

Agenda
20/4/01

**Report from the Joint Specialty Committee for Genitourinary Medicine at the
Royal College of Physicians, 7th March 2001 (By Dr Bingham.)**

This was a lengthy meeting, chaired by Dr. Nicol Thin and attended by the Registrar of the College, Prof. Ian Gilmore.

SWAG

Originally, last year, we had been told that SWAG had allocated fifteen new SpR posts in the current year with a further fifteen to be appointed in the following year. This has now been changed and there will only be one this year with an additional nine to be appointed over three years. There are currently 116 NTN's and they are presently all filled. This is a disappointing outcome.

There is a plan to eventually double the number of consultant whole-time equivalents. By 2008 it is hoped to have 359 consultant whole-time equivalents and at that stage it is planned that there should be one SpR per four consultants.

Workforce

Dr. Karen Rogstad was able to report that at a recent workforce meeting it was indicated that consultants may ultimately move to working on a shift system for the care of inpatients. Concern was expressed about the lack of continuity of care that this might result in.

General professional training may be extended up to more than four years (mentioned in previous report). This might result in an additional number of SHOs in our specialty.

The SAC

- The new Chairman from June 2001 will be Dr. Janet Wilson of Leeds. The new secretary will be Dr. Anne Scoular of Glasgow.
- The curriculum will once again be re-written in line with general JCHMT advice. There will now be a general skills curriculum and a specialty skills curriculum. There will also be a description of competency which Dr. Charles Lacey, the current Chairman feels will be very complicated.
- Consultants will have to sit in and observe trainees in the workplace.
- Clinical infection - discussions are taking place with infectious diseases/the Royal College of Pathologists about the possibility of an optional additional year in clinical infection which may well appeal to those who plan to undertake HIV inpatient work, in order to enhance their training. These posts will be Deanery based and it may be that departments would have to release the individual and might not be able to replace them while they were on secondment to obtain the additional training.

Clinical Governance

- The joint meeting of the College Regional Specialty Advisers with AGUM representatives, held just prior to the AGM last October, was re-visited. The Registrar was able to advise that there are two types of Regional College Adviser: the service adviser and the training adviser. He felt that it would be appropriate that the AGUM representative should be the Service Adviser and that this should be born in mind when electing the AGUM representative. It was felt that the Regional Adviser for training should be Chairman of the Regional Training Committee and that this should always be the case unless the Regional Postgraduate Dean should be opposed to a particular individual. This means that the College must approve such appointments.
- NCCGs - there was discussion about the need for CPD for this group of staff. The President of the College, Sir George Alberti, felt that the goal should be that NCCG staff should have similar CPD requirements to consultant staff. While this might not be difficult for those in the staff grade or associate specialist grade it would definitely be difficult for clinical assistants who might be predominantly based in general practice. There was a feeling that the College was being excessively inflexible on this requirement and the point was made to the Registrar that it simply would not be possible to meet the College requirements at the present time. However, this might provide for additional leverage on Trusts.

The Medical Specialties Board

- There is a view that Stroke Medicine should soon become a sub specialty within the College.
- There is an aspiration that specialist societies websites might be linked to the College website.
- Audit - there was discussion about agreement on standards and agreement on targets which should be audited against. Access to care was raised, in general but obviously is a problem in our specialty. It was felt that partner notification should be audited in addition.

The Clinical Governance document

- The current version is to be circulated for further comments.
- Dr. Karen Rogstad, the secretary of the Committee felt that there should be a clinical governance pack established and that the recommendations of the current document should be taken forward and developed by this group. It was recognised that there was much anxiety about the Regional Specialty Peer Review, running on perhaps a five year cycle, causing some anxiety. While AGUM has carried out its first multidisciplinary peer review recently (to Kingston Hospital) it was felt that the AGUM template needed to be updated in the light of this and that this would be part of the work that the clinical governance group might carry out. It was also felt that there ought to be wide consultation on this issue. It was clear, from the discussion, that there is a lack of clarity as to what is involved in clinical governance and some members felt that there ought to be advice on appraisal. However, appraisal will be undertaken at Trust level but, nevertheless, some members felt that advice on how to manage appraisal interviews would be helpful as part of the clinical governance pack.

It was felt that we should set a time limit for commencing clinical governance at a national level and it was agreed that everything must be in place by 31st March 2002, if not before.

NICE

- At short notice, through the College, the specialty was asked to suggest a topic for NICE to investigate and last year the subject of antimicrobial therapy for pelvic inflammatory disease was proposed. While it is not clear what has happened to this we may have to come up with another proposal by the time of our next meeting in the spring and helpful suggestions would be most welcome.

CPD/CME

- Attention was drawn to the College website cases.
- Dr. Angela Robinson is our representative on the CPD group at the College and she indicated that they are having very considerable difficulty in reaching agreement as to how this will be run in the future.

Consultant Physicians Working for Patients

- This document has been re-written by Dr. Thin and is now available for consultation. Helpful comments will be welcome and may be incorporated in a future version.

Publications

- JSB mentioned that the specialty had established a publications group. The Committee's attention was drawn to a case where a clinic had handed out a leaflet from the Herpes Association which is now the subject of legal action in as much that the clinic is being sued for providing inaccurate information! It is clear that any leaflets produced by our new specialty group should be very carefully scrutinised from the medicolegal point of view prior to publication and dissemination.

The Joint Committee on Infection

- This is normally attended by Dr. Karen Rogstad on behalf of the specialty. She reported that the CMO had wished to establish a Communicable Diseases Strategy but this seems to have evaporated for the time being.

An Organisation with a Memory

- This is a document produced by the CMO in the light of the various accidents and mishaps that have occurred, resultant on actions by the medical profession over recent times. It is essentially about risk management and the CMO has asked the specialty to provide six topics which might cover the areas where it is felt that the specialty is at risk. These had to be produced by the day following the Committee meeting and the suggested topics were as follows:

- Service failure that imperils public health.
- Management of underage attenders.
- Violation of confidentiality.
- Complexity of management of HIV infection.
- Processes for intimate examinations.
- Confirmatory testing where appropriate e.g. HIV
- Consent for investigations.

12th March 2001