

Appendix 9 GENITO-URINARY MEDICINE

Supplementary standards and evidence for Genito-Urinary Medicine (GUM) Physicians

Good Clinical Care

Physicians working in GUM departments should be competent at undertaking:

- An appropriate medical and sexual history
- An adequate examination including a genital examination in accord with individual patients' sensitivities
- Appropriate tests
- Explanation of the results of tests and their meaning
- Provision of therapy which complies with national specialty guidelines¹
- Management of patients under the age of 16 years old attending a GUM clinic in line with national specialty guidelines
- Facilitation of partner notification
- Provision of specialist opinion on in-patients for other non GU/HIV physicians

History taking and examination must be carried out by GUM physicians in a non-judgemental, sensitive way. Patients should have the option of being examined by a doctor of the gender of their choice whenever possible. If this is not possible, arrangements should be made for a new appointment when this can be accommodated. Open access to GUM clinics should allow patients to present either by referral from another doctor or by self-referral. Local circumstances will dictate if access is to be: uncontrolled; daily registration; or by appointment with provision for same day access in cases of emergency; or next available appointment.

Inpatient care in GUM is usually but not exclusively HIV/AIDS related. GUM physicians need to recognise professional limitations (both in the care of HIV and other patients) and should consult within their own specialty and with other specialties when appropriate. Consultants should ensure that NCCG/trainees have access to nominated appropriate consultant opinion during clinic opening hours. Written guidelines should clarify referral pathways if the presenting condition is outside the competence of the examining doctor, eg genital skin disorders, pelvic pain, and medical emergencies associated with HIV disease.

Standard

A GUM physician will be auditing practice against national specialty guidelines, in genitourinary medicine these will include:

- Guidelines issued by the Clinical Effectiveness Group of the MSSVD.²
- Guidelines issued by The British HIV Association (BHIVA).³
- Specialty specific standards being developed by the Royal Colleges and the MSSVD, eg:

1) GUM Physicians must obtain and document a sexual history in all persons presenting to a genitourinary medicine (GUM) service with a new clinical problem. The sexual history should be retaken and documented at least every 6 months in those being followed up for infectious conditions.

2) By the end of 2002, all GUM physicians must ensure that 80% of persons attending a GUM clinic shall be offered an HIV test on the occasion of their first screening for sexually transmitted infections, unless they are already known to be HIV antibody positive. This target to rise to 90% by the end of 2003, and 100% by the end of 2004.

Evidence: Individual physicians should demonstrate their contribution to audit of their practice against these guidelines by initiation and supervision of projects, attendance at audit meetings, support of trainees and NCCGs undertaking audit. The results of these audits should be retained, including evidence of change of practice as appropriate.

Maintaining Good Medical Practice

Standard 1

Continuing Professional Development (CPD), which includes CME, should reflect the case mix of the physician. CPD activities should be centred on STIs, HIV, epidemiology, gynaecology, colposcopy and sexual dysfunction. They should maintain a broad understanding of general medicine.

Evidence: Physicians should provide documentary evidence of achieving at least an annual average of 50 hours of approved CPD, in a balance appropriate to their case mix.

Standard 2

Each GUM/HIV department should annually investigate at least one aspect of care of selected conditions. The department should meet nationally agreed targets/standards advised to the RCP. Examples are:

- Demonstration of efficacy of therapy and partner notification for gonorrhoea/chlamydia infections
- Taking and documenting an adequate sexual history
- Offering an HIV test
- Initiation and completion of hepatitis B vaccination in line with the targets set by the National Sexual Health and HIV Strategy
- HIV positive patients to have been offered initiation of antiretroviral therapy in line with BHIVA guidelines

Evidence: Individual physicians should provide documentary evidence of participation in departmental investigations of care of selected conditions. Reports of departmental investigations and evidence of alterations of change of practice should be retained.

Relationships with Patients

Investigation and treatment should be open to all regardless of the patient's lifestyle, culture, beliefs, race, colour, gender, sexuality, disability, age or social or economic status. Investigation and treatment should be provided on the basis of clinical need.

Confidentiality is essential in all fields of medicine and these are detailed in the GMC document *Confidentiality: protecting and providing information*.⁴ Additional safeguards are in place for GU Medicine:

- Acts of Parliament relating to STIs
- Information for persons being tested for or infected with HIV
- The maintenance of secure records in the Genito-Urinary Medicine Department is an important factor in ensuring patient confidentiality
- If confidentiality is an issue in the process of partner notification, all possible measures to protect patient identity are taken
- Respecting patients' wishes as to communication with other health care professionals

Working with Colleagues

Standard

With the proposal for development of service networks for HIV and STI management there should be liaison with colleagues in other departments located in the network.

Evidence: Individual physicians should provide brief details of their role within the local service networks. Evidence of alterations of clinical practice resulting from liaisons with colleagues within the multidisciplinary network should be retained.

References

¹ UK National Guidelines on Sexually Transmitted Infections and Closely Related Conditions. *Sex Transm Inf* 1999;75 (Suppl 1).

² www.MSSVD.org.uk

³ www.aidsmap.com

⁴ General Medical Council. *Confidentiality: Protecting and Providing Information*. London: GMC, Sep 2000.