The survey was open for completion for 3 months from March 2011.

Results In total, 227 SAS doctors (78% female, 22% male) completed the survey, 74% were on the new SAS contract, 44% as specialty doctors, 30% as associate specialists. Uptake was estimated at 40% on local assessment. According to the data in abstract P187 table 1, 1049–1253 genitourinary medicine (GUM) sessions/week are done by the respondents. Numbers are likely to be much higher given the estimated response rate. Significant numbers of HIV and sexual and reproductive health (SRH) sessions are also undertaken. Respondents indicated that 63% planned to retire within the next 15 years; 11% by 2013, 18% between 2014 and 2016, 20% between 2017 and 2022, 21% between 2022 and 2026, 29% were unsure when in the next 15 years they would retire.

Abstract P187 Table 1 Number of sessions performed by SAS doctors

	% of SAS doctors working these sessions
Number of GUM sessions/week	
1–2	20
3–4	20
5–6	17
7–8	15
9–10	18
≥10	3
Number of HIV sessions/week	
None	74
1–2	19
3–4	2
5–6	2
7–8	2
9–10	0.5
Number of SRH sessions/week	
None	49
1–2	24
3–4	10
5–6	7
7–8	4
9–10	5

Conclusion SAS doctors provide a major contribution to sexual health service work and given that 63% plan to retire within the next 15 years this is a crisis in waiting. Failure to take this data into account when planning for the future may mean that the crisis will become a reality.

P188 DO GENITOURINARY MEDICINE PHYSICIANS NEED TO KNOW ABOUT TROPICAL DISEASES?

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Background Many individuals presenting to genitourinary medicine (GUM) clinics have travelled or may have been born outside the UK. A number of tropical infections can present with genitourinary symptoms.

Aims To investigate how many cases of schistosomiasis were diagnosed in a GUM clinic over a 3-year period, whether they were treated according to the European Association of Urology guidelines for the management of urogenital schistosomiasis and whether treatment led to symptomatic improvement.

Methods All the schistosoma serology requests from our clinic in 2009–2011 were obtained and identified as positive, negative or equivocal results. The results were separated into those from our HIV clinic and those from GUM. The notes for all the positive and equivocal results were reviewed.

Results 182 tests were performed on 168 different individuals. 151 tests (83.0%) were carried out in HIV clinic, 31 tests (17.0%) in GUM. 4 (2.6%) of the tests carried out in HIV clinic were positive. 4 (12.9%) of tests carried out in GUM were positive. All positive results were non-British born males ranging in age from 28 to 42. All individuals with positive results had symptoms or signs that could have been attributed to urogenital schistosomiasis. Five of the 8 individuals had urine and stool sent to look for schistosome eggs, two had just urine analysed and 1 had neither. 6 individuals were referred to Infectious Diseases, two were managed in GUM. Seven of the 8 individuals were treated with praziquantel according to the guidelines. One individual declined treatment. Of those individuals treated, two had full resolution of signs and symptoms, three had partial resolution, one was followed-up in another department and one had no resolution of symptoms.

Discussion Genitourinary medicine physicians should consider a diagnosis of schistosomiasis in at-risk individuals when standard tests have not provided a diagnosis and resolution of symptoms.

P189 A NATIONAL MENTORING SCHEME WITHIN GENITOURINARY MEDICINE (GUM): IS IT WORKING?

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Background Collaboration between BASHH and the Royal College of Physicians saw the development of a National mentoring scheme for newly qualified consultants in GUM. Mentors were recruited from senior GUM clinicians, and invited on a tailored mentoring course. On appointment, new consultants are offered and allocated a mentor for 18 months.

Objectives To determine the effectiveness of the mentoring scheme thus far.

Methods Voluntary interim questionnaires were distributed via Survey Monkey to mentor/mentee pairs who had joined the scheme for >3 months in January 2011. Responses were anonymous and quantitative data are presented.

Results 18 mentees and 17 mentors responded. The mean time from mentor allocation was 9.1 months (ranging 3–17). 80% of mentees found it easy to arrange their first meeting with their mentor, 72% had met their mentor between 1 and 4 times in person. Almost three-fourth (71%) felt they had received ample contact with their mentor, and in those who hadn't, time constraints and multiple competing service demands were repeatedly cited as barriers. Encouragingly, 69% of mentees felt the programme had helped them, with a further 25% responding, "not yet" as it was "too early in their mentorship". 93% of mentors responded they felt confident to support their mentee, and 79% perceived the relationship with their mentee was going well. Mentee feedback particularly favoured greater structure, including alerts to encourage meeting prioritisation and further guidance on what could be covered within mentorship.

Discussion The mentoring scheme, which now hosts 67 BASHH mentors and 41 mentees, is providing significant support to new GUM consultants. By developing a mentoring module with clear

guidance for final year registrars, and opening the scheme to them prior to commencement of their substantive posts, we anticipate that these changes will bring further benefits to those in the mentoring programme.

