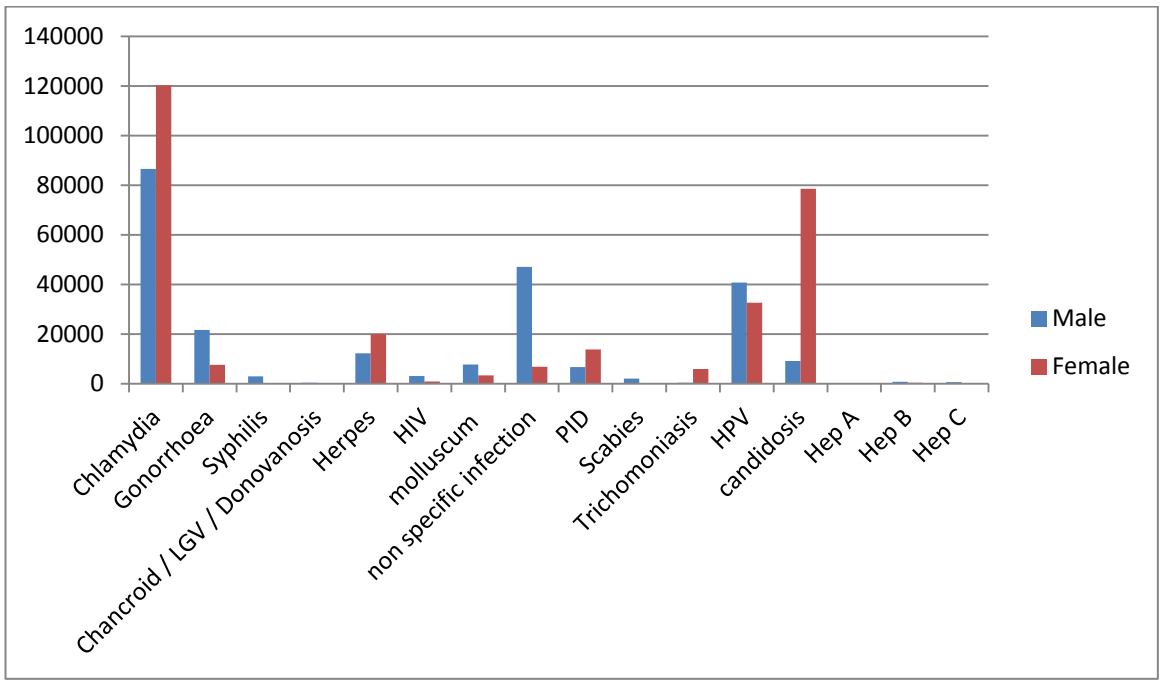
ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

1. Explore the main reasons for attendance to sexual health services in the UK and compare trends of disease between the different patient groups.

Sexual health services in the UK provide a number of different services to people of all ages, genders, ethnicities and sexualities, all free of charge at the point of access. The two main branches are the diagnosis and treatment of sexually transmitted infections and contraception advice. By far the most common sexually transmitted infection is Chlamydia with HPV (Genital Warts) being the most common viral infection. Candidasis is highly represented within the female group however this is not a true sexually transmitted infection.

Figure 1 - Number of all STI diagnoses & services in England by gender & sexual risk, 2013 (Public Health England, 2014)



STI trends also change with age and ethnicity as shown in figure 2 and 3 below. All Ethnic groups have increased numbers of chlymadia and HPV as compared to the other STI diagnoses. Ages show greater variation with higher rates of chlymadia in the 16-24 age and higher rates of gonorrhoea and syphilis in the 25-34 age group.

