

GUIDANCE AND COMPETENCES FOR THE PROVISION OF SERVICES USING PRACTITIONERS WITH SPECIAL INTERESTS (PwSIs)

SEXUAL HEALTH



DH Department
of Health



English Pharmacy Board

NHS

Primary Care Contracting

FOREWORD

The White Paper *Our health, our care, our say: a new direction for community services* (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453), published in 2006, set out the vision for the future of care outside hospitals. It reinforced the importance of services provided by healthcare professionals working in community settings. The public involved in the consultation process that informed the White Paper made it clear that while convenient care was important, it must be of high quality and that a transparent process should underpin that quality.

In his interim review, Lord Darzi re-emphasised this need for quality, drawing on four overarching themes for the NHS over the next 10 years, where he describes the vision of a health and care system that is fair, personalised, effective and safe. Much of the vision continued in his main report, High Quality Care for All and in the primary and community care strategy] is underpinned by the movement of more complex care out of hospitals and into community settings – just the sort of services that PwSIs provide. *World Class Commissioning* (“*Adding years to life and life to years*”) will be the key vehicle for delivering a world leading NHS, equipped to tackle the challenges of the 21st Century. By developing a more strategic, long-term and community focused approach to commissioning and delivering services, where commissioners and health professionals work together to deliver improved local health outcomes, world class commissioning will enable the NHS to meet the changing needs of the population and deliver a service which is clinically driven, patient centred and responsive to local needs. PCT Commissioners will therefore be looking for PwSI commissioned services to link to the world class competencies which ensure the best value of service for patients

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080956

Many PwSIs in Sexual Health have been established around the country and much has been learnt from examples of best practice. All those involved in the delivery of these services recognise the need to ensure that PwSIs are suitably qualified, with demonstrable competences, training and experience. These factors underpin the delivery of safe, high quality care. As we move steadily towards a regulated service, with registration of NHS organisations and increasing use of accreditation schemes, such as that currently being piloted by RCGP, there is increasing pertinence of the processes described in this document. Through implementation of this guidance, there will be a more vivid guarantee of quality.

This document, which should be read in conjunction with *Implementing care closer to home: Convenient quality care for patients*

(http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419), describes different models of care and provides information about the competences, training, accreditation and assessment processes to support the accreditation of PwSIs in Sexual Health . For Commissioners, this should be read in conjunction with the World Class Commissioning Assurance Framework and associated competencies

<http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm>

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INTRODUCTION

This document represents an updating of *Guidelines for the appointment of GPwSIs in the Delivery of Clinical Services: Sexual Health* published by the Department of Health in 2003.

The UK is widely cited as having the worst sexual health in Europe, and the need for PwSIs in Sexual Health is greater than ever. Ensuring that practitioners have a thorough understanding of contraception, sexually transmitted infections and HIV will equip them to challenge the current state of sexual health in the UK. Integrating sexual health services (including the National Chlamydia Screening Programme) and developing a holistic approach to healthcare can help to improve sexual health and sexual health services.

Many PwSIs in Sexual Health have been established around the country and much has been learnt from examples of best practice. Those involved in the delivery of care for patients with sexual health needs recognise the importance of ensuring that PwSIs are suitably qualified, with demonstrable clinical skills, competences, training and experience. These factors underpin the delivery of safe, high quality care.

This guidance provides information to guide accreditors and practitioners towards the evidence and competences that may be expected to be seen and tested during the nationally mandated accreditation process set out in *Implementing care closer to home: convenient quality care for patients, Part 3: The accreditation of GPs and Pharmacists with Special Interests* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

This guidance relates **only** to the specific training and accreditation needs of general practitioners and pharmacists seeking accreditation as PwSIs in Sexual Health.

The competency framework is designed to help practitioners understand and develop the extended knowledge and skills they will require to provide services beyond the scope of their generalist roles. Such developments are expected to occur within a negotiated local framework. It is not intended that PwSIs in Sexual Health have all the competences listed in this document. Commissioners will need to identify the specific competences (detailed in Chapter 3) required by the practitioner in order to meet the service specifications.

Commissioners should note that the training and personal development of PwSIs will need to be ongoing and will require support from specialist practitioners and / or access to relevant peer support.

This framework does not preclude commissioners from developing specialist services using other practitioners, for example, nurses or other health care professionals. Competences for NHS-employed staff providing specialist care in community settings may be assessed through the knowledge and skills framework.

Specialist practitioners are expected to operate within the local clinical governance framework and within their scope of professional practice. They must be able to demonstrate relevant expertise when moving into new areas and commissioners will

need to take a more competence-based approach to reflect the current work on modernising healthcare careers.

IMPORTANT NOTE FOR COMMISSIONERS IN RESPECT OF SEXUAL HEALTH

Many GPs and pharmacists who do not consider themselves to be special interest practitioners are currently providing sexual health services within their practice or locality.

This guidance does not intend to undermine these clinicians. Rather it aims to provide a framework for these doctors and pharmacists whose objective is to extend their competences and skills within a formally accredited framework.

1. PwSI SERVICE PROVISION

1.1 DEFINITION OF A PwSI

PwSIs supplement their core generalist role by delivering an additional high quality service to meet the needs of patients. Working principally in the community, they deliver a clinical service beyond the scope of their core professional role and may undertake advanced interventions not normally undertaken by their peers. They will have demonstrated appropriate competences to deliver those services without direct supervision.

1.2 LOCAL SERVICES THAT CAN BE PROVIDED BY A PwSI

The needs of the local population will inform the services to be provided. PwSIs will form one of a series of integrated options for the delivery of sexual health services. The specific activities of the PwSI will depend on the service configuration, and may include raising awareness of preventable risk factors, the importance of disease prevention, active health promotion and how to address health inequalities in the local population.

It is very important that all service providers and patients and carers are involved at every stage of service development.

The following points should be considered by commissioners when establishing a service, and by referring clinicians:

- Who will be referred to the service, including inclusion and exclusion criteria
- Type of service(s) being delivered
- Referral pathways
- Response time
- Communication pathways
- Consent
- Confidentiality and information sharing
- Multi-disciplinary working
- Caseload / frequency
- Appropriate advertising of the service, eg, types of service available and access times
- Mandatory staff training requirements, eg, confidentiality, under 16s, child protection training, access for vulnerable and risk groups, social and cultural differences
- Accessibility for all members of the community

Commissioners should also ensure that:

- Moral or conscientious objections to abortion and any method of contraception will preclude practitioners from providing this service.
- Relevant information is given to the patient regarding the tests that they are having performed and the consequences of such tests, such as insurance issues. This should include written information on the tests performed. Evidence-guided information provision may cover the details of the infections themselves, available methods of contraception and other relevant aspects of sexual health.

