THE STI FOUNDATION

STIF *Competency*

Handbook 2024

Competency-based training and assessment for providing sexual healthcare

BASHH

British Association for Sexual Health and HIV

"Working within Department of Health Recommended Quality Standards
for Sexual Health Training"

STIF *Competency*

Date 25 June 2024

Contents

STIF *Competency*

1. Introduction

The STI Foundation Competency Programme is a nationally recognised training and assessment qualification in sexual health for healthcare practitioners working in primary and secondary care. It was developed and is now administered by the 'British Association of Sexual Health and HIV' (BASHH) through its educational arm, the 'Sexually Transmitted Infections Foundation' (STIF).

The STI Foundation Competency portfolio comprises:

- **STI Foundation Fundamental**
- **STI Foundation Gateway**
- **STI Foundation Gateway Plus**
- **STI Foundation Intermediate**
- **STI Foundation Advanced**
- **STI Foundation Integrated**
- **STI Foundation Combined** *Intermediate and Integrated*
- **STI Foundation Complete** *Intermediate and Advanced for <u>experienced </u>sexual health practitioners*
- **STI Foundation Sexual Health Advising**

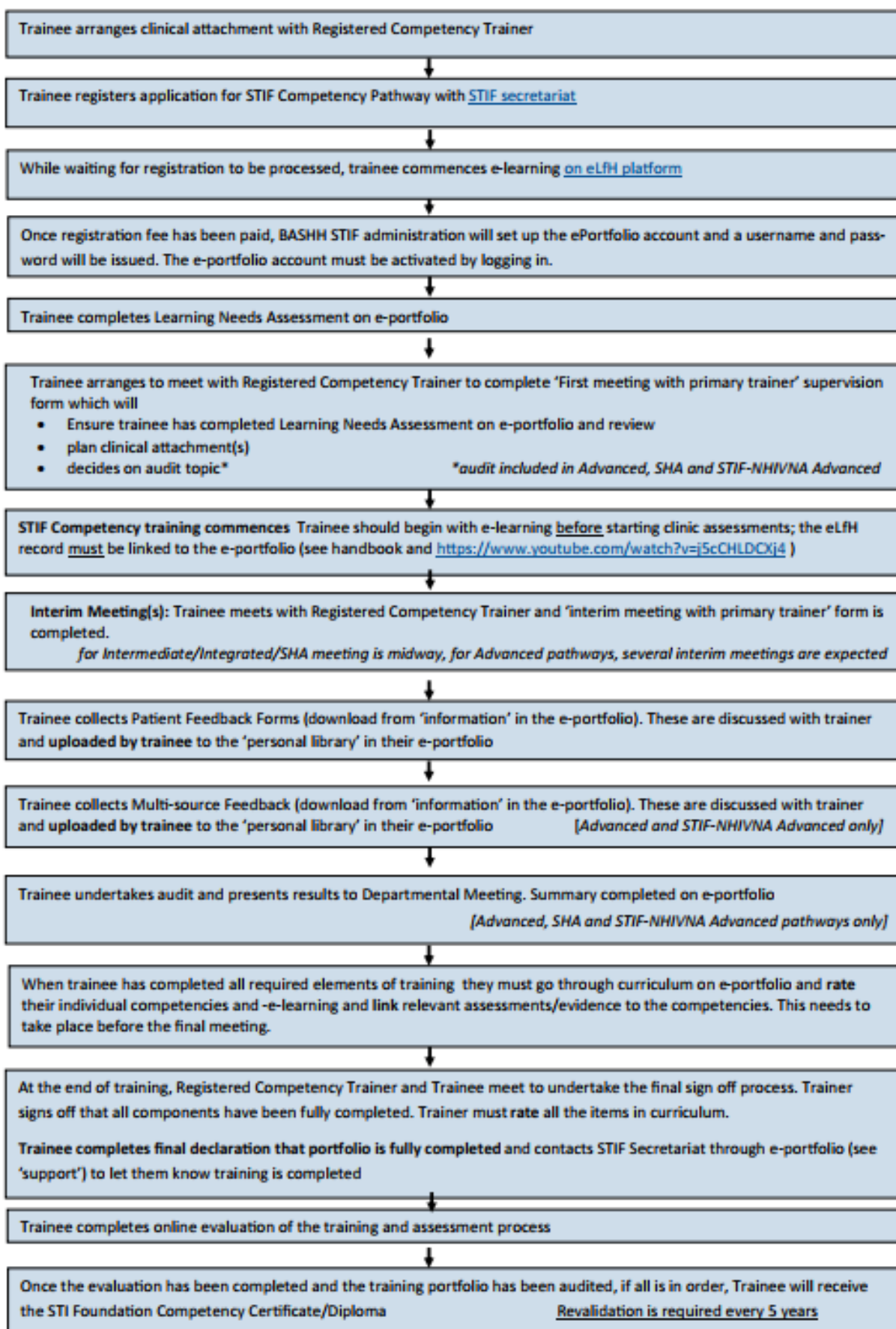**The STI Foundation NHIVNA Competency programme comprises**

- **STI Foundation NHIVNA Intermediate**
- **STI Foundation NHIVNA Advanced**

All STI Foundation Competency pathways include e-learning from the e-Learning for Health programme (Health Education England). This web-based resource underpins all BASHH training programmes.

NOTE – this Handbook has a section with issues relevant to ALL pathways and then sections later covering the specific requirements for the individual pathways.

Please make sure you read and digest all the parts relevant to the pathway you are undertaking – and if you are doing a pathway which includes two components ('Complete' or 'Combined') please ensure you have read the sections for each part

Keep a copy of the 'flowchart' handy and refer to it as you go through and use the list of assessment topics to tick off as you complete them. You can also print the list of topics which will be assessed for your own individual pathway to mark when you have completed each.

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Trainee arranges clinical attachment with Registered Competency Trainer

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Trainee registers application for STIF Competency Pathway with STIF secretariat

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While waiting for registration to be processed, trainee commences e-learning on eLfH platform

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Once registration fee has been paid, BASHH STIF administration will set up the ePortfolio account and a username and password will be issued. The e-portfolio account must be activated by logging in.

↓

Trainee completes Learning Needs Assessment on e-portfolio

↓

Trainee arranges to meet with Registered Competency Trainer to complete 'First meeting with primary trainer' supervision form which will
- Ensure trainee has completed Learning Needs Assessment on e-portfolio and review
- plan clinical attachment(s)
- decides on audit topic*   *audit included in Advanced, SHA and STIF-NHIVNA Advanced

↓

STIF Competency training commences Trainee should begin with e-learning before starting clinic assessments; the eLfH record must be linked to the e-portfolio (see handbook and https://www.youtube.com/watch?v=j5cCHLDCXj4)

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Interim Meeting(s): Trainee meets with Registered Competency Trainer and 'interim meeting with primary trainer' form is completed.
   for Intermediate/Integrated/SHA meeting is midway, for Advanced pathways, several interim meetings are expected

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Trainee collects Patient Feedback Forms (download from 'information' in the e-portfolio). These are discussed with trainer and uploaded by trainee to the 'personal library' in their e-portfolio

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Trainee collects Multi-source Feedback (download from 'information' in the e-portfolio). These are discussed with trainer and uploaded by trainee to the 'personal library' in their e-portfolio   [Advanced and STIF-NHIVNA Advanced only]

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Trainee undertakes audit and presents results to Departmental Meeting. Summary completed on e-portfolio
                                          [Advanced, SHA and STIF-NHIVNA Advanced pathways only]

↓

When trainee has completed all required elements of training they must go through curriculum on e-portfolio and rate their individual competencies and -e-learning and link relevant assessments/evidence to the competencies. This needs to take place before the final meeting.

↓

At the end of training, Registered Competency Trainer and Trainee meet to undertake the final sign off process. Trainer signs off that all components have been fully completed. Trainer must rate all the items in curriculum.

Trainee completes final declaration that portfolio is fully completed and contacts STIF Secretariat through e-portfolio (see 'support') to let them know training is completed

↓

Trainee completes online evaluation of the training and assessment process

↓

Once the evaluation has been completed and the training portfolio has been audited, if all is in order, Trainee will receive the STI Foundation Competency Certificate/Diploma   Revalidation is required every 5 years

STIF *Fundamental* Competency

This is a workplace-based training package to train and assess the competence of healthcare professionals such as Healthcare Assistants / Clinic Support Workers, Community Pharmacists and others in a community/primary care setting as well as sexual health clinics to assess patients who present without symptoms but need a sexual history and risk assessment.

STIF *Gateway* Competency

This is a workplace-based training package to train and assess the competence of healthcare professionals to manage patients in primary and secondary care in a 'Healthcare Assistant / Clinic Support Worker' role (or similar) It includes assessments relating to the role in assisting more senior staff, setting up clinic rooms and safe management of cryotherapy.

STIF *Gateway Plus* Competency

This is a workplace-based training package to train and assess the competence of healthcare professionals to manage patients in primary and secondary care for newly qualified RGN: newly qualified and/or nurses new to sexual health. It includes assessments relating to the role in assisting more senior staff, setting up clinic rooms and safe management of cryotherapy as well as female genital exam (speculum), administering cryotherapy and giving injections (immunisations and antibiotics).

STIF *Intermediate* Competency

STIF *Intermediate* Competency is a workplace-based training package to train and assess the competence of healthcare professionals to manage patients in primary and secondary care presenting with symptomatic sexually transmitted infections. It involves intensive and tailored one-to-one clinical training and assessment (using workplace-based assessments) by specialists within a sexual health clinic setting.

STIF *Advanced* Competency

STI Foundation *Advanced* Competency is designed for Specialist clinicians working in sexual health who are working towards advanced practice and *have already successfully completed STI Foundation Intermediate Competencies*. It is therefore suitable for nurses working at an advanced level, physician associates and SAS doctors working in sexual health who prefer to take this rather than the DipGUM exam. The training and assessment is structured as a clinical attachment within a specialist sexual health service and comprises a minimum of 50 clinical sessions including reflective writing, formal assessment of competence, multi-source feedback and completion of an audit.

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STIF *Integrated* Competency

STI Foundation *Integrated* Competency Training and Assessment builds on STI Foundation *Intermediate* with additional workplace assessments in contraceptive care. STI Foundation *Integrated* can be completed at the same time as STI Foundation *Intermediate* or can follow on from successful STI Foundation *Intermediate* Competency certification. **STI Foundation *Integrated* is not a standalone contraceptive qualification**.

STIF *Health Advising* Competency

STI Foundation *Health Advising* Competency is a comprehensive training and assessment package developed in collaboration with a team of expert Health Advisors, encompassing skills for health advisors and nurses with significant health advising roles. This is a standalone module, however, those who have already completed STI Foundation *Intermediate* will be exempt from repeating the competencies that overlap.

STIFNHIVNA *Intermediate* Competency

STIF NHIVNA Intermediate Competency is a workplace-based training and assessment programme developed by the National HIV Nurses Association (NHIVNA) and the STI Foundation (BASHH). It is designed to train and assess the knowledge and competence of nurses working in HIV services. The training is suitable for nurses working in a Specialist HIV Medicine setting (Out-patient) or an Integrated GUM/HIV or ID/HIV setting. Training is provided by Registered STIF Competency Trainers.

At least 4 months prior clinical experience in an out-patient setting is required.

STIFNHIVNA *Advanced* Competency

STI Foundation STIF-NHIVNA *Advanced* Competency is designed for Specialist clinicians working in HIV medicine who are working towards advanced practice and *have already successfully completed STI Foundation STIF-NHIVNA Intermediate Competencies*. It is therefore suitable for nurses working at an advanced level, physician associates and SAS doctors working in HIV medicine who prefer to take this rather than the DipHIV exam. The training and assessment is structured as a clinical attachment and comprises e-learning, a minimum of 50 clinical sessions including reflective writing, formal assessment of competence, multi-source feedback and completion of an audit.

