The BASHH HIV Special Interest Group (SIG)

Laura Waters, Simon Edwards

As the previous and current chair of the British Association for Sexual Health and HIV (BASHH) HIV Special Interest Group (SIG), we will summarise the activities of this busy, diverse SIG. We have about 20 members who communicate regularly by email and include trainee, community, nursing and pharmacy representation.

The 'HIV SIG' is also involved in activities related to hepatitis B and C, working closely with the British HIV Association (BHIVA) hepatitis subgroup and other relevant organisations. Our main role is to provide HIV and hepatitis-related Continuing Professional Development (CPD) for BASHH members, an activity fulfilled primarily by the annual BASHH HIV Masterclass. This non-London meeting is held over 2 days and attracts a broad spectrum of care professionals, including doctors (consultant, non-consultant and trainee), nurses, pharmacists and health advisors. We are fortunate that in financially constrained times we have maintained generous support from our pharmaceutical colleagues such that, for the last two years, we have been able to offer free registration and, in 2014, accommodation. This has prompted an increase in attendees (about 60 in 2013, >100 in 2014) and we hope continues into 2015 and beyond. At Masterclass, we cover new data ('top 5' HIV, hepatitis and comorbidities always prove popular), general medicine and issues, including complex cases, service development and ethics. We have introduced case-based sessions to improve audience involvement and encourage more trainees to attend.

Until 2013, the Masterclass was partnered by the annual Focus meeting, a 1-day meeting in London. Unfortunately, the cost and time involved, combined with a frantic struggle to muster up attendees, resulted in the difficult decision to discontinue this event. We received some eloquent feedback mourning this decision, from one BASHH member, so have no plans to revisit this at present. We are aware this impacts the amount of CPD we provide, so to balance this we will have a dedicated themed Ordinary General Meeting (OGM) (providing 4 h of HIV CPD) each year. Our 2014 short OGMs focused on complex HIV cases and the future of HIV inpatient care. Finally, from an education regard, we help organise and chair the joint BASHH/ BHIVA DipHIV revision course.

Another major SIG function is to provide comment on behalf of BASHH on pertinent consultation documents. Recent examples include National Institute for Health and Care Excellence (NICE) consultations on hepatitis B virus (HBV)/ hepatitis C virus (HCV) testing, HIV selftesting, new NICE HIV testing guidelines and national consultations on new HIV therapies. We often provide joint feedback with other SIGs or with BHIVA. The breadth of our membership provides expertise on most facets of HIV care and when it does not, although rarely, we collaborate or seek support. In addition, the HIV SIG is also involved in writing national guidelines and statements. Recent examples include the joint BASHH/Expert Advisory Group on AIDS statement on the window period for HIV testing, the BASHH/BHIVA/Faculty of Sexual & Reproductive Healthcare guidelines on sexual and reproductive health and the BASHH postexposure prophylaxis guidelines. BASHH is also one of four national organisations to sit on the HIV Clinical Reference Group who advise National Health Service England on HIV treatment and care. We have contributed to commissioning tools, policy statements on new antiretrovirals, the HIV tariff and efficiency innovations.

So what are our challenges and future plans? This is a question that really should be answered by the BASHH membership, not just the small group that sit on the SIG! Our main challenge is how to best to seek the feedback that will best enable us to tailor our activities to benefit members. Each Masterclass we ask for suggestions for future topics but tend to receive more comments on the food than we do on the programme. We have, for the first time, sought postexam feedback for the attendees on the revision course who sat the DipHIV, and will use these comments to shape the next course and better communicate its goals. ŝ We hope to send out a survey to members copyright in 2015 to find out what else we could be doing. Time is limited for us all-do we need to consider more online education? Clinical updates in this journal with CPD-accredited evaluations? Webcasts or podcasts from Masterclass? Monthly online journal clubs? Education apps? We need to make sure that our SIG, along with the rest of the society, makes BASHH an attractive and exciting organisation to join —if trainees are not members, we need to find out why and provide the education and events that will change their minds. We need to continue to represent BASHH to text members at a national level and ensure we help shape the guidelines and policies that affect us, and more importantly, our and patients. Should our consultation exercises data be opened to a broader audience? Do our members adequately represent YOU? We cannot and should not decide the future of ining this SIG, the BASHH membership should, so let us start here. Please send your comments, thoughts and suggestions to Laura I training, and similar technologies Waters and tell us what to aim for in 2015 and beyond!

Competing interests None.

Provenance and peer review Commissioned; internally peer reviewed.



To cite Waters L. Edwards S. Sex Transm Infect 2015;91:6.

Received 16 November 2014 Accepted 22 November 2014 Sex Transm Infect 2015;91:6. doi:10.1136/sextrans-2014-051953 inc

uses related

З

⊳

Department GU Medicine, CNWL NHS Foundation Trust, Mortimer Market Centre, London, UK

Correspondence to Dr Laura Waters, Department GU Medicine, CNWL NHS Foundation Trust, Mortimer Market Centre, London WC1E 6JB, UK; lwaters@nhs.net