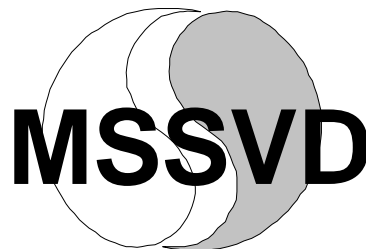


# **GENITO URINARY MEDICINE INDUCTION PACK**



Produced by the  
Medical Society for the Study  
of Venereal Diseases (MSSVD)

# THE AIMS AND USES OF THIS INDUCTION PACK

**This induction pack is aimed at medical staff working in Genito-Urinary Medicine (GUM)/Sexual Health for the first time or are in a new clinic. The aims and uses of the pack are to provide you with:**

- \* a check list of information that will help you settle into your new job in GUM
- \* a clear record of your training targets & professional development
- \* how to access treatment guidelines for managing patients in the GUM clinic
- \* a method of recording and presenting your clinical experience for discussion at appraisal meetings with your supervisor

The induction pack has been divided into two parts. Part 1 (sections 1-3) contains information on GUM and general orientation issues. This has been reproduced in an A5 booklet format for ease of use.

Part 2 (sections 4) attempts to incorporate the potential learning and training needs of all doctors starting in GUM but it is not meant to be prescriptive. Some areas of the induction pack may be irrelevant to your needs -you need to look through the areas of training covered in the induction pack with your supervisor and see how they map onto your own requirements.

Section 5 gives details on societies relevant to doctors working in GUM.

NCCGs may also wish to refer to the AGUM 'Non Consultant Career Grade Doctors....Initial Employment Package'.

**SPRs Please Note - This resource does not replace 'A Guide to Specialist Registrar Training' which you must follow to fulfil the requirements of training in order to achieve your CCST.**

With thanks to the following for their work in developing this resource: Dr Jonathan Cartledge, Dr Eric Curlless, Dr Jackie Sherrard, Dr David Daniels, Dr Tessa Crowley, Dr Emma Fox, Dr Ted Hiscock and Sarah Chippindale, and everyone involved in piloting and giving feedback on the resource.

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AGUM  
BHIVA  
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## **Medical Society for the Study of Venereal Diseases: ( MSSVD)**

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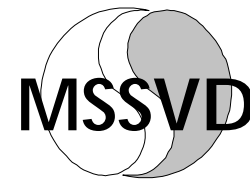
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web site: <http://www.mssvd.org.uk>

***GENITOURINARY***

***MEDICINE INDUCTION***

***BOOKLET***



Produced by the Medical Society for the Study of Venereal  
Diseases (MSSVD)

**PERSONAL DETAILS**

name	
address	

telephone	
Fax	
e-mail	

GMC number	
Defence union&number	

Supervising Consultant	
Educational Supervisor	
Mentor	
Postgraduate Tutor	
Postgraduate Dean	
RCP CME tutor	

**3.7 RECORD OF DIFFICULT CASES**

(duplicate as necessary)

Keeping a record of difficult cases or situations where you had to ask for advice, provides you with a personalised "curriculum" of topics to read up, and a record of how to manage such problems in the future.

Case number & date	summary of difficulty	solution - source ( senior advice / text / research papers etc)

- 1.1 Issues specific to GUM
  - 1.11 - confidentiality & communication with other doctors
  - 1.12 - public health, KC60 coding & contact slips

**Section 2: INITIAL ORIENTATION & SKILLS ASSESSMENT**

- 2.1 Annual & Study Leave entitlements
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**3.5 ARRANGEMENTS FOR FOLLOW UP & COLLECTION OF RESULTS**

Can patients telephone for results? YES/NO

If so do they have to book a time and date or not? YES/NO

In what circumstances can a patient be offered a telephone appointment?

Condition	must reattend	can phone	Condition	must review	can phone
HIV test	yes		chlamydia positive (Rx)		
positive gonorrhoea(Rx)	yes		language barrier		
positive NSU (Rx)					
positive dark ground	yes				
PID (Rx)	yes				
primary herpes					

Record in notes that patient has been advised to telephone or return in person for the results.

**3.6 KC60 DIAGNOSING**

Do you do this? YES/NO

If yes, at what stage is the KC60 code put in the notes?

**SECTION 1: INTRODUCTION TO ISSUES SPECIFIC TO GUM**

**1.1 ISSUES SPECIFIC TO GUM**

**1.12 CONFIDENTIALITY AND COMMUNICATION WITH OTHER DOCTORS**

Patient confidentiality is a key tenet in all areas of medicine. However under the Venereal Diseases Regulations, first established in 1916, there are specific rules resulting in even greater confidentiality that apply to all GUMs in the UK. GUM clinics currently work to the NHS Venereal Diseases Regulation

(1974) and the NHS Trust and the (VD) Directive 1991 – clinics in Scotland work to the VD Act. Some Trusts may require you to sign an explicit confidentiality form.

