

Minutes of the GUM NCCG Group Meeting
(Executive Committee)
Wednesday 25th May 2005 at 1.00pm
Royal Society of Medicine, 1 Wimpole Street, London

Present:	Rachel Challenor	RC	(BASHH Board)
	Nick Theobald	NT	(RCP and STIF and Thames North West)
	Barbara Morgan	BM	(BASHH Education)
	Lamont Law	LL	(BASHH Clinical Governance & Oxford)
	Margaret Rowland	MR	(Trent)
	John Lee	JL	(Yorkshire)
	Paul Stevens	PS-2	(Scotland)
	Helen Bailey	HB	(Wales)
	Neil Lazaro	NL	(North West)
	Margaret Hatwell	MH	(East Anglia)
	Parameswaran Sashidharan	PS	(Thames North East)
	Helen Mullan	HM	(Thames North West)
	Beata Cybulska	BC	(Thames North East)

Apologies

Apologies for absence were received from Alison Vaughan, Viv Wholey, Ravi Gokhale, Madi Saunders.

Committee member changes

RC welcomed two new members to the committee, Dr John Lee and Dr Helen Bailey who will represent Yorkshire/ North of England and Wales respectively.

Both Madi Saunders and Viv Wholey have resigned from the committee. The Committee would like to thank them for their support over past years

Ideally, we would like to have two members for Scotland, and there is currently no representative for Northern Ireland.

All vacant posts will be advertised at the NCCG Conference to see whether there is anyone willing to become involved

Minutes of last meeting (27th Jan 2005)

Were accepted and approved. There were no matters arising.

Conference 2005

At the end of April, Dr Raj Patel declined the committee's invitation (from before Christmas) to speak on herpes and do a workshop on syphilis. Despite asking all the members of the herpes SIG to step in, none were available at such short notice for a variety of reasons.

It has therefore been decided to postpone the herpes lecture and to ask the other two speakers for this session to expand their talks by 10-15 minutes. In view of the topics concerned - vulval dermatoses and sexual addiction - it was felt that the delegates would feel this an appropriate substitute.

PS has kindly offered to take on the syphilis workshop

As Dr Patel was to have been the 'VIP' speaker, because of his role as Chair of BASHH Education Committee, we are now attempting to find someone to fill this role. A number of suggestions were made at the meeting and these will be followed up by **JL** and **NT**

So far there have been 49 registrations for the meeting, which is encouraging considering that a number of people have not yet received postal details, although the conference has been advertised via the web for a

number of weeks. There has been some anxiety about attendance this year as it is the first year the conference has moved from Sat/Sun to Fri/Sat and it may be that less people are free to attend on a Friday.

It was noted that there always seem to be lots of queries about contractual issues during the conference, which is why Dr Greg Dillaway's talk is always popular. It was suggested that people might like to submit questions in advance of his talk so that he might answer as many queries as possible. Postcards may be included in the folders which people may use to submit their questions and an announcement to this effect will be made early in the conference.

Survey 2005

This has gone out with the conference pack and is also available on the website. Representatives were asked to encourage their colleagues to fill these in.

BASHH website/NCCG area

RC received a letter from BASHH, which has been sent to all Special Interest Groups (SIGs) and branches asking that each nominate one person to liaise with David Kellock, the Webmaster.

NT has been nominated to fulfill this role and will ensure that minutes of committee meetings appear on the site once approved. Any errors should be reported to him.

Database

The NCCG database is compiled from three sources

- conference delegates from previous years

- 3M mailing list

- a list compiled by Dr Chandramani some years ago which includes a number of home addresses as preferred contact

The main problems with it are that the number of NCCGs is constantly changing and keeping the list up to date is difficult. A number of people appear more than once and major efforts are being made to weed these out. NT is attempting a 'mail merge' in the near future

New members can only register if they know we exist so we are dependant on colleagues spreading the word. This year all BASHH consultants were asked to distribute registration forms throughout their own clinics and we have had some response from this, but it will probably need to be repeated every year or two. There is currently no subscription fee and members do not also have to be members of BASHH.

The last issue is that the current database has large number of 'ghosts' - people who have left the specialty - but we do not know who they are. This means that the numbers for mailing continue to increase, and the response rate looks much poorer when we do an audit. Ideally we would like to weed these names out.

NT proposes that he try to break the list into regions and send each regional representative their own area for updating and he hopes to do this over the summer.

It was emphasized that the provision of an e-mail address allows easy cascade of any information thought relevant or of interest to members but the group is unable to post out such information to individuals not online - mainly because of time and cost restraints. If anyone is already on the mailing list and has obtained an e-mail address since registering, please pass the address onto NT.

Anyone who provides a home address should be reassured that personal details will not be published or passed on to other parties. NT is in the process of registering with Data Protection.

