STIF Intermediate Competency training

TRAINER GUIDE

To train STIF Intermediate Trainees registering on or after 1 AUGUST 2018

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Introduction

This document is intended as a comprehensive guide to STIF/Intermediate Competency training for Registered STIF Competency Clinical Trainers (RSCT). A process flow chart is at Appendix 1.

Each STIF/Intermediate Competency trainee must have a Registered STIF Competency Clinical Trainer who has ultimate responsibility for signing them off as competent but other suitably experienced GUM staff (doctors, nurses and health advisors) can and should be involved in training and assessing the trainee.

RSCT must have attended the STIF Competency Train the Trainer workshop and had training in the correct use of the assessment tools i.e. mini-Clinical Exercise (CEx) forms and Case-based Discussion and must ensure that others involved in this training and assessment in their centres are also competent to use the assessment tools.

There is an upper limit of 12 months from the date of the first assessment to completion of the package and certification. A training extension request can be made using the form provided in the trainee materials.

Trainee revalidation
In order to maintain registration on the STIF/Intermediate Competency database, your trainee will require revalidation five years after certification. Your trainee may approach you to confirm their participation in appropriate CPD (continued professional development) activities and case reviews as part of the revalidation process. More information about the trainee revalidation process can be found here: http://www.stif.org.uk/stif_revalidation

Trainer revalidation
You are required to revalidate as a RSCT by attending the STIF Competency Train the Trainer workshop every 5 years. For more information visit the STIF web site: http://www.stif.org.uk/stif_ttt

NEW STIF INTEGRATED COMPETENCIES

STIF has developed a new Competency programme, STIF INTEGRATED. This is a clinical based competency to develop a comprehensive knowledge in contraception. STIF INTEGRATED can be undertaken following completion of the STIF Intermediate training or it can be undertaken in tandem. Comprehensive information is provided on the STIF web site www.STIF.org.uk/stif_integrated
Step 1: Setting up the training

If you are approached by a prospective trainee to be their RSCT, it is your responsibility to check that they meet the pre-course knowledge and skills requirements shown in Table 1 below.

Table 1 - Knowledge and skills required for STIF Intermediate Competency training

<table>
<thead>
<tr>
<th>Knowledge/skill</th>
<th>Doctors</th>
<th>Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>STIF Core theory course or equivalent</td>
<td>Essential</td>
<td>Essential</td>
</tr>
<tr>
<td>STIF Plus theory course</td>
<td>Highly recommended</td>
<td>Highly recommended</td>
</tr>
<tr>
<td>e-Learning for Healthcare (elfH) sessions in the Sexual Health and HIV (eHIV-STI) project and others</td>
<td>Essential (recommended to complete before commencement of training)</td>
<td>Essential (recommended to complete before commencement of training)</td>
</tr>
<tr>
<td>Vaginal speculum examination experience</td>
<td>Essential</td>
<td>Essential</td>
</tr>
</tbody>
</table>

The necessary knowledge may also be achieved through other equivalent theory based STI courses or in-house training but all the elements of the STIF Core day must be covered. It is up to the Clinical Trainer to approve this. The STIF Foundation Course Learning Objectives are available on the STIF website and at Appendix 2 to check equivalency. Advice and clarification for trainers can also be sought from the STIF Secretariat, contact STIF@suebird.biz

Shared responsibility for training
You may wish to identify experienced nurses, who do not have all the required credentials to become a RSCT (see ‘STIF Competency Clinical trainer registration form’ – download from www.stif.org.uk), to share the responsibility for coordinating and undertaking the STIF Intermediate Competency training and assessment.

The nurse can be responsible for the day-to-day work of organising and carrying out the training and assessment of the trainee. The ultimate responsibility for signing the trainee off as competent will rest with you as the Registered STIF Competency Clinical Trainer. Any concerns about the trainee should be discussed with you and additional sessions arranged with you to undertake training and assessment if required. As an absolute minimum the RSCT requires to have one session with the trainee towards the end of their training.

The nurse/s who you nominate must be competent in all the areas covered by the STIF Intermediate Competency training and assessment package. To ensure competence, the senior nurse may want to go through the training and assessment package themselves with
you. Alternatively, they should be working independently in your unit and be able to competently carry out all the tasks assessed in the training package. They should have attended the STIF *Train the Trainers* workshop and have additional formal training in teaching, assessment and mentoring skills.

*NB: If you are sharing the training with a colleague, who is not a RSCT please provide a copy of this document and other relevant paperwork for their use as they will not be able to access it on the STIF website.*

**External Trainees**

Funding for training external candidates needs to be identified in advance of any training arrangements being made. The BASHH central registration fee applies to all candidates. Local training fees should be charged to external candidates but will be dependent on local commissioning arrangements.

Fees should reflect the high intensity of the ‘in clinic’ training, local administrative costs and additional time required by the trainer to coordinate training sessions and complete paperwork. During a training clinic you should expect to see 40-50% fewer patients than in a normal clinical session. Fees may be calculated in several different ways for example:

- Costs to cover other staff seeing the additional patients
- Costs of trainer’s time if running a supernumerary training clinic.