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3. Timeframes for STI Foundation Competency Pathways

Pathway	Suggested Timeframe *	Maximum Timeframe *
Fundamental ◊	2 weeks	6 weeks
Gateway	3-4 months	12 months ɸ
Gateway Plus	4-6 months	12 months ɸ
Intermediate	4-6 months	12 months
Integrated	2-4 months	12 months
Combined (Intermediate + Integrated)	6-9 months	18 months
Advanced ✦	12 months	24 months
Complete (Intermediate + Advanced)	18 months	24 months
Sexual Health Advising	4-6 months	12 months
STIF-NHIVNA Intermediate	4-6 months	12 months
STIF-NHIVNA Advanced	6-9 months	12 months
STIF-NHIVNA Complete (Intermediate + Advanced)	18 months	24 months

* from date of first assessment

◊ this is suggested time for clinical assessments and excludes time spent on e-learning

ɸ extensions to Gateway and Gateway-plus beyond 12 months will not normally be granted unless there are exceptional circumstances

✦ The training period for STI Foundation Advanced must include a minimum of 50 four-hour clinical sessions over a period of 6-24 months.

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Training Extensions

All parts of the training/assessment pathway should be completed within the required timeframe from the date of the first topic assessment. It is strongly encouraged to undertake the related e-learning before undertaking the first topic assessment.

We recognise that many events (recently SARS-CoV-2, MPX) can cause disruption to training. If the timeframe is likely to be insufficient, you **must** apply for a training extension **before** the end of this period. Additional payment (for access to the NHS e-portfolio) will be required for training extensions. An online training extension request form is available for trainees **via the e-portfolio.**

The Registered Competency Trainer will be required to substantiate the claim. If the trainee has not completed the required assessments within this timeframe without evidence of extenuating circumstances, then they will have to reapply to undertake the qualification with a covering e-mail of support from a Registered Competency Trainer.

You should expect an acknowledgement of your extension request **within 1 week** of submission and a response **within 2 weeks**. If you have not heard, please e-mail stif@bashh.org

NHS e-portfolio

Video guides are available to help trainers and trainees with navigation on NHS E-Portfolio.

https://www.youtube.com/@NHSePortfolios_org/videos

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4. Setting up the Training

Who can be a Registered STIF Competency Trainer (Primary or Main Trainer)?

NB All Registered/Principal Trainers must have attended 'Train the Trainer' Membership of BASHH or BHIVA is essential	
Pathway	**(Minimum) Essential Qualifications**
Fundamental	STIF Intermediate Competency (or equivalent)
Gateway	STIF Intermediate Competency (or equivalent)
Gateway Plus	STIF Intermediate Competency (or equivalent)
Intermediate	STIF Advanced Competency, DipGUM, CCST
Integrated	STIF Advanced Competency, DFSRH, CCST
Combined (Intermed + Integrated)	STIF Advanced Competency, DipGUM, DFSRH, CCST
Advanced	STIF Advanced Competency, DipGUM, CCST
Complete (Intermed + Advanced)	STIF Advanced Competency, DipGUM, CCST
Sexual Health Advising	STIF SHA Competency, DipGUM, CCST
STIF-NHIVNA Intermediate	STIF-NHIVNA Advanced Competency, DipHIV, CCST
STIF-NHIVNA Advanced	STIF-NHIVNA Advanced Competency, DipHIV, CCST
STIF-NHIVNA Complete (Intermed + Advanced)	STIF-NHIVNA Advanced Competency, DipHIV, CCST

Full details on Trainer requirements are online https://www.stif.org.uk/sti-foundation-competency-trainer/

Complete your Learning Needs Questionnaire

The questionnaire should be completed as accurately as possible (on the e-portfolio) prior to the initial meeting between the trainee and the Registered Competency Trainer. The trainee then needs to set up a meeting with the Registered Competency Trainer who will review the completed Learning Needs Questionnaire and discuss how the training will be organised.

Each clinical encounter during the designated sessions can be used for training. In the early stages the trainee may observe the trainer carrying out a consultation or is closely supervised carrying out a consultation themselves. In the assessment, the trainee carries out a consultation which the trainer assesses using the relevant assessment form on the e-portfolio.

5. Training and Assessment Resources

All resources for the trainee are hosted on the STI Foundation Website and the NHS e-portfolio system. Access is granted following payment of the registration fee

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	STIF Website	NHS e-portfolio
For All Pathways		
Handbook and Process FLowchart	✓	✓
Learning Needs Assessment		✓
eLfH (e-learning) curriculum	✓	✓
Assessment documentation		✓
Patient consultation feedback form		✓
Training extension request form		✓

E-learning (all pathways)

In addition to the e-portfolio competency assessments, the trainee needs to complete the specified e-learning sessions for each pathway. We recommend completing at least 50% of the e-learning before starting the assessment stage of the training.   All sessions need to be completed by the final sign off meeting at the end of the training. Detailed information about the e-learning to be completed for each pathway is provided in the training materials.

The e-learning is provided by NHS England (incorporating HEE and NHS Digital) through e-learning for Health https://portal.e-lfh.org.uk/ and the e-portfolio is managed by NHS Education for Scotland. BASHH/STIF are not responsible for either of these platforms and requests for help about eLfH and/or NHS portfolio should be directed to the relevant organisation and not to the STIF secretariat.

REMEMBER: You must link your e-portfolio to your online learning on the eLfH (NHS England e-learning for health). See this video for help:

https://www.youtube.com/watch?v=j5cCHLDCXj4

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Patient Feedback (all competency pathways except Fundamental)

All trainees MUST use the BASHH/STIF form supplied to collect the Patient Feedback. The form is available to download from the e-portfolio.

** *No other format is accepted* **

The trainee should ask patients to complete this feedback form. You need to ask enough patients to ensure you have at least 5 completed forms (not all will complete it).

Ideally, a different staff member will give the form to consecutive patients who have been seen by the trainee as they leave the consultation. The form should be accompanied by an envelope and a pen (and ideally a clipboard).

Patients should be advised that completion of the form is voluntary but that it is confidential and an important part of Quality Improvement for both the clinician and the clinic as a whole. Once completed they should place the form in an envelope and hand it to the receptionist.

Once enough forms have been returned, the receptionist can advise the trainee/ staff member to stop handing out any more. Completed forms should be passed to the registered clinical trainer for discussion with the trainee at the earliest opportunity. Following discussion with your trainer, the anonymised forms will be returned to you to scan and **upload** to your e-portfolio into your personal library.

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Multi-Source Feedback (360 degree) – Advanced pathways

All trainees MUST use the BASHH/STIF form supplied to collect the Multi-Source Feedback. The form is available to download from the e-portfolio.

*** No other format is accepted ***

The Multi-Source Feedback (MSF) tool is used to collect colleagues' opinions on your clinical performance and professional behaviour. It provides data for reflection on your performance and self-evaluation and should be one of the topics you write about in your reflective practice.

Tips for your MSF feedback

1. Choose a range of colleagues - nursing, medical, admin/secretarial, manager, someone you are supervising. We recommend you ask 7-10 colleagues (a minimum of 5 is needed)
2. Print out the MSF and fill in your details
3. The form should be returned to your primary trainer – provide an envelope with your trainer's name with the MSF
4. **Your trainer will anonymise the results before discussion**
5. After discussion with your trainer, the anonymised forms will be returned to you to scan and **upload** to your e-portfolio into your personal library

6. Competency Assessment

The STI Foundation Competency assessments on the e-portfolio are designed as far as possible to reflect the natural flow of a consultation, tailored to a patient attending a clinic rather than as a check list of what a clinician should know.

The majority of assessments are undertaken using direct observation of clinical practice. Some assessments consist of observed practice as well as discussion with the trainee. Some are assessed by discussion only (this is marked clearly on the e-portfolio)

For each task the Registered Clinical Trainer (or a designated colleague) needs to complete one competent assessment on the e-portfolio with the trainee. You may complete more than one assessment if the earlier one(s) are assessed 'needs improvement'. Most of the assessments are based on direct observation of your trainee's clinical practice followed by discussion. A small number of assessments may be better suited to case-scenario discussions, mainly to cover those areas which are knowledge-based and / or when a suitable patient is not available.

For each element of assessment, the trainer is expected to mark 'requires improvement' or 'competent' and at the end of the assessment, the trainer rates the trainee overall by marking either 'REQUIRES IMPROVEMENT' 'COMPETENT' or 'ABOVE EXPECTED' which you will find towards the end.

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Every element of each assessment must be assessed as 'competent' for the trainee to pass. The trainer should also give feedback to the trainee. This should be used to identify particular strengths, suggestions for improvement and any agreed action for the trainee, particularly where there are any concerns about the trainee. A task is only completed when the trainer has signed-off the trainee overall as 'COMPETENT' or 'ABOVE EXPECTED' for that task; the trainer should be happy that the trainee is competent to do this task at the appropriate level and the trainee should feel confident that this is the case too. Where the trainee is judged to be 'ABOVE EXPECTED' we would expect this to be reflected in the comments.

Other staff involved in training

Other members of the multidisciplinary team, such as senior nurses, health advisors, SASG doctors and Specialty Trainees depending on their experience, may be involved in much of the day-to-day clinical training and assessment of the trainees undertaking STIF Gateway, STIF Intermediate, STIF-NHIVNA Intermediate and STIF Integrated, and can contribute to STIF Advanced and STIF-NHIVNA Advanced Competency training. We encourage any staff who are likely to be involved in the training and assessment to attend the 'Train the Trainer' event, even if they are not planning to register as principal/registered trainers.

It is incumbent on the Registered STIF Competency Trainer to be confident that anyone involved in training and assessing within their units is competent in the use of the assessment tools and that they themselves have the required level of competence in order to provide training and oversee the assessments.

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The assessment process

For each task the trainee should complete the assessment on the e-portfolio with the Registered Competency Trainer or a designated assessor. Assessments can be both formative and summative and more than one assessment can be completed and recorded in the e-portfolio. More than one assessment can be made on a single patient/consultation where appropriate.

The majority of the assessments will be observed clinical practice with supplementary discussion with the trainer. For the more advanced pathways, discussion with trainer (including case-based discussion) is used, mainly to cover the areas which are predominantly knowledge-based and/or where a suitable patient is unlikely to be available (less common presentations for example).

The trainer must ensure that the patient knows that the trainee is being assessed. The trainer will then observe the trainee carrying out the task in question and may also explore the trainee's knowledge by further questioning where appropriate.

Recording the clinical consultation and assessment on the e-portfolio **must** take place during the consultation or as soon as possible after, certainly within 48 hours. Batch completion at a much later date is not acceptable and assessments will be rejected and reassessment required in such circumstances.

Extract: GMC Guidance "Good Medical Practice"

71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

Extract: NMC Code 2015 for Registered Nurses

In relation to assessments, registered nurses must 'complete all records at the time or as soon as possible after the event' (10.1: p9) ensuring that they 'complete all records accurately and without any falsification, taking immediate and appropriate action if (they) become aware that someone has not kept to these requirements' (10.3: p9).

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7. Meetings between Registered Clinical Trainer and Trainee

These meetings should all be recorded in the e-portfolio

The initial meeting between the Registered STI Foundation Competency Trainer and the trainee is to

- plan the clinical attachment based on the online Learning Needs Assessment Questionnaire completed before meeting by the Trainee
- plan other aspects (for example) MSF, patient feedback, audit

Interim Meeting(s)

For shorter pathways (for example Gateway, Intermediate, Integrated) this meeting should be around the midpoint; for larger pathways (STIF advanced and STIF-NHIVNA Advanced), regular meetings should be scheduled.

