  
Becky Blackburn- Sexual Health Nurse Practitioner  
Gill Bell- Nurse Consultant in Sexual Health Advising

### REPORT

During August 2007 – July 2008 this year we can finally say that we have achieved coverage nationally as Lincoln and Grantham have had their first STIF course. The Committee acknowledges this to be possible only because of your continued enthusiasm and commitment. 89 courses have been delivered so far, with a record number (3550) delegates participating. The steering group met once during this period in 2008.

An update on the initiatives undertaken last year is as follows:-

- ❖ STIF competencies – the development, pilot and evaluation of a package of GUM clinic based teaching and assessment of sexual health competencies for Primary Care practitioners wishing to deliver locally enhanced services (LES) in sexual health within primary care is nearing completion.

6 general practitioners and practice nurses are currently in training and the final data collection is underway. This data will provide information on the following teaching aspects –

- Assessment of time taken to undertake training and assess participants.
- Costs of providing training in clinics.
- Development of a bespoke training package which will be administered and monitored by the STIF Steering Group.

We would like to take this opportunity to thank Claudia Estcourt for taking the lead on what has been an extremely difficult task.

- ❖ STIF update - The BASHH board has given approval to pilot 2 out of the 12 modules that had been put forward for consideration by the group. The

consensus emerging nationally is requests for more information on Hepatitis, Syphilis and Genital dermatology. We will keep all you Course Directors posted regarding the development and their availability for dissemination.

- ❖ STIF Course Directors Survey – Details of responses from 51 Course Directors indicates that between 1 – 2 courses are run annually. Nationally half of the Course Directors pay honoraria to external and internal facilitators (especially in the provinces), and to external facilitators only in some areas like London. In spite of this, none of you report losing money. Most of the teaching is provided by your multi-disciplinary team, including Primary Care physicians. However, some centres, again in London, report difficulty engaging with their local general practitioners. Interestingly 50% of you have received PCT support either as pump priming money, help with venues, administration costs or by incorporation of the course into the local plan. The 2 day course delivery format has been rated as the most satisfactory. Again a quarter of you report requests for a follow-up course, i.e. an update and most of you have been asked to provide some practical training and a few of you have obliged. This has been provided free of charge (only one centre charges) and has included signing log books for competencies using a variety of competency tools.

With the launch of the new BASHH website the STIF on-line forum now provides the Course organisers to share good practice and ideas with each other.

Following its pilot/evaluations and subsequent facilitator training the NICE recommended risk reduction/motivational interviewing workshop has been introduced into the STIF programme. In the process some original workshops have been condensed and some lost – keep an eye out for the changes in the New Year's revised manual.

**Dr Vincent Lee**



## Medical Student & Undergraduate Prizes 2007-2008

This year we had 12 excellent essays from medical undergraduates for considerations for the association's annual prize. This year the prize was awarded to

Daniel Marks from the Royal Free and University College London Medical School. His essay title was 'Adverse events of anti-tuberculosis therapy in South African patients with HIV co-infection and low rates of anti-retroviral drug use'.

## BASHH/Health Protection Agency Fellowships

BASHH and HPA continue to successfully run a programme of honorary joint fellowships for physicians in higher specialist training in Genitourinary Medicine. These projects may focus on Epidemiology or Microbiology and a fellowship is undertaken for one year. Each Fellow undertakes a project under the supervision of a CDSC member of staff.

Dr Jane Ashby from St Mary's Hospital, London is working on a retrospective study of HIV patients in the UK who do not achieve adequate immune reconstitution despite full virological control with antiretroviral medication. She will determine any different factors associate with inadequate immune reconstitution.

Dr Angela Bailey from Royal Sussex County Hospital, Brighton reviewed STI service capacity across a local health economy, including a questionnaire survey to elucidate patient flows and delays in achieving curative treatment in GUM and level 2 settings. She has presented her findings at the BASHH non-consultant presentation evening and Health Protection Agency Conference. She is also planning to disseminate the findings to stakeholders in the South East region.

Dr Daniella Chilton from Mortimer Market Centre, London is working jointly with the HPA and Clinical Trials Unit on transmitted HIV drug resistance in those migrating to the UK. She has presented her work at the Ninth International Congress on Drug Therapy in HIV Infection in Glasgow Nov 2008.

Dr Amanda Samarawickrama from Kings College Hospital, London is looking at a rapid point-of-care test (POCT) for diagnosing gonorrhoea. She will compare the test to standard gonococcal culture and the existing molecular diagnostic tests of nucleic acid amplification tests (NAATs). The project will also look at acceptability of using the test and analyse the situations in which POCTs are useful in GUM clinic setting.

Dr Suneeta Soni from Royal Sussex County Hospital, Brighton is working on a prevalence study of urethral and rectal *Mycoplasma genitalium* in men who have sex with men attending a GUM clinic. It will also determine associations between the presence of the organisms and symptoms, clinic signs and sexual risk behaviour.

**Dr Karen Rogstad**



## Report from the Clinical Governance Committee

2007 has, as ever, been a busy year for the Clinical Governance Committee (CGC). The backdrop has been continued medico-political change to which clinicians and commissioners must adapt. The pace of change appears to have been particularly rapid in England, but members in Scotland, Wales and N Ireland report both shared and Branch-specific experiences. During CGC meetings, it is clear that the valuable views and experience reported by Branch and Group Chairs from throughout the UK indicate what is happening on the ground, which occasionally contrasts with central intentions or perceptions. The Branches continue to grow in stature and increasingly reflect the multidisciplinary nature of BASHH.

2007 has been a year of considerable turmoil for several members. Two issues have dominated CGC discussions, namely '48 hour seen' figures and the tendering of sexual health services. The CGC report 'The Tendering of Sexual Health Services in England as reported by Genitourinary Medicine Physicians' has powerfully and constructively highlighted serious problems with early attempts at tendering. It is clear from the report that true partnerships and quality commissioning are both needed in order to safeguard and promote excellence in service delivery.

Sometimes, after long periods of turmoil or uncertainty, a fresh understanding emerges. The building of excellence in STI care supported by the pillars of clinical governance should be a shared aim for **all** stakeholders. The implementation of the Darzi Report, World Class Commissioning and re-validation; the development of quality standards, true user-engagement and mentoring for colleagues; appreciation of the nature of partnership arrangements between clinicians, commissioners and other providers; the future of the specialty and legitimate concerns around tendering of sexual health services and organisational interference in the care pathway (including inappropriate 48 hour access 'performance' directives) are all underpinned by the need for a shared recognition of what constitutes quality care.

The BASHH committees reporting to CGC (namely the CEG, the NAG, the BASHH Information Group and the BCCG) all continue to be very active as will be evident in the pages that follow. The increasing use of web-based audits by NAG has been a particular advance. CGC sub-groups have worked / continue to work on tendering, sexual health in prisons, handover and discharge of hospital in-patients and the reporting of cases of viral hepatitis to the HPA. CGC members have contributed to several BASHH groups and BASHH documents.

I would like to thank Branch Chairs, Group Chairs, those who have led or contributed to various pieces of work for CGC and those who have assisted CGC by submitting timely reports. The CGC minutes have a beauty and clarity of their own; they include hyperlinks to other documents of interest and are a valuable resource in themselves. Salient points from the CGC minutes could be discussed at Branch meetings. Special thanks are certainly due to Elizabeth Carlin for her support and hard work as CGC Secretary.

**Dr Mike Abbott**





## Clinical Effectiveness Group

Keith Radcliffe – Chairman  
Imtyaz Ahmed - Jushuf  
David Daniels - BASHH National Audit Group  
Mark FitzGerald  
Neil Lazaro - RCGP representative  
Gill McCarthy  
Guy Rooney

The group met three times during the 12 month period in question, at the Royal Society of Medicine in London.

After a decade of producing and revising guidelines, the work of the CEG now mainly revolves around ensuring the timely and accurate updating of guidelines in a continuous rolling programme.

The following existing guidelines were revised and republished on the BASHH website in the course of the year: trichomoniasis; non-gonococcal urethritis; syphilis; genital warts; vulval conditions; genital herpes; chancroid; scabies; pediculosis pubis, sexually acquired reactive arthritis.

The group was particularly satisfied with the production of the new guideline on syphilis, bringing together as it did the two separate existing guidelines on the management of early and late syphilis.

Work commenced, and is continuing, on the revision of the following guidelines: epididymo-orchitis; HIV testing for non-specialists (in collaboration with the British HIV Association and the British Infection Society); granuloma inguinale; hepatitis; infections in young people; sexual assault; prostatitis; candidiasis; screening and testing guidelines relating to chlamydia and gonorrhoea.

Work was initiated on producing a completely new guideline, on the subject of giving advice on safer sexual activity to patients. This is obviously an essential core activity in GU medicine clinics, and the CEG felt that it is essential that a position paper be produced on behalf of the specialty.

In addition to its work on producing guidelines and giving advice, the CEG continued its active liaison with a wide range of other professional organisations, including: Family Planning Association; Clinical Effectiveness Forum of the Royal College of Physicians; United States National Guidelines Clearinghouse; NICE Collaborating Centre on Women's and Children's Health; BASHH National Audit Group; BHIVA Audit Sub-Committee; National electronic Library for Health; British National Formulary; Clinical Knowledge Summaries (formerly the Prodigy Project); Terrence Higgins Trust; Royal College of General Practitioners.

In the course of the year Dr Immy Ahmed announced his resignation. The Group accepted this with sadness, as he had made a very valuable contribution to the work of the group over many years. However, in view of his heavy commitments as the current President of BASHH, his reasons were readily understandable. The process to recruit a successor has been initiated.

