HIV testing in primary care

In the UK, it is estimated that 17% of people living with HIV do not know their status. HIV testing is critical to providing effective treatment to prevent disease progression and mortality. Effective treatment also reduces viral load and thereby prevents onward transmission.

Primary care is well placed to offer HIV testing, but opportunities are often missed. Who should you offer testing to? What tests are available? What do you do with the result?

NICE has published new guidance on HIV testing (NICE 2016, NG60).

The aim of this guideline is to increase the uptake of HIV testing in primary and secondary care to identify those with undiagnosed HIV. It does NOT cover HIV testing in pregnancy.

Prevalence of HIV in England

The following facts guide the recommendations made by NICE.

Highest risk groups

The most commonly affected groups are:

- Men who have sex with men (1 in 20 men aged 15–44y who have sex with men are estimated to have HIV).
- Black Africans:
  - In heterosexual black African women, the rate is 1 in 22.
  - In heterosexual black African men, the rate is 1 in 56.

(To compare, in the UK heterosexual population aged 15–44y, the prevalence of HIV is about 1 in 1000.)

Prevalence

Based on modelling by Public Health England, each local authority area is given a likely prevalence.

<table>
<thead>
<tr>
<th>Prevalence</th>
<th>In numbers</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely high</td>
<td>5+/1000</td>
<td>Manchester, London, Brighton and Hove</td>
</tr>
<tr>
<td>High</td>
<td>2–5/1000</td>
<td>Most big cities and some ‘shires’</td>
</tr>
<tr>
<td>English average</td>
<td>1.9/1000</td>
<td></td>
</tr>
</tbody>
</table>

You can find your local HIV prevalence rate on the relevant Public Health England/Scotland/Wales/Ni site (see Useful websites box for the link to Public Health England HIV prevalence page by area).

Undiagnosed HIV

- Overall, about 17% with HIV are unaware of their status, and so are at risk of passing it on.
- These rates are higher outside London (24% undiagnosed) than in London (12% are undiagnosed). This may in part be because there was a strong drive in previous NICE guidance to increase uptake of HIV testing in London because of the high prevalence there.
- Two-thirds of late diagnoses occur in high and extremely-high prevalence areas.

Types of HIV test

When considering an HIV test, remember the window period. This is the time between exposure to HIV and when a test will give you an accurate reflection of your HIV status. The window period is 1m for 4th generation serological test and 3m for older tests.

4th generation serological testing

- This detects anti-HIV antibodies and the p24 antigen (a virally derived protein that is present in the early stages of HIV infection).
- This test reduces the time between infection and testing positive (the ‘window’) to about 1m.

Point of care testing

- Point of care or ‘rapid’ tests are non-invasive and use capillary blood (finger-prick) or saliva (mouth swab).
- These generally measure anti-HIV antibodies, and have a lower specificity and sensitivity compared with 4th generation serological testing.
- The window period is up to 12w but the result is available immediately.
- Offer in situations where venepuncture is declined or it would be difficult to give people the result (e.g. unwilling to leave
contact details). In practice, this will often be in sexual health rather than primary care settings.

- All positive and ‘reactive’ (non-negative) results will need to be confirmed by serological testing.
- False positives will be more common in areas of low prevalence.
- NICE noted that point of care testing would be difficult for us to do in a 10min appointment in addition to the main consultation. It suggested it may be a role for practice nurses (who also have time pressures on them I would hasten to add!).

Self-sampling kits

- Consider using in groups or communities with a high rate of HIV.
- Kits can be ordered online.

To whom should you offer a test?

Uptake of HIV tests are generally high if the test is offered, but many of us are still reluctant to offer the test.

NICE noted that offering an HIV test ‘routinely’ in primary care consultations is difficult as it may be completely separate from the patient’s agenda/list! In view of this, and our time constraints, NICE placed stronger onus on hospitals and A&E departments.

However, there are still many occasions where we can and should offer testing. The table below highlights these situations.