- Anyone can attend a GUM on a confidential, self-referral basis.
- GUM notes will be kept in the Department and the main hospital will have no record of a patient's attendance. A records system, separate from that of the rest of the hospital, secures the confidential nature of the information. Patient details held on a computer in the department cannot be accessed from any other hospital department. The notes should never be taken out of the Department, unless under exceptional circumstances and permission is obtained from the Consultant.
- When a patient registers in a GUM clinic s/he is given a number specific to him/her at that particular clinic. Most specimens sent to the laboratory use the specific patient number and date of birth, therefore allowing the specimens to be processed anonymously.
- It is a breach of confidentiality to even confirm that a patient has attended the department, let alone discuss their diagnoses or sexual history.
- Staff who recognise either the name of a patient from the clinic notes or who recognise a patient in the department should never disclose information regarding that individual to anyone not working in the Department. If this presents difficulties or concerns, it should be discussed with the consultant.
- The patient's GP will **not** routinely be informed of their attendance.
- Even if a patient attends the department with an accompanying referral letter, information regarding the diagnosis and treatment will only be disclosed to the referring medical practitioner, with the patient's express agreement. If the patient declines, discuss with your consultant.
- If a patient requests details of his/her results/management be sent to a third party, written consent from the patient would usually be obtained.
- If a healthcare professional from outside GUM or another person requests information about a patient, evidence of permission from the patient is required before any information is disclosed, even confirmation of attendance.
- When a patient is referred outside GUM to another medical practitioner, it should be discussed with the patient that a referral letter will need to be sent to the new department and confidentiality differs from confidentiality within the GUM, as their GP will usually be informed. In some cases this might cause a problem and this should be dealt with on an individual basis and discussed with a consultant.
- Excluded from this is communication between GUM clinics in the UK, which takes place between health advisers and doctors for the purpose of treatment and prevention of spread of sexually transmitted infections.
- Confidentiality does not expire with the passage of time and extends beyond death.

### 3.3 MICROSCOPY AND ACCESSING RESULTS

It is important to check who is responsible for microscopy in your clinic. You also need to find out how to access results and who is responsible for ensuring all results are in the notes prior to seeing a patient for follow up.

### 3.4 CLINIC PRESCRIBING & DISPENSING POLICY

You need to find out what is your local prescribing policy - do you write up a prescription or dispense from a cupboard. Which drugs (if any) are stocked?

What is your clinic policy on contraceptive prescribing - as a general rule only contraceptive advice and PCC (post coital / emergency contraception) should be dealt with by someone who does not hold a DFFP (Diploma of Faculty of Family Planning)

It is important to acknowledge that your prescribing role within GUM should be for STIs and conditions affecting the genitalia; beyond that, it is probably best to suggest that the patient sees their GP.

- *These regulations do not absolve staff from the obligation to give evidence in a court of law, if required by law to do so. Advice from a consultant should always be sought. Confidentiality may exceptionally be breached when failure to do so would result in serious harm to another individual e.g. suspected child sexual abuse. Advice should always be sought from a Consultant before such a disclosure*

**1.13 PUBLIC HEALTH, CONTACT SLIPS & KC60 CODING**

There are public health responsibilities associated with the management of STIs within the UK - these include partner notification (contact tracing), and monitoring of the incidence of each disorder in order to keep accurate national statistics.

**Contact Slips and Confidentiality**

- Contact slips are an integral part of managing partner notification. A contact slip is given to the patient (index) for each partner (contact) who is identified at being at risk for the specific infection diagnosed.
- Confidential coding for diagnosis is used on these contact slips. No identifying details other than the patient's clinic number should be recorded on the contact slip.
- Contact slips are never used with HIV partner notification.
- Contacts are **not** entitled to know their partner's diagnosis. When a contact brings a contact slip issued to her/him by a partner, no information is given regarding the index's diagnosis. The contact may not have been given their contact slip directly by their partner and may not know to which partner the slip refers. The index patient's name should never be disclosed. The confidentiality of contact slips should be explained to the index when issuing them.

**However, all patients are entitled to know their own diagnosis and should have full access to information and education relating to their diagnosis.**

microscopy		
gonorrhoea cultures		
chlamydia		
TV cultures		
candida cultures		
HSV cultures		
cervical cytology		
MSU		
syphilis serology		
hepatitis A		
hepatitis B		
hepatitis C		
HIV anti-body test		
Other		

**SECTION 3. FIRST "SITTING IN" SESSION WITH SENIOR COLLEAGUE**

**3.1 SEXUAL HISTORY & EXAMINATION PROFORMA**

Sexual history and examination proforma can be used both as an *aide memoire* and as a method of providing a standardised structure to the information obtained during the GUM consultation. Such proformas are popular as they allow colleagues to find particular pieces of information rapidly and reliably in the future. They may differ from clinic to clinic, and you should familiarise yourself with the one used at your new unit. An example of such a pro-forma is included in the appendix.

**3.2 HOW TO REQUEST TESTS & TIME TO RESULT**

The forms used, whether you tick a box in a global "GU screening" form, or have to fill out a full lab request varies between clinics, as does the time it takes for a result to be obtainable.

