

**Our experiences as doctors in training representatives to the
Association for GU Medicine (AGUM) and Medical Society for the
Study of Venereal Disease (MSSVD) 2001-2003**

Margaret Kingston, Consultant GU Medicine, Manchester Centre for Sexual Health, Central Manchester and Manchester Children's University Hospitals NHS Trust, Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL.

Jackie Cassell, Honorary Research Fellow, Department of Sexually Transmitted Diseases, University College London, based at Mortimer Market Centre, off Capper St., London WC1E 6AU.

Margaret Kingston:- AGUM

The Association for GU Medicine (AGUM) is a medical organisation formed in 1990 to address issues of Terms and Conditions of Service, and service delivery in GU Medicine across the U. K. This left the MSSVD free to concentrate on matters relating to Continuing Professional Development, training and education. The structure of the organisation is a central committee of regionally elected representatives from regional groups of doctors ensuring nation-wide representation at national level. Other members include observers and co-opted members. These include the chairs of the MSSVD and the Royal College of Physician's Specialist Advisory Committee (SAC) and representatives of NCCGs and doctors in training. The committee is led by Officers (chairman, treasurer, secretary and assistant secretary) and meets up to 5 times per year in London. Following the merger of the MSSVD and AGUM this committee will continue with the structure essentially unchanged and with the regional representatives elected nationally, into the new organisation, the British Association for Sexual Health and HIV (BASHH). The term Clinical Governance introduced recently summarises succinctly the major work of the AGUM committee and this name has been adopted for this standing committee of BASHH

As the doctors in training representative to AGUM my role was to keep well informed of current affairs influencing our speciality and take part in discussions at the national meetings, putting across the junior doctor's perspective. The two years I have spent on the committee have seen significant changes in GU Medicine. There have been large increases in demands for our service and in levels of infection. The National Strategy for Sexual Health & HIV has had considerable implications for us all. Workforce planning issues have been particularly pertinent as we faced a bottleneck of specialist registrars (SpRs) completing their training prior to appropriate and much needed consultant expansion.

I have also represented the SpRs on the SAC, the committee responsible for SpR training. During this time a new curriculum has been introduced which will apply to all trainees appointed from January 2003. The specialty is also piloting on behalf of the RCP new methods of assessment such as 360-degree appraisal and patient feedback forms. The implications of the changes described in *Modernising Medical Careers*, with "explicit career pathways" and the introduction of "timed-capping" to training grades will substantially alter medical training for all doctors.

I have canvassed opinions of fellow junior doctors and to represent these at national level. I am grateful to those SpRs who took the time to help with the surveys I conducted of our career aspirations and training programmes. These have been very informative to all concerned in relation to SpR training and GU Medicine workforce planning. I am currently attempting to assimilate a database of e-mail addresses to make the process of representation more comprehensive and dynamic.

Within the new organisation BASHH there will be place for up to 3 representatives from doctors in training; one on the clinical governance and one on the Education committees and one for the Board. These will be elected nationally. I would encourage anyone thinking of becoming involved to put themselves forward. For me it has been invaluable experience and extremely rewarding to be able to take part in discussions regarding national strategies that influence our practice. As I start my consultant career I appreciate the increased confidence that has resulted from expressing opinions on quite scary large committees over the last two years ago, and I have even started to enjoy meetings!

Jackie Cassell:- MSSVD

The Medical Society for the Study of Venereal Diseases (MSSVD) has focussed on educational events and issues, while complementing the political role taken on by AGUM. The role of the Doctors in Training Representative is, by contrast, more of an opportunity to develop educational meetings, conferences and policies in ways that meet the needs of junior members.

The annual Junior Doctors' Meeting, which originated in Leeds with the support of Dr Michael Waugh, has for many years been an enjoyable opportunity for doctors in training to network with peers, and with the "great and the good" of the 'venereological' community. As the representative I had the opportunity to get involved in reviving the meeting, after a year in which sponsorship could not be found. The process of developing the meeting provided opportunities to talk to many colleagues, in collaboration with the local organiser Dr Sris Allan of Coventry. In the last two years I also had the opportunity to plan Junior Doctors' Afternoons, on the topics of Primary Care and GUM, and the Sexual Health of Heterosexual Men. All Juniors' meetings attract a good deal of support from consultant and scientist colleagues, and these meetings saw excellent presentations from David Lewis, Gary Brook, Ade Fakoya and Ian Williams, to mention only a few.

Another role has been the representation of juniors on the MSSVD Council, and Educational Subcommittee. Like any meetings, these can be lengthy, but they did develop in me an instinctive capacity to look at any issue from the perspective of juniors, and to represent our position as strongly as possible. This is a useful skill to hone before a consultant appointment, where the first meeting may be about funding. In the next few years, now that BASHH has opened out to a wider community of doctors, other clinical staff and scientists, it will be important to maintain the important role the MSSVD and AGUM has always had – of being the only place where juniors in Genitourinary and HIV medicine are specifically represented, and of ensuring a strong juniors' community across the UK through educational activities. This will be challenging in the new world of a multidisciplinary organisation and devolution.

BASHH needs to see strong juniors' representation at all levels. Acting as representative is a great opportunity for any junior doctor. When else will you have the right, and indeed the duty, to harass senior members of your profession – and when else will they have to listen to you? I have made friends of many senior colleagues I might have found rather daunting when I started, and enjoyed the chance to represent other juniors at a time when sexual health is such an important national issue.