When undertaking the training of external trainees, the most difficult and time consuming part of the process can be setting up the training and co-ordination of the training sessions between trainer and trainee. The process of setting up the training may include arranging an honorary contract, Disclosure and Barring Service check and Occupational Health clearance and should be in accordance with your Trust’s procedures.

You may wish to consider designating 1 or 2 specific clinical sessions each week for STIF/Intermediate Competency training to make co-ordinating the sessions between you and your trainee easier. You will need to consider the practical arrangements you will need to make when you or your colleagues are with the trainee. This might include organising locum cover to ‘backfill’ the clinical session or significantly reducing the number of patients you or your colleague are expected to see.
Step 2: Accessing the STIF Intermediate Competency training materials

With your username and password, provided when you registered as a RSCT, you can access and download the following documents from the STIF Intermediate Competency Trainer log in area.

- Trainee Learning Needs Questionnaire
- E-learning for healthcare sessions to be completed by the trainee
- Mini-CEx forms
- Sign-off sheets for each of the Tasks to be assessed
- Confirmation of Competence Form
- Link to the Clinical Trainer on-line evaluation questionnaire
- Photos to help with Case-based discussions

Step 3: STIF Intermediate Competency training begins

The trainee should complete a Learning Needs Assessment Questionnaire and return this directly to you once they have completed it. You can use this to plan their training. The trainee is required to complete the STIF Intermediate Competency package within 12 months from the date of their first assessment.

Trainee registration is effected when registration fees are paid and the trainee is provided with user names and web link to access the training material. Please do NOT provide the trainee with training materials in advance.

Step 4: Planning guidance for STIF Intermediate Competency training

The programme is designed for one-to-one training and assessment and ideally, as a RSCT, you (or a designated colleague) need to be supernumerary during the training and assessment sessions. However, we recognise that in smaller clinics this may not always be possible. If this is not possible, you should reduce the number of patients booked into your clinic. It is very important that your trainee does not do any unsupervised ‘service’ work during the sessions.

It will be up to individual units to determine precisely how the training is organised. This may also vary depending on the grade and experience of the trainee or whether they are internal or external candidates. For example, if the trainee is already experienced in Sexual Health it may be possible to proceed straight to the assessment stage and complete this fairly quickly (4-5 clinical sessions). For those who are new to Sexual Health, STIF Intermediate Competency can be used to both train and assess them. In either situation, it is often useful to start with an area in which the trainee has some experience (based on the individual’s Learning Needs Assessment Questionnaire) as you may find that one or more competencies can be signed-off relatively early in training. This will help to build confidence for more challenging skills.
Timelines

There is an upper limit of 12 months from the date of the first assessment to completion of the package and certification. After this time the trainee’s registration becomes invalid and they will need to re-register and pay the full amount again. The trainee will need to discuss exceptional or mitigating circumstances with you and complete the ‘Extenuating Circumstances’ form at Appendix 5 provided as part of the trainee’s training documentation.

For external trainees, if you are unable to assess the trainee as competent within 15 sessions it will not be possible to issue them with a certificate of competence. A maximum session number has been set in order to prevent trainers having to deal with trainees who may require an excessive number of clinical sessions in order to attain satisfactory competence. However, additional sessions may need to be set because the trainee has not been exposed to the appropriate caseload; this is different.

Essentially you can use each clinical encounter during the designated sessions for either
- **training** - in the early stages depending on their prior experience the trainee may observe you carrying out a consultation or be closely supervised carrying out a consultation or
- **assessment** - trainee carries out a consultation which you assess using the mini-Clinical Exercise (mini-CEx) forms; see Step 5 below on how to use these.

You should plan and arrange times with your trainee when she or he can be assessed carrying out the tasks which need to be completed, using the mini-CEx forms.

Table 2 below gives you suggestions on how to structure the sessions but should be adapted depending on the needs of individual trainees and how your clinical service is set up:

**Table 2 - Suggested structure of training programme**

<table>
<thead>
<tr>
<th>Type of session</th>
<th>Number of sessions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Health Clinic (seeing male and female patients)</td>
<td>5</td>
<td>Aim to get through fundamentals here</td>
</tr>
<tr>
<td>Work with health advising team (or those clinicians who provide HA)</td>
<td>2</td>
<td>Partner notification, young people, management of some of the STIs etc.</td>
</tr>
<tr>
<td>Focus on men who have sex with men (MSM); use dedicated MSM clinic if available</td>
<td>1</td>
<td>Aim for MSM</td>
</tr>
<tr>
<td>Focus on Young People (YP): use dedicated YP Clinic if available</td>
<td>1</td>
<td>Aim for YP</td>
</tr>
<tr>
<td>As required</td>
<td>1</td>
<td>Case-based discussion (CBD) for knowledge-based competencies. Catch up for any areas missed / extra clinical session</td>
</tr>
</tbody>
</table>
If you are using specifically allocated clinical sessions over a number of weeks or months, we suggest you plan three or four sessions initially, at least one per week over the first month and then schedule the remainder as you and any colleagues also involved in training and assessing become familiar with the trainee’s needs after the first few sessions.