Test	form required (if so which)	time to result
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**KC60 Diagnosing**

In order to monitor the number of cases of each STI presenting to GU clinics across the country, a system of reporting such new cases has been developed, which uses codes to anonymise the process ( the same codes that are used for partner notification). Each clinic is required to return their figures for numbers of patients seen with each of the coded conditions on a quarterly basis. For some clinics each doctor is asked to code as they go along, in others there are specific individuals who take on this responsibility. You will need to clarify how this happens in your clinic. The key to understanding this process, is to appreciate that it is the number of new problems that is being recorded, not the number of patient appointments or number of patients. So if someone comes to the clinic with new diagnoses of gonorrhoea and warts, each of these conditions will be recorded for that visit. When the patient returns for a test of cure, this second

appointment does not warrant coding again - since there are no new diagnoses to be considered (the patient is just being followed up for gonorrhoea and warts). It doesn't matter if the patient has been to the clinic before on a previous occasion, even if he had gonorrhoea in the past, this episode will be coded if this is a new episode of gonorrhoea.

KC60 codes are listed in the inside cover of most contact slip books, or ask your supervisor for a copy. Please note the KC60 exists only in England and Wales, Scotland operates a separate coding system

cryoprobe			
cautery			
hyfreaction			
other			
hepatitis A vaccination			
hepatitis B vaccination			
microscopy			
Other roles			

**2.44 DISCUSSION WITH KEY NURSES**

As nursing roles vary considerably, you may wish to clarify the nurses role within the clinic.

<b>Role</b>	<b>male clinic</b>	<b>female clinic</b>	<b>HIV clinic</b>
venepuncture			
male urethral specimens			
proctoscopy and rectal swabs			
cervical cytology			
vaginal/ cervical/ urethral swabs			
bimanual pelvic examination			
chaperoning			
triage of "walk in" patients			
treatments for genital warts with			
podophyllotoxin			
podophyllin			
TCA			
liquid nitrogen spray			

**SECTION 2. INITIAL ORIENTATION AND TRAINING**  
**DURING FIRST FEW DAYS**

**2.1 MEDICAL STAFFING & OCCUPATIONAL HEALTH ISSUES**

It is essential that you contact Medical Staffing and Occupational Health as soon as possible after starting your post.

You need to **obtain a copy of your job description** which you may wish to keep in this file, and refer to during appraisal.

You also need to establish your **annual leave** and **study leave entitlements** and how to arrange leave.

It is important to know who to contact in the event of illness.

**Occupational Health** requirements vary depending upon the Trust and the nature of the post. It is likely that you will need to produce evidence of your hepatitis B and TB vaccination history, but other requirements need to be clarified with the local occupational health department.

**2.2 INTRODUCTION TO THE GU CLINIC FROM YOUR SUPERVISOR**

Over the first few days your supervisor should introduce you to the day to day workings of the clinic, key staff and ensure you have the relevant departmental and Trust policies. This section contains areas that we would recommend you familiarise yourself with or get information on from your supervisor/key staff.

NAME	TELEPHONE NO	BLEEP NO
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**Date of next meeting with supervisor** ( we would recommend this occurs after your first 10 sessions):

**2.4 DISCUSSIONS WITH KEY STAFF**

**INTRODUCTION TO CLINIC STAFF**

Your supervisor will introduce you to key members of staff during your first few days. As part of these introductions, the new doctor should discuss / complete the following information about the clinic

**2.41 DISCUSSION WITH RECEPTIONISTS**

1. Notes - how to access a patients notes, and how to trace them out to you
2. Paper results - how to find these, who "screens" them if anyone.

**2.42 DISCUSSION WITH SECRETARIES**

1. Dictaphone availability
2. How to use e-mail system (if available)

**2.43 DISCUSSION WITH THE LEAD HEALTH ADVISER**

Health advisers generally have three core roles within GUM: partner notification; sexual health education/promotion; and counselling. Conditions that warrant automatic referral to a health adviser differ from clinic to clinic, as does the type of counselling and duration of input offered. It is worth clarifying these issues with the health advisers/your supervisor when you start.

Generally health advisers would see:

- HIV pre-test discussion
- HIV positive post test counselling
- patients with positive diagnoses
  - gonorrhoea, chlamydia, syphilis
  - Infectious hepatitis A
  - hepatitis B sAg+
  - anti-hepatitis C+
  - herpes
- client groups
  - under 16 year olds
  - sex workers
- other
  - sexual assault
  - safer sex advice
  - unexpected pregnancy
  - psycho-sexual problems
  - "worried well"

**2.22 CLINIC POLICIES REGARDING REFERRALS AND COMMUNICATION WITH GPS**

Clinics vary in their policies with respect to communication with colleagues working outside the department. In all cases the patient must give consent to any communication that acknowledges their attendance at a GUM clinic. This applies **even when the patient has been referred by their GP** or another colleague.

It is important to discuss with your supervisor the policy within the clinic you are working.

