

Report on the Royal College of Physicians Joint Specialty Committee for Genitourinary Medicine

Tuesday 19th June 2001

This was another lengthy meeting and the last chaired by Dr. R.N. Thin who retired at the end of the meeting to be replaced by Dr. Angela Robinson, the incoming President of the MSSVD. When the committee was re-organised and became the Joint Specialty Committee, two years ago, it was agreed that as well as becoming smaller, the chairmanship would rotate between one of the College nominees on the committee (Dr. Thin) and either the President of the MSSVD or the Chairman of AGUM, each period of chairmanship lasting for two years. Dr. Colm O'Mahony, since he has never been on the committee before, graciously allowed Dr. Angela Robinson's name to go forward. She has been on the committee for some time as the CME/CPD representative and she is involved within the College in other committee work and therefore had the appropriate experience to make it easier for her to fulfil the role.

Workforce and training

- SWAG - this committee has now been renamed and has moved, therefore, over the last seven or eight years from being JPAC to SWAG and is now known as NWAB (National Workforce Advisory Board). There was discussion about the disappointment last year of having been allocated 15 new NTN's and, because of the government's priorities between specialties and a lack of funding, this figure was reduced to one. The specialty's workforce officer, Dr. Karen Rogstad and the Chairman of the SAC will be meeting over the summer with NWAB to discuss posts for the coming year.
- Workforce - the College census data are not available for the last year but will probably be available to be presented at the AGUM AGM in October. It has become clear that it will be important to get more precise details of those in the NCCG grade, in particular, the actual number of individuals and the number of sessions that they are undertaking. It was felt that AGUM would be in a good position to obtain this information through its regional representatives and it was felt this probably ought to be done on an annual basis. However, the NCCG group, themselves, have now developed a questionnaire which is going to be sent round to all NCCGs. Nevertheless, a more accurate picture, in view of the fact that not all staff will return these questionnaires, might be obtained by direct contact between the regional AGUM representatives and the individual clinics whereby information can be obtained down the 'phone from the individual consultants in charge of clinics. The doctor in training representative on the Committee mentioned that it would be helpful to have details of the expected retirement date of consultants. This has been considered in the past and it was found that some people did not wish to disclose their age! However, the junior member felt that it would be useful to know when people were going to be 65 because, at least at that time anyway, doctors would be obliged to retire although many may take early retirement under the present circumstances. Also, for consultants choosing to go part-time, it was felt that this would be useful information to obtain.

- Report from the JCHMT SAC - the new Chairman of the SAC, Dr. Janet Wilson, was unable to attend. She had taken over on the previous Friday from Dr. Charles Lacey. She did, however, submit a copy of the new SAC training document which has been heavily influenced by educationalists. This is now JCHMT policy and there is some anxiety that excessive bureaucracy may result from these changes. Time will tell.

It is understood that, at its last meeting, the SAC approved the decision to make the Diploma in Genitourinary Medicine at the Society of Apothecaries of London compulsory for all SpRs in the specialty. I am not sure what decision was taken about the Liverpool Diploma.

The new Lead Dean to replace Major General Dr. George Cowan has been appointed and we believe that this individual works in Leicester but the name was not available at the meeting.

A new plan has been arranged whereby JCHMT visiting will not be done on a single SAC basis alone but the whole of medicine in a Trust will be inspected by a combined JCHMT team which will embrace all specialties but, for instance a GU department would be visited by a GU physician and a physician from another specialty. Dr. Gordon Scott said that this had recently taken place at the Royal Infirmary at Edinburgh and had proved very successful as an outside perspective was brought which he found tended to prevent some harsh remarks being made which had sometimes been the case in the past. The next Trust to be visited will be the Royal Liverpool Hospital and at that visit, not just SpR posts but also SHO posts will be reviewed and this is planned for October/November 2001.

Clinical governance

- Clinical governance document - there are no plans to update the most recent version although it is stated in the first paragraph that the document is a live one and should be updated as and when necessary in the light of developments and discussion.
- NICE Collaborating Centres - there was nothing new to report on that other than to say that the collaborating centre at the RCOG with which our specialty is involved is being asked to contribute to a "Virtual Branch Library for Women's Reproductive Health".
- Clinical Effectiveness Group - the fact that men's health is not catered for within the NICE Collaborating Centres was raised again and the secretary, Dr. Karen Rogstad, undertook to write to Dr. Mike Pearson at the Royal College of Physicians with a view to highlighting this and it was agreed that an appropriate minute would make the point as well.

