

# Competencies for providing more specialised sexually transmitted infection services within primary care

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<b>Description</b>	This paper sets out the range of competencies in skills, knowledge and attitudes required to deliver more specialised sexual health services for managing sexually transmitted infection within primary care. These competencies are transferable to any primary care setting to improve quality in managing STIs.
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# Competencies for providing more specialised sexually transmitted infection services within primary care

These competencies have been developed by a multidisciplinary working group with broad representation. It is hoped that Primary Care Trusts will use these as a foundation for good practice and for developing more specialised sexually transmitted infection services within primary care, such as a locally enhanced service (LES).

More specialised sexually transmitted infection services within primary care, as could be provided through a LES, are designed to cover the enhanced aspects of sexual and reproductive health care that are beyond the scope of essential and additional services.

The service could fund a range of holistic sexual and reproductive health services in the following domains:

- Assessment of and screening for sexually transmitted infections and blood borne viruses as outlined in the document below.
- Involvement in proactive STI control, such as the opportunistic screening of young people for chlamydial infection within the framework of the National Chlamydia Screening Programme (NCSP)
- Adequate management of specific sexually transmitted infections, as agreed with the PCT.
- Referral of other specific STIs and genital conditions.
- Pregnancy testing and assessment of unplanned pregnancy.
- Provision of free condoms and pregnancy testing.
- Access and effective communication for at-risk and vulnerable groups.
- Effective liaison with other professionals and support services such as young persons' service and microbiology laboratory respectively.
- Provide support for primary care colleagues in the field of sexual and reproductive health.
- Governance processes and professional development to ensure clinical effectiveness and patient safety.
- The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000 on confidentiality should be strictly adhered to by all members of the team providing a more specialised sexually transmitted infection services within primary care.
- Relevant information will be 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.
- Treatment of STIs without prescription charges (the PCT will need to find a mechanism to allow this to happen)
- There should be referral pathways for other STIs and for individuals who do not wish to be managed in primary care settings.

HIV shared care – there are currently no national shared care guidelines for the management of HIV in primary care. The development of locally agreed shared care protocols and referral pathways for the management of HIV positive patients will facilitate shared care.

The PCT should ensure that adequate training for the whole team involved in delivering the enhanced service is accessed by the practice.

**The role of lead clinician for more specialised sexually transmitted infection services within primary care needs to ensure the following:**

- Appropriate advertising of the service, including information on types of service available and, in the case of dedicated clinics, access times.
- All staff have received appropriate training e.g. confidentiality, under 16s, access for vulnerable and risk groups.
- The service can be accessed by any one regardless of the individual age, gender, ethnicity, culture or sexual orientation.
- The service adheres to current best practice and national guidelines where available.
- All policies and guidelines are in-place and are reviewed annually.
- Patient information obtained remains confidential and is kept in line with current DH guidance and legislation.
- 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 and Payment By Results (PBR) to allow monitoring of workload activity, patient demographics and STI epidemiology.
- There is a mechanism for access for free treatment irrespective of where the infections have been diagnosed.
- There are appropriate local treatment pathways, in place, for treatment of syphilis, HIV, Hep B and/or Hep C.
- All patients who are diagnosed with an STI receive partner notification via a mechanism agreed with the local stakeholders and informed by National Guidance.
- The service complies with Clinical Governance and there is liaison between the local GUM, microbiology, cytology departments and other local relevant statutory and non-statutory agencies.
- The service is auditable and statutory reports are produced at the appropriate times.

**Core competencies for healthcare professionals wishing to offer more specialised sexually transmitted infection services within primary care**

The competencies required to deliver an enhanced service should be seen as a development of existing generalist skills including good communication skills and a commitment to cascading knowledge and skills.

**Theoretical**

Practitioners should be able to demonstrate satisfactory completion of recognised training, or the acknowledgment of prior learning and experience. It is important to acknowledge those GPs and Practice Nurses who have acquired skills and knowledge in the management of STIs in the course

of their career. The lead clinician(s) should have attended the STIF course (or equivalent) and completed the associated logbook of competencies, or hold the DFFP (post 2003 syllabus, or equivalent) as a minimum in order to attain skills and experience to provide Level 1 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. Nurses can undertake a recognised course in sexual health (see [www.guna.org.uk](http://www.guna.org.uk)).

