hypothesised that clinicians with less training and experience may tend to err on the side of caution and be more likely to diagnose PID than more senior colleagues.

**Objectives** To ascertain whether the rates of PID diagnoses differ by grade of clinician.

**Methods** Women attending our service as new or rebook patients between March 2009 and January 2010 were seen by eight different grades of clinician. Of these, all but Band six nurses saw symptomatic patients. Data were analysed by grade of staff conducting the consultation.

**Results** Chlamydia (CT) prevalence was broadly similar across all staff groups. The rates of PID diagnoses were also similar. However, the proportion of PID patients with CT differed significantly between staff groups. In the cases of PID diagnosed by more experienced staff, CT was found in 24% to 32% of patients. This is less than the proportion of PID patients with CT differed significantly between staff groups. In the cases of PID diagnosed by more experienced staff, CT was found in 24% to 32% of patients. This is less than the proportion of PID patients with CT differed significantly between staff groups. In the cases of PID diagnosed by more experienced staff, CT was found in 24% to 32% of patients. This is less than

**Conclusions** Significant differences were found in the proportion of patients with chlamydia positive PID between experienced doctors and other clinicians. The broader experience of senior doctors may help them in differentiating PID from other causes of lower abdominal pain thus improving the specificity of their diagnosis.