- That the service is able to collect relevant data on all patients attending. The data collected needs to comply with relevant national and local data set requirements such as KC60, Payment by Results (PBR), the National Chlamydia Screening Programme to allow monitoring of workload activity, patient demographics and STI epidemiology.
- There is a mechanism for access to free treatment irrespective of where the infections have been diagnosed.
- The service will be able to meet national targets for GUM services (eg, appointments offered within 48 hours).
- All patients who are diagnosed with an STI receive partner notification via a mechanism agreed with the local stakeholders and informed by current good practice.

EXAMPLES FOR A PwSI SERVICE IN SEXUAL HEALTH

Clinical Services

- Assessment of, and screening for, sexually transmitted infections and blood borne viruses
- Involvement in proactive STI control (eg, the opportunistic screening of young people for chlamydial infection within the framework of the National Chlamydia Screening Programme)
- Reducing sexual health inequalities by ensuring services are available for at-risk and vulnerable groups
- Provision of all forms of contraception including Long Acting Reversible Contraception (LARC)
- The delivery of psychosexual care
- Offering tests and treatment for sexually transmitted infections in men and women, as well as groups with special needs such as young people and injecting drug users
- Providing specialised contraception (eg, fitting of intra-uterine devices (IUD), intra-uterine systems (IUS) and contraceptive implants)

Service Development / Leadership

- Develop participation in the monitoring of NSF outcomes
- Provide evidence based advice on prevention, detection, and treatment to a range of statutory and voluntary providers of sexual health services
- Provide strategic leadership, direction, education and clinical support
- Support implementation of quality and outcome framework of the new GMS contract
- Understand and respond to the fluctuating demand for services from the public
- Provide evidence-based advice on short, medium and long term planning for sexual health services. This would be based on up to date local population-needs assessment and understanding of local demography
- Support clinical audit processes

Liaison

- Provide a link / liaison role to local practices and pharmacies to enable robust information management / understanding
- To work with general practitioners, pharmacists, primary care nurses and health care assistants so that current best practice in sexual health care is implemented within the primary care environment
- Liaise with other professionals and support services (eg, young persons' service and microbiology laboratory)
- Promote links between general practice community contraceptive clinics and public health services as well as referring and signposting patients to these services
- Develop and sustain links with local secondary care services to provide seamless care

Education

- Provide education and support primary care organisations and constituent practices to raise the general standard and consistency of sexual health and reproductive care, across primary care
- Provide advice on health promotion and prevention in sexual health
- To facilitate and encourage the spread of good practice from within primary care across the whole continuum of sexual health care
- Offer training to other primary care practitioners to be competent in provision of specialised contraception such as IUD / IUS medicines and contraceptive implant
- Contribute to training and development of community pharmacists providing contraceptive and sexual health services

1.3 PRINCIPLES OF SERVICE DELIVERY

Models of service delivery are expected to reflect the important principles outlined in the *Implementing care closer to home: convenient quality care for patients* documents (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

Local guidelines for the service should reflect and incorporate nationally agreed guidelines. Both the commissioner and PwSI should demonstrate awareness of relevant national advice issued by organisations such as:

- British Association for Sexual Health and HIV guidelines on management of sexually transmitted infections
<http://www.bashh.org/guidelines.asp>
- Medical Foundation for Aids and Sexual Health (MedFASH) recommended standards for sexual health services
http://www.medfash.org.uk/publications/documents/Recommended_standards_for_sexual_health_services.pdf
- Faculty of Sexual & Reproductive Healthcare guidelines and service standards for sexual health services
<http://www.ffrhc.org.uk>

In addition:

The service model should take account of nationally agreed guidance, in particular:

- NICE guidance on 1 to 1 interventions to reduce STI / HIV and unplanned pregnancies
<http://www.nice.org.uk/guidance/index.jsp?action=byID&r=true&o=11377>
- NICE guidance on management of heavy menstrual bleeding
<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11002>
- The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000 on confidentiality are strictly adhered to by all members of the team providing the special interest service
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4083027

The model should incorporate examples of nationally agreed good practice such as care closer to home demonstration sites:

www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Modernisation/Ourhealthourcareoursay/DH_4139717

2. INFRASTRUCTURE REQUIRED

2.1 SERVICE LEVEL AGREEMENTS

It is important that the commissioned service meets the agreed specifications as set out by the employing authority. The delivery of sexual health services will be based on up to date evidence of effectiveness and cost effectiveness, and developed within the context of ethically based principles for care.

These will include, for example:

- Type of service to be delivered
- Joint working arrangements (eg, with statutory or third sector agency)
- How referrals are received
- Waiting times
- Means of communication between referrer, PwSI and other specialist health care professionals
- Confidentiality / information sharing
- Number and composition of sessions to be worked by PwSI
- Location of the service, its suitability, accessibility and support, eg, available outside 'normal' working hours
- Contact / liaison with other health professionals and specialists in HIV, sexual health, genito-urinary medicine, contraceptive providers and consultants and other professionals such as health advisors, lead clinicians and specialist nurses
- Direct access to diagnostic provision (including reporting)
- Review / process for following-up patient
- Communication / updating medical records
- How the service links with the commissioner's requirements
- Reporting mechanisms

2.2 SUPPORT AND FACILITIES

Facilities will vary according to the commissioned service. The basic requirements for a PwSI in Sexual Health include the following:

- Direct access to support and supervision from sexual health specialists (Community Contraceptive Services, genito-urinary medicine or consultant gynaecologist)
- Clinical and administrative support available as required for each service
- Adequate means of record keeping
- Access to and use of information leaflets and professional guidance documents
- Education mentoring support and clinical network facilities
- Appropriate support to facilitate effective clinical audit and performance monitoring
- Direct access to diagnostic provision (including reporting)
- Access to educational material / clinical reference databases, events and conferences to ensure they are undertaking appropriate CPD
- Access to knowledge about effective interventions to prevent and treat sexual ill health

NB: Sexual health services are expected to be provided in well-equipped community hospitals, non statutory agencies and primary care settings (White Paper, *Our health, our care, our say*, 2006, www.dh.gov.uk/assetRoot/04/12/74/78/04127478.pdf)

As such, facilities must be kept up to date in keeping with national guidance. Facilities are to be accredited and should take account of the Government's *Standards for Better Health*:

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4086665&chk=jXDWU6

2.3 CLINICAL GOVERNANCE AND STANDARDS

PwSIs will operate within the local clinical governance framework and within their scope of professional practice.

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety.