Figure 2 - STIs by Ethnicity in the UK - 2013 (Public Health England, 2014)

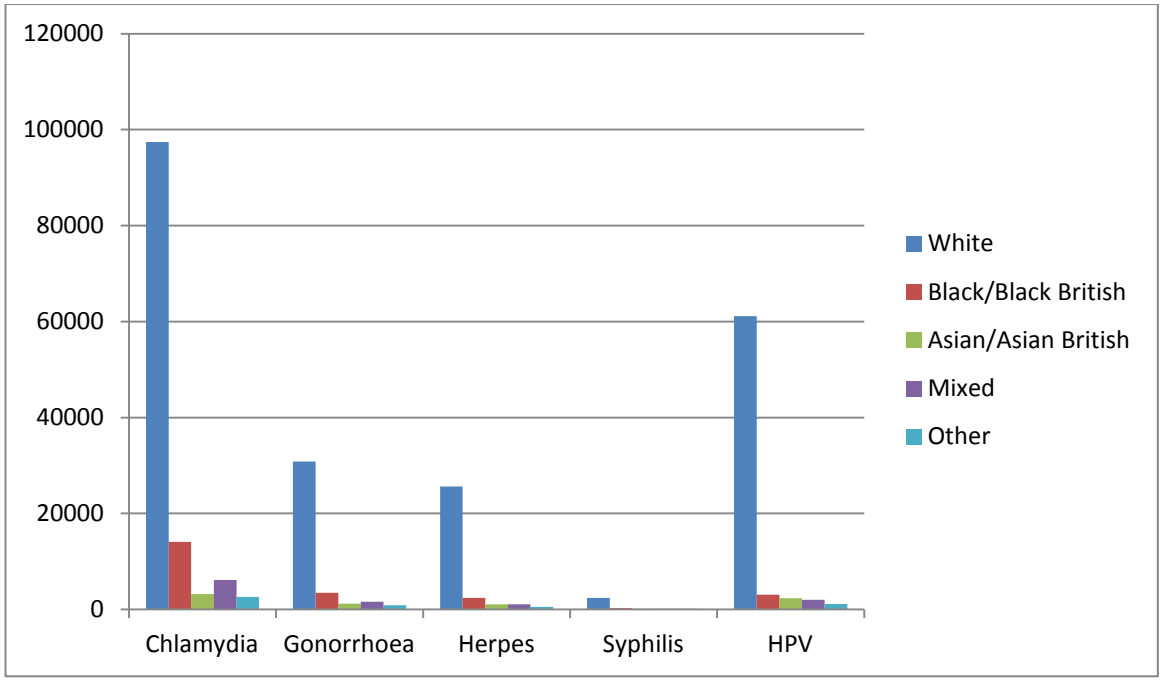
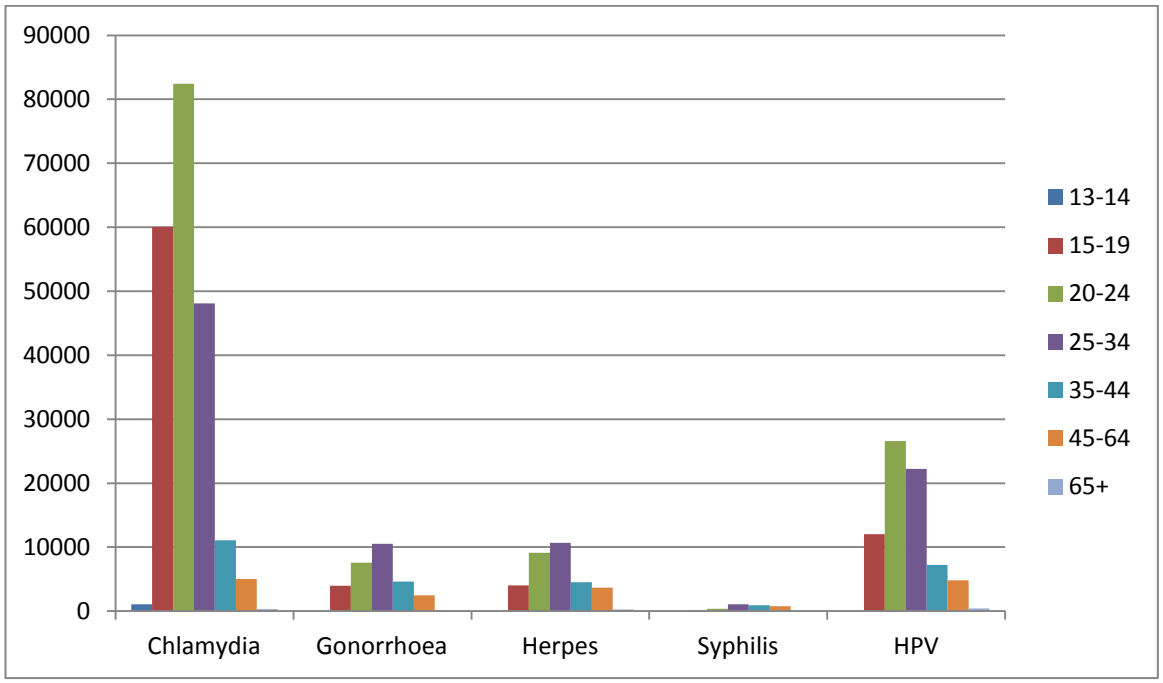