## **Practical**

An attachment in a GUM clinic is beneficial, to enable the practical development of STI management skills, under the supervision of a GUM consultant/trainer (but in some areas may be another sexual health provider) 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 the competencies of the service requirements, the skill being assessed and the level of expertise required.

Ways in which training could be achieved include:

- Clinical assistant or other non-consultant career grade posts in GUM
- As part of GP VTS rotation schemes (usually during O&G post)
- During the SHO Foundation year 2
- GP senior registrars undertaking a 6-month extension of their training.
- GPs and nurses can attend clinical placements by arrangement
- Links and/or mentoring arrangements with experienced clinicians from GUM and within primary care
- Nurses can gain competencies by following the competency document available from RCN Direct

The enhanced service would have good mechanisms for joint working and communication, including regular meetings with other service providers (e.g. Genitourinary Medicine specialists) and evaluation of service delivery.

## **Assessment – Evidence of acquisition**

This involves determining evidence required to demonstrate these competencies and criteria for maintenance as defined in this framework. These criteria have been set nationally involving stakeholder consultation.

Before commissioning a more specialised sexually transmitted infection service within primary care, such as a LES, the PCT will need to ensure that the providers meet the competencies necessary for the service to be delivered. Individual competencies can be signed up by experienced health care professionals (not necessarily a doctor) but the final assessment should be signed off by the local lead identified by the PCT. The mechanism for this process can be determined at local level though ideally should be through assessment of the practitioner's personal development portfolio by at least two assessors (e.g. medical director, director of public health) where at least one assessor has an in-depth specialist knowledge of the relevant clinical area.

The most suitable teaching/learning and assessment methods will vary according to individual circumstances and should be agreed between trainee and trainer in advance

Assessment of individual competencies may be by:

- Observed clinics
- Case note review
- Reports from senior professionals in the multidisciplinary team
- Demonstration of skills under direct observation by a specialist clinician
- Simulated role play/OSCE
- Reflective practice
- Diploma in Genitourinary Medicine
- Portfolio of achievement
- Observed communication skills, attitudes and professional conduct
- Demonstration of knowledge by personal study supported by appraisal.
- Evidence of gained knowledge via attendance at accredited courses or conferences

### **Monitoring and clinical governance**

The mechanisms will follow those normally used by the PCT. They will include clinical audit to ensure maintenance of national and local standards of care, as part of the locally agreed Sexual Health Network.

### **Maintenance of competencies**

Practical arrangements for this should be agreed between the main stakeholders (PCT, primary care providers and GUM service).

The practitioner would be expected to:

- be actively involved in locally agreed sexual health networks, for example with an on-going clinical link or attachment with the local GU clinic.
- maintain his/her competencies through continued professional development and education (meetings, courses, journals).

## **Curriculum for training in delivering more specialised sexually transmitted infection services within primary care**

### **Aims**

A competent practitioner will be able to demonstrate:

- appropriate attitudes (including a non-judgmental approach and respect of patient confidentiality)
- effective communication skills during interaction with patients and colleagues
- sufficient knowledge and skill in diagnosis and management to ensure safe and effective practice in GUM at the LES level
- competency in establishing a differential diagnosis for patients presenting with clinical features of genital infections by appropriate use of history, clinical examination and investigations
- ability to apply knowledge of the appropriate basic sciences relevant to genitourinary medicine

- holistic patient care to include treatment, partner notification. health promotion and disease prevention.
- recognition of his/her limitations of expertise and knowledge of mechanisms of referral.
- Knowledge and application of BASHH and other National Guidelines for management of STIs

## **Specific Knowledge, Attitudes and Skills**

Seventeen objectives have been set out. In the event of a PCT commissioning a LES comprising a fewer number of these, competency should be attained for the individual components of the LES. The core competency document outlined below does not include microscopy services as it is envisaged that these will not be routinely available within more specialised sexually transmitted infection services within primary care. However, if at a local level, PCTs wish to commission microscopy services as part of such a service, then the service providing these will need to undertake adequate training and participate in an on-going quality assurance scheme, as agreed with the local GU services.