**Dr Keith Radcliffe**



## National Audit Group (NAG)

Chris Carne – Chair  
David Daniels - Vice Chair  
Hugo McClean - Hon Sec  
Anatole Menon-Johansson - Director of Development  
Ed Wilkins - BHIVA Representative  
Alison Rodger – BHIVA Representative  
Steve Baguley – Scotland  
Helen Bailey, Sarah Mc Andrew – Wales  
Raymond Maw - N.Ireland and BCCG Chair  
Arnold Fernandes - South-West  
Reena Mani – Wessex  
Steve Estreich - SW Thames  
Cindy Sethi- SE Thames  
Ann Sullivan, Eva Jungmann - N Thames  
Gail Crowe – Essex  
Ravindra Gokhale – Merseyside  
TC Harry – Anglia  
Adil Issac – Oxford  
Kaveh Manavi - West Midlands  
Jyoti Dhar – Trent  
Amy Mammen-Tobin – Yorkshire  
Ashish Sukthankar - North-West  
Sarup Tayal \_Northern  
Paul Bunting - Co- opted member  
Irene Vaughan - Co- opted member  
Nicola Low - Co – opted member  
Mike Walzman - Co – opted member

### **CHLAMYDIA NATIONAL AUDIT 2007**

*Papers published in Int J STD AIDS:*

- a) McClean H, Carne C, Bunting P, Bhaduri S, Fernandes A, Dhar J, Estreich S, Daniels D. UK National Audit of the management of genital tract chlamydial infection in sexual health clinics. Case-notes audit: demography, diagnosis and treatment. *Int J STD AIDS* 2008; **19**: 469-72.
- b) McClean H, Carne C, Bunting P, Bhaduri S, Fernandes A, Dhar J, Estreich S, Daniels D. UK National Audit of the management of genital tract chlamydial infection in sexual health clinics. Case-notes audit: information giving, partner notification and follow-up. *Int J STD AIDS* 2008; **19**: 473-6.
- c) Carne C, McClean H, Bhaduri S, Bunting P, Fernandes A, Dhar J, Estreich S, Daniels D. UK National Audit of the management of genital tract chlamydial infection in sexual health clinics. Clinic policies audit. *Int J STD AIDS* 2008; **19**: 477-9.

## **2008 NATIONAL AUDIT OF SEXUAL HISTORY TAKING**

This on-line audit of performance against the BASHH *UK National Guidelines on Undertaking Consultations Requiring Sexual History Taking* closed on 31 October 2008.

## **2009 NATIONAL AUDIT**

The 2009 BASHH Audit will measure performance in asymptomatic screening using the BASHH Clinical Effectiveness Group UK National STI Screening and Testing Guideline.

## **GUM SOFTWARE AND APPLICABILITY FOR CLINICAL AUDIT**

Hugo McClean is chairing a "virtual group," comprising some members from the NAG, the CGC, the BASHH Information Group, the BCCG and the SSHA. The aim is to produce recommendations to help improve the quality of data extraction for clinical audit from clinic electronic care records.

## **SHARING OF CHLAMYDIA AUDIT DATA FOR FOLLOW-UP OF NATIONAL OUTCOME STANDARDS REPORT**

Hugo McClean and Chris Carne are collaborating with Keith Radcliffe and Nicola Low on this. The BASHH 2007 Chlamydia Audit provides a large dataset that may be useful for review of the outcome standards for chlamydial partner notification

## **PREPARATION OF REVISED AND NEW AUDIT PROFORMAS**

Work continues to keep the NAG proformas up to date for audit against the new and revised CEG proformas. These proformas are posted on our pages on the BASHH web-site and can be used as a basis for local and regional audits.

**Dr Chris Carne**  
**Chair, National Audit Group**



## Report from the NCCG Group

John Lee - Chair, Yorkshire representative, CGC representative, conference committee  
Helen Mullen - Secretary, NW Thames representative, representative on BASHH board, conference committee  
Nick Theobald - NW Thames, Finance officer, Education committee rep, STIF rep, chairman of conference committee  
Helen Bailey - Wales, conference committee  
Lamont Law - Oxford  
Helen Keane - Northern Ireland  
Margaret Hatwell - East Anglia  
PN Sashidaran - NE Thames  
Avneet Choudhary - NE Thames, Conference Finance officer  
Itty Samuel - S Thames  
Sue Pinsent - South & west England  
Karl Hollow - West Midlands  
Nicky Waddell - Northwest & Merseyside  
Margaret Rowland - Trent  
Carlos Oroz - Scotland  
Vendela Mcnamara - FSRH rep  
Caroline Cooper - East Anglia  
Wafaa Eltanawy - SE Thames  
Karl Hollows - West Midlands, Conference committee  
Dr Mervyn - Conference committee (co-opted)

### Meetings

In the past year we have had three committee meetings, two at the RSM and one at the annual conference.

The committee meetings focus on developing ways of supporting and advising NCCG doctors, and raising the profile of NCCG doctors. Now is a time of great change for NCCG doctors both with the 48 hour access target, and also the new SAS contract: some Staff Grade doctors are proceeding with re-grading to Associate Specialist; job planning and the possibility of some NCCG doctors applying for CESR or re-entering specialist training.

We are working towards having NCCG observers at the Dip GUM examinations in order that we may give more support to NCCG doctors attempting the exam.

Work is ongoing in the planning of an audit of PID and the revision of the group's constitution and terms of reference.

The 10<sup>th</sup> Annual NCCG Conference was held at Loughborough University 14<sup>th</sup> - 15<sup>th</sup> September 2007; 198 delegates attended and excellent feedback was obtained; the conference made a financial loss of £1,701 against a background of increasing difficulty of obtaining pharmaceutical sponsorship. Because of this, the registration fee for the conference has been increased from £100.00 in 2007 to £150.00 in 2008.

### Local Meetings – Scotland, Yorkshire

**Publications**

Challenor R. Theobald N. Pinsent S. Mullan H. The management of first episode genital herpes in genitourinary medicine clinics: a national audit in 2006. *International Journal of STD & AIDS*. **18**(10):711-4, 2007 Oct.

**Dr John Lee**



## **Nurse and Health Advisor Report**

### **Change to Board Membership**

In keeping with the ethos of BASHH both Nursing and Health Adviser professions are now individually represented on all of the main BASHH committees. For the last two years both the Education Committee and the Clinical Governance Committee have had both a Nurse and a Health Adviser representative. BASHH's constitution originally stated that the non-medical position on the Board represented both Nurses and Health Advisers. At the AGM in January 2008 a vote was passed to have separate Nurse and Health Adviser representatives.

### **Education**

Nearly all the Special Interest Groups (SIGs) have a nurse representative as a member of the group and the OGMS continue to have a Multi-disciplinary approach. However the nurse attendance at the OGMS remains low. Nurses do represent a large proportion of healthcare professionals that provide sexual health services throughout the UK therefore it is important that nurse members are able to access BASHH meetings and seminars of relevance to them in order to enhance their existing knowledge and skills. The majority of nurses do not have any access to travel/ education budgets and I would therefore ask for our medical colleagues to help support nursing staff in-order for them to attend educational meetings.

### **National Sexual Health Nurse Competency Framework**

The joint speciality professional Sexual Health Nurse's Competency Framework have currently been re-accredited by the RCN. I would like to thank the RCN Sexual Health forum for their commitment in getting the competency framework re-accredited and mapping the framework to the Knowledge Skills Framework (KSF).

**Vanessa Griffiths**



## **Doctors-in-Training in GU Medicine**

The annual doctors-in-training weekend was a great success. The lecture programme included chlamydia screening, vulval disease, HIV treatments and HPV vaccination. There were thought-provoking talks on the future of GUM and the transition to the consultant role. In view of the addition of public health to the GUM curriculum, Jackie Cassell attended to give interactive sessions on public health issues, which were very enjoyable and instructive. The after-dinner speech will always be remembered by those present and has already entered the realms of folk-lore. Many thanks to Sris Allen and Caroline Thng for organising.

### **Doctors-in-Training Network**

The email network continues to work well to facilitate communication between doctors-in-training. The improved website also offers a much more flexible forum for keeping up-to-date with training issues.

### **Survey of Specialist Registrars career plans**

There have been important discussions this year about the future direction of our specialty. Specialty training needs to produce consultants with the skills and vision to work in the rapidly changing landscape of sexual health services. There is currently a mismatch between consultant posts and applicants in some areas of the UK which needs to be addressed.

In this context a survey of the career plans of SpRs was very interesting. The large majority want to work as NHS consultants but some are considering working abroad. Overwhelmingly trainees are planning to stay in the region of the UK in which they are training, and a large proportion are currently in London. The main reasons are family commitments and social ties, although trainees in London also frequently cited the scope of clinical work and exposure to HIV medicine as important considerations. Trainees would feel more positive about working in smaller units if there were strong links with other centres.

**Dr Katherine Coyne**



## Website Report

### **BASHH Web Team**

Dr Ade Apoola  
Dr Dave Kellock  
Prof Jonathan Ross  
Dr Nick Theobald  
Ms Louise Simms-Hughes

The Webteam has been focussed over the last year on the development of the new BASHH website and is pleased with the new site, which went live in July 2008. The website has been developed to include functionality requested by members of the association with a content management system that should aid navigation of the site. The content management system has also made the site easier to update and most BASHH groups and active regions now have a nominated member to update their area of the website which should ensure that the web content is more up to date.

The new website should make it easier to interact with members of the association through forums and blogs, conduct audits locally and nationally and carry out surveys. The website will also be used to deliver e-learning material including webcasts and future developments should mean it can be used for registration and payment at meetings and courses organised by the association. Feedback on the new website has been positive.

During the next year, the webteam will continue to focus on developing and promoting the website, organising training sessions in using the functions built into the website and widening membership of the team.

**Dr Ade Apoola**



## Media and Communications Group

**CHAIR OF BASHH Media Group:** Dr Mark Pakianathan

Dr Simon Barton  
Dr Claudia Estcourt  
Dr Helen Ward  
Dr Rak Nandwani  
Dr Keith Radcliffe  
Dr Steve Taylor  
Dr Colm O'Mahony  
Dr Olwen Williams  
Dr Angela Robinson  
Dr Peter Greenhouse  
Dr George Kinghorn  
Dr Immy Ahmed ) Executive board members have close liaison with  
Dr Jan Clarke ) the media group and are copied into all communications  
Dr Keith Radcliffe )



The BASHH Media Group aimed to ensure sexual health was a high priority on the healthcare agenda in 2007/8 by:

- Positioning BASHH as the voice on the sexual health debate
- Utilising key issues to stimulate both the media and key targets in Government/NHS and DoH
- Ensuring BASHH members are fully trained on handling media enquiries and briefings with key policy influencers - both locally and nationally

#### **Press Office:**

Developed a dedicated press office site on the BASHH website with relevant contact details to direct all media enquiries to the Munro & Forster team as well as uploading all BASHH press releases onto the site to keep it up-to-date.