Nationally agreed standards for the provision of facilities exist, and are referred to in the Faculty of Sexual and Reproductive Health document, *Service Standards for Sexual Health Services* and the DH document, *Implementing care closer to home: convenient quality care for patients* (http://www.dh.gov.uk/en/Healthcare/Primarycare/Practitionerswithspecialinterests/DH_074419).

The commissioner should give consideration to the following aspects of the PwSI service:

- The service complies with clinical governance and there is **liaison** between the local GUM, microbiology, cytology departments and teams and other local relevant statutory and non-statutory agencies.
- **Lines of responsibility:** Accountability for overall quality of clinical care. This may include audits on: the range and frequency of contraception offered individually and locally, management of sexually transmitted infections, management of people with HIV, IUD/IUS fittings, sub-dermal contraceptive implant fittings, number of STI tests and positives.
- **Monitoring of clinical care:** Patients' and carers' experience to be included in patient surveys. Staff to be encouraged to participate in clinical governance programmes.
- The commissioned service is **auditable and statutory reports** are produced at appropriate, regular intervals, eg, quarterly, biannually, annually.
- **Workforce planning and development:** Continuing professional development, which may include peer review, training, support and mentoring, will be built into organisations' service planning. Succession and contingency plans will be in place and service users will be involved and their opinions taken into account.
- **Risk management programmes:** Included in clinical risk management and in protocols on good record keeping, patient safety, confidentiality and handling complaints.
- **Poor performance management:** All organisations should have systems in place for identifying and managing poor professional performance in line with professional organisations and national bodies, eg, NCAS.

- **Linked to this is reporting of critical incidents:** Such as medication errors, which should be mandatory for all settings, not just the NHS.
- **Adherence:** To the requirements set down by the Accountable Officer in relation to controlled drugs.
- **Relevance:** To wider strategic objectives including relevant National Service Frameworks and policy guidance.
- Ensuring that the service is an **inclusive service** that is accessible and available to all.

3. THE COMPETENCES REQUIRED

3.1 GENERALIST COMPETENCES

The PwSI will be required to demonstrate that he / she is a competent generalist.

Competent practitioners will be able to demonstrate:

- Good communication skills and appropriate attitudes with patients, carers and colleagues (including a non-judgmental approach and respect for patient confidentiality)
- The ability to explain risk and benefits of different treatment options
- Skill in involving patients and carers in the management of their condition(s)

GENERAL PRACTITIONERS

Generalist skills can be assessed in a number of ways including:

- Meeting the competences set out in the new RCGP curriculum (www.rcgp-curriculum.org) together with a holistic understanding of primary care practice
- Obtaining a pass in the examination of the RCGP or equivalent and being a Member of Good Standing
- Evidence of critical appraisal skills
- Engaging in active clinical work

PHARMACISTS

A generic PhwSI competence framework was published within the national framework for PhwSIs (<http://www.primarycarecontracting.nhs.uk/246.php>). It is recommended that this is used to assess generalist (practitioner-level) skills and experience. CPD records are expected to form a significant part of this evidence. This framework may also be used to identify skills and experience that go beyond the core role.

3.2 SPECIFIC COMPETENCES

The PwSI will demonstrate a knowledge and skills level higher than those acquired by non-specialist colleagues.

This document does not include microscopy services as it is envisaged that these will not be routinely available within sexually transmitted infection services in primary care. However, if at a local level, PCTs wish to commission microscopy services as part of such a service, then the service providers will need to undertake adequate training and participate in an on-going quality assurance scheme, as agreed with the local GU services.

It is not intended that a PwSI in Sexual Health will necessarily have all the competences listed in this document. The commissioners need to ensure that the practitioner has the specific competences, drawn from the overall list in Appendix 1, to meet the requirements of their service specification.

This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist services, there may be others which relate only to a GP or pharmacist role. The competences for both roles can be drawn from the same overall list in Appendix 1.

It is important for commissioners and practitioners to note that not all of these competences will need to be demonstrated before appointment. The specific competences that can be developed after appointment depend on the roles and responsibilities expected from the practitioner.

The competences for a PwSI in Sexual Health are summarised below:

- Screening and health promotion
- Taking a sexual history
- Genital examination
- Advice about safer sex
- Contraception
- HIV
- HIV drug therapy
- Viral hepatitis
- Genital discharge
- Genital tract infections
- Designated complicated genital tract infections
- Sexual assault and female genital mutilation
- Genital human papillomavirus infection and associated conditions
- Genital ulcer disease
- Genital infestations
- Genital infections in pregnant women and children
- Vulvovaginitis and balanitis
- Managing children and young people within the sexual health service
- Partner notification
- Referral pathways
- Epidemiology

The full guidance can be found in Appendix 1.

4. TEACHING AND LEARNING

4.1 TRAINING FOR PwSIs

PwSIs are expected to demonstrate that they have completed recognised training which may include acknowledgement of prior learning and expertise.

Training can be acquired in several ways and would be expected to include both practical and theoretical elements.

For example:

- Experience (current or previous) of working in relevant departments
- Self-directed learning with evidence of the completion of individual tasks
- Attendance at recognised meetings / lectures / tutorials on specific relevant topics
- As a trainee or other non-consultant career grade post under the supervision of a specialist or consultant in sexual health or genito-urinary medicine
- As part of a vocational training programme
- As a clinical placement agreed locally
- As part of a recognised university course
- Links and / or mentoring arrangements with experienced clinicians from sexual and reproductive health / genito-urinary medicine and within primary care
- As part of accredited training as a non-medical prescriber
- Evidence of working under direct supervision with a specialist clinician in relevant clinical areas. The number of sessions should be sufficient to ensure that the PwSI is able to meet the competences of the service requirements

Some medical royal colleges and universities have training modules that include theoretical training followed by supervised practice and formal competence-based assessments. Such courses use many of the assessment tools described in this framework. While these courses are no substitute for clinical experience, the use of supervised practice and formal competence-based assessment is likely to become widely accepted, mirroring the robust assessment processes used in undergraduate and post-graduate training. This type of training module would therefore be useful in supporting the training and accreditation process for PwSIs.

An attachment in a community contraceptive clinic / GUM clinic is beneficial, to enable the practical development of skills in STI management, common contraceptive problems, IUD / IUS and contraceptive implant fittings under appropriate supervision to acquire sufficient expertise and help with network development. The number of sessions should be sufficient to ensure that the practitioner is able to meet and maintain the competences of the service requirements, the skill being assessed and the level of expertise required.

It is recognised that a PwSI may deliver psychosexual care for which a Diploma or membership of the Institute of Psychosexual Medicine should be considered.