8. Completion of Training

When the trainee has completed all required elements of training they must go through the curriculum on e-portfolio and rate their individual competencies and e-learning and link relevant assessments/evidence to the competencies. This needs to take place <u>before</u> the final meeting.

9. Final Meeting

At the end of the training, Registered Competency Trainer and Trainee meet to undertake the final sign off process. The Trainer will need to 'rate' the items in the curriculum and check that everything has been completed at this meeting.

After this, the trainee signs the portfolio off as complete and ready to be audited. The form "Trainee Final Confirmation on Completion" can be found under 'Reflection'. The trainee must check with the most recent version of the handbook and the process flowchart (both available within the eportfolio) before signing this form.

Finally, the trainee contacts STIF Secretariat through e-portfolio (see 'support') to let them know training is completed. The trainee will receive the link to the online evaluation. Once this is completed, they will be issued with a Certificate or Diploma, subject to audit of the portfolio.

10. Quality Assurance

ALL portfolios are audited. The STIF Competency qualification (certificate or Diploma) is a Nationally accredited professional qualification and is subject to stringent audit criteria. **Trainers who consistently sign off incomplete portfolios may be removed from the register of accredited trainers.**

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Some trainees have asked to see the assessments; if trainees wish to print any assessment forms from e-portfolio they can do (see below) but all assessments **must** be recorded on the e-portfolio:
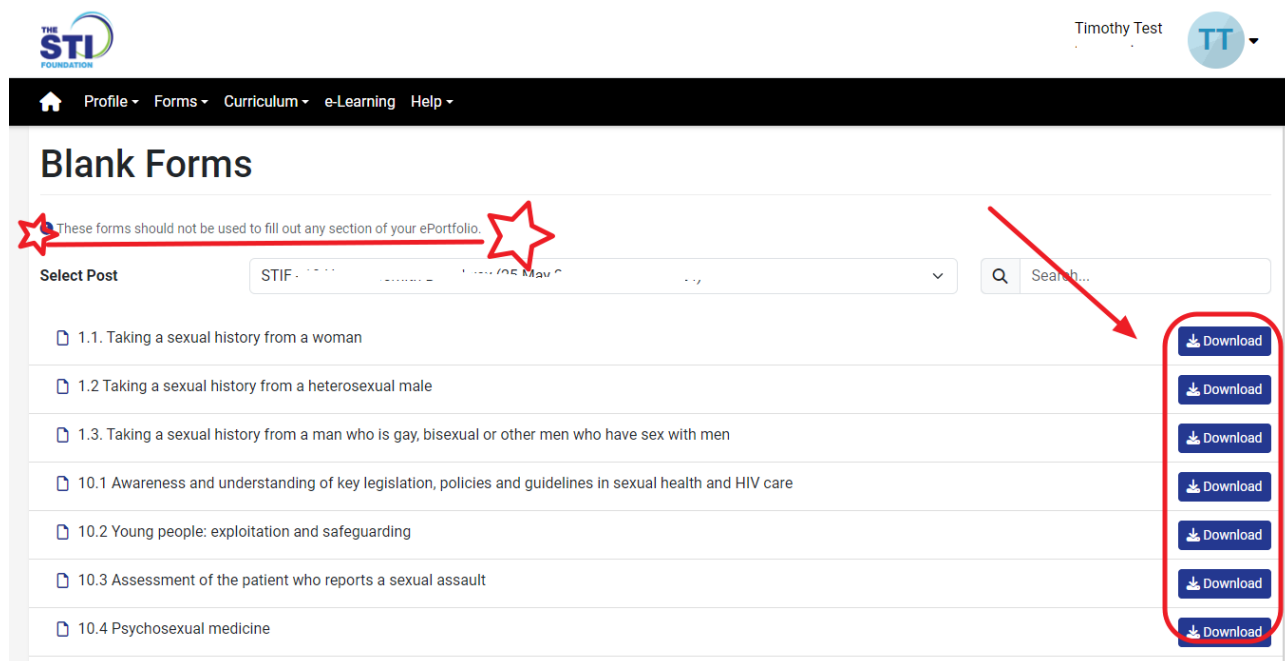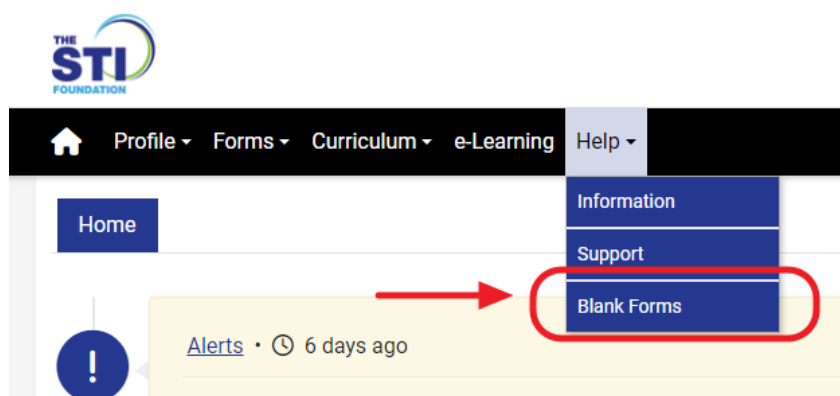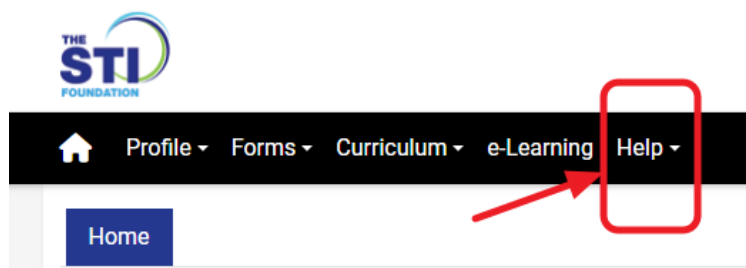
APPENDIX 1: STI Foundation Fundamental Competency

This is a workplace-based training package to train and assess the competence of healthcare professionals in community/primary care settings as well as sexual health clinics to assess patients who present without symptoms but need a sexual history and risk assessment.

Learning Outcomes:

Knowledge and Understanding

When you complete your studies for this STIF Fundamental Competency Training and Assessment programme, you will have knowledge and understanding of:

KU 1	the principles of service provision for Sexually Transmitted Infections (STIs)
KU 2	the issues relating to confidentiality and partner notification
KU 3	how to prevent transmission of STIs and BBVs

Cognitive Skills

On completion of this STIF Fundamental Competency Training and Assessment programme, you will have developed the following cognitive skills:

CS 4	be able to evaluate the ways in which the lifestyle and circumstances of patients/clients may reflect in their presentation and the impact on their management
CS 5	be able to articulate your contribution to risk assessment, risk reduction and STI prevention in your own service
CS 6	be able to reflect on the essential role of effective partner notification when dealing with an infectious disease

Practical and/or Professional Skills

When you complete this STIF Fundamental Competency Training and Assessment programme, you will be able to:

PPS 7	assess and appraise a patient through history and risk assessment
PPS 8	use appropriate terminology when discussing sex with patients and understand why this is important
PPS 9	inform patients on reducing their risk of sexual infections and their risk of unplanned pregnancy
PPS 10	assess risk and discuss testing for HIV with patients

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E-learning sessions on eLfH (see separate guide)

STI FOUNDATION FUNDAMENTAL

- Taking a sexual history (risk assessment)
- Sexual Health Promotion
- Giving a positive chlamydia result
- HIV Testing
- Partner Notification

TIMEFRAME 6 weeks

Method of assessment	Abbreviation
Directly Observed Practice	DOP
Discussion with Trainee / Case Based Discussion	DWT
NOTE: When more than one method of assessment is indicated, they are both part of the assessment, not alternative options	

		Topic of Assessment	DOP	DWT
70		**History and Risk Assessment**		
	70.01	Sexual history and risk assessment (woman)	✔	✔
	70.02	Sexual history and risk assessment (heterosexual man)	✔	✔
	70.03	Sexual history and risk assessment (gay, bisexual and MSM)	✔	✔
	70.04	Partner notification	✔	✔
	70.05	Positive Chlamydia result	✔	✔
	72.04	HIV pre and post-test discussion, including giving negative results	✔	✔
71		**Sexual Health Promotion**		
	71.01	Sexual Health Promotion (women)	✔	✔
	71.02	Sexual Health Promotion (heterosexual man)	✔	✔
	71.03	Sexual Health Promotion (gay, bisexual and MSM)	✔	✔

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APPENDIX 2A: STI Foundation Gateway Competency

This is a workplace-based training package to train and assess the competence of healthcare professionals to manage patients in primary and secondary care in a 'Healthcare Assistant / Clinic Support Worker' role (or similar) It includes assessments relating to the role in assisting more senior staff, setting up clinic rooms and safe management of cryotherapy.

Learning Outcomes:

Knowledge and Understanding

When you complete your studies for this STIF Gateway Competency Training and Assessment programme, you will have knowledge and understanding of:

KU 1   the principles of service provision for Sexually Transmitted Infections (STIs)

KU 2   the issues relating to confidentiality and partner notification

KU 3   how to prevent transmission of STIs including the role of immunisation in prevention of STIs and BBVs

KU 4   how to screen for domestic violence/abuse

KU 5   safeguarding

KU 6   the role of the 'chaperone'

KU 7   safe use of potentially hazardous substances (cryotherapy, liquid nitrogen)

Cognitive Skills

On completion of this STIF Gateway Competency Training and Assessment programme, you will have developed the following cognitive skills:

CS 8   be able to evaluate the ways in which the lifestyle and circumstances of patients/clients may reflect in their presentation and the impact on their management

CS 9   be able to analyse how the range of human sexuality, lifestyles and culture impacts on transmission and approaches to prevention and risk reduction

CS 10   be able to critically reflect on your experience and demonstrate a commitment to ongoing learning and development.

CS 11   be able to articulate your contribution to risk assessment, risk reduction and STI prevention in your own service

CS 12   be able to reflect on the essential role of effective partner notification when dealing with an infectious disease

CS 13   be able to demonstrate the development of your knowledge and clinical competence to meet the needs of a diverse range of patients/clients.

