



Advanced Clinical Practitioner (ACP) Integrated Sexual Health and HIV Specialty Training Curriculum 2019 (revised 2021)

British Association for Sexual Health and HIV, Faculty of Sexual and Reproductive Healthcare and National HIV Nurses Association

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Contents

Glossary.....	4
Introduction	6
Background.....	6
Purpose	6
Rationale.....	8
Development of the ACP Curriculum.....	8
Routes to training.....	9
Trainee advanced clinical practitioners (tACPs).....	9
Those who are already practicing at advanced clinical practitioner level.....	9
Duration of training.....	9
Trainee ACPs	9
Those already practicing at an advanced clinical practice level	10
Requirements for being credentialed as an ACP in integrated sexual health and HIV	10
How to use the Curriculum.....	10
Curriculum components.....	10
Common core training	11
Clinical pathway	11
Leadership, management and governance domain.....	14
Leadership and management.....	15
Key ACP capabilities	15
Teaching opportunities	16
1. Personal qualities.....	17
2. Working with others	20
3. Managing services and governance.....	23
4. Improving services and service development.....	27
5. Setting direction and strategy.....	30
Teaching, training, appraisal and assessment domain	32
Education.....	33
Key ACP capabilities	33
Teaching opportunities	33
6. Teaching, training, appraisal and assessment	34
Ethical research, audit and information technology domain.....	38
Research	39
Key ACP capabilities	39
Teaching opportunities	39
7. Ethical Research, audit and information technology.....	40
Clinical Practice	44
Key ACP capabilities	44
Teaching opportunities	45
Basis for practice domain.....	46
8. Sexual and medical history	47
9. Examination	51
10. Complaints and clinical errors	55
11. Principles of medical ethics and confidentiality.....	57
12. Valid consent	62
13. Legal issues and framework for practice	64
14. Epidemiology and public health.....	67
HIV (part 1) domain.....	71
15. HIV testing and diagnoses	72
16. Prevention of HIV transmission	75

17. Viral hepatitis including co-infection with HIV	78
STIs and related conditions domain	84
18. Pathology of sexually transmitted infections.....	85
19. Bacterial genital infections	87
20. Genital ulceration and syphilis.....	90
21. Genital lumps, cancer and human papillomavirus infection (HPV).....	93
22. Genital infestations	96
23. Sexual dysfunction and problems.....	98
24. Sexual assault/sexual abuse.....	101
25. Genital infections in pregnancy, the newborn, infants and children	106
26. Infective causes of vulvovaginitis and balanitis.....	109
27. Dermatology	113
Contraception and gynaecology domain	117
28. Contraception	118
29. Pregnancy.....	122
30. Unplanned pregnancy and abortion care.....	125
31. Gynaecology.....	130
32. Menopause and PMS.....	133
HIV (part 2) domain.....	137
33. HIV epidemiology, natural history and general management of HIV 1 and HIV 2 infection.....	138
34. Complications of HIV.....	140
35. Antiretroviral therapy (ART).....	144
36. Psychosocial aspects of HIV	148
37. Sexual and reproductive health for people living with HIV	151

Glossary

ACP	Advanced clinical practitioner	IT	Information technology
AIDS	Acquired immunodeficiency syndrome	IUD	Intrauterine device
ART	Antiretroviral therapy	IUS	Intrauterine system
ARV	Antiretroviral	IUT	Intrauterine techniques
BASHH	British Association for Sexual Health and HIV	JC virus	John Cunningham virus (human polyomavirus 2)
BME	Bimanual examination	JRCPTB	Joint Royal Colleges of Physicians Training Board
BMS	British Menopause Society	LARC	Long-acting reversible contraception
BNF	British National Formulary	LGV	Lymphogranuloma venereum
BV	Bacterial vaginosis	LMP	Last menstrual period
CbD	Case-based discussion	LoC	Letter of competence
CMV	Cytomegalovirus	MC	Molluscum contagiosum
CNS	Central nervous system	MDT	Multidisciplinary team
CSE	Child sexual exploitation	MedFASH	Medical Foundation for HIV & Sexual Health
CSF	Cerebrospinal fluid	MI	Motivational interviewing
CVD	Cardiovascular disease	Mini-CEX	Mini-clinical evaluation exercise
DAA	Direct-acting antiviral	MSc	Master of science
DAAT	Direct-acting antiviral therapy	MSF	Multi-source feedback
DfES	Department for Education and Skills	MSM	Men who have sex with men
DFSRH	Diploma Faculty of Sexual and Reproductive Healthcare	NAATs	Nucleic Acid Amplification Test
DH	Department of Health	NCT	Named Clinical Trainer
EBV	Epstein–Barr virus	NHIVNA	National HIV Nurses Association
FGM	Female genital mutilation	NHS	National Health Service
FRT	Faculty-registered trainer	NICE	National Institute for Health and Care Excellence
FSRH	Faculty of Sexual and Reproductive Healthcare	NMC	Nursing and Midwifery Council
GBS	Group B streptococcus	NMP	Non-medical prescribing
GCP	Good clinical practice	NPV	Negative predictive value
GMC	General Medical Council	OTC	Over the counter
GP	General practitioner	PEP	Post-exposure prophylaxis
GPhC	General Pharmaceutical Council	PEPSE	Post-exposure prophylaxis for sexual exposure
GUM	Genitourinary medicine	PGAMedEd	Post Graduate Award in Medical Education
HCPC	Health and Care Professions Council	PGCert	Postgraduate certificate
HEA	Higher Education Academy	PGD	Patient group direction
HEE	Health Education England	PGDip	Post Graduate Diploma
HEI	Higher education institution	PHA (NI)	Public Health Agency (Northern Ireland)
HHV8	Human gammaherpesvirus 8	PHE	Public Health England
HIV	Human immunodeficiency virus	PHI	Primary HIV infection
HIVAN	HIV-associated nephropathy	PHS	Public Health Scotland
HPV	Human papilloma virus	PHW	Public Health Wales
HRT	Hormone replacement therapy	PID	Pelvic inflammatory disease
HSV	Herpes simplex virus	PML	Progressive multifocal leukoencephalopathy
IRIS	Immune reconstitution inflammatory syndrome		
ISH	Integrated sexual health		

PMS	Premenstrual stress	TasP	Treatment as prevention
PPV	Positive predictive value	TB	Tuberculosis
PrEP	Pre-exposure prophylaxis	TTT	Train the trainer
PROM	Patient Reported Outcome Measures	U=U	Undetectable = untransmittable
RCOG	Royal College of Obstetrics and Gynaecology	UK	United Kingdom
SARA	Sexually acquired reactive arthritis	UKMEC	UK Medical Eligibility Criteria
SARC	Sexual assault referral centre	USS	Ultrasound scan
SDI	Sub dermal implants	RCN	Royal College of Nursing
SOP	Standard operating procedure	VTE	Venous thromboembolism
SRH	Sexual and reproductive health	VVC	Vulvovaginal candidiasis
STI	Sexually transmitted infections	VZV	Varicella-zoster virus
STIF	Sexually Transmitted Infection Foundation	WHO	World Health Organization
tACP	Trainee advanced clinical practitioner	WSW	Women who have sex with women

Introduction

This curriculum provides a blueprint for benchmarking standards for advanced clinical practitioners working in integrated sexual health and HIV services.

Advanced clinical practitioners¹ in integrated sexual health and HIV are required to have specialist skills in the delivery of sexual and reproductive health and HIV services, clinical governance, public health, epidemiology and the provision of contraception.

The core domains of the ACP ISH HIV curriculum are leadership and management, education, and research, with specialist clinical pathways. It provides a clinical educational framework for practitioners who provide care and management for patients with sexually transmitted infections and related conditions, contraceptive needs and HIV/AIDS. The curriculum also places a strong emphasis on multidisciplinary team ethics and practitioners are required to possess excellent communication skills.

Background

The ACP curriculum has been developed as a joint project between the British Association for Sexual Health and HIV (BASHH), the Faculty of Sexual and Reproductive Healthcare (FSRH) and the National HIV Nurses Association (NHVNA) as a Health Education England (HEE)-supported project to standardise practice in integrated sexual health and HIV services.²

Purpose

The aim of the ACP Integrated Sexual Health and HIV curriculum is to provide a clear and comprehensive guide to the expected level and breadth of practice for advanced clinical practitioners working in integrated sexual health and HIV. It has been designed to support practitioners, managers, higher education institutions and commissioners.

¹ We have used the term clinical here reflecting that ACPs can be from a variety of clinical disciplines. We acknowledge, however, that the majority of ACPs in integrated sexual health services are at present likely to be nurses and may adopt the title 'Advanced Nurse Practitioner'.

² Health Education England (2018) Improving the delivery of sexual health services: Sexual health, reproductive health and HIV workforce scoping project.

www.hee.nhs.uk/sites/default/files/documents/Sexual%20health%2C%20reproductive%20health%20and%20HIV%20workforce%20scoping%20project%20report%20Final.pdf

Advanced clinical practice

Each of the four nations of the United Kingdom has developed their own guidance relating to advanced clinical practice^{3 4 5 6}.

These national guidance documents although nuanced, describe advanced clinical practice as a level of practice which is characterised by complex decision making, high levels of autonomy and working across the four pillars or domains of advanced practice: clinical practice, leadership, education, and research.

Advanced clinical practice has been defined by HEE as:

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experiences and improve outcomes.

(HEE, 2017, p.8)

³ Health Education England (2017) A multi-professional framework for advanced clinical practice in England. <https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf> (accessed 04.10.2020)

⁴ Health, social services, and public safety (2016) Advanced Nursing Practice Framework. <https://www.health-ni.gov.uk/sites/default/files/publications/health/advanced-nursing-practice-framework.pdf> (accessed 04.10.2020)

⁵ Chief Nursing Office, Scotland (2008) Supporting advanced clinical practice <https://www.advancedpractice.scot.nhs.uk/media/1371/supporting%20the%20development%20of%20advanced%20nursing%20practice.pdf> (accessed 04.10.2020)

⁶ National Leadership and Innovation Agency for Healthcare (2010) Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales. <http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/NLIAH%20Advanced%20Practice%20Framework.pdf> (accessed 04.10.2020)

Contraception, HIV and sexual health have a long history of developing advanced practice roles, with the first nurse practitioner posts developed more than 20 years ago.⁷ More recently, in 2016 the National HIV Nurses Association (NHIVNA) produced guidance for Advanced Nursing Practice in HIV Care,⁸ which was endorsed by the Royal College of Nursing and British HIV Association. ACPs in integrated sexual health and HIV are part of the multidisciplinary team and clinically manage and support patients with sexual infections and related conditions and contraception. As senior clinical staff, ACPs make a significant contribution to service provision and are expected to work across the four pillars of advanced clinical practice³:

1. Clinical Practice
2. Leadership and Management
3. Education
4. Research.

As such, in addition to clinical care provision, they are able to participate and lead clinical education, audits, service evaluation and service improvements and contribute to clinical governance and with the appropriate training contribute to and undertake empirical research studies.

Rationale

The rationale of the curriculum is to provide guidance for ACP trainees and trainers to ensure that training is, as much as practicably possible, consistent across the country and that all ACPs on completion of their training have the requisite skills and knowledge to be a senior clinician within the multidisciplinary team (MDT).

The curriculum places the patient as central to learning and has been mapped to the advanced clinical practice frameworks of the four nations of the United Kingdom^{3 4 5 6} (see appendix 1) and is also aligned to the NHIVNA Advanced Practice Guidelines⁸.

Development of the ACP Curriculum

The curriculum was developed as part of the recommendations from the HEE '*improving the delivery of sexual health services*' report⁹ and its content and structure was developed jointly by BASHH, FSRH and NHIVNA.

Membership of the curriculum development project team had representation from each organisation and included senior and experienced clinicians, educationists and academics in sexual health, contraception and reproductive health, and HIV. No conflicts of interest were declared. A draft of the document was circulated to clinical practitioners (medical and nursing) within the specialty and across the three

⁷ Allen, D. (1998) Putting the experts in charge. *Nursing Standard*, 12(17), pp.22–23.

⁸ National HIV Nurses Association (2016) Advanced Nursing Practice in HIV Care: Guidelines for nurses, doctors, service providers and commissioners. www.nhivna.org/file/cXYDBwZTSnKNV/Advanced-Nursing-practice-in-HIV-care-2016.pdf

⁹ Health Education England (2018) Improving the delivery of sexual health services: sexual health, reproductive health and HIV workforce scoping project report. <https://www.hee.nhs.uk/sites/default/files/documents/Sexual%20health%2C%20reproductive%20health%20and%20HIV%20workforce%20scoping%20project%20report%20Final.pdf>

organisations, and the curriculum was also presented at the national organisational conferences (BASHH, FSRH and NHIVNA). Comments and feedback were incorporated into the document.

ACPs are not substitute doctors; however, there is an expectation that the ACP in integrated sexual health and HIV will be working at the level of a specialty trainee doctor in their third or fourth year of training (ST3/4, Specialty Training) in relation to clinical decision-making. As such, the knowledge, skills, and behaviours outlined in the ACP ISH HIV curriculum have been mapped against both the specialty training curricula for genitourinary medicine¹⁰ and community sexual and reproductive health¹¹ to ensure consistency of practice (Appendix 2). It provides the minimum standard for expected practice; it is acknowledged, however, that some ACPs will be practising at a higher level in some areas, reflecting individual specialist skills and/or service requirements.

Routes to training

There are two routes to training as an advanced clinical practitioner:

1. Trainee advanced clinical practitioners (tACPs)
2. Those already practicing at an advanced clinical practitioner level.

Trainee advanced clinical practitioners (tACPs)

The curriculum can be used by tACPs in tandem with a master's degree programme leading to an MSc in advanced clinical practice.

Those who are already practicing at advanced clinical practitioner level

The curriculum can also be used by those already practicing at an advanced clinical practitioner level who already possess a master's-level award, so they can demonstrate the key skills, knowledge and attributes outlined in the ACP curriculum within integrated sexual health and/or HIV.

Duration of training

Trainee ACPs

The curriculum has been designed to be undertaken by tACPs over a period of three years.

The curricular trajectory of the programme is that trainees who successfully achieve the competencies will be credentialed by the BASHH/FSRH/NHIVNA ACP Joint Credentialing Committee at the end of the three-year period.

Training as an ACP in integrated sexual health and HIV comprises a minimum of three years, adjusted pro rata for those employed on part-time contracts. It is expected, however, that trainees will already have a minimum of one year's experience in sexual health and HIV prior to embarking on the programme; therefore, the total training time

¹⁰ Joint Royal Colleges of Physicians Training Board (2016) specialty training curriculum for genitourinary medicine www.jrcptb.org.uk/sites/default/files/2016%20GUM%20Curriculum%20FINAL.pdf

¹¹ The Faculty of Sexual and Reproductive Healthcare (2017) CSRH Specialty Curriculum www.gmc-uk.org/-/media/documents/dc10713-app-community-sexual-and-reproductive-health-curriculum-74685007.pdf

from entering the ACP training route until completion of training as an ACP is a minimum of four years. The duration of training enables trainees to have enough time to complete the academic requirements and clinical competencies, as well as develop core experience.

Those already practicing at an advanced clinical practice level

Those already practicing at an advanced clinical practice level route recognises the skills and experience gained by experienced practitioners and provides another opportunity for recognising ACP competencies. Depending on the level of experience, those already practicing at an advanced clinical practice level ACP route can be undertaken by practitioners in a shorter time period, less than three years. Experienced practitioners who successfully demonstrate the competencies will be credentialed by the BASHH/FSRH/NHIVNA Joint Curriculum and Credentialing Committee (JCCC).

Requirements for being credentialed as an ACP in integrated sexual health and HIV

Trainee ACPs and those already practicing at an advanced clinical practice level who are ready to be credentialed as advanced clinical practitioners in integrated sexual health and HIV will need to meet the following requirements:

- Registration with appropriate UK regulatory body (e.g. NMC, HCPC, GPhC).
- Master's-level award¹² (postgraduate diploma or MSc¹³) in advanced clinical practice that covers the four pillars of advanced clinical practice at master's level (level 7):¹⁴
 - 1) Clinical Practice
 - Non-medical independent prescribing (and recorded on the appropriate regulatory register)
 - Physical assessment
 - 2) Leadership and Management
 - 3) Education
 - 4) Research.

How to use the Curriculum

Curriculum components

The curriculum has been mapped to the 38 core capabilities within the four pillars of advanced clinical practice in England⁵: **Clinical practice; Leadership and Management; Education; and Research**, which define the high-level learning outcomes for a trainee or experienced practitioner working at or towards the advanced

¹² The award must be in advanced clinical practice or related subject

¹³ Each of the four nations has a slightly different expectation in relation to master's level award: In Northern Ireland and Wales require a master's degree, while England requires the award would be at least a Post-Graduate Diploma, and in Scotland a masters level qualification.

¹⁴ Accreditation by the Royal College of Nursing as an Advanced Level Nursing Practice is not a requirement of this curriculum, however should practitioners wish to be accredited by the RCN they must be a registered nurse, have a non-medical prescribing qualification and have a master's degree. <https://www.rcn.org.uk/professional-development/advanced-practice-standards> (accessed 06.10.2020).

clinical practitioner level. There are also three clinical pathways, which correspond to the trainee's specific area of practice: **integrated sexual health**; **HIV**; and **integrated sexual health and HIV**.

Within this curriculum there are 37 units of learning, structured around eight domains of practice: five domains in the common core training and three domains in the clinical pathways.

Common core training

All tACPs will be expected to achieve the following core learning outcomes:

Leadership and Management pillar (colour coded green)

- Leadership, management and governance domain

Education pillar (colour coded orange)

- Teaching, training, appraisal and assessment domain

Research pillar (colour coded red)

- Ethical research, audit and information technology domain

Clinical practice pillar (colour coded blue)

- Basis for practice domain
- HIV (part 1) domain

Clinical pathway

In developing this document, the working group recognised that, while some practitioners will be working exclusively in an integrated sexual health service, many practitioners, especially those working in smaller units, will be working across HIV and sexual health. The curriculum, therefore, has been designed to allow practitioners to follow one of three clinical pathways:

- **Pathway 1** – ACP Integrated Sexual Health
- **Pathway 2** – ACP HIV
- **Pathway 3** – ACP Integrated Sexual Health and HIV

To meet the requirements of the clinical specialist pathways, tACPs and experienced practitioners will be required to complete **one of three clinical pathway** learning outcomes. These learning outcomes will relate to the learner's area of practice or area of clinical specialism.

Clinical practice pillar

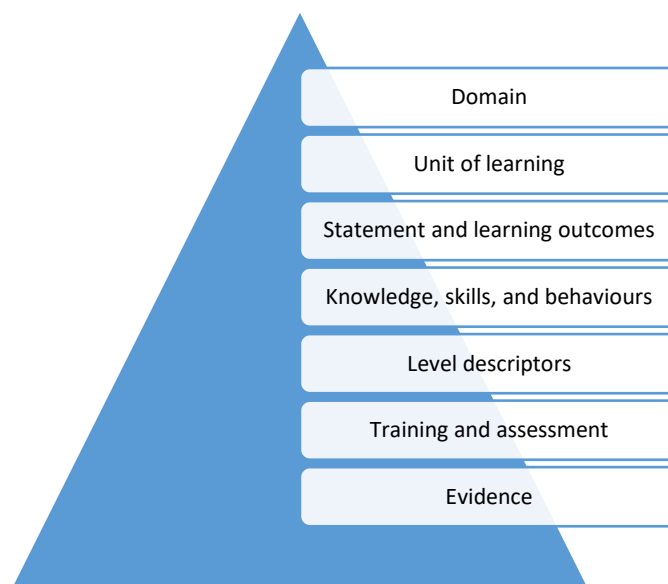
- STIs and related conditions domain
- Contraception and gynaecology domain
- HIV (part 2) domain

Table 1. Domains for specific clinical pathways

Clinical pathway	Domains
Pathway 1 – ACP Integrated Sexual Health	Clinical Practice: <ul style="list-style-type: none"> • STIs and related conditions • Contraception and gynaecology
Pathway 2 – ACP HIV	Clinical Practice: <ul style="list-style-type: none"> • HIV (part 2)
Pathway 3 – ACP Integrated Sexual Health and HIV	Clinical Practice: <ul style="list-style-type: none"> • STIs and related conditions • Contraception and gynaecology • HIV (part 2)

Each domain has units of learning that contain: practice statement and learning outcomes, knowledge, skills and behaviours, the level descriptors, training and assessment, and evidence.

Figure 1. Curriculum structure



The **practice statement** outlines the area of practice the unit of learning pertains to, under which there are the specific **learning outcomes** for that unit of learning. The unit of study describes the key **knowledge**, **skills** and **behaviours** required to achieve the learning outcomes. The unit of learning also sets out the level descriptors for assessing practitioners (with the required level highlighted in bold). The unit of learning further details the **training and assessment** and **evidence** requirements to guide tACPs and experienced practitioners in working towards these capabilities in advanced clinical practice.

Common core training

Leadership and management pillar

Leadership, management and governance domain

Leadership and management

Key ACP capabilities

Multi-professional framework for advanced clinical practice in England	Advanced Nursing Practice framework in Northern Ireland	Supporting the Development of Advanced Nursing Practice in Scotland	Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales
<p>2. Leadership and Management</p> <p>Health and care professionals working at the level of advanced clinical practice should be able to:</p> <p>2.1 Pro-actively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working.</p> <p>2.2 Role model the values of their organisation/place of work, demonstrating a person-centred approach to service delivery and development.</p> <p>2.3 Evaluate own practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice on service function and effectiveness, and quality (i.e. outcomes of care, experience and safety).</p> <p>2.4 Actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements.</p> <p>2.5 Lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence.</p> <p>2.6 Actively seek feedback and involvement from individuals, families, carers, communities and colleagues in the co-production of service improvements.</p> <p>2.7 Critically apply advanced clinical expertise in appropriate facilitatory ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.</p> <p>2.8 Demonstrate team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.</p> <p>2.9 Continually develop practice in response to changing population health need, engaging in horizon scanning for future developments (e.g. impacts of genomics, new treatments and changing social challenges).</p> <p>2.10 Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect individuals', families', carers', communities' and colleagues' safety and well-being when necessary.</p> <p>2.11 Negotiate an individual scope of practice within legal, ethical, professional and organisational policies, governance and procedures, with a focus on managing risk and upholding safety.</p>	<p>2. Leadership and Collaborative Practice</p> <p>2.1 Develop and sustain partnerships and networks to influence and improve healthcare outcomes and healthcare delivery.</p> <p>2.2 Engage stakeholders and use high-level negotiating and influencing skills to develop and improve practice, processes and systems.</p> <p>2.3 Provide professional and clinical advice to colleagues regarding therapeutic interventions, practice and service improvement.</p> <p>2.4 Demonstrate resilience as a clinical and professional leader.</p> <p>2.5 Develop robust governance systems by interpreting and synthesising information from a variety of sources in order to contribute to the development and implementation of evidence-based protocols, documentation processes, standards, policies and clinical guidelines and promote their use in practice</p>	<p>1. Leadership</p> <p>1.1 Identifying need for change, developing case for change, leading innovation and managing change, including service development.</p> <p>1.2 Developing case for change</p> <p>1.3 Negotiation and influencing skills</p> <p>1.4 Networking</p> <p>1.5 Team Development</p>	<p>1. Management and Leadership</p> <p>1.1 Identifying need for change, leading innovation and managing change, including service development</p> <p>1.2 Developing case for change</p> <p>1.3 Negotiation and influencing skills</p> <p>1.4 Networking</p> <p>1.5 Team development</p>

Teaching opportunities

University-based courses

Leadership module

National credentialing

National leadership programmes

Other

Local leadership programme

1. Personal qualities <ul style="list-style-type: none"> To demonstrate the personal qualities required to lead, plan, deliver and develop HIV / integrated sexual health services. The trainee will be required to draw upon their own values, strengths and abilities to deliver high standards of care. 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Awareness of the ACPs own values and principles and how these may differ from those of other individuals and groups</p> <p>Knowledge of the ACP's regulatory body's code of professional conduct</p> <p>Describe systems which help the ACP and others to manage time and workload effectively</p> <p>Awareness of time taken to see outpatients compared with colleagues</p> <p>Understand the need to prioritise work and to delegate to others according to urgency and importance</p> <p>Understand the roles, competencies and capabilities of other</p> <p>Outline techniques for improving time management</p>	<p>Identify own strengths and weaknesses</p> <p>Be a reflective practitioner, learning from workplace experiences, and adapt practice accordingly</p> <p>Develop understanding of personality styles and how different profiles fit into a team</p> <p>Understand and be able to work with conscientious objectors (to abortion and emergency contraception)</p> <p>Demonstrate personal commitment to improve own performance in light of feedback and assessment</p> <p>Regularly review and manage personal and team capacity, reprioritising when necessary, balancing clinical demand and staff leave needs</p>	<p>Display self-awareness: being aware of own values, principles and assumptions, and be able to learn from experiences</p> <p>Remain calm in stressful or high-pressure situations and adopt a timely, rational approach</p> <p>Recognise when self or others are falling behind and take steps to rectify the situation, providing sensitive feedback to other colleagues</p> <p>Able to inspire and enthuse others in the workplace</p> <p>Demonstrate ability to listen to and consider views of all group members</p> <p>Demonstrate personal responsibility and commitment to ensuring service provision</p>	<p>Leadership course (e.g. NHS leadership academy)</p> <p>Local leadership programme</p> <p>Leadership module</p> <p>Observation by trainee of trainers</p> <p>Shadowing</p> <p>Leadership experience under supervision</p> <p>Self-directed learning</p>	<p>Evidence of completion of leadership course</p> <p>Coordinating supervisor reports</p> <p>Report from multi-source feedback</p> <p>Myers-Briggs report</p> <p>Minutes from chaired meetings</p> <p>Completed change management assignment, demonstrating ability to achieve consensus, develop a plan and deliver outcome, with evidence</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Outline factors adversely affecting an ACPs and team performance and methods to rectify these</p> <p>Describe processes for allocating weekly outpatient clinic rotas and maintaining flexibility to take account of service needs and unscheduled leave</p> <p>Describe the local process for agreeing staff leave (annual/professional/sick/carer) to ensure adequate staffing</p> <p>Understand the processes for recording and monitoring sick leave, the return to work interview and when and how to make referrals to occupational health</p>	<p>Obtain and act upon feedback from variety of sources</p> <p>Work effectively with other professionals and support workers</p> <p>Chair and participate in interdisciplinary team meetings</p> <p>Lead and complete a change management project</p> <p>Reliability in meeting scheduled and unscheduled responsibilities and commitments with ability to prioritise</p> <p>Identify clinical and clerical tasks requiring attention or predicted to arise</p> <p>Estimate the time likely to be required for essential tasks and plan accordingly</p> <p>Organise and manage workload effectively and flexibly while considering the needs and priorities of colleagues</p> <p>Speak in public using a range of presentation media, and can</p>	<p>Recognise the importance of induction for new members of a team</p> <p>Allow/facilitate other staff to take responsibility</p> <p>Demonstrate self-management: be punctual, organising and managing themselves while taking account of the needs and priorities of others and fulfils commitments</p> <p>Self-development: be willing to accept feedback and learn through participating in continuing professional development and from experience and feedback and act/adapt accordingly</p> <p>Act with integrity: behave in an open and ethical manner</p>		
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	formulate clear messages for the media while recognising corporate responsibilities			
Level descriptor				
1	Awareness of own values and principles and how these may differ from those of other individuals and groups. Able to meet scheduled and unscheduled responsibilities and commitments.			
2	Delivers high standard care with supervision. Punctuality and fulfilment of work rota commitments. Only occasionally takes longer to see patients compared with other colleagues. Participation in multidisciplinary and multi-agency case conferences. Able to prioritise tasks with assistance.			
3	Delivers high standard care with minimal supervision. Can successfully chair a multidisciplinary meeting. Supports others who need help. Able to apply guidance in relation to medical ethics and confidentiality. Shows self-awareness and acts with integrity.			
4	Fully competent. Demonstrates full range of personal qualities required to plan, deliver and develop GUM services. Draws upon own values, strengths and abilities to deliver high standards of care. Calm leadership in stressful situations.			

2. Working with others <ul style="list-style-type: none"> To be able to show leadership, working effectively within a team in the workplace and networks to ensure optimum delivery of HIV / integrated sexual health services. To be able to work in partnership with other organisations within the NHS, local authority and voluntary sectors. 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Describe the principles of leadership</p> <p>Describe the roles and responsibilities of other members of the MDT: physicians, sexual health advisors, junior nursing staff, healthcare assistants, administrative, laboratory, pharmacists and other staff including the third sector in delivering sexual health services</p> <p>Can articulate the legislative framework for advanced clinical practice and extending the role of other staff (e.g. patient group directions etc.)</p> <p>Identify the impact of equality, diversity and human rights legislation on the practice on the delivery of sexual health services</p> <p>The principles of partnership working (i.e. service level agreement, contracts and informal arrangements)</p>	<p>Participate effectively in team working and team meetings</p> <p>Be able to actively seek the views of others</p> <p>Be able to agree a consensus view</p> <p>Be able to devolve clinical responsibility to appropriately trained team members</p> <p>Be able to support/supervise a peer or student attached to the HIV/integrated sexual health service developing a new skill</p> <p>Participate effectively in multi-agency service delivery</p> <p>Be able to design client care pathway and apply this to clinical practice</p>	<p>Develop networks: work in partnership with multidisciplinary colleagues, service users and their representatives, within and across systems to deliver and improve services</p> <p>Recognise and respect the role of local authority and voluntary sector in providing care</p> <p>Build and maintain relationships by listening, supporting others, gaining trust and showing understanding. Actively seeking the views of others including service users</p> <p>Encourage contributions by creating an environment where all team members are able to express their views allowing others have the opportunity to contribute</p> <p>Recognise and respect the contribution made by all team members</p> <p>Be able to participate in group decision-making, and agree to a consensus view</p>	<p>Leadership course (e.g. NHS leadership academy)</p> <p>Local leadership programme</p> <p>Leadership module</p> <p>Observation by trainee of trainers</p> <p>Shadowing</p> <p>Leadership experience under supervision</p> <p>Self-directed learning</p> <p>Integrated Sexual Health</p> <p>STIF <i>Advanced</i></p> <p>CEX 11.2 Working in partnerships including clinical</p>	<p>All</p> <p>Evidence of completion of leadership course, local leadership programme or leadership modules</p> <p>Supplementary</p> <p>Coordinating supervisor reports</p> <p>Report from multi-source feedback</p> <p>Myers–Briggs report</p> <p>Minutes from chaired meetings</p> <p>Completed change management assignment, demonstrating ability to achieve consensus, develop a plan and deliver outcome, with evidence</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Structure and responsibilities of local government, education and social care services</p> <p>The role of voluntary sector organisations</p> <p>Concept of managed clinical network/care networks</p> <p>Awareness of the role, contribution and influence of sexual health services within the context of the wider NHS. Identify processes for co-ordinating community-based contraception provision and HIV/sexually transmitted infection testing</p> <p>Can set up a meeting to bring individuals and groups together to agree actions</p> <p>Describe the processes required for appraisal, revalidation and job planning</p>	<p>Be able to ensure that team works within agreed protocols</p> <p>Ensure involvement with local authority, non-statutory organisations or patient representatives with an interest in sexual health or as appropriate in delivery of service</p> <p>Assessment and appraisal of more junior clinical colleagues or students</p> <p>Demonstrate leadership and management in the following areas:</p> <ul style="list-style-type: none"> • Education, training and supervision of junior colleagues and other members of the healthcare team • Deteriorating performance of colleagues (e.g. stress, fatigue) • High-quality care <p>Liaise with colleagues to plan and implement work rotas</p>	<p>Communicate changes in priority to others</p> <p>Work within teams to deliver and improve services, changing practice in line with agreed protocols/guidelines</p> <p>Show willingness to act as a leader, mentor, educator and role model and be comfortable in role as either a team leader or team member</p> <p>Willing to accept mentoring as a positive contribution to promote personal professional development. Be comfortable in providing feedback to team members</p>	<p>networks and multidisciplinary working</p> <p>HIV</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 11.2 Working in partnerships including clinical</p>	<p>Integrated Sexual Health</p> <p>STIF <i>Advanced</i> Certificate</p> <p>HIV</p> <p>NHIVNA <i>Advanced</i> Certificate</p>
Level descriptor				
1	Able to work with others. Participation in multidisciplinary and multi-agency case conferences. Satisfactory feedback from multi-source feedback (MSF). Works effectively in a team. Has attended training on equality, diversity and human rights legislation. Respects rights and needs of patients from all backgrounds.			
2	Works in teams and networks with supervision. Delivers training to keep staff up to date. Promotes good team dynamics.			