**Specific recommendations**

**For nurses** working within your sexual health department who are new to sexual health we suggest that they should have been in post for a minimum of 6 months before commencing the training and assessment programme.

**For junior doctors** rotating through Sexual Health Departments it is recommended that they are made aware of the potential to gain STIF Intermediate Competency certification at the start of their job and referred to the information for trainees on the STIF web site. This will allow them enough time to organise the training and they can complete some of their CMT assessments whilst having supervised sessions for STIF Intermediate. It is anticipated that the STIF Intermediate training can commence after they have completed their departmental induction and have been working independently for 2-3 weeks, commensurate with their role. The Learning Needs Assessment Questionnaire may help identify areas where training is still required.

**For external trainees,** you should plan four or five sessions initially, at least one per week over the first month and then schedule the remainder as you become familiar with the trainee’s needs after the first few sessions. It is recommended to complete all the training and assessment sessions within 6 months, particularly for candidates who are not practising purely within sexual health. The maximum timeframe is 18 months (as above).

The suggested session content guidance (see Table 3 overleaf) is a starting point only. At the beginning of each session, try to have a plan of which tasks you aim to sign-off in that session. You may find that availability of clinical cases enables you to complete objectives at different times and so a flexible approach is needed.

The trainee should download all the assessment paperwork they need from the STIF website, using the web link and password provided on the registration

- Female Sexual Health
- Heterosexual Male Sexual Health
- Men who have sex with men (MSM) Sexual Health
- Young People Sexual Health
- Managing specific Sexually Transmitted Infections
- Sexually acquired hepatitis
- Male and female Urinary Tract Infection management
- Genital Infestations
- Other tasks
- Knowledge Based Skills

A list of the mini-CEx forms is at Appendix 3.
In each section there are a variable number of tasks to be assessed. For each task you (or a designated colleague) need to complete at least one mini-CEx with the trainee. It will often be appropriate to do more than one mini-CEx per task, depending on the specific competency.

Most of the assessments should be based on direct observation of the trainee's clinical practice.

Case-based discussions should only be used to fill in the gaps, mainly to cover those areas which are knowledge-based and / or when a suitable patient is not available.

The mini-CEx forms are designed as far as possible to reflect the natural flow of a consultation, tailored to a patient attending a clinic rather than as a check list of what a clinician should know. For this reason there is some duplication of items across the training package such that some competencies are found on more than one mini-CEx form. This reflects the different contexts in which the same issues can arise.

Female Genital Mutilation is a training module hosted by the Home Office and this includes both training and knowledge assessment. Your trainee should undertake this independently and present proof of passing the assessment to you before sign off.

**Table 3 - Suggested content of sessions**

<table>
<thead>
<tr>
<th>Session</th>
<th>Tasks to be taught / assessed</th>
</tr>
</thead>
</table>
| **Sexual Health Clinics** | • Male and female sexual history  
• offer screening for STIs including chlamydia  
• male and female examination  
• diagnostic testing and interpretation  
• managing specific STIs  
• safer sex  
• partner notification  
• HIV testing  
• assessment and management of need for Post Exposure Prophylaxis for HIV following Sexual Exposure (PEPSE) |
| **Health Advisor clinics** | • YP sexual history including Fraser competence  
• managing specific STIs  
• safer sex  
• partner notification  
• HIV testing  
• assessment and management of need for Post Exposure Prophylaxis for HIV following Sexual Exposure (PEPSE) |
| **Dedicated clinic for men who have sex with men (MSM) if available** | • MSM sexual history  
• offer screening for STIs  
• examination  
• diagnostic testing and interpretation  
• managing specific STIs |
### Step 5: How to use a mini-CEx form

A list of the mini-CEx forms to be completed is at Appendix 3.

#### 1: Direct observation of clinical practice (Observed)

This is an observation of a trainee’s encounter with a patient in a normal clinical environment. Each mini-CEx form is labelled as a ‘Task’ with a number and title (eg: Task 1.1: To raise or respond to sexual health issues in all women and/or offer Chlamydia screening to women under 25). Each task is made up of several items which should be scored individually. If it is not possible to assess all the items on the form by direct observation in a particular patient encounter, those omitted must be observed on another occasion or discussed with the trainee after the patient has left but only if there is a CBD option available for that item.

At the beginning you need to ensure the patient knows that the assessment is happening. You should then observe the trainee carrying out the task in question. You may explore the trainee’s knowledge by further questioning where appropriate after the patient has left.

Using the nine-point scale for each item you should score your trainee’s competency. The scale ranges from one (extremely poor) to 9 (extremely good). A score of 1-3 would be unsatisfactory, 4-6 satisfactory and 7-9 above expected for a trainee at their particular stage of training and level of experience. If you require more detailed guidance on how to score your trainee please refer to Appendix 3 - Marking Criteria for Mini Clinical Exercises.

