Sexual health in pharmacies: developing your service
An open learning programme for pharmacists and pharmacy technicians

Sexual health in pharmacies: developing your service

Educational solutions for the NHS pharmacy workforce

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Acknowledgements

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http://www.cppe.ac.uk
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About CPPE

The Centre for Pharmacy Postgraduate Education (CPPE) is funded by the Department of Health and offers continuing professional development opportunities for pharmacists and pharmacy technicians providing NHS services in England. We are based in the University of Manchester’s School of Pharmacy and Pharmaceutical Sciences.

CPPE offers a wide range of learning opportunities for the pharmacy workforce. Our full learning portfolio is available on the internet at: http://www.cppe.ac.uk

Themes

We have allocated themes to all our learning programmes. There are 28 themes in total and they allow you to navigate easily through our full learning portfolio. We have assigned a different colour to each of our themes, and this is used to identify the theme in news@CPPE, on our website, and on the covers of all the learning programmes.

This learning programme is part of the Family planning and sexual health theme. You will find additional learning programmes within this theme on our website.

You can download this programme in PDF format from our website: http://www.cppe.ac.uk

CPPE 1 2 3

We recognise that people have different learning needs and not every CPPE learning programme is suitable for every pharmacist or pharmacy technician. Some of our programmes contain core learning, while others deliver more complex learning that is only required to support certain roles. So we have created three categories of learning – CPPE 1 2 3 – and allocated each programme to an appropriate category.

The categories are:

- **CPPE 1** Core learning (limited expectation of prior knowledge)
- **CPPE 2** Application of knowledge (assumes prior learning)
- **CPPE 3** Supporting specialisms (CPPE may not be the provider and will signpost you to other appropriate learning providers).

This is a CPPE 1 learning programme.

Continuing professional development

You can use this learning programme to support your continuing professional development (CPD). Consider what your learning needs are in this area. Use your CPD record sheets to plan and record the actions you have taken.
Activities

Team exercises

We include team exercises in this programme to help you to involve your team in the preparations for developing and running a sexual health service. Some of the team exercises focus on communication, helping people to overcome the embarrassment of talking to people about sex and sexually-transmitted infections. Team members also have the chance to make notes about the activities in a personal workbook, which can then be used to help draft a standard operating procedure (SOP) for conducting sexual health consultations that the whole team can sign up to.

Practice points

Practice points are an opportunity for you to consider your practical approach to the effective care of patients or the provision of a service. They are discrete activities designed to help you to identify good practice, to think through the steps required to implement new practice, and to consider the specific needs of your local population.

We have designed the practice points in this programme to help you and your team to make links between the learning and your daily practice and to co-ordinate with other healthcare professionals.

Reflective questions

We have included reflective questions in this programme to give you an opportunity to reflect on what you already know, or on what you have read so far, to reinforce and extend your learning. Thinking about these questions will help you to meet the objectives of the programme and encourage you to consider your learning needs in this subject area, providing a focus for your CPD.

Assessment

You can complete your learning of this programme by working through the associated e-assessment. This is available for you to complete and submit online, via [http://www.cppe.ac.uk/assessment](http://www.cppe.ac.uk/assessment). If you are not successful, we offer automatic feedback after you have completed each section. We have designed the feedback to let you know the broad area where we think you would benefit from further learning, before attempting the assessment again.
References and further reading

You can find references for all the books, articles, reports and websites mentioned in the text, together with a list of further reading to support your learning at the end of the programme. References are indicated in the text by a superscript number (like this³).

Programme guardians

CPPE has adopted a quality assurance process called ‘programme guardians’. A programme guardian is a recognised expert in an area relevant to the content of a learning programme who will review the programme every six months. We will post any corrections, additions, deletions or further supporting materials that are needed as an update to the programme on the CPPE website. We recommend that you refer to these updates if you are using this (or any other) learning programme significantly after its initial publication date. A full list of programme guardians is available on our website. You can email your comments about this programme to them at: info@cppe.ac.uk

External websites

CPPE is not responsible for the content of any non-CPPE websites mentioned in this programme or for the accuracy of any information to be found there. The fact that a website or organisation is mentioned in the programme does not mean that CPPE either approves of it or endorses it.

Disclaimer

CPPE recognises that local interpretation of national guidance may differ from the examples used in this learning programme and you are advised to check with your own relevant local guidelines. You are also advised to use this programme with other established reference sources. If you are reading this programme significantly after the date of initial publication you should refer to current published evidence. CPPE does not accept responsibility for any errors or omissions.

Feedback

We hope you find this learning programme useful for your practice. Please help us to assess its value and effectiveness by completing the online feedback form available on our website. Simply log in by visiting: http://www.cppe.ac.uk/mycppe and then choosing my CPPE record from the menu, scroll down to find the learning programme title, and click on the Tell us what you think icon. CPPE may email you a reminder to do this. You can also email us direct if you think your comments are urgent using the email address: feedback@cppe.ac.uk
Welcome to the CPPE learning programme on Sexual health in pharmacies: developing your service.

The learning element of this programme is provided in two parts:

- this open learning book which looks at the background to providing a sexual health service, and includes information to guide you through the preparation of a standard operating procedure to support the sexual health consultation process
- a factfile which looks at each of the sexually-transmitted infections (STIs), providing advice on prevention, testing and treatment, together with useful links to which you can signpost customers and clients for further advice and information.

These two elements are supported by a personal workbook which you and your team members can download and use to record your own ideas in response to the team activities set out in both parts of the programme, as well as any useful points that are raised by your colleagues. Use the time spent working as a group to ensure that all staff members are aware of the need for sensitivity, courtesy and maintaining confidentiality, particularly when dealing with sexual health clients.

The aim of this programme is to give you a framework to support you in the promotion and provision of sexual health services and to help you to gain the background knowledge necessary to undertake accredited training for operating sexual health services.

Training and accreditation

Commissioners of sexual health services will have their own requirements for training and accreditation for the service they want you to offer. There are several ways that they could expect you to achieve this level of competence. They may ask you to complete:

1. STIF theory course plus STIF Level 1 competency assessment
2. CPPE local solutions event
3. their own bespoke training
or a combination of one or more of the above.

As pharmacies would offer a Level 1 service under the British Association of Sexual Health and HIV (BASHH) standards, pharmacists operating that service should aspire to complete the competencies expected of a Level 1 service. These competencies are assessed in the Sexually-transmitted infections foundation (STIF) Level 1 competency learning module which will be available through BASHH from early 2011. See Appendix 1 for an example of a STIF Level 1 competency assessment. If you want to sign up to a STIF course, visit:

http://www.bashh.org/education_training_and_careers/stif

CPPE offers local solutions training materials for commissioners to fashion their own training. All CPPE local solutions programmes have been based on the Harmonisation of Accreditation Group (HAG, or HASPS as it rolls out nationally) competency and training frameworks for that particular service, while allowing the commissioner the flexibility to customise the training to their service requirements, with a local flavour.
Commissioners may choose to provide their own training for the sexual health services they are commissioning. As the STIF Level 1 competency assessment becomes established as the gold standard, it is possible that commissioners would want to use those within the context of a CPPE local solutions training event. Watch this space!

When you have worked through this programme, the linked factfile and the associated activities you should be able to:

- describe the presentation, diagnosis and treatment of the most common sexually-transmitted infections (STIs) and access reliable sources for keeping that knowledge up to date. 
- advise clients on how to reduce the risk of contracting sexually-transmitted infections.
- contribute to the development and implementation of sexual health services and campaigns developed by local commissioners and the local sexual health clinical network, and refer and signpost clients appropriately within that network.
- cascade training on knowledge, skills and attitudes to pharmacy staff to ensure a seamless service.
- take an appropriate sexual history, including risk assessment for HIV and hepatitis B.
- describe the importance of partner notification.
- complete an appropriate sexual health consultation, with awareness of relevant confidentiality issues, good clinical governance and completion of required paperwork.
- reflect on and assess your sexual health counselling competence over time.

The study time will depend on you, but we estimate that the open learning will take you three hours and working through the factfile will take five hours, making a total of eight hours.

**Target audience**

This programme is aimed primarily at community pharmacists and pharmacy technicians who are thinking about providing an NHS-funded sexual health service. It is also relevant to primary care pharmacists who might be involved in implementing such a service.

Hospital and prison-based pharmacists may find the programme of interest, even though it does not relate directly to their area of practice.
Learning style adopted in this programme

This programme contains enough information to give you a comprehensive overview of how to run a sexual health service in your pharmacy. The linked factfile is a vital part of the programme, helping you to update your knowledge of sexually-transmitted infections and their management. However, in order to boost your understanding of the subject we suggest that you also do some further reading and refer to some of the recommended websites listed in both this open learning programme and the factfile.

If you plan to run a sexual health service in your pharmacy it will be helpful for your team to be involved in the development of a standard operating procedure for handling the sexual health consultation process. This will help to ensure that all your staff and other pharmacists who are trained and authorised to carry out the service approach the consultation process in a consistent way. As you work through this programme and the associated factfile and workbook activities you will be encouraged to start compiling a standard operating procedure, drawing it together towards the end of Section 2. Bear this in mind as you read through the information provided.

