approaches to routine testing. A recent study showed that when a physician led model of testing is in place, 39.7% of all general medical patients are offered HIV tests.

Aim(s)/objectives Assess the feasibility and acceptability of a non-physician directed (NPD) model of HIV testing.

Methods Retrospective cohort study involving a review of the proportion of all medical admissions offered tests by a NPD model of HIV testing.

Results 37.9% (1973/3409) of all general medical admissions aged 18–79 were offered HIV tests. Acceptability was high with 96.7% (1908/1973) of offered patients having HIV tests. The mean age of patients offered and tested was 56.8 years.

Discussion/Conclusion This study demonstrates superior feasibility and efficacy of a non-physician directed model of routine HIV testing. Although cost and culture remain important barriers of employing this strategy in many hospitals, the use of allied health professionals may be an important step in achieving National and International guidelines for HIV testing.

Background/introduction BHIVA testing guidelines recommend that partner notification, transmission of HIV and the medico-legal issues are discussed with patients at their first review with an HIV specialist. This should ideally occur within 48 h but no later than 2 weeks after diagnosis. Consideration of additional support during the challenging time following the diagnosis of HIV infection and AIDS related conditions, with increased promotion and access of testing in non-GU settings.

Aim(s)/objectives To audit the documentation of the recommendations above.

Methods A retrospective audit of electronic clinic letters and paper records of all HIV patients diagnosed at our service between 01/2008–04/2014.

Results Overall, 182/187 (97%) had all the information discussed with them and documented in the notes. In 2008, three patients had missing information. One failed to return following a positive test so all information was missing. One had no record of voluntary sector discussion. One was missing information about transmission and medico-legal issues. In 2011, another patient tested positive and failed to return for review so all information was missing. In 2013, one patient had a missing record of medico-legal issues discussion. In all other years all information was discussed and recorded in patient records.

Discussion/Conclusion Each of the recommendations were discussed and documented in nearly all cases, with an improvement noted after 2008 (the year the guidelines were published). Each recommendation has important public health implications with the potential to reduce onward transmission. The provision of voluntary sector information is crucial for providing patients with additional support during the challenging time following diagnosis and has the potential to impact on future retention in care.