### HIV testing in primary care

<table>
<thead>
<tr>
<th>People who receive a positive test should be seen by an HIV specialist preferentially within 48h, and certainly within 2w.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICE suggest routinely offering HIV testing in primary care to (NICE 2016, NG66):</td>
</tr>
<tr>
<td>• Certain groups opportunistically, see below.</td>
</tr>
<tr>
<td>• Routinely to those with indicator conditions, if appropriate. ‘Indicator conditions’ are symptoms or conditions associated with HIV (prevalence of undetected HIV in these groups, &gt;0.1%). The indicator conditions most likely to be seen in primary care are listed below.</td>
</tr>
<tr>
<td>Testing is also recommended (although not covered in this NICE guideline) for those with:</td>
</tr>
<tr>
<td>• Suspected seroconversion illnesses.</td>
</tr>
<tr>
<td>• AIDS-defining illnesses.</td>
</tr>
<tr>
<td>All of these groups are summarised below.</td>
</tr>
</tbody>
</table>

#### Opportunistic testing (high risk groups)

NICE recommend offering HIV testing to the following groups:

| Country of origin | People from a country or group with high rate of HIV. |
| --- | People who have had sex with someone from a high risk country. |
| Sexual behaviour | Men who have sex with men (MSM) who have not had an HIV test in the previous year. |
| Sexual behaviour | Trans-women (i.e. born a male) who has had sex with men and has not had an HIV test in the previous year. |
| Sexual behaviour | High risk sexual practices such as chemsex (sex between men under the influence of drugs taken immediately before/during sex – usually crystal methamphetamine, GHB/GH), mephedrone; and to lesser extent cocaine and ketamine. |
| Sexual behaviour | Sexual partner of someone with HIV or at high risk of HIV (e.g. women who have had sex with a man who has had sex with a man). |
| Past medical history | Diagnosed with or requests testing for an STI. |
| Past medical history | History of IV drug use. |
| Prevalence of HIV in your area (details on how to find this out above) | In areas of high or extremely high prevalence also offer HIV testing: |
| | ○ To anyone registering at the practice |
| | ○ Undergoing blood tests for another reason and has not had a test for HIV in the last 12m. |
| Prevalence of HIV in your area (details on how to find this out above) | In areas of extremely high prevalence: |
| | ○ Consider testing opportunistically at each consultation (whether or not blood tests are indicated for another reason). |
### Indicator conditions

**NICE suggest offering HIV testing routinely, if appropriate.**

<table>
<thead>
<tr>
<th>Respiratory</th>
<th>Neurology</th>
<th>Gastroenterology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumonia</td>
<td>Lymphocytic meningitis</td>
<td>Anal cancer/dysplasia</td>
</tr>
<tr>
<td>Invasive pneumococcal disease</td>
<td>Guillain–Barre syndrome</td>
<td>Hepatitis A, B or C</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>Mononeuritis</td>
<td>Oral hairy leukoplakia</td>
</tr>
<tr>
<td></td>
<td>MS-like disease</td>
<td>Chronic diarrhoea of unknown cause</td>
</tr>
<tr>
<td></td>
<td>Peripheral neuropathy</td>
<td>Weight loss of unknown cause</td>
</tr>
<tr>
<td></td>
<td>Subcortical dementia</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Dermatology</th>
<th>Haematology</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herpes zoster</td>
<td>Malignant lymphoma</td>
<td>Mononucleosis-like syndrome</td>
</tr>
<tr>
<td>Seborrhoeic dermatitis/ eczema</td>
<td>Unexplained leucocytopenia/thrombocytopenia lasting &gt; 4w</td>
<td>Pyrexia of unknown origin</td>
</tr>
<tr>
<td>Severe/ atypical psoriasis</td>
<td></td>
<td>Lymphadenopathy of unknown cause</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Any STI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cervical dysplasia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Candidiasis/unexplained candidiasis (including oral)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unexplained chronic renal impairment</td>
</tr>
</tbody>
</table>

### HIV seroconversion illness

- Occurs in up to 80% of people with HIV infection.
- Occurs within 2–4w of exposure to the virus.
- Patients may present to primary care with non-specific symptoms (fever, maculopapular rash, myalgia, pharyngitis, aseptic meningitis, ulceration) that may mimic other acute infections, especially infectious mononucleosis (BMJ 2014;349:g4275).

### AIDS-defining illnesses

The presence of AIDS-defining illnesses (indicative of serious or life-threatening HIV infection) are strong indications to test, but are less commonly seen/diagnosed in primary care from http://hiv/2014/2016/201607/201607201607.pdf.

- Cervical cancer, non-Hodgkin’s lymphoma, Kaposi’s sarcoma
- Severe bacterial infections (e.g. TB)
- Severe viral infections (e.g. CMV)
- Severe parasitic infections (e.g. cerebral toxoplasmosis)
- Severe fungal infections (e.g. *Pneumocystis carinii* pneumonia).