Coordinated media enquiries for interviews with the relevant BASHH spokespeople. This resulted in a total of over 50 press enquiries handled by the press office team and BASHH Media Group in the last 12 months, generating coverage with media such as:

- GP - Article on Chlamydia tests sold online
- Capital Radio - catching STIs on holiday
- News of the World - unsafe sex at pop festivals
- Radio 1 - chlamydia and male infertility
- BBC Radio 4 – The World Tonight - ADPH report, on 'Choosing Health' money
- BBC Radio 1 Newsbeat - HPA report on sexual health
- Daily Express - sexual health checks
- Radio 5 Live - heightened awareness of syphilis
- Health Service Journal – sexual health services generally
- Pulse - Chlamydia screening programme for Vital Signs
- BBC Radio 4 Woman's Hour – HPV decision

The Media Group ran a proactive press office service, which pre-empted and responded to various government and stakeholder announcements, such as:

- Response to announcement on the introduction of an HPV immunisation programme
- Response to plans to offer free condoms and sexual health testing kits in vending machines in pharmacies
- Position statement on £26.8 million sexual health funding
- Response to the HPA's annual figures for new HIV diagnoses
- BASHH response to Government's HPV decision
- Response to new Health Protection Agency STI figures for UK
- Response to oral antibiotic for Chlamydia being made OTC

Coordinated with MEDFASH on the publication of the new HIV guidelines which resulted in coverage in a number of nationals such as BBC and the Times and healthcare journals such as BMJ, HSJ, Pulse

#### **Stakeholder Engagement:**

- Maintained an up-to-date briefing note on policy issues for BASHH which has been used to raise awareness of BASHH.
- Maintained regular contact with key stakeholders such as Lord Fowler and Baroness Gould in particular regarding the HPV decision. The group has also coordinated the tabling of 2 Early Day Motions on the HPV vaccine – both of which have been signed by 45 MPs. The BASHH media group has worked with M&F to develop a strategic response to the HPV decision, which is ongoing.
- Co-ordinated a joint letter between BASHH and FSRH urging the Secretary of State to choose the quadrivalent HPV vaccine
- Developing new relationships e.g. Communication with Jim Knight, Schools Minister regarding the Review of Sex and Relationship Education Delivery in School and establishing communication with new key stakeholders e.g. Dawn Primarolo, Minister of State for Public Health and Julia Bentley, the new Chief Executive of the FPA
- Designed an HIV stakeholder analysis map, identifying the key Ministers, Parliamentarians and other stakeholders influencing HIV policy
- Wrote to all Directors of Public Health and the Chair of Sexual Health Commissioners for England to offer the advice of the British Association for Sexual Health and HIV (BASHH) to inform the process of NHS tendering for GUM and sexual health services. This has resulted in an constructive relationship between the Chair of Sexual Health Commissioners and BASHH.
- Worked with three national polling agencies to develop plans for a patients' opinion poll of GUM clinics.

**Dr Mark Pakianathan**



## **Sexually Transmitted Infections**

Sexually Transmitted Infections (STI) has had another eventful year, publishing seven issues and two supplements in 2008. A call for papers addressing sexual health in men who have sex with men produced a large number of high quality submissions for a themed issue to be published in December.

The journal continues to attract both UK and international readers and authors. Just under a third of submitted papers (32%) are from authors in the UK, and half (51%) of our print circulation is to readers in the UK.

We are on course to have received the highest ever number of submissions in 2008, up 29% compared with 2007. With the increased submissions the acceptance rate has fallen to 26%. Almost all of our papers are now published online within a couple of weeks of acceptance. The impact factor went down for the first time in four years, falling to 2.616, but we still rank 20th of 50 journals in the category "infectious diseases."

At the end of 2008 we hope that the full back archive of STI from Volume 1, Issue 1 of Sexually Transmitted Infections, Genitourinary Medicine and the British Journal of Venereal Diseases will be made available online and we plan to have a series of articles celebrating the history of the journal and the specialty to coincide with this.

This is the last time that we will be producing the annual report as we have signalled our intention to step down in the summer of 2009. A search is on for a person or persons to take the journal forward and we are confident that it will go from strength to strength. We would like to thank our team of assistant and associate editors for the excellent work they do, together with our reviewers and technical team.

**Dr Helen Ward & Professor Rob Miller**



## **International Journal of STD & AIDS**

The International Journal of STD and AIDS is the only monthly publication combining STD and AIDS and as such is well placed to be official journal to BASHH. This long relationship is very important to the journal. As a result the journal publishes many articles which are of importance to the society and these have included articles on rapidly changing clinic policies and in particular 48 hour access and changes in the clinical management of medical problems. There have also been reports from the British Cooperative Clinical Group and Special Interest Groups of BASHH. It has been decided that chasing impact factors was less important than keeping BASHH readers well informed about national issues. It has also been a priority to publish audit reports, case reports and other articles which are sometimes difficult to publish, but give junior doctors experience in publication in a journal which is widely read in the United Kingdom. Unfortunately this has a number of down sides and the lower impact factor sometimes deters some of the more academic articles as well as some of the recent drug trials. The change to Internet base which was started early 2007 is now complete and many of you will have struggled with some of the quirks. Nevertheless this change has encouraged many more papers and there has been many interesting papers from countries which rarely submitted. Turnaround time has improved and the rejection rate has increased.

I would like thank all the referees who have given time and expertise in a task which is increasingly difficult due to the good quality of papers. To the authors who have been disappointed I would encourage you to submit again. Finally I would like to thank all those at the Royal Society of Medicine who have helped in the continued success of the journal

**Professor Wallace Dinsmore**



## Librarian's Report

The last year has been fruitful and the Society has been able to use its specialised collection on Sexually Transmitted Infections (STI) and Sexual Health not only for specialists in BASHH, but also for the wider public both medical and non-medical who comprise Membership of the Royal Society of Medicine (RSM) and for any member of the public who has made enquiries concerning STI through RSM library and web facilities.

An Exhibition arranged by me and with the professional enthusiasm of Mr. Robert Greenwood and colleagues at RSM, was exhibited throughout the winter of 2007 called *Lest We Forget*, the contribution of British authors to STIs between the discovery of penicillin and the AIDS epidemic. There will probably be a similar one since AIDS in early 2009. In June a meeting took place between me and Mr. Wayne Sime Director of Information at RSM on further cooperation between BASHH and RSM and sharing of facilities.

Purchase of 7 books has emphasised sexuality, sexual health as well as classical venereology. For the former are books by Magnus Hirschfeld and Ivan Bloch as well as a well illustrated encyclopaedia on sexuality in German. For the latter are classical works by Ricord (2), Proksch and Mendes da Costa – the latter in Dutch but a good example of classical European practice in 1914 soon after the introduction of arsephenamine.

BASHH library is open for any user of the library of RSM to use for reference and its resources are available through the on line catalogue of RSM.

**Dr Michael Waugh**



**British Association for Sexual Health and HIV**

**BASHH TRUSTEES'  
SUMMARY REPORT AND FULL FINANCIAL STATEMENTS**

**FOR THE YEAR ENDED  
31 JULY 2008**

**A Registered Charity  
No. 1099301**

**Registered Address  
1 Wimpole Street  
London W1G 0AE**

**BASHH TRUSTEES' SUMMARY REPORT AND ANNUAL ACCOUNTS  
FOR THE  
YEAR ENDED 31 JULY 2008**

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**BASHH TRUSTEES' SUMMARY REPORT AND ANNUAL ACCOUNTS  
FOR THE  
YEAR ENDED 31 JULY 2008**

**Legal and Administrative Information**

**Status:**

Registered Charity  
Registration Number: 1099301

**Trustees:**

Professor Jonathan Ross  
Dr Simon Barton  
Dr Keith Radcliffe  
Dr Claudia Estcourt  
Dr Rachel Challenor

**Principal Officers:**

Dr Imtyaz Ahmed-Jushuf  
Dr Keith W Radcliffe  
Dr Janette Clarke  
Dr Rajul Patel  
Dr Janet Wilson

**Registered Office and Operations Address:**

1 Wimpole Street,  
London, W1G 0AE

**Administrators:**

Royal Society of Medicine  
1 Wimpole Street,  
London, W1G 0AE

**Bankers:**

Bank of Scotland,  
St James Gate,  
14-16 Cockspur Street,  
London, SW1Y 5BL

**Auditors:**

Farringdon & Co.  
176 Franciscan Rd  
London, SW17 8HH

**THE ANNUAL ACCOUNTS AND THE ANNUAL REPORT**

1. Regulations issued under the Charities Acts, require the Trustees to produce Annual Accounts and an Annual Report. These documents effectively complement each other and should be read and interpreted as a single document. The Accounts and the Report are public documents and copies may be obtained from the BASHH Secretariat in the Academic Department of the Royal Society of Medicine.
2. This constitutes the fifth Annual Report of the Association. It covers the year ending 31<sup>st</sup> July 2008.

## **HISTORY OF BASHH: DEVELOPMENT AND CONSTITUTION**

### **INAUGURATION OF THE ASSOCIATION**

3. The Association was established on 1<sup>st</sup> April 2003 through the merger of The Medical Society for the Study of Venereal Diseases (MSSVD) (est. 1922) (charity number 264744) and The Association for Genito-Urinary Medicine (AGUM) (est. 1992) (charity number 1064583) and is a registered charity (charity number 1099301). The Association was formally registered with Charity Commission on 15<sup>th</sup> September 2003. At this time, the net assets of the merging charities were transferred to BASHH and then those charities were wound up.

### **CONSTITUTION AND RULES**

4. The affairs of the Association are regulated by its Constitution and Rules originally adopted in final form on 31<sup>st</sup> July 2003 by the Foundation Members and Trustees and amended by the meetings of Members on 21<sup>st</sup> November 2003, 28 October 2007, 11 January 2008 and 27<sup>th</sup> June 2008.
5. Copies of the Constitution and Rules may be obtained from the BASHH Secretariat in the Academic Department of the Royal Society of Medicine.

### **MEMBERSHIP**

6. Membership was / is open to:
  - 6.1 Each Member of the MSSVD and AGUM charities applying on or before the 31<sup>st</sup> July 2003.
  - 6.2 Medical practitioners, scientists in the field of medicine, other healthcare workers and other persons allied to healthcare from anywhere in the world, who have shown a commitment to the specialty. Criteria for commitment to the specialty are that the applicant should be currently working in or have contributed to the specialty or an allied field.
  - 6.3 Fellows and ordinary members who have retired and to those other persons who in the view of the Board have made a significant contribution to the specialty and / or to the BASHH (also to MSSVD and/or AGUM) during their working life.  
  
but not to corporate bodies, institutions, public bodies or other organisations
7. The Association currently consists of 1070 members in total of which 1014 are based in the UK and 56 are based overseas. These figures represent the position for the Membership period as at 31 July 2008.