## **Objectives**

1. To raise or respond to the issue of sexual health and/or make the offer of Chlamydia screening to men and women under 25
2. Sexual History Taking (including the importance of patient confidentiality) and management of at risk groups, including young people (and the importance of Fraser guidelines) and men who have sex with men.
3. Genital examination of men and women
4. Safer sex advice
5. Partner notification
6. Diagnosis of genital tract infections
7. Management of genital discharge
8. Management of designated complicated genital tract infections and urinary tract infections
9. Management of genital ulcer disease
10. Management of genital human papillomavirus infection and associated conditions
11. Management of viral hepatitis
12. Management of genital infestations
13. Management of adults who have been sexually assaulted
14. Management of genital infections in pregnant women and children
15. Management of vulvovaginitis and balanitis
16. HIV pre-and post-test discussion
17. Epidemiology of STIs
18. Use of referral pathways

## Abbreviations

Within subject matter: K= knowledge, S= skills, A= attitudes

### Within teaching/learning methods:

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 GU Med (local or national), self-directed learning, role play and discussion groups, multidisciplinary groups with doctors, nurses and health advisors, observation in GUM/Microbiology laboratories, and visits to appropriate clinics.

Depending on the role of the health care professional within the enhanced service they may wish to work at level 1 or level 2 competency in any objective

Level 1: carry out the whole activity under direct supervision of a senior colleague (ie the senior colleague is present throughout) and/or carry out the whole activity under indirect supervision, (ie the senior colleague need not be present throughout, but should be available close by to provide help and advice)

Level 2: independent competence, no need for supervision. This is the expected competency for a practitioner responsible for delivery of a more specialised sexually transmitted infection services within primary care

## Objective 1 – To raise or respond to the issue of sexual health and/or make the offer of Chlamydia screening to men and women under 25

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Raising issue of sexual health and Chlamydia screening</b>				
<b>Knowledge</b> <ul style="list-style-type: none"> <li>Range of needs and problems which may compromise sexual health and network of local services available to respond.</li> <li>Behavioural, social and physiological factors in the disproportionate burden of STIs in young people.</li> <li>Consequences of undetected chlamydial infection.</li> <li>Familiar with core requirements and data reporting needs of the National Chlamydia Screening Programme and local screening plan.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>Raising the issue of sexual health sensitively whether in response to a relevant presentation or opportunistic intervention.</li> <li>Making a chlamydia screening invitation to those in target population.</li> <li>Managing those with positive results or refer to/liaise with other specialties where appropriate.</li> <li>Assessment of Fraser competence.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>Supportive and encouraging normalization of sexual health within health consultations.</li> <li>Clear, non-directive communication.</li> <li>Collaborative teamwork approach to local screening effort.</li> </ul>				

## Objective 2 – To correctly carry out the taking of sexual history

Subject matter	Competency			
Sexual history	Level 1	Level 2	Date	Assessor's signature
<p><b>Knowledge – Different types of sexual behaviour and risks of infections associated with them.</b></p> <ul style="list-style-type: none"> <li>• Particular “at risk” groups e.g. MSM, young people and ethnic minorities, commercial sex workers, individuals returning from travel abroad).</li> <li>• Appropriate questions to ask to ascertain risk.</li> <li>• Presentations of STIs.</li> <li>• Presentations of psychosexual problems and when to refer for treatment.</li> <li>• Familiarity with, and application of, Fraser and other national guidelines in relation to consent and confidentiality in relation to under 16s and other vulnerable clients irrespective of age.</li> </ul>				
<p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Use consultation skills to communicate with patients in an appropriate manner.</li> <li>• Take a relevant detailed sexual history.</li> <li>• Recognise symptoms of STIs and related conditions</li> <li>• Assess pregnancy risk.</li> <li>• Recognise psychosexual problems and refer appropriately.</li> </ul>				
<p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Show tact and empathy.</li> <li>• Respect patient confidentiality.</li> <li>• Be non-judgmental.</li> <li>• Be aware of religious, cultural and social factors and how these may influence presentation and management.</li> <li>• Be aware of how other vulnerable groups, such as those with mental health problems or physical disabilities may present.</li> </ul>				

