feasible and has potential for supporting promising diagnostic technologies towards NHS adoption.

P201 TENDERING OF SEXUAL HEALTH SERVICES: A REGIONAL STAFF SURVEY OF IMPACT ON CLINICS AND INDIVIDUALS

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Background The Health and Social Care Act was implemented in April 2013 and has led to tendering of Sexual Health (SH) services in England. By 2014 all of the services in our region had experienced tendering.
Aim To assess the impact of tendering on staff.
Methods Clinical leads within the region were asked to circulate an online survey to all clinical staff within the service. Details on job role, timing of tendering, results of tendering and how strongly individuals agreed or disagreed with statements about tendering were asked for.
Results There were 54 responses from individuals working within 7 services. 9 (17%) agreed with the statement "my physical health has been adversely affected". 34 (63%) disagreed with the statement "the process of tendering has not affected my psychological wellbeing". 39(73%) agreed with "the process of tendering has affected my enjoyment of my work". 25(47%) had considered leaving sexual health as a result of the tender. 24 (45%) agreed with the statement that they knew colleagues who had left SH as a direct result of tendering. 31(57%) agreed with the statement that their colleagues had seen less patients as result of tendering. 25(47%) disagreed with the statement "the tender has impacted negatively on how easily patients can be seen in our service".
Conclusion This is the first survey of staff experiencing tendering and demonstrates the physical and psychological impact on them. It is important to note the potential consequences of tendering on the stability of services as trained staff seek employment elsewhere.

P202 EVALUATION OF INTERFERING SUBSTANCES COMMON TO SWAB AND URINE SPECIMEN USING THE BD MAX™ CT/GC AND CT/GC/TV ASSAYS, A NEW AUTOMATED MOLECULAR ASSAY

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Background/introduction The BD MAX™ CT/GC and CT/GC/TV assays performed on the BD MAX™ System are qualitative multiplex assays designed for the detection of *Chlamydia trachomatis* (CT), Neisseria gonorrhoeae (GC), and Trichomonas vaginalis (TV) DNA in female urine, endocervical, and vaginal specimens, or CT and GC DNA in male urine specimens.
Aim(s)/objectives This study evaluated the performance of the BD MAX™ CT/GC and CT/GC/TV assays in the presence of interfering substances commonly found in vaginal swab and urine specimen.
Methods Vaginal and Urine specimen pool suspensions prepared in BD MAX™ UVE Sample Buffer were inoculated with (44) different biological, chemical, and bacterial substances at a concentration that may be found in urogenital specimens. Suspensions containing interfering substances were subsequently triple-spiked with quantitated cultures of CT, GC, and TV at 2X the Limit of Detection (LOD) for positive specimen. Negative specimens were not spiked with organism. All pools were inoculated into BD MAX™ UVE Sample Buffer Tubes, heated on the BD MAX™ Pre-warm Heater and tested on the BD MAX™ System.

Interference was determined as non-conforming positive or negative test results.
Results Interference was not identified with any of the 31 substances tested for urine. No interference was observed in vaginal swab specimens with the exception of contraceptive foams and gels (>25 μL/mL), metronidazole cream (>2.5 μL/mL) and whole blood (>0.66 μL/mL).
Discussion/conclusion These results demonstrate that the BD MAX™CT/GC and CT/GC/TV assays detect the presence of Neisseria gonorrhoea, *Trichomonas vaginalis*, and *Chlamydia trachomatis* in in the presence of interfering substances common in urine and vaginal swab specimen.

P203 CURRICULUM COMPETENCES-BASED EVALUATION OF GENITOURINARY MEDICINE HIGHER SPECIALIST TRAINING IN A LARGE TEACHING HOSPITAL

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Background/introduction Award of a certificate of completion of training is dependent on registrars attaining 44 competences described in the 2010 Genitourinary Medicine Higher Specialty Training curriculum.
Aim(s)/objectives This study evaluates clinical opportunities of a 4-year modular training programme in a large teaching hospital to determine:

1. Whether opportunity cost of training to service delivery is justifiable.
2. Competences that are inadequately addressed by direct clinical opportunities alone.

Methods Curriculum competences-based evaluation was undertaken with local faculty and trainees quantitatively assessing the 'usefulness' of the modular programme to meet each curriculum competence.

A Quality-Cost Justification matrix determined whether opportunity costs to service provision could be justified for individual clinical opportunities. This considered whether the opportunity is a mandatory curriculum requirement as well as the quality of training determined by triangulating quantitative 'usefulness' ratings of the faculty with qualitative findings of the trainee survey.
Results While 100% (n = 6) of registrars were either satisfied or very satisfied with existing clinical opportunities, these were only sufficiently useful for attaining 23/44 competences. Additional formalised training by way of an academic programme, opportunities to design teaching programmes and research and management experience were required to meet 10/20 GUM, 5/18 HIV, 6/6 management competences.

For all sexual health and 2/6 HIV clinical opportunities, the high quality of training justified the opportunity cost to service provision.