Additional, specific training is also recommended around HIV, sexually transmitted infections, epidemiology, confidentiality and discrimination (see Appendix 3).

GENERAL PRACTITIONERS

A number of different teaching and learning methods should be utilised. These may include observation and performance under supervision, case-note review, tutorials, courses in sexual and reproductive health (local or national), self-directed learning, role play and discussion groups, multi-disciplinary groups with doctors, nurses and health advisors, observation in community contraceptive clinics, GUM / microbiology laboratories, and visits to other relevant services, eg, young peoples' clinics, HIV clinics.

It is recommended that the PwSI will have attended the STIF course (or equivalent) and completed the associated logbook of competences, or hold the DFFP or DFSRH from 2007, (post 2003 syllabus, or equivalent) as a minimum in order to attain skills and experience to provide Level 2 services. Learning gaps may be identified with a primary trainer and action taken to address these. Some practitioners may wish to obtain the Diploma in GU Med and / or HIV as their learning objectives. Clinicians wishing to offer IUD / IUS and sub-dermal contraceptive implant services should have completed training and have been deemed competent to provide such services.

PHARMACISTS

The precise nature and duration of supervised practice will depend on the specific service requirements. Pharmacists with special clinical interest in sexual health are expected to demonstrate a range of evidence in line with the generic competence framework and a structured reference from an objective, relevant and independent clinician to confirm their competence to take on the new role. It is anticipated that this evidence will include formal learning, supervised practice and relevant expertise in the special interest area. Pharmacists applying for accreditation as a practitioner with special clinical interest in sexual health will need to draw on support from sexual health specialist services or clinical pharmacy colleagues to develop this range of evidence, including periods of supervised practice.

For all PwSIs the most suitable teaching and learning and assessment methods will vary according to individual circumstances and it is recommended that these are agreed with an educational supervisor and / or trainer in advance.

5. ASSESSMENT

The most suitable teaching / learning and assessment methods will vary according to individual circumstances and should be agreed between trainee and trainer in advance. The PwSI can be assessed across one or more of the competences listed in Appendix 1, and it is expected that this process will be tailored towards the service that the PwSI will deliver.

The assessment of individual competences can be undertaken by a combination of any of the following:

- Observed practice using modified mini clinical examination
- Case note review
- Reports from colleagues and senior professionals in the multi-disciplinary team using 360-degree appraisal tools
- Demonstration of skills under direct observation by a specialist clinician (DOPS)
- Simulated role-play objective structured clinical examination (OSCE)
- Reflective practice
- Logbook / portfolio of achievement
- Observed communication skills, attitudes and professional conduct
- Demonstration of knowledge by personal study supported by appraisal (+/- knowledge based assessment)
- Evidence of gained knowledge via attendance at accredited courses or conferences

Further information regarding the above assessment tools can be found in Appendix 2.

6. ACCREDITATION, MAINTENANCE OF COMPETENCE AND RE-ACCREDITATION

The mandatory processes for accreditation and re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients*, Part 3 *The accreditation of GPs and Pharmacists with Special Interests*. During the accreditation process, the PwSI is expected to provide evidence of his or her acquisition and maintenance of appropriate competences in sexual health.

A practitioner should only be employed to work as a PwSI once his or her competence for that service has been assessed and confirmed against the standards described in this document.

6.1 MAINTENANCE OF COMPETENCES

Practical arrangements for the maintenance of competences should be agreed by all key stakeholders as part of the service accreditation.

PwSIs are expected to maintain a personal development portfolio to identify their education requirements matched against the competences required for the service and evidence of how these have been met and maintained.

This portfolio can act as an ongoing training record and logbook and should be countersigned as appropriate by an educational supervisor. The portfolio should also include evidence of audit and continuing professional development (CPD), and for GPs would be expected to form part of his or her annual appraisal. Pharmacists will be expected to include evidence relevant to their PwSI role in CPD records and in any regular appraisals.

To develop and maintain skills it is important to see sufficient numbers of patients in a clinical setting in accordance with the scope of the commissioned service.

It is recommended that PwSIs:

- Work regularly within the specialist area in order to obtain adequate exposure to a varied case mix to support CPD
- Undertake a joint clinic or clinical supervision session on a regular basis commensurate with the number of sessions worked by the PwSI. These should be with a more specialist practitioner for the discussion of difficult cases and as an opportunity for CPD. In the absence of this there should be evidence of working and / or learning with peers

It is also expected that practitioners will:

- Be actively involved in the local sexual health specialist service(s)
- Contribute to local clinical audits

Active membership of an appropriate faculty, professional group and / or a primary care sexual health organisation will provide further opportunities for PwSIs to develop their

knowledge and skills through attendance of educational and networking at update meetings.

For example:

- Medical Foundation for Aids and Sexual Health (MedFASH)
<http://www.medfash.org.uk>
- HIV Pharmacy Association
<http://www.hivpa.org>
- Faculty of Sexual and Reproductive Healthcare
www.ffprhc.org.uk

PwSI IN SEXUAL HEALTH PORTFOLIO

The portfolio should provide a track record of providing high quality sexual health care in line with national guidelines. Examples of the sections that could be included in the portfolio include:

- Assessment of practical skills relevant to the service being commissioned (in adults and children)
- Evidence of high quality clinical audit, research, training and teamwork in sexual health care
- Personal development through analytical reflection on clinical events, appraisal of three significant events, case history analysis detailing the decision-making rationale
- Evidence of educational skills via video, records or learning aims and outcomes achieved, feedback from audiences at educational sessions

An outline portfolio to support the accreditation of pharmacists with a special interest has been developed and is available at <http://www.primarycarecontracting.nhs.uk/246.php> and can be supported by CPD. This provides a guide to the range and types of evidence that will need to be included.

Pharmacists working as non-medical prescribers are also expected to fulfil the requirements of the competency frameworks described in the National Prescribing Centre Plus documents, *Maintaining competency in prescribing. An outline framework to help pharmacist prescribers*, October 2006 (http://www.druginfozone.nhs.uk/Documents/NPC_pharmacist_comp_framework_Oct06.pdf?id=575074).

6.2 MONITORING

Mechanisms of clinical governance need to be agreed as part of the service accreditation. This will ensure maintenance of local and nationally agreed standards in respect of patient care and patient safety.

PwSIs are expected to be involved in the monitoring of service delivery, which incorporates the following:

- Clinical outcomes and quality of care
- Access times to the PwSI service
- Patient and carer experience questionnaires
- Prescribing / medicines management
- Changes in care pathway

6.3 RE-ACCREDITATION

PwSIs must maintain their specialist skills and competences on an ongoing basis as outlined in national PwSI accreditation guidance.