P190 BAREBACKING: OPINIONS OF HIV NEGATIVE MEN WHO HAVE SEX WITH MEN

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Background Men who have sex with men (MSM) remain disproportionately affected by HIV and sexual infections. 2010 saw the highest number of new UK HIV diagnoses, acquired predominately through condomless anal sex (CAS) with an estimated 67% acquired in relationships. To reduce risk taking behaviour, a deeper understanding of what influences MSM not to use condoms is required.
Aim To explore the opinions and rationales for CAS in HIV negative MSM.
Methods MSM were targeted, via gay press and leafleting, to complete an online questionnaire exploring issues around CAS. Data were collected from November 2010 to October 2011 following ethical approval. Responses from HIV negative MSM were reviewed and themed to quantify opinions and motivations for CAS in this cohort.
Results Data are drawn from a larger study. A total of 158 males met the criteria; 73.4% (n=116) did not identify themselves as a barebacker, the remainder did. There was a mean age of 35.4 (range 18–72), with the majority being White British (48.7%, n=77). All participants had engaged in unprotected anal sex. Barebacking was identified as contextual (eg, only in relationship) by 36 or behavioural (eg, I bareback) by 28 respondents. Relationships (79, 50%), trust (44, 27.8%) and infection screening (42, 26.6%) featured most frequently as personal reasons for engaging in CAS. Alcohol (63, 39.9%), physical sensation (58, 36.7%) and the thrill of the risk (53, 33.5%) were the most common opinions on why others had unprotected sex.
Conclusions CAS remains a complex issue and the definition of "barebacker" varies. Perceptions why others engaged in CAS have more negative connotations, however individual rationales for engaging in CAS predominantly focussed around love and relationships. Given the significant number of MSM that acquire HIV in relationships there is a clear need to maintain safer sex messages that are contextualised for those in relationships to observe the principles of negotiated safety.

P191 DEMONSTRATING PERFORMANCE OF A LOW-COST ULTRA-RAPID PCR ASSAY FOR *TRICHOMONAS VAGINALIS* WITH POINT-OF-CARE APPLICATIONS

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Objectives We have developed a novel Point-of-Care (PoC) system, Velox, comprising an assay-specific cartridge and instrument with a turnaround time of 25 min. The system has been developed for *Chlamydia trachomatis* and *Chlamydia*/Gonorrhoea. We have now developed a *Trichomonas vaginalis* (TV) test suitable for integration onto the cartridge. The assay utilises a novel electrochemical detection method to demonstrate low copy number amplification and detection of TV in <25 min.
Methods The method employs prototype PCR cartridges in conjunction with an ultra-rapid thermocycler. All reagents necessary to perform the extraction, amplification and detection are deposited into the cards and air dried at the point of manufacture. A sample is added to the card and DNA extracted from the sample. The resulting eluate reconstitutes dried PCR reagents and PCR is performed using rapid thermocycling. Amplified target is detected using electrochemically-labelled TV target-specific probes and a double-stranded DNA-specific exonuclease to release the electrochemical label. Released label is read by applying a voltage to a screen printed carbon electrode and at a known oxidation potential the label is oxidised producing a measurable current.
Results Analytical sensitivity of the TV assay was evaluated by testing dilutions of the organism in the presence of Internal Control (IC) DNA. The results show a TV limit of detection of 50 copies when co-extracted, amplified in duplex and detected electrochemically with the IC DNA. Tests on the reagents dried into the device showed stability for 18 months when stored at ambient temperature (20–25°C).
Conclusions The results show that in conjunction with the instrument, the TV assay could be used to perform ultra-rapid PCR with no user intervention after sample addition. This allows minimally-trained staff to carry out the assay in <25 min, meeting the needs of a PoC device.

P192 WHAT CAREER CHOICES DO TRAINEES MAKE AFTER ATTENDING THE GU MEDICINE TASTER?

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Background The GUM taster (running annually in London since 2009) is a 2-day educational programme for junior doctors before they apply for specialist training. It is popular and oversubscribed, receiving excellent feedback. We sought to investigate the career choices made by trainees who had attended previous GUM tasters.
Methods All trainees who had attended one of three previous GUM tasters were contacted about their career progression. Four questions were asked, covering: (1) current specialty, (2) current year of training, (3) career choices/plan, (4) reasons for choice of specialty.
Results Trainees were contacted by email and telephone, response rate 86% (90/105). Trainees currently in specialty or GP training (52%, 47/90) are listed below: The remaining trainees (43/90) were in: non-training clinical posts/working abroad (21), still in F2/CT1/CT2 (19), clinical fellowships (2) or had left medicine (1). Of these, 37% (16/43) planned to apply to GUM as their first choice specialty; with 26% (11/43) planning to apply for GP training. 71% (15/21) of trainees planning a career as a GP wanted to continue with GU as a specialist interest. Reasons given for choosing GU medicine included interest, work-life balance, opportunities for research/work abroad, lively colleagues, diverse patients and avoiding general medicine (see abstract P192 table 1).
Discussion 37% (33/90) of those attending our GU Tasters were either already in GU training or considering applying for GU as their first choice specialty. In 2011, the Taster was successfully organised in London and in the Midlands (for the first time). The course has allowed trainees to be better informed about the specialty and has highlighted GU medicine as a popular alternative or additional career option for many.