## Objective 3 – To correctly carry out the a genital examination of both men and women

Subject matter	Competency			
Genital examination	Level 1	Level 2	Date	Assessor's signature
<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>• Anatomy and physiology of the genital tract.</li> <li>• Patho-physiological basis of physical signs.</li> <li>• be aware/familiar with national and local infection control policies national and local and how to protect self and others.</li> </ul>				
<p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Explain procedure to patient.</li> <li>• Elicit physical signs with minimal discomfort to patient.</li> <li>• Use instruments skillfully.</li> </ul>				
<p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Be aware of patient dignity and need for chaperone.</li> <li>• Take into account ethnic and sexuality issues.</li> </ul>				

## Objective 4 – To correctly provide advice regarding safer sex-preventing infections and unplanned pregnancy

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Advice about safer sex</b>				
<b>Knowledge</b> <ul style="list-style-type: none"> <li>Different types of sexual practices and associated risks: infections and unplanned pregnancy.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>Give clear information to patients.</li> <li>Advise on appropriate changes to sexual behaviour to reduce risk.</li> <li>counsel regarding continuation of pregnancy or termination and referral routes.</li> <li>Be able to demonstrate correct condom use.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>Be non-judgmental.</li> </ul>				

## Objective 5 – To correctly carry out partner notification, in conjunction with appropriate colleagues

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Partner notification</b>				
<b>Knowledge</b> <ul style="list-style-type: none"> <li>Which infections partner notification relevant.</li> <li>Methods of partner notification.</li> <li>The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>Explain clearly to patient reasons for PN to decrease risk of reinfection.</li> <li>Work in conjunction with Health Advisers, Sexual health nurses and GUM clinics or other local pathway for PN.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>Be non-judgmental.</li> </ul>				

## Objective 6 – To be able to diagnose genital tract infections

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Diagnosis of genital tract infection</b>				
<b>Knowledge. To understand and be aware of the different methods of:</b> <ul style="list-style-type: none"> <li>• identification of bacteria, fungi and viruses pertinent to STIs.</li> <li>• The uses and limitations the various tests in use locally, and their role in the diagnosis of infections</li> <li>• storage of specimens and collection/transport mechanisms locally.</li> <li>• The difference between diagnostic testing and screening.</li> <li>• be aware/familiar with infection control policies, national and local and how to protect self and others.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>• Take adequate and appropriate specimens.</li> <li>• Correctly interpret test results.</li> <li>• Refer to/liaise with other appropriate colleagues.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>• Establish rapport with laboratory staff.</li> </ul>				

## Objective 7 – To correctly carry out assessment, treatment and management of genital discharge

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Management of genital discharge</b>				
<b>Knowledge. Be able to explain:</b> <ul style="list-style-type: none"> <li>• The natural history and management of vaginal and urethral discharge, including management of infection by <i>N. gonorrhoeae</i>, <i>C. trachomatis</i>, <i>T. vaginalis</i>, <i>C. albicans</i> and other yeasts, and bacterial vaginosis.</li> <li>• Aetiology and management of chlamydia negative nongonococcal urethritis.</li> <li>• Aetiology and management of rectal and pharyngeal infections.</li> <li>• Diagnosis and need for onward referral of disseminated gonococcal disease, chronic urethritis, epididymitis, prostatitis and sexually acquired reactive arthritis (SARA or Reiter's syndrome).</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>• Correctly diagnose and manage the above conditions including partner notification.</li> <li>• Explain the diagnosis and management clearly to the patient.</li> <li>• Refer to/liaise with other specialties when appropriate.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>• Display tact, empathy, respect and concern for patients.</li> <li>• Be non-judgmental.</li> <li>• Work, in conjunction with appropriate colleagues.</li> </ul>				

## Objective 8 – To correctly carry out assessment, treatment and management of designated complicated genital tract infections and urinary tract infections