**2.23 SPECIFIC SITUATIONS WHEN SENIOR STAFF SHOULD BE CONSULTED**

Condition	yes/no
patients under 16 years old	
patients who have been sexually assaulted	
patients with severe pelvic pain	
HIV emergencies - breathless with cough	
- visual deterioration	
- focal neurology	
- septic	

patients requesting HIV post-exposure prophylaxis	
patients with syphilis	
patients exhibiting inappropriate behaviour	
Complaints	

Your clinic may also have a specific policy/protocols on the following – ask your supervisor for copies

		<b>dermatology</b>	
<b>cardiac arrest</b>			
<b>fire</b>			
<b>security</b>			

		<b>ultrasound</b>	
		<b>other specialities</b>	
		<b>gynae urgent</b>	
		<b>non-urgent</b>	
		<b>urology</b>	
		<b>HIV admissions</b>	

#### 2.24 HEALTH AND SAFETY AT WORK

Where are the Trusts guidelines regarding Health and Safety kept - you should look through these so that you are aware of any issues.

#### SHARPS POLICY

What is the procedure should you or any other staff member sustain a sharps injury? What are the post exposure prophylaxis guidelines following a sharps injury?

#### FIRE SAFETY POLICY & PROCEDURES

Familiarise yourself with the Trust's requirements on fire prevention, fire precautions, fire fighting and evacuation procedures.

#### PERSONAL SAFETY

Are there alarms in the offices? What are the procedures for dealing with violent or aggressive patients? Where can you leave your personal belongings - do you have a locker?

#### 2.25 TRUST COMPLAINTS PROCEDURE

Each trust will have its own complaints procedure with which you will need to be familiar. Ask your supervisor for information about this.

**2.38 USEFUL TELEPHONE NUMBERS**

This list may be provided by your supervisor, or if not, should be completed as you meet different staff members who will have this information

<b>within clinic</b>	Number	<b>laboratories</b>	number
<b>reception</b>		<b>microbiology lab</b>	
		<b>virology lab</b>	
<b>nurses station</b>			
		<b>chem-path lab</b>	
<b>health advisers</b>			
		<b>haematology</b>	

<b>secretaries</b>			
		<b>cytology</b>	
		<b>X-ray</b>	

**2.3 INFORMATION ABOUT THIS CLINIC**

**2.31 TIME TABLE**

The clinic may wish to provide its own proforma for the timetable if this does not fit.

<b>Clinic timetable</b>	<b>morning / afternoon / evening - starting and finishing times - walk in or appointment clinics</b>
Monday	
Tuesday	
Wednesday	
Thursday	

Friday	

National meetings/courses	Details
MSSVD ordinary general meetings	Six held during the winter months - usually the last Friday of the month. 5.15pm at the Royal Society of Medicine Contact MSSVD Secretariat for details or MSSVD website: <a href="http://www.mssvd.org.uk">www.mssvd.org.uk</a>
MSSVD Juniors Meeting	Contact the MSSVD secretariat for details or MSSVD website
MSSVD NCCG weekend	Contact the MSSVD secretariat for details or MSSVD website
MSSVD Spring Meeting	Annual two/three day conference - usually in May. Contact MSSVD secretariat for details or MSSVD website
BHIVA	Forthcoming events are advertised on the website : <a href="http://www.aidsmap.com">www.aidsmap.com</a>
AGUM	Forthcoming events are advertised on the website: <a href="http://www.agum.org.uk">www.agum.org.uk</a>
Camden & Islington Health Promotion Service- Effective Sexual Health Promotion: the Role of the GU Medical Consultation	Two day course held twice a year at St Pancras Hospital, London. Contact the HIV Training Administrator on 020 7530 3916
GU - colposcopy group	Emile Morgan, Dept of GU Bradford
MSSVD Course in HIV & STIs	MSSVD secretariat have the details. 10 day modular course run twice a year
Liverpool University Diploma in Venereology	Liverpool University Dept of Medical Microbiology & GU Medicine 0151 706 4381 3 month full time diploma
Master Class in HIV	Secretary to Dr Barry Peters Guy's & St Thomas Hospitals NHS Trust

	Harrison Wing Second Floor, Lambeth Wing St Thomas' Hospital Lambeth palace Road London SE1 7EH Tel 0207 928 9292
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### 2.32 CLINIC APPOINTMENT BOOKING MECHANISMS

Type	Specific times / days? Parallel availability Only one type
booked appointments	
walk in patients	
how are emergency cases dealt with?	
follow up appointments	


**2.33 DETAILS OF SPECIALIST CLINICS WITHIN THE DEPARTMENT**

Specialist clinic	Referral mechanism, to whom & when the clinic occurs
HIV positive patients	
Patients with Hepatitis B or C	
Family planning	
Wart clinic	
Erectile dysfunction / Psychosexual	

**2.34 TREATMENT GUIDELINES**

**Your own clinic may have its own treatment guidelines - you should obtain a copy from your supervisor.**

It is recommended you also obtain a copy of the National Guidelines in Genitourinary Medicine published in Sexually Transmitted Diseases and available on the MSSVD website - [www.mssvd.org.uk](http://www.mssvd.org.uk)

Meetings	Details
Departmental	
Trust	
Regional	

In addition a copy of the [British HIV Association Guidelines](http://www.aidsmap.com) may also be appropriate and are available on the BHIVA/NAM website - [www.aidsmap.com](http://www.aidsmap.com).

