

**JOINT ROYAL COLLEGES OF PHYSICIANS TRAINING BOARD
(JRCPTB)**

**Annual Specialty Report for Genitourinary Medicine to
The Postgraduate Medical Training Board (PMETB)
for August 2007 to July 2008**

1. Establishing Schools

The specialty of GUM is included within postgraduate schools of medical specialties within deaneries

2. Triggered Visits

No triggered visits have been reported by the respondents and the SAC Chairman is unaware of any in GUM

3. Effect of changes to the specialty

GUM -

There is a drive to move screening for sexually transmitted infections to the community. However to date none of the GU Medicine clinics has observed a decrease in patient numbers. Any extra service provision in the community is either being taken up by patients who were not previously accessing services or possibly is leading to increases in the demand for hospital-based services. The reality is probably a mixture of both. There has been an increased need for the speciality to provide education for primary care and both the consultants and the trainees are participating in this, which has created a huge demand on our time. Advances in diagnostics have reduced the length of time our speciality needs to spend gathering specimens and this time has been released to see more patients. However, these tests are expensive and units have to decrease staff budgets to pay for them. The use of nucleic acid technology has improved the detection of disease - reducing the need for clinical judgement in many instances. Many training units are using on-line notes to enhance both the consultation and the necessary gathering of information required by the HPA, SHAs, DH and PCTs. Texting patients has reduced wasted appointments by DNA's and texting results has almost eliminated the need for follow up visits, again allowing more new patients to be seen. Near patient tests particularly for HIV and non invasive testing has encouraged previously reluctant patients to come forward for tests within our services. In many centres nurse practitioners have developed roles that are similar to those of junior medical staff.

The role of the GUM physician is changing- clinicians of the future will need to be more conversant with protocol care pathway development, new technology, management and leadership as well as public health structures.

HIV-

Therapeutic advances have decreased the number of patients requiring inpatient services but, through prolonging life, have resulted in increased long term consequences of HIV infection and medication such as diabetes, renal failure,

malignancies, heart disease and liver disease. We expect inpatient admissions to go up and the speciality has to provide both in and outpatient management strategies for the aforementioned complications. Some units will work with other specialities and general practice, some units will set up their own services. Antiretroviral therapies continue to advance as does the knowledge about when to initiate treatment. Earlier treatment initiation will increase the demand on outpatient services.

The SAC have established a clear curriculum, assessment blueprint, defined ideal person specifications for ST3 appointments and integrated knowledge based assessments into the assessment grid. These have been accepted by the PMETB. We plan to make a further submission to PMETB in 2009/10 to ensure more of HIV training is clearly defined and assessed as well as developing the GUM curriculum in Public Health.

4. Key concerns for the future of the specialty

There are considerable tensions in the specialty around the move of services from acute trusts into the community. Many hospital based services have come off extremely badly through tendering processes which have appeared to be flawed. At the same time there has been some duplication of service delivery by family planning clinics offering more Chlamydia and basic STI screening in the community. In units that have been diminished by this process it may be difficult to maintain clinical experience at appropriate levels for training

In-patient training is becoming extremely difficult for trainees who are based away from large centres- the SAC will have to address this in the near future

A number of smaller units have not moved with the times- isolated Trusts have failed to invest in GUM services and vacant posts have become virtually unfillable- SHAs appear unable to pull services together across regions and although clinical networks can work effectively across large regions in some they have been unable to cover local deficiencies

There are severe difficulties in appointing consultants to centres outside large units. Even some teaching hospitals have struggled to fill posts. The recent problems with appointing to ST3 posts in London have wiped out almost 50% of one year's output from training posts

5. RITAs/ARCPs. The following includes the responses we have received from the Heads of Specialist Training for this specialty

All trainees for this specialty have had successful RITAs/ARCPs. For the 135 trainees enrolled in Genitourinary Medicine it was been reported that 1 RITA D was issued.

6. European Working Time Directive (EWTd): The following includes the responses we have received from the Heads of Specialist Training for this specialty

It has been reported that most units are EWTd compliant and that it has not affected

rotas. However, in one region it has been reported that EWTD compliance in GU medicine is likely to be deliverable on paper, but is extremely fragile and requires a contingent of fully staffed whole-time equivalent posts to function properly, a situation seldom achieved in the real world.

7. Training Programme Director Report information

We have not received these reports for every Deanery for this reporting period but intend to include the themes in subsequent reports. However, we have received various Education Committee meeting minutes for this specialty which highlight no training or assessment concerns.

8. Examinations

SpRs in GUM training are required to take the Diploma in GUM by the end of year 2. The RCP has received detailed reports on this examination at each of its 2 sittings during the last year. During this time 25 SpRs had sat the examination and 3 had not passed. Feedback had been provided to all candidates on their performance.

9. Assessments

Workplace based assessments for the medical specialties including Direct Observation of Procedural Skills (DOPs), mini CEX, and Multisource Feedback (MSF) have been in place since 2005. Although there have been concerns within each specialty with regard to the time involved to complete these, their use has been widely encouraged so that PMETB standards are met. We continue to pilot further workplace based assessments.

10. e-portfolio

Pilots for the specialty e-portfolios have been completed and the eportfolio for Genitourinary Medicine is now live and available for use by enrolled StRs. During the transition period trainees had been advised to complete paper records or to continue to use their CMT e-portfolio.