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Management of designated complicated genital tract infections</b>				
<b>Knowledge</b> <ul style="list-style-type: none"> <li>• Diagnosis, natural history and management of pelvic inflammatory disease (PID) and epididymo-orchitis.</li> <li>• Investigations and management of urinary tract infections.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>• Correctly diagnose and manage the above conditions including partner notification.</li> <li>• Explain the diagnosis and management clearly to the patient.</li> <li>• Refer to/liaise with other specialties when appropriate.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>• Display tact, empathy, respect and concern for patients.</li> <li>• Be non-judgmental.</li> <li>• Work, in conjunction with appropriate colleagues.</li> </ul>				

## Objective 9 – To correctly carry out assessment, treatment and management of genital ulcer disease

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Genital ulcer disease</b>				
<b>Knowledge. Be able to explain:</b> <ul style="list-style-type: none"> <li>• Natural history of syphilis and when and how to test for infection.</li> <li>• Reasons for antenatal screening for syphilis.</li> <li>• Natural history and management of anogenital herpes simplex virus infections, psychosexual complications and indications for suppressive therapy.</li> <li>• Diagnosis of non-infective causes of genital ulcers.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>• Correctly diagnose and genital herpes simplex infections.</li> <li>• Explain the diagnosis and management clearly to the patient.</li> <li>• Correctly diagnose and manage genital herpes. Explain the diagnosis and management clearly to the patient.</li> <li>• Refer cases of syphilis to specialist STI services.</li> <li>• Refer/liaise with other specialties for other genital ulcer conditions where appropriate.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>• Display tact, empathy, respect and concern for patients.</li> <li>• Be non-judgmental.</li> <li>• Work, in conjunction with appropriate colleagues.</li> </ul>				

## Objective 10 – To correctly carry out assessment, treatment and management of genital human papillomavirus infection and associated conditions

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Human papillomavirus infection</b>				
<b>Knowledge. Be able to explain:</b> <ul style="list-style-type: none"> <li>Natural history, diagnosis, and management of human papillomavirus infection.</li> <li>Natural history, diagnosis, and management of cervical intra-epithelial neoplasia (CIN), and other HPV-related lower genital tract malignancies.</li> <li>NHS Cervical Screening Programme. Interpretation of cytology. Uses and limitations of HPV testing.</li> <li>Role of colposcopy and biopsy in diagnosis and management of cervical cellular abnormality. Treatment options available.</li> <li>Management of the abnormal appearing cervix.</li> <li>Knowledge of locally agreed patient care pathways.</li> <li>Natural history, diagnosis, and management of molluscum contagiosum.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>Correctly diagnose and manage the above conditions.</li> <li>Competently perform cervical cytology smears or liquid based cytology.</li> <li>Explain the diagnosis and management clearly to the patient.</li> <li>Refer to/liaise with other specialties when appropriate.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>Display tact, empathy, respect and concern for patients.</li> <li>Be non-judgmental.</li> <li>Work in conjunction with appropriate colleagues.</li> </ul>				

## Objective 11 – To correctly carry out prevention, assessment and referral of viral hepatitis

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Viral hepatitis</b>				
<b>Knowledge. Be able to explain:</b> <ul style="list-style-type: none"> <li>For hepatitis A and B – indications for screening for infection, immunisation, dosing schedules and follow-up.</li> <li>Diagnosis and statutory notification of viral hepatitis.</li> <li>The natural history of hepatitis A, B and C infection.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>Correctly diagnose viral hepatitis and refer to other specialities.</li> <li>Explain the diagnosis clearly to the patient.</li> </ul>				
<b>Attitude</b> Display tact, empathy, respect and concern for patients. Be non-judgmental. Work in conjunction with appropriate colleagues.				