### 2.35 RECOMMENDED READING

<i>Personal purchase</i>	<i>Authors</i>	<i>Publishers</i>	<i>1999 price</i>
1. The ABC of STDs	M Adler	BMJ press	£16.95
2. The ABC of AIDS	M Adler	BMJ press	£17.95
3. GPs guide to GU Medicine & Sexual Health	C Sonnex	Cambridge Univ. Press	£17.95
4. The Handbook of Genitourinary Medicine	SE Barton & PE Hay Arnold		£45
<i>Reference tome</i>			
1. Sexually transmitted Diseases	K Holmes et al	Mc Graw Hill	£120

### 2.36 LOCAL LEARNING RESOURCES

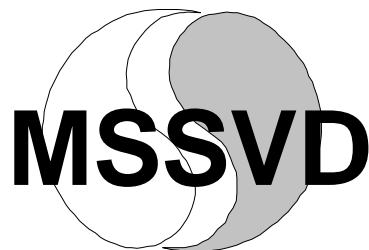
Ask about access to a medical library , Medline & the Internet. It is likely that the Trust runs training for staff to improve their IT skills.

### 2.37 TRAINING & EDUCATIONAL OPPORTUNITIES

Whether you are in training or are taking up a non-consultant career grade post, continuing education and professional development are an essential aspect of your job. It is your responsibility to ensure that you are up to date with, and accurate, in your clinical management. Your supervisor should assess your educational needs, and advise you as to the availability of training opportunities either within the department or trust, or at a regional or national level. As part of regular appraisal, you should review and demonstrate your progress in addressing these training needs. Ask your supervisor about the following details:

See next page

# *APPRAISAL*



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## **PART 2 APPRAISAL - Section 4**

### **Section 4 Appraisal & Review of learning achievements and targets**

- 4.1 Initial assessment of your clinical skills prior to independent practice
- 4.2 Review after first 10 sessions
- 4.3 Subsequent appraisal and review
- 4.4 Annual appraisal
- 4.5 Knowledge & skills to be obtained over the first 3 months
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- 4.8 Personal training & qualifications - current and future aims

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**SECTION 4. APPRAISAL & REVIEW OF LEARNING  
ACHIEVEMENTS AND TARGETS**

**4.1 INITIAL ASSESSMENT OF CLINICAL SKILLS PRIOR TO  
INDEPENDENT PRACTICE**

SKILL	observed by senior (name)	competent (date)
<b>History taking skills</b>		
Sexual history:		
Recreational drug use history		
HIV discussion		
<b>Clinical Examination Skills</b>		
Male genital exam <sup>n</sup> & specimen taking		
Female speculum exam <sup>n</sup> & specimen taking, cytology & KOH test		
Proctoscopy & specimen sampling		
<b>Visual Diagnoses - either from patient or photo*</b>		
typical genital herpes		
genital warts		
molluscum contagiosum		
pediculosis pubis		
tinea cruris		
signs of 1 <sup>o</sup> & 2 <sup>o</sup> syphilis		
HIV seroconversion signs/symptoms		
oral hairy leucoplakia		
Kaposi's sarcoma		
oral candidosis		
seborrhoeic dermatitis		
<b>Normal variations in appearance - either from patient or photo</b>		
pearly penile papules		
nabothian follicles		
vaginal ruggae		
hymenal tags		
<b>Interpretation of results</b>		
urethral microscopy report		
rectal microscopy report		
cervical microscopy report		
vaginal microscopy report		
HIV-Ab result		
syphilis serology		
hepatitis B serology		
hepatitis A serology		
hepatitis C serology		
cervical cytology		
<b>treatment knowledge</b>	discussed with senior	
emergency contraception		
antibiotics and the pill		
advice re partner notification, abstention from sex, dosing schedules & indication for TOC for GC, NSU, chlamydia, HSV, candida, warts		
management of anaphylaxis		

\* photos can be obtained from any of the recommended references or from a number of pocket photo atlases.

## **4.2 INITIAL REVIEW**

**During the initial period** new doctor's will be reviewed by a senior doctor. We would suggest that the first 10 clinics be reviewed by a senior doctor. Any incorrect data interpretation or management strategies should be discussed with the new doctor as soon as possible after the event, to prevent repetition.

At the end of this initial 10 clinic period, a face to face discussion with the new doctor should be timetabled for both the new doctor and their supervisor to discuss both positive feedback and areas for improvement. **(see appendix 1 for proforma)**

## **4.3 SUBSEQUENT APPRAISAL REVIEWS**

Structured ongoing appraisals should be tailored to individual circumstances.

