The future of HIV care: the trainee perspective

Hannah Church
ST6 GUM and HIV medicine, West Midlands Deanery
BASHH DIT representative, RCP SAC trainee representative
2016 Curricula for current trainees

• Change in the focus of HIV learning outcomes

• Decline in new HIV diagnosis: PrEP, frequent testing, TasP, early initiation of ART, U=U

• Changing health needs of HIV positive patients

• DipHIV

• Entry to the GUM training program requires MRCP
Shape of Training

• Integrated Medical Training (IMT) commenced in August 2019

• GUM is a Group 1 Speciality

• Dual accreditation in GUM and General Internal Medicine (GIM)

• What about current trainees?
## Recruitment

- **Round one fill rates**

<table>
<thead>
<tr>
<th>Year</th>
<th>Posts filled</th>
<th>Fill Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>19/29</td>
<td>66%</td>
</tr>
<tr>
<td>2016</td>
<td>20/35</td>
<td>57%</td>
</tr>
<tr>
<td>2017</td>
<td>19/33</td>
<td>58%</td>
</tr>
<tr>
<td>2018</td>
<td>13/37</td>
<td>35%</td>
</tr>
<tr>
<td>2019</td>
<td>12/46</td>
<td>26%</td>
</tr>
</tbody>
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- Recruitment working group
Workforce

• More female than male trainees

• Out of Program
  – OOPR, OOPM, OOPE

• Less Than Full Time Training
The future

• HIV medicine posts including in-patient care

• Acute physicians with HIV specialist interest

• Academic and Public Health hybrids