## Objective 12 – To correctly carry out assessment, treatment and management of genital infestations

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Genital infestations</b>				
<b>Knowledge. Be able to explain:</b> <ul style="list-style-type: none"> <li>• Diagnosis and management of scabies and of pediculosis pubis.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>• Correctly diagnose and manage the above conditions.</li> <li>• Explain the diagnosis and management clearly to the patient.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>• Display tact, empathy, respect and concern for patients.</li> <li>• Be non-judgmental.</li> <li>• Work in conjunction with appropriate colleagues.</li> </ul>				

## Objective 13 – To correctly carry out assessment and management of adults who have been sexually assaulted

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Sexual assault and female genital mutilation</b>				
<b>Knowledge. Be able to explain:</b> <ul style="list-style-type: none"> <li>• The importance of timing of forensic examination.</li> <li>• When treatment or prophylaxis of infections, HIV counselling and post-exposure prophylaxis, hepatitis B immunisation and post-coital contraception may be indicated.</li> <li>• Knowledge of locally agreed referral pathways.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>• Is able to recognise assault.</li> <li>• Offer post-coital contraception and Hepatitis B immunization if appropriate.</li> <li>• Refer for expert investigation and management.</li> <li>• Provide or refer for counselling/on-going support.</li> <li>• ability to recognise female genital mutilation and refer to specialist.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>• Show tact and empathy.</li> <li>• Be aware of patient dignity.</li> <li>• Be aware of need for chaperone.</li> <li>• Work in conjunction with other agencies.</li> </ul>				

### Objective 14 – To correctly carry out assessment, treatment and management of genital infections in pregnant women, newborn, infants and children, in conjunction with appropriate colleagues

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Genital infections in pregnant women and children</b>				
<b>Knowledge. Be able to explain:</b> <ul style="list-style-type: none"> <li>• Diagnosis, complications, treatment and management of STIs sexually transmitted infections and other genital infections in pregnancy.</li> <li>• The multi-disciplinary management of children with genital infections.</li> <li>• Awareness of child protection issues and risk assessment for possible child abuse.</li> <li>• Familiarity with national and local guidelines regarding referral in such instances and locally agreed referral pathways.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>• Correctly diagnose and manage the above infections in pregnant women.</li> <li>• Explain the diagnosis and management clearly to the patient.</li> <li>• Refer to/liaise with other specialties when appropriate.</li> <li>• Refer children with genital symptoms appropriately.</li> </ul>				
<b>Attitudes</b> <ul style="list-style-type: none"> <li>• Display tact, empathy and concern for patients.</li> <li>• Be non-judgmental.</li> <li>• Work in conjunction with appropriate colleagues.</li> </ul>				

### Objective 15 – To correctly carry out assessment, treatment and management of vulvovaginitis and balanitis

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Vulvovaginitis and balanitis</b>				
<b>Knowledge. Be able to explain:</b> <ul style="list-style-type: none"> <li>• Diagnosis and management of infective causes of vulvovaginitis and balanitis.</li> <li>• To recognise common non-infective conditions, including psoriasis, eczema, irritant vulvitis, lichen planus, lichen sclerosus, drug reactions and fungal dermatoses.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>• Correctly diagnose and manage the above infective conditions.</li> <li>• Explain the diagnosis and management clearly to the patient.</li> <li>• Refer non-infective conditions to GUM or dermatology according to locally agreed patient pathways.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>• Display tact, empathy, respect and concern for patients.</li> <li>• Be non-judgmental.</li> <li>• Work in conjunction with appropriate colleagues.</li> </ul>				

## Objective 16 – To correctly carry out HIV pre and post test discussion and testing

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>HIV discussion and testing</b>				
<b>Knowledge. Be able to explain:</b> <ul style="list-style-type: none"> <li>• Laboratory tests used to diagnose HIV infection.</li> <li>• Risk factors for H IV infection.</li> <li>• Relevant issues for someone undergoing HIV testing.</li> <li>• Relevant issues for a pregnant woman undergoing HIV testing.</li> <li>• Medico-legal and ethical issues relevant to HIV/AIDS including partner notification, ABI guidelines on insurance medical reports and confidentiality.</li> </ul>				
<b>Skills Be able to competently:</b> <ul style="list-style-type: none"> <li>• Discuss HIV testing, including issues specific to pregnant women.</li> <li>• Identify high risk patients who may need referral for pre-test discussion.</li> <li>• Give a positive HIV result.</li> <li>• Explain the diagnosis and referral for management of HIV infection.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>• Display tact, empathy, respect and concern for patients.</li> <li>• Be non-judgmental.</li> <li>• Work in conjunction with appropriate colleagues.</li> </ul>				

