

Association for Genitourinary Medicine
Considerations for Core Service Provision
Genitourinary Medicine

Overview

Genitourinary Medicine (preferred short title GU Medicine) is the medical specialty concerned with the screening, diagnosis and management of sexually transmissible infections and related genital medical conditions. In the past fifteen years, HIV/AIDS management, colposcopy, contraception, vulval disorders, erectile dysfunction and psychosexual medicine have been added to the scope of the clinical work. This document is intended to offer a brief overview of those elements of the physical and staffing needs for the provision of basic core services in GU Medicine at any site.

Service provision requires facilities distinct from generic Outpatient medical clinics:

- Open access to services must be available to anyone requiring care; formal referrals from doctors are usually a small proportion of the total workload.
- Emergencies must be seen on that day, or at the next available clinic.
- GUM units usually include an outpatient HIV service and always offer testing and advice for clinic attenders.
- Services are led by consultants with specialist training in genitourinary medicine. Nurses, health advisers and doctors work together as a multidisciplinary team.
- Specimen analysis, venepuncture and dispensing of medication are performed on site.
- Clinic attenders can expect free medication, and may claim travel expenses.
- Out of hours advice is required for GUM and HIV services; local arrangements may vary from informal access to on-call rotas depending on demand.
- Notes and computer systems are separate from those in the main hospital and require strict security measures.

Basic services required for all clinics:

- Screening and therapy for bacterial and viral STIs, common genitourinary dermatoses and infestations.
- Contact tracing and health education advice.
- HIV testing and advice; post -exposure prophylaxis site for HIV and hepatitis B
- Cervical cytology screening.
- Hepatitis A and B vaccination for selected client groups
- Sexual health advice and information on STI prevention for men and women, reflecting local needs (young people, drug users, gay men).
- Emergency contraception.
- Advertising and public relations activity appropriate to the local community.

Considerations of Site

- Dedicated area should be within an acute Hospital or community Trust/PCT site.
- Signposting of the hospital and the clinic should be clear.
- Shared facility should offer appropriate level of privacy for patients
- Child-friendly and disabled access and facilities required within the clinic area.

Specific areas

Clinical rooms and interview areas should be well soundproofed. This may be improved by distractions such as TV/radio in waiting areas.

- Reception. Welcoming ambiance, with scope for patients to give personal information in privacy.
- Secretarial and secure notes storage area. Should be close to, or combined with, reception area.
- Waiting area(s).
- Consult/exam room(s) - may be separate or combined.
- Health adviser room(s).
- Nurse treatment area (venepuncture/dispensing/ review clinic).
- Laboratory area.
- Male and female toilets - within clinic or close by.
- Dirty utility.
- Storage/ Sterile supplies disposal/pharmacy stock area.
- Administrative rooms - consultant offices, staff offices.

Facilities

Levels of equipment depend on Health & Safety considerations, also

Clinical area

- Couches appropriate for male and female general and genital examination; couches for female examination should have variable geometry, facilitating internal examination.
- Lighting, including "deep cavity rating" for female examination.
- Sterile equipment for genital examination and specimen collection, including swabs, vaginal specula, proctoscopes, etc.
- Appropriate storage and supply for sterile equipment, depending on site considerations; a steriliser may be needed in clinic.
- Skin Biopsy and equipment for minor surgery.
- Equipment for venepuncture.
- Equipment for therapeutic procedures e.g. hyfrecator and cryotherapy.
- Equipment for dispensing drugs and other treatments; appropriate cupboards.
- Urinalysis and pregnancy testing equipment, with disposal facilities.
- Resuscitation equipment; a full crash trolley may be needed in isolated clinics.

- Display and storage of health education materials and condoms.
- Audiovisual equipment for health education and training.

