rev 30 July 2020

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***Revalidation***

**PART A: to be completed by the Revalidation Applicant**

|  |  |
| --- | --- |
| Title (Dr, Mr, Mrs, Ms etc.) |  |
| First name |  |
| Surname |  |
| Job Title |  |
| Place of Work |  |
| Correspondence address  *To which your new certificate will be mailed including postcode* |  |
| Mobile telephone number |  |
| Email address |  |
| The date shown on your original Certificate of STIF *Advanced* Competency |  |
| Name of Original STIF *Advanced* Competency Trainer  (as shown on your Certificate of Competency) |  |
| Name of Registered STIF Competency Trainer signing off your revalidation application |  |

Are you a current paid-up member of BASHH?

|  |  |
| --- | --- |
| [ ] | Yes |
|  | Revalidation is free. Please give your BASHH username below. |
|  | BASHH username: |

|  |  |
| --- | --- |
| [ ] | No  Please pay the full registration fee of £60+VAT **= £72**  **Please email** [**STIF@BASHH.org**](mailto:STIF@BASHH.org) **to arrange payment by BACS or PayPal** |

**1. Clinical experience**

In order to maintain skills, Revalidation Applicants should be seeing a minimum of 15 patients/ year with sexual health related problems during the course of their clinical practice.

*You do not have to submit your evidence with this form, but BASHH reserves the right to request this evidence at any time.*

***I have evidence that demonstrates that I have been seeing a minimum of 15 patients with sexual health related problems in the last 12 months during the course of my clinical practice.***

|  |  |
| --- | --- |
| **REVALIDATION APPLICANT NAME**  **Type / print here** | **SIGNATURE** |
| Date |  |

**2. Continued Professional Development**

In order to maintain and update their knowledge, Revalidation Applicants should undertake a minimum of 10 hours of CPD in the last 12 months, in areas pertaining to Sexual Health. For medical staff this is equivalent to 10 CPD points.

**Please ensure evidence of 10 hours of CPD undertaken in the 12 months preceding revalidation is submitted.**

CPD Credit may be derived from:

1. Educational events e.g. BASHH OGM/Annual BASHH conference/Masterclass or local/regional events
2. Educational tutorials/courses (both in-house and external)
3. Self-directed e-learning modules e.g. e-learning for healthcare sessions from eHIV-STI, doctors.net sexual health modules
4. Reading Journal articles pertaining to sexual health

Not all CPD can comprise self-directed learning. At least 5% must be acquired through departmental, regional or national educational events/tutorials or courses.

………..continued/….

***Please list the CPD you have undertaken in the 12 months preceding revalidation and accompany each entry with (approx.) 100 word learning reflection.***

*For example:*

|  |  |  |
| --- | --- | --- |
| Date, Title and reflection | Type of CPD | No. of Hours |
| **01/01/2014 “Herpes serology: To do or not to do – that is the question”**  Short reflection on the presentation that you attended e.g. what you learnt from it and how it might change your practice. | Departmental presentation | 1 |
| **02/02/2014 BASHH Afternoon OGM: Title**  Short reflection on the meeting that you attended e.g. what you learnt from it and how it might change your practice. | National educational meeting | 3 |
| **03/03/2014 *Int J STD AIDS* 2013 24: 593 Title**  Short reflection on the article that you read e.g. what you learnt from it and how it might change your practice. | Journal article | 0.5 |

|  |  |  |
| --- | --- | --- |
| **Date, Title and reflection** | **Type of CPD** | **No. of Hours** |
|  |  |  |
|  |  |  |
| **Date, Title and reflection** | **Type of CPD** | **No. of Hours** |
|  |  |  |
|  |  |  |
|  |  |  |

*IF you need additional space to list your CPD, please copy and insert extra pages as needed*

**3. Audit**

**Please give a brief description of a clinical audit relating to sexual health care that you have personally completed within the last five years.**

* **The audit you present should demonstrate that as an investigator you can manage data collection, interpretation and where appropriate should indicate how it will influence clinical practice or clinic management.**
* **The Trainer needs to sign below to confirm that the audit meets the criteria.**

***I confirm that the audit meets the required criteria.***

**Registered STIF Competency Trainer SIGNATURE : DATE:**

***I confirm that the audit meets the required criteria.***

**Signature of self-revalidating applicant Date:**

*All signatures to be signed by hand.*

**PART B: To be completed by (any) Registered STIF *Advanced* Competency Trainer:**

*The Revalidation Applicant’s revalidation log book may not cover all the competencies seen below, in which case you may want to discuss the topic with them or undertake a formal CBD so that you are confident that the trainee remains competent in this area.*