Figure 3 - STIs by age in England - 2013 (Public Health England, 2014)



2. How are sexual health services organised in the UK. Compare with Australia as a country with a similar culture.

In the UK, sexual health services are available to everyone free of charge. Sexual health services are provided by multiple different sources with not all providers offering the full range of services. Specialist sexual health or genitourinary medicine (GUM) clinics are specialist services that provide access to testing and treating of sexually transmitted infections, contraceptive services including emergency contraception and psychosexual services. Services are completely confidential, to the point that patients do not need to give their real name or any details other than a contact number and information will not be shared with any 3rd parties including the patient's own GP. Patients under the age of 16 are privileged to the same confidentiality as adults (NHS Choices, 2013).

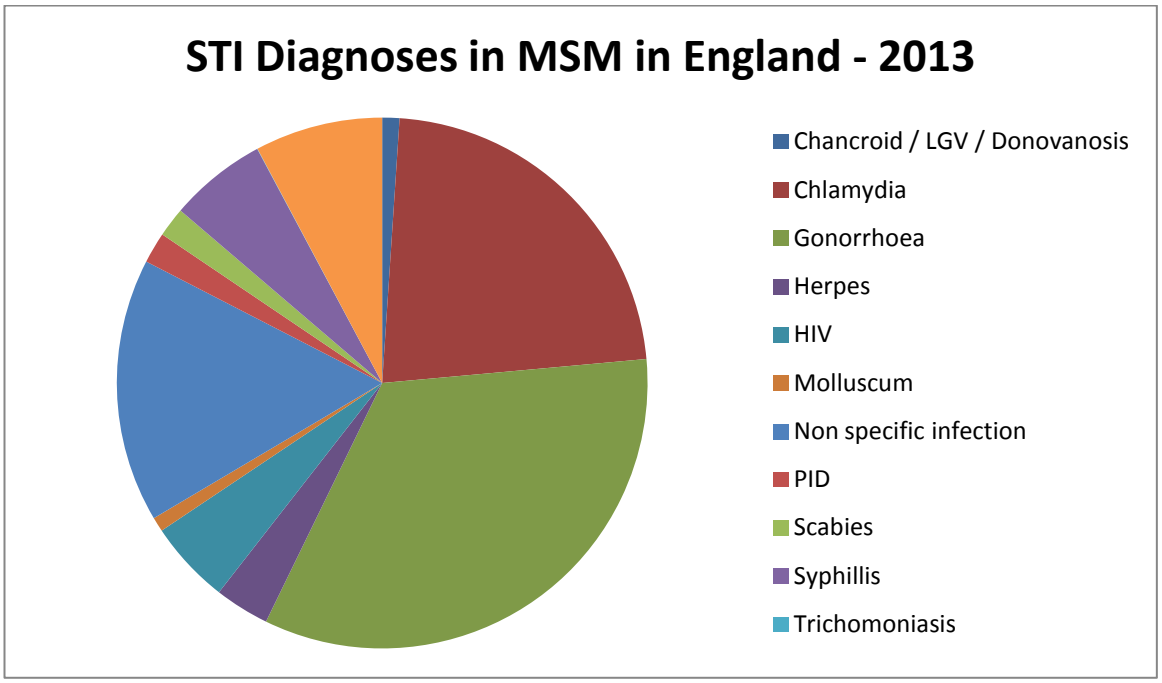
A sexual health consultation is divided into three parts, the history, examination and then treatment. The majority of patients self refer but patients can also be referred by their GP, family planning services or other medical specialities.