### When to re-test?

NICE suggest:

**Offer and recommend repeat testing to the following groups:**

- **People who test negative** but who may have been exposed to HIV recently, recommended re-testing after the window period has elapsed.
- **Men who have sex with men** at least annually and 3-monthly testing for men who have unprotected new/casual sex with men.
- **Black African men and women** should have an HIV test regularly if having unprotected sex with new or casual partners (at least annually and more often if higher risk).

**Consider the following to promote repeat testing:**

- Call and recall systems (letter, text, etc.)
- Electronic reminders in healthcare records to prompt healthcare professionals to offer testing during appointments.

**People who decline a test:**

If people decline testing, tell them about nearby testing services and how to get self-testing kits.

**Partners of those who test positive should receive a prompt offer of a test through partner notification procedures.**

---

**Pre-test discussion**

A clinical review article in the BMJ about HIV diagnosis and management provides some useful tips about counselling patients (BMJ...
A lengthy pre-test discussion is not required, nor is written consent. As for other medical investigations, the patient should be made aware of the benefits of accepting the test, the meaning of various results and how they will obtain the result.

Benefits of having an HIV test:
- Earlier diagnosis, when the CD4 count is higher, is associated with improved short- and long-term survival.
- Diagnosis reduces onward transmission of the virus to others.
- There is now effective treatment. Most patients with newly diagnosed HIV will have a normal, healthy lifespan.

Patients who are worried about the consequences of an HIV test on insurance can be told that insurance companies cannot ask about whether someone has ever had an HIV test or a negative result. As with any other medical condition, applicants would have to declare a positive result. A BMJ review suggested that a positive diagnosis should not affect access to a mortgage but may affect travel and life insurance, just like other medical conditions (BMJ 2017;356:i6656).

A BMJ 10-minute consultation suggested the following should be covered (BMJ 2017;356:i6656):
- Knowing you have HIV is the best way to keep yourself well and avoid passing it onto others.
- HIV is a treatable condition, but those who are not treated can develop very serious health problems.
- Treatment now has few side-effects, and for some people is just a single tablet a day.
- Most who are successfully treated will have a normal life expectancy.
- Most people (95%) in the UK who take treatment will have an undetectable viral load. In these circumstances, there is very little risk of passing the disease onto others.

And remember to…
- Offer repeat testing if there has been recent exposure within the window period (when the test will not have turned positive).
- Discuss with the patient how they would like to receive the result.

**Ongoing care of patients with HIV infection**

Increasingly, general practitioners are responsible for many aspects of medical care for patients living with HIV infection. Regular effective communication is needed between primary care and HIV specialists. For a summary of current HIV treatment, please see the separate article *HIV drug treatment*.

- A comprehensive list of prescribed drugs should be established, with identification and management of potential drug interactions.
- All women living with HIV infection should have annual cervical cytology.
- The following vaccinations are recommended:
  - Annual influenza vaccine.
  - 23 valent pneumococcal vaccine every 5–10y.
  - Hepatitis A, B and varicella if not immune already.
  - Rubella vaccine for women of childbearing age who are not immune.
- Some live vaccines are contraindicated in those with HIV infection or limited by CD4 counts (see Useful websites section for where to find British HIV Association immunisation guidelines).
HIV testing in primary care

- The prevalence of HIV infection in the UK is 1.9/1000 people >15y.
- An estimated 17% of cases remain undiagnosed.
- Identifying undiagnosed HIV infection is key to reducing transmission.
- Offer HIV tests to individuals in high risk groups and to patients presenting with indicator conditions.
- Always consider HIV seroconversion as a differential in patients presenting with a mononucleosis-like illness.
- Fourth generation HIV tests detect anti-HIV antibodies and the p24 antigen, and reduce the window period (time to accurate diagnosis) to 4w after exposure.
- Near-patient tests for HIV using capillary blood or saliva are now available.
- All patients with newly diagnosed HIV should be seen by an HIV specialist within 2w.

Do you know the HIV prevalence in your area?
Do you have a practice policy for HIV testing and the communication of results?
Do you know what type of HIV test your local lab offers and therefore what your ‘window period’ should be?

For patients:
www.nat.org.uk

For professionals:
For those in England, you can find your local HIV prevalence here:
http://tinyurl.com/RW-2016-HIV
For information on the prevalence of HIV in different countries: www.unaids.org
British HIV Association HIV testing guidelines: www.bhiva.org/HIV-testing-guidelines.aspx
Public Health England surveillance data about HIV and STIs:

We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check drug doses, side effects and interactions with the British National Formulary. Save insofar as any such liability cannot be excluded at law, we do not accept any liability for loss of any type caused by reliance on the information in these pages.