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<u>Practical and/or Professional Skills</u>

When you complete this STIF Gateway Competency Training and Assessment programme, you will be able to:

PPS 14	assess and appraise a patient through history and risk assessment
PPS 15	use appropriate terminology when discussing sex with patients and understand why this is important
PPS 16	inform patients on reducing their risk of sexual infections and their risk of unplanned pregnancy
PPS 17	assess risk and discuss testing for HIV with patients
PPS 18	set up the clinic room for patient examination and assist other members of the medical team to undertake examinations and clinical tests
PPS 19	perform basic observations, venepuncture and point of care tests (dipstick, pregnancy tests) as required by clinic protocol/procedures

E-learning sessions on eLfH (please see separate guide)

STI FOUNDATION GATEWAY includes:
- Taking a sexual history (risk assessment)
- Partner Notification
- Basic Observations
- Chaperone role
- Setting up Examination Room
- Assisting with exam/tests
- Venepuncture, Urinalysis, Pregnancy Tests
- Consultations with patients who have limited English proficiency
- Consulting by phone/video
- Cryotherapy equipment and safety
- Trans and non-binary patients
- Giving Results – common STIs
- Confidentiality
- Safeguarding
- Domestic Violence and Abuse
- Immunisations in sexual health
- Female Genital Mutilation

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Method of assessment	Abbreviation
Directly Observed Practice	DOP
Discussion with Trainee / Case Based Discussion	DWT
NOTE: When more than one method of assessment is indicated, they are both part of the assessment, not alternative options	

	Topic of Assessment	DOP	DWT
70	**History and Risk Assessment**		
70.01	Sexual history and risk assessment (woman)	✔	✔
70.02	Sexual history and risk assessment (heterosexual man)	✔	✔
70.03	Sexual history and risk assessment (gay, bisexual and MSM)	✔	✔
71	**Sexual Health Promotion**		
71.01	Sexual Health Promotion (women)	✔	✔
71.02	Sexual Health Promotion (heterosexual man)	✔	✔
71.03	Sexual Health Promotion (gay, bisexual and MSM)	✔	✔
71.04	Alcohol, Recreational/Club Drugs and ChemSex	✔	✔
72	**Consultation Skills**		
72.01	Sexual history from patient under 18		✔
72.02	Consultations with patients with limited English proficiency	✔	✔
72.03	Consulting by Phone/Video	✔	✔
72.04	HIV pre and post-test discussion, including giving negative results	✔	✔
72.05	Trans and non-binary patients		✔
72.06	Giving Results – common STIs GC CT Neg Syph Neg HIV	✔	✔
72.07	Principles of Partner Notification		✔
74	**Knowledge Based Assessments**		
74.01	Confidentiality		✔
74.02	Safeguarding in SRH setting		✔
74.03	Domestic Violence and abuse		✔
74.04	Hepatitis Immunisation Awareness		✔
74.05	HPV immunisation Awareness		✔
74.06	FGM Awareness		✔
74.07	Sexual Assault		✔
75	**Practical Tasks (patient facing)**		
75.01	Basic Observations		✔
75.02	Chaperone role	✔	✔
75.03	Assisting with clinical exam/tests	✔	
75.04	How to instruct patient to take own swabs/tests	✔	
75.07	Venepuncture (local certification to be uploaded)		
76	**Practical Tasks (other)**		
76.01	Setting up rooms	✔	✔
76.02	Urinalysis	✔	✔
76.03	Pregnancy Test	✔	✔
76.04	Managing cryotherapy safely	✔	✔

STIF *Competency*

Note on Microscopy:

Trainees following the STI Foundation Gateway and Gateway-Plus Competency Programmes may undertake the BSIG-STIF Competencies (currently under development) as additional assessments at no extra charge.

STIF *Competency*

APPENDIX 2B: STI Foundation Gateway-Plus Competency

This is a workplace-based training package to train and assess the competence of healthcare professionals to manage patients in primary and secondary care for newly qualified RGN: newly qualified and/or nurses new to sexual health. It includes assessments relating to the role in assisting more senior staff, setting up clinic rooms and safe management of cryotherapy as well as female genital exam (speculum), administering cryotherapy and giving injections (immunisations and antibiotics).

Learning Outcomes:

Knowledge and Understanding

When you complete your studies for this STIF Gateway-Plus Competency Training
and Assessment programme, you will have knowledge and understanding of:

KU 1   the principles of service provision for Sexually Transmitted Infections (STIs)

KU 2   the issues relating to confidentiality and partner notification

KU 3   how to prevent transmission of STIs including the role of immunisation in prevention of STIs and BBVs

KU 4   how to screen for domestic violence/abuse

KU 5   safeguarding

KU 6   the role of the 'chaperone'

KU 7   safe use of potentially hazardous substances (cryotherapy, liquid nitrogen)

Cognitive Skills

On completion of this STIF Gateway-Plus Competency Training and Assessment programme, you will have developed the following cognitive skills:

CS 8   be able to evaluate the ways in which the lifestyle and circumstances of patients/clients may reflect in their presentation and the impact on their management

CS 9   be able to analyse how the range of human sexuality, lifestyles and culture impacts on transmission and approaches to prevention and risk reduction

CS 10   be able to critically reflect on your experience and demonstrate a commitment to ongoing learning and development.

CS 11   be able to articulate your contribution to risk assessment, risk reduction and STI prevention in your own service

CS 12   be able to reflect on the essential role of effective partner notification when dealing with an infectious disease

CS 13   be able to demonstrate the development of your knowledge and clinical competence to meet the needs of a diverse range of patients/clients.

STIF *Competency*

Practical and/or Professional Skills

When you complete this STIF Gateway-Plus Competency Training and Assessment programme, you will be able to:

PPS 14	assess and appraise a patient through history and risk assessment
PPS 15	use appropriate terminology when discussing sex with patients and understand why this is important
PPS 16	inform patients on reducing their risk of sexual infections and their risk of unplanned pregnancy
PPS 17	assess risk and discuss testing for HIV with patients
PPS 18	set up the clinic room for patient examination and assist other members of the medical team to undertake examinations and clinical tests
PPS 19	perform basic observations, venepuncture and point of care tests (dipstick, pregnancy tests) as required by clinic protocol/procedures
PPS 20	perform clinical examination of female patient including speculum examination
PPS 21	administer immunisations and antibiotic injections safely and according to clinic protocol/procedures
PPS 22	administer topical cryotherapy safely and according to clinic protocol/procedures

E-learning sessions on eLfH (see separate guide)

STI FOUNDATION GATEWAY-PLUS:

- Taking a sexual history (risk assessment)
- Partner Notification
- Basic Observations
- Chaperone role
- Setting up Examination Room
- Assisting with exam/tests
- Venepuncture, Urinalysis, Pregnancy Tests
- Cryotherapy equipment and safety
- Consultations with patients who have limited English proficiency
- Consulting by phone/video
- Trans and non-binary patients
- Giving Results – common STIs
- Confidentiality
- Safeguarding
- Domestic Violence and Abuse
- Immunisations in sexual health
- Female Genital Mutilation
- Female Genital Examination
- Antibiotic and Immunisation administration
- Cryotherapy for warts/molluscum
- Pre-exposure prophylaxis (HIV)

STIF *Competency*

Method of assessment	Abbreviation
Directly Observed Practice	DOP
Discussion with Trainee / Case Based Discussion	DWT
NOTE: When more than one method of assessment is indicated, they are both part of the assessment, not alternative options	

		Topic of Assessment	DOP	DWT
70		**History and Risk Assessment**		
	70.01	Sexual history and risk assessment (woman)	✓	✓
	70.02	Sexual history and risk assessment (heterosexual man)	✓	✓
	70.03	Sexual history and risk assessment (gay, bisexual and MSM)	✓	✓
	70.04	Partner notification	✓	✓
71		**Sexual Health Promotion**		
	71.01	Sexual Health Promotion (women)	✓	✓
	71.02	Sexual Health Promotion (heterosexual man)	✓	✓
	71.03	Sexual Health Promotion (gay, bisexual and MSM)	✓	✓
	71.04	Alcohol, Recreational/Club Drugs and ChemSex	✓	✓
72		**Consultation Skills**		
	72.01	Sexual history from patient under 18		✓
	72.02	Consultations with patients with limited English proficiency	✓	✓
	72.03	Consulting by Phone/Video	✓	✓
	72.04	HIV pre and post-test discussion, including giving negative results	✓	✓
	72.05	Trans and non-binary patients		✓
	72.06	Giving Results – common STIs GC CT Neg Syph Neg HIV	✓	✓
73		**Clinical Examination**		
	73.01	Female exam incl. speculum	✓	
74		**Knowledge Based Assessments**		
	74.01	Confidentiality		✓
	74.02	Safeguarding in SRH setting		✓
	74.03	Domestic Violence and abuse		✓
	74.04	Hepatitis Immunisation Awareness		✓
	74.05	HPV immunisation Awareness		✓
	74.06	FGM Awareness		✓
	74.07	Sexual Assault		✓
	74.08	Pre-exposure Prophylaxis for HIV (PrEP)		✓

STIF *Competency*

75	**Practical Tasks (patient facing)**			
	75.01	Basic Observations		✔
	75.02	Chaperone role	✔	✔
	75.03	Assisting with clinical exam/tests	✔	
	75.04	How to instruct patient to take own swabs/tests	✔	
	75.05	Ceftriaxone administration	✔	✔
	75.06	Benz Penicillin administration	✔	✔
	75.07	Venepuncture (local certification to be uploaded)		
	75.08	Warts and Molluscum - administer cryotherapy	✔	✔
	75.09	Administration of HPV and/or Hepatitis Immunisation	✔	✔
76	**Practical Tasks (other)**			
	76.01	Setting up rooms	✔	✔
	76.02	Urinalysis	✔	✔
	76.03	Pregnancy Test	✔	✔
	76.04	Managing cryotherapy safely	✔	✔

Note on Microscopy:

Trainees following the STI Foundation Gateway and Gateway-Plus Competency Programmes may undertake the BSIG-STIF Competencies (currently under development) as additional assessments at no extra charge.

STIF *Competency*

APPENDIX 3: STI Foundation Intermediate Competency

The STI Foundation Intermediate Competency Programme is a nationally recognised training and assessment qualification in sexual health for doctors, nurses and midwives working in primary and secondary care. STI Foundation Intermediate Competency is just one component of a wider education portfolio. It involves clinical attachments during which time the trainee/learner is observed working with patients, receives training and is assessed in practice. On successful completion of the training and assessment programme, a Certificate of STI Foundation Intermediate Competency is awarded. **The Certificate needs to be revalidated every five years.**

STI Foundation Intermediate Competency involves intensive and tailored one-to-one clinical training and assessment by Sexual Health specialists and other suitably qualified clinicians within a GUM/Sexual Health clinic setting. This is usually delivered on a part-time basis, depending on trainer and trainee preferences. It is not 'sitting in' with a trainer or 'doing clinics unsupervised' (i.e., the trainee should not be doing any unsupervised 'service' work during the sessions.) Essentially each clinical encounter during the designated clinical sessions is used for either.

- Training - in the early stages a trainee may observe the clinical trainer carrying out a consultation or be closely supervised carrying out a consultation.
  or
- Assessment- the trainee carries out a consultation while being assessed by the clinical trainer using the assessment proforma on the e-portfolio.

The training allows trainees to take graded responsibility within a situated learning and legitimate peripheral participation model of learning (after Lave & Wenger, 1991). Scenario based mini-CEx instruments are used to provide both assessment of competence and detailed structured formative feedback to the learners.

Prior experience will be assessed via a formal learning needs assessment and discussed with the trainer at the start of your training. The trainee is required to prepare for the clinical sessions and is expected to:

- Review national clinical guidelines (e.g. www.bashh.org) and contrast these with local guidelines where appropriate, either before a session or in response to a learning gap identified within a session.

- Complete a portfolio of assessments during their workplace attachment, with a 'competent' score for each competence.

E-learning sessions on eLfH (see separate guide)

STIF *Competency*

Learning Outcomes:

Knowledge and Understanding

When you complete your studies for this STI Foundation Intermediate Competency Training and Assessment programme, you will have knowledge and understanding of:

KU1	the principles of service provision for Sexually Transmitted Infections (STIs)
KU2	the issues relating to confidentiality and partner notification
KU3	common STIs and related conditions, their presentation, diagnosis and management
KU4	how to prevent transmission of STIs
KU5	when to refer patients to specialist services

Cognitive Skills

On completion of this STI Foundation Intermediate Competency Training and Assessment programme, you will have developed the following cognitive skills:

CS6	compare, evaluate and apply local and national guidelines to manage a patient within a level 2 or 3 sexual health service (England), including onward referral where appropriate.
CS7	able to evaluate the ways in which the lifestyle and circumstances of patients/clients may reflect in their presentation and impact on their management
CS8	able to analyse how the range of human sexuality, lifestyles and culture impacts on transmission and approaches to prevention and risk reduction
CS9	critically reflect on your experience and demonstrate a commitment to ongoing learning and development.
CS10	able to critically evaluate how personal beliefs and values of the clinician could affect the consultation

STIF *Competency*

Key Skills

When you complete this STI Foundation Intermediate Competency Training and Assessment programme, you will be able to:

KS11	draw on a range of resources to provide evidence-based management to people presenting to your service with sexual and reproductive health needs
KS12	articulate your contribution to risk reduction and STI prevention in your own service
KS13	reflect on the essential role of effective partner notification when dealing with an infectious disease
KS14	demonstrate the consolidation and development of your knowledge and clinical competence to meet the needs of a diverse range of patients/clients.