Note: *Sexual health in pharmacies* replaces the open learning programme *Sexual health: testing and treating* (2007). If you have already completed the old programme and passed the assessment, commissioners may accept that for a period of time; however, if you want to offer a new sexual health service or be re-accredited for an existing service, then we expect this programme and its accompanying assessment to form part of that requirement.

Learning objectives

CPPE now links its learning to the Competency Development and Evaluation Group (CoDEG) General Level Framework (GLF) competency clusters. Completion of the learning and operation of the service will provide you with evidence for the GLF competency clusters in the table below. You can access further information about the GLF by visiting: [http://www.codeg.org](http://www.codeg.org)

We have also linked the learning to the dimensions of the NHS Knowledge and Skills Framework (KSF). The competencies and dimensions relevant to this programme are also shown in the table opposite.
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<thead>
<tr>
<th>Learning objectives</th>
<th>GLF competencies</th>
<th>KSF dimensions</th>
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<tbody>
<tr>
<td><strong>Describe the presentation, diagnosis and treatment of the most common sexually-transmitted infections (STIs) and access reliable sources for keeping that knowledge up to date.</strong></td>
<td>Problem-solving competencies: gathering information, knowledge</td>
<td>Personal and people development Level 1 or 2</td>
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<tr>
<td><strong>Advise clients on how to reduce the risk of contracting sexually-transmitted infections.</strong></td>
<td>Delivery of patient care: patient consultation; medicines information and patient education; evaluation of outcomes</td>
<td>Communication Level 2 or 3</td>
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<td>Personal competencies: effective communication skills; professionalism</td>
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<td>Problem-solving competencies: providing information</td>
<td>Health, safety and security Level 2 or 3</td>
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<td><strong>Contribute to the development and implementation of sexual health services and campaigns developed by local commissioners and the local sexual health clinical network and refer and signpost clients appropriately within that network.</strong></td>
<td>Personal competencies: organisation; effective communication skills; teamwork; professionalism</td>
<td>Communication Level 2 or 3</td>
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<td>Problem-solving competencies: analysing information</td>
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<td>Management and organisation competencies: service provision; training and staff management</td>
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<td><strong>Cascade training on knowledge, skills and attitudes to pharmacy staff to ensure a seamless service.</strong></td>
<td>Management and organisation competencies: clinical governance; service provision; training; staff management</td>
<td>Personal and people development Level 2 or 3</td>
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<td>Health, safety and security Level 2 or 3</td>
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<td>Service improvement Level 2 or 3</td>
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<td>Quality Level 2 or 3</td>
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<td><strong>Take an appropriate sexual history, including risk assessment for HIV and hepatitis B. Describe the importance of partner notification. Complete an appropriate sexual health consultation with an awareness of relevant confidentiality issues, good clinical governance and completion of required paperwork.</strong></td>
<td>Delivery of patient care: patient consultation; medicines information and patient education; evaluation of outcomes</td>
<td>Communication Level 3 or 4</td>
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<td>Personal competencies: organisation; effective communication skills; teamwork; professionalism; CPD</td>
<td>Quality Level 2 or 3</td>
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<td>Problem-solving competencies: gathering information; analysing information; providing information; follow up</td>
<td>Equality and diversity Level 2 or 3</td>
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<td>Management and organisation competencies: clinical governance; service provision; training; staff management</td>
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<tr>
<td><strong>Reflect on and assess your sexual health counselling competence over time.</strong></td>
<td>Personal competencies: organisation; effective communication skills; teamwork; professionalism</td>
<td>Personal and people development Level 1</td>
</tr>
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<td>Communication Level 2</td>
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About this Learning Programme

Links to other CPPE Programmes

This is one of a group of CPPE learning programmes related to sexual health. The others are:

Open Learning
- Adolescent health
- Contraception
- Dealing with difficult discussions
- Emergency contraception
- Men’s health
- Women’s health

Local Solutions
- Chlamydia screening and treatment
- Emergency contraception
- Safeguarding children and vulnerable adults

Working through this Programme

We would advise you to work flexibly with the materials to suit your own style of learning. There is no right or wrong approach, but remember that the aim of your hard work is to enable you to feel confident to meet the challenges facing you.

We have designed the programme for self-study, but as you progress through the sections it will be essential for you to talk through some of the issues with your staff and colleagues.

Online Resources

Some of the references in this open learning programme are to material which is only available online, and we assume that you have access to a computer connected to the internet. If you do not wish to retype all the web addresses into your browser you may find it helpful to download the open learning from the CPPE website as a PDF document containing live web links. Log on to: http://www.cppe.ac.uk

Note on Articles: If you have difficulty locating an article on the internet, search via: http://www.google.co.uk by typing in the title, author, date and name of the journal. It can also be helpful if you add in, at the end of the search criteria, the website where you think the information may be, eg, dh.gov.uk

You may prefer to use the NHS Evidence website to search at: http://www.evidence.nhs.uk/default.aspx
When devising this programme we paid special attention to how it would contribute both to your own professional development and to the overall improvement of NHS services. We have illustrated some of these benefits in the diagram below (you will find more detail as you progress through the programme).

**Community pharmacy**
The learning in this programme will help you prepare to offer one or more sexual health services in your pharmacy.

**Supporting skill mix**
Pharmacy technicians and the rest of the pharmacy team play a vital role in supporting pharmacists to deliver commissioned sexual health services.

**Public health agenda**
Sexual health services in community pharmacies provide enormous benefits to public health.

**Primary care commissioners**
Working through this programme will help you to consider the potential for providing cost-effective sexual health services through community pharmacy.

**Pharmacist prescribers**
Sexual health services through community pharmacy provide another opportunity for you to use your prescribing skills.
Section 1

Background to development of sexual health services

Objectives

On completion of this section you should be able to:

- contribute to the development and implementation of sexual health services and campaigns developed by local commissioners and the local sexual health clinical network and refer and signpost clients appropriately within that network
- cascade training on knowledge, skills and attitudes to pharmacy staff to ensure a seamless service.

1.1 Why sexual health?

Good sexual health is recognised as an important factor in health and well-being. Since the publication in 2001 of the first national sexual health strategy, *Better prevention, better services, better sexual health. The national strategy for sexual health and HIV*, sexual health has been recognised as a public health priority.

Further publications built on this impetus: *Choosing health*\(^1\) announced new funding to tackle the high rate of sexually-transmitted infections (STIs) and modernise sexual health services, and *High quality care for all*\(^2\) identified the improvement of sexual health as one of the six key goals for commissioning comprehensive well-being and prevention services.

In November 2009 the government responded to the burden of disease caused by poor sexual health by launching a major sexual health awareness campaign: *Sex. Worth talking about.* The first part of this campaign was: *Contraception. Worth talking about,* followed in January 2010 by: *Chlamydia. Worth talking about.* Details of these campaigns can be found on the NHS Choices Sexual health professional webpage at: [http://www.nhs.uk/sexualhealthprofessional/Pages/index.aspx](http://www.nhs.uk/sexualhealthprofessional/Pages/index.aspx)

Two successful outcomes of this drive for improvement are reduced waiting times at genitourinary medicine (GUM) clinics and an increase in the provision of screening for chlamydia infection via the national chlamydia screening programme. However, sexually-transmitted infections continue to present the biggest problem in terms of infectious diseases in the UK today. In 2009 there were 482,696 new diagnoses of sexually-transmitted infections in the UK, three percent more than in 2008.\(^3\) The numbers of people presenting at GUM clinics with sexually-transmitted infections continues to rise, with the number of visits doubling during the 1990s, and now more than 1.5 million episodes are seen every year. In 2008, 1.2 million sexual health screens were carried out at GUM clinics, an increase of nearly 50 percent since 2004.
Reflective questions

Before reading on answer the questions below:

How many sexually-transmitted infections can you think of? Make a note of them here.

Which one do you think is the most commonly diagnosed?

Sexually-transmitted infections are the subject of the factfile which complements this programme. Look at it now to check the answer to the reflective question above – log on and visit: http://www.cppe.ac.uk/openlearning

1.2 Why pharmacies?

In 2008 the proposals made in Pharmacy in England: building on strengths – delivering the future identified an increased role for pharmacies in the provision of a wider range of sexual health services. While that White Paper has been subsumed in the latest announcements on the restructuring of the NHS by the new Coalition Government (July 2010), it is fairly clear that the commissioning of new providers of sexual health services will continue to increase.

Pharmacies are recognised as key settings for the provision of a wide range of sexual health services, as people who do not access healthcare elsewhere have ready access to a pharmacist. This has been particularly useful for chlamydia screening and treatment, with the national chlamydia screening programme including pharmacies from the start. Community pharmacists were identified as being able to provide access to the service, as they have contact with:

- women asking for emergency contraception and pregnancy testing services (ie, women who have had unprotected sexual intercourse and are at potential risk of a sexually-transmitted infection)
• women who are sexually active but not using a barrier method of contraception (receiving oral contraceptives on an FP10)
• men and women in the target age range (16-24) through the sales of toiletries, contraceptives, make-up, etc
• drug users, who have chaotic lifestyles but are taking some care over their health (using needle exchange or supervised consumption services).