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

3	Works in teams and networks with minimal supervision. Performance of an appraisal of more junior clinical colleague. Production of a patient care pathway working with colleagues and other key stakeholders including patients.
4	Shows leadership by working with others in teams and networks to deliver and improve GUM services. Implementation of new staff induction programme. Communicates clearly and promptly when responsibility for a patient's care is transferred. Ensures implementation of equality, diversity and human rights in service delivery by self and others.

3. Managing services and governance

- To acquire the knowledge, skills and attitudes to lead services effectively and therefore ensure the success of the organisation(s) in which ACP works.
- To be able to lead a service which is staffed by appropriately skilled individuals, providing care in an environment which is continually monitored and responsive to both positive and negative events.
- To be able to manage service resources cost effectively, be able to attract funding resources, and to function in an open and accountable financial structure.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Staff governance</p> <p>The appraisal and revalidation system for all staff</p> <p>Recruitment and selection policies and practice</p> <p>Requirements of job description/person specification</p> <p>Sickness absence policy</p> <p>Agenda for change and knowledge and skills framework</p> <p>Organisational policies including for example harassment and bullying, grievance procedures, work-life balance</p>	<p>Staff governance</p> <p>Be appraised on a regular basis</p> <p>Participate in the appraisal of other staff members, keeping an appropriate record</p> <p>Be able to contribute to an interview/selection panel</p> <p>Able to write a job description for new and existing posts, including person specification and shortlisting criteria</p> <p>Demonstrate knowledge of how sickness and absence policy is applied</p> <p>Able to provide a reference for another member of staff</p> <p>Clinical governance</p>	<p>Staff governance</p> <p>Provide direction, reviewing performance and motivating others and be committed to ensuring staff are regularly appraised</p> <p>Demonstrate a commitment to ensure equity within the recruitment and selection process</p> <p>Hold oneself and others accountable for service outcomes</p> <p>Demonstrate a willingness to support all staff to continue developing</p> <p>Be able to appreciate sickness absence management from the perspective of both the employer and the employee</p> <p>Clinical governance</p>	<p>Leadership course (e.g. NHS leadership academy)</p> <p>Local leadership programme</p> <p>Leadership module</p> <p>Observation by trainee of trainers</p> <p>Shadowing</p> <p>Leadership experience under supervision</p> <p>Self-directed learning</p> <p>Experience of recruitment of staff</p>	<p>Evidence of completion of leadership course</p> <p>Coordinating supervisor reports</p> <p>Report from multi-source feedback</p> <p>Myers–Briggs report</p> <p>Minutes from chaired meetings</p> <p>Completed change management assignment/Quality Improvement Project, demonstrating ability to achieve consensus, develop a plan and deliver outcome, with evidence</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Clinical governance</p> <p>The clinical competencies required to deliver a safe and appropriate HIV/integrated sexual health service</p> <p>The local NHS complaints policy and procedure</p> <p>Adverse event/critical incident reporting mechanism</p> <p>Understand the different methods of obtaining data for quality improvement projects/audit including patient feedback questionnaires, service sources and national reference data</p> <p>Understand the role of quality improvement including audit (improving patient care and services, risk management etc.)</p> <p>Understand steps involved in completing a quality improvement project (which may include audit)</p> <p>Undertake clinical coding and participate in the production of data returns</p> <p>Understand the working and uses of national and local databases used for</p>	<p>Able to maintain the level of confidentiality required to deliver HIV/integrated sexual health services</p> <p>Develop competency framework for different staff groups e.g. tACP in HIV/integrated sexual health, healthcare worker</p> <p>Contribute to the development of an organisational response to emerging health policy</p> <p>Demonstrate ability to respond appropriately to a complaint including from parents of underage children</p> <p>Participate actively in adverse event reporting and be able to identify patterns and necessity for change</p> <p>Design, implement, complete and report quality improvement projects, and regular audits at each stage of training including patient satisfaction audits using validated measures such as PROMS</p> <p>Participate in review of progress in meeting local/national performance indicators, contributing to local and national audit projects</p>	<p>Planning: actively contribute to plans to achieve service goals</p> <p>Be able to provide direction to support others to achieve their competencies</p> <p>Be able to discuss a complaint sensitively with another staff member, using constructive feedback where appropriate</p> <p>Be able to discuss a complaint appropriately with a patient</p> <p>Be able to support a positive environment to encourage reporting of adverse events</p> <p>Be able to utilise audit outcomes to affect change</p> <p>Be able to use local/national performance indicators to affect change</p> <p>Financial governance</p> <p>Demonstrate ability to work with integrity, and with an honest and trustworthy manner</p>		
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>audit such as specialty data collection systems</p> <p>Describe the use of management information to monitor service delivery against local/national targets and plans (such as access targets) and PROMS (patient-related outcome measure)</p> <p>The role of local/national performance management, key clinical indicators/benchmarking and service standards in service improvement</p> <p>Financial governance</p> <p>Understand NHS funding structures including: local commissioning processes, service level agreements, tendering and implications for HIV/integrated sexual health service delivery</p> <p>Standing financial instructions</p> <p>Standing financial reports</p> <p>Explain the management of clinic defaulters</p> <p>Explain budget setting and how to deliver services within allocated resources</p>	<p>Financial governance</p> <p>Be able to interpret service budget reports</p> <p>Able to develop, write and submit a business case</p> <p>Able to manage change in funding resource, while ensuring maintenance of service quality</p> <p>Demonstrate efficient use of drug budgets (use of generics, home delivery and minimising waste)</p> <p>Able to describe purchasing process</p>	<p>Be able to convey need to review resource allocation to staff</p> <p>Demonstrate understanding of the importance of ensuring efficient use of resource: know what resources are available and use influence to ensure that resources are used efficiently and safely, maximising benefits</p>		
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

Recognise the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort				
Purchasing process within the NHS				
Process of funding bid development and submission				
Situations where a conflict of interest may exist				
Level descriptor				
1	Has basic knowledge of how to manage services. Has attended basic management training courses or modules. Contributes data to audit meetings. Attendance at interview panels (other than as interviewee).			
2	Is able to manage some aspects of the service with assistance. Production of a job description. Develop standards for a local audit			
3	Is able to manage services with supervision. Production of a business or service plan. Use audit findings to implement change. Production of an organisational response to emerging health policy.			
4	Has acquired the knowledge, skills and attitudes to manage services effectively. Delivery of a service improvement project. Lead a complete clinical audit cycle (define evidence-based standard, prepare project, collate data, present findings, re-audit and close loop).			

4. Improving services and service development

- To be able to deliver safe and effective HIV / integrated sexual health services by maintaining quality and improving services.
- To be able to lead a service which is continually striving to improve quality and evolve models of care.

Knowledge	Skills	Behaviours	Training	Evidence
The principles of service design and delivery	Be able to review critically an aspect of service provision and make recommendations for service redesign	Ensure patient safety: assessing and managing risk to patients associated with service improvement	Leadership course (e.g. NHS leadership academy)	Evidence of completion of leadership course
Define local clinical governance and complaints processes	Be able to lead and respond to a service user consultation on potential service change and on all aspects of service delivery	Report serious untoward incidents and near misses and co-operate with their investigation if they occur	Local leadership programme	Educational supervisor reports
Outline the features of a safe working environment	Be able to monitor the effects and outcomes of service developments	Be willing to take action when concerns are raised about performance of members of the healthcare team, and act appropriately when others raise concerns	Leadership module	Report from multi-source feedback
Outline the hazards of medical equipment in common use, such as liquid nitrogen cryotherapy	Be able to assess and manage risk to patients	Critically evaluate: be able to think analytically and conceptually and to identify where services can be improved	Observation by trainee of trainers	Myers–Briggs report
Recall principles of risk assessment and management	Be able to describe local procedures to report adverse events	Encourage innovation: create a climate of continuous service improvement	Shadowing	Minutes from chaired meetings
Recall the components of safe working practice in the personal, clinical and organisational settings	Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately	Facilitate transformation: actively and enthusiastically contribute to change processes in the evolving work	Leadership experience under supervision	Completed change management assignment / quality improvement project, demonstrating ability to achieve consensus, develop a plan and deliver outcome, with evidence
Recognise importance of evidence-based practice in relation to clinical effectiveness	Contribute to quality improvement processes e.g. audit of personal and departmental/directorate/practice performance		Self-directed learning	

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

Public and professional consultation in service design	Errors/discrepancy meetings	environment that leads to improving healthcare		
Social inequalities in determining health	Critical incident and near miss reporting on local and national databases	Encourage feedback from all members of the team on safety issues		
Describe recall systems for cytology and positive results and failsafe mechanisms	Reflect regularly on own standards of medical practice in accordance with guidance on licensing and revalidation	Encourage an open environment to foster and explore concerns and issues about the functioning and safety of team working		
Describe local infection control policies	Recognise limits of own professional competence and only practise within these			
Explain data protection and freedom of information legislation	Co-operate with changes necessary to improve service quality and safety			
Explain how child protection policies are implemented locally	Able to perform a literature search and describe types of clinical trial and evidence recommendation			
Explain legislation and guidance to protect the confidentiality of patients who attend sexual health services				
Identify risk management guidance e.g. safe prescribing, sharps disposal, needlestick injury				

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

Understand the investigation of significant events, serious untoward incidents and near misses				
Understand use of local and national systems available for reporting and learning from clinical incidents and near misses				
Level descriptor				
1	Basic ability to deliver safe and effective services. Recognises untoward or significant events and reports these. Keeps high-quality clinical records.			
2	Can deliver safe and effective services with supervision. Participation in adverse event review meetings. Works with team to make organisational changes to reduce risk and improve safety. Adopts behaviour likely to prevent complaints.			
3	Can deliver safe and effective services with minimal supervision. Able to assess system risks and work with colleagues from other specialties to improve safety. Shows an ability to learn from previous errors. Champions patient safety. Can make a real difference to people's health by delivering high-quality services.			
4	Demonstrates leadership delivering safe and effective ISH/HIV services by maintaining quality and improving services. Written risk assessment of a clinical service area. Supports junior colleagues involved in untoward events. Able to take responsibility for resolving complaint issues. Encourages innovation and facilitates transformation.			

5. Setting direction and strategy

- To acquire the knowledge, skills and attributes necessary for effective participation in setting direction, and contribute to the vision and aspiration for future direction of HIV integrated sexual health services.

Knowledge	Skills	Behaviour	Training	Evidence
Can explain local, regional and national organisational frameworks and HIV / integrated sexual health strategies	Participate and contribute to local health strategy group	Identify the contexts for change: being aware of the range of factors to be taken into account	Leadership course (e.g. NHS leadership academy)	Evidence of completion of leadership course
Outline the relevance of professional and regulatory bodies including the Nursing and Midwifery Council, the General Medical Council, the Faculty of Sexual and Reproductive Healthcare (FSRH), British Association for Sexual Health and HIV (BASHH), the National HIV Nurses Association (NHVNA), the Royal Colleges and JRCPTB	Competent use of databases	Enthusiasm for involvement in wider context/political drivers	Local leadership programme	Coordinating supervisor reports
Explain the political, organisational and professional organisation of the NHS across the four home nations of the UK and the impact of devolution	Understand the role of and able to interact with local and national media effectively to portray service direction while maintain corporate responsibility	Be able to present professionally in written, spoken and visual media format	Leadership module	Report from multi-source feedback
Impact of national policy documents on local services, including the relevance of education policy and strategy	Contribute to local and national specialist activities	Be able to talk to the media	Observation by trainee of trainers	Myers–Briggs report
The importance of the media	Contribute to ongoing review of implementation of national/local health strategy	Demonstrate ability to present work in appropriate format for range of audiences	Shadowing	Minutes from chaired meetings
Describe the use of national guidelines including those from the BASHH clinical		Apply knowledge and evidence: gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements	Leadership experience under supervision	Completed change management assignment / quality improvement project, demonstrating ability to achieve consensus, develop a plan and deliver outcome, with evidence
			Self-directed learning	
			Attend senior management meetings	

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>effectiveness group, the British HIV Association (BHIVA), the National HIV Nurses Association, and the Faculty of Sexual and Reproductive Healthcare</p> <p>Describe the use of information technology in relation to the running of GUM clinics (appointments, coding returns, attendance data, contracting, changes in clinic case mix and other databases)</p> <p>The need to horizon scan for new technologies and evolving policies</p> <p>Describe the role of HIV / integrated sexual health clinicians in health promotion and prevention campaigns working with public health colleagues</p>		<p>Make decisions: integrate values with evidence to inform decisions</p> <p>Evaluate impact: measure and evaluate outcomes, take corrective action where necessary and be held to account for decisions</p>	<p>Join a special interest group of a professional body</p>	
Level descriptor				
1	Demonstrates basic leadership qualities. Shadowing of NHS senior managers or clinicians. Attendance at senior medical and management meetings. Participates in journal clubs. Critically reviews an article to identify the level of evidence. Familiar with ISH/HIV clinical coding.			
2	Can lead services under senior supervision. Participation in professional organisational meetings (e.g. BASHH, FSRH, NHVNA, RCN). Leads journal clubs. Undertakes literature reviews. Understands the structure of the NHS and roles of national medical organisations. Able to assign ISH/HIV clinical codes.			
3	Engages with regional or national initiative to reduce inequalities in health between communities. Participation in staff recruitment. Contributes to organisation and acts in a manner consistent with its values.			
4	Demonstrates effective participation in an organisation by setting direction and contributing to its vision and aspirations. Able to highlight the differences in sexual health service delivery across the UK devolved nations. Develop and implement a departmental or national clinical guideline. Performs a systematic review of the medical literature.			

Education pillar

Teaching, training, appraisal and assessment domain

Education

Key ACP capabilities

Multi-professional framework for advanced clinical practice in England	Advanced Nursing Practice framework in Northern Ireland	Supporting the Development of Advanced Nursing Practice in Scotland	Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales
3. Education Health and care professionals working at the level of advanced clinical practice should be able to: 3.1 Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice. 3.2 Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services. 3.3 Engage with, appraise and respond to individuals' motivation, development stage and capacity, working collaboratively to support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being. 3.4 Advocate for and contribute to a culture of organisational learning to inspire future and existing staff. 3.5 Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning. 3.6 Identify further developmental needs for the individual and the wider team and supporting them to address these. 3.7 Supporting the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice 3.8 Act as a role model, educator, supervisor, coach and mentor, seeking to instill and develop the confidence of others.	3. Education and Learning 3.1 Continue to keep knowledge and skills up to date by engaging in a range of relevant learning and development activities. 3.2 Educate, supervise or mentor nursing colleagues and others in the healthcare team. 3.3 Advocate and contribute to the development of an organisational culture that supports continuous learning and development, evidence-based practice and succession planning. 3.4 Lead person-centred care using a practice development approach. 3.5 Lead and contribute to a range of audit and evaluation strategies which inform education and learning	2. Facilitating Learning 2.1 Principles of teaching and learning 2.2 Supporting others to develop knowledge and skills 2.3 Promotion of learning/creation of learning environment 2.4 Service User/Carer teaching and information giving 2.5 Developing service user/carers education materials 2.6 Mentorship and Coaching	2. Education (either within clinical practice or education sector) 2.1 Principles of teaching and learning 2.2 Supporting others to develop knowledge and skills 2.3 Promotion of learning/creation of learning environment 2.4 Service user/carers teaching and information giving 2.5 Developing service user/carers education materials 2.6 Teaching, mentorship and coaching

Teaching opportunities

University-based courses

Mentorship (or equivalent) and/or a teaching qualification (e.g. PGA Med Ed, PGCert Higher Education)

National credentialing

Named clinical trainer (BASHH)

Faculty-registered trainer (FSRH)

Other

BASHH Train the trainer

Motivational interviewing (or other brief intervention method)

Coaching course

6. Teaching, training, appraisal and assessment

- Knowledge, skills and attitudes to provide appropriate teaching, training, mentorship, learning support, appraisal and assessment to undergraduate and postgraduate students.
- Design and evaluate training programmes a variety of different audiences in a variety of different ways.
- Responsible for and able to deliver training programmes in HIV / integrated sexual health to a wide variety of professionals and non-professionals including the public and equivalents in different circumstances and settings.
- To be able to plan and deliver a training programme with assessments.
- Development of own medical educational skills by reflecting on practice.
- Translate adult learning principles into practice.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Demonstrate knowledge of relevant literature relevant to developments and challenges in clinical education and other sectors</p> <p>Have knowledge of basic educational research methods and techniques</p> <p>Be able to articulate the principles of appraisal, assessment and performance review and be able to differentiate between them and when to use each</p> <p>Can outline the structure of an effective appraisal</p> <p>Can differentiate between formative and summative assessments and define their role in clinical education</p>	<p>Be able to evaluate and reflect on own ongoing professional development across the four pillars of advanced clinical practice</p> <p>Participate in strategies aimed at improving patient education</p> <p>Be able to lead teaching programmes</p> <p>Contribute to educational research projects (e.g. through the development of research ideas, recruitment etc.)</p> <p>Be able to manage time and resources effectively</p> <p>Be able to elicit the educational needs of others and respond in the support of personal development plans, providing</p>	<p>Actively seek out feedback on own practice across the four pillars of advanced clinical practice</p> <p>Be open, honest and objective during one-to-one and performance reviews</p> <p>Actively participate in workplace assessments and be able to articulate their purpose</p> <p>Advance own professional and personal education through continuous development across the four pillars</p> <p>Enthusiastically engage in formal training and education, whether academic, clinical or professional</p>	<p>Essential</p> <p>A university education course/module such as:</p> <ul style="list-style-type: none"> • Mentorship • PGAMedEd • PGCertHE <p>Additional</p> <p>Other courses/training:</p> <ul style="list-style-type: none"> • Train the trainer • Clinical supervision • Educational supervision • Workplace-based assessment courses • Appraisal training 	<p>Essential</p> <ul style="list-style-type: none"> • Certificate of course / module (e.g. mentorship, PGAMedEd) <p>Additional</p> <p>Faculty-registered trainer</p> <p>Named clinical trainer</p> <p>Formal observation teaching/training practice</p> <p>Reflection on participation in learning</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Can describe theories and principles of adult learning in relation to clinical education:</p> <ul style="list-style-type: none"> • Can identify and describe the difference between learning aim(s), objectives and outcomes • Different teaching methods (1-2-1, small groups, workshops, lectures) and their appropriate use, advantages and disadvantages and how these support adult learning • How to teach/train in different learning environments (both clinical and non-clinical) • Develop effective learning environments which acknowledge the learners prior experience • Can outline the role of workplace-based assessments, assessment tools in use and their relationships to course of learning outcomes, including the factors which may influence their selections and the need for evaluation. Be able to give constructive feedback and encourage reflective practice • How to design, deliver and evaluate a teaching/training programme <p>Describe the roles of the different bodies involved in clinical education in</p>	<p>or referring to other sources of career information as required</p> <p>Demonstrate the ability to identify, plan, structure and facilitate learning/educational activities in the workplace</p> <p>Be able to effectively deliver a variety of educational/learning experiences including lectures. Small-group sessions, clinical teaching session and training programmes/events including aims, objectives, learning recourses to be used and evaluation methods</p> <p>Be able to critically evaluate relevant educational literature and implement different teaching modalities (e.g. 1-2-1 teaching, small groups, problem-based, workshops and formal lectures) varying format, appropriate to situation and subject</p> <p>Be able to teach/train different health professionals and non-health professionals effectively in a range of different learning environments (both clinical and non-clinical)</p> <p>Provide effective feedback and formal assessment of trainees including work-based assessments techniques (e.g. mini-CEX CBD etc.) and promote learner reflection</p>	<p>Keep up to date with innovations and developments in clinical education and share this knowledge with colleagues</p> <p>Identify and maximise training and educational opportunities within the clinical setting while balancing the needs of service delivery and ensuring that patient participation in consensual and confirms to the ACP's relevant code of conduct</p> <p>Be committed to establishing an effective learning environment for all members of the MDT and demonstrate consideration for learners emotional, physical and psychological well-being</p> <p>Demonstrate appropriate skills and attitudes when interacting with the team and with patients/clients and actively involve patients/clients in providing feedback on learning</p> <p>Demonstrate willingness to become involved in wider clinical educational activities including where appropriate participating in educational evaluation and research</p> <p>Encourage enthusiasm for clinical educational activities in others</p> <p>When teaching learners from all backgrounds consider rapport,</p>	<p>Shadowing of teaching and training event organisers</p> <p>Teaching at HEI</p> <p>Participation in the planning and execution of training events</p> <p>Teaching and training practice with feedback including from consumers involved in professional learning</p> <p>Educational supervision of training programme</p> <p>Peer support and evaluation of practice</p> <p>Self-directed learning: library- and web-based</p> <p>Reflective practice with guidance of mentor in addressing challenging situations</p> <p>Attendance at local postgraduate training committee</p>	<p>Evidence of participation in the planning and execution courses and training</p> <p>Logbook of training experiences in different clinical and non-clinical settings with supporting evidence</p>
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>HIV / integrated sexual health (e.g. the NMC, Higher Education Academy etc.)</p> <p>The requirements of BASHH, FSRH and NHVNA courses and qualifications as well as discipline specific educational requirements (e.g. the requirements for ACP trainees, university-based courses and training opportunities)</p> <p>Has knowledge of the following roles: coordinating supervisor, associate supervisor, clinical supervisor and mentor</p> <p>Can outline the course of action in assisting a trainee/learner who is experiencing difficulties</p>	<p>Be able to conduct developmental conversations and perform the duties required for effective clinical education, supervision and mentoring</p> <p>Be able to recognise a trainee/learner in difficulty and take appropriate action including the formal process of managing a failing trainee/learner</p>	<p>appropriateness of presentation, effective use of materials, clarity, appropriate use of time, audience participation and feedback, ensuring equality of opportunity</p> <p>Be committed to developing and delivering 'fit for purpose' teaching/training programmes</p> <p>Demonstrate willingness to teach trainees and juniors from all sections of the MDT and other health and social care professionals</p> <p>Have awareness of and be able to adapt to the differing styles and needs of learners</p> <p>Awareness of need to comply with quality assurance issues and recognised standards as set down by the NMC and other regulatory boards</p> <p>Awareness of limitations of assessment methods</p> <p>Recognise the role of the ACP as an educator and use clinical education to enhance the care of patients and discharge these duties to maintain the dignity and safety of patients</p>		
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

		<p>Demonstrate a professional and supportive approach to being a clinical educator, including being objective in providing constructive feedback and the use of a structured approach in all aspects of the role including the management of the failing trainee</p> <p>Contribute to educational policy and development at local or national levels</p>		
Level descriptor				
1	Able to prepare appropriate materials to support teaching episodes Able to seek and interpret simple feedback following teaching.			
2	Able to supervise a preregistration student or colleague through a procedure. Able to perform a workplace-based assessment including effective and appropriate feedback. Delivers small-group teaching to medical students, nurses or colleagues. Able to teach clinical skills effectively.			
3	Able to devise a variety of different assessments (e.g. multiple-choice questions, workplace-based assessments). Able to appraise a preregistration student, trainee ACP, or colleague. Able to act as a mentor to a medical student, nurses or colleague.			
4	Able to plan, develop and deliver educational activities with clear objectives and outcomes. Able to plan, develop and deliver an assessment programme to support educational activities.			

Research pillar

Ethical research, audit and information technology domain

Research

Key ACP capabilities

Multi-professional framework for advanced clinical practice in England	Advanced Nursing Practice framework in Northern Ireland	Supporting the Development of Advanced Nursing Practice in Scotland	Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales
4. Research Health and care professionals working at the level of advanced clinical practice should be able to: 4.1 Critically engage in research activity, adhering to good research practice guidance, so that evidence-based strategies are developed and applied to enhance quality, safety, productivity and value for money. 4.2 Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings. 4.3 Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others. 4.4 Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way. 4.5 Actively identify potential need for further research to strengthen evidence for best practice. This may involve acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding. 4.6 Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review. 4.7 Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g. presentations and peer review research publications). 4.8 Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers	4. Research and Evidence-Based Practice 4.1 Contribute to and undertake activities, including research, that monitor and improve the quality of healthcare and the effectiveness of practice. 4.2 Critically appraise the outcomes of relevant research and evaluations and apply the information to improve practice. 4.3 Advocate and contribute to the development of a research culture that supports evidence-based practice. 4.4 Lead and contribute to publications and dissemination of work. 4.5 Demonstrate an understanding and application of a range of research methodologies.	3. Research 3.1 Ability to access research/use information systems 3.2 Critical appraisal/evaluation skills 3.3 Involvement in research/audit 3.4 Ability to implement research findings into practice- including use of and development of policies/protocols and guidelines. 3.5 Conference presentations 3.6 Publications	Research 3.1 Ability to access research/use information systems 3.2 Critical appraisal/evaluation skills 3.3 Involvement in research 3.4 Involvement in audit and service evaluation 3.5 Ability to implement research findings into practice – including use of and development of policies/ protocols and guidelines. 3.6 Conference presentations 3.7 Publications

Teaching opportunities

University-based courses

Research methods module(s)

Dissertation

National credentialing

Other

Good Clinical Practice (GCP)

7. Ethical Research, audit and information technology

- Evaluates study design, statistics, epidemiology, critical appraisal, strategies for data analysis, ethics and human rights in clinical research.
- Awareness of research methods particularly appropriate to HIV / integrated sexual health research.
- Initiates and participates in research, ensuring that it is undertaken using relevant ethical guidelines and selecting appropriate research methods.
- Critically appraises research findings.
- Establishes a skills and knowledge foundation for potential research.
- Understand the principles of undertaking audit and how to use it to change practice.
- Initiates and participates in clinical audit.
- Utilises modern IT resources in line with relevant regulations.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Have awareness of ethical considerations and issues in research including ethical approval and consent can articulate the principles of research governance</p> <p>Can articulate the different ways that research data is collected</p> <p>Have knowledge of research governance and confidentiality</p> <p>Have knowledge of various software packages including Excel, Word and PowerPoint and data management systems and statistical packages</p> <p>Can outline the sources of funding for research</p>	<p>When involved in research activity follows guidelines of ethical conduct in research including consent</p> <p>Can design a simple research study (either qualitative or quantitative)</p> <p>Can critically appraise academic and scientific papers</p> <p>Use a range to electronic tools such as databases, word processing and PowerPoint</p> <p>Can develop, adapt and/or implement clinical guidelines and patient group directions including evaluating the effectiveness of their implementation</p>	<p>Demonstrate enthusiasm for research</p> <p>Act as a role model for evidence-based practice</p> <p>Role model appropriate and safe research conduct</p> <p>Willingness to use audit to improve clinical practice</p> <p>Be receptive to research innovations and be willing to change own and others' practice in response to the evidence</p> <p>Embrace new technology</p>	<p>Essential</p> <ul style="list-style-type: none"> • Research methods module at master's level (level 7) • Good Clinical Practice (GCP) training • Participation in research activity <p>Additional</p> <ul style="list-style-type: none"> • Master's dissertation • Research methods and governance courses e.g. 	<p>Essential</p> <ul style="list-style-type: none"> • Evidence of completion of research methods module • GCP training certificate • Reflection on participation in research <p>Additional</p> <ul style="list-style-type: none"> • Evidence of completion of dissertation e.g. MSc transcript

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Can articulate the process for writing a research proposal and applying for funding</p> <p>Can articulate the differences between to audit, quality improvement and research</p> <p>Can describe the audit cycle</p> <p>Understand the principles of undertaking a systematic literature review and the various databases</p> <p>Understand the process for submitting conference abstracts and peer review journal articles</p> <p>Have knowledge of the main research methods and principles of analysis</p> <p>Be able to discuss the commonly used research methods used in HIV / integrated sexual health</p> <p>Can outline the principles of formulating a research question and designing a study</p>	<p>Be able to apply for the appropriate ethical approval</p> <p>Be able to undertake an audit using the audit cycle</p> <p>Use technology to extract and/or manage the data</p> <p>Demonstrate the use of literature databases and be able to undertake a review of the literature relating to a topic in HIV / integrated sexual health</p> <p>Be able to use a range of software packages proficiently</p> <p>Demonstrate the ability to write and publish in a peer review journal</p> <p>Demonstrate the ability to present at a conference</p> <p>Demonstrate highly developed verbal and written presentation skills, presenting in an understandable and audience-sensitive manner</p>	<p>Self-monitor and be aware of the issues of plagiarism</p> <p>Enthusiastic about research</p> <p>Promote research within own clinical area</p> <p>Collaborate with peers, colleagues and academics</p> <p>Participate in local, national or international research networks and meetings</p>	<p>research methods module, audit</p> <ul style="list-style-type: none"> • Cochrane Reviews database • Resources and guidance • IT courses • Understanding Audit (RCOG October 2003) • Principles for best practice in audit (NICE) • UK Medical Eligibility Criteria and Selected Practice Recommendations • RCOG guidance on developing guidelines www.rcog.org.uk 	<ul style="list-style-type: none"> • Certificates from other research methods and governance courses • Published academic papers • Presentations at journal clubs, clinical meetings • Written reports • PowerPoint presentations at local meetings • Written audit report and presentations at clinical meeting e.g. poster presentation
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

Have knowledge of commonly used research methods in order to critically appraise and synthesis evidence				
Understand the principles of evidence-based practice				
Can describe how both local and national clinical guidelines and produced and ratified				
Level descriptor				
1	Defines ethical research and demonstrates awareness of ACPs regulatory bodies guidelines. Differentiates audit and research and understands the different types of research approach e.g. qualitative and quantitative. Knows how to use databases.			
2	Demonstrates good presentation and writing skills. Demonstrates critical appraisal skills and demonstrates ability to critically appraise a published paper.			
3	Demonstrates ability to apply for appropriate ethical research approval. Demonstrates knowledge of research organisation and funding sources. Demonstrates ability to write an academic paper for publications.			
4	Provides leadership in research. Promotes research activity. Formulates and develops research pathways.			