**SpRs please note appraisal is covered in 'A Guide to Specialist Registrar Training' which you should follow.**

## **4.4 ANNUAL REVIEW**

At each annual review the Continuing Professional development (CPD) achievements of the supervised doctor should be reviewed - their attendance at tutorials or courses, a review of the cases they found difficult to identify particular themes for future training priorities, to identify areas of interest and new roles in order to guide training for the forthcoming year. As well as training specific to GUM, the annual review should also review generic skills and training.

**SpRs please note appraisal is covered in 'A Guide to Specialist Registrar Training' which you should follow.**

#### 4.5 KNOWLEDGE / SKILLS TO BE OBTAINED BY DOCTORS NEW TO GUM OVER THE FIRST 3 MONTHS

Discuss with your supervisor which of these are applicable to you

Skills	observed by senior	competent
<b>knowledge of skills*</b>		
dark ground microscopy		
<b>microscopy staining</b>		
basic Gram's staining		
wet film ( phase contrast)		
<b>microscopy slide reading</b>		
gonorrhoea		
NSU		
TV		
BV - clue cells		
candidosis		
<b>wart treatments</b>		
podophylotoxin		
podophyllin		
trichloroacetic acid (TCA)		
cryotherapy		
<b>treatment of common conditions</b>		
gonorrhoea		
chlamydia		
PID		
TV		
HSV		
pre HIV test discussion		
<b>Other</b>		

\* these are important skills, but since the opportunity to be taught them is limited by the limited cases where they can be applied, a working knowledge of the skill's use & theory is a more realistic objective for someone with limited experience.

#### 4.6 KNOWLEDGE & SKILLS FOR THE EXPANDED JOB - WHICH MAY BE AREAS FOR DEVELOPMENT OF SPECIAL INTERESTS

Discuss with your supervisor which of these is applicable to you

Knowledge & Skills	Level of competence			
	partial	date	full	date
<b>Wart therapy</b>				
topical interferons				
cautery				
hyfrecation				
<b>Contraception</b>				
advice & prescription of POP				
advice on other contraceptive methods				
observation of:				
fitting of diaphragm				
fitting of IUCD				
fitting of injectable/implantable contraception				
<b>Colposcopy</b>				
advice and information on colposcopy				
observation of:				
counselling, biopsy and treatment				
<b>Genital Dermatoses</b>				
Counselling				
History				
Investigations				
Genital Biopsy				
Management				

Knowledge & Skills	Level of competence		
	partial	date	full date
<b>HIV Medicine</b>			
post test discussion			
initial screening tests in			
newly diagnosed HIV+			
interpretation of surrogate			
markers			
PCP & MAC prophylaxis			
indications & regimens			
pros & cons of			
starting HAART			
BHIVA guidelines re initial			
choice of HAART			
common and/or serious			
toxicities of antiretrovirals			
dosing regimens of			
antiretrovirals			
important drug interactions			
with antiretrovirals			
recognition of presentation of			
common OIs - PCP, CMV,			
MAI, TB, cryptococcosis,			
toxoplasmosis -and malignancies-KS & NHL			
secondary prophylaxis			
following common Ois			
BHIVA guidelines re when to			
switch therapy & choice of second combination			
interpretation of HIV resistance assays			
antenatal HIV care			

#### **4.7 GENERIC CONTINUING PROFESSIONAL DEVELOPMENT**

	course name and details	date
CPR training		
Obligatory Trust courses		
Teaching skills		
IT skills		
Research skills/ EBM		
Communication skills		
Management skills		

#### 4.8 PERSONAL TRAINING & QUALIFICATIONS - CURRENT AND FUTURE AIMS

It is useful to consider the potential qualifications relating to GUM that may be of relevance to doctors new to the speciality. It may be useful to discuss with your supervisor which of the qualifications may be applicable to you.

Qualification/Examination	applicable?	date due	date passed
Diploma in GU medicine			
Diploma of Faculty of Family Planning (DFFP)			
Letter of Competence in IUD Insertion			
BSCP accredited coloscopist			
MRCP part 1			
MRCP part 2			
MRCOG part 1			
MRCOG part 2			
MSc in STDs			
MD			
Forensic Medicine			
Diploma in Psychosexual Medicine			

## **SECTION 5. RELEVANT SOCIETIES**

### **THE MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES (MSSVD)**

The object of the MSSVD is to promote, encourage and improve the study of clinical, psychosocial and public health aspects of all sexually transmitted infections, HIV/AIDS and other sexual health problems.

The Society membership includes medical practitioners, scientists in the field of medicine and other healthcare workers who have shown commitment to the specialty.

#### Membership Categories

	Annual Subscription Rates
1. Fellows Consultants/Associate Specialists	£90.00
2. Members Doctors in training NCCGs/GPs Other healthcare workers with a commitment to the specialty Overseas members	£65.00

#### Benefits of membership:

- Free subscription of Sexually Transmitted Infections, the premier medical journal of sexual health and HIV.
- Regular clinical lecture meetings covering a wide range of subjects, delivered by experts in the field.
- Alternate annual UK regional and International Meetings.
- Support for Continuing Medical Education for trained physicians.
- Support for doctors in training through Junior Doctors' Meetings,
- Teaching Weekends and sponsorship for attending meetings.