**They’ve ‘Got it?’ in Coventry**

Roz Payne, a community pharmacist, CPPE tutor and member of the project team for this open learning programme, is also pharmacy sexual health champion for Coventry. She describes the results she has been able to achieve in Coventry:

“When the Coventry chlamydia service (known as ‘Got it?’) began, take up through pharmacies was low. The purpose of my appointment as a pharmacy sexual health champion (PSHC) in October 2009 was to increase the number of screens through community pharmacies and link chlamydia screening to other discussions on sexual health, such as emergency contraception consultations. I contacted all pharmacies in Coventry and worked with pharmacists to:

• increase their knowledge of the screening programme
• support their training to enable them to become accredited with the Harmonisation of Accreditation Group (HAG)
• share best practice among pharmacists
• increase their confidence in dealing with sexual health consultations
• highlight good performance.

“I did this by visiting pharmacies, as well as via emails, phone calls, newsletters, and Pharmacy Development Group meetings.

“The number of chlamydia screens increased from 366 in 2008/2009 to 1141 in 2009/2010. The proportion of Coventry pharmacies providing the programme has increased from 35 percent to 56 percent, improving access to chlamydia screening services in the area. A large proportion of emergency contraception consultations now result in a chlamydia screen.

“Employing a PSHC has increased community pharmacy involvement with the ‘Got it?’ programme. Pharmacists feel supported and particularly value one-to-one visits. The fact that I am a pharmacist is important as they know that I can relate to their work pressures and understand workplace challenges. In addition, communication between the commissioner and service providers improved, helping them to overcome obstacles to service provision. More pharmacists are now able to provide the service, enabling the number of screens generated through community pharmacies to continue to grow.”

However, sexual health services in community pharmacy are poised to expand way beyond chlamydia screening and treatment.
Pharmacists on the Isle of Wight provide an example of what can be achieved:

Community pharmacy-based sexual health services on the Isle of Wight

Community pharmacists working on the Isle of Wight have been involved in a number of sexual health services. They were initially part of an integrated service that offered dry blood spot testing for hepatitis B and C, and a hepatitis B immunisation service to injecting drug users, their sexual partners, injecting partners, close contacts and family members. Following their success, the dry blood spot testing service was expanded to include tests for HIV and syphilis.

Dry blood spot testing and hepatitis B immunisation service

Injecting drug users are at high risk of contracting hepatitis B (HBV) and hepatitis C (HCV) infection. Many injecting drug users have chaotic lifestyles, sharing needles for injection, putting them at risk of infection with other blood-borne viruses, including HIV. The Island Drug and Alcohol Service (IDAS) had been providing dry blood spot testing and immunisation against hepatitis B, but as drug users attended community pharmacies daily to pick up methadone or use needle exchange services, community pharmacists were ideally placed to provide a service to this client group.

Pharmacists had to complete a day and an evening training course to reach the required standard to vaccinate and to extend their knowledge of blood-borne viral infection and dealing with needlestick injuries. The Hepatitis C Trust provided training on dry blood spot test procedure and how to counsel patients pre- and post-test. Fifteen pharmacists from nine identified target pharmacies completed the required training.

A patient group direction (PGD) was developed which required a dry blood spot test to be carried out in conjunction with the first dose of hepatitis B vaccine. The pharmacist also provides counselling on hepatitis B and C infection, advising on improvements in treatment and the impact that a positive result might have on a client with respect to their lifestyle and future insurance, etc.

Tests took ten days to process, so clients were given a second dose of vaccine after seven days, without knowledge of the test results.

Results after three months

Despite engaging with many clients and promoting the importance of hepatitis B immunisation, the IDAS-based service only managed to complete one course of hepatitis B immunisation. However, after three months, pharmacists were engaged with 72 clients. Of these, some were still part way through their immunisation course. Of the 59 courses of immunisations that could have been completed, 51 had been completed in-pharmacy, giving an 86.4 percent success rate via the community pharmacy-based service. Seven clients had tested positive for hepatitis C, and two had hepatitis B core antibody.
Conclusion
This service has already produced an impressive improvement in completion of the ultra-rapid hepatitis B vaccination course in this target group. It has been well received, both by the pharmacists offering the service, who feel that it has enhanced their role, and by the clients taking part. Clients favoured the pharmacy-based service as it was convenient, and all said they would recommend it to at-risk friends. They were impressed by the professional approach of the pharmacy staff and that the service was offered in a non-judgmental and friendly manner. Many said that they were more informed following the appointments at the pharmacy.

Four-in-one
The dry blood spot testing service was expanded in December 2009, as the same sample could be used to screen for HIV and syphilis. The service now offers screening for hepatitis B, hepatitis C, HIV and syphilis and was made available to all at this stage. In the first month of service delivery, one asymptomatic person with HIV infection was identified, and this person is now in treatment.

Recent research carried out within CPPE highlighted the huge potential for pharmacy providing sexual health services, beyond anything commissioned so far, if not always in a traditional community pharmacy setting. The respondents were asked which roles a pharmacist could fulfil in their community pharmacy and/or in other settings.

Reflective questions
Think about the range of sexual health services offered by the NHS and answer the questions below.

How many roles can you think of that could contribute to sexual health services (for example, advice on first time use of contraception)?
Which roles do you think could be carried out by a suitably trained community pharmacist (not necessarily working in his or her pharmacy)?

Put a tick beside the ones you select from the list you have written above.

Turn to page 23 to find the list of roles which were the subject of the research mentioned above.

At the time of writing (July 2010) there are several sexual health services being run through pharmacies. The range of services being offered has gone beyond emergency contraception and chlamydia screening and treatment to include oral contraceptive supply, and hepatitis B or human papilloma virus (HPV) vaccination.

A list of current services being offered is available on the Pharmaceutical Services Negotiating Committee’s (PSNC) website at: http://www.psnc.org.uk/services_db.php
1.3 The role of the British Association of Sexual Health and HIV in promoting sexual health service development in pharmacies

While many of the components for increasing access to sexual health services in pharmacies are in place, what has been lacking is leadership to make it happen. The British Association of Sexual Health and HIV (BASHH) is a national organisation and their mission statement is set out below.

- To be the lead professional representative body for people practising sexual health, including the management of sexually-transmitted infections and HIV in the UK.
- To innovate and deliver excellent tailored education and training to healthcare professionals, trainers and trainees in the UK.
- To determine, monitor and maintain standards of governance in the provision of sexual health services and HIV care.

BASHH has a Pharmacy Special Interest Group, two of whose members contributed to the development of this learning programme. The group is aware of how valuable community pharmacists will be to the broadening of access to sexual health services. See the BASHH website: [http://www.bashh.org/](http://www.bashh.org/) for more details about the organisation and its aims.

BASHH have developed a range of competencies that have to be met before services can be provided. There are three ‘levels’ of service, with pharmacies providing services at Level 1. The BASHH Sexually-transmitted infections foundation (STIF) Level 1 competencies are set out below. (They correspond to the ‘maximum specifications’ for this level as defined in the BASHH standards document – read on for further information about the BASHH standards).

1. Sexual history-taking and risk assessment including assessment of need for emergency contraception and HIV post-exposure prophylaxis following sexual exposure (PEPSE)
2. Signposting to appropriate sexual health services
3. Chlamydia screening (opportunistic screening for genital chlamydia in asymptomatic males and females under the age of 25)
4. Asymptomatic STI screening and treatment of asymptomatic infections (except treatment for syphilis) in men (excluding men who have sex with men) and women
5. Partner notification of STIs or onward referral for partner notification
6. HIV testing including appropriate pre-test discussion and giving results
7. Point of care HIV testing (rapid result HIV testing using a validated test with confirmation of positive results or referral for confirmation)
8. Screening and vaccination for hepatitis B (appropriate screening and vaccination for hepatitis B in at-risk groups)
9. Sexual health promotion (provision of verbal and written sexual health promotion information)
10. Condom distribution (provision of condoms for safer sex)
11. Psychosexual problems (assessment and referral for psychosexual problems)

The standards cover all aspects of the management of sexually-transmitted infections, including the diagnosis and treatment of individuals and the broader public health role of infection control. They bring together guidance, as well as addressing issues raised in *Progress and priorities – working together for high quality sexual health. Review of the national strategy for sexual health and HIV* and proposals from Lord Darzi’s final report of the *NHS Next stage review*.

1.4 BASHH standards for the management of sexually-transmitted infections

There are nine standards in the BASHH document, which deal with clinical and commissioning issues and provide a framework for monitoring performance. Each standard contains recommendations supported by a rationale, outcome-focused implications for commissioning, key performance indicators, references and a list of further relevant supporting documents and guidance. Each standard is summarised below, with Standards 1, 2 and 7 to 9 explored in more detail. Standards 3 to 6 are dealt with in more depth in Section 2 of this open learning programme.

Clearly, the BASHH standards are aimed at healthcare settings where sexual health services are offered. As community pharmacists are relatively new to the provision of sexual health services and are not in a position to conduct examinations, we have tried to make clear, in the following pages, where the service would differ if offered through a community pharmacy.

**Core principles of STI care (Standard 1)** underpins all STI service provision. All services should be ‘open-access’, ie, available through self-referral, and all local health economies should provide people with a choice of where to access care. People have the right to confidentiality regardless of where they access STI care. A range of services for the management of STIs at Levels 1*, 2 and 3 should be commissioned and available in every local health economy.