Practical and/or Professional Skills

When you complete this STI Foundation Intermediate Competency Training and Assessment programme, you will be able to:

PPS15	assess and appraise a patient through history, examination and special investigations to compile a working diagnosis.
PPS16	use appropriate terminology when discussing sex with patients and understand why this is important
PPS17	inform patients on reducing their risk of sexual infections and their risk of unplanned pregnancy
PPS18	optimise care pathways for patients through improved links with local GUM /sexual health (TOP, Contraception, psychosexual), and microbiology services

STIF *Competency*

Competencies and knowledge assessed (STI Foundation Intermediate)

- Taking a sexual history
- Male and female examination
- Diagnostic testing and interpretation
- Consultations with people under 18
- Consultations with patients who have limited English proficiency
- Consulting by phone/video
- Management of female genital discharge
- Management of male urethral discharge
- Management of genital warts and molluscum contagiosum
- Management of genital herpes infection
- Management of urinary tract infections
- Management of genital infestations
- Screening and prevention of sexually acquired hepatitis
- Risk reduction and advice on safer sex
- Effective partner notification
- HIV testing
- Managing women who present with unplanned pregnancy
- Assessment and management of need for PEPSE (Post-exposure HIV prophylaxis following potential sexual exposure).
- Safeguarding Children
- Female Genital Mutilation
- Domestic violence and abuse
- Assessment of someone who reports sexual assault
- Trans awareness

Within each of the competencies, a matrix of generic competencies is also assessed, examples include:

- ✓ Respects patient choice
- ✓ Respects patient confidentiality
- ✓ Considers ethnic and sexuality issues
- ✓ Is aware of patient dignity and need for a chaperone
- ✓ Awareness, evaluation and application of national and local guidelines and policies.

It is expected that the majority of assessments should be by direct observation wherever possible.

STIF *Competency*

Method of assessment	Abbreviation
Directly Observed Practice	**DOP**
Discussion with Trainee / Case Based Discussion	**DWT**
NOTE: When more than one method of assessment is indicated, they are both part of the assessment, not alternative options	

		Topic of Assessment	DOP	DWT
1		**Sexual History**		
	01.01	Taking a sexual history from a woman	✔	
	01.02	Taking a sexual history from a heterosexual male	✔	
	01.03	Taking a sexual history from a man who has sex with men (MSM)	✔	
2		**Genital Examination**		
	02.01	Female genital examination	✔	
	02.02	Male genital examination	✔	
3		**Sexual Health Promotion**		
	03.01	Sexual Health Promotion: women	✔	
	03.02	Sexual Health Promotion: heterosexual men	✔	
	03.03	Sexual Health Promotion: gay, bisexual or other men who have sex with men	✔	
4		**Diagnostic Tests**		
	04.01	Taking tests and diagnosing STIs in women	✔	✔
	04.02	Taking tests and diagnosing STIs in men	✔	✔
5		**Enhanced Consultation Skills**		
	05.01	Sexual history from patient under 18	✔	✔
	05.02	Consultations with patients with limited English proficiency	✔	
	05.03	Remote Consultation (Phone/Video)	✔	
	05.04	Managing people who present with Unwanted/Unplanned Pregnancy	✔	✔
	05.05	HIV pre and post-test discussion	✔	✔
6		**Management of specific STIs**		
	06.01	Assessment, treatment and management of Chlamydia trachomatis	✔	✔
	06.02	Assessment, treatment and management of Gonorrhoea	✔	✔
	06.03	Assessment, treatment and management of Trichomonas vaginalis	✔	✔
	06.04	Assessment, treatment and management of Mycoplasma Genitalium	✔	✔
	06.05	Assessment, treatment and management of genital warts	✔	✔
	06.06	Assessment, treatment and management of molluscum contagiosum	✔	✔
	06.07	Administration of Cryotherapy (genital warts and molluscum) * *NEW* *	✔	✔
	06.08	Assessment, treatment and management of genital herpes	✔	✔

STIF *Competency*

			DOP	DWT
7	**Related conditions**			
	07.01	Assessment, treatment and management of vaginal discharge (candida)	✔	✔
	07.02	Assessment, treatment and management of vaginal discharge (BV)	✔	✔
	07.03	Assessment, treatment and management of male urethral discharge	✔	✔
	07.04	Assessment, treatment and management of genital infestations (scabies)		✔
	07.05	Assessment, treatment and management of genital infestations (pubic lice)		✔
	07.06	Urinary Tract Infection	✔	✔
8	**Health Protection**			
	08.01	Risk Reduction: Alcohol, Recreational/Club Drugs and ChemSex	✔	✔
	08.02	Partner notification	✔	✔
	08.03	Use of ARV medication as prevention: PrEP and TasP	✔	✔
	08.04	Assessment and management of need for Post Exposure Prophylaxis for HIV following Sexual Exposure (PEPSE)	✔	✔
9	**Hepatitis**			
	09.01	Screening and prevention of sexually acquired hepatitis A	✔	✔
	09.02	Screening and prevention of sexually acquired hepatitis B	✔	✔
	09.03	Screening and prevention of hepatitis C	✔	✔
10	**Knowledge Based Assessments**			
	10.01	Key Legislation, Policies and Guidelines.		✔
	10.02	Young people: Exploitation and Safeguarding		✔
	10.03	Assessment of a patient who reports sexual assault		✔
	100.4	Psychosexual Medicine		✔
	10.05	Female Genital Mutilation		✔
	10.06	Domestic violence and abuse		✔
	10.07	Psychological Support: Trans Awareness		✔

STIF *Competency*

APPENDIX 4: STI Foundation Integrated Competency

STI FOUNDATION INTEGRATED is *not standalone – it is undertaken having attained STI Foundation Intermediate (or at the same time)*

Topics for Assessment

- Assessment, treatment and management of a woman wishing to start
  - Contraception
  - Combined Hormonal Contraception
  - Oral Progesterone-only Contraception
  - Injectable Progesterone Contraception
- Assessment and discussion prior to insertion of
  - contraceptive implant
  - IUD/IUS
- Assessment, treatment and management of a woman with Break Through Bleeding from Hormonal Method
- Managing nonbleeding side effects from hormonal contraception
- Assessment and management of a woman needing a routine check of IUD/IUS
- Assessment and management of a woman requesting Emergency Contraception
- Assessment and discussion of a woman seeking advice on planning a pregnancy
- Removal of IUD/IUS

Following a joint piece of work between BASHH and Faculty of Sexual & Reproductive Health (FSRH) those individuals who successfully complete STIF Integrated are able to undertake Faculty of Sexual & Reproductive Health (FSRH) Letter of competence in Sub Dermal Implants without having to complete the OTA.

E-learning sessions on eLfH (see separate guide)

STIF *Competency*

Method of assessment	Abbreviation
Directly Observed Practice	**DOP**
Discussion with Trainee / Case Based Discussion	**DWT**
NOTE: When more than one method of assessment is indicated, they are both part of the assessment, not alternative options	

	Topic of Assessment	**DOP**	**DWT**
20.01	Assessment and management of an individual wishing to start contraception	✔	
20.02	Assessment and management of an individual starting combined hormonal contraception	✔	
20.03	Assessment and management of an individual starting a progesterone-only pill	✔	
20.04	Assessment and management of an individual starting progesterone-only injectable contraception	✔	
20.05	Assessment and discussion prior to insertion of a progestogen-only implant	✔	
20.06	Assessment and discussion prior to insertion of IUD/IUS	✔	
20.07	Assessment and management of unscheduled bleeding from hormonal contraception	✔	
20.08	Managing non-bleeding side effects from hormonal contraception		✔
20.09	Assessment and management of a routine check for IUD/IUS	✔	✔
20.10	Assessment and management of an individual requesting Emergency Contraception	✔	
20.11	Assessment and management of an individual seeking advice on planning a pregnancy		✔
20.12	Removal of IUS/IUD	✔	

STIF *Competency*

APPENDIX 5: STI Foundation Competency Sexual Health Advising

STIF Sexual Health Advising (SHA) Competency Training and Assessment programme is a clinical training package to train and assess the knowledge and competence of healthcare professionals working as Sexual Health Advisers working in a Specialist Sexual Health/Genito-Urinary Medicine setting or an Integrated GUM/CASH setting and other professionals who are undertaking the role/duties of a Health Adviser (for example, specialist nurses). Training is provided by Registered STI Foundation Competency Trainers.

The STIF Sexual Health Advising (SHA) Competency Training and Assessment programme should be completed within 12 months of the date of the first assessment (unless extenuating circumstances). On successful completion of the training and assessment programme, a Certificate of STI Foundation Sexual Health Advising Competency is awarded. The Certificate needs to be revalidated every five years.

Competencies and knowledge assessed (STIF Competency Sexual Health Advising)

- Assessment and management (including giving advice on safer sex, preventing STIs & unplanned pregnancy) of
  - a woman
  - a heterosexual man
  - a man who has sex with other men (MSM)
  - young people (under 18) including assessment for indicators of exploitation.
- Partner Notification: Conducting partner notification for relevant STIs and HIV including negotiating plan, PN resolution and completing a Provider Referral
- Risk Reduction including Safer Sex Advice, using MI skills in practice and the role of alcohol, recreational/club drugs in risk-taking behaviour
- Assessment of need for Post Exposure Prophylaxis following Sexual Exposure to prevent HIV acquisition and refer / manage appropriately
- Managing an HIV pre & post-test discussion, including giving results to a patient at "High Risk"

STIF *Competency*

Learning Outcomes:

Knowledge and Understanding

When you complete your studies for this STIF Sexual Health Advising (SHA) Competency Training and Assessment programme, you will have knowledge and understanding of:

KU1　　the principles of service provision for Sexually Transmitted Infections (STIs)

KU2　　the issues relating to confidentiality and partner notification

KU3　　common STIs and related conditions, their presentation, diagnosis and management

KU4　　how to prevent transmission of STIs

KU5　　relevant legal and ethical issues around partner notification and criminalisation of STI/BBV transmission

KU6　　the public health role of sexual health service provision

KU7　　when to refer patients to specialist services

Cognitive Skills

When you complete your studies for this STIF Sexual Health Advising (SHA) Competency Training and Assessment programme, you will have developed the following cognitive skills:

CS8　　compare, evaluate and apply local and national guidelines to manage a patient within a level 2 or 3 sexual health service (England), including onward referral where appropriate.

CS9　　able to evaluate the ways in which the lifestyle and circumstances of patients/clients may reflect in their presentation and impact on their management

CS10　　able to analyse how the range of human sexuality, lifestyles and culture impacts on transmission and approaches to prevention and risk reduction

CS11　　critically reflect on your experience and demonstrate a commitment to ongoing learning and development.