GP Update Limited
August 2017
All our courses are:

**Relevant**  Developed and presented by practising GPs and immediately relevant to clinical practice.

**Challenging**  Stimulating and thought-provoking.

**Unbiased**  Completely free from any pharmaceutical company sponsorship.

**Fun!**  Humorous and entertaining – without compromising the content!

Are they for me?

Our courses are designed for:

- GPs, trainers and appraisers preparing for appraisal and revalidation or wanting to keep up to date across the whole field of general practice.
- GP ST1, 2 & 3, looking for the perfect launch pad into general practice and help with AKT and CSA revision.
- GPs who want to be brought up to speed following maternity leave or a career break.
- General Practice Nurses, especially those seeing patients with chronic diseases.

What’s included?

- 6 CPD credits in a lecture-based format, with plenty of time for interaction, humour and video clips, to keep you focussed and awake.
- A printed copy of the relevant handbook including the results of the most important research in primary care over the last 5 years and covering the subjects more extensively than possible in the course.
- 12 months’ subscription to www.gpcpd.com. With three times the content of the handbook, it allows you to capture CPD credits as you read on the site and use it in consultations! It also comes with Focused Learning Activities - online learning activities to provide evidence for your appraisal and earn hundreds of further hours of CPD credits.
- Buffet lunch and refreshments throughout the day!

What’s not included?

Our courses contain NO theorists, NO gurus, NO sponsors, NO reps on the day! Just real-life GPs who will be back at the coal face as soon as the course has finished.

www.gp-update.co.uk
Our Autumn 2017 Courses

The GP Update Course – our flagship course!

With the amount of evidence and literature inundating us, it can be hard to know which bits should change our practice, and how. The GP Update Course is designed to be very relevant to clinical practice and help you meet the requirements for revalidation. We collate and synthesise the evidence for you so you don’t have to! Using a lecture based format, with plenty of time for interaction, the GP presenters discuss the results of the most important evidence and guidance, placing them in the context of what is already known about this topic. The presenters also concentrate on what it means to you and your patients in the consulting room tomorrow.

Oxford Fri 29 Sept
Southampton Sat 30 Sept
Cardiff Wed 4 Oct
Exeter Thur 5 Oct
London Fri 6 Oct
London Sat 7 Oct
Leeds Wed 11 Oct
Liverpool Thur 12 Oct
Manchester Fri 13 Oct
Birmingham Sat 14 Oct
Cambridge Tues 17 Oct
London Wed 18 Oct
Nottingham Thur 19 Oct
Inverness Wed 1 Nov
Edinburgh Thur 2 Nov
Glasgow Fri 3 Nov

The MSK and Chronic Pain Update Course - New

MSK problems are the most common reason for seeing a GP and represent 30% of repeat GP visits. We want to help build your confidence. On the course we will tackle:

- The evidence-base for common MSK conditions including osteoarthritis, spondyloarthritis, polymyalgia, fibromyalgia and much more.
- Diagnosis: why waddling like a duck might help; and what to do when there is no diagnosis!
- Why chronic pain is ‘in the brain’ – and more importantly, what we and our patients can do about it.

We will provide you with a new narrative and a tool box of strategies you can take back to the surgery and start using the next day.

Manchester Thur 30 Nov
London Fri 1 Dec

Lead. Manage. Thrive! – The management skills course for GPs

Many of us have chosen to be salaried or portfolio GPs yet feel impotent or looked over when it comes to contributing to the effective running of our practices. We become frustrated and feel that we have little or no influence over what happens. It’s not your fault, most GPs (experienced and new) have had very little training in management and leadership skills for clinical practice. Here’s the good news, all of us ‘lead’ whether in an official or unofficial role.

Who is this course for? GPs at every stage in their career who aren’t quite sure how to get unstuck! Also highly relevant to anyone who recognises the need to build their personal resilience and leadership skills to meet the demands of modern primary care, i.e. practice managers, nurses, and administrative and support teams.

As usual Red Whale has done all the legwork to bring you a concise, practical and actionable one-day course and handbook. Not only have we trawled through lots of relevant management, leadership and development literature, but we have also distilled its content through the lens of real GPs, enabling you to apply it to the reality of your practice.