Treatment for STIs should be in accordance with BASHH Clinical Effectiveness Group guidelines and free of any prescription charge. All services should instigate partner notification as part of STI management.

People at risk of STIs should have their care managed by **appropriately trained staff (Standard 2)** with agreed mechanisms in place for the assessment of competence supported by assurance frameworks regarding its maintenance.

**The clinical assessment (Standard 3)** of all people with concerns or symptoms suggestive of an STI, including those who are asymptomatic, should include a risk assessment and appropriate medical and sexual history. People reporting genital symptoms in a community pharmacy should be signposted or referred to a healthcare setting where this is appropriate and where the appropriate specimens for microbiological testing can be taken.
The minimum tests that constitute an STI screen are those for chlamydia, gonorrhoea, syphilis and HIV. If the pharmacy does not offer all these tests, then people should be referred to a suitable alternative location. The service taking the specimens is responsible for ensuring service users get their results and a method of contact should be agreed. All people tested for STIs should be informed which infections they have been tested for.

**Diagnostics (Standard 4)** should where possible use ‘gold standard’ tests, validated for the specimen type taken. Near patient and point of care tests (POCT) should only be used for screening and when validation data are available. Confirmation of a reactive POCT by an established laboratory test is mandatory.

The **clinical management (Standard 5)** of people with STIs should avoid treatment without tests, but empirical treatment (at the time of consultation before test results are available) is appropriate. All healthcare professionals interpreting results should be competent to do so. People having STI tests should receive their results, negative and positive, in a timely manner. People diagnosed with an STI should receive treatment according to current BASHH guidelines free of prescription charge and be offered a choice of partner notification by patient referral or provider referral. Once again, appropriate referral may be necessary if the pharmacy is unable to offer treatment.

Everyone accessing a service for STI testing should receive health advice and information in a sensitive and non-judgemental way, and one to one interventions to support behaviour change should be available in all health economies.

**Systems to manage all information governance (Standard 6)** requirements must be in place. Information about people attending services, and their sexual contacts, should be recorded in compliance with NHS information standards and held securely in accordance with national requirements. Any organisation collecting such information must be registered with the Information Commissioner’s Office (ICO). Providers and commissioners should comply with national sexual health data reporting requirements. Transmission of datasets to third parties must comply with guidance on the use and sharing of patient information, with security measures in place to avoid unauthorised access. All people using services should have access to information about how their data will be used and the safeguards in place.

All services managing STIs should ensure that they have **links to other services (Standard 7)** including formal links with the local specialist GUM (level 3) service. Health economies should establish clear clinical care pathways between services, which are explicit, agreed and utilised by all STI providers. Sexual health networks should be developed in every health economy, with a membership inclusive of all sexual healthcare providers plus service users, public health and commissioners. The specialist GUM provider should have an explicit leadership role for the management of STIs within the network.

**A framework for clinical governance (Standard 8)** should be developed. The specialist GUM service should provide clinical leadership for the management of STIs within local health economies. All providers of STI services should have a nominated clinical governance lead with responsibility for overseeing the clinical quality of the service delivered and establishment of robust links with the local specialist GUM service. Information technology should be used to support clinical governance within and across organisations. Every provider of STI services should have a clear framework to support education and training, annually audit elements of clinical practice and have procedures in place to minimise risk to both service users and staff.
Patient and public engagement (Standard 9) should be used to inform service delivery and development. Frameworks to engage with patients should be developed across the local sexual health economy and the public, including non-users of STI services, should always be consulted when any major redesign or development is planned. Patient-reported outcome measures should be developed to capture both clinical outcomes and patient experience.

In the next part of this section, we will be looking at how pharmacists can influence the commissioning of local sexual health services by working with their local commissioners and clinical network, and how they can promote the availability of services and be trained and train their staff appropriately to offer a Level 1 service (ie, meeting Standards 1, 2, 7, 8 and 9).

In Section 2 of this programme, we will be looking at how community pharmacists can meet the BASHH standards for handling sexual health consultations in pharmacies.

### 1.5 The range of sexual health services

BASHH Standard 1 requires the commissioning of a range of sexual health services within each health economy. With the passing of PCTs and SHAs, it is not yet clear how a local health economy will be defined, but commissioners certainly need to offer a range of services for the management of sexually-transmitted infections at Levels 1, 2 and 3. As mentioned above, pharmacies will provide services at Level 1 (see page 7 for the STIF competencies for a Level 1 service).

**Reflective questions**

Thinking about the services provided in your local area answer the questions below.

**Who else locally is providing Level 1 sexual health services?**
What advantages can you offer? Why should people come to you or your pharmacy for sexual health services?

Who are the local commissioners of sexual health services? List them here:

Contact the commissioners to find out what services they are planning and how you can help them.

1.6 Local clinical networks

BASHH Standard 7 requires the setting up of networks to facilitate links to other services, including formal links with the local specialist GUM service (which should take a leadership role). Standards 8 and 9 refer to clinical governance and public and patient involvement within these networks.

The extent to which sexual health networks have been developed varies around the country. In some places they are well established and in others they are embryonic. While it is early days for these networks to be fully functioning, you could take a role in their formation or at least be aware of their existence.

The NHS Networks weblinks below provide a start for you to research the links in your area:

Practice point

You could also contact your local commissioners of services, your local GUM clinic and the local pharmaceutical committee to find out what is going on.

Make notes here on the results of your research.

Practice point

What do you plan to do now, to make sure that you, or other local pharmacists who want to provide sexual health services, have an influence and are included in a local sexual health network?
Although the GUM clinic has to provide leadership in all aspects of local sexual health services, including clinical governance, there has to be a local clinical governance lead for each service provider. That probably means you!

Reflective questions

Look at the BASHH standards and the range of sexual health services expected of a Level 1 provider in the list above (see page 7) and make notes in response to the questions below.

What challenges can you foresee in your role as clinical governance lead for your sexual health services?

For each of the challenges you identified, consider how you are going to meet or overcome that challenge. Where could you look for more information?
Practice point

Think about how you could promote patient and public involvement with your services (BASHH Standard 9):

a) to develop the services

b) to promote the services

Turn to the suggested answers on page 24.

1.7 Signposting and referral

Part of the role of the networks described in Section 1.6 is to establish clear pathways for signposting and referral. Whether or not you are already linked into a fully functioning clinical network, you still need to know when, where and how to refer and signpost clients for further information, investigation or treatment.

Everyone is entitled to confidential advice and information on sexually-transmitted infections. Local services in your area may include:

- a GUM clinic
- family doctors and/or practice nurses
- a sexual health clinic
- a family planning clinic
- a young people’s clinic.
In addition, anyone can seek advice or get a check up for sexually-transmitted infections, particularly if they have had unprotected sex with a new partner, if they or their partner have unprotected sex with others, or if their partner has any symptoms.

Unless you are operating as part of a Level 1 service which offers diagnosis of sexually-transmitted infections, you should refer clients with the following signs and symptoms:

- altered vaginal discharge
- discharge from the penis
- pain or burning on urination
- itch, rash, lumps or blisters around the genitals or anus
- pain or bleeding during or after sex
- bleeding between periods or breakthrough bleeding on contraception
- pain in the testicles or lower abdomen.

If you have concerns about a client but you are unsure about whether to make a referral, then use your common sense and experience (turn to page 30 for more guidance on referral criteria).

Practice point

What is the pattern of referral locally?

Get in touch with your local GUM clinic. Find out the names, email addresses and telephone numbers of key contacts and add them to your pharmacy’s signposting resources.

Using the information you have discovered so far, assemble your own signposting and referral toolkit. This should contain:

- the list of your new contacts in the local sexual health service
- contact details for a specialist in genitourinary medicine
- contact details for a counselling specialist
- a list of local referral networks
- other local contacts.

Add your signposting and referral toolkit to your standard operating procedure for handling sexual health consultations in the pharmacy (see Section 2).
1.8 Training for staff

Although you, as the pharmacist or pharmacy technician in charge of the sexual health service, must be trained to a high standard and accredited properly to provide this service (see page viii), there is no accreditation available for the support staff members who may help you to run the service.

Support staff, such as medicines counter assistants, are often the first member of the pharmacy team in contact with a client. The client’s first impression may determine whether he or she is satisfied with, or even uses the service.

Therefore it is critical for the success of your service that any staff member who is likely to come into contact with actual or potential clients receives appropriate training.

At various points in this learning programme (both in this open learning element and in the associated factfile), we ask you to get your staff together to share ideas, and then use these ideas to prepare a standard operating procedure which you can all sign up to, to determine how you will handle all aspects of the sexual health consultation. Use these times together to ensure that all staff members are aware of the need for sensitivity, courtesy and maintaining confidentiality (BASHH Standard 2). The pharmacy staff workbook (available to download at: http://www.cppe.ac.uk/openlearning) provides a focus for the team activities and the completed workbook can be used by each member of team to demonstrate their learning development in the topic of sexual health. It will also provide you with a portfolio of evidence to prove to your local commissioners that your staff members are taking their learning seriously.

We start these discussions in the next subsection by talking about sex…

1.9 Talking about sex

You and your staff members have to get over your natural reluctance to talk about sex and sexual health. Here we encourage you to consider the values that you and your staff have and how these influence the judgments you make.
Team exercise 1

How do you feel?

