Accreditation of prior learning route for Advanced STIF competencies ("APEL")

Introduction

Previously, access to the STIF Advanced competencies was only possible after completing the Intermediate level. Many health professionals are already practising at an advanced level, and the cost and supervisory demands of completing Intermediate competencies can deter uptake. Staff may also have undertaken other relevant training that already covers much of the required knowledge and skills.

Accreditation of Prior Learning and Experience is standard across higher education, and the same principle has been applied here. Entry to the advanced competency can be permitted where a portfolio of evidence demonstrates that all Intermediate competencies have already been met.

The BASHH-STIF APEL curriculum is in use for practitioners wishing to enter STIF Advanced Training directly or those requesting validation to be STIF Competency Principal Trainers for STIF Intermediate

General Principles

- Applicants must demonstrate that they have met the learning outcomes of the relevant Intermediate competency by providing clear evidence of their knowledge, skills and competence.
- We would normally expect applicants to have worked in Integrated Sexual Health for **at least 36 months** to gather sufficient evidence.
- Where a line manager has approved an APEL application, they should also support the applicant with appropriate supervision and protected time to prepare the portfolio.
- Evidence should be **existing** wherever possible; new work should only be generated where essential.
- All evidence must be **current** and reflect the applicant's recent practice.
- Submitted evidence must show **how both the knowledge and competency elements have been achieved and assessed**.
- The portfolio must be fully mapped to the competencies and include:
    - Evidence of a knowledge base equivalent to the designated e-learning
    - Evidence of clinical competence in the designated topics

Your Portfolio should include:

- CV *[see note 1]*
- Job description
- Attendance at STIF theory course or equivalent
- Structured Report from Supervisor / Line Manager
- Competency sign offs (in house or for other course for example DCSRH, ACP, other qualification relevant to sexual health) *[see note 2]*
- Case based discussions
- Reflective practice
- Patient feedback
- Relevant e-learning / course undertaken *[see note 3]*
- Clinic log *[see note 4]*

We recognize that people have different widely different previous skills experience and qualifications but anticipate that much of the required evidence may have been collected for revalidation/appraisal. Use of material from recent revalidation is encouraged.

Some or most of these you probably already have :

- Evidence of recent CPD activity
- Written reflective accounts
- Reflective case discussions
- Patient feedback
- Other practice-related feedback

If some of the evidence is old, we simply need evidence (for example CPD) that you are staying up to date

If you are unsure, please don't hesitate to ask

Notes:

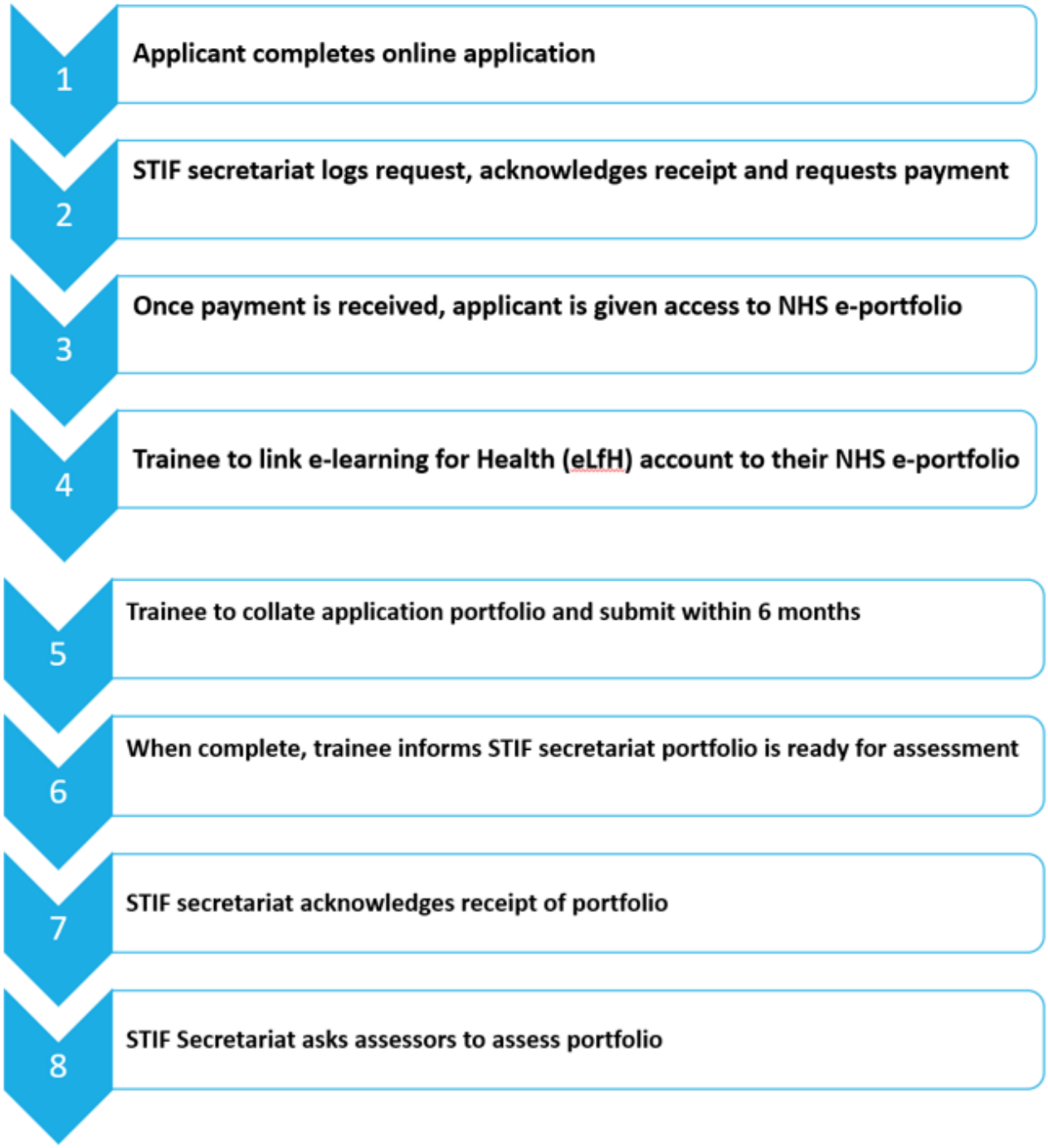
[1] Advice on structuring CV is included at the end

[2] these should be relevant to the topics/areas included in STIF Intermediate

[3] e-learning completed on the eLfH platform can be linked to the NHS e-portfolio. Other e-learning will need evidence

[4] the clinic log should cover a selection of general clinics including a brief description of the case mix seen

Process Flowchart:



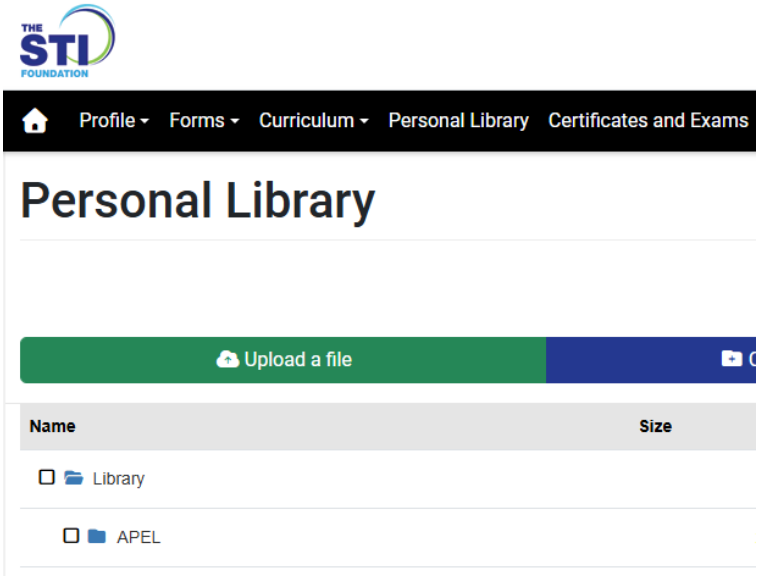
Presenting your Evidence:

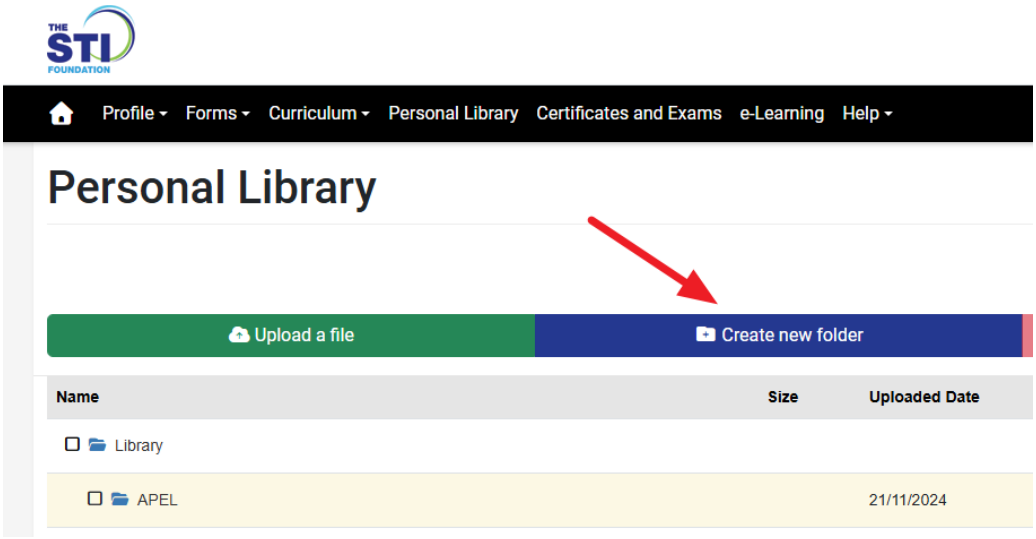
Most of your evidence will be as documents supporting the areas we are looking for. You will upload these to the 'Personal Library' space in the e-portfolio

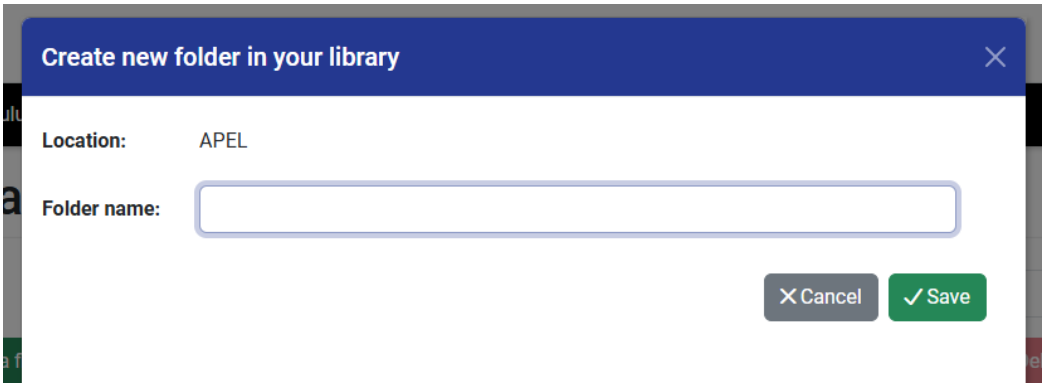
We suggest you first create subfolders with titles to describe what you are planning to upload into each one. For example you may choose to create folders for:

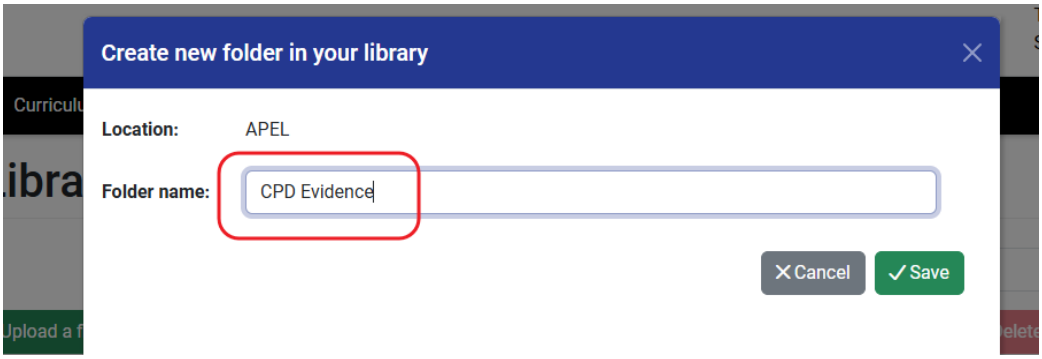
- Case-based Discussions
- Competency Sign-offs
- Job Description
- CV
- Feedback (patients, colleagues)
- CPD evidence
- Reflective Practice
- E-learning
- Manager/Supervisor report

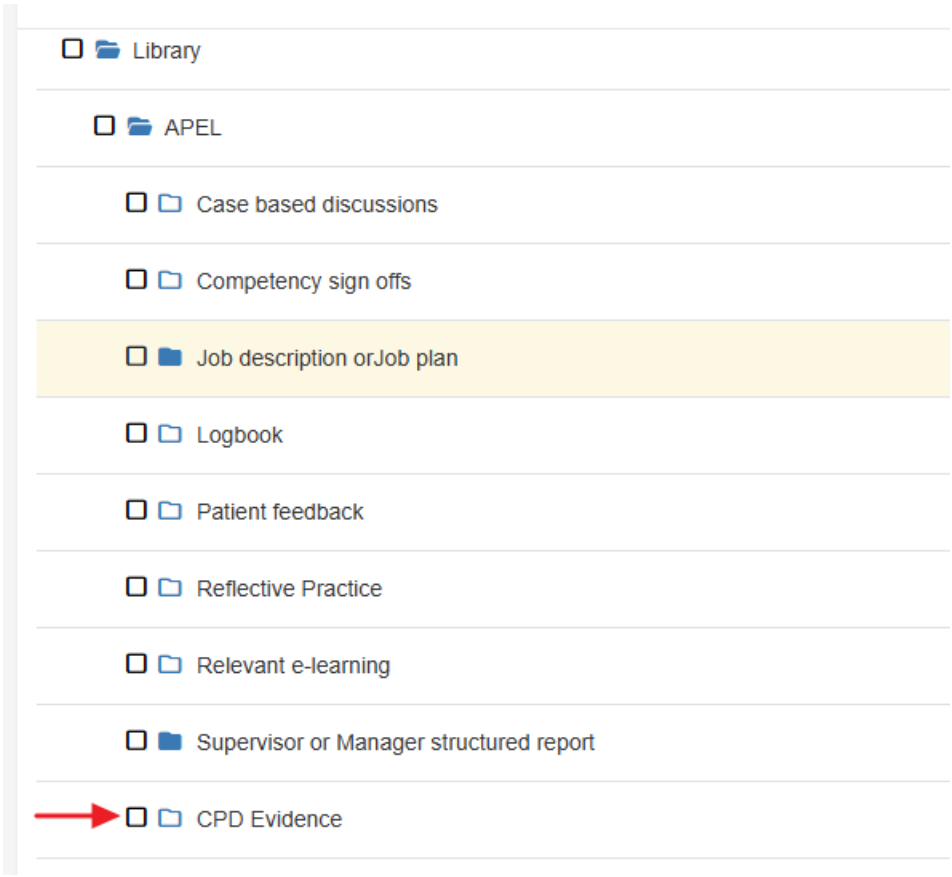
Make sure your library is arranged in local folders and documents have titles which are clear:




Profile
Forms
Curriculum
Personal Library
Certificates and Exams
e-Learning
Help
Personal Library
Upload a file
Create new folder
Name
Size
Uploaded Date
Library
APEL
21/11/2024