(<http://www.primarycarecontracting.nhs.uk/173.php>).

The recommendations for re-accreditation are set out in *Implementing care closer to home: convenient quality care for patients*, Part 3: *The accreditation of GPs and Pharmacists with Special Interests*.

Clinical practitioners who hold diplomas from other medical Royal Colleges are expected to be Members of Good Standing and ensure they undergo the necessary CPD to recertify their diplomas where appropriate. Clinicians with special skills (eg, cervical cytology, intrauterine techniques, and sub-dermal implants) are responsible for keeping a log of activity and ensuring their skills and competences are maintained.

APPENDIX 1: COMPETENCES

It is not intended that PwSIs in Sexual Health have all the competences listed in this document, rather that commissioners ensure that the practitioner has the specific competences, drawn from the overall list, to meet the requirements of the service specification. This same principle applies to the differing clinical roles of GPwSIs and PhwSIs; while some competences may be relevant for both GP and pharmacist roles, there may be others which relate only to GPwSIs or PhwSIs.

SCREENING AND HEALTH PROTECTION

Objective	Knowledge	Skills	Attitudes
To discuss sexual health and/or make the offer of Chlamydia screening to men and women under 25 years	Can demonstrate understanding of	Is able to	
	Prevalence rates, needs and at risk groups within the local population	Raise the issue of sexual health sensitively whether in response to a relevant presentation or opportunistic intervention	Supportive and encouraging normalisation of sexual health within health consultations
	The consequences of undetected chlamydial infection	Manage those with positive / abnormal results	Clear non-directive communication
	The range of needs and problems which may compromise sexual health		
The network of local services available to respond	Refer to / liaise with other specialties where appropriate		
To screen for cervical cytology in women aged between 25 and 64.	NHS Cervical Screening Programme	Make a chlamydia screening invitation to those in the target population	Collaborative, team working approach to local screening effort
		Facilitate the cervical screening programme	
		Take a cervical smear when appropriate; ie, in keeping with screening programme interval or as part of investigation of abnormal genital symptoms	
		Acknowledge different grades of abnormalities on cervical cytology and their appropriate action	
To immunise for prevention of hepatitis A, C and the human papilloma virus as appropriate	The epidemiology of different hepatitis infections	Assess which individuals are at highest risk for which infection	
		Explain the processes and limitations of HPV testing	
	The core requirements and data reporting needs of the National Chlamydia Screening Programme and local screening plan	Facilitate current immunisation programmes for prevention of hepatitis A, hepatitis B and cervical cancer	
	The referral pathways for colposcopy or 2-week gynaecological cancer referrals		

TAKING A SEXUAL HISTORY

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To take a thorough and accurate sexual history	The different types of sexual behaviour and the associated risks of infections	Take a relevant and detailed sexual history	Demonstrate tact and empathy
	Particular "at risk" groups, eg, men who have sex with men (MSM), young people, ethnic minorities, commercial sex workers, individuals returning from travel abroad, ex-prisoners	Use advanced consultation skills to communicate with patients in an appropriate manner	Respect patient confidentiality
		Ask appropriate questions to ascertain risk	Be non-judgmental
		Assess infection and pregnancy risk	Be aware of religious, cultural and social factors and how these may influence presentation and subsequent management
	The common presentations of STIs	Recognise symptoms of STIs and related conditions and refer for treatment	
	Fraser and other national guidelines in relation to consent and confidentiality in relation to under 16s and other vulnerable clients irrespective of age	Appropriately address immediate and ongoing sexual and contraceptive health needs in young people and vulnerable adults	Be aware of how other vulnerable groups, such as those with mental health problems and / or physical disabilities may present
The clinical presentations of psychosexual problems	Recognise psychosexual problems and refer appropriately		

GENITAL EXAMINATION

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To correctly carry out both male and female genital examinations	The anatomy and physiology of the male / female genital tract	Clearly explain procedure to patient and seek / obtain consent	Be aware of patient dignity and need for chaperone
	Patho-physiological basis of physical signs	Elicit physical signs with minimal discomfort to patient	
	National and local infection control policies and how to protect self and others	Follow appropriate guidance when using instruments	

ADVICE ABOUT SAFER SEX

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To provide advice regarding safer sex (preventing infections) and contraception as well as unplanned pregnancy	The different types of sexual practices and associated risks	Advise on making changes to sexual behaviour to reduce risk	Be non-judgmental
		Provide counselling regarding the continuation of pregnancy or abortion and refer as necessary	
	All available methods of contraception regardless of whether they are offered by the PwSI	Offer clear and concise information to patients regarding all available methods of contraception and how they can be accessed	Promote patient centered choice and evidence based decision making
		Demonstrate correct male and female condom use	
Signpost further resources, including voluntary organisations / schemes			

CONTRACEPTION

General Contraception

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To provide advice on the full range of methods of contraception, and provide and monitor the most effective and appropriate contraceptive method for each individual	The benefits, side effects and complications of all methods of contraception	Provide contraception that both meets the need of the individual and is medically appropriate - or refer appropriately to another provider	Encourage the uptake of objective evidence-guided information to promote informed decision making with patients
		Provide both verbal and written information about the full range of contraceptive methods and where these are available	
		Provide the first prescription and continuing supply of oral contraception (combined + progestogen-only)	
		Recognise, investigate and treat problems that arise from oral contraceptives	
		Administer first prescription and continuing supply of injectable contraception	
		Provide long acting reversible contraception according to NICE guidelines	
	The indications, effects and SE of subdermal implants	To fit and remove currently available subdermal contraceptive implants	

		To provide written and verbal information on all the non-hormonal methods of contraception	
	The indications, effects, and side effects of intrauterine methods	To fit at least two currently available devices, preferably one copper device and an IUS	
	The relative and absolute contraindication for all methods of contraception	To provide written and verbal information on all the hormonal methods of contraception	
		To provide written and verbal information on non-hormonal methods of contraception	
		Manage pill problems including side effects and incompatibility	
		Administer an IM injection	
		Fit and check diaphragms and caps	
		Teach male and female condom use	
		Conduct an effective contraceptive choice consultation	
	The contraception needs of women >40 years of age	Manage contraception in the perimenopause including: <ul style="list-style-type: none"> • Appropriate use of methods • Diagnosis of menopause in women using hormonal contraceptives • Abnormal bleeding while using hormonal contraception • Women requesting HRT 	Demonstrate an open, inclusive non-judgemental approach to talking about contraception
		Provide basic counselling and advice on: <ul style="list-style-type: none"> • Sterilisation (male and female) • Natural Family Planning 	

