HIV testing in medical admissions is a missed opportunity

Editor – We read with great interest the article by Ellis *et al* (*Clin Med* October 2012 pp 430–4). The authors suggest that there are probably low levels of testing in hospital medical admissions, representing a missed opportunity for testing.

We completed an audit to determine if guidelines for HIV testing among medical admissions were being followed. 200 case notes for patients admitted to an acute trust in 2011 were reviewed. Our patient population includes several areas of high HIV prevalence (>2/1,000). BHIVA guidelines recommend widespread testing in patients from areas of high HIV prevalence.

Of the patients presenting from areas of high HIV prevalence, only 1% were appropriately tested for HIV. 3% of patients from lower prevalence areas were tested. An additional 14% of patients from lower prevalence areas should have been offered an HIV test. 2% of patients had a history of intravenous drug use and 12% had a clinical indicator condition. Alarmingly, there was no evidence that any patients had been questioned about HIV risk factors.

We were concerned as to why medical admission was not seen as an opportunity for HIV testing. We devised a questionnaire based on the guidelines to assess doctors' knowledge and attitudes towards HIV testing. The survey was completed by 50 medical doctors (14 foundation year 1 doctors, 20 senior house officers, 8 specialist registrars and 8 consultants).

The survey showed that knowledge was poor. On average doctors could name 3.48 clinical indicator conditions out of a possible 38 (Table 1).[1] A 5-point Likert scale was used to assess attitudes towards HIV medicine. 68% of doctors questioned felt confident asking about HIV risk factors and 74% felt confident offering patients an HIV test. In contrast, however, 88% felt they would like further training in HIV medicine.

Implications of testing form part of the Core Medical Training Curriculum (2009) and the importance of offering screening is highlighted in the Specialty Training Curriculum for General Internal Medicine (2009). Despite this, our survey might suggest that doctors' lack of knowledge may be one reason why HIV testing in medical admissions is indeed a missed opportunity.

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1 The British HIV Association, the British Association for Sexual Health and HIV and the British infection Society. *UK National Guidelines for HIV Testing 2008*. London: BHIVA, 2008. www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf [Accessed 7 December 2012].

The RCP should support the statutory regulation of herbal practitioners

Editor – Your editorial (*Clin Med* October 2012 pp 403–4) suggests that when statutory regulation of herbalists takes place via the Health and Care Professions Council (HCPC), herbalists should be required to report on the adverse effects of herbal preparations. However, the leading herbal professional bodies have operated for years within the UK Yellow Card Scheme (YCS), advocating that all practitioners should be party to this when statutorily regulated by the HCPC.

In the light of your call for participation in the YCS, it is odd that you should characterise the HCPC as 'an unusual home' for herbal practitioners. The only way that all herbal practitioners can be required to participate in the YCS is through statutory regulation; voluntary regulation will not suffice. The government white paper, *Trust, Assurance and Safety*[1] specifically ruled that 'emerging professions should be managed by the existing statutory regulatory bodies' to use existing expertise to promote common regulatory standards as well as multidisciplinary working. The HCPC is surely the most suitable regulator for herbal practitioners precisely because of its wide ranging portfolio. Significantly the HCPC has expressed its backing for the statutory regulation of herbal practitioners.[2]

It is a matter of regret that the RCP appears to be having second thoughts about backing statutory regulation of herbal practitioners. In an address on traditional medicine, Dr Margaret Chan, Director-General of the World Health Organisation (WHO), said 'The two systems of traditional and western medicine need not clash. Within the context of primary health care they can blend together in a beneficial harmony, using the best features of each system and compensating for certain weaknesses in each... The time has never been better, and the reasons never greater, for giving traditional medicine its proper place in addressing the many ills that face all our modern – and our traditional – societies.'[3]

In the interest of patients, we urge the RCP to support the statutory regulation of herbal practitioners as proposed by the Secretary of State for Health.[4]

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2 Health and Care Professionals Council. *HPC's response to the joint consultation on the report to Ministers from the Department of Health Steering Group on the statutory regulation of practitioners of acupuncture, herbal medicine, traditional Chinese medicine and other traditional medicine systms practiced in the UK*. London: HCPC, 2009. www.hpc-uk.org/assets/documents/10002B