## Objective 17 – To provide the trainee with the knowledge and skills of epidemiology

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Epidemiology</b>				
<b>Knowledge. Be able to explain:</b> <ul style="list-style-type: none"> <li>• The epidemiology of STIs and HIV.</li> <li>• STIs frequently co-exist.</li> <li>• Awareness of national and local data collection methods, and their limitations.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>• Assess an individuals risk and offer screening for STIs as appropriate.</li> <li>• Recommend testing for all STIs in patients with a single infection (as multiple infections are common).</li> <li>• Encourage participation in disease prevention or screening programmes.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>• Demonstrate willingness to report to national and local databases.</li> <li>• Respect patient choice.</li> </ul>				

## Objective 18 – To provide the trainee with the knowledge and skills of who to refer and locally agreed patient care pathways

Subject matter	Competency			
	Level 1	Level 2	Date	Assessor's signature
<b>Referral pathways</b>				
<b>Knowledge. Be able to explain:</b> <ul style="list-style-type: none"> <li>The local specialised sexual health services and how to access them or use locally agreed patient care pathways.</li> <li>Which infections and other genital conditions need referral for a specialist opinion.</li> </ul>				
<b>Skills</b> <ul style="list-style-type: none"> <li>Assess an individual's need for referral and be able to explain the importance of it to the patient.</li> <li>Correct use of locally agreed patient care pathways.</li> </ul>				
<b>Attitude</b> <ul style="list-style-type: none"> <li>Demonstrate willingness to refer patients on to specialist services and to ask for help when appropriate.</li> </ul>				

## References/further information

*New GMS Contract 2003: Investing in General Practice* The NHS Confederation, BMA

British Association for Sexual Health and HIV. [www.bashh.org](http://www.bashh.org)

Faculty of Family Planning and reproductive Health Care [www.ffprhc.org.uk](http://www.ffprhc.org.uk)

The National Strategy for Sexual Health and HIV [www.doh.gov.uk/jointunit/jip.htm](http://www.doh.gov.uk/jointunit/jip.htm)

The Department of Health (2004) *Choosing health-Making healthy choices easier*, London. available [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop).

The Royal College of Nursing (2004) *Sexual health competencies*. Available from [www.rcn.org.uk](http://www.rcn.org.uk) or RCN Direct 0845 772 6100 code 002 469

Society of Sexual Health Advisers [www.ssha.info](http://www.ssha.info)

Genitourinary Nurses Association [www.guna.org.uk](http://www.guna.org.uk)

HIV in Primary Care (Book)

[www.medfash.org.uk/publications/documents/HIV\\_in\\_Primary\\_Care.pdf](http://www.medfash.org.uk/publications/documents/HIV_in_Primary_Care.pdf)

The Royal College of General Practitioners – Task Group for Sex, Drugs & HIV

[www.rcgp.org.uk/clinspec/index.asp](http://www.rcgp.org.uk/clinspec/index.asp)

Recommended standards for sexual health services

[http://www.medfash.org.uk/publications/documents/Recommended\\_standards\\_for\\_sexual\\_health\\_services.pdf](http://www.medfash.org.uk/publications/documents/Recommended_standards_for_sexual_health_services.pdf)

Recommended standards for NHS HIV services [www.medfash.org.uk/publications/current.html](http://www.medfash.org.uk/publications/current.html)

Getting it right for teenagers in your practice. (2002). RCN/RCGO copies from either RCPG at 14 Prince's Gate London SW7 1PU or [www.rcn.org.uk](http://www.rcn.org.uk) RCN direct on 0845 772 6100

The Confidentiality and Young people Toolkit for general practice, primary care and Trusts. [e/mail sales@rcgp.org.uk](mailto:sales@rcgp.org.uk)

Confidentiality & young people (1993). Published by Brook fpa, BMA, GMC, Brook Advisory RCGP and the other health Departments (Scotland. Wales and NI) available from Brook 0207 713 9000

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