Emergency Contraception

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To advise, provide and monitor the most effective and appropriate emergency contraceptive method for the patient	The full range of emergency contraceptive methods and where these are available	Correctly provide the appropriate emergency contraception for the particular patient or refer to another provider	Demonstrate an open, inclusive non-judgemental approach to talking about contraception
	When the provision of emergency contraception is appropriate	Explain the use and effects of emergency contraception	
		Prescribe hormonal emergency contraception as appropriate	
	The problems arising from emergency IUD	Initiate and continue use of alternative contraception	
Refer appropriately for specialist care			

HIV

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To correctly carry out HIV pre and post test discussion and testing	Laboratory tests used to diagnose HIV infection	Identify individuals with specific risk factors for HIV, or those who are particularly anxious and would benefit from more in-depth pre-test discussion	Be non-judgmental, demonstrate tact, empathy and concern for patients
	Risk factors for HIV infection	Discuss HIV testing, including issues specific to pregnant women	
	Relevant issues for someone undergoing HIV testing	Identify high-risk patients who may need referral for pre-test discussion	
	Relevant issues for a pregnant woman undergoing HIV testing	Give a positive HIV result and provide advice regarding safer sex, and retesting at a future date	
	Medico-legal and ethical issues relevant to HIV/AIDS including partner notification, ABI guidelines on insurance medical reports and confidentiality	Explain the diagnosis and referral for management of HIV infection	Work in conjunction with appropriate colleagues
	Provide / signpost post-exposure information		

HIV DRUG THERAPY

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
Manages and co-ordinates drug therapy for HIV patients in collaboration with other health care professionals	Pharmacology, therapeutics and pharmacokinetics in relation to drug therapy for HIV patients	Initiate, prescribe or supply, monitor response and advise on all aspects of drug treatment	Appropriate approach to benefits and risks of medical therapy in HIV patients
		Weigh up risks and benefits of prescribing specific therapies	
		Provide specialist pharmaceutical input in multi-disciplinary teams and committees	
		Act as a referral point for patients with complex needs for ongoing support to use their medicines	

Promotes concordance and adherence to prescribed medicines	The principles of concordance and self management of prescribed medication	Able to conduct patient consultation in line with NPC competency framework for shared decision-making with patient ¹	Listens to patients, not imposing views
	The range of personnel, services or pathways available locally to deliver medicines support	Able to recommend the most appropriate option	Liaises with others to ensure delivery of care
Carries out specialist medication assessments and full clinical medication reviews for HIV patients	Up to date knowledge of HIV therapies, inline with patient needs and history	Make interventions that reduce the risk of adverse drug effects and other medicines related problems	Documents, reports and develops care plan as well as evaluate outcomes in consultation with the patient (and carer)

VIRAL HEPATITIS

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To correctly carry out prevention, assessment and referral actions for viral hepatitis	The natural history of hepatitis A, B and C and the indications for screening for infection	Take a history / assess for risk	Be non-judgmental; demonstrate tact, empathy, respect and concern for patients
		Arrange routine laboratory and specific investigations as prompted by history and examination	
	Immunisation	Advise about vaccination when appropriate	
		Explain clearly and openly the vaccination regimes including potential side effects	
Diagnosing schedules and follow-up	Correctly diagnose viral hepatitis and refer to other specialties as appropriate		
	Explain the diagnosis clearly to the patient		

¹ Room for Review: A guide to medication review: NPC and Medicines Partnership
http://www.npc.co.uk/med_partnership/medication-review/room-for-review.html

GENITAL DISCHARGE

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To correctly carry out an assessment, treat and manage genital discharge	The natural history and management of vaginal and urethral discharge, including management of infection by N. gonorrhoeae, C. trachomatis, T. vaginalis, C. albicans and other yeasts, and bacterial vaginosis	Take a history / assess for risk	Demonstrate tact, empathy, respect and concern for patients
		Perform appropriate clinical examination	
	Aetiology and management of chlamydia negative non-gonococcal urethritis	Arrange routine laboratory and specific investigations as prompted by history and examination	Be non-judgmental
	Aetiology and management of rectal and pharyngeal infections		
	Diagnosis and need for onward referral for some conditions, eg, disseminated gonococcal disease, chronic urethritis, epididymitis, prostatitis and sexually acquired reactive arthritis (SARA or Reiter's syndrome)	Explain the diagnosis and management plan clearly to the patient	Work in conjunction with appropriate colleagues
		Prescribe / supply the drugs required as per local care pathway	
		Arrange partner notification if appropriate	
Refer to / liaise with other specialists when appropriate			
	Provide appropriate patient counselling		

GENITAL TRACT INFECTIONS

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To diagnose genital tract infections	The clinical presentations of bacteria, fungi and viruses pertinent to STIs	Perform an appropriate clinical examination	Demonstrate tact, empathy, respect and concern for patients
	The uses and limitations of the various tests available locally, and their role in the diagnosis of infections	Arrange routine laboratory and specific investigations, as prompted by history and examination	
		Take adequate and appropriate specimens	
		Advise on when and how individuals will be able to receive the results of their tests	
	Correctly interpret test results		

	National and local infection control policies	Protect self and others from harm	
	Storage of specimens and local collection / transport mechanisms		
	Local laboratory standard operating policies		
To assess, treat and manage designated complicated genital tract infections and urinary tract infections	The natural history and management of pelvic inflammatory disease (PID) and epididymo-orchitis	Take a history and assess for risk	Demonstrate tact, empathy, respect and concern for patients
		Perform an appropriate clinical examination	
	The appropriate investigations and management of urinary tract infections	Arrange routine laboratory and specific investigations as prompted by history and examination	Be non-judgmental
		Explain the diagnosis and management plan clearly to the patient	
		Prescribe / supply the drugs required as per local care pathway	
		Arrange partner notification if appropriate	Work in conjunction with appropriate colleagues
Refer to / liaise with other specialists when appropriate			

SEXUAL ASSAULT AND FEMALE GENITAL MUTILATION

Objective	Knowledge	Skills	Attitudes	
To assess and manage adults who have been sexually assaulted	Can demonstrate understanding of	Is able to		
	The importance of timing of forensic examination	Recognise female genital mutilation and refer to a specialist if appropriate	Demonstrate tact, respect and concern	
	The social and psychological needs and support that may be required by victims of sexual assault	Recognise assault		
			Provide emotional support and counselling regarding abuse, rape or trauma if they arise OR be competent to refer appropriately	
	When treatment or prophylaxis of infections, HIV counselling and post-exposure prophylaxis, hepatitis B immunisation and emergency contraception may be indicated		Clinically assess the individual's physical and emotional state	Be aware of need for chaperone
			Discuss and review counselling / support needs	Promote patient dignity
Advise on contraceptive and sexual health needs - offer emergency contraception and Hepatitis B immunisation if appropriate				