At the end of the assessment, you should ensure you have circled the scores on the form for each item you have assessed and then indicate how you rate the trainee overall by circling either ‘UNSATISFACTORY’, ‘SATISFACTORY’ or ‘ABOVE EXPECTED’ which you will find towards the bottom of the form. It is possible for the trainee to be scored as ‘SATISFACTORY’ OR...
‘ABOVE EXPECTED’ overall if it has not been possible to assess them on one or two of the items on a particular CEx at that time. However, if the trainee is ‘UNSATISFACTORY’ on any of the items they cannot be scored as ‘SATISFACTORY’ OR ‘ABOVE EXPECTED’ overall.

The column on the far right of the CEx needs to be completed to indicate how the item was assessed - direct observation of clinical practice (Observed) or case-based discussion (CBD; see below). If an item of the competency was not observed but was required for that particular patient and is an essential part of the assessment, then the trainee will receive an unsatisfactory score.

You should then give feedback to the trainee and both of you should sign and date the form. You may write any additional comments in the box on the back of the form, particularly where you have concerns about the trainee.

A task is only completed when all the items for that task have been completed to the level of ‘SATISFACTORY’ OR ‘ABOVE EXPECTED’. Some tasks may need to be performed several times, necessitating the completion or partial completion of more than one mini-CEx form for each task. You need to be happy that the trainee is competent to do this task in the setting where they normally work or will be working in the future and the trainee should feel confident that this is the case too.

N.B. STIF Intermediate Competency CEx forms (Tasks 5.1, 5.2 and 5.4)
Audits of the CEx paperwork submitted by trainees undertaking STIF Intermediate Competency have revealed consistent errors with the following:
5.1 Vaginal Discharge
5.2 Warts/Molluscum
5.4 Male urethral discharge
Each of the infections potentially responsible (listed in the tick boxes) should be assessed so each trainee should be completing five forms for 5.1, two forms for 5.2 and four for 5.4. The CEx forms for these areas of competence have been redesigned to make this clearer.

2: Case-Based Discussion (CBD)
Some of the areas covered in this training programme are knowledge-based and are not amenable to being assessed by direct observation of your trainee’s clinical practice. In addition, suitable patients may not be available to assess all the clinical tasks. In these instances, the items may be assessed using CBDs and this should be clearly indicated in the far right column on the mini-CEx form.

You should describe relevant scenarios for discussion and ask questions to ascertain the trainee’s level of knowledge. Please score the trainee and complete the forms as described in the above section.
Step 6: Completion of training

Once your trainee has completed all the tasks, please arrange a final meeting with him or her to confirm completion. This can be incorporated into the final training and assessment session.

At this meeting you will both need to fill in the seven sign-off sheets (one for each section). Your trainee must also provide evidence of completion of the required e-learning. The trainee can print off e-learning activity certificates for each e-learning session completed or for the sum total of sessions.

Now you can complete the trainee’s Confirmation of Competence Form. Please send to Sue Bird, STIF Secretariat at the address on the bottom of the form. She will send a Certificate of Competence to the trainee and log the successful completion of their training and assessment on the STIF Intermediate Competency database.

Trainees are also selected at random to submit the full certification documentation, including CEx forms, task sign off sheets and e-learning summary activity certificate. The documentation is audited for quality assurance purposes.

Obligations as a Registered STIF Competency Clinical Trainer

BASHH is mindful that the RSCT has serious obligations and responsibilities as a trainer and the GMC/NMC codes of conduct are applied. The Confirmation of Competence sign off form means that as a trainer you have ensured that all the requirements of assessments have been completed and the due process has been followed.

Please note the extract below from GMC Guidance “Good Medical Practice”

Maintaining Trust: Communicating information

71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.
   a. You must take reasonable steps to check the information is correct.
   b. You must not deliberately leave out relevant information.

The NMC Code also advises in relation to the assessment, it is essential that Registered Nurses ‘support students’ and colleagues’ learning to help them develop their professional competence and confidence’ (9.4: p9) and ‘provid(ing) honest, accurate and constructive feedback’ (9.1: p8). In addition, they must ‘complete all records at the time or as soon as possible after the event’ (10.1: p9) ensuring that they ‘complete all records accurately and without any falsification, taking immediate and appropriate action if (they) become aware that someone has not kept to these requirements’ (10.3: p9).

The NMC ‘can take action if registered nurses or midwives fail to up hold the Code’ and ‘in serious cases, this can include removing them from the register’ (NMC, 2015: 2).
The future:

Please advise your trainee that they should keep all the paperwork associated with the STIF Intermediate Competency training and assessment programme (mini-CEX forms, final sign-off sheets etc) for at least 5 years at which point they will be required to revalidate if they wish to remain on the STIF Intermediate Competency database. The documentation should not be sent to the STIF Secretariat unless specifically requested.