Australia's healthcare system has a few major differences when compared with the NHS in the UK. It is based on a system of joint private and government funding. The government funded part (medicare) is partially funded through taxation with the remaining coming from government funds. Medicare typically covers 100% inpatient treatment and 75-85% of outpatient treatment with the patient having to cover the remainder. Sexual health services are run slightly differently in Australia with GUM testing and treatment being free for everyone independent of funding status, including those without a medicare card (for example, tourists) (NSW Health, 2013).

3. Explore the patterns of sexually transmitted infections in the MSM population.

Sexually transmitted infections are over represented in the MSM population, and in 2013, MSM constituted 24% of newly diagnosed STIs in London. As shown in the graph below, Gonorrhoea is a particular concern in the MSM population, but there are also large numbers of Chlamydia and syphilis in this group of patients. Approximately 1 in 12 MSM in London are HIV positive and although this is not as high in other parts of the UK it illustrates a concern as HIV infection is associated with increased transmission of other STIs. MSM are also associated with an increase in risky sexual behaviours such as unprotected intercourse, increased numbers of casual partners, using geospatial apps and the internet to meet casual partners and recreational drug use (especially mephedrone, G and crystal meth) (Public Health England, 2014).

Figure 4 - STI diagnoses in MSM (Public Health England, 2014)



Public Health England have recognised this as a problem and have set a series of recommendations to improves sexual health in MSM in London as well as the UK. These include an educational aspects and increased screening if indicated. Education on condom use is important, and MSM with multiple casual partners are recommended to have full sexual health screenings and HIV tests every 3 months. (Moore, Forde, Leong et al. 2014).

4. Gain sufficient experience in sexual health medicine to make an informed decision on future career choices.

Sexual health medicine has interested me since the 4th year sexual health and HIV teaching week. I find both the medicine and people interesting and like that for the most part the speciality deals with young and healthy patients. I like that for most patients, a diagnosis can be found and the majority of these are treatable, but also you get to deal with a lot of general medicine as people will present with problems unrelated to the genitourinary tract. The 4th year module provided an opportunity to follow a patient through the three step process outlines above however I didn't find this too useful and was unable to explore the speciality as a career however through this two week SSC I have been able to explore different aspects including Sexual health, HIV, research and a few of the more specialist clinics. It is through this that I have been able to make a more informed career choice putting sexual health and HIV medicine as something I can see myself quite happily doing as both a job as a junior but possibly something to think about specialising in.

It is also useful to discuss the training pathways into sexual health and HIV medicine, as different people I have spoken to during my time in the clinics have had different routes into the speciality. The most common training route is through the core medical route. After completing 2 years foundation training, trainees enter core medical training for two years and then enter genitourinary medicine training from ST3 onwards. Trainees can access ST3 training through the ACCS programme if they are not part of the core medical pathway. Length of training varies but it generally takes 6 years to reach consultant level after foundation year 2 (Medical Careers, no date).

Sexual health medicine is mostly clinic based taking place during normal working hours. There are few evening and weekend clinics and little on call requirements. In some larger centres, there may be a need for some HIV inpatient work but generally this is not the case and this is one of the things that makes the speciality so appealing. GUM has a high amount of multidisciplinary input with opportunity to follow academic interests.

References

Medical Careers (no date). Genitourinary Medicine. *Medical Careers NHS.* Available http://www.medicalcareers.nhs.uk/specialty_pages/medicine/genitourinary_medicine.aspx [Accessed 26/05/15].

Moore M, Forde J, Leong G et al. (2014). HIV and STIs in men who have sex with men in London. *Public Health England*. Available https://www.gov.uk/government/uploads/system/attachment_data/file/357451/2015_09_17_STIs_HIV_in_MSM_in_London_v1_0.pdf. [Accessed 26/05/15].

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