Get your staff together for about half an hour. Start by discussing how you all feel about getting more involved in the management of clients with sexually-transmitted infections.

Write your answers here and ask your staff members to complete the relevant space in their personal workbook.

Lead a discussion to clarify any points or answer any questions.
Team exercise 2
Who can benefit?

If you are going to offer sexual health services, you will need to consider which of the customers using your pharmacy are most likely to benefit. Which groups of clients who use your pharmacy are most at risk of sexually-transmitted infections, and how would you identify these clients?

Write your answers here and ask your staff members to complete the space in their workbook.

<table>
<thead>
<tr>
<th>Client group</th>
<th>How to identify key clients</th>
</tr>
</thead>
</table>

Answer any questions which your staff may have.
Team exercise 3

Who needs what?

Think about what you would want if you were a client needing access to sexual health services. If you need some clues, think about physical needs (eg, a place to sit), emotional needs (eg, not to be judged) and resources (eg, fast response).

Write your answers here and ask your staff members to complete the relevant space in their personal workbook.

My needs as a client

The next time you get your staff together, try the following exercises.

Team exercise 4

What is on offer?

Give everyone in the team a piece of paper and ask them to write down the names of as many sexually-transmitted infections as they can – they can use slang terms if they want.

Now share what you have all written down and make one big list.

Ask each member of the team what they think your pharmacy offers to prevent, manage or treat these infections and ask them to write these points in the relevant space in their personal workbook.

Share the team’s responses.
Team exercise 5

Common or rude?

As with many other aspects of language, different localities across the country describe sexual intercourse, anatomy and infections differently. This exercise is designed to gather awareness of local terms, then to agree whether it is appropriate to use any of them when talking with people accessing your services for sexual health.

Give each member of the team a piece of paper.

Ask one person to write down all the words that they can think of which refer to the penis; another, the vagina; another, sexual intercourse; and another, masturbation.

Now discuss the lists, adding to each other’s as appropriate.

For each of the words used, discuss whether you would use it in discussion with a client about sex. Which words are too rude, or crude, ever to be used in a professional setting?

Which words are useful for talking to people more informally?

Team exercise 6

Are you shocked?

Some of the hardest things to overcome are the visual messages that are inadvertently given out in the first few seconds of a consultation. Take a moment to think of any questions you have been asked relating to sex, where you were completely thrown. Write the question down. You may want to make up a name, gender, age and background for your client, to provide context.

Now ask a member of your team to be themselves, as they perceive themselves to be at work. Read the statement to them, or ask another member of the team to do so. Look at the way that your team members react to the statement. Suggest they use a mirror, or video them, while doing this exercise.

Provide feedback on the visual messages that they give out.

If they appear shocked, suggest ways to reduce their visible reaction.

Then ask everyone to make relevant notes about the activity in the relevant space in their personal workbook.
1.10 Talking to clients about sex

Talking about sex with your colleagues can be embarrassing and some people will find it easier to discuss these matters in a professional and sensitive way with clients who are strangers. Young people, as a group, present particular challenges and it is vital that they, as much as any other group of clients, are dealt with in a sensitive, non-judgmental way.

‘You’re Welcome’ was a new initiative which aimed to ensure that, wherever they live in England, young people – including the most vulnerable groups – were able to access services geared towards their needs.

As part of reassuring clients, particularly young people, pharmacies should display a statement of confidentiality, using words such as:

We provide a confidential service to all our clients, including young people under-16. This means that you can tell others about why you are here, but we won’t.

The only reason why we might have to pass on confidential information would be to protect you or someone else from very serious harm.

We would try to discuss this with you first.

At the time of writing (July 2010), the ‘You’re welcome’ initiative is under review by the new Coalition Government. You may still find details of it at:


It is important that you and your staff both feel comfortable in talking about sex, particularly safe sex, and sexual health, as that should be a feature of every consultation to do with sexual matters, such as condom and emergency contraception supply, and chlamydia screening and treatment services.
**Summary**

Providing a sexual health service in the pharmacy increases accessibility for a wide range of people. It is important to be aware of the way your service fits in the relevant local sexual health networks within the wider healthcare community and how community pharmacists and their staff can be trained to operate such a service.

<table>
<thead>
<tr>
<th>Intended outcomes</th>
<th>Can you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the end of this section you should be able to:</td>
<td></td>
</tr>
<tr>
<td>➤ contribute to the development and implementation of sexual health services and campaigns developed by local commissioners and the local sexual health clinical network and refer and signpost clients appropriately within that network</td>
<td></td>
</tr>
<tr>
<td>➤ cascade training on knowledge, skills and attitudes to pharmacy staff to ensure a seamless service.</td>
<td></td>
</tr>
</tbody>
</table>
Suggested answers

Reflective questions (page 5)

We have listed below the roles which pharmacists were asked to consider in the sexual health research. These were developed for the research from a list of competences that used to form the framework for the Diploma of the Faculty of Family Planning, supported by the Faculty of Sexual and Reproductive Healthcare.

Consultation skills

- Takes a sexual history to assess risk of pregnancy and sexually-transmitted infections
- Adapts consultation style to make sure that the client understands
- Keeps clear records

Contraceptive practice

- Demonstrates the ability to conduct an effective contraceptive choice consultation
- Provides essential advice and information when providing oral hormonal contraception for the first time
- Explains the relative and absolute contraindications for providing oral hormonal contraception for the first time
- Advises on action to take in case of problems related to oral hormonal contraception
- Provides essential advice and information prior to insertion of intrauterine method or subdermal implant
- Can give an intramuscular injection
- Demonstrates the teaching of male and female condom use
- Fits and checks diaphragms and caps
- Consults for and supplies hormonal emergency contraception
- Has knowledge of emergency intrauterine devices and how to refer for this

Knowledge of methods of contraception and ability to discuss and advise clients on them

- Can discuss and advise on sterilisation (male and female)
- Can discuss and advise on natural family planning

Sexual health and infections

- Understands principles of screening programmes for sexually-transmitted infections
- Can perform appropriate tests for genital infections in men and women
- Is able to counsel a client with a positive diagnosis of a sexually-transmitted infection
- Understands the principles of notifying sexual partners about positive test results
- Can manage presentations of all common genital infections in men and women
- Is able to manage vaginal discharge appropriately
- Is able to manage pelvic pain appropriately
- Demonstrates knowledge and communication skills required for pre-test HIV discussion
Cervical cytology
- Understands screening programmes and recall systems
- Is able to take cervical smears
- Is able to explain cervical smear results and take appropriate action

Pregnancy planning
- Performs a urine pregnancy test and gives result in an appropriate manner
- Has skills to consult on unintended pregnancy

Psychosexual issues
- Understands sexual dysfunction, exploring psychological and physical factors; gives advice

Consultations with young people
- Understands the importance of confidentiality
- Has awareness of child protection issues
- Can apply the law relating to consent (specifically for people under the age of 16)

It is up to you which ones you think could be carried out by a suitably trained community pharmacist (not necessarily working in his or her pharmacy).

Practice point (page 14)
You might have thought of the following ways to engage with members of the public and patients.

a) To develop the services:
- carrying out surveys among different client groups – eg, the young, all customers, supervised consumption or needle exchange clients
- encouraging feedback from emergency contraception or chlamydia testing clients
- holding focus groups in local social centres, such as pubs, clubs (including nightclubs) or shopping centres.

b) To promote the services:
- displaying leaflets in different locations (pubs, clubs, sports clubs, public toilets, shop changing rooms, schools and colleges, music shops, your pharmacy)
- going to talk to groups of young people
- encouraging word of mouth recommendations
- asking for recommendations or referrals from the local surgery, GUM clinic, travel clinic.
Objectives

On completion of this section you should be able to:

- take an appropriate sexual history, including risk assessment for HIV and hepatitis B
- describe the importance of partner notification
- complete an appropriate sexual health consultation with awareness of relevant confidentiality issues, good clinical governance and completion of required paperwork
- reflect on and assess your sexual health counselling competence over time.

In Section 1 of this programme, we introduced the BASHH standards and STIF competencies, which set the framework for operating a sexual health service in pharmacies and other settings. We discussed BASHH Standards 1, 2 and 7 to 9 in more detail, as we looked at the development of local clinical networks for sexual health services, signposting and referrals.

We also covered some staff training issues regarding how to talk to clients about sex, how to make them feel welcome and how to minimise embarrassment as far as possible.

The factfile that complements this programme provides information about the prevention, diagnosis, signs and symptoms, and treatment of sexually-transmitted infections; and how to talk to clients about risky sexual behaviours and prevention of sexually-transmitted infections, which should be a feature of every sexual health consultation.

In this section we look at the essential elements of the sexual health consultation and consider the four remaining BASHH standards (3 to 6) in more detail, which cover clinical assessment, diagnostics, clinical management and information governance.