Laboratory

- Microscope, including phase contrast and dark ground condensers. Related equipment and slide disposal/storage areas. If not provided within clinic, results to be available within ten minutes.
- Staining and disposal of slides needs a sink and 'burn'-bin system.
- Slide drier or gas supply for Bunsen.
- Adequate ventilation/extraction for laboratory area.
- System of transfer for pathological sample to main laboratory area(s) - may need CO₂ incubator in the clinic to maintain in good condition.
- Refrigerators - one for drugs, one for pathology specimens.
- Centrifuge may be needed if clinic remote from main site.

Office equipment

- Confidential data handling and notes storage. It is custom and practice that GUM notes are kept secure within the unit, and are separate from main hospital notes.
- IT systems to provide diagnosing and database management with adequate backup facilities and due regard to confidentiality of data.
- Access to external e-mail and internet highly desirable.
- Secretarial facilities.
- Photocopier/shredder easily available or within clinic.
- Telephone equipment, with at least one, preferably more direct phone lines (one to health adviser), fax facility and at least one 24 hour ansaphone linked to lines.
- Secure working areas for staff - panic buzzers/code doors as needed.

Personnel

Workforce numbers depend on size of clinic, which in turn is linked to population served.

Consultant led service; Non-consultant career grades and trainees should have access to consultant advice. Consultants should be regarded as the team leader for day to day clinical matters for medical, nursing and health advising staff of all grades. Professional leadership should follow established local guidelines.

For each clinic session:

Doctor

Receptionist/secretary

Health adviser

Nurse(s)

Personnel for slide interpretation and lab work - nurse or laboratory technician

Interpreters willing to offer service in sexual health matters/link workers as needed.

Minimum qualifications for GU Medicine clinic work

- **Medical staff**

Consultants should be fully accredited in Genitourinary medicine/CCST holders.

Non consultant career grades - Diploma in Genitourinary medicine highly desirable.

Clinical assistants - appropriate induction and refresher sessions in GU Medicine.

All Medical staff - Current Diploma of the Faculty of Family Planning (desirable).

HIV medical updates to be considered on at least an annual basis.

- **Health advisers**

Regard as Specialist Practitioners clinically responsible to lead consultant.

Degree level entry, Certificate in Social Work, or RGN; at least 12 months training with experienced health advisers prior to independent practice. A recognised qualification in counselling or demonstrable equivalent experience is recommended. Health Advisers working alone or in senior positions should be considered for higher grades of pay.

- **Nurses**

Grades should reflect levels of responsibility.

Nurse Practitioners/Specialists should be clinically responsible to lead clinician.

Nurse in Charge should hold ENB 276/275; 934 and 997/998 desirable. Management certificate or equivalent experience.

Senior staff nurse grades to hold ENB 276, 934 as above, and staff nurses should be enabled to gain those qualifications.

(Scottish and Welsh nursing board equivalents to be substituted as appropriate).

- **Receptionists.**

Word processing/computer literate. experienced in office work.

- **Secretary**

Specific grades may not reflect the level of complexity of work and discretion required. Mature staff in busy clinics, particularly in the metropolitan and urban areas, may command higher grades.

Working Partnerships

- Clinical - Urgent and routine referral pathways to and from related specialties (primary care, family planning, urology, A&E, gynaecology) should be clearly defined. These may include general medicine /ID for inpatient HIV care.
- Microbiology and Pathology - for rapid transfer of specimens and results between laboratories and clinic and advice from pathologists.
- Regional services - Public Health Laboratory services, Regional Public Health and Epidemiology for specialist services and regional planning.
- Imaging - ultrasound/X ray should be easily accessible; CT/MRI on site for HIV services.
- Public health - Prevention and planning for the catchment population requires GUM/HIV expertise in collaboration with health promotion and health authorities.
- Management - Consultants should develop management skills to negotiate with and influence other clinicians and managers in their Trust.

- Voluntary and community groups;
- Police, prison and local authorities.

Reference documents

Department of Health (1988). Report of a working group to examine the workload of genito-urinary medicine clinics (the Monks report) London, DOH.

Department of Health. Health Services Building notes HBN 12. (Genitourinary Medicine)

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Appendix

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