More information about the revalidation process for trainees is on the STIF web site http://www.stif.org.uk/stif_revalidation

Finally, please complete the Evaluation Questionnaire for Clinical Trainers (in the STIF Intermediate Competency Trainer materials). Your feedback is very important to us and is used to inform the updating of this module.

Failing trainees

Every candidate should have been assessed by more than one person (minimum of 2) including the named trainer. Problems with the trainee should have been identified early in the training (certainly by the mid-point assessment) in order to recognise areas of weakness and tailor the training programme accordingly. This should allow trainees the best opportunity of passing the assessments.

If a trainee has nearly completed the recommended maximum number of sessions but the named trainer continues to have concerns about their performance they should:

- Go through all completed mini-CEX forms to see if there is consistent evidence of unsatisfactory performance
- Discuss with the other assessor/s keeping dated notes about the discussion
- Discuss their concerns with the candidate
- Consider organising a session with an additional senior assessor for further objective evidence (eg Consultant, senior SAS doctor, senior nurse) preferably who have attended the ‘Train the Trainers’ course. If working within a small unit where finding an additional assessor may be difficult and you have significant concerns, please contact the STIF Competency working group via STIF Secretariat STIF@suebird.biz
- Consider allowing additional training sessions if the named trainer feels the candidate is capable of achieving a pass with a minimal amount of further input. This will be dependent on financial/departmental constraints and ability of trainee

There may be an opportunity for the trainee to attend another centre for further assessment, or for an assessor to travel to the centre.
Failed candidate

If despite the above measures the trainee does not meet the appropriate requirements for passing STIF Intermediate:

- The Registered STIF Competency Clinical Trainer must verbally inform the candidate of the fail and give constructive feedback. Dated written notes about this discussion should be kept along with copies of the assessment forms.
- The Registered STIF Competency Clinical Trainer must complete a written letter to give to the candidate verifying the fail.
- There is no obligation for the training centre or registered trainer to offer a repeat opportunity for training and assessment (this will be dependent on individual trainee and centre).

Failed candidate raising concerns about fitness to practice

If a candidate demonstrates unsafe practice in any respect then the GMC requires that this information should be addressed. The action will depend on the individual and the areas of concern. Please see GMC guidance; http://www.gmc.uk.org/guidance/good_medical_practice/working_with_colleagues_conduct_and_performance.aspx

This issue is not just specific to STIF Competency training but should be the same for any external trainee with whom there are concerns around their fitness to practice. It would be advisable for the Registered STIF Competency Trainer to contact their professional defence organisation for support and guidance. There may be an obligation to inform the trainee’s line manager at their place of work. The Registered STIF Competency Trainer may also wish to contact one of the STIF Competency working group via STIF Secretariat STIF@suebird.biz to discuss the case.

Audit of Certification Documents

STIF has a commitment to monitor the quality of the training provided which includes random audits of trainees’ paperwork to ensure the documentation is completed to the required standard and the correct process has been followed.

If the audit identifies areas in which the correct process has not been followed, the trainee will be asked to resubmit the certification documentation. This may require further sessions to be arranged with the trainee to complete the documentation correctly. If the correct process is followed in the first instance, this can be avoided.

If your trainee’s submission require significant modification, the STIF Competency Group is obliged to audit your next trainee’s documentation to ensure that you have adapted your practice appropriately. If the second audit identifies that revisions are once again necessary, you will be required to attend the next available STIF Competency Train the Trainer course to
update. STIF retains the right to remove the registration of trainers if their sign off process continues to fail to meet the required standard.

**Extenuating Circumstances – training deadline extension**

Trainees are expected to complete their training within 12 months from the date of their first assessment. If their training is expected to exceed this time period, they need to complete an extension request form and submit to the STIF Competency Committee for consideration.

Valid extenuating circumstances:

- unforeseeable - no prior knowledge of the event concerned
- unpreventable - nothing reasonably within the trainee’s power to prevent such an event
- expected to have a serious impact on ability to complete the training and assessment within the required time period

Valid extenuating circumstances would normally fall into the categories:

- Illness, serious injury,
- Maternity/paternity leave
- Severe emotional or mental stress for example through bereavement, social, matrimonial or family problems, experience of assault, robbery or other traumatic event, eviction/homelessness in unavoidable circumstances, unavoidable involvement in legal proceedings
- Other factors totally outside the trainee’s control; e.g. unforeseen and essential work commitments; unforeseen decisions taken by the company or practice which prevent them from completing the training; (in both these circumstances a letter from the Trainer substantiating the circumstances must be supplied).
Appendix 1 STIF Intermediate Competency Process Flow Chart for trainees

Trainee accesses STIF Intermediate Competency information on the STIF website and contacts a Registered STIF Competency Clinical Trainer

Trainee agrees STIF Intermediate Competency training with Registered STIF Competency Clinical Trainer and secures funding if needed

Registered STIF Competency Clinical Trainer (RSCT) confirms Trainee meets pre-training requirements

