

HIV training in the dually accredited Internal Medicine + GUM curriculum

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Declaration of interests

- None financial
- Chair GUM SAC
- Chair Scottish HIV Clinical Leads
- Lead Clinician West of Scotland sexual health MCN
- Chair Scotland PrEP short life working group

Present & future GUM training

- 2016 GUM curriculum was launched on World AIDS Day
- Leads to a single CCT in GUM. HIV is a major strand
- First entrants to Internal Medicine stage 1 training will be in 2018 (or possibly 2019)
- The 4 year dually accredited programme leading to CST in GUM + IM will start in 2021 (or 2022)
- Transition arrangements being considered for trainees in the system when dual starts (eg GUM, neurology & others)

2016 GUM HIV curriculum

- Pan-UK GUM/ID review group led by David Asboe
- Eight key sections corresponding to BHIVA guidelines:
 - 22. HIV testing and diagnosis
 - 23. Epidemiology, natural history and general management of HIV-1 and HIV-2 infection
 - 24. Prevention of HIV transmission
 - 25. Complications of HIV infection
 - 26. Antiretroviral treatment
 - 27. Viral hepatitis including co-infection with HIV
 - 28. Psychosocial aspects of HIV
 - 29. Sexual and reproductive health of PLWHIV

24. Prevention of HIV transmission

(Please note: for mother to child transmission see section on Sexual and Reproductive Health for people living with HIV)

To know the risk factors for HIV transmission in order to identify those both at increased risk of HIV acquisition (HIV negative) or onward transmission (HIV positive). To use this knowledge to undertake interventions to reduce the risk of HIV transmission.

To assess indications, prescribe and monitor post-exposure prophylaxis (PEP) for non-sexual exposure to HIV, post-exposure prophylaxis for sexual exposure (PEPSE), and when available pre-exposure prophylaxis (PrEP).

To assess the need for and prescribe treatment as prevention (TasP).

Knowledge	Assessment Methods	GMP
<p>HIV transmission</p> <p>Describe with reference to HIV:</p> <ul style="list-style-type: none"> • Methods of transmission • Risk groups and behaviours (including chemsex, intravenous drug use, blood or tissue recipient) • Influence of HIV viral load on transmission including transmission during PHI 	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1
<p>Risk reduction</p> <p>To advise individuals at increased risk of HIV acquisition on interventions to reduce transmission risk.</p>	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 3
<p>Post-exposure prophylaxis (PEP)</p> <p>Describe and explain indications for PEP and related issues:</p> <ul style="list-style-type: none"> • Occupational exposure risks and universal precautions • Assessing risk of exposure to prevent transmission/acquisition • PEP regimens, monitoring, post PEP follow up <p>Explain the requirement for disclosure of HIV status to occupational health and other relevant organisations according to national guidelines to prevent HIV transmission</p>	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2, 3
<p>Post-exposure prophylaxis for sexual exposure (PEPSE)</p> <p>Describe and explain indications for PEPSE and related issues:</p> <ul style="list-style-type: none"> • Sexual exposure risks and prevention of exposure • Assessing risk of exposure to prevent transmission/acquisition • PEPSE regimens (avoiding drug resistance), monitoring, post PEPSE follow up 	Dip GUM, Dip HIV, Mini CEX, CBD, MCR	1, 2, 3
Pre-exposure prophylaxis (PrEP)	Dip GUM, Dip HIV,	1, 2