The MSSVD nomination form is obtainable from the website or secretariat - see front cover for contact details. The completed form should be signed by two MSSVD subscribers - one of whom should be a Fellow - with personal knowledge of the applicant. The nomination form should be sent to the Secretariat who will submit the application at the next Council Meeting before proposing the candidate for election by the members of the Society at the succeeding Ordinary General Meeting (OGM).

**MSSVD Website: [www.mssvd.org.uk](http://www.mssvd.org.uk)**

## **ASSOCIATION FOR GENITO-URINARY MEDICINE (AGUM)**

Is the representative body for the specialty and it functions through regional bodies that report to a national committee. The regional committee meetings are often associated with educational events and audit meetings. Other topical issues affecting the specialty are discussed and local opinion is fed back to the central committee.

The main object of AGUM is to advance the education of the public in all matters concerning genito-urinary medicine by promoting a high standard of genito-urinary medicine.

The following medical practitioners are eligible for full membership (with voting rights) of AGUM:

Practising consultants in GUM (or equivalent honorary contract holders)

SPRs in GUM (or equivalent honorary contract holders)

Associated specialists, hospital practitioners and staff physicians in GUM

Clinical Assistants in GUM committed to the speciality/

Members of other groups of health care providers or special interest groups in the field of GUM as considered suitable by the Committee shall be eligible for membership of the Association.

Membership of the Association will be by application providing the Secretary of the Association with such details as are required. The Secretary will submit the application for approval at the next meeting of the Committee of the Association.

Having been approved, a candidate will not become a member until a payment of the annual subscription, currently £110 for Consultants and £85 for other members. Members of the Association receive the International Journal of STD & AIDS.

For application form contact

**AGUM Website: [www.agum.org.uk](http://www.agum.org.uk)**

Secretary - AGUM:

Dr Colm O'Mahony, MD, FRCPI, BSc, Dip.Ven.,

Dept Genito-Urinary Medicine

Countess of Chester Hospital

Liverpool Road

Chester CH2 1UL

Tel: 01244 363097

## **BRITISH HIV ASSOCIATION (BHIVA)**

Aims and objectives:

For the relief of sickness and protection and preservation of health through the development and promotion of good practice in the treatment of HIV and HIV related illness and in such other charitable ways as BHIVA through its Executive Committee may from time to time decide

To advance public education in the subjects of HIV and the symptoms, causes, treatment and prevention of HIV related illnesses through the promotion of research and the dissemination of the useful results of such research and in such other charitable ways as BHIVA through its Executive Committee may from time to time decide.

Benefits of membership include:

Free subscription to BHIVA newsletter

Discounted registration to meetings of the Association

Free subscription to Journal of HIV Therapy

Free subscription to the International AIDS Society Newsletter

Free subscription to NAM AIDS Treatment Update

Consultants                    £45 (plus one off joining fee of £20)

Non Consultants            £30

BHIVA 1 Mountview Court 310 Friern Barnet Lane London N20 0LD

Tel: 020 8446 8898

Email [bhiva@bhiva.org](mailto:bhiva@bhiva.org)

**Website:**[www.aidsmap.com](http://www.aidsmap.com)

## **NATURE, FUNCTION AND MEMBERSHIP OF THE SAC IN GENITOURINARY MEDICINE**

The Specialist Advisory Committee (SAC) in Genitourinary Medicine can be thought of as an executive sub-committee of the Joint Committee on Higher Medical Training (JCHMT). The JCHMT represents the Royal College of Physicians of London (collectively known as the Federation of the Royal Colleges of Physicians of the United Kingdom), and is the executive body responsible for the supervision of higher medical training. The JCHMT works directly with the Specialist Training Authority (STA) which is a statutory body set up by the Government through the Specialist Order (The European Specialist Medical Qualifications Order 1995 & The European Specialist Qualifications Amendment Regulations 1997). The STA oversees training in all specialities and recommends doctors for admission to the Specialist Register maintained by the General Medical Council. The STA performs many of its functions through the agency of the Royal Colleges, but has the ultimate responsibility for ensuring that all requirements set out in training programmes are met, and that all procedures involving supervision are adhered to. The STA requires the Colleges to set standards, design curricula and give approval to training programmes. The Federation of Royal Colleges of Physicians discharges this function through the JCHMT. The

JCHMT monitors trainees' performance as a preliminary to recommending, on behalf of the Colleges, the award of a Certificate of Completion of Specialist Training (CCST) to the STA. The Federation and JCHMT rely heavily on Specialist Advisory Committees (SAC) for all their groundwork but the JCHMT is ultimately responsible. In legal terms, responsibility is now vested solely in the Colleges and JCHMT. Many of the specialities for which JCHMT is responsible have training needs that fall outside the exclusive province of the Physician Royal Colleges and depend on collaboration with other Royal Colleges. Such collaboration is achieved by the inclusion of representatives from other Colleges on SACs.