Trainee to choose either registering for STIF Intermediate Competency training or the STIF Intermediate with INTEGRATED training and assessment

Trainee downloads appropriate registration form from STIF web site and completes attaching registration fee

Email queries re invoicing to STIF@suebird.biz

RSCT arranges local contractual paperwork if necessary in accordance with own Trust’s policies. RSCT sets dates for training sessions

STIF Intermediate Competency training commences

At the end of training, RSCT fills in sign-off sheets. Trainee submits completed Confirmation of Competence form to STIF secretariat

Trainee may be requested to send in certification documents for auditing

RSCT and Trainee both complete on line survey

Trainee to retain safely all training sign off documentation

STIF administration:
1. Sends STIF Intermediate Competency Certificate to trainee
2. Logs completion of successful training on BASHH STIF Intermediate Competency database

STIF Intermediate Competency

STIF administration:
1. Logs details of trainee & clinical trainer on STIF Intermediate Competency database.
2. Username and passwords emailed to trainee with web link to training materials when registration fees have been paid
Appendix 2: STIF Foundation Course learning objectives

Aim of the STIF Foundation course
To equip participants with the basic knowledge, skills and attitudes for the diagnosis and management of common sexually transmitted infections (STIs) and to know when and how to refer

Learning outcomes
By the end of the course candidates should be able to:

Knowledge
• describe the principles of STI service provision
• describe the issues relating to confidentiality, partner notification and treatment
• demonstrate basic knowledge of the epidemiology and the factors involved in the transmission of STIs and how to prevent transmission
• demonstrate basic knowledge of common Sexually Transmitted Infections (STIs), their presentation, diagnosis and management
• describe when to refer patients

Skills
• demonstrate competence in taking a sexual history
• demonstrate the skills necessary to inform patients on reducing their risk of sexual infections and their risk of unplanned pregnancy
• optimise care pathways for patients through improved links with local GUM /sexual health (TOP, contraception, psychosexual), and microbiology services

Attitudes
• list the ways in which the lifestyle and circumstances of patients/clients may reflect in their presentation and impact on their management
• demonstrate an appreciation and acceptance of the range of human sexuality, lifestyles, culture and the impact this has on transmission/prevention counselling
• describe how one’s personal beliefs could affect the consultation

Target audience for STIF courses
Doctors, nurses, healthcare assistants in contraception/family planning, secondary care clinicians (who may encounter patients with STIs e.g. Obs & Gynae, rheumatology, ophthalmology, A&E etc.), GUM doctors, health advisers, school nurses, pharmacists etc.
Appendix 3: List of mini-CEx Assessment Forms

(a web link is provided for downloading these forms when you are a Registered STIF Competency Clinical Trainer)

1. **Female Sexual Health**
   - Task 1.1 Raising issue of sexual health and offering Chlamydia screening
   - Task 1.2 Sexual history
   - Task 1.3 Female examination
   - Task 1.4 Sexual health promotion
   - Task 1.5 Tests and diagnosis

2. **Heterosexual Male Sexual Health**
   - Task 2.1 Raising issue of sexual health and offering Chlamydia screening
   - Task 2.2 Sexual history
   - Task 2.3 Genital examination
   - Task 2.4 Sexual health promotion
   - Task 2.5 Tests and diagnosis

3. **Men who have Sex with Men (MSM) Sexual Health**
   - Task 3.1 Raising issue of sexual health
   - Task 3.2 Sexual history
   - Task 3.3 Genital, perianal and pharyngeal examination
   - Task 3.4 Sexual health promotion
   - Task 3.5 Tests and diagnosis

4. **Young People Sexual Health**
   - Task 4.1 Sexual history from patient under 16

5. **Management of specific STIs**
   - Task 5.1 Assessment, treatment and management of vaginal discharge *
   - Task 5.2 Assessment, treatment and management of genital warts and *molluscum contagiosum*  
   - Task 5.3 Assessment, treatment and management of genital herpes
   - Task 5.4 Assessment, treatment and management of male urethral discharge
   - Task 5.5 Assessment, treatment and management of *Chlamydia trachomatis*, *Gonorrhoea* and *Trichomonas vaginalis*.

6. **Other tasks**
   - Task 6.1 Partner notification
   - Task 6.2 HIV per and post-test discussion
   - Task 6.3 Assessment and management of need for Post Exposure Prophylaxis for HIV Following Sexual Exposure (PEPSE)

7. **Male and female Urinary Tract Infection management**
   - Task 7.1 Urinary Tract Infection

Continued
8. **Sexually acquired hepatitis**
   Task 8.1 A  Screening and prevention of sexually acquired hepatitis A
   Task 8.1 B  Screening and prevention of sexually acquired hepatitis B
   Task 8.1 C  Screening and prevention of sexually acquired hepatitis C

9. **Genital Infestations**
   Task 9.1 S  Assessment, treatment and management of genital infestations (scabies)*
   Task 9.1 P  Assessment, treatment and management of genital infestations (pubic lice)*