Proposed outline model for physician training

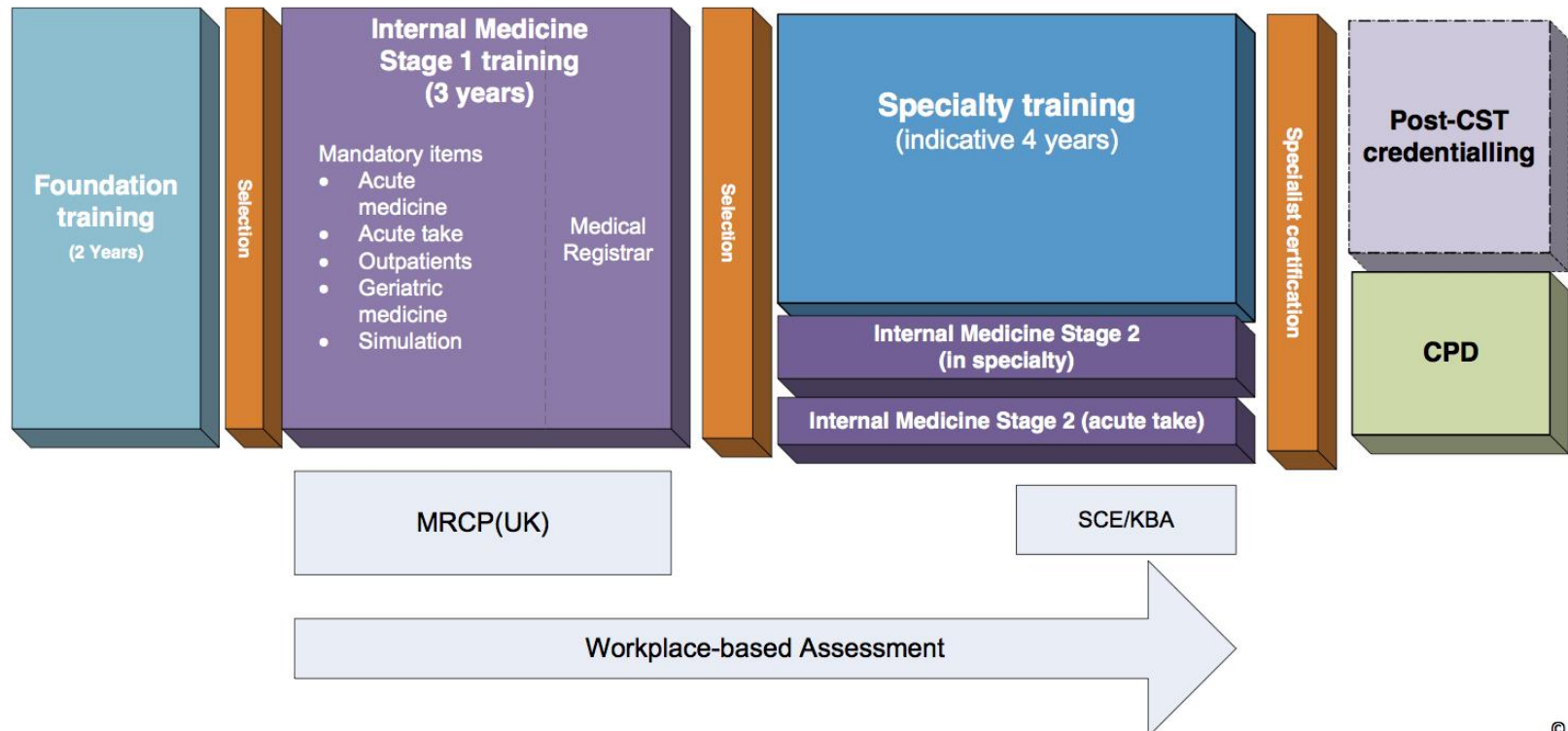
Internal medicine (IM) training is divided into two stages. All physicians will undertake IM stage 1 training and contribute fully to the unselected acute take in the first three years of training. Stage 1 and 2 IM training will contain all the Generic Professional Capabilities (GPCs).

Following successful appointment to a specialty training programme, doctors in training will undertake one of the following routes:

Completion of specialty training + IM Stage 2 (in specialty) = CST in specialty

or

Completion of specialty training + IM Stage 2 (in specialty) + IM Stage 2 (acute take) = CST in specialty AND CST in IM



GUM Competencies in Practice (CiP)

- Eight specialist GUM CiPs:
 - 1. Delivering a sexual health out-patient clinic
 - 2. Managing complex sexual health presentations
 - 3. HIV out-patient care
 - 4. Specialist HIV in-patient care
 - 5. Prevention of HIV, BBV and STIs
 - 6. Early detection of HIV & STIs in all settings
 - 7. Safeguarding public health & targeting populations
 - 8. Service management and commissioning

Specialist HIV training after 2021/22

- IM stage 1 and 2 training with participation in acute take to include CHD risk, renal, ageing, bone health, etc.
- More generalism and should be easier to switch specialties
- Potential for shared/common HIV specialist CiPs
- Can update HIV CiPs to take account of developments without having to re-write entire curricula
- Implications for the DipHIV examination

Current GUM trainees

- Uncertainty from multiple directions and perception of having to “compete” with trainees with dual CSTs after 2025 or 2026
- However majority will be established consultants by 2026 and will be the individuals who are leading service delivery
- Will possess some competencies future trainees will not have time to acquire as spending more time doing IM
- Transition “acute take training year” could also support post-CCT fellowship, but what would the actual uptake be?

Summary

- Dual accreditation GUM + Internal Medicine. Essential to deliver comprehensive HIV care (also STI care)
- Opportunities for shared HIV competencies across specialties
- Wider career options & greater flexibility
- Future care models for HIV & GUM services
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