The day to day management of medical training is vested in the Regional Postgraduate Dean (PGD) who relies upon the JCHMT to provide the framework upon which training in the physician specialities is conducted. The PGD's work is conducted in accordance with the regulations set out in 'A Guide to Specialist Registrar Training' known in the vernacular as the 'Orange Book'.

The membership of the SAC in Genitourinary Medicine is comprised of individuals nominated by various bodies. These are the RCP London (2), RCP Edinburg (1), RCP Glasgow (1), The MSSVD (2), AGUM (1), RCOG (2), UEMS (1), SAC Dermatology (1), SAC Infectious Diseases (1), and Trainee member (1). The Deputy General Manager, GU Medicine Co-ordinator, PYA administrator, and often the Medical Director of the JCHMT attend the Committee. The full Committee meets three times a year. The Chairman and Secretary of the SAC are elected by the members. The work of the administrator and officers of the Committee continues throughout the year.

# **Appendix 1**

## **Male and Female Sexual History and Examination Pro forma**

With thanks to Roehampton Clinic for the use of their pro formas

# Sexual History & Examination Pro-forma (Female)

DATE:

---

## PRESENTING PROBLEM

## SEXUAL HISTORY

L.S.I

P.S.I

## CONDOMS

## OTHER CONTRACEPTION

## PREVIOUS GU / STI

## CYTOLOGY

## OTHER ILLNESSES

## L.M.P

## MEDICATION

## PREGNANCIES

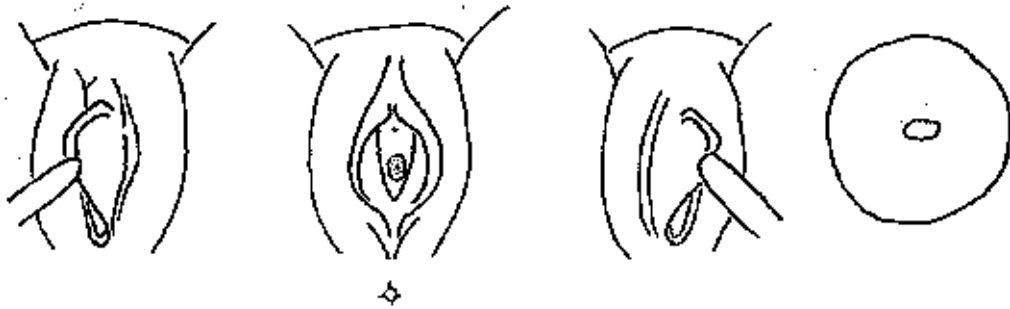
children

miscarriages

terminations

## ALLERGIES

**EXAMINATION**



pH

KOH

**DIAGNOSES & TREATMENT**

**HIV discussed?**

**HIV test?**

**Health Adviser?**

**Contact action**

**Follow up**

**Signature**

# Sexual History & Examination Pro-forma (Male)

DATE:

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## PRESENTING PROBLEM

## SEXUAL HISTORY

L.S.I

P.S.I

CONDOMS

OTHER CONTRACEPTION

## PREVIOUS GU / STI

## OTHER ILLNESSES

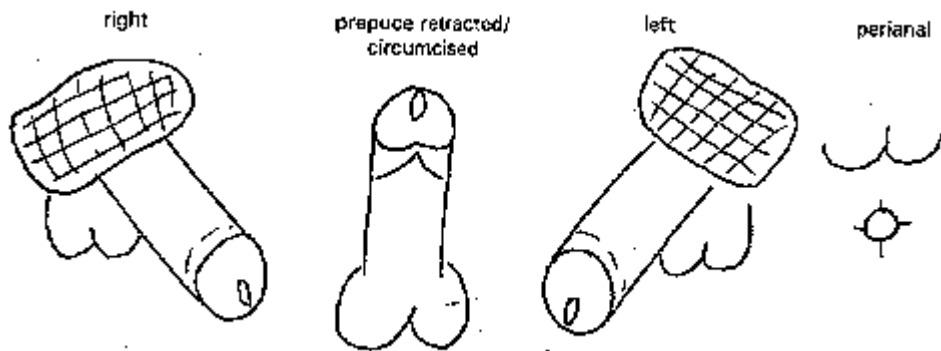
## MEDICATION

## ALLERGIES

L.P.U

hours

**EXAMINATION**



**DIAGNOSES & TREATMENT**

**Hepatitis A & B**

**HIV discussed?**

**HIV test?**

**Health Adviser?**

**Contact action**

**Follow up**

**Signature**

**Appendix 2: Appraisal & Review proforma - duplicate as necessary**

Feedback from the new doctor on what is going well & review of “difficult cases log”	
Feedback from the supervisor on what is going well	
Feedback from the new doctor on any problems, or areas they identify they need to improve	
Feedback from the supervisor on any suggestions of how the new doctor might improve and review of expectations of abilities	
<b>ACTION:</b>  new learning goals  courses to attend  areas to be reviewed next time	

**Date of next meeting with supervisor:**