10. **Knowledge Based Assessments**
    Task 10.1  Legislation, Policies and Guidelines; National Chlamydia Screening Programme and data reporting requirements
    Task 10.2  Referral Pathways
    Task 10.3  Safeguarding
    Task 10.4  Female Genital Mutilation - Home Office training and assessment at [www.fgmelearning.co.uk](http://www.fgmelearning.co.uk)

- * = multiple CEX forms included for each sub-section
### Appendix 4: Marking Criteria for STIF Intermediate Competency Mini Clinical Exercises

<table>
<thead>
<tr>
<th>Items within the domain of...</th>
<th>Extremely unsatisfactory performance</th>
<th>Very unsatisfactory performance</th>
<th>Unsatisfactory performance</th>
<th>Satisfactory performance</th>
<th>Satisfactory/good performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and Reasoning</td>
<td>Poor / inaccurate knowledge or awareness of current debates &amp; contemporary issues No awareness of reasons for action Unable to recognise limitations or to devise a plan for development</td>
<td>Very limited knowledge or awareness of current debates &amp; contemporary issues Unable to discuss decisions or justify reasons for actions based on current evidence Unable to recognise limitations or to devise a plan for development</td>
<td>Limited knowledge or awareness of current debates &amp; contemporary issues Limited ability to discuss decisions or justify reasons for actions based on current evidence Limited ability to recognise limitations &amp; to devise a plan to develop practice</td>
<td>Satisfactory knowledge &amp; critical awareness of current debates &amp; contemporary issues. Justifies decisions &amp; reasons for actions based on critical evaluation of a range of current evidence Recognises limitations; able to devise a realistic plan to enhance and develop practice</td>
<td>Satisfactory and sometimes good knowledge &amp; critical awareness of current debates &amp; contemporary issues. Justifies decisions &amp; reasons for actions based on critical evaluation of a range of current evidence Recognises limitations; able to devise a realistic plan to enhance and develop practice</td>
</tr>
<tr>
<td>Performance and Skills</td>
<td>Unsafe practice Unable to perform basic or complex skills without constant guidance. No awareness of priorities; unable to recognise need for referral</td>
<td>Unsafe practice Very limited acquisition of basic or complex skills; substantial guidance needed Very limited awareness of priorities in routine or complex situations; does not recognise need for referral</td>
<td>Unsafe practice Limited confidence &amp; effectiveness in performance of basic skills; substantial support needed with complex skills. Limited awareness of priorities in routine &amp; unexpected situations; unable able to initiate appropriate referrals</td>
<td>Safe practice. Confident, effective autonomous performance of basic skills; accurate performance of complex skills with minimal assistance. Satisfactory awareness of priorities in routine &amp; complex situations; able to initiate appropriate referrals.</td>
<td>Safe practice. Confident, effective autonomous performance of basic skills; accurate performance of complex skills with minimal assistance. Good awareness of priorities in routine &amp; complex situations; able to initiate appropriate referrals.</td>
</tr>
<tr>
<td>Professional approach / behaviour</td>
<td>Unable to interact appropriately with others. Approach &amp; behaviour not appropriate for or adapted to the client &amp;/or situation No awareness of impact of own actions &amp;/or behaviour</td>
<td>Very limited ability to interact appropriately with others in routine or complex situations. Approach &amp; behaviour not adapted to meet the needs of the client &amp;/or situation. Minimal understanding of the impact of own actions &amp;/or behaviour</td>
<td>Limited ability to interact appropriately with others in routine &amp; complex situations. Approach &amp; behaviour not adapted to meet the needs of the client &amp;/or situation. Some understanding of the impact of own actions &amp;/or behaviours</td>
<td>Interacts appropriately with others in routine &amp; complex situations. Approach &amp; behaviour adapted to meet the needs of the client &amp;/or situation Appropriate insight &amp; awareness of the impact of own actions &amp;/or behaviours</td>
<td>Interacts appropriately with others, sometimes very effectively, in routine &amp; complex situations. Approach &amp; behaviour adapted to meet the needs of the client &amp;/or situation Good insight &amp; awareness of the impact of own actions &amp;/or behaviours</td>
</tr>
<tr>
<td>Items within the domain of...</td>
<td>Good performance 6</td>
<td>Very good Performance 7</td>
<td>Excellent Performance 8</td>
<td>Outstanding Performance 9</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
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<td>-------------------------</td>
<td>-------------------------</td>
<td>--------------------------</td>
<td></td>
</tr>
<tr>
<td>Knowledge and Reasoning</td>
<td>Good knowledge &amp; critical awareness of current debates &amp; contemporary issues. Justifies decisions &amp; reasons for actions based on critical evaluation of a range of current evidence. Recognises limitations; able to devise &amp; begin to implement a realistic plan to enhance and develop practice.</td>
<td>Very good knowledge &amp; critical awareness of current debates &amp; contemporary issues. Justifies decisions &amp; reasons for actions based on critical evaluation of a wide range of current evidence. Recognises limitations; able to devise &amp; implement a realistic plan to enhance and develop practice.</td>
<td>Excellent knowledge &amp; critical awareness of current debates &amp; contemporary issues. Justifies decisions &amp; reasons for actions based on critical evaluation of a wide range of current evidence. Recognises limitations; able to devise &amp; implement a realistic plan to enhance and develop practice.</td>
<td>Outstanding level of knowledge &amp; awareness of evidence base, current debates &amp; contemporary issues. Comprehensively justifies decisions &amp; reasons for actions based on critical evaluation of a wide range of current evidence. Recognises limitations; able to devise &amp; implement a comprehensive plan to enhance and develop practice.</td>
<td></td>
</tr>
<tr>
<td>Performance and Skills</td>
<td>Safe practice. Confident, effective autonomous performance of basic skills; accurate performance of complex skills. Good awareness of priorities in routine &amp; complex situations; able to undertake appropriate referrals.</td>
<td>Safe practice. Confident, effective autonomous performance of basic &amp; complex skills. Very good awareness of priorities in routine &amp; complex situations; able to undertake appropriate referrals.</td>
<td>Safe practice. Confident, effective autonomous performance of basic &amp; complex skills. Excellent awareness of priorities in routine &amp; complex situations; able to undertake appropriate referrals.</td>
<td>Safe practice. Confident, effective autonomous performance of basic &amp; complex skills. Outstanding awareness of priorities in routine &amp; very complex situations; able to undertake appropriate referrals.</td>
<td></td>
</tr>
<tr>
<td>Professional approach / behaviour</td>
<td>Interacts effectively with others in routine &amp; complex situations. Approach &amp; behaviour adapted to meet the needs of the client &amp;/or situation. Good insight &amp; awareness of the impact of own actions &amp;/or behaviours</td>
<td>Interacts effectively with others in routine &amp; complex situations. Approach &amp; behaviour modified to actively meet the needs of the client &amp;/or situation. Very good insight &amp; awareness of the impact of own actions &amp;/or behaviours.</td>
<td>Interacts effectively with others in routine &amp; complex situations. Approach &amp; behaviour modified to actively meet the needs of the client &amp;/or situation. Excellent insight &amp; awareness of the impact of own actions &amp;/or behaviours.</td>
<td>Interacts highly effectively with others in routine &amp; very complex situations. Approach &amp; behaviour modified to actively meet the needs of the client &amp;/or situation. Outstanding insight &amp; awareness of the impact of own actions &amp;/or behaviours.</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 5: Extenuating Circumstances/ Request for extension to complete training