CS12　　able to critically evaluate how personal beliefs and values of the clinician could affect the consultation

STIF *Competency*

Key Skills

When you complete your studies for this STIF Sexual Health Advising (SHA) Competency Training and Assessment programme, you will be able to:

KS13   draw on a range of resources to provide evidence-based management to people presenting to your service with sexual and reproductive health needs

KS14   articulate your expert contribution to risk reduction and STI prevention in your own service, including Safer Sex Advice, using MI skills in practice and the role of alcohol, recreational/club drugs in risk-taking behaviour

KS15   reflect on the essential role of effective partner notification when dealing with an infectious disease;

KS16   demonstrate the consolidation and development of your knowledge and clinical competence to meet the needs of a diverse range of patients/clients.

Practical and/or Professional Skills

When you complete your studies for this STIF Sexual Health Advising (SHA) Competency Training and Assessment programme, you will be able to:

PPS17   assess and appraise a patient through history, examination and special investigations to compile a working diagnosis.

PPS18   use appropriate terminology when discussing sex with patients and understand why this is important

inform patients on reducing their risk of sexual infections and their risk of unplanned pregnancy

PPS19   manage an HIV pre & post-test discussion, including giving results to a patient at "High Risk"

PPS20   assess need for Post Exposure Prophylaxis following Sexual Exposure to prevent HIV acquisition and refer / manage appropriately

PPS21   conduct partner notification for relevant STIs and HIV including negotiating plan, PN resolution and completing a Provider Referral

PPS22   provide suitable psychological support for all patients including those considered to be at higher risk of sexual ill-health

PPS23   conduct a full mental health assessment including self-harm and suicide risk

E-learning sessions on eLfH (see separate guide)

STIF *Competency*

Method of assessment	Abbreviation
Directly Observed Practice	DOP
Discussion with Trainee or Case Based Discussion	DWT
NOTE: When more than one method of assessment is indicated, they are both part of the assessment, not alternative options	

Topic of Assessment			DOP	DWT
Sexual History				
	01.01	Taking a sexual history from a woman	✔	
	01.02	Taking a sexual history from a heterosexual male	✔	
	01.03	Taking a sexual history from a man who has sex with men (MSM)	✔	
Risk Reduction and advice on Preventing STIs and Unplanned Pregnancy				
	03.01	Sexual Health Promotion: women	✔	
	03.02	Sexual Health Promotion: heterosexual men	✔	
	03.03	Sexual Health Promotion: gay, bisexual or other men who have sex with men	✔	
	08.01	Risk Reduction: alcohol, recreational and club drugs, chemsex	✔	✔
	08.04	Assessment of need for Post Exposure Prophylaxis following Sexual Exposure to prevent HIV acquisition and refer / manage appropriately	✔	✔
	08.05	Risk Reduction: Using MI skills in practice	✔	✔
Enhanced Consultation Skills				
	05.01	Sexual history from patient under 18	✔	✔
	05.02	Consultations with patients with limited English proficiency	✔	
	05.03	Remote Consultation (Phone/Video)	✔	
	05.04	Managing people who present with Unwanted/Unplanned Pregnancy	✔	✔
	05.06	Consultation with Trans or non-binary patient	✔	✔
	05.07	HIV pre and post-test discussion for those at high risk of HIV	✔	✔
Vulnerable Groups				
	10.02	Young people: Sexual Exploitation and Safeguarding Issues		✔
	10.06	Domestic Abuse and Violence		✔
	30.01	Vulnerable Groups: Commercial Sex Workers	✔	
	30.02	Vulnerable Groups: Prisoners, Vulnerable Adults, Learning Difficulties		✔

STIF *Competency*

Topic of Assessment			DOP	DWT
Partner Notification				
	31.01	Partner Notification including negotiating plan/resolution	✔	✔
	31.02	Parter Notification: completing a "provider referral"	✔	✔
	31.03	Partner Notification (HIV infection)	✔	✔
Providing Psychological Support				
	10.07	Psychological Support: Trans awareness		✔
	32.01	Psychological support: Sexual Assault	✔	✔
	32.02	Psychological Support: Health Anxiety	✔	
	32.03	Psychological Support: New HIV Diagnosis	✔	
	32.04	Psychological Support: Herpes Simplex Infection	✔	
Legal and Ethical Issues				
	33.01	Legal and Ethical Issues: PN issues including HIV		✔
	33.02	Legal and Ethical Issues: Criminalisation of transmission		✔
Public Health Role				
	34.01	Public Health Role and Responsibilities		✔
Mental Health and Self-harm				
	42.02	Mental Health Assessment including self-harm and suicide	✔	✔

STIF *Competency*

APPENDIX 6: STI Foundation Advanced Competency

STI Foundation *Advanced* Competency training and assessment is structured as a 6-24-month clinical attachment (minimum of 50 actual clinical sessions) within a Level 3 Specialist Sexual Health / Integrated Sexual Health and Contraception service. Building on STI Foundation *Intermediate,* STI Foundation *Advanced* aims to develop the knowledge, skills, experience and competence of healthcare professionals to diagnose and manage sexually transmitted infections (STIs). This provides a framework to ensure that sufficient experience is gained to practice at an advanced level.

STI Foundation *Advanced* Competency is suitable for specialist sexual health nurses working towards independent and advanced clinical practice and for those planning to lead and deliver Level 2 standard sexual health services. It is the responsibility of the Registered Competency Trainer to determine that the trainee has the appropriate level of knowledge and practical clinical experience to undertake the STI Foundation *Advanced* Competency training and assessments. Certification at Advanced level also enables the successful trainee to become a STI Foundation *Intermediate* Competency Trainer in their own right.

Please note trainees are expected to complete the STI Foundation *ADVANCED* training pathway within *24 months* from the date of their first assessment.

STI Foundation *Advanced* Learning outcomes

Knowledge and Understanding
When you complete your studies for this STI Foundation *Advanced* Competency Training and Assessment programme, you will have knowledge and understanding of:

KU1   the principles of service provision for Sexually Transmitted Infections (STIs)

KU2   the specific issues relating to confidentiality and partner notification

KU3   common, complex and recurrent STIs and related conditions, their presentation, diagnosis and management and when to refer patients to specialist services

KU4   primary HIV infection, presentation, diagnosis and management

KU5   how to reduce the risk of transmission of STIs, including HIV infection

KU6   genital dermatology and common gynaecological conditions and when to refer patients to specialist services

STIF *Competency*

Cognitive Skills

On completion of this STI Foundation *Advanced* Competency Training and Assessment programme, you will have developed the following cognitive skills:

CS7   compare, evaluate and apply local and national guidelines to manage a patient within a level 2 or 3 sexual health service (England), including onward referral where appropriate.

CS8   able to analyse how the range of human sexuality, lifestyles and culture impacts on transmission and approaches to prevention and risk reduction as well as presentation and management

CS9   able to analyse national and local trends in relation to STIs and clinical presentations and be able to apply them locally to own practice

CS10   able to critically evaluate and reflect on feedback collected from patients and colleagues

CS11   critically reflect on your experience and demonstrate a commitment to ongoing learning and development.

CS12   critically reflect on certain cases in a structured manner and formulate action plans for personal learning and development

Key Skills

When you complete this STI Foundation Advanced Competency Training and Assessment programme, you will be able to:

KS13   draw on a range of resources to provide evidence-based management to people presenting to your service with sexual and reproductive health needs

KS14   demonstrate the consolidation and development of your knowledge and clinical competence to meet the needs of a diverse range of patients/clients including common, complex, and recurrent STIs

KS15   describe the management pathway for a patient who reports non-consensual sex

KS16   reflect on the essential role of effective partner notification when dealing with an infectious disease

Practical and/or Professional Skills

When you complete this STI Foundation *Advanced* Competency Training and Assessment programme, you will be able to:

PPS17   assess and appraise a patient through history, examination and special investigations to compile a working diagnosis, using appropriate language

PPS18   competently conduct a consultation by phone/video

PPS19   utilise and competently undertake advanced clinical assessment skills, including bimanual pelvic examination and abdominal examination

PPS20   describe the audit process and its role in healthcare

STIF *Competency*

PPS21	optimise care pathways for patients through improved links with local GUM /sexual health (TOP, Contraception, psychosexual), and microbiology services
PPS22	demonstrate leadership skills
PPS23	assess, raise and discuss legal and ethical impacts of behaviours that may present within a sexual health service

STI FOUNDATION ADVANCED COMPETENCY – Topics assessed:

- Assessment, diagnosis and referral of suspected pelvic inflammatory disease (PID), suspected epididymo-orchitis and suspected proctitis
- Recognition of an abnormal cervix and referral as appropriate
- Bimanual pelvic examination *
- Abdominal examination
- Screening, prevention, diagnosis and appropriate referral of sexually acquired viral hepatitis
- Recognition of primary HIV infection and referral as appropriate
- Recognition and assessment of psychosexual complications of STIs/genital conditions and referral as appropriate
- Recognition of recurrent candidiasis, bacterial vaginosis and HSV and referral as appropriate
- Assessment, diagnosis and treatment of enteric pathogens
- Assessment, diagnosis of chronic pelvic pain syndrome and prostatitis and referral as appropriate
- Assessment, diagnosis of testicular lumps and referral as appropriate
- Assessment, diagnosis and management /referral of non-herpetic genital ulceration
- Assessment, diagnosis and management /referral of gynaecological issues (including assessment of the gynaecological patient, endometriosis, fibroids, ectopic pregnancy polycystic ovary syndrome, Bartholin's gland abscess, recognition of complex gynaecological conditions)
- Assessment, diagnosis and management /referral of dermatological issues (including assessment of the skin, balanitis, tinea cruris, folliculitis, psoriasis, eczema, lichen planus, lichen sclerosus, malignant and pre-malignant dermatological disease)
- Assessment, diagnosis and management /referral of sexually acquired reactive arthritis

STIF *Competency*

- Assessment, treatment and management of genital herpes *(if not assessed as part of STIF Intermediate training)*
- Assessment, treatment and management of male urethral discharge *(if not assessed as part of STIF Intermediate training)*
- Assessment, diagnosis and initial management of sexually transmitted infections and related conditions in pregnancy
- Assessment, diagnosis and initial management of PID, epididymo-orchitis and proctitis
- Syphilis including natural history and common clinical presentations, screening strategies (e.g., in sexual health clinics and ante-natal settings) and referral pathways.
- Differential diagnosis of primary HIV infection
- Knowledge of potential exacerbating factors and current management options for recurrent candidiasis, bacterial vaginosis and HSV
- Psychological support: Trans awareness *
- Diagnosing and supporting patients around unintended pregnancy and abortion
- Management of issues relating to PrEP and TASP *

NOTE [*]

Over time, some topics have moved from 'Advanced' to 'Intermediate'. This means that trainees undertaking the 'Advanced' pathway who completed their 'Intermediate' some time ago may not have been assessed in these areas before. Please could trainee and trainer make sure they have covered areas such as PrEP/TASP, Trans awareness, Management of UTI, Scabies/Pubic Lice at some point and have been assessed as part of either STIF Intermediate or STIF Advanced. Please ask the STIF secretariat for guidance if you are unsure.

STIF *Competency*

What does STI Foundation *Advanced* Competency training involve?