It was noted that each NICE Collaborating Centre would be expected to produce two guidelines each year. In terms of our own CEG, new guidelines are being produced on the management of vulval conditions in genitourinary medicine, the management of suspected STIs in young people and these latter guidelines will be posted on the Web for comments soon. A revision of the 1999 guidelines is now virtually complete and the new version should be substituted for those currently on the Web. Work continues on national outcome standards for chlamydial

infection and gonorrhoea and Dr. Gordon Scott, the Scottish Colleges' representative, mentioned that they had piloted these in Scotland and found that auditing the standards was really extremely difficult. Further outcome measures are currently being drafted to examine efficacy of treatment and follow-up within chlamydial infection and gonorrhoea. Finally, work continues on guidelines on post exposure prophylaxis following sexual intercourse.

CME CPD

Dr. Angela Robinson fed back and said that there was much dissatisfaction among the members and fellows of the College regarding the paper version of the record. Evidently, the computer/online version was easier to use. In the light of complaints some modifications had been made and she reiterated that, over a five year period, twenty-five points must be obtained for CPD, as opposed to CME and this involved areas where additional skills were being obtained, for example in management training etc. Angela Robinson volunteered to come to the AGUM Committee and present information on this.

The matter of the number of points that an NCCG doctor would have to obtain was considered again. The College is sticking firmly to its line that there must be no difference between a consultant and an NCCG in terms of the CME. However, the CME Committee has agreed that a general practitioner working as a clinical assistant for a small number of sessions in the GU Medicine clinic might be able to count much of their PGEA training towards those fifty points but it was felt that perhaps ten points should be obtained within GU Medicine itself.

Finally, the point was made that it will be essential to have adequate funding to enable doctors to attend appropriate events.

Service provision and developments

- Sexual health and HIV strategy group - the launch of the strategy is awaited soon but it is felt that if it does not come out in July then the earliest that it will appear will be September since the Minister responsible will be off on maternity leave!
- Standards for comprehensive sexual health services for young people - the Committee reviewed a document produced by Drs. Rogstad, Ahmed-Jushuf and Robinson which was approved and deemed to be an excellent document.
- Upgrading GUM Costs Group - preliminary figures from Dr. Ahmed-Jushuf were quoted and it is expected that these will be elaborated upon at the AGUM Committee meeting on the 29th June.
- The Publications Group - this group, under the chairmanship of Dr. Jyoti Dhar has produced a preliminary brief report which again will be available at the AGUM Committee meeting.
- The Access Group - chaired by Dr. Colm O'Mahony. It was understood that the group had not met although e-mail correspondence had taken place and a report is to be tabled at the AGUM Committee meeting at the end of June. It was seen as being very important that this is a robust report and should most certainly be available for the launch of the strategy.

NCCG document

Dr. Shamala Chandramani attended to present the three part document which, again, should be available for members at the AGUM Committee meeting. She and her group were congratulated on the excellent work that they had done in producing this. The Chairman mentioned that the NCCG group play a vital role in the care of people with sexually transmitted infections in the UK seeing probably somewhere in the region of 50% of all the cases. They have been a much neglected group in the past and the documents refer to proper training and appraisal to bring them into line with government policy.

Clinical information systems

The Academy of Colleges' Information Group has drawn up an excellent document looking at the specification of requirements for clinical information systems in support of secondary care. This specification will be the minimum required to support clinical services and should be used as a backbone for local developments, with local requirements added as necessary. The "system" will deliver many functions some of which will be provided by integration with other components of hospital's overall information system. It is not intended to suggest that these should be duplicated into a purpose built departmental system. The document consists of a series of fundamental principles, details of data and process as well as data retrieval and remote access to information. It was felt that this would be a very useful document.

The Medical Specialties Board

The Chairman reported on this meeting mentioning that the College is working on an update of its working for patients document (the pale blue book). An Organisation with a Memory was mentioned again and he tabled an Advanced Letter (MD) 5/01 from the Department of Health dated 5th April which concerned the consultants' contract and annual appraisal for consultants. This should be available through Trusts. He also mentioned the Department of Health's NHS performance indicators consultation document dated May 2001 which again should be available through Trusts. The sections relating to sexual health can be found on pages 48 and 95.

Finally, he mentioned the outpatient HRG development project which will be discussed at the AGUM Committee meeting.

The RCP-RCPath Joint Committee of Infections and Tropical Medicine

This Committee has not met since our previous meeting.

Chairman's Report

There was little to report on this occasion but the Chairman did mention that the time for nomination for Fellowship has been brought forward from 1st November to 1st September. The Chairman also drew attention to the College Commentary in which it was mentioned that whereas it had been previous policy that a consultant must be always on the premises when an outpatient clinic was taking place, this has now been

changed, in the light of reality, to say that as long as a consultant is contactable, usually somewhere else in the hospital, then this would be a satisfactory situation.

Any other business

The advertisement for an Associate Specialist Genitourinary Medicine placed by the Morecambe Bay PCT was discussed and will be the subject for further discussion at the AGUM Committee meeting.

The Committee presented Dr. Thin, in recognition of his outstanding services to our field over many years, with a College cut-glass whiskey decanter.