***I have seen evidence that demonstrates that the above named individual has been seeing a minimum of 15 patients per year with sexual health related problems during the course of his/her clinical practice. The audit meets the required criteria.***

***I confirm that they remain competent in the following STIF Advanced Competencies:***

***(Please tick)***

□ Management of sexually transmitted infections and related conditions in pregnancy

□ Management of genital herpes

□ Management of male urethral discharge

**□** Assessment, diagnosis and appropriate referral of suspected pelvic inflammatory disease (PID), suspected epididymo-orchitis and suspected proctitis

□ Assessment, diagnosis and initial management of urinary tract infection (UTI)

□ Recognition of an abnormal cervix and appropriate referral

□ Bimanual Pelvic examination

□ Screening, prevention, diagnosis and appropriate referral of sexually acquired viral hepatitis

□ Management of pubic lice and scabies

□ Recognition of primary HIV infection and appropriate referral

□ Recognition and assessment of psychosexual complications of STIs/genital conditions and appropriate referral

□ Recognition of recurrent candidiasis, bacterial vaginosis and HSV and appropriate referral

□ Psychological Support: Trans awareness

*Extract: 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.*[*16*](http://www.gmc-uk.org/guidance/good_medical_practice/references.asp#16) *You must make sure that any documents you write or sign are not false or misleading.*

*Extract: NMC Code 2015 for Registered Nurses*

***In relation to assessments,*** *registered nurses 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).

|  |
| --- |
| **Registered STIF *Advanced* Competency Trainer**  **NAME:**  **SIGNATURE: DATE:** |

**PART C: To be completed in absence of local Registered STIF Competency Trainer : Self-certification route**

Applicants who need to self-certificate can download and use the reflection form to provide written evidence. The cases should be examples of management of the below topics during the course of their clinical practice. Applicants need only to see one patient that demonstrates their knowledge and skills related to each of the core competencies listed; it is also recognised that a single consultation may cover one or more of the competencies.

***I confirm that I remain competent in the following STIF Advanced Competencies:***

***(Please tick)***

□ Management of sexually transmitted infections and related conditions in pregnancy

□ Management of genital herpes

□ Management of male urethral discharge

□ Assessment, diagnosis and appropriate referral of suspected pelvic inflammatory disease (PID), suspected epididymo-orchitis and suspected proctitis

□ Assessment, diagnosis and initial management of urinary tract infection (UTI)

□ Recognition of an abnormal cervix and appropriate referral

□ Bimanual Pelvic examination

□ Screening, prevention, diagnosis and appropriate referral of sexually acquired viral hepatitis

□ Management of pubic lice and scabies

□ Recognition of primary HIV infection and appropriate referral

□ Recognition and assessment of psychosexual complications of STIs/genital conditions and appropriate referral

□ Recognition of recurrent candidiasis, bacterial vaginosis and HSV and appropriate referral

□ Psychological Support: Trans awareness

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**SELF CERTIFICATION REVALIDATION APPLICANT SIGNATURE**

**DATE**

**PLEASE USE THE FORM BELOW and print off additional copies to provide evidence to demonstrate management of *all STIF ADVANCED* competencies**

|  |  |
| --- | --- |
| **STIF COMPETENCY**  **demonstrated** | *Type in STIF competency/competencies being demonstrated in consultation* |

|  |
| --- |
| What happened?  What was I thinking? Feeling?  What was good, what was bad about the experience?  What sense can I make of the situation?  What other options are there that I could have done?  What will I do next time if this arises?  Action planning based on this  Signed……….……………………………………………………….............. Date…………………………………………. |

…/ continued

**PLEASE SCAN /SEND THE COMPLETED FORM to**

**BASHH STIF SECRETARIAT**

[**STIF@bashh.org**](mailto:STIF@bashh.org)

**Please ensure that the final scanned document contains *signatures signed by hand***

**Or post to:**

C/O Executive Business Support Ltd

City Wharf, Davidson Road

Lichfield, Staffordshire

WS14 9DZ

Tel**:** 01543 442190

**retaining a copy for your records**

*Additional pages for CPD listing*

|  |  |  |
| --- | --- | --- |
| Date, Title and reflection | Type of CPD | No. of Hours |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date, Title and reflection | Type of CPD | No. of Hours |
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| --- | --- | --- |
| Date, Title and reflection | Type of CPD | No. of Hours |
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**PLEASE SEND THE COMPLETED FORM and FEE TO THE STIF COMPETENCY ADMINISTRATOR**

**retaining a copy for your records**

**Sue Bird, STIF Central Secretariat, PO Box 77, East Horsley KT24 5YP**

**Email:** [**STIF@suebird.biz**](mailto:STIF@suebird.biz)