STI Foundation *Advanced* Competency training and assessment is structured as a clinical attachment within a Level 3 GUM / specialist sexual health service and comprises:

- Initial meeting between the Registered STI Foundation Competency Trainer and trainee to plan the clinical attachment based on a Learning Needs Assessment Questionnaire completed in advance by the Trainee and to select an audit topic
- Minimum of 50 clinical sessions (1 to 3 sessions per week) in which your trainee sees a full list of patients under indirect supervision.
- Interim meetings between trainer and trainee on a regular basis (at least every 2 months)
- 20 reflective practice proformas to be completed: at least 10 of these have a well-formed action plan.
- Completion of an audit
- Patient Feedback
- Multi-source feedback (colleagues)
- Final meeting between trainer and trainee once curriculum has been completed

Setting up the training

Knowledge and skills required for STI Foundation *Advanced* Competency training
Check that the trainee meets the following requirements before starting training
- registration on the STI Foundation *Intermediate* Competency database
- awarded the updated STI Foundation Certificate of *Intermediate* Competency (V2020) having undertaken additional assessments to upgrade their original certificate (if *Intermediate was* pre-2020, contact us for details of the upgrade requirements)

It is recommended that the eLfH sessions completed as part of the STI Foundation *Intermediate* Competency module are revised *if more than 3 years has elapsed since doing them*.

A full list of the e-learning sessions that need to be completed for STI Foundation *Advanced* Competency are provided in the training materials. It is not necessary for the trainee to have completed all of the sessions before starting the training, but it is <u>recommended</u> that they try to complete those in Table 1 (some of which they will have already done for STI Foundation *Intermediate* Competency) and it is *required* that all the sessions are completed before the trainee can be signed off as competent.

As there are many sessions to complete, we recommend that the trainee does them gradually throughout the time of the clinical attachment.

During the pilot for *STI Foundation Advanced* Competency some of the trainees needed to arrange clinical attachments at neighbouring clinics in larger centres in order to see some of the less common presentations. Although this does entail work in setting up Honorary contracts, we certainly encourage trainees to do this.

STIF *Competency*

Reflective practice (STI Foundation Advanced)

> Reflective practice is an active, dynamic action-based and ethical set of skills, placed in real time and dealing with real, complex and difficult situations
>
> *Moon, J. (1999),*
> *Reflection in Learning and Professional Development: Theory and Practice, Kogan Page, London.*

Reflection is how health and care professionals can assess their professional experiences – both positive and where improvements may be needed – recording and documenting insight to aid their learning and identify opportunities to improve. Reflection allows an individual to continually improve the quality of care they provide and gives multi-disciplinary teams the opportunity to reflect and discuss openly and honestly.

Reflection supports individuals to continually improve the way they work or the quality of care they give to people. It is a familiar, continuous and routine part of the work of health and care professionals. It can have positive impacts for your service users, your colleagues, your practice and your health and wellbeing. Reflection allows you to identify and appreciate positive experiences and better identify ways that you can improve your practice and service delivery. It can also be useful when you have had more challenging experiences, helping you to process and learn from them.

Components of good reflection often include:

• Professionals who proactively and willingly engage in the practice - making it less of a tick box exercise.
• A systematic and structured approach that aims to draw out learning outcomes has a greater impact. There are many good models of reflective practice and methods that can be used to drive reflection. For example, there may be regular activities that support a team to reflect on their practice, such as debriefs or case reviews. For other health and care professionals, their context of practice may mean that they reflect individually and without an organisational activity to support it.
• Both positive and negative experiences. Any experience, including a conversation with a colleague, a significant clinical or professional event, or a period of time can generate meaningful reflections, insights and learning.
• Involves people who use services, patients, their families and carers in the reflective process, helping professionals to focus on what matters to people using health and social care services.

See these documents for further information:

https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/benefits-of-becoming-a-reflective-practitioner---joint-statement-2019.pdf

https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/benefits-of-becoming-a-reflective-practitioner

STIF *Competency*

Using the Reflective Practice document/proforma provided on the e-portfolio ('Reflection on Clinical Event', 'Reflection on Learning Event'), the trainee should complete at least 20 reflections; a minimum of 15 of these should be based on clinical encounters (some may be reflections on learning events). We suggest one or two cases per clinic. We advise that the trainer reviews the reflections alongside the notes reviews by talking with the trainee about some of the cases they have reflected on as they progress. **Do not leave review of the reflections until the end of the training.** It might be helpful to specifically ask '*What have you learnt from this clinic?*' using the relevant Reflective Practice proforma as a basis for discussion. We would suggest that the trainer might discuss at least the first five reflections, and then from time to time to ensure that the trainee is collecting them as they go along. Please note that it is completely acceptable for these reflections to be brief and focused, so long as the trainee follows the proforma.

Reflections (with action plans) should include these topics:
1) The multi-source feedback (MSF) following discussion with registered trainer
2) The audit process
3) Complex clinical presentations
4) A case involving pregnancy
5) Syphilis (any stage)
6) Sexual dysfunction (male)
7) Sexual dysfunction (female)
8) Genital Dermatology

E-learning sessions on eLfH (see separate guide)

STIF *Competency*

Method of assessment	Abbreviation
Directly Observed Practice	**DOP**
Discussion with Trainee or Case Based Discussion	**DWT**
Reflection on Practice	**RoP**
NOTE: When more than one method of assessment is indicated, they are both part of the assessment, not alternative options	

		DOP	DWT	RoP
Hepatitis				
09.04	Hepatitis A/B/C: diagnosis and management		✔	
Sexual Assault				
10.09	Supporting patients who have experienced sexual assault	✔	✔	
Leading and working in a team				
11.01	Leadership Skills ** **NOTE – The Multi-Source Feedback exercise should be undertaken before this assessment **			✔
11.02	Working in partnerships and clinical networks			✔
11.03	Education and Training			✔
Complex clinical presentations				
12.01	Management of suspected PID	✔	✔	
12.02 C	Management of suspected Epididymo-orchitis	✔	✔	
12.02 E	Possible malignancy	✔	✔	
12.02 M	Epididymal cyst	✔	✔	
12.02 V	Varicocele	✔	✔	
12.03	Suspected Proctitis	✔	✔	
12.04	Enteric infections - Giardiasis and Shigella		✔	
12.05	Non-herpetic genital ulceration		✔	
12.06	Sexually Acquired Reactive Arthritis		✔	
12.07	Management of prostatitis / Chronic pelvic pain syndrome	✔	✔	
12.08	Management of STIs in Pregnancy	✔	✔	
Recurrent infections				
13.01	Recurrent BV	✔	✔	
13.02	Recurrent VVC	✔	✔	
13.03	Recurrent HSV	✔	✔	
HIV infection				
14.01	Primary HIV infection	✔	✔	
Syphilis				
15.01	Syphilis Primary	✔	✔	
15.02	Syphilis Secondary	✔	✔	
15.03	Syphilis Tertiary		✔	
15.04	Syphilis Latent		✔	

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	Gynaecological issues			
16.01 E	Abnormal cervix (ectropion)	✔	✔	
16.01 H	Abnormal cervix (herpes cervicitis)		✔	
16.01 M	Abnormal cervix (mucopurulent cervicitis)	✔	✔	
16.01 N	Abnormal cervix (Nabothian cyst)	✔	✔	
16.01 W	Cervical Lumps (warts, polyps)		✔	
16.02	Bimanual Pelvic Examination	✔	✔	
16.03	Abdominal examination	✔	✔	
16.04	Assessment of patients presenting with gynaecological issues	✔	✔	
16.05	Suspected polycystic ovary syndrome	✔	✔	
16.06	Suspected uterine fibroids	✔	✔	
16.07	Suspected endometriosis	✔	✔	
16.08	Suspected ectopic pregnancy	✔	✔	
	Dermatology			
17.01	Dermatology history	✔	✔	
17.02	Dermatitis and eczema	✔	✔	
17.03	Possible malignancy / premalignant disease		✔	
17.04	Lichen planus	✔	✔	
17.05	Lichen sclerosus	✔	✔	
17.06	Psoriasis	✔	✔	
17.07	Folliculitis	✔	✔	
17.08	Balanoposthitis	✔	✔	
17.09	Tinea cruris	✔	✔	
	Psychosexual problems			
18.01	Psychosexual problems [Erectile Dysfunction]	☆	✔	
18.02	Psychosexual problems [Premature Ejaculation]	☆	✔	
18.03	Psychosexual problems [Vaginismus]	☆	✔	
18.04	Psychosexual problems [loss of desire]	☆	✔	
☆ - these can be assessed by Indirectly Observed Practice but only if the assessment is conducted within 24 hours of the consultation				

STIF *Competency*

APPENDIX 7: STI Foundation STIF-NHIVNA INTERMEDIATE

STI FOUNDATION STIF-NHIVNA INTERMEDIATE COMPETENCY – Topics assessed:

- Taking a sexual history from a woman, heterosexual man and from a man who is gay, bisexual or other men who have sex with men
- Sexual Health Promotion: safer sex, preventing STIs and unplanned pregnancy
- Consultations with patients with limited English proficiency
- Remote consultation using telephone and/or video
- HIV pre and post-test discussion, including giving results
- Risk reduction: alcohol, recreational/club drugs and chemsex
- Use of ARV medication as prevention: PrEP and TasP
- Assessment of need for Post Exposure Prophylaxis following Sexual Exposure
- Risk Reduction: Using MI skills
- Screening and prevention of viral hepatitis (A/B/C)
- Hepatitis A/B/C: diagnosis and management
- Domestic violence and abuse
- Psychological support: trans and non-binary awareness
- Partner Notification (for HIV infection)
- Assessing health and well-being needs of an HIV-positive patient
- Triage and assessment
- Supporting people taking ARV medications
- Routine monitoring for clinically stable patients
- Support for vulnerable patients
- Supporting patients newly diagnosed with HIV
- Mental Capacity and Safeguarding
- Supporting patients presenting with psycho-social and emotional issues
- Mental Health Assessment including self-harm and suicide
- Caring for women and trans men living with HIV
- Working in partnerships including clinical networks and multidisciplinary working

E-learning sessions on eLfH (see separate guide)

STIF *Competency*

Method of assessment	Abbreviation
Directly Observed Practice	DOP
Discussion with Trainee	DWT
NOTE: When more than one method of assessment is indicated, they are both part of the assessment, not alternative options	

	Topic of Assessment	DOP	DWT
1	Sexual History		
01.01	Taking a sexual history from a woman	✔	
01.02	Taking a sexual history from a Heterosexual man	✔	
01.03	Taking sexual history from gay, bisexual or other MSM	✔	
3	**Sexual Health Promotion**		
03.01	Sexual Health Promotion: women	✔	
03.02	Sexual Health Promotion: heterosexual men	✔	
03.03	Sexual Health Promotion: gay, bisexual or other MSM	✔	
5	**Enhanced Consultation Skills**		
05.02	Consultations with patients with limited English proficiency	✔	
05.03	Remote Consultation (Phone/Video)	✔	
05.05	HIV pre and post-test discussion	✔	✔
8	**Health Protection**		
08.01	Risk reduction: alcohol, recreational/club drugs and chemsex	✔	✔
08.03	Use of ARV medication as prevention: PrEP and TasP	✔	✔
08.04	Assessment of need for Post Exposure Prophylaxis	✔	✔
08.05	Risk Reduction: Using MI skills in practice	✔	✔
9	**Viral Hepatitis**		
09.01	Screening and prevention of sexually acquired viral hepatitis (Hepatitis A)	✔	✔
09.02	Screening and prevention of sexually acquired viral hepatitis (Hepatitis B)	✔	✔
09.03	Screening and prevention of viral hepatitis (Hepatitis C)	✔	✔
09.04	Hepatitis A/B/C: diagnosis and management		
10	**Knowledge Based Assessments**		
10.06	Domestic violence and abuse		✔
10.07	Trans and non-binary patients		✔
31	**Specialist Partner Notification**		
31.03	Partner notification for HIV infection	✔	✔