	Knowledge of locally agreed referral pathways and when to refer to specialist centres or voluntary organisations	Refer for expert investigation and management	Work in conjunction with other agencies and voluntary organisations
		Respond appropriately to child protection concerns / vulnerable adult issues	
		Provide or refer for counselling / on-going support	

GENITAL HUMAN PAPILLOMAVIRUS INFECTION AND ASSOCIATED CONDITIONS

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To correctly carry out an assessment, treat and manage genital human papillomavirus infection and associated conditions	The natural history of cervical intra-epithelial neoplasia (CIN), and other HPV-related lower genital tract malignancies	Take a history and assess for risk	Be non-judgmental; demonstrate tact, empathy, respect and concern for patients
		Perform an appropriate clinical examination	
		Correctly diagnose and manage the conditions	
	The role of colposcopy and biopsy in the diagnosis and management of cervical cellular abnormality	Manage an abnormal appearing cervix	
		Arrange routine laboratory and specific investigations as prompted by history and examination	
	The range of treatment options available	Explain the diagnosis and management plan clearly to the patient	
		Prescribe / supply the drugs required as per local care pathway	
The natural history of molluscum contagiosum	Competently perform cervical cytology smears or liquid based cytology		
Locally agreed patient care pathways	Refer to / liaise with other specialties when appropriate, including voluntary organisations	Work in conjunction with appropriate colleagues	

GENITAL ULCER DISEASE

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To assess, treat and manage genital ulcer disease	The natural history of syphilis and when and how to test for infection	Take a history and assess for risk	Demonstrate tact, empathy, respect and concern for patients
		Perform an appropriate clinical examination	
	The reasons for antenatal screening for syphilis	Arrange routine laboratory and specific investigations as prompted by history and	Be non-judgmental

		examination	
	The non-infective causes of genital ulcers	Correctly diagnose genital herpes simplex infections	
	The natural history and management of anogenital herpes simplex virus infections, psychosexual complications and indications for suppressive therapy	Explain the diagnosis and management plan clearly to the patient	
		Prescribe / supply the drugs required as per local care pathway	
		Arrange partner notification if positive	Work in conjunction with appropriate colleagues
		Refer cases of syphilis to specialist STI services	
		Refer / liaise with other specialties for other genital ulcer conditions where appropriate	

GENITAL INFESTATIONS

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To correctly manage genital infestations	The clinical presentation of scabies and pediculosis pubis	Take a history and assess for risk	Demonstrate tact, empathy, respect and concern for patients
		Perform an appropriate clinical examination	
		Arrange routine laboratory and specific investigations as prompted by history and examination	Be non-judgmental
	Treatment options available	Explain the diagnosis and management plan clearly to the patient	
		Arrange management and partner notification if positive	
		Prescribe / supply the drugs required as per local care pathway	

GENITAL INFECTIONS IN PREGNANT WOMEN AND CHILDREN

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To assess, treat and manage genital infections in pregnant women,	The complications, treatment and management of STIs sexually transmitted infections and other genital infections in pregnancy	Take a history and assess for risk	Demonstrate tact, empathy and concern for patients
		Perform an appropriate clinical examination	
		Correctly diagnose STIs in pregnant women	Be non-judgmental

newborn, infants and children		Explain the diagnosis, implications for pregnancy, and management plan clearly to the patient	
		Prescribe / supply the drugs required as per local care pathway	
	Familiarity with national and local guidelines regarding referral in such instances and locally agreed referral pathways	Arrange partner notification if appropriate	Work in conjunction with appropriate colleagues
The multi-disciplinary management of children with genital infections	Refer to / liaise with specialties for expert investigation and management of disease and drugs where appropriate		

VULVOVAGINITIS AND BALANITIS

Objective	Knowledge	Skills	Attitudes
To assess, treat and manage vulvovaginitis and balanitis	Can demonstrate understanding of The clinical presentation of vulvovaginitis and balanitis	Is able to Take a history and assess for risk	Be non-judgmental, demonstrate tact, empathy and concern for patients
		Perform an appropriate clinical examination	
		Arrange routine laboratory and specific investigations as prompted by history and examination	
	The infective causes of vulvovaginitis and balanitis	Correctly diagnose and manage the above infective conditions	
		Explain the diagnosis and management plan clearly to the patient	
		Prescribe the drugs required as per local care pathway	
Common non-infective conditions, including psoriasis, eczema, irritant vulvitis, lichen planus, lichen sclerosus, drug reactions and fungal dermatoses	Refer non-infective conditions to GUM or dermatology according to locally agreed patient pathways	Work in conjunction with appropriate colleagues	

MANAGING CHILDREN AND YOUNG PEOPLE WITHIN THE SEXUAL HEALTH SERVICE

Objective	Knowledge	Skills	Attitudes
To appropriately manage, and safeguard,	Can demonstrate understanding of	Is able to	Non-judgmental
	The most frequent conditions or issues presented by children and young people at sexual	Clinically manage conditions and or issues presented by children or young people to the sexual health services	

children and young people presenting to a sexual health service	health services		
	When to seek help in the clinical management of child or young person and refer appropriately	Assess Fraser competence	Be aware of patient dignity and need for chaperone
	Make a considered judgment about how to minimise treatment risk in the child or young person		
	National guidance on safeguarding children and local safeguarding guidelines and procedures and risk assessment for possible child abuse	Assess genital symptoms appropriately	Clear non-directive communication
Respond appropriately to disclosures of abuse and / or child protection concerns			
Record clinical observations clearly and refer to appropriate agencies			

PARTNER NOTIFICATION

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
To carry out partner notification, in conjunction with appropriate colleagues	Which infections require partner notification	Take a history about recent sexual partners	Be non judgmental
		Explain clearly to the individual the importance of sexual partners being treated to prevent reinfection, complications and ongoing transmission	
	Methods of partner notification	Discuss options for getting partners treated and provide advice on safer sex both during and after treatment	
		Discuss and review counselling / support needs with the individual	
The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000	Work in conjunction with Health Advisers, Sexual Health Nurses and GUM clinics or other local pathway for Partner Notification		
Child protection / vulnerable adult issues			