Clinical practice pillar

Clinical Practice

Key ACP capabilities

Multi-professional framework for advanced clinical practice in England	Advanced Nursing Practice framework in Northern Ireland	Supporting the Development of Advanced Nursing Practice in Scotland	Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales
<p>1. Clinical Practice Health and care professionals working at the level of advanced clinical practice should be able to:</p> <p>1.1 Practise in compliance with their respective code of professional conduct and within their scope of practice, being responsible and accountable for their decisions, actions and omissions at this level of practice.</p> <p>1.2 Demonstrate a critical understanding of their broadened level of responsibility and autonomy and the limits of own competence and professional scope of practice, including when working with complexity, risk, uncertainty and incomplete information.</p> <p>1.3 Act on professional judgement about when to seek help, demonstrating critical reflection on own practice, self-awareness, emotional intelligence, and openness to change.</p> <p>1.4 Work in partnership with individuals, families and carers, using a range of assessment methods as appropriate (e.g. of history-taking; holistic assessment; identifying risk factors; mental health assessments; requesting, undertaking and/or interpreting diagnostic tests; and conducting health needs assessments).</p> <p>1.5 Demonstrate effective communication skills, supporting people in making decisions, planning care or seeking to make positive changes, using Health Education England's framework to promote person-centred approaches in health and care.</p> <p>1.6 Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated individual presentations and complex situations, synthesising information from multiple sources to make appropriate, evidence-based judgements and/or diagnoses.</p> <p>1.7 Initiate, evaluate and modify a range of interventions which may include prescribing medicines, therapies, life style advice and care.</p> <p>1.8 Exercise professional judgement to manage risk appropriately, especially where there may be complex and unpredictable events and supporting teams to do likewise to ensure safety of individuals, families and carers.</p> <p>1.9 Work collaboratively with an appropriate range of multi-agency and inter-professional resources, developing, maintaining and evaluating links to manage risk and issues across organisations and settings.</p>	<p>1. Direct Clinical Practice</p> <p>1.1 Practise autonomously, using a person-centred approach, within the expanded scope of practice.</p> <p>1.2 Demonstrate comprehensive skills for assessment, diagnosis, treatment, management and prescribing within the field of practice.</p> <p>1.3 Use clinical judgement in managing complex and unpredictable care events, drawing upon an appropriate range of inter-agency and professional resources in his/her practice.</p> <p>1.4 Demonstrate ability to manage and negotiate person-centred health related/care needs for patients and their families.</p> <p>1.5 Monitor and report quality issue affecting the provision of advanced nursing care delivery.</p>	<p>4. Advanced clinical practice</p> <p>4.1 Decision making/clinical judgement and problem solving</p> <p>4.2 Critical thinking and analytical skills incorporating critical reflection</p> <p>4.3 Managing complexity</p> <p>4.4 Clinical Governance</p> <p>4.5 Equality & Diversity</p> <p>4.6 Ethical decision-making</p> <p>4.7 Assessment, diagnosis referral, discharge</p> <p>4.8 Developing higher levels of autonomy</p> <p>4.9 Assessing and managing risk</p> <p>4.10 Prescribing</p> <p>4.11 Developing confidence</p> <p>4.12 Developing therapeutic nursing to improve patient outcomes</p> <p>4.13 Higher level communication skills</p> <p>4.14 Patient Focus/Public Involvement</p> <p>4.15 Promoting and influencing others to incorporate values-based care into practice</p>	<p>4. Advanced Clinical Practice</p> <p>4.1 Decision making/clinical judgement and problem solving</p> <p>4.2 Critical thinking and analytical skills incorporating critical reflection</p> <p>4.3 Managing complexity</p> <p>4.4 Clinical governance</p> <p>4.5 Equality & diversity</p> <p>4.6 Ethical decision-making</p> <p>4.7 Assessment, diagnosis, referral, discharge</p> <p>4.8 Developing higher levels of autonomy</p> <p>4.9 Assessing and managing risk</p> <p>4.10 Non-medical prescribing in line with legislation.</p> <p>4.11 Developing confidence</p> <p>4.12 Developing therapeutic interventions to improve service user outcomes</p> <p>4.13 Higher level communication skills</p> <p>4.14 Service user focus/public involvement</p> <p>4.15 Promoting and influencing others to incorporate values-based care into practice</p> <p>4.16 Development of advanced psychomotor skills</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

1.10 Act as a clinical role model/advocate for developing and delivering care that is responsive to changing requirements, informed by an understanding of local population health needs, agencies and networks. 1.11 Evidence the underpinning subject-specific competencies i.e. knowledge, skills and behaviours relevant to the role setting and scope, and demonstrate application of the capabilities to these, in an approach that is appropriate to the individual role, setting and scope.			
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Teaching opportunities

University-based courses

Advanced clinical assessment module

Non-medical prescribing

National credentialing

Diploma Faculty of Sexual and Reproductive Healthcare

Letter of competence Subdermal Implants

Letter of competence Intrauterine Techniques

STIF *Intermediate* competencies

STIF *Advanced* competencies

NHIVNA *Advanced* competencies

Other

Cervical cytology sampling

Child protection level 3

Basis for practice domain

8. Sexual and medical history

- Utilises the appropriate knowledge, skills and attitudes to obtain a relevant focussed medical, sexual and gynaecological history from increasingly complex male and female patients.
- Manages problems in a structured and flexible way, synthesising the history and risk assessments to formulate a management plan and records accurately.
- Communicates effectively with women and men from diverse ethnic and socio-behavioural groups in a variety of clinical situations and involving other professional groups where appropriate.
- Manages time effectively.

Knowledge	Skills	Behaviour	Training	Evidence
<p>History</p> <p>Recognise importance of different elements of medical and sexual history for females, males, transgender/non-binary individuals</p> <p>Define professionalism</p> <p>Know how to structure a consultation</p> <p>Recognise that this history should inform examination, investigation and management plan</p> <p>Recognise the importance of the patient's background, culture, education and preconceptions</p> <p>Describe sexual behaviour in population subgroups such as heterosexuals, homosexuals (men</p>	<p>History</p> <p>Be able to elicit and analyse a medical, sexual and gynaecological history in a succinct and logical manner. Establish rapport, listen actively and question sensitively to guide the patient to clarify information. Supplement history with standardised instruments or questionnaires when relevant</p> <p>Identify and manage communication barriers, tailoring language to the individual patient and use language interpretation services as appropriate</p> <p>Manage and resolves difficulties of language, physical, educational and mental impairment</p> <p>Focus on relevant aspects of sexual and medical history and overcome possible barriers to effective communication including internalised</p>	<p>Demonstrate excellent communication skills. Ensuring appropriate personal language and behaviour, recognising the need for interpreters and health advocates when required</p> <p>Display respect, tact and empathy. Practise with courtesy, compassion and professionalism, acknowledging clinician–patient partnership</p> <p>Recognise the hidden agenda/unvoiced concerns (conscious and unconscious) in consultations, taking into account sensitivities of patients such as those with learning difficulties or after sexual assault</p> <p>Acknowledge and describe cultural and sexuality issues using different methods of ethical reasoning to come to a balanced decision where</p>	<p>All</p> <p>Advanced clinical assessment module</p> <p>Integrated sexual health</p> <p>STIF <i>Theory</i> course or BASHH STI/HIV modules 1–2</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.1 Female history</p> <p>CEX 1.3 Female sexual health Promotion</p> <p>CEX 2.1 Male history</p> <p>CEX 2.3 Male sexual health Promotion</p> <p>CEX 3.1 MSM history</p> <p>CEX 3.3 MSM sexual health Promotion</p>	<p>All</p> <p>Transcript of advanced clinical assessment module</p> <p>Integrated Sexual Health</p> <p>STIF <i>Intermediate</i> certificate</p> <p>DFSRH certificate</p> <p>HIV</p> <p>NHIVNA <i>Advanced</i> certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>who have sex with men and women who have sex with women), those who engage in transactional sex and the associated risk of infection, trauma and pregnancy</p> <p>Understand the psychological and psychosexual component of disease, its presentation and when and where it is appropriate to refer for assistance</p> <p>Recognise that gender-based violence (physical and or sexual violence including female genital mutilation (FGM) and domestic violence) is an issue for individual of all age groups. Describe care pathways and onward referral</p> <p>Provide safe, sensitive, effective care for women and children who have been subjected to FGM in partnership with other relevant agencies</p> <p>Be aware of requirements for mandatory reporting of FGM as described by the RCOG and the BASHH sexual violence special interest group</p> <p>Listen actively and question sensitively to guide the patient and to clarify information in particular with regard to matters that they may find it difficult to</p>	<p>homophobia and fear of disclosure of stigmatised sexual behaviour</p> <p>Make accurate and contemporaneous legible notes of computer records of consultation</p> <p>Appreciate the importance of the interplay between social, clinical and psychological factors for patients and their relatives and carers</p> <p>Recognise psychosexual problems and refer appropriately. Identify and raise the possibility of domestic violence with patients, and offer referral for assistance</p> <p>Manage alternative and conflicting view from other, such as sexual partners</p> <p>Ensure referral and communication with other healthcare professionals are made accurately and in a timely fashion</p> <p>Manage time, indicate when the interview is nearing its end, and conclude with a summary appropriately drawing consultation to a close. Manage follow-up effectively, using a variety of methods other than a follow-</p>	<p>complex and conflicting issues are involved</p> <p>Awareness of patient dignity</p> <p>Respect patient confidentiality</p> <p>Be non-judgemental</p> <p>Refer to colleagues in MDT and ask for advice, including referral for second opinion when appropriate</p>	<p>CEX 4.1 Sexual history from a young person</p> <p>CEX 4.2 Consultations with patients with limited English proficiency</p> <p>CEX 4.3 Consulting by Phone/Video</p> <p>CEX 7.1 Risk Reduction: Safer sex advice</p> <p>CEX 7.2 Risk Reduction: Alcohol, Recreational/Club Drugs and ChemSex</p> <p>CEX 7.3 Partner notification</p> <p>CEX 9.6 FGM</p> <p>CEX 9.7 Domestic violence and abuse</p> <p><i>DFSRH</i></p> <p>Assessment 5: Taking an appropriate history and assessment of a woman with bleeding problems while using hormonal method</p> <p>Assessment 6: Taking an appropriate sexual history and risk assessment for STI and pregnancy and performing the appropriate tests for an asymptomatic woman or man requesting sexual health screening</p> <p>Assessment 7: Taking an appropriate history and assessment of a woman with vaginal discharge or pelvic pain</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>discuss, e.g. domestic violence or other abuse</p> <p>Advice about safer sexual practices</p> <p>Identify patient's risks of STIs</p> <p>Identify need for contraception or pre-conceptual counselling</p> <p>Aware of the social and cultural determinants of risk</p> <p>Explain the link between factors such as alcohol and recreational drug use and sexual risk taking</p> <p>Understand the issues that influence sexual behaviour e.g. broken relationships, stigma, sexual abuse, mental illnesses, low self-esteem and deprivation</p> <p>Initiate partner notification where appropriate</p> <p>Identify timescale for and methods of partner notification</p> <p>Explain calculation of partner notification outcomes and</p>	<p>up visit such as letter, text results, email, phone call</p> <p>Monitor and manage personal and professional ethical standards arising from patient interactions</p> <p>Advice about safer sexual practices:</p> <p>Use a condom demonstrator</p> <p>Use, and refer patients to, appropriate written and other information sources such as patient websites</p> <p>Deliver clear information to patients compassionately, being alert to and manage their and your emotional response (anxiety, antipathy etc.)</p> <p>Able to apply current evidence on prevention and health promotion intervention, both at clinical level and in individual consultation, to promote health</p> <p>Check the patient/carer understands, ensuring that all concerns/questions have been covered. Respect patient choice</p>		<p>HIV</p> <p>NHIVNA Core</p> <p>CEX 1.1 Female history</p> <p>CEX 1.3 Female sexual health Promotion</p> <p>CEX 2.1 Male history</p> <p>CEX 2.3 Male sexual health Promotion</p> <p>CEX 3.1 MSM history</p> <p>CEX 3.3 MSM sexual health Promotion</p> <p>CEX 9.7 Domestic violence and abuse</p> <p>CEX 21. Assess health and well-being needs of an HIV-positive patient</p> <p>CEX 22 Triage and assessment</p> <p>CEX 25.1 Mental capacity and safeguarding</p> <p>28.1 Identifying psychological and emotional issues facing people living with HIV</p> <p>CEX 28.2 Risk assessment: self-harm and suicide</p> <p>Intercollegiate document Safeguarding children and young people: roles and competencies of health care staff which we published on behalf of partners: https://www.rcn.org.uk/professional-</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

methodological issues around measurements	Initiate partner notification where appropriate Able to review and explain the significance of partner notification outcomes in the context of the differing transmission dynamics of the STI/HIV Explain reasons for partner notification clearly to patients, advising patients about ways to disclose. Inform patient about their legal responsibilities		development/publications/pub-007366	
Explain confidentiality legislation as applies to HIV / integrated sexual health				
Describe the role of the health advisor				
Level descriptor				
1	Obtains and records accurate clinical history relevant to the clinical presentation with die empathy and sensitivity. Elicits most important positive and negative indicators of diagnosis. Demonstrates ability to obtain relevant focussed clinical history in the context of limited time in outpatients.			
2	Demonstrates the ability to target history to discriminate between likely clinical diagnoses. Records information in the most informative fashion. Conducts interviews on complex concepts satisfactory, confirming that accurate, two-way communication has occurred.			
3	Demonstrates ability to obtain history in difficult circumstances e.g. from angry or distressed patient/relatives. Handles communication difficulties appropriately, involving others as necessary; establishes excellent rapport.			
4	Demonstrates the abilities to keep interview focussed ono most important clinical issues. Shows mastery of patient communication in all situations, anticipating and managing any difficulties which may occur.			

9. Examination

- Utilises the appropriate knowledge and attitudes, progressively developing the skills to perform assessment of women and men by means of physical examination.
- Manages problems in a structured and flexible way, developing the ability to formulate and prioritise a diagnostic and therapeutic plan for a patient.
- Communicates effectively with women and men from diverse ethnic and socio-behavioural groups in a variety of clinical situations and involving other professional groups where appropriate.
- Manages time effectively.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Understand the anatomy, physiology and embryology of the genital tract, anus and rectum</p> <p>Understand the pathophysiological basis for clinical signs in the genital and systems being reviewed and the relevance of positive and negative physical signs</p> <p>Recognise the need for a valid clinical examination and for offering a chaperone. Understand the constraints to performing physical examination such as pain, fear, embarrassment and vaginismus, and develop strategies that may be used to overcome them</p> <p>Ethical guidelines relevant to intimate examination</p> <p>Be able to perform a genital examination in females, males, transgender/non-binary individuals</p>	<p>Construct and appropriate management plan in conjunction with the patient and where appropriate, carers and other members of the clinical team and communicate this effectively</p> <p>Interpret clinical features, their reliability and their relevance to clinical scenarios, including recognition of the breadth of presentation of common disorders</p> <p>Incorporate an understanding of the psychological and social elements of clinical scenarios into decision-making through a robust process of clinical reasoning</p> <p>Identify the need for a chaperone</p> <p>Be able to select and perform an appropriate, focussed and reliable</p>	<p>Respect client's dignity and confidentiality</p> <p>Acknowledge and respect cultural diversity</p> <p>Involve relatives appropriately</p> <p>Work effectively with MDT</p> <p>Acknowledge the need for a chaperone</p> <p>Acknowledge the need for a client to seek a female or male clinician</p> <p>Acknowledge the request for a female or male chaperone</p> <p>Promotes shared awareness and understanding by making explanations to patients in language they can understand</p>	<p>All</p> <p>Advanced clinical assessment module</p> <p>Local venepuncture training</p> <p>Integrated sexual health</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.3 Female examination</p> <p>CEX 1.5 Female tests & diagnosis</p> <p>CEX 2.3 Male examination</p> <p>CEX 2.5 Male tests & diagnosis</p> <p>CEX 3.3 MSM examination</p> <p>CEX 3.5 MSM tests & diagnosis</p> <p>STIF <i>Advanced</i></p>	<p>All</p> <ul style="list-style-type: none"> • Transcript of advanced clinical assessment module • Local venepuncture certificate <p>Integrated sexual health</p> <ul style="list-style-type: none"> • STIF <i>Intermediate</i> certificate • STIF <i>Advanced</i> certificate <p>HIV</p> <ul style="list-style-type: none"> • NHIVNA <i>Advanced</i> certificate

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

Understand the indications, risks, benefits and effectiveness of investigations	<p>examination relevant to the patient's presentation</p> <p>Elicit physical signs with minimal discomfort to patient</p>	Non-judgemental and demonstrate ability to identify own biases and inconsistencies in clinical reasoning	<p>CEX 16.1 Abnormal cervix</p> <p>CEX 16.2 BME</p> <p>CEX 16.3 Abdominal examination</p>	
Understand the applied clinical science of female and male reproduction	Demonstrate competent use of the speculum	Show willingness to search for evidence to support clinical decision-making and recognising limits of own professional competence and only practices within these limits and the need to ask for help and appropriate onward referral		
Generate hypothesis within context of clinical likelihood, test, refine and verify hypotheses. Develop a problem list and action plan	Demonstrate competent use of the proctoscope			
Respond to questions honestly and is both willing to and able to seek expert advice, and use clinical guidelines and algorithms relevant to HIV / integrated sexual health	<p>Demonstrate able to undertake venepuncture</p> <p>Select and perform relevant further investigations competently</p> <p>Apply sound clinical judgement to the interpretation of the results of investigations</p> <p>Liaise and discuss investigations with colleagues</p> <p>Integrated Sexual Health</p> <p>With women be able to perform:</p> <ul style="list-style-type: none"> Abdominal examination (be able to recognise and refer pregnancy) 	Use professional standards and ethical guidelines to inform practice		

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	<ul style="list-style-type: none"> • External genital examination including lymphatics • Vaginal speculum examination • Bimanual examination • Examination of the pharynx <p>With men be able to perform</p> <ul style="list-style-type: none"> • Abdominal examination • Examination of external genitalia including lymphatics • Rectal examination and proctoscopy • Examination of the pharynx <p>Select and perform the appropriate microbiology and virology samples:</p> <ul style="list-style-type: none"> • Pharynx • Vagina • Cervix • Rectum • Urine • Cervical cytology 			
Level descriptor				
1	Performs, accurately records and describes findings from basic physical examination. Elicits most important physical signs.			

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

2	Performs focussed clinical examination directed to presenting complaint. Actively seeks and elicit relevant positive and negative signs. Uses and interprets adjuncts to basic examination e.g. in the assessment of the patient syphilis.
3	Performs and interprets relevant advanced focussed clinical examination e.g. assessment of joints, neurological examination. Elicits subtle findings.
4	Rapidly and accurately performs and interprets focussed clinical examination in challenging circumstances e.g. acute medical or surgical emergency.

10. Complaints and clinical errors				
<ul style="list-style-type: none"> To recognise the causes of error and to learn from them, to realise the importance of honesty and effective apology and to take a leadership role in the handling of complaints. 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Describe the local complaints procedure</p> <p>Recognise factors likely to lead to complaints (poor communication, dishonesty, clinical errors, adverse clinical outcomes, failure to apologise etc.)</p> <p>Adopt behaviour likely to prevent complaints</p> <p>Deal appropriately with concerned or dissatisfied patients or relatives and consults appropriately</p> <p>Recognise when something has gone wrong and identify appropriate staff to communicate with them</p> <p>Act with honesty and sensitivity in a non-confrontational manner</p>	<p>Seek professional advice when an error has occurred and deliver an appropriate apology and explanation</p> <p>Distinguish between system and personal errors (personal and organisational)</p> <p>Show an ability to learn from previous error</p>	<p>Where appropriate, take leadership over complaints</p> <p>Recognise the impact of complaints and medical error on staff, patients and the National Health Service</p> <p>Contribution to a fair and transparent culture around complaints and errors</p> <p>Recognise the rights of patients, family members and carers to make a complaint</p> <p>Recognise the impact of a complaint upon self and seek appropriate help and support</p>	<p>Local training including:</p> <ul style="list-style-type: none"> Datix Conflict resolution etc. 	<p>All</p> <ul style="list-style-type: none"> Reflection

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

Identify sources of help and support for patients and yourself when a complaint is made about self or a colleague				
Level descriptor				
1	If an error is made immediately ensures patient safety and reports it. Apologises to patient for any failure as soon as it is recognised, however small. Understands and describes the local complaints procedure. Recognises need for honesty in management of complaints. Responds promptly to concern that have been raised. Understands the importance of an effective apology. Learns for errors.			
2	Manages conflict without confrontation. Recognises and responds to the difference between system failure and individual error.			
3	Recognises and manages the effects of any complaints within members of the team.			
4	Provides timely accurate written responses to complaints when required. Provides leadership in the management of complaints.			

11. Principles of medical ethics and confidentiality <ul style="list-style-type: none"> • Acts in a professional manner at all times in keeping with the standards set out in code of professional practice. • Adheres at all times to local and national confidentiality guidelines. • Has an in-depth knowledge of the ethical and legal issues, guidance and principles relating to sexual health and can apply this in routine practice. 				
Knowledge	Skills	Behaviours	Training	Evidence
Ethical principles Demonstrate knowledge relating to the clinician–patient partnership Principles of informed choice Respect for colleagues Health and probity Conflict of interest Demonstrate knowledge of the principles of medical ethics and the workings and structure of ethics committees Global issues related to ethics in HIV / integrated sexual health including female genital mutilation, torture, male-dominated societies, access to abortion and contraception	Ethical principles Provide good clinical care Provide objective, evidence-based information in appropriate formats Confidentiality Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team Adhere to national and local confidentiality guidelines (e.g. with reference to Caldicott Guardian), share and use personal information appropriately Use and promote strategies to ensure confidentiality is maintained, and counsel patients on the need for information distribution within members of the immediate healthcare team	Ethical principles Act with empathy and compassion at all times Aware of diversity including gender issues Excellent communication skills Maintain trust Honest and trustworthy Encourage informed ethical reflection in others Show willingness to seek advice of peers, legal bodies and the ACP regulatory bodies in the event of ethical dilemmas over disclosure and confidentiality	All Regulatory body guidance and professional code Local training: <ul style="list-style-type: none"> • Information governance • Safeguarding Observation of and discussion with senior staff Ethical and legal issues e-tutorial Attend an ethics committee meeting as an observer Integrated sexual health STIF <i>Intermediate</i>	All <ul style="list-style-type: none"> • Local training certificate(s) • Reflection Integrated sexual health <ul style="list-style-type: none"> • STIF <i>Intermediate</i> certificate HIV <ul style="list-style-type: none"> • NHIVNA <i>Advanced</i> certificate

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Recognise the factors influencing ethical decision-making, including religion, personal and moral beliefs cultural practices</p> <p>Publication ethics relating to plagiarism</p> <p>Status of asylum seekers and refugees in the UK</p> <p>Private and NHS practice; how they differ and when to charge patients attending for NHS treatment</p> <p>Can outline the principles of informed consent, and situations where patient consent, while desirable, is not required for disclosure e.g. serious communicable diseases, public interests</p> <p>Outline situations where patient consent, while desirable, is not required for disclosure e.g. serious communicable diseases, public interests</p> <p>Outline the procedures for seeking a patient's consent for disclosure of identifiable information</p>	<p>Know when and how to involve social services and police</p> <p>Legal issues</p> <p>Writes a legal report (e.g. MARAC referrals etc.)</p>	<p>Confidentiality</p> <p>Respect the right to confidentiality and for information not to be shared, unless this puts the patient, or others, at risk of harm</p> <p>Aware of the requirements of children, adolescents and patients with special needs</p> <p>Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information</p> <p>Legal Issues</p> <p>Have the ability to know how to obtain suitable evidence and whom to consult</p>	<p>CEX 10.1 Legislation, policies & guidelines</p> <p>CEX 10.3 Safeguarding</p> <p>CEX 9.7 FGM</p> <p>HIV</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 25.1 Mental capacity & safeguarding</p> <p>CEX 28.4 Criminalisation of transmission</p>	
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<p>Recognise the problems posed by disclosure in the public interest, without patient's consent</p> <p>Confidentiality</p> <p>Outline and follow the guidance given by the professional regulatory body on confidentiality</p> <p>Demonstrate an understanding of adolescents' and young adults' right to confidentiality and the importance of safeguarding</p> <p>Relevant strategies to ensure confidentiality</p> <p>When confidentiality might be broken</p> <p>Principles of data protection including electronic and administrative systems, defining the provisions of the Data Protection Act and Freedom of Information Act</p> <p>Define the principles of information governance</p> <p>Define the role of the Caldicott Guardian and Information Governance lead within an institution, and outline</p>				
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<p>the process of attaining Caldicott approval for audit or research</p> <p>Outline the procedures for seeking a patient's consent for disclosure of identifiable information</p> <p>Role of interpreters and patient advocates</p> <p>Legal issues</p> <p>Abortion certification and awareness of exemptions for those who will not participate in abortion services for moral or religious reasons</p> <p>The indications for section under the Mental Health Act and can outline the principles of the Mental Capacity Act</p> <p>Process of litigation</p> <p>Clinical negligence cases in HIV / integrated sexual health</p> <p>Guidance on avoiding litigation:</p> <ul style="list-style-type: none"> • Record keeping • Keeping training and skills up to date 				
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<ul style="list-style-type: none"> • Obtain valid consent • Patient confidentiality • Offer appropriate apology • Follow appropriate guidance and protocols • Know limitations • Develop good relationships with patients <p>The devolved UK nations and their legal frameworks, which impact on HIV / integrated sexual health</p>				
Level descriptor				
1	Respects patients' confidentiality and their autonomy. Understands, in respect of information about patients, the need for highest regard for confidentiality adhering to the Data Protection Act. Keeps in mind when writing or storing data the importance of the Freedom of Information Act. Knowledge of the guidance given by statutory regulator in respect to these two acts. Understand that the information in patient's notes is theirs. Only share information outside the clinical team and the patient after discussion with senior colleagues. Familiarity with the principles of the Mental Capacity Act. If in doubt about a patient's competence and ability to consent even to the most simple acts (e.g. history-taking or examination) to discuss with a senior colleagues. Participate in decisions about resuscitation status and withholding or withdrawing treatment.			
2	Counsels patients on the need for information distribution within members of the immediate healthcare team and seeks patients' consent for disclosure of identifiable information. Discusses with patients with whom they would like information about their health to be shared.			
3	Defines the role of the Caldicott Guardian within an institution and outline the process of attaining Caldicott approval for audit or research. Understands the importance of considering the need for ethical approval when patient information is to be used for anything other than the individual's care. Understands the difference between confidentiality and anonymity. Knows the process for gaining ethical approval for research.			
4	Able to assume a full role in making and implementing decisions about resuscitation status and withholding or withdrawing treatment. Able to support the decision-making on behalf of those who are not competent to make decisions about their own care.			

12. Valid consent <ul style="list-style-type: none"> To understand the necessity of obtaining valid consent from the patient and how to obtain it. Able to obtain valid consent from patients including individuals under the age of 16 years and vulnerable adults. 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Principles and legal issues surrounding valid consent</p> <p>Specific legal issues about valid consent in under-16-year-olds e.g. the <i>Gillick</i> case, Fraser Guidelines</p> <p>Specific legal issues about valid consent in vulnerable adults</p> <p>The Sexual Offences Act 2003 and its implications</p> <p>The Mental Capacity Act 2005 and its implications</p> <p>The legal status of the foetus and the implications of this</p> <p>Role of the chaperone and who should undertake this</p>	<p>Use written material correctly and accurately, presenting all information to patients (and carers) in a format they understand, checking understanding and allowing time for reflections on the decision to give consent</p> <p>Provide a balanced view of all care options</p> <p>Gain valid consent for:</p> <ul style="list-style-type: none"> patient care and procedures research <p>Know when to refer for a second opinion</p> <p>Counsel patient under the age of 16 years showing understanding of Fraser Guidelines</p> <p>Counsel vulnerable adult and know how to obtain valid consent</p>	<p>Respect a patient's right of autonomy even in situations where their decision might put them at risk of harm</p> <p>Awareness of the patient's needs as an individual</p> <p>Do not exceed the scope of authority given by a competent patient</p> <p>Demonstrate the ability to give appropriate information in a manner that patients and relatives understand and assesses their comprehension</p> <p>Do not withhold information relevant to proposed care or treatment in a competent patient</p> <p>Do not seek to obtain consent for procedures in which they are not competent to perform, in</p>	<p>All</p> <p>Good Clinical Practice course</p> <p>Observation of and discussion with senior staff</p> <p>Regulatory body professional code</p> <p>Department of Health guidance on consent: www.dh.gov.uk</p> <p>Integrated Sexual Health</p> <p>STIF <i>Intermediate</i></p> <p>CEX 4.1 Sexual history from young people</p> <p>CEX 10.1 Legislation, policies & guidelines</p> <p>FSRH Service Standards on obtaining Consent in Sexual Health services: www.fsrh.org/admin/uploads/949_S</p>	<p>All</p> <ul style="list-style-type: none"> Good Clinical Practice certificate Reflection <p>Integrated Sexual Health</p> <ul style="list-style-type: none"> STIF <i>Intermediate</i> certificate <p>HIV</p> <ul style="list-style-type: none"> NHIVNA <i>Advanced</i> certificate

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Outline the guidance given by the ACP regulatory body on consent, in particular:</p> <p>Understand that consent is a process that may culminate in, but is not limited to, the completion of a consent form and documentation of verbal consent</p> <p>Understand the particular importance of considering the patient's level of understanding and mental state (and also that of the parents, relatives or carers when appropriate) and how this may impair their capacity for informed consent</p> <p>Understand the legal aspects of consent in respect to adolescents and young adults and how this differs across the countries in the UK</p>	<p>Know when and how to refer for child protection issues</p> <p>Discuss clinical risk associated with treatments and procedures</p> <p>Offer a chaperone appropriately</p>	<p>accordance with professional regulatory authorities</p> <p>Show willingness to obtain a second opinion, senior opinion and legal advice in difficult situations of consent or capacity</p> <p>Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action</p>	<p>erviceStandardsonObtainingValidConsent.pdf</p> <p>StratOG: The Obstetrician and Gynaecologist as a Professional. Ethical and legal issues e-tutorial</p> <p>RCOG Obtaining Valid Consent 2008</p> <p>HIV</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 25.1 Mental capacity & safeguarding</p>	
Level descriptor				
1	Understands that consent should be sought ideally by the person undertaking the procedure and if not by someone competent to undertake the procedure. Understands the consent process. Ensures always to check consent for the simplest and least invasive processes – e.g. history-taking. Understands the concept of 'implicit consent'. Obtains consent for straightforward treatments that they are competent to undertake with appropriate regard for patient's autonomy.			
2	Able to explain complex treatment meaningfully in layman's terms and thereby to obtain appropriate consent. Responds appropriately when a patient declines consent even when the procedure would on the balance of probability benefit the patient.			
3	Obtains consent in 'grey-area' situations where the best option for the patient is not clear.			
4	Obtains consent in all situations even when there are problems of communication and capacity.			

13. Legal issues and framework for practice <ul style="list-style-type: none"> Has an in-depth knowledge of the legal issues, guidance and principles relating to HIV / integrated sexual health and can apply this in routine practice. 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>All decisions and actions must be in the best interest of the patient</p> <p>Understand the legislative framework within which healthcare is provided in the UK and/or devolved administrations, especially where it relates to HIV / integrated sexual health – in particular: advanced clinical practice; non-medical prescribing and patient group directions; child protection legislation; mental health legislation (including powers to detain a patient and giving emergency treatment against a patient's will under common law); withdrawing and withholding treatment; communicable diseases notification; medical risk and driving; data protection and freedom of information acts; provision of continuing care and community nursing care by local authorities</p> <p>Understand the difference between health-related legislation in the four countries of the UK</p> <p>Abortion certification awareness including exemptions for those who</p>	<p>Ability to co-operate with other agencies with regard to legal requirements</p> <p>If required, ability to prepare appropriate medical-legal statements for submission to legal proceedings</p> <p>Be prepared to present such evidence in court</p> <p>Incorporate legal principles into day-to-day practice</p> <p>Practise and promote accurate documentation within clinical practice and where necessary be able to write a legal report</p>	<p>Show willingness to seek advice from the employer, appropriate legal bodies (including defence societies), and the appropriate regulatory body on medico-legal matters</p> <p>Have the ability to know how to obtain suitable evidence and whom to consult</p> <p>Promote inform reflection on legal issues by members of the team</p> <p>All decisions and actions must be in the best interest of the patient</p>	<p>All</p> <p>Regulatory body's professional code</p> <p>Multi-Professional Framework for Advanced Clinical Practice in England: www.lasepharmacy.hee.nhs.uk/dyn/assets/_folder4/advanced-practice/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf</p> <p>The legal framework for non-medical prescribing: www.health-ni.gov.uk/articles/pharmaceutical-non-medical-prescribing</p> <p>NMC Standards and proficiencies for non-medical prescribers: www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-proficiency-nurse-and-midwife-prescribers.pdf</p> <p>NMC Record keeping: www.nmc.org.uk/standards/code/record-keeping/</p>	<p>All</p> <p>Reflection</p> <p>Integrated Sexual Health</p> <p>STIF <i>Intermediate</i> certificate</p> <p>HIV</p> <p>NHIVNA <i>Advanced</i> certificate</p>

<p>will not participate in abortion services for moral or religious reasons</p> <p>The indications for section under the Mental Health Act 2005</p> <p>Process of litigation</p> <p>Clinical negligence cases in HIV / integrated sexual health</p> <p>Guidance on avoiding litigation:</p> <ul style="list-style-type: none"> • Record keeping • Keeping training and skills up to date • Obtain valid consent • Patient confidentiality • Offer appropriate apology • Follow appropriate guidance and protocols • Know limitations • Develop good relationships with patients <p>Understand sources of medical-legal information</p>			<p>Mental Capacity Act 2005 (E&W)/Adults with Incapacity (Scotland) Act 2000</p> <p>Local NHS legal departments</p> <p>Local courses</p> <p>Integrated Sexual Health</p> <p>STIF <i>Intermediate</i></p> <p>CEX 10.1 Legislation, policies & guidelines</p> <p>FSRH Service Standards for Record Keeping: www.fsrh.org/admin/uploads/ServiceStandardsRecordKeeping.pdf</p> <p>HIV</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 25.1 Mental capacity & safeguarding</p> <p>CEX 28.4 Criminalisation of Transmission</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Understand disciplinary processes in relation to clinical malpractice</p> <p>Understand the role of the advanced clinical practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected</p>				
Level descriptor				
1	Knows the legal framework associated with healthcare professional qualification and clinical practice and the responsibilities of registration with regulatory body. Knows the limits to professional capabilities – particularly those of preregistration students and trainee ACPs.			
2	Identifies to senior team members cases that should be reported to external bodies and where appropriate and initiate that report. Identifies with senior members of the clinical team situations where they feel consideration of clinical legal matters may be of benefit. Is aware of local trust procedures around substance abuse and clinical malpractice.			
3	Works with external strategy bodies around cases that should be reported to them. Collaborates with them on complex cases preparing brief statements and reports as required. Actively promotes discussion on clinical legal aspects of cases within the clinical environment.			
4	Works with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases providing full medical-legal statements as required and present material in court where necessary. Ensures that medico-legal factors are considered openly and consistently wherever appropriate in the care and best interests of the patient. Ensures that patients and their relatives are involved openly in all such decisions.			

