

Dear Colleagues,

BASHH - Post Launch Message

Following the successful launch of BASHH, I would like share some further developments and some observations with you.

1. Prof. Michael Adler as advisor to the Independent Sexual Health Advisory Group, George Kinghorn as GU representative and I as President Elect of BASHH, met with the Department of Health Sexual Health team on two occasions to discuss how we could influence the PCTs and Strategic Health Authorities in prioritising sexual health, particularly with regard to resources for STI/HIV clinics.

It was agreed that there would be multi-disciplinary review of all GUM clinics in England, which would need appropriate personnel at PCT and SHA level to be engaged. Although there is some urgency about this as STIs and HIV prevalence rise and clinics are under severe pressure, in reality it is likely to take 18 months – 2 years to achieve this. MedFASH, led by Ruth Lowbury, will oversee the project and Professor Adler will be the Project Advisor carrying out a large number of the visits. BASHH will be intimately involved in the Project Group and Steering Group. An advertisement will appear shortly for a Project Manager, which will be put on the BASHH website.

2. Reflecting over the past two years, extra resources have been identified from DH for the Specialty, which I hope continues. These are often unexpected and without much time to pull together bids if that is the required process. It behoves all Consultant Leads for GU services to have a business plan, which they can use for negotiation at local level. If there are additional resources, then the background work is already done. A business plan should I think address staffing requirements, additional space as well as collaboration with other stakeholders and how this is going to be achieved (education and training and resources required for supervision which requires senior doctor cover etc!). If someone asked you what you needed to address your problems with service provision and to achieve a 48 hour access target, I think you need to have the answer worked out!
3. DFFP – theory, practical training and competency assessment.

It has been brought to my notice that GU colleagues are being asked to provide training for trainees undertaking DFFP which has recently extended from sitting in clinics to ‘competency’ assessment.

I am very keen that at local level, there are good working relationships between sexual health providers and a responsive service from GUM with appropriate care pathways as far as is feasible given the pressure we are under. Also it is our role to support training in sexually transmitted infections and HIV for staff in other disciplines. The STIF course is getting extremely good feedback and, at local level,

it should be capitalised upon. STIF has already been well formulated and evaluated with all the material available. A number of colleagues have been asked to lecture on several topics in the third day of the DFFP theoretical course, which has proved impossible to do justice to in the time available. It may be more appropriate for you to agree to run a STIF course perhaps in collaboration with a colleague locally, rather than try and cram STIs and HIV teaching into less than one day. In some parts of the country the STI course runs 1-2x per year and a month apart from DFFP 2 day course to allow primary care staff to attend

I am aware of the new DFFP logbook and the expectations of practical training. The general training committee of the FFPRHC have produced competencies for sexually transmitted infections. These are problematic in that some are very broad based, there is no indication of how trainees are going to be assessed objectively according to the levels within the log book. Trainees are expected to sit in GU clinics with 'an experienced practitioner acceptable to the primary trainer' who then initials the attainment of a level of competence. Only an instructing doctor of FFPRHC can do the overall signing off of the complete logbook.

There are several process issues to be considered. Before embarking on this, you will need to think about whether it is something that you can deliver on, the Trust processes such as health clearance, getting an honorary contract, how many clinics you would expect to have to provide for practical training and what you charge for the expertise of your department. Ultimately, those you train pay the faculty for their DFFP.

This is unfortunate timing as at the STIF Steering Committee in June 2003, on which there is formal representation from FFPRHC, we decided to develop a STIF logbook and competency assessment. This is almost ready to pilot and should provide us with the necessary tools for assessing competency at level 1 for sexually transmitted infections. There is work that we are involved with at RCP that may also inform the development of robust assessment tools. In the meantime I recommend you consider whether you do have sufficient guidance to undertake what is being asked of you. You may wish to provide trainees with some experience of how services run, locally how services work together and can support primary care so trainees would benefit from having an induction into the clinic, how it works and to sit in on clinics and with health advisors.

I am raising this with FFPRHC. There is the matter of principle of FFPRHC producing GU competencies without formally involving BASHH.

Dr Angela Robinson

PRESIDENT BASHH