### **OBJECTIVES**

8. The objectives of the Association are:
  - 8.1 To promote, encourage and improve the study and practice of the art and science of diagnosing and treating sexually transmitted diseases including all sexually transmitted infections, HIV and other sexual health problems.



8.2 To advance public health so far as it is affected by sexually transmitted diseases and to promote and encourage the study of the public aspects of sexually transmitted diseases including all sexually transmitted infections, HIV and other sexual health problems.

8.3 To advance the education of the public in all matters concerning the medical specialty of Genitourinary Medicine (hereinafter referred to as 'the specialty'), to include the management of HIV infections and the broader aspects of sexual health.

8.4 To promote a high standard in the medical specialty of Genitourinary Medicine to include the management of HIV infections and the broader aspects of sexual health.

In promoting activities in the furtherance of the above Objects the Association will seek to ensure that non-members, throughout the UK, in Ireland and the rest of the World, as well as Members of the Association are able to benefit.

### **ORGANISATION**

9. The Charity is governed by six Trustees with the General Secretary being responsible for liaison with the Charity Commission on its behalf.

10. The activities of the Association are organised and run by an elected Governing Board supported directly by two Standing Committees which are accountable to the membership through the board, these are:

- i. The Education Committee
- ii. The Clinical Governance Committee

11. Special Interest Groups (SIG's) help to develop the study of sexually transmitted infections and to train medical and other staff in the specialty of Genito-Urinary Medicine through, inter alia, regular meetings of the Association, which are open to non-members.

12. Branches have been created for UK home nations and English regions. These non-autonomous branches have replaced the former divisions of MSSVD and AGUM, and all financial transactions of these branches are now administered and audited through the Association's accounts prepared by the Royal Society of Medicine (RSM), (refer paragraph 24). It is hoped that further non-autonomous Branches will be created in the future.

### **13. TRUSTEES**

The Trustees of the Association are:

13.1 The **President** or the **Vice President** elected for two years, the appointment to be confirmed by the Board.

13.2 The **Immediate Past President** in office for two years.

13.3 Two elected **Members of the Governing Board** (other than the General Secretary, Conference and Communications Secretary, Treasurer or any other officer {excluding the President or Vice President and the Immediate Past President}) appointed by the Board for a period of two years but able to be re-appointed for a further consecutive two years.

13.4 One member of the Association not being a member of the Board elected by the members by postal / electronic ballot for a period of two years but able to be re-appointed for a further consecutive two years, referred to as the **Independent Trustee**.

13.5 One **lay trustee** position was approved in January 2008. This person will join the Trustees as a non-member of BASHH. The role is being advertised but there was no incumbent appointed in 2008.

14 Incumbent Trustees for the period were: -

- Independent Trustee and chair: Dr Rachel Challenor
- Immediate Past President: Dr Simon Barton
- Vice President: Dr Keith Radcliffe
- Member of the Governing Board: Dr Claudia Estcourt
- Member of the Governing Board: Prof. Jonathan Ross

#### **TRUSTEES' RESPONSIBILITIES**

15 As indicated above Charity Law requires the Trustees to prepare financial statements for each financial year, which give a true and fair view of the state of affairs of the charity at the year-end and of its incoming resources and its resources expended during the year. In preparing those statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Make judgements and estimates that are reasonable and prudent.
- State whether applicable accounting standards and statements of recommended practice have been followed subject to any departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to conclude that the charity will continue in business.

16 The Trustees are also responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 1993.

In addition, the Trustees are responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

17 The Trustees hereby declare that in adopting the attached financial statements they have discharged their responsibilities as outlined above.

18 The financial statements have been prepared in accordance with the requirements of the Statement of Recommended Practice, Accounting and Reporting by Charities (SORP 2005)

19 The Trustees are also required to prepare an Annual Report and to make Annual Returns to the Charity Commission that are complementary to and do not conflict with the financial statements. Also as indicated above a full Report has been prepared and the Annual Returns will be made.

#### **MANAGEMENT AND ADMINISTRATION**

20 The Governing Board is made up of 18 Members :

The following five Officers:

- (i) The President
  - (ii) The Vice President
  - (iii) The General Secretary
  - (iv) The Conference and Communications Secretary
  - (v) The Treasurer
- The Chairman of the Clinical Governance Committee
  - The Chairman of the Education Committee

(A nominee of the respective Committee may represent these Board Members when they are unavoidably absent. A representative may not vote at a Board meeting)

- Representative of NCCG doctors (serving for two years)
- Representative of nurses (serving for two years)
- Representative of health advisers (serving for two years)
- Representative of Doctors-in-Training (serving for two years)
- Six Fellows serving for two years (three retiring in rotation each year)
- The Immediate Past President

21. The principal Officers of the Association for the period under report were: -

- |  |                        |
|--|------------------------|
| • President                                  | Dr Imtyaz Ahmed-Jushuf |
| • Vice President                             | Dr Keith W Radcliffe   |
| • Honorary Secretary                         | Dr Jan Clarke          |
| • Honorary Treasurer                         | Dr Rajul Patel         |
| • Conference and<br>communications Secretary | Dr Janet Wilson        |

22. Details of the constituent members of the Board are shown as Appendix 1.

23. Administrative and accountancy support to the Board, to the Trustees and to the Officers is provided through a contract with the Royal Society of Medicine, which is on a fixed fee basis and is subject to an annual review.

#### **FINANCIAL POSITION**

24. The financial position of the Association for the period ended 31 July 2008 is shown in the full set of Financial Statements on pages 13 to 21. These include; a Statement of Financial Activities (the income and expenditure statement), a Balance Sheet and Notes to the Accounts. The Notes identify the accounting policies adopted by the Trustees and provide more detailed explanations of the figures in the main statements.

25. The Honorary Treasurer's Report below, identifies the key features of the financial position.

26. The Chairman's report and the Secretary's Report below provide further financial and other information about issues relating to the Charity's activities.

The Final Accounts are covered by an Audit Report shown on page 12, prepared by Messrs. Farrington & Co.

Signed for and on behalf of the Trustees:

Signature : \_\_\_\_\_

**Dr Rachel Challenor**  
Chairperson of Trustees

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Dr Jan Clarke**  
General Secretary

Date: \_\_\_\_\_

## **Statement by the Chair of Trustees**

The Trustees are responsible for dealing with all funds and property and for ensuring that nothing done by or for BASHH will affect its status as a charity. They are legally responsible for the overall management and decision making of the Association ensuring charitable governance and compliance with charity law, the constitution and general law.

Our responsibilities are outlined in full elsewhere in this report under the legal and administrative information.

All five Trustees have received travel expenses incurred whilst attending meetings as shown in the accounts.

All charities must have charitable purposes or aims that exist for public benefit. This is known as the "public benefit requirement". Although previously all charities have had to meet this requirement, the Charities Act 2006 now highlights public benefit.

There are two key principles of public benefit, which are:

1. There must be an identifiable benefit or benefits, and
2. Benefit must be to the public or a section of the public.

The Trustees have given careful consideration to the Charity Commission guidance on public benefit before approving each of the many and varied activities undertaken by the BASHH over the last 12 months. The Trustees will always consider the aims of BASHH when giving that due regard. Those aims are:

- To be the lead professional representative body for those practicing sexual health including the management of STIs and HIV in the UK
- To innovate and deliver excellent tailored education and training to health care professionals, trainers and trainees in the UK
- To determine, monitor and maintain standards of governance in the provision of sexual health and HIV care.

The Trustees believe that with these aims, public benefit is an integral part of all that BASHH does, as this Annual Report bears testament, with the astonishing range of activities set out here.

The Association's finances during 2007-2008 continue to be sound. The running costs of the Association exceed that of our income from subscriptions. The difference is largely reliant on the support of the pharmaceutical companies. The Trustees are well aware of their importance to BASHH and its activities. We are grateful to all those members who continue to foster good relations.

This Annual Report is also testament to the energy and commitment of our membership and to an enormous amount of time given freely. BASHH continues to go from strength to strength and the Trustees are grateful to all those members who contribute to its success.

**Dr Rachel Challenor  
Chair of Trustees**

## **General Secretary's Report**

This year has been an active and fruitful one for the Association. Membership as of June 2008 stands at 1070, 399 of whom are fellows and 56 of which reside outside the United Kingdom.

Standard annual returns have been made to the Charity commissioners for England and Wales, who have also been informed of the changes made to the BASHH constitution at the Extraordinary General Meeting held on 27th June 2008. There are no outstanding legal issues relevant to the running of the Association.

**Dr Janette Clarke**  
**General Secretary**

## **Honorary Treasurer's Report**

My first report as Treasurer covers the fifth financial period for the British Association for Sexual Health and HIV (BASHH).

During the financial year we have had a small excess of expenditure over income amounting to £1331. This has been a tremendous achievement as The Association has seen no net income from its Spring Meeting with the ASTDA. During the previous year the spring meeting and a joint meeting held with EADV had together contributed a surplus of over £220,000.

The spring meeting held jointly with ASTDA was held in New York in May 2008. This meeting which was entirely funded and accounted for by ASTDA generated total income of just over £196,000 and expenditure of over £188,000. The net deficit of £8000 will be paid for equally between BASHH & ASTDA.

The society has been over the last year much more reliant on income from courses and investment income.

Dr Karen Rogstad and Dr Mike Abbott have overseen business planning for SIGs and branches and we have seen increasing scrutiny by the Board and Trustees in this area. A number of SIGs and branches have been asked to resubmit their plans for the forthcoming year so as to conform to the charity's objectives or to manage financial risk. Their hard work and forbearance in this process needs to be acknowledged.

I would like to thank all the pharmaceutical companies who have provided support for educational, scientific and social activities.

During the last year the Board have taken to heart the Trustees advice to consider carefully the policy on reserves and to be bolder in the organisation's spending plans. The board has approved an ambitious spending plan on the website and continued its support of the media strategy and the APPG (Pro-choice and Sexual Health).

