Table 4 Adequacy of contraceptive use by ethnicity

Contraception	Ethnicity [*n* (%)]			
	Total (*n* = 266)	Asian (*n* = 37)	Afro-Caribbean (*n* = 70)	Caucasian (*n* = 159)
Adequate	148 (56)	16 (43)	35 (50)	97 (61)
Inadequate	59 (22)	9 (24)	23 (33)	27 (17)
None	59 (22)	12 (33)	12 (17)	35 (22)
Trying to conceive	4 (2)	1 (3)	0	3 (2)

likely to be in a long-term relationship and therefore the benefits of using reliable contraception are outweighed by side effects or perceived risks when sexual activity is unpredictable. This reinforces the need for raising awareness about all contraceptive methods and making these methods accessible to everyone.

All trainees in GUM must obtain the Diploma of the Faculty of Family Planning (DFFP) and thus have a good knowledge base for providing contraception. Women attending our GUM clinic have already made a step towards accessing sexual health services and in our clinic we seem to be missing a valuable opportunity to address these women's contraceptive needs. An audit report from a Nottingham GUM clinic in 2004[6] found that over half of their patients would use a contraceptive service available within a GUM setting. We plan to conduct a prospective survey in our clinic to assess the contraceptive needs of women attending a GUM clinic so that we can reflect on our current missed opportunities and in the future address the feasibility of providing an on-site family planning service.

Statements on funding and competing interests

Funding None identified.

Competing interests None identified.

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CAREER PATHWAYS

Specialist Registrar in Genitourinary Medicine

How has your career developed?

I qualified as a doctor in 1994 and initially embarked upon a career in obstetrics and gynaecology. As part of my training I did a Senior House Officer (SHO) job in genitourinary medicine (GUM) and was converted more or less straight away. As I had done MRCOG I needed to do some more general medicine including 6 months of unselected medical take so I did further SHO jobs in HIV/general medicine and dermatology. The alternative pathway into GUM is by doing MRCP.

What does your current role entail?

My job is mainly outpatient-based and I do regular HIV and general GUM clinics. I take part in the on-call rota for HIV-positive inpatients although this is non-resident so not too onerous on the whole and an attachment on the HIV inpatient ward is an essential part of our training. We also rotate through specialist GUM clinics such as Hepatitis Clinic, Herpes Clinic and Male and Female Problem Clinics. There is plenty of opportunity to get involved in teaching undergraduates as well as SHOs and nursing staff.

What is an average day like for you?

Each day is different but a typical one might involve doing an outreach sex workers' clinic in the morning where I might treat syndromically for STIs and try to sort out the attendees' contraceptive needs as well. At lunchtime I might attend a meeting on the development of a new integrated sexual health and contraception service as part of my management experience. In the late afternoon I might attend an academic or research meeting to try and keep up to date with the latest findings and get involved in research myself.

FACT FILE

Name: Sophie Forsyth
Job title: Specialist Registrar in Genitourinary Medicine (Flexible Trainee)
Location: Mortimer Market Centre, London, UK
Qualifications: MBChB, MRCOG, DFFP, DipGUM

What are the best and worst elements of your job?

I see myself as very lucky to be doing a job I enjoy and to be working with some inspiring colleagues both medical and non-medical. On the GUM side most patients are young and healthy and you can often quickly and easily sort out something that they may have been extremely worried and embarrassed about. HIV medicine is a rapidly expanding specialty and it is exciting to be part of something that is so important globally.

The only down sides will be familiar to most doctors I expect and involve having to do administrative duties such as rotas and organising meetings.

How do you see your job progressing in the future?

I have a year left as an SpR and then I would like to find a consultant post where I will be able to develop my interests in the sexual health of young people, HIV-positive pregnant women, and dermatology.

If you were not a doctor what would you like to do?

That's a difficult one as it took me long enough to work out that I wanted to be a GUM doctor. I'd like to think it would be something altruistic like teaching as I greatly enjoy working with young people, but some days I think I should be earning a fortune in the city!

FURTHER INFORMATION

British Association for Sexual Health and HIV (BASHH): www.bashh.org

British HIV Association (BHIVA): www.bhiva.org