2.1 Confidentiality

It is mandatory that all aspects of a client’s condition and treatment are kept confidential. This is especially true for people with sexually-transmitted diseases. Specific guidance was enacted in 2000, entitled: NHS Trusts and primary care trusts (sexually-transmitted diseases) directions (available online at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4083027).
The general legal framework for confidentiality is composed of the 1998 Data Protection Act (see the Information Commissioner’s Office website: http://www.ico.gov.uk/for_organisations/data_protection/the_guide/the_principles.aspx for the eight data protection principles) and the Caldicott Principles (see http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5133529), both of which are binding on activities carried out in the NHS. The Department of Health’s position on confidentiality is at the same web address: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5133529

2.2 Taking a sexual history

Taking a good sexual history is important for diagnosis and risk assessment and allows the pharmacist to provide appropriate and relevant advice, but discussing such personal and sensitive information can be difficult for the client, as well as pharmacists and other clinical staff. It is vital that the pharmacist taking the history makes the client feel comfortable, feels comfortable themselves asking the questions and adopts a non-judgmental approach. It is important not to make any assumptions about a client’s sexuality or sexual behaviour at any stage throughout the consultation.

The consultation should ideally take place in a soundproof room where the client feels at ease and assured that they will not be overheard or interrupted. Clients may find it embarrassing to discuss their intimate symptoms with you, so it is important that they are reassured regarding confidentiality (see above).

Make sure you explain why you need to ask them about their sexual history. Ideally you should interview the client alone; however, in some instances the client may ask for someone else to sit in. You should listen actively and maintain good eye contact, as well as observing any non-verbal cues.

Filling in a client proforma ensures a systematic approach to sexual history-taking, helps good record-keeping, reduces the chance of omitting important information and facilitates audit. Your commissioner should advise on the information to be recorded, and should provide a form for the purpose.
Reflective questions

Before reading any further, reflect on your experience in taking a medical history from your customers/clients and answer the question below.

What are the core components of a sexual history?

Do not be tempted to turn the page until you have listed all you can think of.
The essential components of a sexual history should cover the following areas:

1. Reason for attendance/presenting complaint
2. Symptom review
3. Last sexual intercourse (LSI) and previous sexual partners
4. Past sexually-transmitted infections (STIs)
5. Past medical history, drug history and allergies
6. For women: last menstrual period, contraception, pregnancy (including terminations and miscarriages) and cytology history
7. HIV and hepatitis risk assessment
8. Establish mode of giving results and outcome of consultations
9. Establish Fraser competency/child protection concerns in children

Let’s look at each of these in turn.

1. Reason for attendance/presenting complaint
When taking a sexual history it is often useful to start with an open question such as:
“How can I help you today?”
This allows the client to express the problem in their own words. The client may want advice or may have a specific symptom that they want you to address.

Think about and write down some alternative questions you could ask when opening a sexual history-taking consultation in your pharmacy.
2. Symptom review
When asking about symptoms, remember to establish the duration and nature if applicable. You can ask clients about specific symptoms to include the following:

**Men**
- Urethral discharge
- Dysuria/frequency/urgency
- Urethral itch/irritation
- Genital sores/lumps/spots
- Scrotal lump/pain
- Anal sores/lumps/spots
- Anal discharge/pain/bleeding

**Women**
- Vaginal discharge/odour
- Dysuria/frequency/urgency
- Vulval/vaginal itch/irritation
- Genital sores/lumps/spots
- Pelvic/suprapubic pain
- Superficial/deep dyspareunia
- Abnormal bleeding

If a sexual dysfunction problem has been identified, then it may be worthwhile finding out:
- how the client views the problem and what they think the cause could be
- the duration of the problem
- whether this is a loss of sex drive or a dislike of sexual contact
- whether they have any feelings of stress, anxiety, guilt or anger
- whether there are any problems with the relationship (work pressures, money problems, children, domestic violence, alcohol)
- whether there are any physical problems
- whether any medical problems or drugs may be affecting sexual performance (eg, thyroid dysfunction, cardiovascular disease, pelvic or spinal surgery, beta-blockers).

It can be very difficult to make a diagnosis when clinical examination is not possible. As with any other suspicious symptoms or signs, you have to use your common sense and experience to suggest a referral to your local GUM or psychosexual clinic.
Referral criteria could include when a sign or symptom:

- is causing pain or distress
- has persisted longer than a week (despite attempts at treatment with over-the-counter medicines), or when the symptom is recurrent.

Certain signs and symptoms will trigger automatic referral, such as:

- genital ulceration/rash
- unusual/persistent vaginal discharge
- urethral discharge/dysuria
- pelvic pain or bleeding after intercourse.

3. Last sexual intercourse (LSI) and previous sexual partners
It is important to establish whether the client is sexually active or not. If they are, then a detailed sexual history should cover all partners within the last three months. If no partners are reported during the last three months, then the date of the last sexual activity should be recorded.

If a client presents with symptoms, then the sexual history should cover all partners during the incubation period of sexually-transmitted infections that may be causing the current symptoms. When enquiring about the time a client last had sex, ask whether it was with a casual or a regular partner. It is also important to ask if they had sex with the same or opposite sex partners. Enquire about the type of sex, for example, oral, vaginal or anal. Enquire about the nationality of sexual contacts and if the sex was protected or unprotected.
Think about and write down the actual questions about their sexual history you would use to get information from a client presenting to your pharmacy.

Do not be tempted to turn the page until you have listed all you can think of.
Examples of questions you may ask when taking a sexual history:

- When was the last time you had sex?
- Was that with a regular or casual partner?
- Was that with a male or female?
- Where is he/she from?
- What kind of sex did you have: vaginal, oral, anal?
- Did you use condoms with that partner?
- When did you last have sex with a partner other than that one?
- Did you use condoms with that previous partner?

There are many different ways of asking questions when taking a good sexual history. Always remember to keep your language clear and simple.

4. Past sexually-transmitted infections (STIs)
It is important to ask about past sexually-transmitted infections. A client presenting with a history of several sexually-transmitted infection diagnoses indicates that they are at increased risk of future sexually-transmitted infections.

This provides an opportunity for you to talk about safe sex and risk reduction.

5. Past medical history, drug history and allergies
As with every history it is important to obtain details of significant past medical history, drug history (including recreational drugs) and any drug allergies.

6. For women: last menstrual period, contraception, pregnancy (including terminations and miscarriages) and cytology history
It is important to ask female clients about their last menstrual period, contraception, pregnancy-related issues and cytology history, and address any concerns or questions that may relate to these.

7. HIV and hepatitis risk assessment

HIV

Testing for HIV infection is an important component of sexual healthcare and should be offered to all clients. In 2008 the British HIV Association (BHIVA) published national guidelines for HIV testing, which are available at: http://www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf

The guidelines state that: ‘it should be within the competence of any doctor, midwife nurse or trained healthcare professional to obtain consent for and conduct an HIV test’.
Reflective questions

What types of clients presenting to your pharmacy should be offered an HIV test?

The national guidelines suggest that universal HIV testing should be offered in the following settings:

- GUM or sexual health clinics
- antenatal services
- termination of pregnancy services
- drug dependency programmes
- healthcare services for people diagnosed with tuberculosis, hepatitis B, hepatitis C and lymphoma.

Furthermore, HIV testing should be considered in settings where diagnosed HIV prevalence in the local population exceeds two in 1000 population.

Find out the diagnosed HIV prevalence in your local population by looking at: Diagnosed HIV prevalence by Strategic Health Authority (SHA) and Primary Care Trust (PCT) in England, 2009, available on the Health Protection Agency website at: http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1228207185359
The guidelines also suggest that HIV testing should be routinely offered and recommended in the following client groups:

- all clients presenting for healthcare where HIV, including primary HIV infection, enters the differential diagnosis
- all clients diagnosed with a sexually-transmitted infection
- all sexual partners of men and women known to be HIV positive
- all men who have disclosed sexual contact with other men (MSM)
- all female sexual contacts of men who have sex with men
- all clients reporting a history of injecting drug use
- all men and women known to be from a country of high HIV prevalence (greater than one percent)*
- all men and women who report sexual contact abroad or in the UK with individuals from countries of high HIV prevalence.*

*For an up-to-date list see the latest epidemiology data on the UNAID website at: http://www.unaids.org/en/KnowledgeCentre/HIVData/Epidemiology/latestEpiData.asp

The national HIV testing guidelines also outline details of what issues should be discussed in pre- and post-test counselling. See Chapters 5 and 6 in the BHIVA document UK National guidelines for HIV testing (2008) or at: http://www.bhiva.org/documents/Guidelines/Testing/GlinesHIVTest08.pdf

**Hepatitis**

Although hepatitis B can be transmitted sexually, it is uncommon to see clients who have hepatitis B in GUM clinics. However, GUM clinicians and pharmacists should be aware that sexual health clients – particularly men who have sex with men (MSM) – are potential candidates for hepatitis B vaccine.

Hepatitis B is more common among men who have sex with men than in the heterosexual population. In addition, over the last few years there has been an increase in the prevalence of hepatitis C in HIV-positive men who have sex with men practising unsafe sexual intercourse, although the main route of transmission for hepatitis C continues to be intravenous drug use.
Reflective questions

Before reading on, try to answer the question below.

For which client groups presenting to your pharmacy should you recommend hepatitis A and/or B vaccination?

Hepatitis A

Hepatitis B

Do not be tempted to turn the page until you have listed all you can think of.
Hepatitis A vaccination should be offered to the following client groups:

- injecting drug users and clients with chronic hepatitis C infection
- travellers to developing countries
- patients with haemophilia or chronic liver disease
- people with occupational exposure
- contacts at risk in an outbreak.