Southampton Thur 16 Nov
Exeter Fri 17 Nov
Oxford Thur 23 Nov
London Fri 24 Nov
OUR AUTUMN 2017 COURSES

The Women's Health Update Course

From the pill to pelvic pain, periods and prolapses, the one day Women's Health Update course is a comprehensive guide to understanding and managing common gynaecological problems in general practice. Using a case-based approach will give you the skills to manage your female patients in a real surgery.

We aim to make the day fun, interactive as well as educational. You will leave the course feeling more confident, knowledgeable and with a much stronger pelvic floor!!!

The day is designed for all GPs and GP STs – not just those with a special interest!

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<thead>
<tr>
<th>Location</th>
<th>Date</th>
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<tbody>
<tr>
<td>Nottingham</td>
<td>Thur 9 Nov</td>
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<tr>
<td>Manchester</td>
<td>Fri 10 Nov</td>
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<tr>
<td>Norwich</td>
<td>Wed 15 Nov</td>
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<td>Exeter</td>
<td>Thur 16 Nov</td>
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<td>London</td>
<td>Fri 17 Nov</td>
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The Cancer Update Course

Within the next 15 years the need for cancer care will double and you will look after as many cancer survivors as diabetics. Shared care follow up will become the norm, and secondary care will pass responsibility to us.

A key 2015 Lancet Oncology commission paper warned that: “GPs are inadequately trained and resourced to manage the growing demand for cancer care in high income countries”.

Education for GPs was one of their five key recommendations – we can help you get ahead of the curve! Established GPs and GP STs can use this course to bridge the gap in traditional GP cancer education which has focussed heavily on referral and end of life care missing out the whole journey in between.

This course is able to look in much more detail at the big picture behind the disease perhaps most feared by our patients and, let’s face it, that 1 in 2 of us will be diagnosed with over our lifetime.

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<th>Location</th>
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<tr>
<td>Manchester</td>
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<td>Exeter</td>
<td>Fri 17 Nov</td>
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Our Consultation Skills Courses

One day small group courses designed for GPs, GP STs and General Practice Nurses. The courses have a practical focus and lots of engaging exercises allowing delegates to rehearse the most effective consultation behaviours.

But don’t worry, there won’t be any role playing in front of everybody!

For more information on each course, please visit www.gp-update.co.uk/courses

The Telephone Consultation Course

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
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<tr>
<td>London</td>
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<td>Manchester</td>
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<td>Glasgow</td>
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The Effective Consultation Course

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<tr>
<td>Leeds</td>
<td>Wed 4 Oct</td>
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<tr>
<td>London</td>
<td>Fri 24 Nov</td>
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Prices

GP Update Course:
GP £195 | GP Registrar £150 | Nurse £150

All other courses:
£225 or £210 for members of www.gpcpd.com

(GPCPD members, please log in and then click on the relevant button within the 'Member information' box on the right of the home screen to get your discount code)

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*Not to be used in conjunction with any other promotional codes.
I would like to come on the following course(s) (please write legibly!):

- The GP Update Course ............................................................... (location) ............................................................... (date) .................
- The MSK and Chronic Pain Update Course ............................................................... (location) ............................................................... (date) .................
- Lead. Manage. Thrive! Course ............................................................... (location) ............................................................... (date) .................
- The Cancer Update Course ............................................................... (location) ............................................................... (date) .................
- The Women's Health Update Course ............................................................... (location) ............................................................... (date) .................
- The Telephone Consultation Course ............................................................... (location) ............................................................... (date) .................
- The Effective Consultation Course ............................................................... (location) ............................................................... (date) .................

I can't attend a course, but would like to order your Handbook or DVD:

- GP Update Handbook and 12 months' access to GPCPD £150
- GP Update Handbook, DVD and 12 months' access to GPCPD £225 (pre-order for delivery late May 2017.)
- Lead. Manage. Thrive! Handbook £70
- Women's Health Update Handbook £70
- Cancer Update Handbook £70

Name ............................................................................................. Address ...........................................................................................

Email ........................................................................................................

(Please write your email address clearly as we'll use it to send your confirmation letter and receipt.)

Price as stated in the flyer for each course. If applicable, please provide your discount code here...............................................................

Please send this form with your cheque payable to GP Update Limited to: Red Whale, University of Reading, Reading Enterprise Centre, Earley Gate Entrance, Whiteknights Road, Reading, Berkshire RG6 6BU

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