STIF *Competency*

40		Routine Support, Assessment and Monitoring		
	40.01	Assessing health and well-being of an HIV-positive patient	✔	✔
	40.02	Triage and assessment	✔	✔
	40.03	Supporting people taking ARV medications	✔	✔
	40.04	Routine monitoring of clinically stable patients		✔
41		Vulnerable Patients		
	41.01	Patients who may be vulnerable (social, physical or psychological issues)	✔	✔
	41.02	Supporting patients newly diagnosed with HIV	✔	✔
	41.03	Mental Capacity and Safeguarding		✔
42		Psychological and Emotional		
	42.01	Supporting patients presenting with psycho-social and emotional issues	✔	✔
	42.02	Mental Health Assessment including self-harm and suicide	✔	✔
43		Partnerships and Teams		
	43.01	Working in partnerships incl. clinical networks + multidisciplinary working		✔
44		Women and trans men living with HIV		
	44.01	Caring for women and trans men living with HIV	✔	✔

STIF *Competency*

APPENDIX 8: STI Foundation STIF-NHIVNA ADVANCED

STI FOUNDATION STIF-NHIVNA ADVANCED COMPETENCY – Topics assessed:

- Assessing health and well-being needs of an HIV-positive patient
- Supporting adherence with people taking ARV medications
- ARV medication: adherence, resistance, mutations
- Primary HIV infection
- Assessment and management of acutely unwell patient
- Working in partnerships including clinical networks and multi-disciplinary working
- Leadership
- Getting Older with HIV
- Working with Young People and Adolescents living with HIV
- HIV and Pregnancy
- Assessment of Cognitive Impairment
- Identifying and supporting patients at risk of disengagement from HIV services
- Prevention of Opportunistic Infections
- IRIS
- Supporting patient with complex care needs
- Assessing and managing patients with complications of HIV and ARV meds (bone, renal, metabolic, cardiovascular, gastro/liver, dermatological, haematological, neuro/psych, IRIS, malignancies

E-learning sessions on eLfH (see separate guide)

STIF *Competency*

LEARNING OUTCOMES for STIF-NHIVNA Advanced Pathway

Knowledge and Understanding

When you complete your studies for this STIF-NHIVNA *Advanced* Competency Training and Assessment programme, you will have knowledge and understanding of:

KU1   the principles of service provision for people living with HIV/AIDS

KU2   the specific issues relating to confidentiality and partner notification

KU3   common, complex and recurrent HIV-related conditions, their presentation, diagnosis and management and when to refer patients to specialist services

KU4   primary HIV infection, presentation, diagnosis and management

KU5   how to reduce the risk of transmission of HIV and other STIs

KU6   genital dermatology and common gynaecological conditions and when to refer patients to specialist services

Cognitive Skills

On completion of this STIF-NHIVNA *Advanced* Competency Training and Assessment programme, you will have developed the following cognitive skills:

CS7   to be able to compare, evaluate and apply local and national guidelines to manage a patient living with HIV/AIDS, including onward referral where appropriate.

CS8   the ability to analyse how the range of human sexuality, lifestyles and culture impacts on transmission and presentation and management as well as approaches to prevention and risk reduction

CS9   the ability to analyse national and local trends in relation to HIV infection and clinical presentations and be able to apply them locally to own practice

CS10   critically evaluate and reflect on feedback from patients and colleagues

CS11   critically reflect on your experience and demonstrate a commitment to ongoing learning and development.

CS12   critically reflect on certain cases in a structured manner and formulate action plans for personal learning and development

STIF *Competency*

Key Skills

When you complete this STIF-NHIVNA *Advanced* Competency Training and Assessment programme, you will be able to:

KS13   draw on a range of resources to provide evidence-based management to people presenting to your service with HIV-related health needs

KS14   demonstrate the consolidation and development of your knowledge and clinical competence to meet the needs of a diverse range of patients/clients presenting with common or complex HIV-related health needs

Practical and/or Professional Skills

When you complete this STIF-NHIVNA *Advanced* Competency Training and Assessment programme, you will be able to:

PPS15   assess and appraise a patient through history, examination and special investigations to compile a working diagnosis, using appropriate language

PPS16   competently conduct a consultation by phone/video

PPS17   utilise and competently undertake advanced clinical assessment skills, including physical examination as appropriate to your role

PPS18   describe the audit process and its role in healthcare

PPS19   optimise care pathways for patients through improved links with social care, third sector services, psychological medicine and sexual/reproductive health services

PPS20   demonstrate leadership skills

PPS21   assess, raise and discuss legal and ethical impacts of behaviours that may be relevant to people living with HIV/AIDS

STIF *Competency*

Method of assessment	Abbreviation
Directly Observed Practice	DOP
Discussion with Trainee	DWT
Reflection on Practice	ROP

NOTE: When more than one method of assessment is indicated, they are both part of the assessment, not alternative options

		Topic of Assessment	DOP	DWT	ROP
50		**Caring for people living with HIV/AIDS**			
	50.01	Assessing health and well-being of an HIV-positive patient	✓	✓	
	50.02	Supporting adherence with people taking ARV medications	✓	✓	
	50.03	ARV medication: adherence, resistance, interactions		✓	
	50.04	Primary HIV Infection		✓	
	50.05	Assessment and management of acutely unwell patient	✓	✓	
51		**Partnerships and Teams**			
	51.01	Working in partnerships incl. clinical networks and multidisciplinary working			✓
	51.02	Leadership ** **NOTE – The Multi-Source Feedback exercise should be undertaken before this assessment **			✓
52		**Needs of particular groups of patients**			
	52.01	Getting older with HIV	(✓)	✓	
	52.02	Working with young people and adolescents living with HIV		✓	
	52.03	HIV and pregnancy		✓	
53		**Cognitive Impairment**			
	53	Assessment of cognitive impairment	✓	✓	
54		**Lost to follow-up**			
	54	Identifying and supporting patients at risk of disengagement	✓	✓	
55		**Assessment and management – specific conditions**			
	55.01	Assessment and management of patient with respiratory illness	✓	✓	
	55.02	Assessment and management of patient with gastro/liver complications	✓	✓	
	55.03	Assessment and management of patient with CNS complications	✓	✓	
	55.04	Assessment and management of patient with cardiovascular complications	✓	✓	
	55.05	Assessment and management of patient with bone/renal complications	✓	✓	
	55.06	Assessment and management of patient with dermatological complications	✓	✓	
	55.07	Assessment and management of patient with metabolic complications	✓	✓	
	55.08	Assessment and management of patient with haematological complications		✓	
	55.09	Assessment and management of patient with mental health/mood disorders	✓	✓	
	55.10	Prophylaxis against opportunistic infections		✓	
	55.11	Immune reconstitution inflammatory syndrome		✓	
	55.12	Assessment and management of patients living with malignant disease		✓	
	55.13	Supporting patients with complex care needs (incl. end of life care)		✓	

STIF *Competency*

Reflective practice (STI Foundation STIF-NHIVNA Advanced)

> Reflective practice is an active, dynamic action-based and ethical set of skills, placed in real time and dealing with real, complex and difficult situations
>
> *Moon, J. (1999),*
> *Reflection in Learning and Professional Development: Theory and Practice, Kogan Page, London.*

Reflection is how health and care professionals can assess their professional experiences – both positive and where improvements may be needed – recording and documenting insight to aid their learning and identify opportunities to improve. Reflection allows an individual to continually improve the quality of care they provide and gives multi-disciplinary teams the opportunity to reflect and discuss openly and honestly.

Reflection supports individuals to continually improve the way they work or the quality of care they give to people. It is a familiar, continuous and routine part of the work of health and care professionals. It can have positive impacts for your service users, your colleagues, your practice and your health and wellbeing. Reflection allows you to identify and appreciate positive experiences and better identify ways that you can improve your practice and service delivery. It can also be useful when you have had more challenging experiences, helping you to process and learn from them.

Components of good reflection often include:

- Professionals who proactively and willingly engage in the practice - making it less of a tick box exercise.
- A systematic and structured approach that aims to draw out learning outcomes has a greater impact. There are many good models of reflective practice and methods that can be used to drive reflection. For example, there may be regular activities that support a team to reflect on their practice, such as debriefs or case reviews. For other health and care professionals, their context of practice may mean that they reflect individually and without an organisational activity to support it.
- Both positive and negative experiences. Any experience, including a conversation with a colleague, a significant clinical or professional event, or a period of time can generate meaningful reflections, insights and learning.
- Involves people who use services, patients, their families and carers in the reflective process, helping professionals to focus on what matters to people using health and social care services.

See these documents for further information:

https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/benefits-of-becoming-a-reflective-practitioner---joint-statement-2019.pdf

https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/benefits-of-becoming-a-reflective-practitioner

STIF *Competency*

Using the Reflective Practice document/proforma provided on the e-portfolio ('Reflection on Clinical Event', 'Reflection on Learning Event'), the trainee should complete at least 20 reflections; a minimum of 15 of these should be based on clinical encounters (some may be reflections on learning events). We suggest one or two cases per clinic. We advise that the trainer reviews the reflections alongside the notes reviews by talking with the trainee about some of the cases they have reflected on as they progress. **Do not leave review of the reflections until the end of the training.** It might be helpful to specifically ask '*What have you learnt from this clinic*?' using the relevant Reflective Practice proforma as a basis for discussion. We would suggest that the trainer might discuss at least the first five reflections, and then from time to time to ensure that the trainee is collecting them as they go along. Please note that it is completely acceptable for these reflections to be brief and focused, so long as the trainee follows the proforma.

Reflections (with action plans) should include these topics:

1) The multi-source feedback (MSF) following discussion with registered trainer
2) The audit process
3) Issues of adherence and resistance
4) A case involving pregnancy
5) Syphilis (any stage)
6) Getting older with HIV
7) Complex clinical presentations
8) Managing patient(s) at risk of disengagement
9) Metabolic and/or cardiovascular complications of HIV/ARV
10) HIV and Hepatitis co-infection

TIMEFRAME

All parts of the STIF-NHIVNA pathway should be completed within 12 months of the date of the first assessment. It is strongly encouraged to undertake the related e-learning before undertaking the first topic assessment. If the 12-month timeframe is likely to be insufficient, you **must** apply for a training extension before the end of this period. Additional payment (for access to the NHS e-portfolio) may be required for training extensions

STIF *Competency*

STI Foundation Competency (Sexual Health Advising)

STI Foundation Advanced Competency

STIF-NHIVNA Advanced Competency

For the three pathways above, the trainee must complete an audit. The choice of topic should ideally be within the audit programme of the local training department and should use the auditable outcome measures stated in the relevant BASHH/BHIVA/FSRH guidelines. The audit should be written up and presented at a departmental (or similar) audit meeting.

We encourage trainees to conduct this audit as an individual piece of work but if there are other members of staff involved, the trainee must be the lead for the audit and be responsible for at least 75% of the work. Although we recommend an audit, a service improvement review/proposal may be acceptable – but please seek advice first

We encourage trainees to present their audit reports to local/national scientific meetings as posters or oral presentations

A summary of the audit must be included in the portfolio presented by the trainee which is reviewed at the final meeting with the principal trainer. This **must** be structured as follows:

Executive summary

- o Background
- o Objectives
- o Key findings
- o Recommendations

Clinical audit report

- o Project title
- o Project lead
- o Other staff members involved
- o Background
- o Objectives
- o Standards
- o Sample
- o Data source(s)

- o Methodology
- o Results
- o Presentation/discussion
- o Recommendations (including recommendations for re-audit)
- o Conclusions

STIF *Competency*

STIF and NHIVNA-STIF competencies (Intermediate, Advanced and SHA) all attract credits at University of Greenwich that can be used towards their programmes

Further details on application from stif@bashh.org

STIF *Competency*