14. Epidemiology and public health

- To progressively develop the ability to understand and use epidemiology and public health data relating to service users and the wider community, in order to participate in leading the planning of clinical services aimed at improved health and reduced health inequality for the population.
- To be able to retrieve, select and assimilate sufficient appropriate evidence to answer public health questions related to HIV / integrated sexual health.
- To address a health improvement, need in a defined community, be able to develop and implement a plan to address this issue and have the ability to identify and engage all relevant stakeholders.
- To be able to manage and complete a public health project related to HIV / integrated sexual health within available resources and realistic timescales.
- To develop the ability to lead a sexual health service within which the principals of Public Health are embedded.
- To develop the ability to apply health protection principles in HIV / integrated sexual health settings.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Be able to describe the major sources of data describing local populations and their health, the occurrence of STIs and HIV, access to contraception and the services provided relating to HIV / integrated sexual health need, at local and national level</p> <p>Policy and strategy development and implementation – national policy upon lifestyle interventions e.g. alcohol, weight management and sexual behaviour</p> <p>Be able to explain the terms incidence, prevalence, denominators, measures of risk</p> <p>Be able to explain the characteristics, and relative advantages of different study designs (case control, cohort, cross-sectional, RCT)</p>	<p>Be able to find and use research evidence in asking answerable clinical questions</p> <p>Find and use available sources of data to describe (in epidemiological language) the population and demonstrate health need</p> <p>Be able to describe the epidemiology of STIs and HIV, including their social and behavioural determinants in the UK and globally</p> <p>Be able to lobby for political or national-level action to address health problems not manageable at the individual level, i.e. have an advocacy role</p> <p>Understand the sentiments behind Dahlgren and Whitehead's wider</p>	<p>Demonstrate willingness to report to national and local datasets, taking account of appropriate guidelines on confidentiality and data protection</p> <p>Report notifiable diseases in accordance with legislation to the local health protection agencies</p> <p>Be able to apply descriptive epidemiology skills to describe mortality and morbidity of populations using routinely available and bespoke sources of data</p> <p>Be able to analyse population data to demonstrate trends and draw comparisons and identify inequalities in health</p> <p>Be able to calculate a rate</p>	<p>Research methods module</p> <p>BASHH STI/HIV course module 1</p> <p>Epidemiology and public health reports (e.g. Public Health England)</p> <p>Shadowing:</p> <ul style="list-style-type: none"> • Local health protection unit • Infection control nurses • Public health trainer • Sexual health lead • Teenage pregnancy co-ordinator 	<p>All</p> <p>Research methods module transcript</p> <p>Reflection</p> <p>Supplementary</p> <p>BASHH STI/HIV course module 1 certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Be able to explain key concepts in the transmission and maintenance of STIs and HIV at population level, including: basic reproductive rate; core groups/high-risk groups and related concepts; key parameters in STI transmission for major STIs; sexual mixing including concurrency, disassortative and assortative mixing, network characteristics</p> <p>Be able to describe synergies and differences between STI and HIV control, including the evidence on structural interventions and the influence of health systems</p> <p>Be able to identify notifiable diseases</p> <p>Understand the negative and positive consequences of screening tests</p> <p>Be able to outline and interpret common statistical concepts and methods and their uses (including P value, confidence interval, t test, chi square test, univariate and multivariate analysis)</p> <p>Be able to explain the need to control for some variables in analysis and the potential of bias and confounding to create misleading results, and to apply</p>	<p>determinants of health, levels of intervention and the relative effectiveness of population interventions to improve health</p> <ol style="list-style-type: none"> 1. To adhere to the principles of infection prevention during all clinical activities 2. To understand environmental risk as a service lead <p>Formulate and articulate problems so they can be addressed using public health intelligence</p> <p>Be able to explain the commonly accepted measures of partner notification outcome</p> <p>Be able to review and explain the significance of partner notification outcomes in the context of the differing transmission dynamics of the STIs/HIV</p> <p>Review clinic data with a view to early identification of outbreaks</p> <p>Work collaboratively with health protection agencies in planning and implementing early collaborative action to control transmission</p>	<p>Be able to standardise data</p> <p>Be familiar with routinely held sources of data with particular reference to sexual health</p> <p>To apply this skill to contribute significantly to an epidemiological needs assessment</p> <p>Demonstrate knowledge of national policy relating to lifestyle interventions e.g. affecting STI risk reduction</p> <p>Recognise the need for policy work to address problems</p> <p>Understand the key association between risk taking sexual behaviour and alcohol and drugs</p> <p>Understand the multi-agency approach necessary to reduce teen conception and repeat abortion</p> <p>Debate the relative importance of individual and society decisions for health and ethical issues relating to health improvement</p> <p>Debate the theory of community development and action</p>	<ul style="list-style-type: none"> • Visit addiction services and weight management services in local area • Smoking cessation services <p>Information analysts PCT IT training programmes for Excel and Access</p> <p>Management courses</p> <p>Public health observatory websites</p> <p>Many local government symposia on policy development</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>this knowledge in making treatment decisions</p> <p>Be able to explain the principles of critical appraisal</p> <p>Have an understanding of the hierarchy of evidence including metanalysis and systematic review</p> <p>Be able to describe the epidemiology of STIs and HIV, including their social, cultural, economic and behavioural determinants, both in the UK and globally</p> <p>Be able to outline the major UK global causes of morbidity and mortality and their relationship to a clinical population</p> <p>Be able to describe the impact of wider factors (e.g. legislation, migration, culture, policies) on risk of disease and access to care</p> <p>Be able to explain the commonly accepted measures of partner notification outcome</p>	<p>Apply current evidence on prevention and health promotion interventions, both at clinic level and in individual consultation, to promote health</p> <p>Be able to describe the relevance of a given quality improvement project or audit to settings of a different kind, and to non-clinical settings (e.g. education)</p> <p>Be able to explain common quantitative assessments of risk and benefit (e.g. absolute risk reduction, number needed to treat) and their limitations in clinical practice</p> <p>Be able to identify the limitations of the available evidence in addressing a clinical question</p> <p>Be able to explain the contribution of lifestyle factors to individual risk of STIs or HIV</p> <p>Be able to describe the differing concerns about STIs and HIV, including issues of stigma, in the community</p> <p>Be able to contribute to the assessment of a population's need for a service, using routine and specifically designed data sources</p>	<p>Debate the strengths and weaknesses of a variety of health improvement interventions directed at large populations including social marketing</p> <p>Lead staff in operational aspects of infection control</p> <p>Be able to identify environmental risk in working conditions for staff (noise, stress, hazards) and take appropriate steps to risk manage</p> <p>Understand the implications of an emergency state on the service (such as a flu pandemic) and ensure appropriate policies in place</p> <p>Be able to consider service delivery and health issues in terms of questions that may be posed to health intelligence units</p> <p>Be able to store information, data, use databases, articles to enable effective knowledge management</p>		
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Be aware of the role of other statutory and voluntary agencies in the delivery of sexual health services</p> <p>Be able to describe the role of the health protection agencies and local authority in control of notifiable diseases</p> <p>Be able to explain the advantages and disadvantages of introducing a screening test to contrasting populations, including the merits of register-based vs opportunistic screening, evaluation of screening, using actual and proposed examples in sexual health</p>	<p>Be able to work collaboratively with other agencies (including primary care, local authorities and the voluntary sector) in planning and delivering services to a population</p> <p>Report notifiable diseases in accordance with legislation to the appropriate authorities</p>			
Level descriptor				
1	Uses epidemiological knowledge to assess patient risk, without stereotyping.			
2	Applies epidemiological knowledge in planning, undertaking and reporting the results of audit.			
3	Applies epidemiological knowledge including a variety of local public health datasets in the planning or improvement of services in a locality, with a focus on those experiencing poor health outcomes or access to care.			
4	Routinely applies epidemiological knowledge in the review of the full range of datasets available within and beyond a clinic, with a view to identifying outbreaks, and improving services, in collaboration with public health and other colleagues as appropriate.			

HIV (part 1) domain

15. HIV testing and diagnoses

- To offer and discuss HIV testing in a variety of settings and promote access to universal HIV testing, using the most appropriate methods and assays in accordance with national guidelines.
- To support disclosure to partners and children and facilitate HIV tests.
- To ensure patients followed up rapidly and linked into clinical care.
- To provide support to people newly diagnosed with HIV.
- Recognise and demonstrate an understanding of the psychological aspects of having HIV /STI.
- Carry out HIV pre- and post-test discussion and testing.
- Understand prevention strategies including partner notification.

Knowledge	Skills	Behaviours	Training	Evidence
<p>The epidemiology, transmission modes and risks, clinical features, and prevention of HIV/AIDs</p> <p>Laboratory tests used to diagnose HIV infection and their interpretation</p> <p>Describe and explain the principles of and indications for:</p> <ul style="list-style-type: none"> • Rapid and laboratory tests including confirmatory tests • Sensitivity and specificity related to HIV prevalence in all stages of HIV infection including primary HIV infection (PHI) <p>HIV testing strategies according to national testing guidelines</p>	<p>HIV testing strategies:</p> <ul style="list-style-type: none"> • Use epidemiological datasets to assess local prevalence and optimum testing strategies <p>HIV risk assessment</p> <ul style="list-style-type: none"> • Perform an HIV risk assessment and discuss HIV transmission <p>HIV testing discussions:</p> <ul style="list-style-type: none"> • Discuss HIV testing in a variety of settings, including with someone who is declining the test • Give a negative, positive or indeterminate HIV test result and discuss relevant issues • Provide appropriate immediate management and onward referral for patients with positive results 	<p>Demonstrate appropriate level of clinical decision-making in daily clinical practice</p> <p>HIV ethical issues:</p> <ul style="list-style-type: none"> • Demonstrate willingness to seek advice from peers, patient representatives, multidisciplinary team (MDT) members, legal bodies and the ACP professional regulatory body in the event of ethical dilemmas over HIV disclosure and confidentiality <p>HIV team working:</p> <ul style="list-style-type: none"> • Work collaboratively with HIV investigative laboratory services 	<p>Integrated sexual health</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.1 Female history</p> <p>CEX 1.3 Female sexual health promotion</p> <p>CEX 1.4 Female tests and diagnosis</p> <p>CEX 2.1 Male history</p> <p>CEX 2.3 Male sexual health promotion</p> <p>CEX 2.4 Male tests and diagnosis</p> <p>CEX 3.1MSM history</p> <p>CEX 3.3 MSM sexual health promotion</p> <p>CEX 3.4 Male tests and diagnosis</p>	<p>Integrated Sexual Health</p> <p>STIF <i>Intermediate</i> certificate</p> <p>STIF <i>Advanced</i> certificate</p> <p>DFRSH certificate</p> <p>HIV</p> <p>NHIVNAA <i>Advanced</i> Certificate</p> <p>Supplementary</p> <p>STIF <i>Theory</i> course certificate</p> <p>BASHH STI/HIV modules 1–4 certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Describe different strategies and implications of testing (including opt-out) in the context of:</p> <ul style="list-style-type: none"> • Antenatal testing • Testing people from higher-risk groups including self-testing • Indicator conditions • In non-traditional settings, other acute care hospital settings and outreach services <p>Late HIV diagnosis and those lost to follow-up</p> <ul style="list-style-type: none"> • Define late diagnosis • Describe different clinical pathways in these contexts <p>Medico-legal and ethical issues specific to HIV/AIDS</p> <p>Describe specific issues regarding HIV testing and diagnosis including:</p> <ul style="list-style-type: none"> • Consent – implied and informed • Partner notification • Disclosure of HIV status to GP, other healthcare professionals, partners and children • Occupational health issues • Insurance medical reports 	<p>HIV status disclosure:</p> <ul style="list-style-type: none"> • Discuss the importance of disclosure to other healthcare professionals, partners and children, including with someone who is declining to disclose <p>Acquisition of HIV infection:</p> <ul style="list-style-type: none"> • Undertake an assessment of the timing of HIV acquisition including interpretation of incident HIV tests and utilise this in partner notification discussions <p>Health beliefs specific to HIV infection:</p> <ul style="list-style-type: none"> • Identify and respond to patients' beliefs, ideas and concerns regarding their health and HIV status 	<ul style="list-style-type: none"> • Make appropriate tertiary referrals <p>HIV psychosocial issues:</p> <ul style="list-style-type: none"> • Recognise and discuss the impact of HIV on the patient, their partner and family including knowledge of the support systems available for clients 	<p>CEX 4.5 HIV pre and post-test discussion</p> <p>CEX 7.3 Partner notification</p> <p>STIF <i>Advanced</i></p> <p>CEX 14.1 Assessment and referral of primary HIV infection</p> <p>DFSRH</p> <p>Assessment 6</p> <p>HIV</p> <p>NHIVNA <i>Core</i></p> <p>CEX 1.1 Female history</p> <p>CEX 1.3 Female sexual health promotion</p> <p>CEX 1.4 Female tests and diagnosis</p> <p>CEX 2.1 Male history</p> <p>CEX 2.3 Male sexual health promotion</p> <p>CEX 3.1 MSM history</p> <p>CEX 3.3 Sexual health promotion</p> <p>CEX 14.1 Assessment and referral of primary HIV infection</p> <p>CEX 30.6 Partner Notification: Conducting partner notification for HIV infection including</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Role of patient self-management and peer support</p> <p>Describe the importance and use of:</p> <ul style="list-style-type: none"> Maintaining good health, expert HIV-positive patients and advocacy groups 			<p>negotiating plan/PN resolution</p> <p>CEX 41.2 Psychological Support: a recently diagnosed patient</p> <p>Supplementary</p> <p>STIF <i>Theory</i> course</p> <p>BASHH STI/HIV modules 1–4</p>	
Level descriptor				
1	Explains the use of HIV diagnostic tests. Offers HIV testing in different clinical settings according to national guidelines and gives positive HIV results where indicated. Raises issues of disclosure and supports individuals to undertake this.			
2	Discusses medico-legal and ethical issues and understands concepts of consent, implied and informed. Has knowledge of national guidelines regarding confidentiality and disclosure of HIV status. Explains sensitivity and specificity of HIV tests related to HIV prevalence, stage of HIV infection including PHI. Identifies and respond to patients' beliefs, ideas and concerns regarding their health and HIV status.			
3	<p>Manages and supports people in accordance with national guidelines who, at present</p> <ul style="list-style-type: none"> Do not want to have an HIV test Do not want to disclose to partners or children or facilitate HIV testing for them Are unable to reduce their risk of onward transmission <p>Enacts look-back reviews of those with late diagnosis to improve HIV testing across the sector.</p>			
4	Presents clinically and ethically challenging HIV cases to the MPT and leads the discussion to seek resolution Facilitates HIV testing in a variety of settings, including training members of non-HIV MPTs in HIV testing strategies.			

16. Prevention of HIV transmission

- To know the risk factors for HIV transmission in order to identify those both at increased risk of HIV acquisition (HIV negative) or onward transmission (HIV positive).
- To use this knowledge to undertake interventions to reduce the risk of HIV transmission.
- To assess indications, prescribe and monitor post-exposure prophylaxis (PEP) for non-sexual exposure to HIV, post-exposure prophylaxis for sexual exposure (PEPSE), and when available pre-exposure prophylaxis (PrEP).
- To assess the need for and prescribe treatment as prevention (TasP).

Knowledge	Skills	Behaviours	Training	Evidence
<p>HIV transmission</p> <p>Describe with reference to HIV:</p> <ul style="list-style-type: none"> • Epidemiology and clinical features • Methods of transmission • Risk groups and behaviours (including chemsex, intravenous drug use, blood or tissue recipient) • Influence of HIV viral load on transmission including transmission during PHI <p>Risk reduction</p> <p>Advise individuals at increased risk of HIV acquisition on interventions to reduce transmission risk</p> <p>PEP</p> <p>Describe and explain indications for PEP and related issues: Occupational exposure risks and universal precautions</p>	<p>HIV acquisition and transmission</p> <p>Apply knowledge of HIV transmission to:</p> <ul style="list-style-type: none"> • Assess the risk of HIV acquisition or transmission in the context of occupational exposure, injecting drug use or sexual contact • Explain to a patient how to prevent acquisition of HIV • Explain the rationale for PEP or PEPSE • Prescribe/issue, monitor and follow up PEP or PEPSE • Aware of the need for non-standard PEP/PEPSE regimens due to the risk of HIV drug resistance, co-morbidities or drug interactions and refer/liase with senior physicians as appropriate <p>Demonstrate management strategies for patients unwilling or unable to take preventative measures, despite</p>	<p>Demonstrate appropriate level of clinical decision-making in daily clinical practice</p> <p>Work collaboratively with the MDT including physicians, health advisors, psychologists and when necessary third sector providers where relevant and available to modify higher-risk behaviour</p> <p>Demonstrate an understanding of the psychosocial impact of STIs and living with HIV/AIDS, including knowledge of the support systems available for clients</p> <p>Make appropriate tertiary referrals</p>	<p>Integrated sexual health</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.1 Female history</p> <p>CEX 1.3 Sexual health promotion</p> <p>CEX 2.1 Male history</p> <p>CEX 2.3 Sexual health Promotion</p> <p>CEX 3.1 MSM history</p> <p>CEX 3.3 Sexual health Promotion</p> <p>CEX 7.5 PEPSE</p> <p>CEX 7.1 Risk Reduction: Safer sex advice</p> <p>CEX 7.2 Risk Reduction: Alcohol, Recreational/Club Drugs and ChemSex</p> <p>STIF <i>Advanced</i></p> <p>CEX 7.4 ARVs as prophylaxis & prevention: TasP & PrEP</p>	<p>Integrated sexual health</p> <p>STIF <i>Intermediate</i> certificate</p> <p>STIF <i>Advanced</i> certificate</p> <p>HIV</p> <p>NHIVNA <i>Core</i> certificate</p> <p>NHIVNA <i>Advanced</i> certificate</p> <p>Supplementary</p> <p>STIF <i>Theory (core and plus)</i> course certificate or BASHH</p> <p>STI/HIV modules 1–4 certificate</p> <p>Certificates of courses attended</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Assessing risk of exposure to prevent transmission/acquisition</p> <p>PEP regimens, monitoring, post PEP follow-up. Explain the requirement for disclosure of HIV status to occupational health and other relevant organisations according to national guidelines to prevent HIV transmission</p> <p>PEPSE</p> <p>Describe and explain indications for PEPSE and related issues:</p> <ul style="list-style-type: none"> Sexual exposure risks and prevention of exposure Assessing risk of exposure to prevent transmission/acquisition PEPSE regimens (avoiding drug resistance), monitoring, post PEPSE follow-up <p>PrEP</p> <p>Describe the findings of the main PrEP intervention studies including continuous and intermittent regimens</p> <p>Describe the study findings relating to the monitoring and testing of individuals who are taking PrEP, the use of PrEP in those with co-morbidities including hepatitis B and how to safely stop taking PrEP</p>	<p>ongoing risks of HIV acquisition or onward transmission</p> <p>Demonstrate management strategies for patients unwilling to disclose their HIV status to their partner to allow them to take preventative measures</p> <p>PrEP and TasP</p> <p>Describe and explain to a patient:</p> <ul style="list-style-type: none"> The rationale for PrEP The rationale for TasP Prescribe and monitor PrEP and TasP according to national guidelines <p>Chemsex and HIV transmission and acquisition</p> <p>Describe how to reduce risk of HIV transmission and acquisition in setting of regular chemsex use</p> <p>Demonstrate how to assess use of drugs for chemsex and their impact on sexual risk</p>		<p>HIV</p> <p>NHIVNA <i>Core</i></p> <p>CEX 1.1 Female history</p> <p>CEX 1.3 Sexual health promotion</p> <p>CEX 2.1 Male history</p> <p>CEX 2.3 Sexual health Promotion</p> <p>CEX 3.1 MSM history</p> <p>CEX 3.3 Sexual health Promotion</p> <p>CEX 7.5 PEPSE</p> <p>CEX 7.1 Risk Reduction: Safer sex advice</p> <p>CEX 7.2 Risk Reduction: Alcohol, Recreational/Club Drugs and ChemSex</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 7.4 ARVs as prophylaxis & prevention: TasP & PrEP</p> <p>CEX 27.1 Risk reduction: Using MI skills in practice</p> <p>Supplementary</p> <p>Motivational interviewing course</p>	
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<p>Identify individuals who may require increased individual interventions to prevent HIV transmission such as needle exchange programmes</p> <p>TasP</p> <p>Describe and explain indications for TasP and related issues:</p> <ul style="list-style-type: none"> Data from main studies supporting the use of TasP and assessing risk of onward transmission <p>STIs and viral hepatitis infections</p> <p>Describe how these may be acquired with HIV and methods to decrease risk e.g. hepatitis A and B vaccinations (see section on viral hepatitis and sexual and reproductive health)</p>				
Level descriptor				
1	Assesses risk of HIV acquisition and discusses risk reduction strategies including behaviour modification, use of needle exchanges and condom use. Assesses risk of potential exposure and counsels patient/HCW on indications for PEPSE/PEP. Prescribes standard PEP according to national guidelines. Prevents acquisition of STIs and viral hepatitis infection.			
2	Assess use of drugs for chemsex and impact on HIV risk. Undertakes motivational interviewing and refers for specialist intervention where appropriate. Assesses people living with HIV for risk of onward HIV transmission and considers interventions including condoms, behaviour modification and TasP.			
3	Modifies standard PEP where index person has evidence of treatment failure or resistance. Undertakes risk assessment and evaluates criteria for recommending PrEP. Recommends standard monitoring of PrEP according to guidelines. Initiates TasP according to national guidelines.			
4	Initiates PrEP where criteria have been met. Undertakes ongoing assessments of HIV risk and modifies PrEP schedule according to risk including PrEP cessation when appropriate. Communicates with occupational health and other agencies when required concerning specific risks of HIV transmission and acquisition.			

17. Viral hepatitis including co-infection with HIV

- To demonstrate knowledge of viral hepatitis A to E, including in persons living with HIV infection, the tests required to establish stage of infection, when to refer for treatment and how to explain viral hepatitis to patients.
- To report notifiable viral hepatitis infections to public health and encourage screening and vaccination of contacts.
- To demonstrate knowledge of current treatment strategies.
- To demonstrate knowledge of other causes of liver disease in patients with HIV infection, including alcohol, drug toxicities and non-alcoholic fatty liver disease (NAFLD).
- Recognise and demonstrate an understanding of the psychological aspects of having an STI.
- Understand prevention and vaccination strategies including partner notification.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Epidemiology of hepatitis A, B, C, D and E</p> <ul style="list-style-type: none"> • Describe the epidemiology of hepatitis A, B, C, D and E in persons, including those living with HIV explain established interventions for reducing risk of acquisition • Describe modes of transmission and the use of primary and secondary prophylaxis <p>Natural history of hepatitis B and C</p> <ul style="list-style-type: none"> • Explain the natural history, presentation, diagnosis and complications of hepatitis B and C including in those with HIV infection <p>Screening at-risk individuals and vaccination</p> <p>Investigation</p> <ul style="list-style-type: none"> • Describe viral hepatitis screening policies according to national guidelines 	<p>Investigation/assessment</p> <ul style="list-style-type: none"> • Take an appropriate history/risk assessment • Perform appropriate clinical examination and investigations • Perform appropriate virology investigations to investigate the common presentations of hepatitis and correctly interpret test results <p>Diagnosis of viral hepatitis</p> <ul style="list-style-type: none"> • Explain the diagnosis and management and prognosis of these conditions clearly to the patient • Adhere to locally agreed patient care pathways • Recognise, initiate immediate management and arrange appropriate referral for viral hepatitis 	<p>Demonstrate appropriate level of clinical decision-making in daily practice</p> <p>Make effective use of appropriate external protocols, guidelines and local care pathways</p> <p>To work collaboratively and effectively in conjunction with colleagues in the MDT, and with other specialties including hepatology specialists to share information to facilitate best patient care</p> <p>Explain the diagnosis and management clearly to the patient</p> <p>Demonstrate an understanding of the psychological aspects of having hepatitis</p>	<p>Integrated sexual health</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.1 Female history</p> <p>CEX 1.3 Sexual health promotion</p> <p>CEX 1.4 Female tests & diagnosis</p> <p>CEX 2.1 Male history</p> <p>CEX 2.3 Sexual health promotion</p> <p>CEX 2.4 Male tests & diagnosis</p> <p>CEX 3.1 MSM history</p> <p>CEX 3.2 Sexual health promotion</p> <p>CEX 3.4 MSM tests & diagnosis</p> <p>CEX 7.1 Risk Reduction: Safer sex advice</p>	<p>Integrated sexual health</p> <p>STIF <i>Intermediate</i> certificate</p> <p>STIF <i>Advanced</i> certificate</p> <p>HIV</p> <p>NHIVNA <i>Core</i> certificate</p> <p>NHIVNA <i>Advanced</i> certificate</p> <p>Supplementary</p> <p>STIF <i>Theory (core and plus)</i> course certificate or BASHH STI/HIV module 3 certificate</p>

<ul style="list-style-type: none"> Different laboratory methods of identification of bacteria, fungi and viruses that cause genital tract infection The uses and limitations of the currently available tests, including near-patient testing, antenatal and population screening Storage requirements for specimens and the logistics of transport of samples to laboratories <p>Vaccination</p> <ul style="list-style-type: none"> Describe hepatitis A and B vaccination guidelines in accordance with current UK guidelines <ul style="list-style-type: none"> indications for screening dosing schedules follow-up <p>Investigation of patients with abnormal liver function</p> <ul style="list-style-type: none"> Describe the correct use and interpretation of diagnostic hepatitis tests, confirmation of positive tests, and the possibility of false negative tests in HIV co-infected individuals <p>Explain the initial assessment of a patient with newly diagnosed hepatitis B or C infection</p>	<p>Health promotion and prevention of transmission of viral hepatitis</p> <ul style="list-style-type: none"> Demonstrate health promotion skills e.g. offer healthy living advice, smoking cessation Counsel patients about the risks of contracting or transmitting hepatitis B and C and about measures to reduce risk Advise and prescribe and administer vaccines to reduce risks of acquisition or transmission of hepatitis A and B Explain vaccination regimes including potential side effects Encourage participation in vaccination programmes <p>Investigation of viral hepatitis including in those with HIV co-infection</p> <ul style="list-style-type: none"> Correctly diagnose and assess viral hepatitis in conjunction with other specialists <p>Notification of viral hepatitis</p> <ul style="list-style-type: none"> Explain the principles of partner notification and epidemiological treatment for contacts 	<p>Demonstrate appropriate level of clinical decision-making in daily clinical practice</p> <p>Demonstrate non-judgemental behaviour to all clients including respecting each client's sexual orientation and behaviour</p> <p>Make appropriate tertiary referrals</p>	<p>CEX 7.2 Risk Reduction: Alcohol, Recreational/Club Drugs and ChemSex</p> <p>CEX 7.3 Partner notification</p> <p>CEX 8.1 Screening & prevention of sexually acquired hepatitis A</p> <p>CEX 8.2 Screening & prevention of sexually acquired hepatitis B</p> <p>CEX 8.3 Screening & prevention of sexually acquired hepatitis c</p> <p>STIF <i>Advanced</i></p> <p>CEX 8.4 Diagnosis & referral of hepatitis A</p> <p>CEX 8.5 Diagnosis & referral of hepatitis B</p> <p>CEX 8.6 Diagnosis & referral of hepatitis C</p> <p>HIV</p> <p>NHIVNA <i>Core</i></p> <p>CEX 1.1 Female history</p> <p>CEX 1.3 Sexual health promotion</p> <p>CEX 1.4 Female tests & diagnosis</p> <p>CEX 2.1 Male history</p> <p>CEX 2.3 Sexual health promotion</p>	
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<p>The law in the UK relating to HIV/STIs and relevant regulatory guidance</p> <p>National ISH/HIV data collection systems</p> <p>Specific health and well-being needs of clients e.g. mental health issues, alcohol, recreational drug use and smoking</p> <p>Health promotion and interventions specifically aimed at risk reduction in high-risk behaviour groups such as:</p> <ul style="list-style-type: none"> safer sex risk reduction behavioural change <p>Explain the routine monitoring of patients with chronic hepatitis B and hepatitis C, including screening for hepatoma, virological monitoring, elastography and indications for liver biopsy</p> <p>The role of ART and treatment of viral hepatitis</p> <ul style="list-style-type: none"> Describe the role of ART, antiviral agents and directly acting agents (DAAs) in modifying the course of hepatitis B and C infections Describe the important implications of starting or stopping hepatitis treatment if taking ART (HIV) and vice versa 	<ul style="list-style-type: none"> Report viral hepatitis in accordance with legislation to the local health protection agencies <p>Discuss treatment options for hepatitis B and C including:</p> <ul style="list-style-type: none"> ART, pegylated interferon and DAA and management of treatment-related side effects and drug interactions Immune reconstitution and hepatitis B flare Drug resistance, hepatitis C genotype and treatment options 		<p>CEX 2.4 Male tests & diagnosis</p> <p>CEX 3.1 MSM history</p> <p>CEX 3.2 Sexual health promotion</p> <p>CEX 3.4 MSM tests & diagnosis</p> <p>CEX 7.1 Risk Reduction: Safer sex advice</p> <p>CEX 7.2 Risk Reduction: Alcohol, Recreational/Club Drugs and ChemSex</p> <p>CEX 7.3 Partner notification</p> <p>CEX 8.1 Screening & prevention of sexually acquired hepatitis A</p> <p>CEX 8.2 Screening & prevention of sexually acquired hepatitis B</p> <p>CEX 8.3 Screening & prevention of sexually acquired hepatitis c</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 8.4 Diagnosis & referral of hepatitis A</p> <p>CEX 8.5 Diagnosis & referral of hepatitis B</p> <p>CEX 8.6 Diagnosis & referral of hepatitis C</p> <p>Supplementary</p>	
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<ul style="list-style-type: none"> Describe the potential drug interactions between DAAs against hepatitis C and ART <p>Treatment for hepatitis B and C</p> <ul style="list-style-type: none"> Describe the indications for anti-hepatitis B and C virus therapy and the treatments available including both interferon-based regimens and DAA, their modes of action and efficacy Describe the potential for drug resistance to DAA Explain the relationship between hepatitis C genotype and preferred treatment options <p>Liver dysfunction</p> <ul style="list-style-type: none"> Describe other common causes of liver dysfunction in patients with HIV infection, including alcohol, drug toxicity and NAFLD <p>Referral</p> <ul style="list-style-type: none"> Local referral care pathways and clinical guidance Local care pathways for multi-agency working and cross-referrals for individuals with HIV / integrated sexual health needs 			<p>STIF <i>Theory (core and plus)</i> course</p> <p>BASHH STI/HIV module 3 viral infections other than HIV</p>	
Level descriptor				

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

1	Explains the epidemiology and natural history of viral hepatitis, correctly assesses hepatitis risk in individuals and advises regarding reduction of risk. Correctly assesses and investigates individuals with deranged liver function. Demonstrates an understanding of the diagnostic tests for hepatitis A, B, C, D and E.
2	Describes the initial investigation of a patient with newly diagnosed viral hepatitis and correctly advises on the monitoring of this condition. Advises patients on reducing risk of liver fibrosis including reducing alcohol intake.
3	Demonstrates the ability to discuss current hepatitis treatment strategies. Describes the interaction between hepatitis and HIV treatment including concepts such as immune reconstitution, and hepatitis B flare. Demonstrates understanding of drug resistance, hepatitis C genotype and treatment options. Explains drug-related toxicity and drug–drug interactions.
4	Counsels patients regarding treatment with pegylated interferon and DAA and management of treatment-related side effects. Demonstrates effective collaboration with hepatitis specialists.