Most men who have sex with men are not at increased risk for hepatitis A infection and therefore universal vaccination of this group is not recommended. However, many outbreaks have been reported among homosexual men in large cities and therefore clinics in these areas should offer vaccination, particularly when increased rates of infection have been recognised locally.

Hepatitis B screening/vaccination should be offered to clients who fall into the following client groups:

- men who have sex with men (MSM)
- sex workers (of either sex)
- injecting drug users
- HIV positive clients
- sexual assault victims
- people from countries where hepatitis B is common (outside of Western Europe, North America and Australasia)
- people with needlestick injuries
- sexual partners of hepatitis B carriers or high risk groups.

Screening tests start with measuring hepatitis B core antibody (HBcAb). If HBcAb is positive, then the laboratory will test for hepatitis B surface antibody (HBsAb) and hepatitis B surface antigen (HBsAg) to establish if the client is naturally immune or a chronic carrier of the disease (HBsAg positive). If the client is found to be a chronic carrier of hepatitis B he or she should be referred for assessment and treatment.

If the client is found to be non-immune (HBcAb negative), you should advise immunisation. Immunisation schedules for both hepatitis A and B can be found in ‘The green book’ (Immunisation against infectious disease) which is also available on the Department of Health website (http://www.dh.gov.uk). HBsAb should be measured in anyone who has been vaccinated.

If you undertake hepatitis A, B or C testing in any client presenting to your pharmacy, pre- and post-test counselling should be performed. Refer to the BASHH guidelines: Management of the viral hepatitis A, B & C (2008) (available at http://www.bashh.org/guidelines).

8. Establish mode of giving results and outcome of consultations

If you are commissioned to perform any test in your pharmacy, it is extremely important to develop and work to standard operating procedures. This means recording the type of tests ordered and storing the results of these tests in a secure and confidential format, which can be easily retrieved and audited.
The mode of communicating results to clients should be clearly outlined in the consultation and the client must be aware of the testing and result-giving procedures. Results given to clients and the outcome of consultations should be clearly recorded.

You should have a policy about what to do if someone does not return for their results and/or you are unable to contact them. Ensure that you have obtained details of any sexual contacts for partner notification purposes (see Section 2.3 below for further information).

9. Establish Fraser competency/safeguarding children concerns in children

It is not uncommon to see people under the age of 16 presenting with symptoms, for emergency contraception, or for advice or information with regard to their sexual health. In such a situation, you should be familiar with local and national policies on consent, confidentiality, safeguarding children guidelines and Fraser competence.

For further information, see:
- the Patient UK webpage Consent to treatment in children (mental capacity and mental health legislation) at: http://www.patient.co.uk/doctor/Consent-to-Treatment-in-Children.htm
- the NSPCC webpage What is Gillick competency? What are the Fraser guidelines? at: http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html

The latest information on dealing with sexually-transmitted infections in under-16s: United Kingdom national guideline on the management of sexually-transmitted infections and related conditions in children and young people (2010) from the Clinical Effectiveness Group of the British Association for Sexual Health and HIV, is available at: http://www.bashh.org/guidelines

2.3 Partner notification

Partner notification (PN) for sexually-transmitted infections, which was previously known as contact tracing, is the process of identifying and informing the sexual partners of people with sexually-transmitted infections of their potential exposure to infection and offering treatment and advice on sexually-transmitted infection prevention.

The rationale for partner notification is to prevent re-infection of the original client when sexual activity is resumed, therefore breaking the chain of transmission of the infection. It is also important to prevent complications of untreated infection in unaware partners, such as infertility from recurrent pelvic inflammation.

People diagnosed with a sexually-transmitted infection should be offered a choice of partner notification by patient referral (in which the client informs their sexual partner(s) of the need for testing and treatment) or by provider referral (in which the service provider contacts sexual partner(s) on behalf of the client to advise on the need for testing and treatment).

The partner notification process can be complex, depending on the individuals involved and has traditionally been carried out in the GUM setting. However, with
more primary care provision of sexually-transmitted infection testing and treatment it is important that pharmacists and other healthcare professionals understand their role in the partner notification pathway.

In order to identify partners at risk it is important to take a thorough sexual history to identify partners in the chain and how best to contact them (see Section 2.2).

The BASHH standards and the STIF Level 1 competency assessment require that sexual health service providers at least instigate partner notification, even if they are unable to provide a full service (see Appendix 1 for further information).

Practice point

How does partner notification work locally? How can you find out?

2.4 Diagnostics

BASHH Standards 4 and 5 refer to the diagnostic procedures that should be available to confirm sexually-transmitted infections. For services commissioned through pharmacies, the patient group direction (PGD) for the service that you are operating will specify which diagnostic tests you will use and how to use them. You should be sure that you understand the scope and limitations of any diagnostic procedure you are asked to undertake.

The general requirements are:

Standard 4
Laboratories should use the ‘gold standard’ test wherever possible and adhere to national standard operating procedures where these are available.

In the population being tested, any nucleic acid amplification tests (NAAT) for bacterial STIs such as chlamydia and gonorrhoea should give a positive predictive value (PPV) of over 90%. In low prevalence populations it may be necessary to use a supplementary or confirmatory test to achieve an acceptable PPV.

A gonococcal culture should be performed on anyone with a positive gonorrhoea NAAT result so that susceptibility testing can be established and resistant strains identified.
Referto the Sexual health factfile for a brief description of the way that each sexually-transmitted infection is diagnosed.

(Community pharmacies should refer to a GUM or sexual health clinic for this service.)

The test requested should be validated for the specimen type taken. Tests that are CE-marked and approved for use with genital specimens may be used for other specimens such as self-taken or extra-genital specimens if the test has been validated and the validation files completed.

For HIV testing, fourth generation assays (combined antibody and antigen detection) are recommended for screening. 24-hour access to HIV screening assays should be ensured in every local area.

Point of care tests (POCT) or near patient tests (NPT) should only be used as screening tests and when validation data are available. Confirmation of a reactive POCT by an established laboratory test is mandatory.

CE-marked kits/tests should not be used unless supported by sufficient evidence-based validation data.

(Standard 5)
All healthcare professionals interpreting results should be competent to do so. Following positive results, if services are unable to provide supplementary tests as needed, or if healthcare professionals are not competent to interpret the results of such tests or to provide further testing and clinical management as required, care pathways should be in place for onward referral of people to a service which is able to provide these.

People using your service for sexually-transmitted infection testing should receive their results, whether negative or positive, as soon as possible, taking account of the laboratory turnaround times. Make sure that the patient group direction (PGD) for the service you are operating specifies what to do with a positive test result.

2.5 Information governance

Information governance ensures necessary safeguards for, and appropriate use of, patient and personal information.

Take a look at the NHS Connecting for Health webpage on Information governance at: http://www.connectingforhealth.nhs.uk/systemsandservices/infogov
Team exercise 7
Information governance

Get your team together and discuss what information governance means to each of them. Ask them to consider what headings they would use to describe the information governance aspects of a sexual health consultation if they were writing a standard operating procedure.

Write your answers here and ask your staff members to complete the relevant space in their personal workbook.

If you were writing a standard operating procedure for handling sexual health consultations, what headings would you use to describe the information governance aspects of the service?

Add your information governance ideas to your standard operating procedure for handling sexual health consultations in the pharmacy (see Section 2.8)

2.6 Clinical governance

BASHH Standard 8 sets out the clinical governance standards for operating a sexual health service.

Clinical governance requires everyone participating in and responsible for a service to work safely, to a high quality and according to the standards set, and we have considered these elements throughout this programme. Locally, it requires strong leadership from the GUM clinic clinicians within the clinical network, established in each locality (Standard 7), with each service provider nominating a clinical governance lead (Standard 3).

Standard 6 sets out the extent to which information technology is expected to support the service at all levels.

Standard 2 makes a number of recommendations relating to appropriately trained staff.
Every provider of sexually-transmitted infection services should audit (at least annually) elements of clinical practice to ensure adherence to current local and national guidelines and evidence-based procedures. These audits should be used, within the clinical network, to evaluate care pathways and monitor the quality of clinical activity (see Section 2.7).

Risk assessments should be made to minimise risk to both clients and staff, ensuring that services are compliant with local and national requirements. Clear mechanisms should be in place to report, review and respond formally to all clinical incidents and complaints.

Finally, Standard 9 sets out requirements for research and for public involvement.

---

**Team exercise 8**

**Clinical governance**

Get your team together and discuss what clinical governance means to each of them. Ask them what headings they would use to describe the clinical governance aspects of a sexual health consultation if they were writing a standard operating procedure.

Write your answers here and ask your staff members to complete the relevant space in their personal workbook.

---

If you were writing a standard operating procedure for handling a sexual health consultation, what headings would you use to describe the clinical governance aspects of the service?

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Add your clinical governance ideas to your standard operating procedure for handling sexual health consultations in the pharmacy (see Section 2.8).
2.7 Record-keeping and audit

Record-keeping and audit will be an important part of your service. Some commissioners will provide duplicate or triplicate forms especially designed for recording and audit purposes.

Practice point

What records should be kept as a minimum (for example, individual records on sexual history, date of treatment, etc; group records on numbers of clients seen, referred)?

