

AGUM - how it started

Dr Peter Watson, former Secretary

During 1992 the need for a Genitourinary Medicine specialist body other than the [Medical Society for the Study of Venereal Diseases \(MSSVD\)](#) was recognized. The MSSVD, a successful, international, learned society, was finding that the lack of another specialist society to deal with growing numbers of medico-political concerns meant that the attention of the MSSVD was increasingly diverted away from scientific matters. At about the same time, some Genitourinary Medicine doctors from outside London had expressed concern that the MSSVD electoral rules made it very difficult for provincial MSSVD members to be elected to and heard on the MSSVD Council. With the widespread support of Genitourinary Medicine doctors and the support of the MSSVD Council, it was decided to explore the formation of another Genitourinary Medicine specialist society.

A meeting of representatives of Genitourinary Medicine doctors from the (then) NHS Regions in England and from Northern Ireland, Scotland and Wales was called and was chaired by Dr RN Thin in the Royal Society of Medicine on 25th September, 1992. That meeting agreed unanimously that the Association for Genitourinary Medicine should be formed and that it should represent the interests of the specialty of Genitourinary Medicine and Genitourinary Medicine doctors. To further communication between doctors in the specialty, the Association's Executive Committee was structured to include elected representatives of Genitourinary Medicine doctors in the English NHS Regions, Ireland, Scotland and Wales and also elected representatives of non-consultant, career grade doctors and training grade doctors.

Dr Thin agreed to chair the Association pending the first elections in November, 1993. Under the chairmanship of Dr Thin from 1992 to 1997 and currently Dr JRW Harris, the Association has grown rapidly to 384 members.

To enable the Association to contribute to all developments in Genitourinary Medicine in the UK and in Europe, the Association has representation on the Councils and Committees of a number of organizations including the MSSVD, the Royal College of Physicians and the Royal College of Obstetricians and Gynaecologists, the Genitourinary Medicine Specialist Advisory Committee (SAC), the British Federation Against Sexually Transmitted Diseases, the European Academy of Dermato-venereology and the European

Union Monospecialties Committee. The importance of communicating with nurses and health advisers in *Genitourinary Medicine* was also recognized and very useful joint meetings have been held with the *Genitourinary Nursing Association* and the *Society of Health Advisers in Sexually Transmitted Diseases*.

In its six years, the Association has involved itself in a large number of issues. These have included the production of guidelines for commissioners on *Genitourinary Medicine Service Specifications*¹ and *Guidelines on the Management of Sexually Transmitted Infections*^{2,3}. A process for the Peer Review of *Genitourinary* clinics has been developed. Changes to the funding of *Genitourinary Medicine* and workload concerns have been addressed. There have been developments in training in the specialty and the Association has given advice to the SAC. It has been recognized that all too often non-consultant, career grade doctors form an overlooked group in hospital medicine and ways of helping the professional development of this group of doctors are being considered. Education in *Genitourinary Medicine* has been promoted with members receiving the *International Journal of STD & AIDS* at a reduced price and educational meetings being arranged for members and for the Institute of Health Service Managers. Together with the MSSVD the Association formed a *Clinical Effectiveness Group* which has produced *National Guidelines on 23 Genitourinary conditions*. In the European Union, together with *Dermatology*, the Association has stressed the importance of *Genitourinary Medicine* and *Dermatology* remaining separate specialties in the UK and in Ireland. Looking ahead, the Association will help the *General Medical Council* develop procedures for assessing the performance of *Genitourinary* doctors as part of the *GMC's Performance Procedures*, a document defining the physical and staffing requirements for the provision of basic, *Core Genitourinary Medicine services* is being developed, an Association Web Site will be launched and the possibility of the Association collecting medical manpower data is under consideration.

In recent years, *Genitourinary Medicine* has seen many changes, actual and threatened. It is likely that there will be further changes in the future and the danger of doctors and others in the specialty feeling isolated, ignored and threatened will continue. The importance of a well-developed, effective specialist society, advising and supporting its members in these uncertain times, can not be overemphasized.

References

1. Association for *Genitourinary Medicine* 1998. *Guidelines for a GUM Service Specification*
2. Association for *Genitourinary Medicine* 1993. *Goals, Indicators and Targets for the Management of Sexually Transmitted Diseases: Guidelines for Purchasers & Others*
3. Association for *Genitourinary Medicine* 1993. *Goals, Indicators and Targets for the Management of Human Immunodeficiency Virus Infection: Guidelines for Purchasers & Others*