Clinical pathway domains

STIs and related conditions domain

18. Pathology of sexually transmitted infections

- To progressively understand and interpret the results of laboratory tests for sexually transmitted infections, their limitations, optimum sampling sites; to collect these specimens, interpret and explain results to patients.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Able to explain the fundamental characteristics of test performance, including sensitivity and specificity; positive predictive value and be able to make simple calculations of these from data</p> <p>Able to explain the advantages and disadvantages of introducing a screening test to contrasting populations, including the merits of register-based vs opportunistic screening, evaluation of screening, using actual or proposed examples in sexual health</p> <p>Explain antigen and antibody tests and their advantages and limitations</p> <p>Explain DNA amplification techniques and their advantages and limitations</p> <p>Explain the range of laboratory tests for gonorrhoea, chlamydia, LGV, mycoplasma, syphilis, trichomonas, chancroid, donovanosis, candida, bacterial vaginosis, HIV, HSV, HPV, and hepatitis A/B/C. To include microscopy,</p>	<p>Take adequate and appropriate specimens within minimum discomfort to patient</p> <p>Perform direct inoculation of clinical material on transport and culture media</p> <p>Use the microscope, including bright and dark field microscopy, setting up, adjusting and maintenance</p> <p>Perform Gram stains and interpret findings</p> <p>Perform wet-mount microscopy and interpret findings</p> <p>Correctly interpret NAATS and serological tests</p> <p>Explain meaning of test results to patients</p>	<p>Establishes a rapport with laboratory staff</p> <p>Able to understand uncertainly such as an equivocal test result</p> <p>Show respect and behaves in accordance with relevant code of professional practice</p>	<p>BASHH microscopy course or local competency sign off</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.4 Female tests and diagnosis</p> <p>CEX 2.4 Male tests and diagnosis</p> <p>CEX 3.4 MSM tests and diagnosis</p> <p>CEX 8.1 Screening & prevention of hepatitis A</p> <p>CEX 8.2 Screening & prevention of hepatitis B</p> <p>CEX 8.3 Screening & prevention of hepatitis C</p> <p>SIF <i>Advanced</i></p> <p>CEX 8.4 Diagnosis and referral of hepatitis A</p> <p>CEX 8.5 Diagnosis and referral of hepatitis B</p>	<p>BASHH microscopy course certificate or local sign off documentation</p> <p>STIF <i>Intermediate</i> certificate</p> <p>STIF <i>Advanced</i> certificate</p> <p>Supplementary</p> <p>STIF <i>Theory (core and plus)</i> course certificate or BASHH STI/HIV module 3 certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>point of care tests, culture, NAATs, serology</p> <p>Understand specificity and sensitivity, need for confirmation by same or different tests, timescale for results</p> <p>Explain which sites to sample, storage of specimens and transfer time to lab. Describe time frame to positive result from infection and to negative result post treatment</p> <p>Understand and explain the use of unvalidated tests</p>	<p>Explain meaning of equivocal test results and possibility of false negative and positive results to patients</p>		<p>CEX 8.6 Diagnosis and referral of hepatitis C</p> <p>CEX 14 Primary HIV infection</p> <p>CEX 15P Primary syphilis</p> <p>CEX 15S Secondary syphilis</p> <p>CEX 15L Latent syphilis</p> <p>CEX 15T Tertiary syphilis</p> <p>Supplementary</p> <p>STIF <i>Theory (core and plus)</i> course or BASHH STI/HIV module 3</p> <p>Visit to local laboratories</p>	
Level descriptor				
1	Explains and interprets simple laboratory tests, asks for advice, for example by asking laboratory staff regarding more complex investigations/results.			
2	Understands and is able to perform microscopy for bacterial STIs and fungi.			
3	Understand what factors alter PPV and NPV. Able to perform dark ground examination. Works efficiently with laboratory staff to interpret complex cases.			
4	Full understanding of complex laboratory investigations, their interpretation and the uncertainties. Able to explain equivocal results to patients and junior colleagues. Works in close collaboration with laboratory staff to manage complex cases and/or develop a standard operating procedure (SOP) for new tests in a department.			

19. Bacterial genital infections

- To understand bacterial STIs and their laboratory tests, knows how to collect these specimens and which are optimum sampling sites, interprets and explains the results to patients.
- Recognise, diagnose and manage genital tract infections in both men and women.
- Assess and manage genital tract infections in men who have sex with men, lesbian and transgender clients, in conjunction with appropriate colleagues.
- Recognise and demonstrate an understanding of the psychological aspects of having an STI.
- Understand prevention and vaccination strategies including partner notification.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Explain the presentation, investigation and differential diagnosis of urethritis and cervicitis</p> <p>Explain the natural history and management of both uncomplicated and complicated infection by N gonorrhoea and C. trachomatis, including rectal chlamydia and lymphogranuloma venereum (LGV)</p> <p>Explain the aetiology and management of prostatitis, chronic/recurrent urethritis and chronic male pelvic and testicular pain</p> <p>Explain the diagnosis, natural history and management of pelvic infections</p> <p>Explain the aetiology and preliminary management of pharyngeal and rectal infections</p>	<p>Take a history, perform an examination, and obtain specimens for microbiological testing</p> <p>Perform appropriate clinical examination and investigations</p> <p>Perform appropriate microbiological and virology investigations to investigate the common presentations of STIs and correctly interpret test results</p> <p>Adhere to locally agreed patient care pathways</p> <p>Diagnose and manage the following conditions:</p> <ul style="list-style-type: none"> • vaginal discharge • urethritis (including non-gonococcal urethritis in men) 	<p>Display tact, empathy, respect and concern for the patients</p> <p>Demonstrate an understanding of the psychological aspects of having an STI</p> <p>Demonstrate non-judgemental behaviour to all clients including respecting each client's sexual orientation and behaviour</p> <p>Show respect and behaves in accordance with code of professional practice</p> <p>Demonstrate appropriate level of clinical decision-making in daily clinical practice</p>	<p>STIF <i>Intermediate</i></p> <p>CEX 1.1 Female history</p> <p>CEX 1.2 Female examination</p> <p>CEX 1.3 Female sexual health promotion</p> <p>CEX 1.4 Female tests & diagnosis</p> <p>CEX 2.1 Male history</p> <p>CEX 2.2 Male examination</p> <p>CEX 2.3 Male sexual health promotion</p> <p>CEX 2.4 Male tests & diagnosis</p> <p>CEX 3.1 MSM history</p> <p>CEX 3.2 MSM examination</p> <p>CEX 3.3 Sexual health promotion</p> <p>CEX 3.4 MSM tests & diagnosis</p>	<p>STIF <i>Intermediate</i> certificate</p> <p>STIF <i>Advanced</i> certificate</p> <p>Supplementary</p> <p>STIF <i>Theory (core and plus)</i> course certificate or BASHH STI/HIV module 3 certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Explain the aetiology and preliminary management of acute abdominal/pelvic pain, including severe intra-abdominal sepsis, trauma from use of sex toys/fisting</p> <p>Explain the aetiology and management of chronic pelvic pain</p> <p>Explain the aetiology and management of epididymo-orchitis and scrotal masses</p> <p>Explain the aetiology and management of sexual acquired reactive arthritis</p> <p>Explain the management of urinary tract infections in men (including MSM) and women</p>	<ul style="list-style-type: none"> • pelvic inflammatory disease (PID) <p>Assess and explain common management options for:</p> <ul style="list-style-type: none"> • recurrent vulvovaginal candidiasis • recurrent bacterial vaginosis • psychosexual complications of STI or genital infections <p>Recognise, initiate immediate management and arrange appropriate referral for:</p> <ul style="list-style-type: none"> • rectal and pharyngeal infections • complicated gonococcal infection • chronic urethritis • epididymo-orchitis • prostatitis and sexually acquired reactive arthritis (SARA or Reiter's syndrome) <p>Prescribe drugs as per local care pathways</p> <p>Explain the principles of partner notification and epidemiological treatment for sexual contacts</p>	<p>Work in collaboration with and understand the role of physicians, health advisors and GPs</p> <p>Work effectively in conjunction with colleagues and in liaison with other specialties and departments</p> <p>Understand the psychological and/or psychosocial impact of chronic genital problems</p> <p>Make appropriate tertiary referrals</p>	<p>CEX 7.3 Partner notification</p> <p>CEX 5.1 Assessment, treatment and management of Chlamydia trachomatis</p> <p>CEX 5.2 Assessment, treatment and management of Gonorrhoea</p> <p>CEX 5.3 Assessment, treatment and management of Trichomonas vaginalis</p> <p>CEX 5.4 Assessment, treatment and management of Mycoplasma Genitalium</p> <p>CEX 6.1 Assessment, treatment and management of vaginal discharge / candida</p> <p>CEX 6.2 Assessment, treatment and management of vaginal discharge / BV</p> <p>CEX 6.3 Assessment, treatment and management of male urethral discharge</p> <p>CEX 6.6 Urinary tract infection</p> <p>CEX 9.1 Psychosexual problems</p> <p>CEX 9.8 Psychological Support: Trans awareness</p> <p>STIF <i>Advanced</i></p> <p>CEX 12. 1Management of suspected PID</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	<p>Explain the diagnosis and management clearly to the patient</p> <p>Communicate with other specialties and GPs when appropriate</p> <p>Demonstrate health promotion skills e.g. offer healthy living advice, smoking cessation</p>		<p>CEX 12.2 (S) Scrotal and testicular presentations</p> <p>CEX 12.2 (E) Management of suspected Epididymo-orchitis</p> <p>CEX 12.3 Suspected Proctitis</p> <p>CEX 12.6 Sexually Acquired Reactive Arthritis</p> <p>CEX 12.7 Management of prostatitis / Chronic pelvic pain syndrome</p> <p>CEX 13.1 Recurrent infections BV</p> <p>CEX 13.2 Recurrent infections VVC</p> <p>CEX 13.3 Recurrent infections HSV</p> <p>Supplementary</p> <p>STIF <i>Theory</i> course or BASHH STI/HIV modules 1–2</p>	
Level descriptor				
1	Understands, diagnoses, treats and explains uncomplicated bacterial STIs; asks for advice/uses guidelines for complex cases.			
2	Understands, diagnoses, treats and explains the common complications of bacterial STIs such as pelvic inflammatory disease; asks for advice/uses guidelines for more complex cases.			
3	Understands, diagnoses, treats and explains the less common complications of bacterial STIs to patients: e.g. sexually acquired reactive arthritis. Establishes excellent patient rapport.			
4	Rapidly and accurately performs and interprets focussed clinical examination. Makes accurate diagnosis, treats and explains all bacterial STIs. Can manage complex presentations and complications including chronic pain resulting from bacterial STIs.			

20. Genital ulceration and syphilis

- To progressively understand the causes of genital ulceration and keep up to date with the available diagnostic tests; to collect specimens, interpret the results and explain these to patients.
- Recognise, diagnose and manage genital tract infections in both men and women.
- Assess and manage genital tract infections in men who have sex with men, lesbian and transgender clients, in conjunction with appropriate colleagues.
- Recognise and demonstrate an understanding of the psychological aspects of having an STI.
- Understand prevention strategies including partner notification.

Knowledge	Skills	Behaviours	Training	Evidence
Explain the investigation and differential diagnosis of genital ulcers, including aphthous ulcers	Take an appropriate history/risk assessment	Demonstrate appropriate level of clinical decision-making in daily clinical practice	STIF <i>Intermediate</i> CEX 1.1 Female history CEX 1.2 Female examination	STIF <i>Intermediate</i> certificate STIF <i>Advanced</i> certificate
Explain the epidemiology, aetiology and natural history and management of primary, secondary early and late latent syphilis	Perform appropriate clinical examination and investigations	Demonstrate non-judgemental behaviour to all clients including respecting each client's sexual orientation and behaviour	CEX 1.4 Female tests & diagnosis CEX 2.1 Male history CEX 2.2 Male examination	Supplementary STIF <i>Theory (core and plus)</i> course certificate or BASHH STI/HIV modules 1–2 certificate
Explain the diagnosis, investigations and management of tertiary syphilis	Perform appropriate microbiological and virology investigations to investigate the common presentations of STIs and correctly interpret test results	Appreciate role of physician and health advisors	CEX 2.4 Male tests & diagnosis CEX 3.1 MSM history CEX 3.2 MSM examination	
Explain the impact of HIV on the natural history of syphilis	Adhere to locally agreed patient care pathways	Show respect and concern for patients and behaves in accordance regulatory body code of conduct	CEX 3.4 MSM tests & diagnosis	
Describe the diagnosis and management of lymphogranuloma venereum (LGV), donovanosis and chancroid	Diagnose and manage HSV infection	Work effectively in conjunction with colleagues and in liaison with other specialties and departments	CEX 5.3 Assessment, treatment and management of HSV CEX 7.3 Partner notification	
Explain the epidemiology, aetiology and natural history, transmission and	Assess and explain common management options for recurrent HSV including indications for suppressive therapy	Make appropriate tertiary referrals	CEX 9.8 Psychological Support: Trans awareness	

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>management of herpes simplex virus infections, including psychosexual complications and indications for episodic and suppressive therapy</p> <p>Describe the diagnosis and management of non-infective causes of genital ulcers</p> <p>Specific health and well-being needs of clients e.g. mental health issues, alcohol, recreational drug use and smoking</p> <p>Health promotion and interventions specifically aimed at risk reduction in high-risk behaviour groups</p>	<p>Recognise, initiate immediate management and arrange appropriate referral for:</p> <ul style="list-style-type: none"> • rectal and pharyngeal infections • non-HSV causes of genital ulcers <p>Explain the diagnosis and management clearly to the patient</p> <p>Demonstrate an understanding of the psychological aspects of having an STI</p> <p>Prescribe drugs as per local care pathways</p> <p>Demonstrate health promotion skills e.g. offer healthy living advice, smoking cessation</p> <p>Explain the principles of partner notification and epidemiological treatment for sexual contacts</p> <p>Explain the diagnosis and management clearly to the patient, including need for disclosure</p> <p>Demonstrate effective communication with other specialties</p>		<p><i>STIF Advanced</i></p> <p>CEX 12.5 Non-herpetic genital ulceration</p> <p>CEX 13.3 recurrent HSV</p> <p>CEX 15.1 Primary syphilis</p> <p>CEX 15.2 Secondary syphilis</p> <p>CEX 15.3 Latent syphilis</p> <p>CEX 15.4 Tertiary syphilis</p> <p>CEX 16.1(H) Abnormal cervix (herpetic cervicitis)</p> <p>Supplementary</p> <p><i>STIF Theory (core and plus) course c or BASHH STI/HIV modules 1–2</i></p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	In pregnancy consider the risks to neonate and ensure paediatricians or GP carry out appropriate testing and treatment, with consent of mother wherever possible			
Level descriptor				
1	Can assess and formulate differential diagnosis in patients presenting with uncomplicated genital ulcer disease, ask for advice/uses guidelines for complex cases.			
2	Can assess, diagnose and manage patients presenting with uncomplicated genital ulcer disease. Explains diagnosis to patient and establishes rapport.			
3	Understands, diagnoses, treats and explains the less common presentations of genital ulcer disease. Can illicit signs of neurological and ophthalmological syphilis. Can accurately interpret syphilis serology.			
4	Rapidly and accurately performs and interprets focussed clinical examination, can independently investigate and manage complex genital ulcer disease including in patients with HIV infection. Establishes excellent rapport with patients and the MDT and other specialties.			

21. Genital lumps, cancer and human papillomavirus infection (HPV)

- To progressively understand the aetiology of genital lumps and bumps.
- Know how to urgently refer if cancer included in differential diagnosis.
- Recognise, diagnose, treat explain warts and molluscum to patients.
- Assess and manage genital tract infections in men who have sex with men, lesbian and transgender clients, in conjunction with appropriate colleagues.
- Recognise and demonstrate an understanding of the psychological aspects of having an STI.
- Understand and encourage prevention and vaccination strategies including partner notification.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Explain the aetiology and management of genital lumps including warts and molluscum contagiosum</p> <p>Explain the natural history of and transmission of HPV</p> <p>Explain the epidemiology, natural history, diagnosis and management of:</p> <ul style="list-style-type: none"> • genital HPV • molluscum contagiosum • cervical, vulval, vaginal, anal and penile intra-epithelial neoplasia <p>Explain the role of interpretation of cytology, colposcopy and histology</p>	<p>Take an appropriate history/risk assessment</p> <p>Perform appropriate clinical examination and investigations</p> <p>Explain the diagnosis and management clearly to the patient</p> <p>Adhere to locally agreed patient care pathways</p> <p>Recognise, initiate immediate management and arrange appropriate referral for:</p> <p>Explain the principles of partner notification and epidemiological treatment for sexual contacts</p>	<p>Demonstrate appropriate level of clinical decision-making in daily clinical practice</p> <p>Demonstrate an understanding of the psychological aspects of having an STI</p> <p>Demonstrate non-judgemental behaviour to all clients including respecting each client's sexual orientation and behaviour</p> <p>Make effective use of appropriate external protocols and guidelines</p> <p>Appreciate the role of physicians and health advisors</p>	<p>STIF <i>Intermediate</i></p> <p>CEX 1.1 Female history</p> <p>CEX 1.2 Female examination</p> <p>CEX 1.4 Female tests & diagnosis</p> <p>CEX 2.1 Male history</p> <p>CEX 2.2 Male examination</p> <p>CEX 2.4 Male tests & diagnosis</p> <p>CEX 3.1 MSM history</p> <p>CEX 3.2 MSM examination</p> <p>CEX 3.4 MSM tests & diagnosis</p> <p>CEX 5.5 Assessment, treatment and management of genital warts</p> <p>CEX 5.6 Assessment, treatment and management of MC</p> <p>CEX 7.1 Risk reduction: safer sex</p> <p>CEX 7.3 Partner notification</p> <p>CEX 9.8 Psychological Support: Trans awareness</p>	<p>STIF <i>Intermediate</i> certificate</p> <p>STIF <i>Advanced</i> certificate</p> <p>Cervical cytology course certificate</p> <p>Supplementary</p> <p>STIF <i>Theory (core and plus)</i> course certificate or BASHH STI/HIV modules 1–2 certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Local care pathways for multi-agency working and cross-referrals for individuals with sexual health needs</p> <p>Specific health and well-being needs of clients e.g. mental health issues, alcohol, recreational drug use and smoking</p> <p>Health promotion and interventions specifically aimed at risk reduction in high-risk behaviour groups</p> <p>Know when to refer and explain the treatment options available for cervical pre-malignant disease</p> <p>Explain HPV vaccines available, schedules and national immunisation programme</p>	<p>Prescribe drugs as per local care pathways</p> <p>Skilfully perform ablative therapy of genital warts</p> <p>Perform cervical cytology</p> <p>Make timely referral of suspected cancer</p> <p>Demonstrate health promotion skills e.g. offer healthy living advice, smoking cessation</p> <p>Advise vaccination where appropriate</p> <p>Explain vaccination regimes including potential side effects</p> <p>Counsel men and women sensitivity about cancer risk, benefits and risks of screening</p>	<p>Work effectively in conjunction with colleagues and in liaison with other specialties and departments</p> <p>Make appropriate tertiary referrals</p>	<p>STIF <i>Advanced</i></p> <p>CEX 15.2 Syphilis Secondary</p> <p>CEX 16.1(W) Abnormal cervix (cervical wart)</p> <p>CEX 17.1 Dermatology history</p> <p>CEX 17.3 Possible malignancy / pre malignant disease</p> <p>Cervical cytology course</p> <p>Supplementary</p> <p>STIF <i>Theory (core and plus)</i> course or BASHH STI/HIV modules 1–2</p>	
Level descriptor				
1	Can examine and formulate differential diagnosis in patients presenting with genital lumps, asks for advice/uses guidelines for complex cases. Can perform cervical cytology. Understands the responsibilities of the smear taker in the context of the national cervical screening programme.			

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

2	Can assess, diagnose manage patients presenting with uncomplicated genital lumps. Can perform ablative procedure and can explain use of and prescribe available patient applied therapies. Explains diagnosis to patient and establishes good rapport.
3	Understands, diagnoses, treats and explains the less common presentations of genital lumps include condylomata lata.
4	Rapidly and accurately performs and interprets focussed clinical examination, can independently investigate and manage complex genital lumps including penile and anal dysplastic conditions. Can appropriately perform genital biopsy when necessary. Recognises genital dysplasia and refer in timely fashion. Establishes excellent rapport.

22. Genital infestations

- To recognise, diagnose, explain and manage genital infestations and explain partner management to patients.
- Assess and manage genital tract infections in men who have sex with men, lesbian and transgender clients, in conjunction with appropriate colleagues.
- Recognise and demonstrate an understanding of the psychological aspects of having an STI.
- Understand prevention strategies including partner notification.

Knowledge	Skills	Behaviours	Training	Evidence
<p>The epidemiology, aetiology and natural history of:</p> <ul style="list-style-type: none"> • scabies • pediculosis pubis <p>The infective causes and differential diagnosis of:</p> <ul style="list-style-type: none"> • genital itch/soreness <p>Different laboratory methods of identification of bacteria, fungi and viruses that cause genital tract infection</p> <p>Explain the diagnosis and management of scabies</p> <p>Explain the diagnosis and management of pediculosis pubis</p> <p>Local referral care pathways and clinical guidance</p>	<p>Take an appropriate history/risk assessment</p> <p>Perform appropriate clinical examination and investigations</p> <p>Perform appropriate microbiological and virology investigations to investigate the common presentations of STIs and correctly interpret test results</p> <p>Explain the diagnosis and management clearly to the patient</p> <p>Prescribe drugs as per local care pathways</p> <p>Explain the need for treatment of contact(s)</p>	<p>Demonstrate appropriate level of clinical decision-making in daily clinical practice</p> <p>Explain the diagnosis and management clearly to the patient</p> <p>Demonstrate an understanding of the psychological aspects of having an STI</p> <p>Demonstrate non-judgemental behaviour to all clients including respecting each client's sexual orientation and behaviour</p> <p>Appreciate the role of physicians, health advisors and other members of the MDT</p> <p>Show respect and behaves in accordance with code of professional conduct</p>	<p>STIF <i>Intermediate</i></p> <p>CEX 1.1 Female history</p> <p>CEX 1.2 Female examination</p> <p>CEX 1.4 Female tests & diagnosis</p> <p>CEX 2.1 Male history</p> <p>CEX 2.2 Male examination</p> <p>CEX 2.4 Male tests & diagnosis</p> <p>CEX 3.1 MSM history</p> <p>CEX 3.2 MSM examination</p> <p>CEX 3.4 MSM tests & diagnosis</p> <p>CEX 6.4 Scabies</p> <p>CEX 6.5 Pubic lice</p> <p>CEX 7.3 Partner notification</p> <p>CEX 9.8 Psychological Support: Trans awareness</p> <p>Supplementary</p>	<p>STIF <i>Intermediate</i> certificate</p> <p>Supplementary</p> <p>STIF <i>Theory (core and plus)</i> course certificate or BASHH STI/HIV modules 1–2 certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

Local care pathways for multi-agency working and cross-referrals for individuals with sexual health needs	<p>Adhere to locally agreed patient care pathways</p> <p>Explain the principles of partner notification and epidemiological treatment for sexual contacts</p>	<p>Work effectively in conjunction with colleagues and in liaison with other specialties and departments</p> <p>Communicate with GP when required</p> <p>Make appropriate tertiary referrals</p>	STIF <i>Theory (core and plus)</i> course or BASHH STI/HIV modules 1–2	
Level descriptor				
1	Understands the presentation and management of genital infestations; asks for advice/uses guidelines for complex cases.			
2	Recognises the presentations of genital infestations; asks for advice/uses guidelines for complex cases.			
3	Able to take specimens for microscopy; asks for advice/uses guidelines for complex cases.			
4	Recognises Norwegian scabies, knows how to manage an outbreak of genital infestation, for example resulting from scabies on an inpatient ward.			

23. Sexual dysfunction and problems

- To be able to identify and refer sexual difficulties in a sexual health consultation.
- Awareness of the various ways that sexual problems can present (overt and covert) and how to create an environment in which the patient feels able to raise and discuss sexual issues.
- Able to raise sexual issues within a relevant consultation and communicate effectively with patients who present with overt or covert sexual problems.
- Able to take a basic sexual problems history and be able to identify common sexual problems and where necessary, the appropriate points to refer to other specialists.
- Initiate and review investigations to exclude a physical cause for a sexual problem.
- Understand the different management options for sexual problems.
- Awareness of the clinician–patient interactions that can occur within a consultation.
- Recognise own limitations in managing sexual problems.
- Awareness of the local referral pathways at all relevant points of the consultation process.

Knowledge	Skills	Behaviours	Training	Evidence
Physiology of sexual response: female and male	Consider the possibility of a sexual problem	Feel able to raise sexual issues and be comfortable with the topic	STIF <i>Intermediate</i>	STIF <i>Intermediate</i> certificate
Gender identity	Take a basic and targeted sexual dysfunction history	Be sensitive to the psychological impact of common causes of psychosexual problems and offer referral to psychosexual therapists for appropriate support	CEX 1.1 Female history CEX 1.2 Female examination CEX 2.1 Male history CEX 2.2 Male examination	STIF <i>Advanced</i> certificate
Sexual orientation	Have an awareness of hidden sexual problems by observing the patient's non-verbal clues (such as body language, demeanour) and verbal clues (such as angry, aggressive or distressed comments)	Demonstrate, through reflective case discussion:	CEX 3.1 MSM history CEX 3.2 MSM examination	Supplementary
Understand organic and psychological causes of common causes of sexual dysfunction		<ul style="list-style-type: none"> • An ability to create an atmosphere in which the patient feels able to raise problems of a sexual nature 	CEX 9.5 Psychosexual problems	<ul style="list-style-type: none"> • 2-day Foundation Sexual Problems Theory course certificate
How problems present themselves in a clinical setting	Initiate or review investigations to exclude a physical cause for the sexual problem	<ul style="list-style-type: none"> • An ability to communicate effectively with patients who present with overt or covert sexual problems 	STIF <i>Advanced</i> CEX 18.1 Erectile dysfunction CEX 18.2 Vaginismus CEX 18.3 Premature ejaculation CEX 18.4 Low sexual desire	<ul style="list-style-type: none"> • Certification from other courses/training undertaken
Factors which can impact on the sexual lives of a patient and their partner e.g.:				

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<ul style="list-style-type: none"> • Vulval dermatoses • Vaginal infections • Medical conditions • Physical disability • Unwanted pregnancy • Sexual assault • Sexual/physical abuse Childbirth • Miscarriage • Infertility issues <p>Be able to take a relevant history and provide basic advice regarding common causes of sexual dysfunction (such as erectile dysfunction, premature ejaculation, low sexual desire in men, female genito-pelvic pain, female sexual interest/arousal problems)</p> <p>Management options</p> <ul style="list-style-type: none"> • Basic pharmacological treatment options • Basic physical treatment options • Basic psychotherapeutic options • Awareness of self-help manuals, DVDs and support group networks 	<p>Understand principles underlying the management of common causes of sexual dysfunction</p> <p>Be aware of the interactions and feelings between the practitioner and patient</p>	<ul style="list-style-type: none"> • Non-judgemental attitudes to patients across the whole spectrum of sexual identity, sexual orientation and range of sexual behaviours • Non-judgemental attitudes to patients regardless of age, ethnicity, disability • An ability to empathise with patients who have problems of a sexual nature • An ability to deal with emotions which may emerge in the consultation • A respect for diversity of religious and cultural beliefs in relation to sexuality <p>Understand the multidisciplinary approach required for some patients with sexual dysfunction</p>	<p>2-day Foundation Sexual Problems Theory course</p> <p>Reflective case-based discussions with sexual problems trainer</p> <p>Seminars</p> <p>BASRT group or individual supervision</p> <p>Approved demonstration case presentations on CD-ROM, e.g. IPM CD-ROM</p> <p>www.ipm.org.uk</p> <p>www.basrt.org.uk</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

Recognise when onward referral for sexual dysfunction is appropriate and be aware of local referral pathways, both NHS and non-statutory				
Level descriptor				
1	Can diagnose and is aware of the management of common causes of sexual dysfunction.			
2	Knows when to ask for advice about sexual dysfunction once identified.			
3	Knows when to refer common causes of sexual dysfunction to other medical hospital specialties, to primary care or for specialist counselling.			