STIF COMPETENCY EXTENUATING CIRCUMSTANCES FORM
REQUEST FOR TRAINING COMPLETION EXTENSION

1. Your details. Please ensure all sections are completed in full. Please print clearly

<table>
<thead>
<tr>
<th>DATE</th>
</tr>
</thead>
</table>
| Name of Competency Programme | STIF Intermediate/ STIF Integrated/ STIF Advanced
STIF Health Advising (delete as appropriate) |
| TRAINEE Full Name |
| Contact Address |
| Day time Telephone number |
| Email Address |
| Name of Trainer |
| Trainer Email Address |
| Date of registration |
| Date of first assessment |
| Due Completion date |
| **New deadline date requested** |

2. Summary of details of the extenuating circumstances
*Please tick the box(es) that most accurately summarise your circumstances*

<table>
<thead>
<tr>
<th>Accident</th>
<th>Medical</th>
<th>Change in working circumstances/ new post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury</td>
<td>Jury Service</td>
<td>Trainer left service</td>
</tr>
<tr>
<td>Bereavement</td>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

3. Details of the extenuating circumstances

Please describe briefly the circumstances which have adversely affected your ability to complete your training and assessments within the prescribed time period:

*Continue on a new page if required*
4. **Documentary evidence**: Please tick the box(es) to show what form of evidence you have submitted with this form.

<table>
<thead>
<tr>
<th>Doctor's certificate</th>
<th>Hospital Letter</th>
<th>Police Report</th>
<th>Trainer Letter</th>
</tr>
</thead>
</table>

Other (please specify)

5. **Other information**: Please give any other information that you think may be relevant

6. **Declaration to be signed by Trainee and countersigned by Registered STIF Competency Trainer**

I declare that I have discussed my request for training extension deadline with my STIF Competency Clinical Trainer.

I declare that the information given in this Extenuating Circumstances Form is that I would be willing, if required, to answer further questions related to it.

**Name of Trainee:**

Signed: ____________________  DATE: ____________________

**Name of STIF Competency Clinical Trainer:**

Signed: ____________________  DATE: ____________________

PLEASE SEND TO:
STIF SECRETARIAT, PO BOX 77, EAST HORSLEY, KT24 5SN
or
PLEASE SCAN and EMAIL TO: STIF@suebird.biz

STIF *Intermediate Competency*