In addition to the efforts taken by the Association and its last Treasurer Dr Janette Clarke we have instigated additional efforts to manage financial risk:

- Three monthly monitoring of membership and subscription status
- Three monthly review of all journal subscriptions
- Quarterly formal review of all delayed payments to the society – to identify bad debts at the earliest opportunity (in addition to the normal ledger management activities)
- The drawing up of a new Memorandum of Understanding with all secretariats working with SIGs or Branches.
- A new start for the HIV SIG with a new secretariat (Palm Training) – a group whose activities account for much of the movement of finances on our balance sheet. A clear agreement on the management of sponsorship and course subscriptions is in place with Palm Training.
- Accounting and subsequent audit of the company ISSTDR/BASHH 2009 Ltd by the Association's auditors to provide independent and timely review of risk.
- We continue to obtain legal advice from our solicitors (Stone, King) when necessary.

### *Investment Policy and Reserves*

The charity's reserves are held in bank accounts as fixed term deposits. As at the year end these amounted to £558,000. As mentioned above the income from these investments now contributes towards the annual costs of running the Association. During the current year this income amounted to just under £60,000. The trustees' intention is to increase the level of these reserves to level of around £1,000,000 to enable the charity to receive this level of income taking into account the expected fall in the level of interest rates paid by such deposits. An amount of reserves at this level will also enable the Association to function for at least two years in the event it does not receive any other income or if there is a significant drop in its other income during this period.

I gratefully acknowledge the professional advice available to me over this year. The Association's auditors (Mr Jailesh Patel at Farrington & Co) have advised on appropriate matters.

The accounts have been prepared by Mr Patrick Heneghan of the Royal Society of Medicine, and thanks are due to the BASHH secretariat within the Academic department at the RSM for their hard work and support. A full and detailed financial report is included elsewhere in this report, which has been independently audited. Thanks are also extended to my fellow officers and the BASHH trustees for their help and guidance. I am particularly grateful to Dr Janette Clarke for her continued advice and support which has ensured a smooth transition in our roles.

In summary, this year has seen a considerable pressure on the association's reserves, a growth in our membership and a consolidation of our efforts to manage risk. The Association remains in excellent financial health.

**Dr Raj Patel**  
**Honorary Treasurer, October 2008**

## **Independent Auditors' Report to The Trustees of BASHH**

We have audited the financial statements of BASHH for the year ended 31 July 2008, which comprise the Statement of Financial Activities, the Balance Sheet, and related notes. These financial statements have been prepared under the historical cost convention and the accounting policies set out therein.

This report is made solely to the charity's trustees, as a body, in accordance with sections 43 of the Charities Act 1993. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditors report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

### **Respective responsibilities of Trustees and auditors**

The trustees' responsibilities for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) and for being satisfied that the charity's financial statements give a true and fair view are set out in the Statement of Trustees' Responsibilities.

We have been appointed as auditors under section 43 of the Charities Act 1993 and report in accordance with regulations made under section 44 of that Act. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the relevant financial reporting framework and are prepared in accordance with the Charities Act 1993. In addition we report to you if, in our opinion, the charity has not kept sufficient accounting records or if the statement of accounts does not accord with those records or if we have not received all the information and explanations we require for our audit.

We read the Trustees' Annual Report and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements.

### **Basis of opinion**

We conducted our audit in accordance with International Standards on Auditing (UK & Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from



material misstatement, whether caused by fraud or other irregularity or error. In forming an opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

### **Opinion**

In our opinion:

- the financial statements give a true and fair view of the state of the charity's affairs as at 31 July 2008 and of its incoming resources and application of resources, including its income and expenditure for the year then ended ;
- the financial statements have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- the financial statements have been prepared in accordance with the Charities Act 1993.

### **Farringdon and Co**

Chartered Certified Accountants and Registered Auditors  
176 Franciscan Road, London SW17 8HH

Date

**BRITISH ASSOCIATION FOR SEXUAL HEALTH AND HIV**  
**STATEMENT OF FINANCIAL ACTIVITIES FOR THE YEAR ENDED 31 JULY 2008**

*CHARITABLE FUNDS*

	Notes	Un- restricted Funds  £	Restrict ed Funds  £	Endowed Funds  £	TOTAL FUNDS  £	Total Funds (Year ended 31 July 2007) £
<b>INCOMING RESOURCES</b>						
<b>Activities in furtherance of the charity's objects:</b>						
Promoting training and education		188,020	-	-	188,020	174,250
Educational meetings and courses	15	408,954	-	-	408,954	612,425
<b>Investment income</b>	<b>3</b>	58,146	601	-	58,747	48,964
<b>Total Incoming Resources</b>		<b>655,120</b>	<b>601</b>	<b>-</b>	<b>655,721</b>	<b>835,639</b>
<b>RESOURCES EXPENDED</b>						
<b>Expenditure in furtherance of the objects of the charity:</b>						
Promoting training and education	4	233,721	-	-	233,721	156,049
Educational meetings and courses	4	396,537	-	-	396,537	494,307
<b>Governance costs</b>	<b>7</b>	26,794			26,794	16,249
<b>Total Resources Expended</b>		<b>657,052</b>	<b>-</b>	<b>-</b>	<b>657,052</b>	<b>666,605</b>
<b>NET INCOMING RESOURCES / (RESOURCES EXPENDED) BEFORE TRANSFERS</b>		<b>(1,932)</b>	<b>601</b>	<b>-</b>	<b>(1,331)</b>	<b>169,034</b>
<b>GROSS TRANSFERS BETWEEN FUNDS</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>NET INCOMING RESOURCES / (RESOURCES EXPENDED) AFTER TRANSFERS</b>		<b>(1,932)</b>	<b>601</b>	<b>-</b>	<b>(1,331)</b>	<b>169,034</b>
<b>FUNDS BROUGHT FORWARD</b>		<b>935,904</b>	<b>1,915</b>	<b>10,000</b>	<b>947,819</b>	<b>778,785</b>
<b>FUNDS CARRIED FORWARD</b>	<b>16</b>	<b>933,972</b>	<b>2,516</b>	<b>10,000</b>	<b>946,488</b>	<b>947,819</b>

THE NOTES ON PAGES 15 TO 21 FORM PART OF THESE ACCOUNTS

BRITISH ASSOCIATION FOR SEXUAL HEALTH AND HIV  
BALANCE SHEET AT 31 JULY 2008

	NOTES	TOTALS as at 31.7.08 £	TOTALS as at 31.7.07 £
<b>FIXED ASSETS</b>			
Tangible Assets	10	23,552	-
Investments	11	568,001	210,001
		<hr/>	<hr/>
<i>TOTAL FIXED ASSETS</i>		591,553	210,001
		<hr/>	<hr/>
<b>CURRENT ASSETS</b>			
Stock	1	20,537	-
Debtors- Amounts falling due within one year	13	114,926	77,355
Debtors – Amounts falling due after more than one year	12	30,000	30,000
Cash at Bank		370,273	725,521
		<hr/>	<hr/>
		535,736	832,876
		<hr/>	<hr/>
<i>CURRENT LIABILITIES</i>			
Creditors - Amounts falling due within one year	14	(180,801)	(95,058)
		<hr/>	<hr/>
<b>NET CURRENT ASSETS</b>		354,935	737,818
		<hr/>	<hr/>
<i>TOTAL ASSETS LESS CURRENT LIABILITIES</i>		<b>946,488</b>	<b>947,819</b>
		<hr/>	<hr/>
<b>FUNDS</b>			
Unrestricted Funds	16	933,972	935,904
Restricted Income Funds	16	2,516	1,915
Endowment (Capital) Funds	16	10,000	10,000
		<hr/>	<hr/>
<i>TOTAL FUNDS</i>		<b>946,488</b>	<b>947,819</b>
		<hr/>	<hr/>

Approved for and on behalf of the Trustees:

**Dr Imtyaz Ahmed-Jusuf**  
**President**

**Dr Rajul Patel**  
**Treasurer**

Date : \_\_\_\_\_

Date : \_\_\_\_\_

**NOTES TO THE ACCOUNTS**  
for the year ended 31 July 2008

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**1. ACCOUNTING POLICIES**

The following are the more important accounting policies adopted.

**(a) Basis of Accounting**

The accounts have been prepared in accordance with applicable Accounting Standards and the Statement of Recommended Practice Accounting and Reporting by Charities (SORP 2005) issued in March 2005 and the Charities Act 1993. These financial statements are drawn up on the historic cost basis except that investment assets are carried at market value.

**(b) Tangible Assets**

Books purchased in the year are written off to expenditure and not capitalised.

*Website development costs*

Where a website is expected to provide economic benefit through the provision of educational information to beneficiaries of the charity, expenditure on the functionality of the website is capitalised and treated as a tangible fixed asset.

**(c) Stocks**

Stocks of training materials purchased during the year are written off to expenditure. Unsold stocks of training materials produced for sale are included as an asset at the lower of cost or net realisable value.

**(d) Incoming Resources:**

• **Subscription Fees**

Subscriptions are payable on election, in advance for the Association's Membership Year. Subscriptions for the Membership year ended 31 July 2008, which were not received at the time of preparation of these accounts, are considered to be uncollectable and accordingly no credit is taken into the accounts.

• **Grants, Donations and Legacies**

Income from donations, legacies and grants, including capital grants, is included in incoming resources when these are receivable, except as follows:

- When donors specify that donations and grants given to the charity must be used in future accounting periods, the income is deferred until those periods.
- When donors impose conditions which have to be fulfilled before the charity becomes entitled to use such income; the income is deferred and not included in incoming resources until the preconditions for uses have been met.

Donations, legacies and grants for the general purpose of the Association are included as unrestricted funds. Unrestricted funds comprise those funds which the trustees are free to use for any purpose in furtherance of the charitable objects. Any amount received for activities restricted by the wishes of the donor are taken to "restricted funds" where these wishes are legally binding on the Trustees.

• **Charitable activities**

Income from charitable activities is included in incoming resources in the period in which the relevant activity has taken place.

• **Sponsorship Income**

Where sponsorship income received is related to a specific meeting or conference then this income has been accounted for as income arising from those specific activities.

(e) **Resources expended**

Resources expended are included in the Statement of Financial Activities on an accruals basis, inclusive of any VAT which cannot be recovered. Cost of activities in the furtherance of the objectives of the charity includes direct as well as allocated support costs. The various support costs are allocated to charitable activities where these are clearly identifiable to an activity. Where the expenditure relates to several activities then these are allocated in proportion to the income generated by the charitable activity.