24. Sexual assault/sexual abuse

- To become versant with the law as it pertains to sexual abuse of men, women and children and to protect and safeguard patients who allege such abuse.
- To provide emergency care, refer to a centre for forensic testing and/or the police/social care workers and document sexual history and examination findings, being aware of the importance of good documentation for medico-legal reasons.
- Provide appropriate management, support and care of adults and young people complaining of sexual assault in any clinical setting.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Statutory definitions of rape and other sexual offences:</p> <ul style="list-style-type: none"> • Sexual Offences Act 2003 • Draft Sexual Offences (Scotland) Bill 2008 • The Sexual Offences (Northern Ireland) Order 2008 <p>Explain the law and national guidance (e.g. BASHH, DoH/DfES etc.) on child protection with regard to sexual activity with under-13s, -16s and -18s and those with learning difficulties</p> <p>Statistics of incidence of sexual assault, frequency of reporting sexual crimes, attrition and conviction rates</p> <p>Root causes for sexual crimes e.g. gender inequalities, vulnerable client group</p>	<p>Identify and manage/refer any urgent health needs that should take priority over management of sexual assault while maintaining optimum preservation of forensic evidence</p> <p>Enquire if patient has considered discussing the assault with the police when dealing with self-referrals</p> <p>Encourage patient consent to involve local sexual assault specialist for forensic examination if timing appropriate</p> <p>Explain options for management with complainant, including local arrangements for forensic examination and refer to appropriate service with agreement of complainant</p> <p>Identify patient who lack capacity to consent to disclosure of sexual</p>	<p>Demonstrate appropriate level of decision-making in daily clinical practice</p> <p>Demonstrate awareness of the impact of gender on supporting patients reporting sexual assault/sexual abuse</p> <p>Demonstrate ability to communicate with patients effectively and to adapt consultation style to suit client's understanding</p> <p>Display tact, empathy, respect, concern and time for patients</p> <p>Demonstrate non-judgemental behaviour</p> <p>Demonstrate tact and concern with respect to ethnic, religious and cultural issues</p>	<p>STIF <i>Intermediate</i></p> <p>CEX 1.1 Female history</p> <p>CEX 1.2 Female examination</p> <p>CEX 1.3 Female sexual health promotion</p> <p>CEX 1.4 Tests & diagnosis</p> <p>CEX 2.1 Male history</p> <p>CEX 2.2 Male examination</p> <p>CEX 2.3 Male sexual health promotion</p> <p>CEX 2.4 Tests & diagnosis</p> <p>CEX 3.1 MSM history</p> <p>CEX 3.2 MSM examination</p> <p>CEX 3.3 MSM sexual health promotion</p> <p>CEX 3.4 Tests & diagnosis</p> <p>CEX 4.2 Consultations with patients with limited English proficiency</p> <p>CEX 7.5 Assessment and management of need for Post Exposure Prophylaxis for HIV</p>	<p>STIF <i>Intermediate</i> certificate</p> <p>Reflection</p> <p>Current level 3 safeguarding certificate</p> <p>Certificates of courses attended</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Valid consent, including in special groups:</p> <ul style="list-style-type: none"> Examination and sampling in the interests of collecting evidence Disclosure of forensic medical records Capacity to consent to treatment by under-16s Capacity to consent to examination including effects of age, intoxication, distress, pain/trauma Capacity to consent if special educational needs, mental capacity issues, communication difficulties e.g. client deaf/mute, or English not first language <p>Confidentiality and information sharing</p> <p>Local care/referral pathways and management options for management of complainants of sexual assault:</p> <ul style="list-style-type: none"> With a SARC Without a SARC 	<p>assault to the police and discuss with senior colleagues, statutory agencies and adults with parental responsibility, in accordance with local and national protocols</p> <p>Support patients undergoing appropriate medical and forensic examination, guided by account of type and timing of incident, obtaining forensic specimens correctly labelled and stored, maintaining chain of evidence</p> <p>Document fully and accurately such that a medical-legal report may be produced at a later date</p> <p>Be able to articulate the rationale for the following:</p> <ul style="list-style-type: none"> Take a full and appropriate initial account from a person disclosing sexual assault, including risk assessment on those under 18 years old to allow referral to the most appropriate service: <ul style="list-style-type: none"> Age of complainant What happened When it happened Who did it Where it happened 	<p>Establish rapport with clients</p> <p>Demonstrate ability to reassure patient that they are in a place of safety</p> <p>Show awareness of patient dignity and appreciate the need to offer a chaperone during examinations</p> <p>Adhere to guidelines on obtaining consent, including application of Fraser criteria and guidance for vulnerable adults</p> <p>Be aware of child sexual abuse and exploitation and work in conjunction with paediatricians/social care if patient under 18 and adhere to local protocols for safeguarding children</p> <p>Work effectively in collaboration with colleagues and in liaison with physicians, health advisors, other specialties, departments, disciplines and agencies</p> <p>Adhere to local protocols for forensic sampling, labelling, packaging and documentation</p>	<p>Following Sexual Exposure (PEPSE)</p> <p>CEX 8.1 Screening and prevention of sexually acquired hepatitis A</p> <p>CEX 8.2 Screening and prevention of sexually acquired hepatitis B</p> <p>CEX 8.3 Hepatitis C screening prevention</p> <p>CEX 9.1 Awareness & understanding of key legislation, policies & guidelines in sexual health & HIV care</p> <p>CEX 9.4 Assessment of the patient who reports a sexual assault</p> <p>Sexual Offences Act 2003: www.homeoffice.gov.uk</p> <p>Sexual Offences (Scotland) legislation</p> <p>Child protection training courses levels 1, 2 and 3</p> <p>Training courses organised by professional bodies and Sexual assault referral centres, e.g.:</p> <ul style="list-style-type: none"> RCOG Forensic Gynaecology courses: www.rcog.org.uk The Havens: 	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Be able to explain role of different professionals in managing a case of sexual assault including the role of the forensic examiner, including the responsibilities to provide medical care and duty of impartiality</p> <p>Appropriate offer of forensic medical examination by trained healthcare professional</p> <p>Explain the procedure for identifying child sexual exploitation and how to assess in clinic</p> <p>Know what to do if adolescent/young person discloses:</p> <ul style="list-style-type: none"> Acute sexual assault Chronic/historic sexual abuse <p>Identify the procedures and protocols of the local safeguarding children's board or committee</p> <p>Forensic science</p> <ul style="list-style-type: none"> Different types of evidence Locard's principle Relevance of samples according to timing and account of incident 	<ul style="list-style-type: none"> Who heard first account and when Injuries sustained Medical/surgical/psychiatric/medication history Recent sexual history Relevant obstetric/gynaecology history LMP, current contraception If not, perform full genital examination noting any injuries <p>Obtain valid consent for examination as appropriate</p> <p>Discuss findings with complainant without giving an opinion</p> <p>Assess health needs and discuss options with complainant with provision of care in a timely manner:</p> <ul style="list-style-type: none"> Emergency contraception STI testing/prophylaxis HIV risk assessment/PEPSE 	<p>Demonstrate realistic recognition of own competence level and refer to senior colleagues where appropriate</p> <p>Awareness of psychological reactions to sexual assault and refer clients to specialists where appropriate</p> <p>Keep clear contemporaneous records</p> <p>Recognise own limitations when dealing with clients of sexual assault with regard to regular debriefing with supervisor</p> <p>Show respect and behave in accordance with code of professional practice</p>	<p>www.thehavens.org.uk</p> <ul style="list-style-type: none"> St Mary's Centre: www.stmaryscentre.org Metropolitan Police <p><i>Forensic Gynaecology</i>, edited by Maureen Dalton. RCOG Press 2004</p> <p>Obtaining Valid Consent. RCOG 2004</p> <p>FSRH Service Standards on Obtaining Consent in Sexual Health Services. 2007</p> <p>DH Reference Guide to Consent for Examination or Treatment. 2001</p> <p>FSRH Service Standards on Confidentiality 2009</p> <p>www.careandevidence.org (website providing information and advice for professionals who come into contact with victims of sexual assault)</p> <p>www.careandevidence.org/Assets/Care%20WITH%20SARC.pdf</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<ul style="list-style-type: none"> • Explain the preservation of evidence and chain of evidence procedure • Avoidance of cross-contamination • Explain timing for forensic examination <p>Health implications of incident and be able to explain:</p> <ul style="list-style-type: none"> • Acute injuries • A diagnosis of STIs in the context of alleged sexual abuse • The treatment and/or prophylaxis of sexually transmitted infections including HIV post-exposure prophylaxis, and post-coital contraception • HIV testing in the context of sexual assault • Mental health impact • Follow-up <p>Examination</p> <ul style="list-style-type: none"> • Role of systems examination • Role of body examination • Role of genital examination 	<ul style="list-style-type: none"> • Vaccination against hepatitis B/tetanus • Analgesia, anxiolytic • Risk assessment of self-harm <p>Arrange appropriate follow-up as guided by account of incident, examination findings, medical and psychological history</p> <ul style="list-style-type: none"> • SRH/GUM • GP • Mental health team • Social services • Domestic violence team • Counselling • Paediatricians • Victim support • Youth services • Psychology <p>Give written arrangements for follow-up and details of local organisations/agencies to provide support</p>		<p>www.careandevidence.org/Assets/Care%20WITHOUT%20SARC.pdf</p> <p>www.careandevidence.org/Assets/SA_Referral.pdf</p> <p>BASHH guidelines: www.bashh.org</p> <p>Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse. The Royal College of Paediatrics and Child Health and Faculty of Forensic & Legal Medicine</p> <p>www.careandevidence.org/Assets/Evidence%20Collection.pdf</p> <p>Guidelines from Forensic Science Service</p> <p>Courses run by Faculty of Forensic & Legal Medicine: www.fflm.ac.uk</p> <p>Observation, supervision and mentoring from expert FME</p> <p>Proformas and body diagrams published by The Havens, FFLM</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Documentation</p> <ul style="list-style-type: none"> • Note writing • Photo documentation • Record of examination findings <p>Differing roles of:</p> <ul style="list-style-type: none"> • Professional witnesses • Expert witnesses <p>Police procedures in dealing with complainants of sexual assault</p> <p>Court system in jurisdiction in which the candidate practices</p> <p>Rape crisis support</p>			<p>Forensic Physicians as Witnesses in Criminal Proceedings. FFLM 2009</p>	
Level descriptor				
1	Able to explain the management of sexual assault in adults; asks for advice/uses guidelines to manage cases.			
2	Able to manage sexual assault in adults; asks for advice/uses guidelines for complex cases.			
3	Able to explain the chain of evidence and forensic examination of victims of sexual assault. Able to explain the management of sexual assault in children. Asks for advice/uses guidelines for complex cases.			
4	Able to explain chain of evidence and forensic examination of victims of sexual assault. Accurately elicits history, performs and interprets focussed clinical examination and manages victims of sexual assault in challenging circumstances.			

25. Genital infections in pregnancy, the newborn, infants and children

- To progressively understand how to diagnose, treat and manage sexually transmitted infections in pregnancy reducing risk of teratogenicity and transmission to the neonate.
- To develop strategies for effective communication with the multi-professional team.
- To progressively understand how to diagnose, treat and manage sexually transmitted infections in neonates and children.
- To understand when and how to manage under-18s with and without parental consent.
- Recognise, diagnose and manage genital tract infections in women.
- Recognise and demonstrate an understanding of the psychological aspects of having an STI.
- Understand prevention and vaccination strategies including partner notification.
- Assess and undertake initial management of genital infections in pregnant women, the newborn, infants and children, in conjunction with appropriate colleagues.

Knowledge	Skill	Behaviours	Training	Evidence
<p>Genital infections in pregnancy</p> <p>Explain the diagnosis, complications, treatment and management of STIs and other genital infections in pregnancy</p> <p>Explain the diagnosis, complications, treatment and management of specific to of bacterial vaginosis, candida and group B streptococcus (GBS)</p> <p>National and local guidelines regarding referral and locally agreed referral pathways</p> <p>Explain prescribing in pregnancy and the puerperium in relation to STI treatment</p> <p>Know the risk of vertical transmission of STIs and strategies to reduce the risks, and can explain this to patients</p>	<p>Genital infections in pregnancy</p> <p>Take a history, perform an examination and obtain specimens</p> <p>Be able to diagnose STIs and related conditions in pregnant women</p> <p>Explain the diagnosis, implications for pregnancy and management clearly to the patient</p> <p>Liaise with senior physicians and specialists for expert investigation and management when appropriate</p> <p>Arrange partner notification when indicated</p>	<p>Demonstrate appropriate level of clinical decision-making in daily clinical practice and be aware of limitations of own expertise</p> <p>Work effectively in collaboration with and in liaison with physicians, health advisors, safeguarding team, health advisors, social services, obstetric team, midwives, GP and paediatricians, teachers, nursery staff and registered child minders and other specialties and departments</p> <p>Demonstrate safe prescribing practice of appropriate treatment in accordance with evidence-based guidelines and local protocols</p> <p>Display tact, empathy, respect and concerns for patients and parents</p>	<p>STIF <i>Intermediate</i></p> <p>CEX 4.1 Sexual history from patient under 18</p> <p>CEX 9.1 Awareness & understanding of key legislation, policies & guidelines in sexual health & HIV care</p> <p>CEX 9.3 Safeguarding</p> <p>STIF <i>Advanced</i></p> <p>12.8 Management of STIs in Pregnancy</p> <p>Level 3 safeguarding</p> <p>RCN (2019) Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff</p>	<p>STIF <i>Intermediate</i> certificate</p> <p>STIF <i>Advanced</i> certificate</p> <p>Current level 3 safeguarding certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Genital infections in newborn, infants and children</p> <p>Explain the diagnosis, treatment and management of sexually transmitted pathogens in neonates and prepubertal children</p> <p>Explain the multidisciplinary management of children with genital infections</p> <p>National and local guidelines regarding referral and locally agreed referral pathways</p> <p>Know how to perform an examination and obtain specimens in conjunction with paediatricians</p> <p>Explain the diagnosis and management to a child and/or parents/carers</p> <p>Explain prescribing in children in relation to STI treatment</p> <p>Explain Fraser competence and vulnerability</p> <p>Knowledge of signs indicting child sexual assault and know how to liaise with child</p>	<p>Communicate with GP and obstetric team as necessary</p> <p>Genital infections in newborns, infants and children</p> <p>Take a relevant history from post-pubertal children and give explanations in a manner appropriate to their age</p> <p>Communicate with and refer to other specialties and departments when appropriate</p> <p>Assess Fraser competency and vulnerability</p> <p>Discuss the law as regards sex with under-16s and under-18s and the limits of confidentiality</p>	<p>Be non-judgemental</p> <p>Be alert to the possibility of child sexual assault</p> <p>Be alert to the possibility of intimate partner violence</p>	<p>file:///C:/Users/Admin/Downloads/007-366.pdf Relevant BASHH, RCOG and BHIVA guidelines, and the BNF</p> <p>Local protocols and care pathways</p> <p>Attendance on course relevant to the subject</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

protection services/safeguarding team and refer				
Level descriptor				
1	Explains the diagnosis and appropriate investigations for patients at risk of vertical transmitting of a sexually transmitted infection. Asks for advice and uses guidelines if managing cases.			
2	Can take history, examine and organise appropriate investigation for patients at risk of vertical transmission of sexually transmitted infection. Can communicate with other teams including primary care, obstetrics and neonatology.			
3	Can manage patient risk of vertical transmission of sexually transmitted infection including organising and interpreting complex investigations. Builds rapport and communicates information to patients and other clinical teams involved in patient care.			
4	Can independently assess the risk and develop clinical strategies to reduce vertical transmission of STIs including HIV and optimally reduce teratogenicity. Can build excellent rapport with the patient and other teams and explains risks and the intervention strategy.			

26. Infective causes of vulvovaginitis and balanitis

- To progressively understand the causes of vulvovaginitis and balanitis and the available diagnostic tests.
- To skilfully collect specimens, interpret the results and explain these to patients.
- Recognise, diagnose and manage genital tract infections in both men and women.
- Assess and manage genital tract infections in men who have sex with men, lesbian and transgender clients, in conjunction with appropriate colleagues.
- Recognise and demonstrate an understanding of the psychological aspects of having an STI.

Knowledge	Skills	Behaviours	Training	Evidence
<p>The epidemiology, aetiology and natural history of:</p> <ul style="list-style-type: none"> • <i>C. albicans</i> and other yeasts • bacterial vaginosis <p>The infective causes, differential diagnosis and management of genital itch/soreness, vulvovaginitis and balanitis</p> <p>Describe underlying predisposition for infection such as diabetes mellitus, eczema or immunosuppression</p> <p>Different laboratory methods of identification of bacteria, fungi and viruses that cause genital tract infection</p> <p>The uses and limitations of the currently available tests, including near-patient testing, antenatal and population screening</p>	<p>Take an appropriate history/risk assessment</p> <p>Perform appropriate clinical examination and investigations</p> <p>Perform appropriate microbiological and virology investigations (including skin scrapings) to investigate the common presentations and correctly interpret test results</p> <p>Adhere to locally agreed patient care pathways</p> <p>Diagnose and manage the following conditions, explaining clearly to the patient:</p> <ul style="list-style-type: none"> • infective causes of vulvovaginitis and balanoposthitis • vaginal discharge 	<p>Demonstrate appropriate level of clinical decision-making in daily clinical practice</p> <p>Demonstrate non-judgemental behaviour to all clients including respecting each client's sexual orientation and behaviour and behaves in accordance with code of professional conduct</p> <p>Display tact, empathy, respect and concern for patients</p> <p>Explain the diagnosis and management clearly to the patient</p> <p>Demonstrate an understanding of the psychological aspects</p> <p>Prescribe drugs as per local care pathways</p>	<p>STIF <i>Intermediate</i></p> <p>CEX 1.1 Female history</p> <p>CEX 1.2 Female examination</p> <p>CEX 1.3 Female sexual health promotion</p> <p>CEX 1.4 Tests & diagnosis</p> <p>CEX 2.1 Male history</p> <p>CEX 2.2 Male examination</p> <p>CEX 2.3 Male sexual health promotion</p> <p>CEX 2.4 Tests & diagnosis</p> <p>CEX 3.1 MSM history</p> <p>CEX 3.2 MSM examination</p> <p>CEX 1.3 MSM sexual health promotion</p> <p>CEX 1.4 Tests & diagnosis</p> <p>CEX 6.1 Assessment, treatment and management of vaginal discharge / candida</p>	<p>STIF <i>Intermediate</i> certificate</p> <p>STIF <i>Advanced</i> certificate</p> <p>Supplementary</p> <p>STIF <i>Theory (core and plus)</i> course certificate or BASHH STI/HIV modules 1–2 certificate</p> <p>Certificates of courses attended</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Storage requirements for specimens and the logistics of transport of samples to laboratories</p> <p>Local referral care pathways, clinical guidance and multi-agency working and cross-referrals for individuals with sexual health needs</p> <p>Health promotion and interventions related to infective causes of vulvovaginitis and balanitis</p>	<ul style="list-style-type: none"> • urethritis (including non-gonococcal urethritis in men) <p>Assess and explain common management options for:</p> <ul style="list-style-type: none"> • recurrent vulvovaginal candidiasis • recurrent bacterial vaginosis • contact dermatitis and lichen simplex • psychosexual complications of STI or genital infections <p>Recognise, initiate immediate management and arrange appropriate referral for:</p> <ul style="list-style-type: none"> • non-HSV causes of genital ulcers • genital dermatoses, such as lichen planus, lichen sclerosus <p>Demonstrate health promotion skills e.g. offer healthy living advice, smoking cessation</p> <p>Communicate with and refer to GPs and specialists in a timely way</p>	<p>Work effectively in collaboration with physicians, health advisors and the wider MDT and liaison with other specialties and departments</p> <p>Make appropriate tertiary referrals</p>	<p>CEX 6.2 Assessment, treatment and management of vaginal discharge / BV</p> <p>CEX 6.3 Assessment, treatment and management of male urethral discharge</p> <p>CEX 9.5 Psychosexual problems</p> <p><i>STIF Advanced</i></p> <p>CEX 12.5 Non-herpetic genital ulceration</p> <p>CEX 13.1 Recurrent infections BV</p> <p>CEX 13.2 Recurrent infections VVC</p> <p>CEX 17.1 Dermatology history</p> <p>CEX 17.2 Dermatitis and eczema</p> <p>CEX 17.3 Possible malignancy / pre malignant disease</p> <p>CEX 17.4 Lichen planus</p> <p>CEX 17.5 Lichen sclerosus</p> <p>CEX 17.6 Psoriasis</p> <p>CEX 17.7 Folliculitis</p> <p>CEX 17.8 Balanoposthitis</p> <p>CEX 17.9 Tinea cruris</p> <p>Supplementary</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

			<p>STIF <i>Theory (core and plus)</i> course or BASHH STI/HIV modules 1–2</p> <p>BASHH Genital Dermatology course</p> <p>Faculty guidance documents</p> <p>BASHH guidance documents</p> <p>StratO&G.com</p> <p>SIGN guidelines (Scotland)</p> <p>Public Health England</p> <p>DH Chlamydia screening programme (England): www.chlamydia screening.nhs.uk</p> <p>Relevant national strategies for sexual health</p> <p>Local protocols and care pathways</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

			Faculty/BASHH/RCOG meetings Useful websites: www.medfash.org.uk www.bashh.org.uk www.shastd.org.uk	
Level descriptor				
1	Obtains accurate history and elicits the most important physical signs in patients with vulvovaginitis and balanitis.			
2	Obtains accurate history and elicits the most important physical signs in patients with balanitis in the context of the time available in outpatient clinic.			
3	Elicits subtle findings and keeps the consultation focussed on the most important issues.			
4	Rapidly and accurately performs focussed examination in difficult circumstances such as a newly diagnosed diabetes in a patient presenting with genital dermatosis.			

27. Dermatology

- To progressively understand common vulval and penile dermatological conditions and to know when to refer to primary care or dermatology.
- Recognise, diagnose and manage genital tract infections in both men and women.
- Assess and manage genital tract infections in men who have sex with men, lesbian and transgender clients, in conjunction with appropriate colleagues.
- Recognise and demonstrate an understanding of the psychological aspects of having an STI.

Knowledge	Skills	Behaviours	Training	Evidence
Describe the anatomy, embryology and physiology of the vulva, and its variation between prepubertal, reproductive and post-menopausal state	Take an appropriate dermatological, general medical history/risk assessment	Explain the diagnosis and management clearly to the patient	STIF <i>Intermediate</i>	STIF <i>Intermediate</i> certificate
Describe the epidemiology, aetiology and national history of common dermatological conditions	Perform an appropriate clinical examination and accurately describe and document clinical findings	Be sensitive to the psychosexual impact of genital skin problems and offer referral to psychosexual therapist	CEX 1.1 Female history CEX 1.2 Female examination CEX 1.3 Female sexual health promotion CEX 1.4 Tests & diagnosis	STIF <i>Advanced</i> certificate Supplementary STIF <i>Theory (core and plus)</i> course certificate or BASHH STI/HIV certificate
Explain the genital and extra-genital presentation and management of common vulval dermatological conditions, including vulval pain, psoriasis, dermatitis, lichen planus, lichen simplex chronic, lichen sclerosus, vulvodynia, drug reactions and fungal dermatoses	Perform appropriate microbiological, virology and histological investigations (including a punch biopsy) to investigate the common presentations of genital dermatoses	Prescribe drugs as per local care pathways	CEX 2.1 Male history CEX 2.2 Male examination CEX 2.3 Male sexual health promotion CEX 2.4 Tests & diagnosis	Certificates of courses attended
Explain the genital and extra-genital presentation and management of common penile dermatological conditions psoriasis, dermatitis, irritant balanitis, lichen planus, lichen sclerosus, Zoon's balanitis, drug reactions and fungal dermatoses	Interpret relevant results including histological reports asking for advice from histopathology if needed Diagnose and manage the following conditions: <ul style="list-style-type: none"> • infective causes of vulvovaginitis and balanitis 	Demonstrate appropriate level of clinical decision-making in daily clinical practice Demonstrate respect and non-judgemental behaviour to all clients including respecting each client's sexual orientation and behaviour in accordance with code of professional conduct	CEX 3.1 MSM history CEX 3.2 MSM examination CEX 1.3 MSM sexual health promotion CEX 1.4 Tests & diagnosis CEX 6.1 Assessment, treatment and management of vaginal discharge / candida	

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Describes the history and special features suggestive of genital skin pre-malignancy and cancer</p> <p>Describe the history and special features suggestive of genital pain syndromes</p> <p>Different laboratory methods of identification of the common dermatological conditions</p> <p>Describe the local referral and care pathways and clinical guidance for multidisciplinary working</p> <p>The National Screening Programmes (England) or other national equivalents</p> <p>Specific health and well-being needs of clients with genital dermatological conditions e.g. mental health issues, alcohol, recreational drug use and smoking</p> <p>Health promotion and interventions specifically aimed at risk reduction in high-risk behaviour groups</p>	<ul style="list-style-type: none"> the common dermatological conditions <p>Assess and explain common management options for:</p> <ul style="list-style-type: none"> recurrent vulvovaginal candidiasis recurrent bacterial vaginosis contact dermatitis and lichen simplex psychosexual complications of genital dermatosis <p>Recognise, initiate immediate management and arrange appropriate referral for:</p> <ul style="list-style-type: none"> non-HSV causes of genital ulcers syphilis sexually acquired reactive arthritis (SARA or Reiter's syndrome) genital dermatoses, such as lichen planus, lichen sclerosus <p>Understand principles underlying the management of the vulval pain and pruritus vulvae</p> <p>Refer to dermatologists as necessary, with timely specialist referral for suspected cancer</p> <p>Counsel a patient on the use of topical treatments on the vulva</p>	<p>Work effectively in conjunction with colleagues and in liaison with other specialties and departments</p> <p>Understand the multidisciplinary approach required for some patients with complicated genital disease. (Know when to refer to dermatology, gynaecology, sexual therapy, pain management, physiotherapy)</p> <p>Make appropriate tertiary referrals</p>	<p>CEX 6.2 Assessment, treatment and management of vaginal discharge / BV</p> <p>CEX 6.3 Assessment, treatment and management of male urethral discharge</p> <p>CEX 9.5 Psychosexual problems</p> <p>STIF <i>Advanced</i></p> <p>CEX 12.5 Non-herpetic genital ulceration</p> <p>CEX 12.6 Sexually Acquired Reactive Arthritis</p> <p>CEX 13.1 Recurrent infections BV</p> <p>CEX 13.2 Recurrent infections VVC</p> <p>CEX 17.1 Dermatology history</p> <p>CEX 17.2 Dermatitis and eczema</p> <p>CEX 17.3 Possible malignancy / pre malignant disease</p> <p>CEX 17.4 Lichen planus</p> <p>CEX 17.5 Lichen sclerosus</p> <p>CEX 17.6 Psoriasis</p> <p>CEX 17.7 Folliculitis</p> <p>CEX 17.8 Balanoposthitis</p> <p>CEX 17.9 Tinea cruris</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	<p>Adhere to locally agreed patient care pathways</p> <p>Demonstrate health promotion skills e.g. offer healthy living advice, smoking cessation</p>		<p>Supplementary</p> <p>STIF <i>Theory (core and plus)</i> course or BASHH STI/HIV modules 1–4</p> <p>BASHH Genital Dermatology course</p> <p>Faculty guidance documents</p> <p>BASHH guidance documents</p> <p>StratO&G.com</p> <p>SIGN guidelines (Scotland)</p> <p>Public Health England</p> <p>DH chlamydia screening programme (England): www.chlamydiaSCREENING.nhs.uk</p> <p>Relevant national strategies for sexual health</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

			<p>Local protocols and care pathways</p> <p>Faculty/BASHH/RCOG meetings</p> <p>Useful websites:</p> <p>www.medfash.org.uk</p> <p>www.bashh.org.uk</p> <p>www.shastd.org.uk</p>	
Level descriptor				
1	Knows when to ask for advice about genital dermatological conditions.			
2	Knows when to refer genital dermatological conditions to dermatology or primary care.			
3	Can diagnose and treat some simple genital dermatoses.			
4	Can perform punch biopsy, fungal scrapings, diagnose and treats all the simple genital dermatoses and makes timely referral for suspected cancers. Recognises and manages or refers genital pain syndrome.			

Contraception and gynaecology domain

28. Contraception

- To assess the contraceptive needs of patients and be proactive in offering and, to be able to and administer most of the methods of contraception, being aware of potential drug-drug interactions.
- Communicates, negotiates and manages fertility control.
- Manages individuals with complex medical and social needs.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Know the mode of action, indication, contraindications, side effects and complications of all methods of reversible and irreversible contraception: oral and transdermal oestrogen containing hormonal contraception, oral, injectable and subdermal progestogen only hormonal contraception, intrauterine contraception, fertility awareness-based methods, barrier methods and sterilisation procedures and:</p> <ul style="list-style-type: none"> • their mode of action and efficacy • their indications, contraindications, complications and uncertainties • emerging methods <p>Understand the methods, mode of action and indications for emergency contraception</p> <p>Understand the insertion and removal procedures for subdermal implants and intrauterine methods</p>	<p>A targeted history is taken in relation to contraceptive and sexual health needs and risk assessment in clients</p> <p>A targeted history is taken in relation to contraceptive and sexual health needs and risk assessment in clients with complex medical and social problems</p> <p>Explore reasons for not using contraception</p> <p>Discuss and compare methods of reversible contraception, their advantages, interactions with other medication/non-prescribed products and side effects with patients</p> <p>Provide method-specific information and counselling about all contraceptive options (reversible, irreversible and emergency)</p>	<p>Work in partnership with other health and social agencies and the public and their representatives e.g.: GUM specialists, general practice, secondary care, social workers, counsellors, voluntary sector/self-help groups, police, interpreters, patient advocates</p> <p>Appreciate the importance of psychological factors in sexual health</p> <p>Display tact, empathy, respect and concern for patients</p> <p>Show respect for different religious and cultural values</p> <p>Be skilled at promoting use of contraception</p> <p>Adhere to Fraser competence guidelines</p>	<p>Diploma of the Faculty of Sexual & Reproductive Healthcare (DFSRH)</p> <p>LoC subdermal implants (LoC SDI)</p> <p>LoC intrauterine techniques (LoC IUT)</p> <p>FSRH Clinical Effectiveness Unit guidance documents: www.fsrh.org</p> <p>StratOG.net: Sexual and reproductive health</p> <p>FSRH clinical standards guidance documents: www.fsrh.org</p> <p>UK Medical Eligibility Criteria and Selected Practice Recommendations</p>	<p>DFSRH certificate</p> <p>LoC SDI certificate</p> <p>LoC IUT certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

Know how to manage impalpable implants	Explain the principles of natural fertility control, its efficacy and the use of fertility devices	Adhere to guidance for vulnerable adults	RCOG Clinical Governance Advice no 7. Presenting Information on Risk and other guidance documents: www.rcog.org.uk	
Be aware of methods to address contraceptive needs of individuals with complex medical and social problems	Prescribe/teach use of and monitoring of contraception including barrier methods, oestrogen containing hormonal contraception, oral and injectable progestogen hormonal contraceptives	Work in a multidisciplinary sexual health team whose principles encompass: <ul style="list-style-type: none"> • adherence to evidence-based practice • the need to respect men's and women's rights, dignity and confidentiality • the need to respect cultural and religious beliefs as well as sexual diversity • valuing the training and skills of all professional team members e.g. nurses, pharmacists and non-healthcare workers 	FSRH Annual Scientific Symposia and current choice meetings	
Understand barriers to effective use of contraception and strategies for overcoming this	Prescribe emergency contraception		Regional and national contraception updating courses	
Evidence-based guidelines for contraception	Assess and prepare patient being referred for subdermal implant or intrauterine contraception		NICE guidelines: www.nice.org.uk	
The sexual healthcare needs of young people	Manage complications secondary to all methods of contraception including failure of methods and women with bleeding problems while using hormonal contraceptives		International Planned Parenthood Federation: www.ippf.org/en	
The sexual healthcare needs of vulnerable adults	Formulate and implement a management plan		GMC: www.gmcuk.org/guidance/ethicalguidance/consentguidanceindex.asp	
The local care pathways for multi-agency working to provide comprehensive services and cross-referrals for individuals with sexual health needs and other health and well-being needs	Perform the following clinical procedures: <ul style="list-style-type: none"> • Administering injectable contraception 		Teenage pregnancy: www.dcsf.gov.uk/everychildmatters/healthandwellbeing/teenagepregnancy/teenagepregnancy	
MDT working practices			British Andrology Society: www.britishandrology.org.uk	
			FPA: www.FPA.org.uk	

<p>Explain the legal situation with regard to therapeutic abortion, indications and available methods in the UK</p>	<ul style="list-style-type: none"> • Insertion of intrauterine contraception • Insertion of intrauterine contraception when a local anaesthetic block and cervical dilation is required • Removal of intrauterine contraception including those with 'lost threads' • Insertion of contraceptive implant • Removal of contraceptive implant <p>Refer patients according to local pathways:</p> <ul style="list-style-type: none"> • For ultrasound examination to localise the position of an IUD/IUS and a deep contraceptive implant • For removal of a deep contraceptive implant or IUD/IUS <p>Ability to apply evidence-based guidelines to clinical practice</p> <p>Recognise and manage the sexual and social healthcare needs of young people e.g. impact of drugs, alcohol, education, lifestyle</p>		<p>Brook: www.brook.org.uk/content</p> <p>Caledonia Youth: www.caledoniayouth.org</p> <p>Appropriate reading and personal study</p> <p>Immediate life support training and anaphylaxis training</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	<p>Recognise and manage the sexual healthcare needs of vulnerable groups e.g. asylum seekers, commercial sex workers, drug users and prisoners, individuals with disabilities</p> <p>Deliver all methods of contraception through a multidisciplinary sexual health team</p> <p>Refer to other agencies as required</p>			
Level descriptor				
1	Always takes a contraception history from heterosexual and bisexuals.			
2	Understands and explains methods of contraception.			
3	Is able to prescribe most contraception methods. Assesses and prepares women being referred for insertion or removal of subdermal implants and intrauterine contraception.			
4	Fits subdermal implants. Facilitates use of contraception in individuals with complex medical or social issues.			