Conference 2006

Although this has already been booked for York for Sat/Sun, it may be possible to change it to Fri/Sat if this is the wish of the majority of the delegates, so the topic will be discussed at Loughborough.

No monies have been paid over as yet as the BASHH financial meeting will not be held until June 17th but RC has a verbal agreement from Keith Radcliffe that BASHH will advance the deposit.

Audit 2005

It was agreed at the last meeting that the next audit we do should be herpes. A working group has been working on a draft and this was discussed at the meeting. HB has been asked to join the working group as

she has recently done a herpes audit locally. It was agreed that the audit form should be limited to 4 sides of A4 in an attempt to keep costs of printing and postage down.

Contractual issues

One of the representatives raised the issue of a clinic continuing well beyond one session in length but which was justified on the basis that other clinics might finish earlier than one session's length. Although nobody was entirely sure of the answer in this situation a number of relevant points were made.

A full time Staff Grade works 10 sessions of 4 hours each i.e. 40 hours

A full time associate Specialist works 11 sessions of 3.5 hours each i.e. 38.5 hours

The recommended split is 3 to 1 - direct clinical care (DCC) to supporting professional activities (SPA)

DCC includes seeing patients, administration directly relating to patients, team meetings where individual patient's needs are discussed, coding and on-call. Some teaching is classified as DCC

Audit is SPA as is much though not all research.

If a doctor feels they are working longer than their contracted hours they are advised to keep an accurate diary for perhaps 6 weeks and if this clearly shows a pattern of overwork, then they should discuss it with their consultant, so that some changes can be made. Check the terms of your contract in advance. It is always worth talking to the local BMA representative - providing one is a member.

Succession planning

BASHH Board: RC will have completed two years in post by October 2005. She is eligible to stand again, and is willing to do so providing there is nobody else who wishes to take this on. If anyone feels that they would be interested in standing at the end of her next term, RC willing to 'train up' if required.

BASHH Clinical Governance: LL has just taken this position relatively recently and so has almost 18 months still to run

BASHH Education Committee: BM will remain on this committee for a further year at least. Once her term is complete, the group will nominate to the position – it is not an elected office

Feedback

BASHH Board: It is thought that the board may be setting up a modernization committee in the near future. If so, the NCCG group is likely to have representation on any such committee. **HB** would like to express an interest in any such post

BASHH Clinical Governance: LL brought a letter from Dr Graham of the Appraisal Steering Group wherein it has been agreed the following regarding appraisal: If a doctor does more than 2 sessions in GU Medicine per week, then they must be appraised by their consultant in GU Medicine. If, however, they do 2 sessions or less, then their supporting consultant should provide a short report to be taken to their main appraisal. This letter is yet to be ratified at BASHH Board in June.

It was also pointed out that if a doctor works at two sites and has appraisal done at one site, then a copy of Form 4 should be sent to the second employer also so that they have a record of the appraisal being done.

BASHH Education Committee: Nothing to report

RCP NCCG Standing Committee: NT reported that PMETB (Postgraduate Medical Education and Training Board) gave a presentation to the last RCP meeting. It advised that anyone applying for CCST (Certificate of Completion of Specialist Training) should register their interest as soon as possible so that planning can commence. PMETB is unlikely to do the assessment itself but will probably hand it back to the Colleges to administer.

The RCP are planning another study day aimed at NCCGs in Spring 2006. NT has suggested that NCCGs should deliver as many of the sessions as possible.

STIF Steering Group: Have not met for 6 months. Most parts of the country have now had courses and they are generally well attended and well received. There has been some discussion about what should come after STIF. In some cases doctors are applying to sit in on sessions for practical training – a cost of £75 per session has been suggested.

FFPRHC: Nothing to report

Regions and representatives: Nothing to report

Any other business

There was some discussion about the methods used by various clinics to give patients their results. A number of clinics have moved to the 'no news is good news' system where, if they have not heard from the clinic in two weeks, they can assume that all results are negative. However, some patients are dissatisfied with this as they feel the potential for error is too high.

Another clinic asks the patient during the consultation how they would like to receive their results. If they say by phone, then they must write down the number at that point. If they say by letter, they are given an envelope to address, which is then put in the notes.

Another clinic texts patients with negative results as much as possible

In all cases the results must be checked first and this work seems to fall to the health advisers in the main.

Obtaining HIV results was also discussed. In general, as long as the patients were adequately counseled about risk in advance, most people were happy to provide HIV results in the same way as all the others, providing the HIV risk was low. A few clinics are also giving out positive HIV results by phone on the basis that patients have said that if they were positive, they would prefer to find out in the privacy of their own home in the company of good friends.

Another issue raised was that of giving people certificates or written results. In some clinics, written and photographic evidence of identity is required before such certificates are given. In others, the process is much less formal.

Next meeting

**Annual NCCG Conference at Loughborough University
Friday 9th September @5.45p.m.**