(f) **Investments**

Investments are included in the balance sheet at Market Value.

(g) **Fixed Assets & Depreciation**

Fixed assets are stated at cost or estimated market value at the date of receipt where assets have been donated to the charity.

Depreciation is provided to write off the cost (or market value at the date of receipt) less estimated residual values of all fixed assets over their expected useful lives at the following rates.

Website development costs - - 25% per annum straight line

**2. MEMBERSHIP AND MEMBERS' SUBSCRIPTIONS**

Membership Category	Members as at 31.7.08	Subscriptions Received 2007 – 2008 £	Members as at 31.7.07	Subscriptions Received 2006 – 2007 £
Career & Training Grade	331	61,020	310	52,250
Fellow	399	99,750	404	99,000
Retired Fellows	43	2,320	37	1,990
Honorary Life Members	29	-	28	-
Clinical Assistant	108	13,830	122	11,115
Non-Medical Staff	160	11,100	171	9,895
<b>TOTALS</b>	<b>1070</b>	<b>188,020</b>	<b>1072</b>	<b>174,250</b>

UK Members	1014	1002
Non-UK Members	56	70
<b>TOTALS</b>	<b>1070</b>	<b>1072</b>

### 3. INVESTMENT INCOME

Sources of Investment Income	Year to 31.7.08 £	Year to 31.7.07 £
The Bank of Scotland:		
• Deposit Accounts - Interest received	36,859	36,905
• Fixed Term Deposit Account - Interest received	19,281	10,321
• Current Account - Interest received	685	1,089
<b>Total Interest from Bank of Scotland</b>	<b>56,825</b>	<b>48,315</b>
<b>Interest from Loan to ISSTDR/BASHH 2009 Ltd</b>	<b>1,922</b>	<b>649</b>
<b>Total Investment Income</b>	<b>58,747</b>	<b>48,964</b>

### 4. EXPENDITURE INCURRED IN FURTHERANCE OF THE CHARITY'S OBJECTS

	Charitable Activities £	Support Costs(note 6) £	Total 2008 £	Total 2007 £
Promoting training and education (see	118,576	115,145	233,721	156,049
Educational meetings and courses (Note 5 & 6)	290,212	106,325	396,537	494,307
<b>TOTALS</b>	<b>408,788</b>	<b>221,470</b>	<b>630,258</b>	<b>650,356</b>

"Promoting training and education" costs of £118,576 above consist of costs for the publication of two journals sent to Members of BASHH, £118,338, the journals being the International Journal of STD and AIDS, and Sexually Transmitted Infections; and expenditure on Library books of £238

### 5. EXPENDITURE INCURRED IN RESPECT OF EDUCATIONAL MEETINGS & COURSES.

CHARITABLE ACTIVITIES		Year to 31.7.08 £	Year to 31.7.07 £
<b>Special Interest Groups and Branches</b>			
SIG General Expenditure		22,563	34,646
SIG Conference Expenditure		177,974	224,667
STI Foundation Course		52,241	30,727
Educational Meetings		(4,049)	14,745
	<b>SIGs sub-total</b>	<b>248,729</b>	<b>304,785</b>
Regional Branches' General Expenditure		2,456	5,085
Branch Meetings		39,027	33,446
	<b>Regions sub-total</b>	<b>41,483</b>	<b>38,531</b>
<b>Total Special Interest Groups and Branches Expenditure</b>	Note 15	<b>290,212</b>	<b>343,316</b>

## 6. SUPPORT COSTS

	Printing and postage	RSM Management & Room Hire	Travel and Subsistence	General Administration Costs	Media and Public Relations	Total 2008	Total 2007
	£	£	£	£	£	£	£
Promoting training and education	36	92,041	1,465	892	20,711	115,145	42,959
Educational meetings and courses	6,033	29,154	10,354	16,811	43,973	106,325	150,991
<b>TOTALS</b>	<b>6,069</b>	<b>121,195</b>	<b>11,819</b>	<b>17,703</b>	<b>64,684</b>	<b>221,470</b>	<b>193,950</b>

## 7. GOVERNANCE COSTS

	Year to 31.7.08 £	Year to 31.7.07 £
BASHH Board Meetings	5,360	-
BASHH Trustee Meetings	1,615	-
Audit fees	9,620	7,590
Other professional fees	10,199	8,659
<b>TOTALS</b>	<b>26,794</b>	<b>16,249</b>

## 8. REMUNERATION OF TRUSTEES

The Trustees were not remunerated for any services they provided to the Association, or on its behalf.

## 9. PAYMENTS MADE TO TRUSTEES

	Year to 31.7.08 £	Year to 31.7.07 £
Travel Expenses and Subsistence; including expenses incurred whilst attending meetings. Payments were made to 6 trustees	<b>9,130</b>	<b>6,226</b>

## 10. TANGIBLE FIXED ASSETS

	Year to 31.7.08	Year to 31.7.07
	£	£
Website development costs		
Additions during the year and cost carried forward	<b>23,552</b>	<b>0</b>

## 11. FIXED ASSET INVESTMENTS

Funds held as investments at 31 July 2008 were as below:

	Year to 31.7.08 Cost & Market Value £	Year to 31.7.07 Cost & Market Value £
Bank Holdings:		
Bank of Scotland : Term Deposits	568,000	210,000
Shares:		
ISSTDR / BASHH 2009 Ltd	1	1
	<b>568,001</b>	<b>210,001</b>
Total Fixed Assets Investments		
Analysed as:		
BASHH Reserve Fund : Unrestricted : Term Deposits BOS	558,000	200,000
R.S. Morton Lecture Fund : Endowed : Term Deposit BOS	10,000	10,000
Cost of share holding in ISSTDR /BASHH 2009 Limited	1	1
	<b>568,001</b>	<b>210,001</b>
<b>Total Fixed Assets Investments</b>		

The Association's Fixed Asset Investment consists of fixed-term deposits with the Bank of Scotland, maturing every three months, and a share holding in an unlisted company incorporated in England & Wales ISSTDR/BASHH 2009 Limited (also refer to note 12)

## 12. DEBTORS DUE AFTER A PERIOD OF MORE THAN ONE YEAR

BASHH, together with ISSTDR (International Society for Sexually Transmitted Diseases Research) has formed a company, ISSTDR/BASHH 2009 Limited, solely for the purpose of hosting an educational conference in London during 2009. BASHH holds the one issued share in the company

The terms of the agreement with ISSTDR require BASHH to provide funds to the above company in order to facilitate the organisation of this conference prior to any registration fees or sponsorship support being available for this conference in 2009.

A loan of £30,000 has been made to this company, at an interest rate of 1% above the base rate of National Westminster Bank. The loan is secured by a Debenture over the assets of the Company.



The trustees expect the revenues from this conference to at least cover the costs of organising the event, and therefore, this loan together with any further advances to be repaid soon after the conference in 2009.

### 13. DEBTORS / PREPAYMENTS

	Year to 31.7.08 £	Year to 31.7.07 £
Fixed Term Investment : Interest due for July 2008	2,848	1,010
ISSTDR/BASHH 2009 Ltd : Accrued loan interest	2,571	649
Sponsorship, Registration Fees, and amounts due from Joint meetings	90,006	70,161
Meeting and conference prepayments	18,521	5,000
Other debtors	980	-
VAT recoverable	-	535
<b>Totals</b>	<b>114,926</b>	<b>77,355</b>

### 14. CREDITORS

	Year to 31.7.08 £	Year to 31.7.07 £
Journal Publishers	66,350	28,295
Sponsorship and Registration Fees in advance	40,317	11,457
Meeting and Conference Expenses	31,556	18,515
Management and Administration	2,232	1
Payment due to RSM : Management contract	8,257	27,790
Bank Overdraft	18,362	-
Professional Fees	12,025	9,000
VAT	1702	-
<b>Totals</b>	<b>180,801</b>	<b>95,058</b>

**15. Summary of Income & Expenditure arising from Educational Meetings & Courses.**

Note : Deficits appear in parentheses ( )	Income 2008	Expend 2008	Result 2008	Income 2007	Expend. 2007	Result 2007
	£	£		£	£	
Special Interest Groups						
Educational Meetings	21,175	(4,049)	25,224	1,780	14,744	(12,964)
BASHH Course in STI & HIV	88,530	64,873	23,657	63,135	63,880	(745)
STIF Course	109,184	52,241				
			56,943	84,313	30,727	53,586
Spring Meetings	90	(267)	357	189,800	102,023	87,777
Colposcopy SIG	-	-	-	-	-	-
HIV SIG	36,127	31,474	4,653	24,903	33,250	(8,347)
Herpes Simplex SIG	-	-	-	5,875	18	5,857
British Co-Operative Clinical Group	-	380	(380)	-	482	(482)
HPV SIG	-	396	(396)	-	194	(194)
Bacterial	16,423	11,268	5,155	8,316	8,930	(614)
Sexual Dysfunction Group	14,083	3,364	10,719	12,725	5,861	6,864
Adolescent Special Interest Group	-	438	(438)	-	552	(552)
Clinical Effectiveness Group	-	1,958	(1,958)	-	1,784	(1,784)
NCCG Group	32,950	35,106	(2,156)	34,065	30,461	3,604
National Audit Group	-	5,863	(5,863)	-	(500)	500
Doctors in Training	13,060	12,250	810	13,230	9,893	3,337
Web Team	-	2,855	(2,855)	-	781	(781)
Media External Communications Group	-	569	(569)	600	1,046	(446)
Nurses / Health Advisors	-	(60)	60	-	-	-
BASHH IT Group	-	3,874	(3,874)	-	659	(659)
HIV Medicine	-	55	(55)	-	-	-
<b>Special Interest Groups sub-total</b>	<b>331,622</b>	<b>222,588</b>	<b>109,034</b>	<b>438,742</b>	<b>304,785</b>	<b>133,957</b>

<b>Joint Meetings</b>						
Faculty of Family Planning & Reproductive Health Care : BAD, EADV, St John's & BASHH London meeting : 2005	31,235	18,218	13,017	3,280	-	3,280
BHIVA/BASHH/BIS	-	2,152	(2,152)	133,000	-	133,000
BASHH/ASTDA : New York : May 08	-	319	(319)	-	-	-
	787	5,451	(4,664)	-	-	-
<b>Joint Meetings – sub total</b>	<b>32,022</b>	<b>26,140</b>	<b>5,882</b>	<b>136,280</b>	<b>-</b>	<b>136,280</b>