29. Pregnancy

- Understand and demonstrate knowledge, skills and behaviours in relation to early pregnancy care, antenatal care, intra-partum and postpartum care and problems as they related to sexual healthcare provision.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Early pregnancy care</p> <ul style="list-style-type: none"> Epidemiology, aetiology, pathogenesis and clinical features of miscarriage Epidemiology, aetiology pathogenesis and clinical features of ectopic pregnancy Epidemiology, aetiology, pathogenesis and clinical features of pregnancy of unknown location Epidemiology, aetiology, pathogenesis and clinical features of trophoblastic disease The role of ultrasonographic (transabdominal and transvaginal) and biochemical assessment of early pregnancy Can explain the surgical, medical and conservative management of miscarriage Can explain the nonsurgical management of ectopic pregnancy <p>Antenatal care</p> <ul style="list-style-type: none"> Pre-conception care 	<p>Early pregnancy care</p> <ul style="list-style-type: none"> Clinical assessment of miscarriage and ectopic pregnancy and pregnancy of unknown location Refer for ultrasonographic (transabdominal and transvaginal) and biochemical assessment of early pregnancy (e.g. with possible ectopic pregnancy) Develop a management plan (with the support of colleagues where necessary) Refer for more complex or detailed evaluation with ultrasound or other imaging techniques Can explain the surgical, medical and conservative management of miscarriage Can explain the nonsurgical management of ectopic pregnancy Refer/signpost pregnant women to local services <p>Antenatal care</p> <ul style="list-style-type: none"> Undertake pregnant and non-pregnant abdominal examination Take routine obstetric history and make relevant referral in cases of 	<p>Early pregnancy care</p> <ul style="list-style-type: none"> Demonstrate the ability to communicate findings and management plans effectively with patients and relatives, and confirm their understanding Breaks bad news, appreciates and describes the possible long-term consequences for the woman in a sensitive manner <p>Antenatal care</p> <ul style="list-style-type: none"> Refer to hospital and community midwives and other health professional to optimise antenatal care Demonstrate an ability to explain current advice on lifestyle and precautions that may be taken pre-conception/periconception to reduce the risk of neural tube defects, foetal infection and discuss inherited risks of chromosomal and genetic diseases with those planning a pregnancy Demonstrate the skills to enable a woman to make informed choices around pregnancy and childbirth and encourages her active participation in the decision-making, involving her 	<p>Clinical observation by trainee of trainers</p> <p>Clinical training of trainee by trainers</p> <p>Self-directed learning</p> <p>Clinical visits to maternity services</p> <p>RCOG guidance documents: www.rcog.org.uk</p>	<p>Reflection</p>

<ul style="list-style-type: none"> • Purpose and practice of antenatal care • Recognition of domestic violence • Problems of young pregnancy • Awareness of the factors which may affect pregnancy (e.g. drug and alcohol misuse) • Bacteriuria and urine infections in pregnancy • Can explain the normal management of normal pregnancy, birth and puerperium • Have an awareness of and can explain the common abnormalities in pregnancy (e.g. placental, hypertension, multiple pregnancies, congenital malformation etc.) • Awareness of antenatal education and the role of midwives and physiotherapists. <p>Intra-partum care</p> <ul style="list-style-type: none"> • Can explain the basic mechanisms of normal • Can explain the basic mechanism of spontaneous vaginal delivery <p>Postpartum care</p> <ul style="list-style-type: none"> • Can explain the normal postpartum period • Can explain the common postpartum complications as they 	<p>domestic violence, drug/alcohol misuse</p> <ul style="list-style-type: none"> • Awareness of antenatal education and the role of midwives and physiotherapists <p>Postpartum care</p> <ul style="list-style-type: none"> • Advise on and prescribe appropriate postpartum contraception • Advise on the impact of problems in pregnancy on sexual function (e.g. third-degree tear) 	<p>partner and family where this is appropriate</p> <ul style="list-style-type: none"> • Show awareness of the need to identify and deal with domestic violence and have a working knowledge of child protection issues as they relate to obstetrics • Identify infections in pre-conception care and liaises with colleagues as appropriate • Awareness of trans men who are pregnant <p>Postpartum care</p> <ul style="list-style-type: none"> • Understand the roles of other healthcare professionals during the puerperium (e.g. community midwives, social workers, psychiatrists, physiotherapists) • Aware of breastfeeding Initiatives • Display empathy with women with puerperal problems, and their families 		
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>may related to sexual health presentations</p> <ul style="list-style-type: none"> • Knowledge of appropriate postpartum contraception • Knowledge of the impact of problems in pregnancy on sexual function (e.g. third-degree tear) 				
Level descriptor				
1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation.			
2	The trainee is capable of performing the task or managing the clinical problem but with senior support.			
3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications).			

30. Unplanned pregnancy and abortion care

- Develop a non-judgemental approach towards unplanned pregnancy and abortion care.
- Have in-depth knowledge of medical and surgical methods of abortion.
- Provide holistic care for women requesting advice about unplanned pregnancy and abortion, including contraceptive, other sexual health and emotional needs.
- Have the knowledge, skills and attitude to work within pregnancy testing and abortion service.
- Develop an appreciation of the reasons that women have unplanned pregnancies, request abortion, including those with issues around domestic violence, drug and alcohol abuse, cultural issues and repeat termination.

Special consideration for abortion care:

There may be conscientious objection to the acquisition of certain skills within this module.

- ALL trainees are expected meet the Knowledge Criteria throughout the module and fulfil the competences and demonstrate behaviours relating to unplanned pregnancy,
- Trainees with conscientious objection to abortion are expected to demonstrate a non-judgemental attitude to women seeking abortion and make arrangement for them to receive timely and appropriate care from colleagues. Skills competencies not attempted because of conscientious objections should be clearly recorded in the logbook (using the letters CO and initialled by the trainee) and signed by the trainer.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Unplanned pregnancy</p> <p>Explain the biochemistry and sensitivity of different pregnancy tests</p> <p>Explain different attitudes to unplanned pregnancy being aware of different religions, ethnic and cultural groups</p> <p>Explain the risk factors associated with unplanned pregnancy</p> <p>Manage and lead a community-based service following different aspects of integrated care pathways for unplanned pregnancy</p>	<p>Unplanned pregnancy</p> <p>Identify distress, overtly and, covertly however shown offering support and specialist counselling as required</p> <p>Explore and discuss involving any partners, carers or friends</p> <p>Explore how the woman feels upon receiving the result of the pregnancy test. Time to reflect or referral for care</p> <p>Explain her options, adoption; referral into maternity services; specialist maternity care for under-18s or abortion</p>	<p>Unplanned pregnancy</p> <p>Be aware and identify distress, overtly and covertly displayed: support and offer specialist counselling as per local care pathway at every stage in the clinical episode</p> <p>Involve supporting partner/carer/friend appropriately irrespective of personal beliefs; treat the woman with honesty and respect at all times</p> <p>Recognise high-risk clinical situations and manage appropriately</p> <p>At every stage in the pathway, share discussion/decision-making with the woman, if necessary using independent interpreting service/providing whatever</p>	<p>STIF <i>Intermediate</i></p> <p>CEX 4.4 Managing women who present with Unwanted/Unplanned Pregnancy</p> <p>STIF Advanced</p> <p>CEX 16.8 Suspected ectopic pregnancy</p> <p>FSRH/RCOG theory course in abortion care</p> <p>Counselling skills course</p> <p>Clinical observation by trainee of trainers</p>	<p>STIF <i>Intermediate</i> certificate</p> <p>STIF <i>Advanced</i> certificate</p> <p>Reflection</p> <p>Certificates of courses attended</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Know the local pathways of ante natal care for women wishing to continue their pregnancy or to proceed with adoption</p> <p>At each stage of the clinical consultation know the local referral procedures and pathways of care when pregnancy is secondary to sexual assault</p> <p>Abortion care</p> <p>Explain the legal and ethical issues of abortion</p> <p>Explain the epidemiology of abortion on a local and global level</p> <p>Explain the medico-legal aspects of abortion care including consent, information given, legal rights of partner/parent, sexual offences Acts. Local safeguarding and vulnerable adult guidelines policies</p> <p>Explain the normal development of an embryo and fetus in conjunction with Ultrasound images in early pregnancy to include failed pregnancy retained products of conception, ectopic pregnancy molar pregnancy and correlation with HCG levels</p>	<p>Ensure expeditious referral to colleague if abortion requested and personal conscientious objection to the procedure</p> <p>Undertake a full clinical history ensuring gestation is clarified with clinical assessment, if required</p> <p>Ensure all risk factors are assessed and fast track as necessary to other members of the MDT, for example safeguarding children, vulnerable adults, non-gender-based violence, late presentation of pregnancy significant medical conditions, poor mental health, sexual health, disability and language cultural differences</p> <p>Emergency referral to gynaecology department if clinical suspicion of ectopic pregnancy (pain, bleeding, history)</p> <p>Provide written and verbal information on what to expect re appointments, therapeutic options, procedures</p> <p>Discuss initiation and if possible supply post-procedure contraception/condoms for sexual safety</p> <p>Provide contact details if any problems/queries arise before the next step in pathway</p>	<p>required to overcome any disability e.g. signing for the deaf</p> <p>Sensitively, accurately and non-directively counsel about options available and associated health issues</p> <p>Respect right to confidentiality and know when this can be broken e.g. safeguarding children</p> <p>Explain the factors that might lead to the need to breach confidentiality – e.g. patient safety</p> <p>Explore the woman's social support, encouraging parental/carer involvement where patient under 16 years old</p> <p>Assess for need of involvement of safeguarding children team or a vulnerable adult and follow local policy and procedures</p> <p>Respect religious and cultural diversity and beliefs</p> <p>Ensure woman/carer knows who/how to contact in an emergency (24-hour helpline availability)</p> <p>Discuss sexual and reproductive healthcare following abortion</p>	<p>Clinical training of trainee by trainers</p> <p>Self-directed learning</p> <p>RCOG Clinical Guidance Documents: Abortion</p> <p>Recommended standards for sexual health services; MedFASH 2005</p> <p>WHO Guidance – Safe abortion: technical and policy guidance for health systems. WHO 2012</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Explain routine blood tests and STI screening pre-abortion</p> <p>Explain pharmacology of drugs used within the abortion pathway</p> <p>Explain different methods of abortion, medical and surgical at different gestations including methods and factors influencing choice of procedure</p> <p>Explain factors leading to late and repeat abortion</p> <p>Explain late abortion and feticide, issues around foetal abnormality and the sensitive disposal of foetal remains; management of foetal tissue following sexual assault</p> <p>Explain potential adverse effects of abortion and management of complications both immediate and delayed</p> <p>Explain referral to other organisations for appropriate follow-up as required for ongoing care</p> <p>Know and explain the local pathways of care for abortion in the charitable/private sector and the NHS</p>	<p>Clarify how to access counselling/support in the short and long term</p> <p>Ensure concise contemporaneous and accurate documentation of the care given and planned future care</p> <p>Abortion care</p> <p>Undertake a pre-abortion clinical history and complete a risk assessment to include</p> <p>Physical assessment including significant medical conditions (psychological, social, safeguarding children, vulnerable adult, future contraception, sexual health assessment)</p> <p>Perform appropriate clinical examination approximate gestation</p> <p>Order routine laboratory tests including sexual health screening and ultrasound scan if required</p> <p>Manage outcomes as necessary with partner notification</p>	<p>Antenatal and postnatal care – follow-up</p> <p>Abortion care</p> <p>Demonstrate excellent communication skills. Ensuring appropriate personal language and behaviour, recognising the need for interpreters when required</p> <p>Display respect, tact and empathy. Practise with courtesy, compassion and professionalism, acknowledging clinician–patient partnership</p> <p>Recognise the hidden agenda/unvoiced concerns (conscious and unconscious) in consultations, taking into account sensitivities of patients such as those with learning difficulties or after sexual assault</p> <p>Aware of patient dignity</p> <p>Respect patient confidentiality. Discuss factors that might lead to the need to breach confidentiality</p> <p>Be non-judgemental</p> <p>Identify distress, overtly and covertly displayed: support and offer specialist</p>		
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Know and understand local agencies for women who may need support involved in domestic violence or cases of sexual assault</p> <p>Know and explain local and national best commissioning practice and the Care Quality Commission criteria for best abortion care</p> <p>Knowledge of agencies providing support for women suffering domestic violence or who have been sexually assaulted</p>	<p>Follow up unexpected findings, e.g. miscarriage ectopic pregnancy as per local guidelines</p> <p>Explain clearly and openly treatment regimes, potential side effects of drugs and complications of procedures</p> <p>Refer woman to appropriate care pathway locally</p> <p>Ensure informed consent implementing local policy regarding any safeguarding needs identified</p> <p>Provide appropriate written information language – arrange interpreter/signer if required</p> <p>Prescribe drugs required for chosen procedure including local antibiotic prophylaxis policy/contraception as per local care pathway</p> <p>Complete records – refer to doctor for signing HSA1 form</p> <p>Recognise the role and skills of the MDT in the provision of comprehensive abortion services</p>	<p>counselling as per local care pathway at every stage in clinical care</p>		
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	<p>Manage any complications arising, bleeding, infection, retained products of conception, ongoing pregnancy, emotional distress</p> <p>Discuss and arrange ongoing care through local networks and care pathways</p>			
Level descriptor				
1	Trainee shows tact empathy and understanding of unplanned pregnancy. Trainee knows when to ask for advice about unplanned pregnancy and abortion.			
2	With senior support can assess individual cases and refer if necessary to other members of MDT for review. Knows when to refer to abortion services.			
3	With senior support is able to refer to clinical care abortion services following full review of each presenting case. Can assess different aspects of care and respond to emergency situations.			
4	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications).			

31. Gynaecology

- Knowledge, skills and attitudes to diagnose and manage common gynaecological problems.
- To progressively understand the causes of acute and chronic pelvic pain.
- To recognise and appropriately refer gynaecological problems such as abnormal bleeding, infertility, endometriosis and emergencies, working within local protocols.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Basic science (anatomy and physiology) related to gynaecology</p> <p>Explain the diagnosis and management of disorders of menstruation including dysmenorrhoea, amenorrhoea, menorrhagia, intermenstrual and post-coital bleeding</p> <p>Explain the causes of both acute and chronic pelvic pain, including non-gynaecological causes</p> <p>Explain the diagnosis, normal phenomena and management of adverse symptoms caused by the menopause</p> <p>Explain the common causes of and approaches to diagnosis and treatment of infertility and sub fertility including in HIV-positive patients</p> <p>Explain the following disorders of early pregnancy – interpretation of bleeding in early pregnancy; ectopic pregnancy; trophoblastic tumours; risk and treatment of infections</p>	<p>Take comprehensive history and examines patients attending an integrated sexual health service presenting with common gynaecological disorders</p> <p>Take comprehensive history, examines and refer (as per local guidelines) patients presenting with issues with fertility</p> <p>Recognise, investigate, counsel and plans initial management of pre-malignant conditions of:</p> <ul style="list-style-type: none"> • cervix • endometrium • vulva <p>Recognise abnormalities within limits and referral to colposcopy, investigates, counsels and plans initial management or appropriate referral for carcinoma of:</p> <ul style="list-style-type: none"> • cervix • endometrium • ovary 	<p>Display tact, empathy respect and concerns for patients while showing respect for woman's dignity and confidentiality including the importance of psychological factors for patients</p> <p>Demonstrate the ability to communicate prognosis and counsel women sensitively about the options available</p> <p>Recognise the need for appropriate referral for more complex or detailed evaluation with ultrasound or other imaging techniques</p> <p>Demonstrate an understanding of the use appropriate referral pathways and local protocols if abnormal findings suspected</p> <p>Liaise with colleagues in other disciplines where required</p>	<p>STIF <i>Intermediate</i></p> <p>CEX 1.1 Female sexual history</p> <p>CEX 1.2 Female examination</p> <p>CEX 1.4 Tests and diagnosis</p> <p>CEX 9.6 FGM</p> <p>STIF <i>Advanced</i></p> <p>CEX 16.1 (W) Abnormal cervix (cervical wart)</p> <p>CEX 16.1 (E) Abnormal cervix (ectropion)</p> <p>CEX 16.1 (M) Abnormal cervix (mucopurulent cervicitis)</p> <p>CEX 16.1 (N) Abnormal cervix (nabothian cyst)</p> <p>CEX 16.1 (H) Abnormal cervix (herpetic cervicitis)</p> <p>CEX 16.2 Bimanual Pelvic Examination</p> <p>CEX 16.3 Abdominal examination</p>	<p>STIF <i>Intermediate</i> certificate</p> <p>STIF <i>Advanced</i> certificate</p> <p>DFSRH certificate</p> <p>Certificates of courses attended</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Explain the expected and normal phenomena of middle and late pregnancy in order to appropriately refer women with abnormalities</p> <p>Explain the simple classifications of common benign and malignant cysts and tumours of the ovaries and outlines the approach to diagnosis</p> <p>Recognise early symptoms and signs of endometrial and cervical neoplasia</p> <p>Explain the causes of dyspareunia</p> <p>Is aware of the presentations of complications of female genital mutilation (FGM), the barriers to disclosure and where to refer</p>	<ul style="list-style-type: none"> vulva vagina <p>Refer women with urogynaecological and pelvic floor problems appropriately for assessment investigations and discussion/counselling of treatments and outcomes</p> <p>Be aware of the national continence policy</p> <p>Refer women with gynaecological, menopausal or obstetric problems appropriately; stabilise and safely transfer emergencies</p> <p>Manage both acute and chronic pelvic pain either within the GUM department or by referral to primary or secondary care, instigating appropriate investigations/treatments</p> <p>Recognise genital prolapse</p> <p>Recognise, investigate and manage dyspareunia</p> <p>Use near-patient pregnancy tests</p>	<p>Understand the role of and the differences in training of physicians and other health professionals</p>	<p>CEX 16.4 Assessment of patients presenting with gynaecological issues</p> <p>CEX 16.5 Suspected polycystic ovary syndrome</p> <p>CEX 16.6 Suspected uterine fibroids</p> <p>CEX 16.7 Suspected endometriosis</p> <p>CEX 16.8 Suspected ectopic pregnancy</p> <p>DFSRH Assessment 5</p> <p>Cervical cytology sampling course</p> <p>StratOG.net: Gynaecological Problems e-tutorials</p> <p>Supervised clinical sessions</p> <p>Specific courses and academic meetings</p> <p>Multidisciplinary vulval clinics</p> <p>Menstrual disorders clinics 6</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	Detect and refer women with fertility issues		<p>Local and regional courses in paediatric gynaecological problems and disorders of puberty</p> <p>RCOG guidance documents e.g. female genital mutilation, polycystic ovarian syndrome, endometriosis, initial management of chronic pelvic pain: www.rcog.org.uk</p> <p>NICE guidelines e.g. heavy menstrual bleeding</p>	
Level descriptor				
1	After eliciting the most important positive and negative indicators of diagnosis, asks for advice on management. Recognises emergency presentations.			
2	Able to manage or appropriately refer women presenting with uncomplicated gynaecological problems.			
3	Recognises and refers in a timely manner when cancer is a differential diagnosis.			
4	Able to manage or appropriately refer women presenting with gynaecological or obstetric problems. Recognises and stabilise for transfer women presenting with emergency gynaecological and obstetric problems.			

32. Menopause and PMS

- To develop the knowledge, skills and attitudes to assess and manage, including referral women presenting with the menopause.
- To develop the knowledge, skills and attitudes to assess and manage, including referral women presenting with premenstrual syndrome.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Explain the diagnosis, normal phenomena and management of adverse symptoms caused by the menopause</p> <p>Explain and define the menopause</p> <ul style="list-style-type: none"> • Spontaneous • Surgical • Premature <p>Explain the physiology epidemiology and demography of the menopause including</p> <ul style="list-style-type: none"> • Endocrine changes • Fertility and contraceptive needs • Aetiology of ovarian failure • Genetics <p>Know the pathophysiology of the menopause and understand and explain</p> <ul style="list-style-type: none"> • Vasomotor effects • Connective tissue effects • Urogenital atrophy <p>Explain mood disorders around the time of the menopause</p>	<p>Undertake an appropriate clinical history and lifestyle assessment</p> <p>Undertake a clinical examination relating to the menopause</p> <p>Explain possible differential diagnosis</p> <p>Explain premature menopause, counsel and manage the condition – refer to physician for high-risk women with co-existing medical conditions</p> <p>Undertake and assess symptom based visual analogue scores and quality-of-life questionnaires</p> <p>Undertake basic psychological evaluation</p> <p>Undertake cognitive assessment</p> <p>Take a sexual history including details of dyspareunia, loss of libido,</p>	<p>Demonstrate an empathetic approach to the patient ensuring good communication and consultation skills</p> <p>Be aware of different ethnic and cultural issues around the menopause demonstrating tact and respect</p> <p>Ensure up-to-date knowledge with recent advances in menopausal management care and treatments applying research knowledge to individual patient care</p> <p>Explain and refer to psychosexual counselling as required women presenting with sexual problems during the menopause</p>	<p>Specialist menopause clinics</p> <p>Observation and discussion with senior medical staff and team</p> <p>Interactive tutorials</p> <p>Menopause/post-reproductive health courses such as Faculty or RCOG 5. RCOG guidance documents: www.rcog.org.uk</p> <p>BMS website and handbook</p> <p>Recent journal and literature review</p> <p>Personal study</p>	<p>Reflection</p> <p>Supplementary</p> <p>Certificates of courses attended</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Explain and discuss cognitive symptoms and sexual changes and sexual problems associated with the menopause</p> <p>Understand and explain the physiology of bone and the bone remodelling cycle</p> <p>Explain epidemiology of osteoporosis including genetic factors, risk factors</p> <p>Explain the investigations used for risk assessment to aid decision-making diagnosis, e.g. DEXA bone scan and Ultrasound densitometry</p> <p>Explain lifestyle choices promoting positive health choices and outcomes</p> <p>Explain HRT positive and negative effects</p> <p>Explain alternative therapies in use</p> <p>Assess personal medical history and family medical history and explain in relation to breast disease</p> <p>Assess personal and family medical history in relation to cardiovascular disease</p>	<p>vaginismus, phobias and psychosexual dynamics</p> <p>Undertake clinical osteoporosis assessment and make appropriate recommendations</p> <p>Interpret bone density scan results</p> <p>Explain lifestyle and therapeutic interventions to those at risk of osteoporosis and to those with established disease</p> <p>Interpret breast risk and screening results</p> <p>Demonstrate ability to discuss breast cancer risk with HRT, family history and lifestyle influences</p> <p>Manage menopausal symptoms in women with previous breast cancer</p> <p>Explain the age- and menopause-related changes that increase cardiovascular risk and advise accordingly</p> <p>Discuss the cardiovascular benefits and risks of HRT</p>		<p>Support and education from affiliated psychosexual counsellor</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>Explain pre-disposing factors associated with the disease, e.g. obesity, diabetes, high blood pressure</p>	<p>Discuss risks of VTE with HRT and identify and refer high-risk women with co-existing medical disease</p> <p>Discuss and explain potential benefits of HRT, e.g. symptom relief, osteoporosis and other possible benefits</p> <p>Discuss and explain risks associated with HRT, e.g. breast, VTE, endometrial</p> <p>Discuss potential benefits and risks of alternative treatments, e.g. pharmaceutical and complementary therapies</p> <p>Undertake a clinical history and lifestyle assessment regarding premenstrual syndrome</p> <p>Offer general health and lifestyle advice</p> <p>Explain and discuss a daily symptom diary chart</p> <p>Undertake a basic psychological evaluation</p>			
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	<p>Explain the possible aetiologies of PMS</p> <p>Discuss the various treatment options for PMS</p>			
Level descriptor				
1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation.			
2	The trainee is capable of performing the task or managing the clinical problem but with senior support.			
3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications).			

HIV (part 2) domain

33. HIV epidemiology, natural history and general management of HIV 1 and HIV 2 infection

- **Epidemiology:** To be aware of the UK and global epidemiology of HIV 1 and HIV 2 infection with particular reference to prevalence, incidence, spread, modes of transmission, risks of acquisition, disease progression, availability of testing and treatment and, health promotion initiatives and their efficacy.
- **Natural history and management:** To diagnose, manage, treat as required and monitor stages of HIV infection in accordance with national guidelines and patient need in:
 - Primary HIV infection (PHI);
 - Early asymptomatic HIV infection;
 - Late HIV infection including AIDS with advanced immunosuppression, with or without symptoms.

Knowledge	Skills	Behaviours	Training	Evidence
<p>HIV 1 and 2 epidemiology, UK and global</p> <p>Describe and explain:</p> <ul style="list-style-type: none"> • HIV prevalence and incidence • Spread of HIV infection, modes of HIV transmission and risks of acquisition <p>HIV natural history</p> <p>Describe, define and explain the categorisation and prognosis of the stages of HIV infection including:</p> <ul style="list-style-type: none"> • PHI, clinical latency and disease progression and prognosis • Asymptomatic and symptomatic HIV infection and AIDS <p>HIV management</p> <p>Describe the presentation, diagnosis, investigation, use of surrogate markers (CD4 cell count, HIV viral load),</p>	<p>HIV 1 and 2 epidemiology, UK and global</p> <p>Describe HIV and HIV-related opportunistic infection control strategies based on UK datasets</p> <p>HIV disease progression</p> <p>Explain clearly to a patient:</p> <ul style="list-style-type: none"> • The stages of HIV infection and their presentation, diagnosis, investigation, use of laboratory markers (CD4 cell count, HIV viral load), management, treatment, monitoring and prognosis • The impact of ART on HIV disease progression and the current prevalence and incidence of diseases and conditions associated with HIV infection, including the consequences of immune restoration 	<p>HIV team working: work collaboratively with HIV epidemiology and HIV laboratory investigative services</p>	<p>NHIVNA <i>Core</i></p> <p>CEX 14.1 Primary HIV infection</p> <p>CEX 40.1 Assesses health and well-being needs of an HIV-positive patient</p> <p>CEX 40.4 Routine monitoring for clinically stable patients</p> <p>CEX 41.2 Psychological Support: a recently diagnosed patient</p> <p>CEX 50.2 Supporting people taking ARV medications</p> <p>CEX 50.3 ARV Medication: adherence, resistance, interactions</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 57.1 Describe and explain the correlation between the epidemiology, immunosuppression, clinical presentation, investigation and management of opportunistic infections</p>	<p>NHIVNA <i>Advanced</i> certificate</p> <p>Reflection</p> <p>Supplementary</p> <p>BASHH STI/HIV module 4 certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>management, treatment, monitoring of HIV infection with regard to the stages of HIV infection</p> <p>Describe the use of the CD4 cell count to delineate differential diagnoses in those with symptoms</p> <p>Describe and explain the signs of clinical deterioration in HIV infection and best management practice according to national guidelines</p>			<p>CEX 57.2 Supporting patients with late stage HIV disease / AIDS</p> <p>CEX 58.2 assess and manage patients with and at risk of AIDS and non-AIDS defining malignancies, infections and other conditions e.g. immune reconstitution inflammatory syndrome (IRIS)</p> <p>Supplementary</p> <p>BASHH STI/HIV module HIV</p> <p>Epidemiology and public health reports (e.g. Public Health England)</p>	
Level descriptor				
1	Describes up-to-date local, UK and global epidemiology. Has knowledge of the clinical stages of HIV including PHI, clinical latency and advanced HIV infection/AIDS.			
2	Uses CD4 count monitoring to assess HIV stage and explains the use of CD4 in determining treatment strategies and its use in management of symptomatic individuals. Identifies the clinical syndrome of PHI and demonstrates importance in reducing risks of onward transmission and partner notification. Institutes PCP prophylaxis where appropriate.			
3	Outlines the importance of vaccination, the use of primary and secondary prophylaxis and screening for opportunistic infection especially in those with low CD4 counts. Manages selective clinical information sharing concerning patients who do not want a letter disclosing HIV status or care sent to their GP.			
4	Recommends appropriate vaccination for people living with HIV according to guidelines and describe when and which vaccines are contraindicated. Institutes prophylaxis in those with very advanced immunosuppression. Supports and implements infection control policies specific to HIV or HIV-related opportunistic infections. Presents clinically and ethically challenging HIV cases to the MDT and leads the discussion to seek resolution.			

34. Complications of HIV

- To assess and manage individuals with complications of HIV disease relating to different organ systems and disease manifestations.
- To assess and manage patients with and at risk of AIDS and non-AIDS defining malignancies, infections and other conditions e.g. immune reconstitution inflammatory syndrome (IRIS).

Knowledge	Skills	Behaviours	Training	Evidence
<p>Epidemiology, clinical presentation, investigation and management of systems complications in HIV-positive individuals.</p> <p>Describe and explain:</p> <ul style="list-style-type: none"> • How the systems' complications differ from HIV-negative individuals • The role of immunosuppression <p>Complications of HIV disease relating to different organ systems</p> <p>Describe and explain the epidemiology, clinical presentation, investigation and management of organ complications in HIV including:</p> <ul style="list-style-type: none"> • Respiratory disease (including lymphocytic interstitial pneumonia) • Cardiovascular disease, including cardiomyopathy, ART and cardiovascular risk assessments • Renal disease, including HIV-associated nephropathy (HIVAN) and also the effect of ART on markers of renal function 	<p>Demonstrate the assessment and management of systems complications in HIV</p> <p>Risk assessment in HIV</p> <p>Competently perform a CVD risk assessment including HIV-specific factors e.g. ART, and recommend suitable treatment taking into account drug interactions and lifestyle modifications for:</p> <ul style="list-style-type: none"> • Cardiovascular disease (CVD) • Osteoporosis • Obesity <p>HIV-related chronic neurological disability</p> <p>Assess cognitive function and capacity</p> <p>AIDS and non-AIDS malignancy</p> <p>Explain the prognosis of treated non-Hodgkin and Hodgkin lymphoma in HIV infection</p>	<p>Work collaboratively with the HIV MDT, primary care and secondary care specialists (including ITU) where required to manage systems complications, opportunistic infections, malignancies and other conditions in an HIV patient</p>	<p>NHIVNA Core</p> <p>CEX 40.1 Assesses health and well-being needs of an HIV-positive patient</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 55 Assess and refer - Cognitive Impairment / MOCA</p> <p>CEX 57.1 Describe and explain the correlation between the epidemiology, immunosuppression, clinical presentation, investigation and management of opportunistic infections</p> <p>CEX 57.2 Supporting patients with late stage HIV disease / AIDS</p> <p>CEX 58.1 Assess and manage individuals with complications of HIV disease relating to different organ systems and disease manifestations.</p> <p>CEX 58.2 Assess and manage patients with and at risk of AIDS and non-AIDS defining malignancies,</p>	<p>NHIVNA <i>Advanced</i> certificate</p> <p>Supplementary</p> <p>BASHH STI/HIV module 4 certificate</p> <p>Reflection</p>

<ul style="list-style-type: none"> • Musculoskeletal disease, including avascular necrosis, seronegative arthritis, and osteoporosis • Gastroenterological disease, including weight loss, HIV-related hepatobiliary disease and fatty liver disease • Metabolic disease, including obesity, diabetes mellitus • Neurological disease, including dementia, neuropathy and eye disease including retinopathy • Psychiatric disease, specific considerations relevant to HIV including, mood disorder, substance misuse • Dermatological disease, including ichthyosis, psoriasis, seborrhoeic eczema, nodular prurigo and folliculitis • Haematological disease including thrombocytopenia, anaemia, and haemophagocytosis <p>AIDS and non-AIDS defining malignancies</p> <p>Describe the epidemiology, risk factors, prevention, screening, clinical presentation, investigation, management principles and prognosis of AIDS and non-AIDS defining malignancies including:</p> <ul style="list-style-type: none"> • HHV8-related malignancies including Kaposi's sarcoma, Castleman's 	<p>Explain the role of HPV vaccination in the prevention of HPV acquisition and the role of HPV in the aetiology of certain malignancies</p> <p>Investigation of respiratory opportunistic infections Interpret chest radiology of common HIV-related respiratory infections including pneumocystis pneumonia, tuberculosis and bacterial pneumonia and recommend appropriate management</p> <p>Investigation of neurological opportunistic infections, malignancies and other conditions</p> <p>Interpret CNS radiology and CSF pathology of HIV-related including opportunistic infections (PML, toxoplasmosis, tuberculosis, cryptococcosis), malignancies (lymphoma) and other conditions (HIV encephalopathy, IRIS)</p>		<p>infections and other conditions e.g. immune reconstitution inflammatory syndrome (IRIS)</p> <p>CEX 59.1 Assess and manage individuals at risk of malignancies, infections and other conditions</p> <p>Clinical observation by trainee of trainers</p> <p>Clinical training of trainee by trainers</p> <p>Self-directed learning</p>	
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<p>disease and primary effusion lymphoma</p> <ul style="list-style-type: none"> • Non-Hodgkin and Hodgkin lymphoma • Human papillomavirus (HPV) – related dysplasia and cancer including cervical, anal and oropharyngeal conditions • Other non-AIDS defining malignancy e.g. lung cancer • The role of vaccination and opportunistic infection prophylaxis in cancer management, potential drug interactions between chemotherapy and ART <p>Opportunistic infections</p> <p>Describe and explain the correlation between the epidemiology, immunosuppression, clinical presentation, investigation and management of opportunistic infections including:</p> <ul style="list-style-type: none"> • Viral: CMV, HSV, VZV, EBV, HHV8, parvovirus, JC virus • Bacteria: including specific HIV susceptibility to pneumococcus, haemophilus, nocardia and syphilis • Tuberculosis (TB) and atypical mycobacterial infection • Fungi including candida, pneumocystis, cryptococcus, aspergillus and fungi with specific geographical restriction 				
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<ul style="list-style-type: none"> Protozoa including toxoplasmosis and gut-related protozoa including cryptosporidium Helminths including strongyloidiasis <p>Describe the use of primary and secondary prophylaxis against opportunistic infection</p> <p>Describe the current guidelines for vaccination of HIV-infected individuals and explain the contraindications to certain live attenuated vaccines</p> <p>HIV pathology review</p> <p>Explain the importance of HIV-specific pathological review including post-mortem review</p>				
Level descriptor				
1	Demonstrates knowledge of the management of HIV complications including dysfunction of key systems, malignancy and opportunistic infections using current UK guidelines.			
2	Demonstrates the assessment of HIV-positive individuals presenting with systems dysfunction utilising the CD4 cell count as a guide to investigations. Carries out cardiovascular and osteoporosis risk assessments. Assesses a patient's risk of AIDS and serious non-AIDS malignancy.			
3	Correctly demonstrates the ability to diagnose HIV complications including common malignancies and dysfunction of key systems. Is able to explain and alter management according to the known limitations of CD4 cell count for the assessment of the complications of HIV infection. Distinguishes the direct effects of HIV from opportunistic infection and malignancy.			
4	Independently assesses, investigates, diagnoses and manages HIV systems dysfunction in conjunction with the relevant members of the MDT, and relevant specialists including integrated service clinics with e.g. oncology.			