Practice point

What records are required to be kept by your service? What information has to be reported? How often do you have to report? Who is responsible for making the records within your pharmacy?
Where are you going to store your records? Is the area sufficiently secure to protect patient confidentiality?

How could you audit your service? Think about any service which you are planning for – what information could you record that could be used to inform audit later?

2.8 What goes into a sexual health consultation?

It is likely that you will write some form of standard operating procedure as you set up your service, so that all your staff and other pharmacists who are trained and authorised to carry out the service know how it operates.
Team exercise 9
Finalising the standard operating procedure

Gather your staff together now to finalise the standard operating procedure which will support the sexual health consultation process in your pharmacy, using everything that you have learnt so far in this programme.

Think about:

**Clients**
Who are the target clients for the service?
How are they to be recruited?
When should they be referred to other healthcare professionals?
What information will they be offered?
What advice will they be given?
What consent will be required for the service?

**Operators of the service**
Who is going to operate the service?
Who will get consent from clients?
How are they to be trained?
How are they to be accredited?

**Location of the service**
Where will the service be carried out?
What changes need to be made to bring the location up to an acceptable standard?

**Record-keeping**
What records need to be kept?
Who will make the records?
Where will the records be kept?
Is this secure enough?

**Reporting**
What needs to be reported?
How often?
To whom?

**Results handling**
Partner notification
Treatment

Draft your standard operating procedure, leaving space for the reaccreditation section in Section 2.9!
2.9 Keeping it all going

One of the problems with enhanced services is that once the initial period is over, personnel may change and standards may start to slip. Approaching the consultation process in a consistent way, with a regular team of staff who have had appropriate training, will help to ensure you provide an effective and successful service.

Furthermore, reaccreditation after a certain period is an important aspect of the service. Maximising the numbers of consultations that you carry out will help keep your skills up to date. Refer regularly to Appendix 1 – the STIF Level 1 competency assessment – and take action if you feel your standards are slipping.

Team exercise 10

Keeping up to date

Gather your staff together and consider which skills will need revising after one year of operating the service.

Look at Appendix 1 and write down those skills that you think will need to be reviewed again after one year, to keep your competence up to date.

Add your ideas for which skills need to be reviewed after one year to your standard operating procedure for handling sexual health consultations in the pharmacy (see Section 2.8).

Keeping the standard operating procedure up to date is important for maintaining momentum and it may be worth putting three-monthly review dates in the practice diary (perhaps linking the dates to reporting dates for the commissioner).

Finally, to keep on the right side of your commissioner, and to ensure that your pharmacy is considered for other services as they come along, make sure that you contribute to reports and audits as required and on time.
Summary

Good clinical and information governance are important factors to consider when preparing to carry out a sexual health consultation, and developing and following a standard operating procedure can help to ensure that the consultation process is carried out to a consistent standard. However, it is also important to keep relevant skills up to date so that team members can achieve re-accreditation after the prescribed period.

<table>
<thead>
<tr>
<th>Intended outcomes</th>
<th>Can you?</th>
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<tbody>
<tr>
<td>By the end of this section you should be able to:</td>
<td></td>
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<tr>
<td>take an appropriate sexual history including risk assessment for HIV and hepatitis B</td>
<td></td>
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<tr>
<td>describe the importance of partner notification</td>
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<tr>
<td>complete an appropriate sexual health consultation with awareness of relevant confidentiality issues, good clinical governance and completion of required paperwork</td>
<td></td>
</tr>
<tr>
<td>reflect on and assess your sexual health counselling competence over time.</td>
<td></td>
</tr>
</tbody>
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3. FPA factsheet on sexually-transmitted infections – being published November 2010.


**Further reading**

For access to information on local services and sexual health, clients can call the FPA Sexual Health helpline on: 0845 1228690 between 9am and 6pm Monday to Friday.

**Useful websites for healthcare professionals**

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

Faculty of Sexual and Reproductive Healthcare
[http://www.ffprhc.org.uk](http://www.ffprhc.org.uk)

Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. *Confidentiality of adolescent sexual health services: Joint statement* (October 2005)

FPA (formerly Family Planning Association)
[http://www.fpa.org.uk](http://www.fpa.org.uk)

Health Protection Agency
[http://www.hpa.org.uk](http://www.hpa.org.uk)

Medical Foundation for AIDS and Sexual Health
[http://www.medfash.org.uk](http://www.medfash.org.uk)

National Chlamydia Screening Programme
Useful websites for the general public

AVERT – (a UK-based international HIV and AIDS charity)
http://www.avert.org

British Association for Sexual Health and HIV
http://www.bashh.org

BBC webpage: Sexual health
http://www.bbc.co.uk/relationships/sex_and_sexual_health

FPA (formerly Family Planning Association) – sexually-transmitted infections
http://www.fpa.org.uk/Helpandadvice/SexuallytransmittedinfectionsSTIs

Herpes Viruses Association
http://www.herpes.org.uk

Terrence Higgins Trust
http://www.tht.org.uk/

CHAPS
http://www.chapsonline.org.uk/

The NHS Choices website has a huge number of resources aimed at the general public, written in easy-to-understand language, including:

How to use a condom
http://www.nhs.uk/Livewell/Sexandyoungpeople/Pages/Howtouseacondom.aspx

Sex activities and risk
http://www.nhs.uk/Livewell/STIs/Pages/Sexualactivitiesandrisk.aspx

Sexual health
http://www.nhs.uk/Livewell/Sexualhealthtopics/Pages/Sexual-health-hub.aspx

Sex: worth talking about
http://www.nhs.uk/worthtalkingabout/Pages/sex-worth-talking-about.aspx
What is the STIF Level 1 competency assessment?

An OSCE-style (objective structured clinical examination), half-day assessment developed by BASHH to assess the competence of health professionals who wish to deliver Level 1 sexual health services within the community. It is envisaged that this assessment will be run by some STIF Directors as an optional extra half-day, following STIF Core, either in addition to or instead of STIF Plus. In other regions, it may also be organised as a ‘stand-alone’ half-day assessment, separate from either of the STIF one-day courses.

Successful completion culminates in accreditation and certification through BASHH. The healthcare professional will be registered on the STIF Level 1 competency database. Certification will need to be renewed every five years.

What is the background to the STIF Level 1 competency assessments?

STIF Level 1 competency is designed to reflect the Standards for the management of sexually-transmitted infections (2010) recently launched by BASHH. The assessments are also based on the Department of Health (DH) recommendations in the publication Competencies for providing more specialised sexually-transmitted infection services within primary care. Assessment toolkit (2006).

Who is the STIF Level 1 competency assessment for?

It is ideal for any healthcare professional seeking certification of competence in the management of sexually-transmitted infections at Level 1. It is therefore appropriate for community pharmacists, practice nurses, medical practitioners, health advisors and alternative providers of medical care (eg, private or third sector) who wish to deliver a Level 1 sexual health service in the community.

It is recommended that all trainees would have recently completed a theoretical course which covers these competencies. The STIF theory course (either the two-day course running between 2002 and 2010, or the newer one-day STIF Core course) is highly recommended. Completion of the DH e-learning for health modules, specific for Level 1, is highly recommended. The Faculty of Sexual and Reproductive Health’s ‘Course of Five’ may alternatively provide most of the knowledge and skills required.

1. Standards for the management of sexually-transmitted infections. 2010, BASHH.
What competencies will it assess?

- Sexual history-taking and risk assessment
- Asymptomatic screening for sexually-transmitted infections, including chlamydia screening
- Diagnostic testing and interpretation of these tests
- Management of uncomplicated chlamydia and gonorrhoea or onward referral
- HIV testing (including point of care testing)
- Offering advice on safer sex and provision of condoms
- Effective partner notification
- Sexual health promotion and signposting to appropriate sexual health services.
- Understanding the epidemiology of sexually-transmitted infections in different risk populations (including hepatitis B risk, screening and vaccination)
- Awareness of psychosexual problems that may present in the general population and onward referral.

How much will it cost?

There will be a charge for the examination, details of which will be provided by your local STIF competency assessment organiser. This will include a £25 central registration fee (per candidate) to BASHH.

Should the candidate fail to pass this assessment, re-assessment within a 12-month period will be charged at a reduced fee.

What does the assessment consist of?

There will be three OSCE-style stations with a simulated patient encounter, using different sexual health scenarios. In order to be accredited through BASHH each candidate has to be found competent at each of the three stations.

Each scenario will take approximately 20 minutes – hence the total assessment period is roughly an hour per candidate.

Successful candidates will be registered on the BASHH STIF Level 1 competency database and have certificates of competence sent out to them shortly thereafter.

If you would like further information on the STIF competency programme, details can be found at:

http://www.bashh.org/education_training_and_careers/stif

Alternatively, if you would be interested in undertaking the assessment as part of a pilot assessment, please contact: grainne.cooney@nhs.net

STIF competency working group:

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For information on your orders or bookings, or any general enquiries, please contact us by email, telephone, fax or post. A member of our customer services team will be happy to help you with your enquiry.

Email: info@cppe.ac.uk
Telephone: 0161 778 4000
Fax: 0161 778 4030

Do you have any comments on your learning experience?

Email: feedback@cppe.ac.uk

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