Regional Branches						
East Anglia	529	752	(223)	-	-	-
Ireland	-	-	-	-	-	-
Mersey	-	-	-	-	333	(333)
Thames North East	-	-	-	3,300	150	3,150
Thames North West	-	-	-	-	275	(275)
Thames South East	-	-	-	450	166	284
Thames South West	-	-	-	-	-	-
North West	1,702	1,647	55	2,000	1,581	419
Northern	100	181	(81)	200	138	62
Oxford	266	249	17	600	379	221
Scotland	8,380	6,917	1,463	6,430	6,305	125
South West	2,017	1,646	371	3,300	3,933	(633)
Trent	4,186	4,196	(10)	12,758	12,799	(41)
Wales	3,601	2,540	1,061	650	2,133	(1,483)
Wessex	6,677	6,874	(197)	520	2,814	(2,294)
West Midlands	12,049	9,597	2,452	1,400	-	1,400
Yorkshire	5,803	6,885	(1,082)	5,795	7,525	(1,730)
<b>Regional Branches : sub-total</b>	<b>45,310</b>	<b>41,484</b>	<b>3,826</b>	<b>37,403</b>	<b>38,531</b>	<b>(1,128)</b>
<b>TOTALS</b>	<b>408,954</b>	<b>290,212</b>	<b>118,742</b>	<b>612,425</b>	<b>343,316</b>	<b>269,109</b>

## 16. FUNDS

Fund Analysis	Balance brought forward £	Incoming Resources £	Outgoing Resources £	Balances as at 31 July 08 £
<b>Unrestricted (General) Fund</b>	935,904	655,120	657,052	933,972
<b>Endowed Funds</b>				
<b>Capital</b> – The Robert S Morton Lecture Fund	10,000	-	-	10,000
<b>Restricted Funds:</b>				
<b>Income / Expenditure</b> – The Robert S Morton Lecture Fund	1,915	601	-	2,516
<b>Total Movements and Fund Balances</b>	<b>947,819</b>	<b>655,721</b>	<b>657,052</b>	<b>946,488</b>

The R.S. Morton Lecture Fund represents an endowment from the estate of the late Dr. RS Morton. The fund is to be used by the Trustees of BASHH for the establishment of an annual lecture to be named "The Robert S Morton MSSVD Annual Lecture". The capital amount can be invested at the

discretion of the trustees, with the income from this investment forming a restricted fund, to be used for provision of the lecture.

#### **ANALYSIS OF NET ASSETS BETWEEN FUNDS**

Types of Funds:	General Fund £	Endowed Funds £	Restricted Fund £	Total £
Fund balances as at 31 <sup>st</sup> July 2008 are represented by:	<b>933,972</b>	<b>10,000</b>	<b>2,516</b>	<b>946,488</b>
Fixed assets	581,553	10,000	-	591,553
Current assets	533,220	-	2,516	535,736
Current liabilities	(180,801)	-	-	(180,801)
	<b>933,972</b>	<b>10,000</b>	<b>2,516</b>	<b>946,488</b>

#### **17. ONGOING CONTRACTUAL OBLIGATIONS**

The Association has a contract with the Royal Society of Medicine for administrative support. The cost to BASHH for this service with effect from 1 October 2008 is £11,883 per month. The Association has agreed to contract with RSM for preferential membership subscription rates for the International Journal of STD and AIDS and with the BMJ Publishing group for subscriptions to Sexually Transmitted Infections. The amount payable for the journals by BASHH is based on the number of members receiving the respective journals. The total costs for this financial year are stated as Journal Costs in note 4 above.



## Committees Associated with BASHH

### **Speciality Advisory Committee**

This last year has been one of consolidation for the Specialty Advisory Committee in GUM (SAC) to the Joint Royal College Postgraduate Training Board (JRCPTB). The College continues to provide excellent support to the committee and our Lead Dean Prof Huw Jones has worked tirelessly on our behalf.

Following a resubmission exercise both Curriculum and Assessment Grid for training in GUM has been accepted by the PMETB. These documents are available on the PMETB and College websites. The SAC is working closely with the Society of Apothecaries to ensure that the Diploma Examination in GUM for SpRs remains fit for purpose. A blueprint of the frequency that each area of the syllabus will be examined has been agreed with the Society. The SAC will be appointing visitors to the examination to confirm the quality assurance processes the Society have adopted.

The SAC has started a major process of reviewing the curriculum and is concentrating on four key areas of development. Management and Leadership (Lead by Drs Rak Nandwani and Anne Edwards), HIV Training and Assessment (Dr David Asboe), Gynaecological competencies (Dr Jackie Sherrard) and Public Health Curriculum and Training (Prof Jackie Cassell). These reviews will require changes to the curriculum and assessment processes which will come into effect upon approval by the PMETB- the SAC has been advised that this can only be achieved at the earliest in 2010.

The College is working closely with the SAC in piloting a range of new assessment techniques of trainees. Six centres are recruiting trainees to pilot these methods which include Multi-source feedback, Mini-CEX and Patient Feedback. The project is due to complete in 2009 and if successful these assessments will be rolled out to inform the ARCP process.

The SAC is extremely pleased that an application made through it by Dr J Sherrard to the DH for funding an e-learning for Health project in Sexual Health and HIV has been accepted. This will ensure that up-to-date teaching materials for the knowledge elements of the curriculum in GUM will be developed and become widely available. The project steering group and editorial board has started meeting and the first modules will hopefully be available next year. The project is anticipated to be completed by 2010.

The SAC constitution and committee structure has been updated this year. SAC members are now nominated by deaneries and the committee has welcomed a number of new members. The committee will also in future have a doctors in training representative from Scotland as well as from England. I would like to express my thanks to 3 members who stepped down from the committee this year – Dr Phil Kell, Dr Richard Lau and Mr Gareth Bland. They each have helped shape the training and curriculum of the specialty.

**Dr Raj Patel**



## Joint Speciality Committee (JSC) for Genitourinary Medicine, Royal

**The committee meets twice a year and the last meeting was on Tuesday  
8<sup>th</sup> April 2008**

Dr Jackie Sherrard has taken over as Chair and Dr Daniels has taken on the role of Honorary Secretary.

### **Matters discussed**

#### **Consultant Physicians working with Patients, 4<sup>th</sup> edition**

The new edition with an updated chapter on GUM has been published in 2008.

#### **Specialty preparations for pandemic flu**

The GU Medicine plan had been submitted to the College. It was agreed that it should be put on the BASHH website, and the Chair agreed to send a copy to Dr Radcliffe.

#### **Relicensing and specialist recertification**

The College now has a Revalidation Unit, headed by Dr Ian Starke, which would connect through the College's network of Regional Specialty Advisers (RSAs) for Service to local systems. It was noted that Dr Angela Robinson had taken on recertification for BASHH.

#### **RCP proposal to charge for CPD**

Clarification was sought on the College's move to charge £100 for approving each meeting or event for CPD, which could cost BASHH up to £15,000 a year. The Registrar recommended that BASHH open negotiations with Dr Starke, in his capacity as CPD Lead.

#### **RCOG Application for a new Specialty in Sexual and Reproductive Healthcare**

This led to considerable discussion. The College have been very supportive of BASHH at the highest level and has attended meetings at the DH with us.

#### **Specialty Advisory Committee Report**

Items covered: Knowledge-based assessments, Specialty recruitment, e-portfolio, Public health\_training, and Unfilled posts\_

#### **Tendering Issues**

The College, together with the Royal College of General Practitioners, the Royal College of Paediatrics and Child Health and the NHS Alliance, have published *Teams without Walls*. This argues that patient-centred care pathways should not be constrained by the primary/secondary divide and that commissioners should commission pathways according to local needs, involving clinicians and patients in their planning.

#### **Payment by Results**

Dr Burnham reported that HRG4 would come in for 2009-10 although some costings are still under discussion. Dr Ahmed said that a DH group was developing tariffs for outpatient HIV care, using HRGs to inform the process. By

the end of 2008 they should be costed and ready to pilot before implementation in 2010-11. GUM indicative tariffs for 2009-10, which were taken from average costs in 2006-07, show a 10% reduction despite the fact that there are now many more complicated cases. Submissions have been made to the HRG Board that this should be taken into consideration.

### **GUM Access Targets**

It was reported that most clinics were achieving the target of 100% of appointments being offered within 48 hours. However the supplementary target of seeing patients within 48 hours is not achievable *because of patient preferences*. Missing this point, some SHAs and PCTs interpret this as failure, sometimes putting the service out to tender, which is a cause of concern. The Healthcare Commission's consultation on 2008-09 targets did not specifically mention a 'seen' target, so a detailed submission was made on behalf of the specialty.

### **Map of Medicine**

Dr Daniels introduced the Map, which is a series of care pathways designed by a private company and already in use by GPs and commissioners and accessible to the public. The College had been asked to check and validate the medical pathways and the JSC was being asked to review two of them, genital herpes and gonorrhoea.

It was noted that the pathway for chlamydia had not been referred to the College. Dr Daniels was asked to write to Ms Ingham, the RCP Director of Clinical Standards, offering assistance with the validation of this pathway. A second issue was HIV and HIV in pregnancy which had been referred to the infectious disease specialties but it was agreed that GU Medicine should have an input. Dr Daniels was asked to include an offer to work with ID representatives on this in his letter to Ms Ingham.

### **RCP Open Day, 5<sup>th</sup> July 2008**

As in previous years the specialty had a stall at the RCP open day, jointly manned by members of BASHH and the JSC.

**The Committee will next meet on Wednesday 5<sup>th</sup> November 2008 at 10am. (55)**

**Dr Jackie Sherrard**



## **BMA Dermatology & Venereology Sub-Committee**

Two committee meetings were held on the 17 October 2007 and the 26 March 2008. In addition, a great deal of debate and discussion of circulated items from the BMA were contributed to by members of the Committee during the year. Particular issues of note were: -

### **GUM waiting time targets:**

The sub-committee strongly supported the increased availability of resources to Meet the 100% 'offered' within 48 hours target, and reported the view that the 'seen' target for 48 hours must be based on local discussions which take account of patient choice.

### **Supporting professional activities within the job plan:**

The sub-committee strongly supported the BMA view of the importance of Supporting professional activities within the job plan, and how vital such activities were not just to the individual trust, but to the wider NHS. The sub-committee felt that limiting SPA time could threaten the quality of patient care.