Create new folder in your library
Location:
APEL
Folder name:
Cancel
Save


Create new folder in your library
Location:
APEL
Folder name:
CPD Evidence
Cancel
Save


Library
APEL
Case based discussions
Competency sign offs
Job description orJob plan
Logbook
Patient feedback
Reflective Practice
Relevant e-learning
Supervisor or Manager structured report
CPD Evidence

Individual Areas of Competency/Experience

You will find a list of the topics/areas which are included in the STIF Intermediate Curriculum. You should provide evidence in your portfolio that you are already experienced and competent in each of these.

In order to assist the assessors, you need to signpost where this evidence is. Below are some examples of how you might present this:

	Competency	Examples of Evidence You Might Provide:	Type of Evidence supplied	Location in portfolio
☐	Taking a sexual history	Reflective case demonstrating sensitive and inclusive sexual history taking; OSCE / mini-CEX assessment; supervisor feedback	Case reflection, supervised learning event	(for example included in document/folder X)
☐	Male and female examination	Signed DOPS / observed examination; reflection on undertaking external genital exams following training; supervisor competency sign-off	DOPS, skills assessment	
☐	Diagnostic testing and interpretation	Case examples showing correct use of NAATs, microscopy, serology; audit of sample labelling accuracy; reflection on interpreting reactive tests	Case logs, audit, reflective note	
☐	Consultations with people under 18	Example consultation showing Fraser/Gillick assessment; safeguarding documentation; supervisor observation	Safeguarding evidence, case reflection	
☐	Consultations with patients with limited English proficiency	Case using an interpreter; reflection on communication challenges; training completion	Case reflection, CPD certificate	
☐	Consulting by phone/video	Telephone triage log; example of safe remote assessment; supervisor feedback	Call log, reflective note	
☐	Management of female genital discharge	Case demonstrating differential diagnosis and management per national guidelines; MDT discussion; mini-CEX	Case reflection, SLE	
☐	Management of male urethral discharge	Case showing investigation and treatment pathway; correct partner notification; guideline use	Case log, reflective note	
☐	Management of genital warts and molluscum contagiosum	Treatment reflection; guideline summary	Case summaries	

	Competency	Examples of Evidence:	Type of Evidence	Location in portfolio
☐	Management of genital herpes infection	Case reflection showing diagnosis, counselling, and treatment; demonstration of safety-netting	Case reflection	
☐	Management of urinary tract infections	Audit of antibiotic stewardship; case notes demonstrating diagnosis and safety-netting	Audit, case log	
☐	Management of genital infestations	Case reflecting management of pubic lice / scabies in a clinical context; prescribing evidence	Case summary	
☐	Screening & prevention of sexually acquired hepatitis	Evidence of offering hepatitis screening; vaccination training; audit of vaccine uptake	CPD, audit	
☐	Risk reduction & safer sex advice	Example consultation showing risk assessment and supportive education; health promotion activity	Case reflection	
☐	Effective partner notification	PN audit participation; cases demonstrating use of PN tools; STI team feedback	Audit, case log	
☐	HIV testing	HIV test competence sign-off; reflection on pre/post-test discussion; audit involvement	DOPS, case reflection	
☐	Managing unplanned pregnancy	Case demonstrating neutral counselling and referral pathways; safeguarding awareness	Case log	
☐	Assessment & management of PEPSE need	Case where PEPSE was assessed and prescribed; reflection on guideline use	Case reflection	
☐	Use of ARV medication and antibiotics as prevention	Case where PrEP and/or DOXY-PEP was assessed and prescribed; reflection on guideline use	Case reflection	
☐	Safeguarding children	Level 3 safeguarding certificate; documented safeguarding discussion; anonymised case example	CPD, reflective note	
☐	Female Genital Mutilation	Completion of FGM training; example of sensitive enquiry and correct documentation; safeguarding evidence	CPD, case reflection	
☐	Domestic violence and abuse	IDVA training; MARAC attendance; case reflection demonstrating trauma-informed approach	CPD, case note	

