The purpose of this study was to evaluate the STI/HIV notification rates have been increasing in recent years among MSM. Changes to testing recommendations in the 2014 guidelines are summarised below:

1. Pharyngeal C. trachomatis testing now recommended
2. N. gonorrhoeae NAAT testing without culture in the pharynx and anus only
3. Time required since last void for C. trachomatis First Void Urine (FVU) collection reduced from one hour to 20 minutes
4. Urethral meatal swab (self-collected or clinician-collected): alternative to FVU for genital collection.
5. STI testing up to 4 times per year for sexually active HIV-positive MSM
6. Electronic reminders for clinicians and MSM themselves to encourage STI/HIV retesting

Participants’ feedback on the guidelines
- Most participants (83%) were satisfied with the length of the guidelines (Figure 1)
- Only 49% actually received a copy of updated guidelines.
- No differences in age, gender or being a GP

Comparison of participants aware vs. not aware of recommendations in the 2014 testing guidelines
- No differences in age, gender or being a GP

**Conclusion**
Familiarity with the content of the guidelines had a range of positive outcomes on GPs’ practise, including more frequent sexual history taking and better STI/HIV testing practices. The utility of the guidelines could be further strengthened by increasing the number of GPs who actually receive the guidelines in a format that suits their needs.