### **The Darzi next stage review:**

Was criticised by the sub-committee as they felt that they had not been properly consulted. Specific examples of this were provided to the Chairman of the CCSC.

### **Vacant consultant posts:**

In both specialties this was a major concern and the sub-committee discussed Ways of improving this. Some of these are based on the changing demographics Of trainees and their wishes for consultant posts, whilst some relate to local Problems with specific posts and uncertainty about commissioning intentions for the long term future of some services.

**Dr Simon Barton**



## **The British Federation Against Sexually Transmitted Infections**

During the past year there have been 2 meetings of the British Federation Against Sexually Transmitted Infection (BFSTI).

Included among the issues discussed and debated at the BFSTI meetings were the following: independent sector sexual health provision (Vanessa Griffiths of THT presenting); STI's in the British Armed Forces (Colonel Sreenivasa Rao presenting); the General Medical Council consultation on Personal Beliefs and Medical Practice; the 48 hour target for access to GUM services; new legislation regarding sex workers (Helen Self presenting); Middle Youth Sexuality (Peter Greenhouse presenting); the MedFASH Review of the National Sexual Health Strategy (Ruth Lowbury presenting); the HPV Vaccination Campaign.

The BFSTI has a unique breadth of membership; as well as BASHH there are representatives from the Church of England, the Ectopic Pregnancy Trust, the Herpes Viruses Association, the UK Network of Sex Worker Projects, the National Children's Bureau, Brook, the Family Planning Association, the Josephine Butler Society and the Defence Medical Services.



The BFSTI responded to the consultation exercises for the Criminal Justice and Immigration Bill (2008), the GMC consultation on Personal Beliefs and Medical Practice; the choice of Cervarix as the vaccine for the HPV National Vaccine Programme.

**Dr Patrick French**



## **UEMS**

- The Section continues to meet twice yearly, but the Officers attend many other meetings
- The Section's website ([www.uems-dv.com](http://www.uems-dv.com)) is not functioning properly and a new and cheaper webmaster is being sought
- The President Elect has been appointed Chief Medical Officer of her hospital, in Sweden, and has decided to demit. A new President needs to be appointed before October when Prof Harald Gollnick demits. I have been asked to remain until October 2009 (I am Treasurer) when the UK venereology post will fall vacant.
- The Section continues to participate in review of European management guidelines with the EDF and in assessing international and national specialty meetings for CME value on behalf of EACCME
- The second European Board examination was held in Frankfurt, in July 2008; there were 6 candidates all of whom passed. I have reservations about the rigor of the examination as it is almost entirely based on MCQs, although the venereology component was more rigorous and candidates found it to be the most difficult part of the examination.
- The UK sends 3 representatives to the central UEMS: from the BMA (Edwin Borman), from the AoMRCs (Peter Sullivan) and from the Scottish JCC. For financial reasons the AoMRCs can no longer afford to send a representative. Representations are being made to Dame Carol Black to review this decision.
- EWTD – calls from the surgical specialties for the directive to be reviewed are not being addressed by the EU Presidencies.

**Dr James Bingham**



## European Academy of Dermato-Venereology (EADV)

The EADV ran meetings in Vienna and Istanbul in 2007/08. Professor Andreas Katsambas was voted in as EADV President Elect and takes up the President's role in 2008. The current President Professor Alberto Gianetti was keen to offer to specialist societies across Europe the opportunity to become associate members of the EADV, with some benefits to members of those societies. However the rationale was to give more political influence for dermato-venereology at European level. Although many societies did accept to join, some after considerable deliberation, BASHH felt that it was inappropriate to join as a venereological society at this stage. The impact on number of ordinary members joining or renewing membership of the EADV will be reviewed.

The EADV moved its business activities to Lugano Switzerland in 2006 which has generated some problems. In order to have tax free status, EADV now has to allow any member of the public to join the organisation. It was felt essential to do this to safeguard the financial status of the organisation. The Statutes will need to be reviewed and amended. In relation to 'venereology', Dr Barton as a member of the Scientific Committee, Dr O'Mahony as member of the media committee and Dr Angela Robinson as Board Member are trying to encourage more inclusion of venereology topics in the Spring Symposia and Autumn congresses. Several BASHH members were included in the top 20 best lecturers. In addition there may be opportunities to influence provision of venereology courses for European trainees.

**Dr Angela Robinson**

**BRITISH ASSOCIATION FOR SEXUAL HEALTH AND HIV  
ELECTED MEMBERS OF THE BOARD FOR THE YEAR ENDED 31 JULY  
2008**

<b>Position</b>	<b>August 2007 – July 2008</b>	<b>August 2006 – July 2007</b>
President	Dr Imtyaz Ahmed-Jusuf	Dr Simon Barton
Vice President	Dr Keith Radcliffe	Dr Imtyaz Ahmed-Jusuf
General Secretary	Dr Jan Clarke	Dr Keith Radcliffe
Honorary Treasurer	Dr Raj Patel	Dr Jan Clarke
Conference and Communications Secretary	Dr Janet Wilson	Dr Janet Wilson
Clinical Governance Committee - Chair	Dr Mike Abbott	Dr Mike Abbott
Education Committee - Chair	Dr Karen Rogstad	Dr Rajul Patel
Immediate Past President	Dr Simon Barton	Dr Angela Robinson
Representative of Doctors-in- Training in GUM	Dr Katherine Coyne	Dr Katherine Coyne
HA Rep - Board	Mr Jamie Hardie	
Representative of Nurses and Health Advisers	Ms Vanessa Griffiths	Ms Pauline Handy
SAS Representative	Dr Helen Mullan	
Fellow	Dr Fiona Boag	Dr Philip Kell (retired Dec 06)
Fellow	Dr Claudia Estcourt	Dr Claudia Estcourt (re-elected Dec 06)
Fellow	Dr Emille Morgan	Dr Christine Bowman
Fellow	Professor Jonathon Ross	Professor Jonathan Ross
Fellow	Dr Alan Tang	Dr Alan Tang
Fellow	Dr Gary Brook	Dr Gary Brook
Fellow		Dr Frances Keane (retired Dec 06)
Fellow		Dr Helen Ward
Representative of NCCGs		Dr Neil Lazaro



## BASHH Education Committee 2008

*Chairman*

Dr Raj Patel – Jan 08  
Dr Karen Rogstad – Jan 08 till present

*Conference & Communications  
Secretary*

Dr Janet Wilson

*Secretary*

Dr Vincent Lee

Ms Gill Bell  
Dr Jyoti Dhar  
Dr Sarah Edwards (from Oct 08)  
Dr Claudia Estcourt  
Dr Elizabeth Foley  
Dr David Goldmeier  
Dr John Green  
Ms Vanessa Griffiths  
Prof. Catherine Ison  
Dr Emile Morgan (till Oct 08)  
Dr Adrian Palfreeman  
Dr Raj Patel  
Dr Angela Robinson  
Dr Chris Sonnex  
Dr Melinda Tenant-Flowers  
Dr Nick Theobald *SAS Representative*  
Dr Caroline Thng *DIT Representative*  
Dr Helen Ward

Dr James Bingham  
Prof. Wallace Dinsmore  
Dr Rob Miller  
Dr Michael Waugh



## Chairs of Special Interest Groups

<i>Colposcopy SIG</i>	Dr Sarah Edwards
<i>HIV Sig (Incl Masterclass)</i>	Dr Adrian Palfreeman
<i>Herpes Simplex SIG</i>	Prof George Kinghorn
<i>British Co-operative Clinical Group</i>	Dr Raymond Maw
<i>HPV SIG</i>	Dr Chris Sonnex
<i>Bacterial SIG</i>	Dr Cathy Ison
<i>Sexual Dysfunction Group</i>	Dr David Goldmeier
<i>Adolescent Special Interest Group</i>	Dr Angela Robinson
<i>Clinical Effectiveness Group</i>	Dr Keith Radcliffe
<i>NCCG Group</i>	Dr John Lee
<i>National Audit Group</i>	Dr Chris Carne
<i>Doctors in Training</i>	Dr Emma Low
<i>Web Team</i>	Dr Ade Apoola
<i>Media External Communications Group</i>	Dr Mark Pakianathan
<i>Nurses/Health Advisors</i>	Vanessa Griffith
<i>Undergraduate Education</i>	Dr Claudia Escourt
<i>Journal Editors</i>	Prof Wallace Dinsmore Dr Rob Miller Dr Helen Ward
<i>UEMS Representatives</i>	Dr James Bingham
<i>EADV Representative</i>	Dr Angela Robinson



## BASHH Clinical Governance Members 2007/8

Chairman	Dr Mike Abbott
BASHH Vice-President	Dr Keith Radcliffe
Secretary	Dr Elizabeth Carlin
SAS Representative	Dr Lamont Law
Nurse	Ms Jean Beard
Health Advisor Representative	Ms Ceri Evans
SpR Representative	Dr Emma Low

### Regions

#### Branch

#### Chair

East Anglia	Dr Susie Forster
Ireland	Dr Wallace Dinsmore
Mersey	Dr Debashis Mandel
North East Thames	Dr Celia Skinner
North West Thames	Dr David Hawkins
North West	Dr John Sweeney
Northern	Conrad White
Oxford	Dr Jackie Sherrard
Scotland	Dr Andy Winter
South East Thames	Dr Caroline Dimian
South West	Dr Andrew De Burgh-Thomas
South West Thames	Dr Andrew Nayagam
Trent	Dr David Kellock
Wales	Dr Ushan Andrady
Wessex	Dr Cecilia Priestley
West Midlands	Dr Joseph Arumainayagam
Yorkshire	Dr Usha Kuchimanchi



**Support for BASHH**  
**BASHH wishes to thank the following companies for their support during 2007/2008**

**Abbott Laboratories LTD**

**Bayer PLC**

**BMS**

**Boehringer Ingelheim Ltd**

**Bristol Myers Squibb**

**Brymill Cryogenic System**

**Delphic Diagnostics**

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**Pharmaceuticals**

**Proctor and Gamble**

**Pfizer Limited**

**Roche Products Ltd**

**Sanofi Pasteur MSD**

**Solvay Healthcare Ltd**

**Tibotec Janssen Cilag Ltd**



## BASHH Honorary Life Fellows

Baroness Gould of Potternewton  
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