REFERRAL PATHWAYS

Objective	Knowledge Can demonstrate understanding of	Skills Is able to	Attitudes
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To refer appropriately and use locally agreed patient care pathways	Which genital conditions, infections and / or other concerns conditions need referral to specialist	Assess an individual's need for referral and be able to explain the importance of it to the patient	Demonstrate willingness to refer patients on to specialist services and to ask for help when appropriate
	The local specialised sexual health services and how to access them	Discuss and arrange on-going care through local networks and care pathways	
		Refer appropriately to specialist services eg, to community contraceptive clinics for complex contraceptive issues	
		Refer using locally agreed patient care pathways and signpost resources / voluntary organisations as appropriate	

EPIDEMIOLOGY

Objective	Knowledge	Skills	Attitudes
To be aware of local epidemiology and how to manage this	Can demonstrate understanding of	Is able to	Respect patient choice
	The epidemiology of STIs and HIV, and comparative trends in the local population	Assess an individual's risk and offer screening for STIs as appropriate	
	Describe prevalence, incidence and comparative trends of STIs and HIV in the local population	Recommend testing for all STIs in patients with a single infection (as multiple infections are common)	
	How STIs frequently co-exist	Encourage participation in disease prevention or screening programmes	Demonstrate willingness to report to national and local databases
	Awareness of national and local data collection methods, and their limitations		

APPENDIX 2: ASSESSMENT TOOLS

It is expected that, as part of the accreditation process, the assessment of individual competences will include observation of clinical practice. The recommended clinical assessment tools are the modified mini-CEX (mini clinical examination) and DOPS (direct observation of procedural skills).

The following notes are intended to support the effective use of these assessment tools as applied to the field of sexual health:

- It is strongly recommended that a series of clinical assessments (eg, using a modified mini-CEX or video assessment or other face-to-face assessment) takes place four times during the period of training prior to the PwSIs becoming accredited.
- Each clinical assessment is expected to take the equivalent of one session and should be performed by a specialist practitioner or consultant GUM, ideally an alternative to the educational supervisor.
- The assessor is expected to be present throughout the session and to make assessments, covering different clinical domains, from a number of patient interactions.
- Several assessments covering different areas are expected to be performed during each of the clinical assessment sessions.
- The subject / areas covered will depend on the type of service the PwSI is going to offer. This will be agreed at the start of the training.
- The assessment outcome will be 'satisfactory' or 'unsatisfactory'. Time will be allocated for feedback.
- It is expected that one of the assessments should include a review of case notes and, for those offering a surgical service, a review of histology reports (to consider appropriateness of procedure, completeness of excision, etc).
- It is expected that PwSIs will need training in the recognition and management of conditions normally seen / managed in secondary care and that this knowledge will be acquired via continuing medical education.
- Logbooks – there will be other competences that are not included but desirable; these can be documented in the PwSIs logbook and signed off by the trainer. This will probably differ for the individual PwSIs and the detail will need to be agreed with the trainer at the beginning of training.
- Practitioners will be expected to demonstrate evidence of 360-degree review.

APPENDIX 3: LINKS TO OTHER RESOURCES

USEFUL DOCUMENTS

Guidelines, Standards and other Competences:

British Association for Sexual Health and HIV guidelines on management of sexually transmitted infections

<http://www.bashh.org/guidelines>

MedFASH recommended standards for sexual health services

http://www.medfash.org.uk/publications/documents/Recommended_standards_for_sexual_health_services.pdf

Faculty of Sexual & Reproductive Healthcare guidelines and service standards for sexual health services

<http://www.ffprhc.org.uk>

NICE guidelines on long acting reversible contraception

<http://www.nice.org.uk/guidance/index.jsp?action=byID&r=true&o=10974>

NICE guidance on 1 to 1 interventions to reduce STI / HIV and unplanned pregnancies

<http://www.nice.org.uk/guidance/index.jsp?action=byID&r=true&o=11377>

NICE guidance on management of heavy menstrual bleeding

<http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11002>

Competences for providing more specialised sexually transmitted infection service in primary care

http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Sexualhealth/DH_4001942

Assessment tools

Helpful general and specialty-specific guidance for the use of DOPS and mini-CEX can be found at the following link

<http://www.jrcptb.org.uk/assessment/performance/Pages/PerformanceAssessmentDocumentation.aspx>

National Organisations

British Association for Counselling and Psychotherapy

<http://www.bacp.co.uk>

HIV Pharmacists Association

<http://www.hivpa.org>

UK Medicines Information

<http://www.ukmi.nhs.uk>

Royal Pharmaceutical Society of Great Britain
<http://www.rpsgb.org>

UK Clinical Pharmacists Association (Antibiotics Group)
<http://www.ukcpa.org>

Learning Resources

Centre for Pharmacy Postgraduate Education: Learning resources on contraception, emergency hormonal contraception, child protection and dealing with difficult discussions
www.cppe.manchester.ac.uk

The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4083027

APPENDIX 4: GLOSSARY

ABI Guidelines	Association of British Insurers
CIN	Cervical Intra-epithelial Neoplasia
CPD	Continual Professional Development
DFFP	Diploma of the Faculty of Family Planning
DOPS	Direct Observation of Procedural Skills
FSRH	Faculty of Sexual and Reproductive Healthcare
GMS	General Medical Services
GPwSI	General Practitioner with Special Interest
GU Services	Genito-Urinary Medicine Services
GUM (GU Med)	Genito-Urinary Medicine
HIV	Human Immunodeficiency Virus
HPV Testing	Human Papilloma Virus testing
HRT	Hormone Replacement Therapy
IM Injection	Intramuscular injection
IUD	Intra-Uterine Devices
IUS	Intra-Uterine Systems
KC60 Data	(KC60 data allows a more comprehensive view of HIV)
LARC	Long Acting Reversible Contraception
MedFASH	Medical Foundation for Aids & Sexual Health
Mini-CEX	Mini Clinical Examination
MSM	Men who have Sex with other Men
NCAS	National Clinical Assessment Service
NHS Trust	National Health System
NICE	National Institute for Health and Clinical Excellence
NPC	National Prescribing Centre
NSF	National Service Framework
OSCE	Objective Structured Clinical Examination
PBR	Payment by Results
PCT	Primary Care Trust
PhwSI	Pharmacist with Special Interest
PID	Pelvic Inflammatory Disease
PwSI	Practitioner with Special Interest
RCGP	The Royal College of General Practitioners
SARA	Sexually Acquired Reactive Arthritis
SE	Side Effects
STI	Sexually Transmitted Infection
STIF	Sexually Transmitted Infections Foundation

APPENDIX 5: MEMBERSHIP OF SEXUAL HEALTH PwSI STAKEHOLDER GROUP

We appreciate and are grateful for feedback from the following people and organisations that have commented or contributed to the development of this document:

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National AIDS Trust (NAT)

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Terrence Higgins Trust