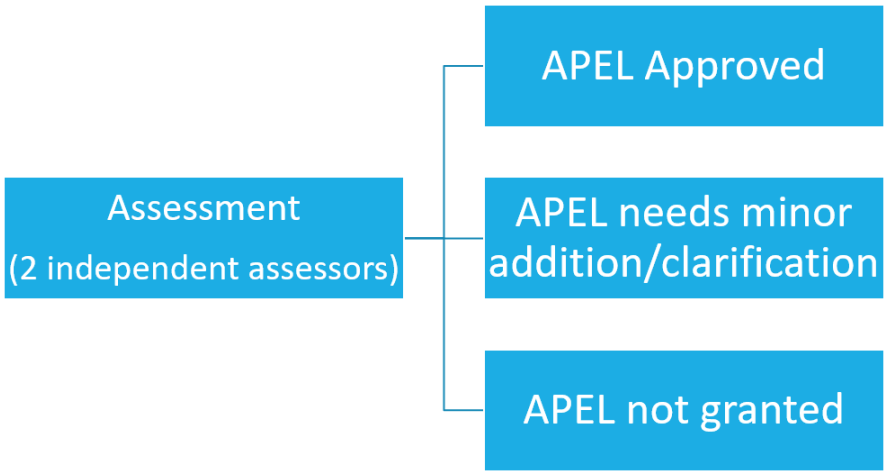
	Competency	Examples of Evidence	Type of Evidence	Location in portfolio
☐	Assessment of someone reporting sexual assault	Evidence of pathway knowledge; reflection after supporting a patient's acute presentation; safeguarding documentation	Case reflection, CPD	
☐	Trans awareness	Trans-inclusive communication training; case demonstrating appropriate gender-affirming approach; reflection on barriers	CPD, case summary	
☐	Syphilis	Case reflecting diagnosis, staging, and management; participation in syphilis MDT; audit involvement	Case reflection, audit	

If you don't have any evidence of experience/competence in any of these areas/topics please ask for advice.

Your portfolio will be examined by two of the following:

STIF Co-Chair,
STIF Executive
STIF Intermediate Lead
STIF Advanced Lead
STIF-NHIVNA Lead

There are three possible outcomes :



Advice on how to present a CV:

A concise CV works because it makes decisions easy for the reader.

What makes a CV genuinely concise
A concise CV isn't just shorter — it's *sharply selective*. The strongest ones do three things:

- **Prioritise relevance** — every line should support the role you're targeting.
- **Compress detail without losing impact** — short bullets, strong verbs, measurable outcomes.
- **Remove anything that doesn't help you get the interview** — especially older roles, generic skills, and filler language.

How to write a concise CV (practical steps)

1. Focus on the top third — your "decision zone"

- A tight **professional summary** (2–3 lines) stating your role, strengths, and what you bring.
- 4–6 **core skills** tailored to the job description.

2. Use high-impact bullet points
Each bullet should follow a simple pattern:

- **Strong verb** (Led, Built, Delivered, Improved)
- **What you did**
- **Why it mattered** (ideally with numbers)

Example:
Improved onboarding process, reducing average ramp-up time by 30% and increasing team productivity.
Keep bullets to **one line** whenever possible.

3. Limit work history to what matters

- Most recent **2–3 roles** get detail.
- Older roles: 1–2 bullets or just job title + company + dates.
- Remove early jobs that don't add value.

4. Cut common CV clutter
You can safely remove:

- "References available on request"
- Full address (city is enough)
- Long lists of generic skills (teamwork, communication, etc.)
- Duties that simply restate your job description
- Overly technical detail unless the role requires it

5. Keep formatting clean and scannable

- One page for early–mid career; two pages only if you have substantial experience.
- Consistent spacing, simple headings, no dense paragraphs.
- Use a single, readable font and avoid decorative elements.

A quick checklist to tighten your CV

- Does every bullet show impact, not tasks?
- Can you remove any role, bullet, or skill without harming your story?
- Would someone understand your value in 10 seconds?