35. Antiretroviral therapy (ART)

- To demonstrate knowledge of ART and acquire prescribing skills in straightforward and then more complex cases, using national guidelines to aid decisions on when to start, what to start, support and managing virological failure.
- To develop knowledge of the major ART clinical trial outcomes and drug resistance data and use this to adapt therapy to individual patients.

Knowledge	Skills	Behaviours	Training	Evidence
<p>Background knowledge</p> <ul style="list-style-type: none"> • Describe the mode of action of ART with reference to the HIV lifecycle <p>When to start ART</p> <ul style="list-style-type: none"> • Describe the national guidelines for when to start treatment • Explain the evidence base and rationale for starting ART Explain the absolute/relative risk of deferring therapy • List situations requiring prompt ART initiation • Understand issues relating to stopping ART and how to manage this safely <p>Which ART regimen to start</p> <ul style="list-style-type: none"> • Summarise first line ART recommendations, rationale and key trials • Describe the role and timing of key baseline or pre-switch investigations 	<p>Late presenters</p> <ul style="list-style-type: none"> • Clinically assess late presenters and explain the disadvantages associated with late HIV diagnosis <p>Management of detectable HIV viraemia on ART</p> <ul style="list-style-type: none"> • Demonstrate the ability to assess a patient with viraemia on ART • Discuss ART adherence issues <p>Prevention of HIV drug toxicity and side effects</p> <ul style="list-style-type: none"> • Elicit an accurate drug history, including over-the-counter medication, contraception, herbal and illicit drug use to identify potential drug–drug interactions • Explain the role of HLA-B*5701 genotype testing in prevention of toxicity <p>Side effects and toxicity of ART</p>	<p>Prevention of ART toxicity and side effects. Maintain knowledge concerning emerging ART drug toxicities and adverse events related to new drugs and formulations</p> <p>HIV team working: work collaboratively in HIV-focussed multi-professional teams (MPTs), and with HIV community health services and HIV patient support groups sharing information to facilitate best patient care</p>	<p>NHIVNA Core</p> <p>CEX 40.1 Assesses health and well-being needs of an HIV-positive patient</p> <p>CEX 40.3 Supporting people taking ARV medications</p> <p>CEX 40.4 Routine monitoring for clinically stable patients</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 14.2 ARVs as prophylaxis and prevention: TasP and PreP</p> <p>CEX 50.1 Assesses health and well-being needs of an HIV-positive patient</p> <p>CEX 50.2 Supporting people taking ARV medications</p> <p>CEX 50.3 ARV Medication: adherence, resistance, interactions</p> <p>CEX 58.2 Assess and manage patients with and at risk of AIDS and non-AIDS defining malignancies,</p>	<p>NHIVNA <i>Advanced</i> certificate</p> <p>Reflection</p> <p>Supplementary</p> <p>BASHH STI/HIV module 4 certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>including resistance, tropism and HLA-B*5701 testing</p> <ul style="list-style-type: none"> List current standards for ART monitoring in terms of efficacy and safety Describe the importance of adherence and mechanisms to support long-term adherence in people living with HIV Understand the mechanisms of drug interactions, how to reduce risk and list important drug-drug interactions Describe key side effects of ART and how these can be managed <p>Complications of ART, switching, alternative regimes and co-morbidities</p> <ul style="list-style-type: none"> Describe the phenomenon and epidemiology of IRIS and how to manage Explain the criteria for switching, key switch trials and pitfalls Describe alternative ART strategies including dual and monotherapy treatment Describe ART considerations in special populations including HBV/HCV co-infection, TB, malignancies, renal disease and older individuals <p>Virological failure</p>	<ul style="list-style-type: none"> Clinically assess the tolerability and toxicity of ART <p>Management of ART drug resistance</p> <ul style="list-style-type: none"> Demonstrate the ability to use HIV drug resistance and HIV drug interactions resources to construct suitable alternative ART regimens Provide a clear explanation to patients and carers regarding the use of medicines and the principles of good adherence to prevent viral resistance 		<p>infections and other conditions e.g. immune reconstitution inflammatory syndrome (IRIS)</p> <p>Clinical observation by trainee of trainers</p> <p>Clinical training of trainee by trainers</p> <p>Self-directed learning</p> <p>Supplementary</p> <p>BASHH STI/HIV module 4: HIV</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<ul style="list-style-type: none"> Define blips, low level viraemia and virological failure Describe common resistance mutations and tools for assessing their impact on ART choice List the common reasons for virological failure Explain when and what to switch to in context of virological failure <p>Cost-effectiveness of ART</p> <ul style="list-style-type: none"> Explain the requirement for cost-effectiveness, the mechanism of commissioning HIV care and how these may impact treatment decision-making <p>HIV cure</p> <ul style="list-style-type: none"> Describe current research findings regarding the likelihood of finding a cure for HIV 				
Level descriptor				
1	Describes the mode of actions of ART drugs and the indications for their use based on current national guidelines and can explain the rationale behind commencing antiretroviral therapy to patients and routine monitoring. Outlines the importance of adherence to ART and how to assess this. Describes key drug–drug interactions and the adverse effects of commonly prescribed ART drugs and seeks guidance on their management.			
2	Describes the appropriate use of ART in different patient groups including high cardiovascular risk, renal and bone disease or mental health problems. Modifies prescriptions to minimise medications to improve adherence and ensures the most appropriate medications are prescribed Is aware of the precise indications, dosages, adverse effects and modes of action of the drugs commonly used in HIV treatment. Is able to assess the patient clinically for evidence of intolerance/toxicity and manage common side effects. Describes the role of genotypic resistance testing			
3	Explains how drug therapies are tested in clinical trials and describes the results of major clinical trials of ART. Constructs treatment regimens with senior advice and independently institutes ART in less complex cases. Demonstrates the ability to use data from HIV drug resistance and HIV drug interactions resources to construct suitable alternative ART regimens. Describes the management of individuals with detectable viral loads including the management of blips and confirmed virological failure. Interprets			

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	genotypic resistance tests to inform selection of effective ART drug combinations, including the use of drug interaction tables in support of complex regimens. Correctly assesses patients presenting with serious toxicity, and manages with senior supervision. Interprets blood test abnormalities in conjunction with possible drug toxicity.
4	Describes ART dosage adjustment to take drug interactions, co-morbidities and organ failure into account. Prescribes ART in complex cases with the MPT. Is able to manage common and non-serious toxicities independently, manage switches within a MDT setting and correctly manage and diagnose IRIS. Explains the individualised assessment of ART in patients who have developed virological failure.

36. Psychosocial aspects of HIV

- To understand the psychological aspects with living with HIV and the impact on morbidity and mortality.
- To support people living with HIV to promote their mental, emotional and cognitive well-being.
- To individualise HIV patient care to support psychological needs.
- To work with the MPT to promote and provide psychological care.
- To collaborate with community and voluntary organisations to optimise psychosocial support for people living with HIV.

Knowledge	Skills	Behaviours	Training	Behaviours
<p>Describe the differences in epidemiology, morbidity and management of HIV infection in:</p> <ul style="list-style-type: none"> • Adolescents • Women • Pregnant women • Men who have sex with men (MSM) • Injecting drug users • Haemophiliacs • Transgender people • Migrants • Asylum seekers • Healthcare workers • Prisoners • Older people <p>Identification of mental health issues:</p> <ul style="list-style-type: none"> • Describe the epidemiology of depression in people living with HIV, including postnatal depression • Describe the risk factors and assessment criteria for self-harm risk and the pathway for further management in 	<p>Provide an open consultation for an individual with HIV to discuss all aspects of their psychosocial health</p> <p>Demonstrate clear communication with the individual about what support can be provided by the MPT, community and voluntary organisations, supported by language-appropriate information leaflets</p> <p>Ensure the MPT is aware of and respects the specific psychosocial issues faced by an individual</p> <p>Demonstrate competence in screening for depression, the use of depression scores, the assessment of anxiety and the assessment of self-harm risk</p> <p>Demonstrate how to take a recreational drug history including for chemsex and explain how to signpost patients to support services</p>	<p>To work collaboratively in HIV-focussed MPTs, with psychiatry specialists and with community and voluntary organisations to share information to facilitate best patient care</p>	<p>NHIVNA <i>Core</i></p> <p>CEX 6.4 Consultation when English is not first language</p> <p>CEX 9.8 Trans awareness</p> <p>CEX 18.2 Psychosexual awareness</p> <p>CEX 30.7 (A) Risk Reduction: Using Motivational Interviewing (MI) skills in practice</p> <p>CEX 30.7(D) Risk Reduction: alcohol, recreational/Club Drugs and ChemSex</p> <p>CEX 40.1 Assesses health and well-being needs of an HIV-positive patient</p> <p>CEX 40.3 Routine monitoring for clinically stable patients</p> <p>CEX 41.1 Support for vulnerable patients</p> <p>CEX 41.2 Psychological Support: a recently diagnosed patient</p>	<p>NHIVNA <i>Advanced</i> certificate</p> <p>Reflection</p> <p>Motivational interviewing course certificate</p> <p>Supplementary</p> <p>BASHH STI/HIV module 4 certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<ul style="list-style-type: none"> ○ Newly diagnosed individuals ○ Individuals with chronic HIV infection ○ Those diagnosed with additional co-morbidities <ul style="list-style-type: none"> • Describe the features of a comprehensive recreational drug history and how to assess alcohol use and impact on function <p>Prevention of sexual ill-health:</p> <ul style="list-style-type: none"> • To demonstrate knowledge of the impact of being HIV positive on aspects of sexual health including: <ul style="list-style-type: none"> ○ Sexual dysfunction ○ Psychosexual morbidity <p>Desire for conception/to have a family</p> <ul style="list-style-type: none"> • Describe the key issues relating to HIV transmission and criminalisation <p>Transgender people</p> <ul style="list-style-type: none"> • Explain how to check gender identity and to assess needs for support relating to this <p>Cultural issues and HIV:</p> <ul style="list-style-type: none"> • Describe with specific reference to HIV how culture, language, ethnicity and social isolation may impact on the presentation of physical and psychological conditions <p>Poverty and social deprivation and HIV:</p> <ul style="list-style-type: none"> • Explain disability discrimination legislation as related to HIV <p>Stigma of HIV:</p> <ul style="list-style-type: none"> • Explain how stigma relating to HIV may impact on different people including 			<p>CEX 41.4 Mental Capacity and Safeguarding</p> <p>CEX 43.3 Risk Reduction: Alcohol and Unsafe Sex</p> <p>CEX 44.1 Identifying Psychological and Emotional issues facing people living with HIV</p> <p>CEX 44.2 Risk Assessment: Self-harm and Suicide</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 46 Women living with HIV</p> <p>CEX 53 Ageing with HIV / Co-morbidity - RENAME</p> <p>CEX 54 Young People and Adolescents living with HIV</p> <p>Motivational interviewing course</p> <p>BASHH STI/HIV module HIV</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<ul style="list-style-type: none"> ○ Adolescents ○ Parents (relating to mother to child transmission) ○ Healthcare workers ○ Sexual relationships ○ Occupation • Describe, in relation to HIV infection, concerns that may arise about confidentiality of care when referred patients are referred to hospital or community health services • Describe the difficulties of and provide support to an individual with HIV with regards to disclosure to family, friends, partners or children 				
Level descriptor				
1	Assesses an individual's social and occupational health and lifestyle to understand potential difficulties in coping with HIV diagnosis and treatment.			
2	Can counsel and individual with drug and alcohol issues and refer appropriately for further intervention if required.			
3	Manages vulnerable and at-risk individuals with complex medical and social needs in conjunction with the MPT, community and voluntary organisations.			
4	Identifies individuals at high risk of self-harm and manages them efficiently and appropriately.			

37. Sexual and reproductive health for people living with HIV

- To manage the sexual and reproductive health of people living with HIV including women's health, conception, contraception, the menopause, reducing the risk of HIV transmission and the prevention and management of sexually transmitted infections (STIs).
- To advise, investigate and refer all HIV-positive and HIV discordant couples requesting fertility advice.
- To demonstrate a thorough understanding and application of management of HIV in pregnant women in line with national guidelines to optimise maternal health and minimise the risk of mother to child HIV transmission.

Knowledge	Skills	Behaviours	Training	Behaviours
<p>Epidemiology, clinical presentation, investigation and management of STIs in HIV-positive individuals:</p> <ul style="list-style-type: none"> • Describe this and understand how these factors may differ from HIV-negative individuals <p>Prevention of sexual ill-health:</p> <ul style="list-style-type: none"> • Describe strategies to prevent sexual ill-health including: provision of appropriate vaccines (hepatitis A and B, HPV), regular STI screening in HIV clinics • Detection of sexual coercion and assault and onward referral to appropriate agencies • Detection of sexual dysfunction and onward referral <p>Contraception in HIV-positive individuals:</p> <ul style="list-style-type: none"> • Explain the importance of discussing contraception when relevant routinely with HIV-positive patients including: 	<p>Contraception and conception in HIV-positive individuals:</p> <ul style="list-style-type: none"> • Discuss contraception issues including drug interactions and the use of emergency and long-acting contraception • Prescribe contraception safely • Discuss safe conception issues to reduce HIV transmission risk <p>ART management in pregnancy:</p> <ul style="list-style-type: none"> • Explain to a patient the rationale for ART and appropriately manage this in pregnancy <p>Explain clearly to a patient and colleague the risk of breastfeeding for infants born in the UK and the requirement for modified testing for infants who are breastfed</p> <p>Screening for HPV-related dysplasia</p>	<p>HIV team working:</p> <ul style="list-style-type: none"> • To work collaboratively in HIV-focussed multi-professional teams (MPTs), and with HIV community health services and HIV patient support groups sharing information to facilitate best patient care 	<p>NHIVNA <i>Core</i></p> <p>CEX 1.1 Female Sexual Health: Taking an appropriate sexual history from a woman</p> <p>CEX 1.3 Female Sexual Health: To provide appropriate advice to women on safer sex, preventing STIs & unplanned pregnancy</p> <p>CEX 2.1 Male Sexual Health: Taking an appropriate sexual history from a heterosexual man</p> <p>CEX 2.3 Male Sexual Health: To provide appropriate advice to heterosexual men on safer sex & preventing STIs</p> <p>CEX 3.1 MSM Sexual Health: Taking an appropriate sexual history from an MSM</p> <p>CEX 3.3 MSM Sexual Health: Providing appropriate advice to MSMs on safer sex & preventing STIs</p> <p>CEX 7.1 Risk Reduction: Safer sex advice</p>	<p>NHIVNA <i>Advanced</i> certificate</p> <p>Motivational interviewing course certificate</p> <p>Cervical cytology sampling certificate</p> <p>Supplementary</p> <p>DFSRH certificate</p> <p>STIF <i>Intermediate</i> certificate</p> <p>STIF <i>Integrated</i> certificate</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<ul style="list-style-type: none"> ○ Drug interactions ○ National guidelines for different contraceptive methods including emergency contraception and long-acting contraception (LARC) <p>Pre-conception advice:</p> <ul style="list-style-type: none"> • Describe general pre-conceptual advice e.g. folic acid supplements, health lifestyle choices • Discuss how to minimise the risk of HIV transmission during conception • Explain national regulations and their implementation for those with blood-borne viruses who seek fertility treatment <p>Care in pregnancy:</p> <ul style="list-style-type: none"> • Describe management including: • Prescription of appropriate ART according to national guidelines and monitoring • The importance of close collaborative working with midwifery, obstetric and paediatric colleagues <p>Postnatal care for HIV-positive women and their infants:</p> <ul style="list-style-type: none"> • Describe the data regarding the risk of breastfeeding for infants born in the UK and modified HIV 	<ul style="list-style-type: none"> • Explain the need and undertake adequate cervical cytology in an HIV-positive woman • Explain to a man how to undertake self-examination for anal abnormalities 		<p>CEX 7.2 Risk Reduction: Alcohol, Recreational/Club Drugs and ChemSex</p> <p>CEX 8.1 Hepatitis A screening prevention</p> <p>CEX 8.2 Hepatitis B screening prevention</p> <p>CEX 8.3 Hepatitis C screening prevention</p> <p>CEX 9.6 FGM</p> <p>CEX 18.1 Psychosexual awareness</p> <p>CEX 41.3 Legal and Ethical Issues: Criminalisation of transmission (CBD)</p> <p>CEX 14.2 ARV as prevention PrEP and TASP</p> <p>CEX 30.7 (A) Risk Reduction: Using Motivational Interviewing (MI) skills in practice</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 6.3 ARVs as prophylaxis and prevention: PEPSE Assessment</p> <p>CEX 14.2 ARVs as prophylaxis and prevention: TasP and PreP</p> <p>CEX 46 Women living with HIV</p> <p>CEX 54 Young People and Adolescents living with HIV</p>	
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

<p>testing regimens for infants who are breastfed</p> <p>Screening for HPV-related dysplasia (see section on Complications of HIV)</p> <p>Cervical screening and management of cervical abnormalities:</p> <ul style="list-style-type: none"> Describe current UK guidelines for cervical screening and anal surveillance in HIV-positive people Describe current UK guidelines for anal surveillance for dysplasia or malignancy 			<p>Cervical cytology sampling course</p> <p>Clinical observation by trainee of trainers</p> <p>Clinical training of trainee by trainers</p> <p>Self-directed learning</p> <p>Supplementary</p> <p>DFSRH</p> <p>STIF <i>Intermediate</i></p> <p>STIF <i>Integrated</i></p>	
Level descriptor				
1	Understands and undertakes appropriate sexual risk assessment and referral to appropriate services (sexual health advisors, drugs services etc.). Arranges or undertakes appropriate STI screening; prescribes or arranges required vaccines to prevent STIs.			
2	Understands the epidemiology of STIs in HIV-positive people, tests required and advises on and undertakes appropriate cervical screening. Adopts a motivational interviewing approach to sexual health promotion.			
3	Understands the epidemiology of STIs in HIV-positive people, tests required and advises on and undertakes appropriate cervical screening. Adopts a motivational interviewing approach to sexual health promotion.			
4	Can independently manage complex STIs (e.g. neurosyphilis) and HIV in pregnancy and advise on neonatal management following possible exposure, including management if the mother decides to breastfeed.			

Appendix 1 Mapping of units of learning to each of the four countries advanced practice capabilities^{3 4 5 6}

Pillar / domain	Curriculum unit of learning	England ³	Northern Ireland ⁴	Scotland ⁵	Wales ⁶
Leadership & management	1. Personal qualities	1.1, 1.3, 1.10, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.11, 3.8	1.1, 1.4, 2.4	1.3, 1.4, 4.1, 4.2, 4.8, 4.11, 4.13	1.3, 1.4, 4.1, 4.2, 4.8, 4.11, 4.13
	2. Working with others	1.9, 2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.10, 3.5, 4.8	2.1, 2.2, 2.3	1.4, 1.3, 1.5, 4.5, 4.13, 4.14, 4.15	1.4, 1.3, 1.5, 4.5, 4.13, 4.14, 4.15
	3. Managing services and governance	1.9, 2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.10, 2.11, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 4.6, 4.8	1.5, 2.5, 3.5, 4.1, 4.2	1.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.9, 4.11, 4.13, 4.14, 4.15	1.1, 3.2, 3.5, 3.6, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.9, 4.11, 4.13, 4.14, 4.15
	4. Improving services and service development	1.10, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.9, 2.10, 2.11, 3.6	1.5, 2.1, 2.2, 2.3, 2.5, 3.3, 4.1, 4.2, 4.3	1.1, 1.2, 3.2, 3.3, 3.4, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.9, 4.11, 4.13, 4.14, 4.15	1.1, 1.2, 3.2, 3.5, 3.6, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.9, 4.11, 4.13, 4.14, 4.15
	5. Setting direction and strategy	1.10, 2.1, 2.2, 2.3, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 3.4, 3.5, 3.6, 3.7, 3.8, 4.8	2.2, 2.5, 3.3, 4.3	1.1, 1.2, 3.2, 3.3, 3.4, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.9, 4.11, 4.13, 4.14, 4.15	1.1, 1.2, 3.2, 3.5, 3.6, 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.9, 4.11, 4.13, 4.14, 4.15
Education	6. Teaching, training, appraisal and assessment	3.4, 3.5, 3.6, 3.7, 3.8	3.1, 3.2, 3.3,	2.1, 2.2, 2.3, 2.4, 2.6, 3.4, 4.5, 4.13, 4.14, 4.15	2.1, 2.2, 2.3, 2.6, 3.6, 4.5, 4.13, 4.14, 4.15, 4.16
Research	7. Ethical Research, audit and information technology	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8	3.5, 4.1, 4.2, 4.3, 4.4, 4.5	3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, 4.2, 4.3, 4.4, 4.6, 4.8, 4.9, 4.11, 4.14	3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 4.5, 4.13, 4.14, 4.15
Information	Basis for practice				

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	8. Sexual and medical history	1.4, 1.5, 1.6	1.1, 1.2, 3.4	2.4, 4.1, 4.2, 4.3, 4.7, 4.8, 4.9, 4.13, 4.14	2.4, 4.1, 4.2, 4.3, 4.7, 4.8, 4.9, 4.13, 4.14, 4.16
	9. Examination	1.4, 1.5, 1.6, 1.11	1.1, 1.2, 3.4	2.4, 4.1, 4.2, 4.3, 4.7, 4.8, 4.9, 4.13, 4.14	2.4, 4.1, 4.2, 4.3, 4.7, 4.8, 4.9, 4.13, 4.14, 4.16
	10. Complaints and clinical errors	1.1, 1.2, 1.3, 1.10, 2.10	1.1	4.4, 4.6, 4.9	4.4, 4.6, 4.9
	11. Principles of medical ethics and confidentiality	1.1, 1.2, 1.3, 1.8, 1.9	1.1,	4.4, 4.6	4.4, 4.6
	12. Valid consent	1.4, 1.5	1.4	4.4, 4.6, 4.9, 4.11, 4.12, 4.13	4.4, 4.6, 4.9, 4.11, 4.12, 4.13
	13. Legal issues and framework for practice	1.1, 1.2, 1.3, 1.11, 2.3, 2.11	1.1, 1.3	4.4, 4.5, 4.9, 4.11, 4.15	4.4, 4.5, 4.9, 4.11, 4.15
	14. Epidemiology and public health	1.10, 2.9, 4.3, 4.4	1.4, 2.2, 4.2, 4.5	1.1, 3.1, 3.2, 3.4, 4.12, 4.14	1.1, 3.1, 3.2, 3.5, 4.12, 4.14
	HIV (Part 1)				
	15. HIV testing and diagnoses	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.2, 1.3, 1.4, 3.4	1.1, 3.1, 3.2, 3.4, 4.1, 4.2, 4.3, 4.6, 4.7, 4.9, 4.12, 4.13, 4.14	4.1, 4.2, 4.3, 4.6, 4.7, 4.9, 4.12, 4.13, 4.16
	16. Prevention of HIV transmission	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.2, 1.3, 1.4, 3.4	4.1, 4.2, 4.3, 4.6, 4.7, 4.9, 4.12, 4.13	4.1, 4.2, 4.3, 4.6, 4.7, 4.9, 4.12, 4.13, 4.16
	17. Viral hepatitis including co-infection with HIV	1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.11	1.2, 1.3, 1.4, 3.4	1.1, 3.1, 3.2, 3.4, 4.1, 4.2, 4.3, 4.6, 4.7, 4.9, 4.12, 4.13, 4.14	4.1, 4.2, 4.3, 4.6, 4.7, 4.9, 4.12, 4.13, 4.16
	STIs and related conditions				
	18. Pathology of sexually transmitted infections	1.4, 1.5, 1.6, 1.11	1.2, 1.3, 1.4	4.1, 4.2, 4.7, 4.12	4.1, 4.2, 4.7, 4.12
	19. Bacterial genital infections	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16

	20. Genital ulceration and syphilis	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16
	21. Genital lumps, cancer and human papillomavirus infection (HPV)	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16
	22. Genital infestations	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16
	23. Sexual dysfunction and problems	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16
	24. Sexual assault/sexual abuse	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16
	25. Genital infections in pregnancy, the newborn, infants and children	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16
	26. Infective causes of vulvovaginitis and balanitis	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16
	27. Dermatology	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16
	Contraception and gynaecology				
	28. Contraception	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16
	29. Pregnancy	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	30. Unplanned pregnancy and abortion care	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16
	31. Gynaecology	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16
	32. Menopause and PMS	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14, 4.16
	HIV (Part 2)				
	33. HIV epidemiology, natural history and general management of HIV 1 and HIV 2 infection	1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 2.9, 4.3, 4.4	1.1, 1.2, 1.3, 1.4, 2.2, 3.4, 4.2, 4.5	1.1, 3.1, 3.2, 3.4, 2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	1.1, 3.1, 3.2, 3.4, 2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14
	34. Complications of HIV	1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.11, 2.9, 4.3, 4.4	1.1, 1.2, 1.3, 1.4, 2.2, 3.4, 4.2, 4.5	1.1, 3.1, 3.2, 3.4, 2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	1.1, 3.1, 3.2, 3.4, 2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14
	35. Antiretroviral therapy (ART)	1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.11, 2.9, 4.3, 4.4	1.1, 1.2, 1.3, 1.4, 2.2, 3.4, 4.2, 4.5	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14
	36. Psychosocial aspects of HIV	1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.11, 3.3	1.1, 1.2, 1.3, 1.4, 2.2, 3.4, 4.2, 4.5	1.1, 3.1, 3.2, 3.4, 2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	1.1, 3.1, 3.2, 3.4, 2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14
	37. Sexual and reproductive health for people living with HIV	1.2, 1.3, 1.6, 1.7, 1.8, 1.11	1.1, 1.2, 1.3, 1.4, 3.4	1.1, 3.1, 3.2, 3.4, 2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14	1.1, 3.1, 3.2, 3.4, 2.4, 2.5, 4.1, 4.2, 4.3, 4.6, 4.7, 4.8, 4.9, 4.10, 4.12, 4.13, 4.14

Appendix 1 Mapping of the ACP specialty curriculum to the GUM and CSRH training curricula

Pillar	Associated GUM specialty training curriculum competencies (2016):	Associated CSRH specialty training curriculum module(s) (2017):	Advanced Clinical Practitioner domains and units of learning
Leadership and management	<p>Medical leadership and management</p> <ul style="list-style-type: none"> • Personal qualities • Working with others • Managing services • Improving services • Setting direction 	<p>Module 12 Leadership, governance and management</p> <ul style="list-style-type: none"> • Leadership • Team working and partnerships • Governance <ul style="list-style-type: none"> ◦ Staff governance • Clinical governance • Financial governance • Service development • Strategy 	<p>Leadership, governance and management</p> <ol style="list-style-type: none"> 1. Personal qualities 2. Working with others 3. Managing services 4. Improving services 5. Setting direction
Education	21. Teaching and training	Module 10 Teaching, appraisal and assessment	6. Teaching, training, appraisal and assessment
Research	20. Ethical research	13 Research methodology, audit and IT	7. Ethical research, audit and information technology

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

Clinical practice	GUM competencies <ol style="list-style-type: none"> 1. Sexual and medical history 2. Examination of the genitals, anus, rectum and systems – decision-making and clinical reasoning 3. Complaints and medical error 4. Principles of medical ethics and confidentiality 5. Valid consent 6. Legal framework for practice 7. Pathology of sexually transmitted infections 8. Bacterial genital infections 9. Genital ulceration and syphilis 10. Genital lumps, cancer and human papillomavirus infection (HPV) 11. Genital infestations 12. Sexual dysfunction 13. Sexual assault/sexual abuse 14. Genital infections in pregnancy 15. Infective causes of vulvovaginitis and balanitis 16. Contraception 17. Gynaecology and obstetrics for GUM trainees 18. Dermatology for GUM HIV Competencies <ol style="list-style-type: none"> 22. HIV testing and diagnosis 	Module 1 Basic Clinical Skills Module 2 Contraception Module 3 Unplanned Pregnancy and abortion care Module 4 Gynaecology Module 5 Specialist gynaecology Module 6 Pregnancy Module 7 Menopause and PMS Module 8 Genitourinary medicine Module 9 Public health Module 11 Ethics and legal issues Module 14 Sexual assault Module 15 Sexual problems	Basis for practice <ol style="list-style-type: none"> 8. Sexual and medical history 9. Examination 10. Complaints and medical error 11. Principles of medical ethics 12. Valid consent 13. Legal framework for practice 14. Epidemiology and public health STIs and related conditions <ol style="list-style-type: none"> 15. Pathology of sexually transmitted infections 16. Bacterial genital infections 17. Genital ulceration and syphilis 18. Genital lumps, cancer and human papillomavirus infection (HPV) 19. Genital infestations 20. Sexual dysfunction and problems 21. Sexual assault/sexual abuse 22. Genital infections in pregnancy 23. Infective causes of vulvovaginitis and balanitis 24. Dermatology Contraception and gynaecology <ol style="list-style-type: none"> 25. Contraception
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Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialty Training Curriculum

	<ul style="list-style-type: none"> 23. HIV epidemiology, natural history and general management of HIV 1 and HIV 2 infection 24. Prevention of HIV transmission 25. Complications of HIV 26. Antiretroviral therapy (ART) 27. Viral hepatitis including co-infection with HIV 28. Psychosocial aspects of HIV 29. Sexual and reproductive health 		<ul style="list-style-type: none"> 26. Pregnancy 27. Unplanned pregnancy and abortion care 28. Gynaecology 29. Menopause and PMS HIV (part 1) 30. HIV testing and diagnosis 31. Prevention of HIV transmission 32. Viral hepatitis including co-infection with HIV HIV (part 2) 33. HIV epidemiology, natural history and general management of HIV 1 and HIV 2 infection 34. Complications of HIV 35. Antiretroviral therapy (ART) 36. Psychosocial aspects of HIV 37. Sexual and reproductive health
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