



# Sexually Transmitted Infections Foundation Theory Course


## Delegate Guide



British Association for Sexual Health and HIV

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

**2025-2026**



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## **Welcome to the STI Foundation Theory Course.**

We hope you will enjoy the course and find that you leave feeling more equipped with the knowledge to deliver sexual health care in whichever clinical context you work in. Please take time to familiarise yourself with this guide before you attend the STIF theory course.

The 2025 course has been revised to align with the STIF competency outcomes and to return to the original aims of the STIF theory course – to manage patients based on their presentation rather than specific conditions. We hope this will provide you with a more authentic learning experience.

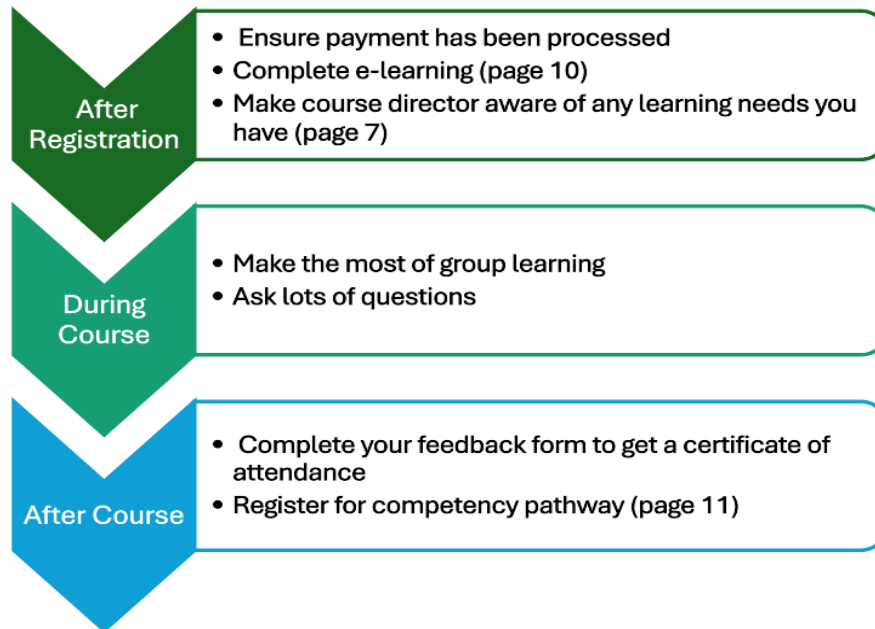
Although many people attend the STIF theory course to enhance their learning within a sexual health clinic, it is not designed to be a standalone route to clinical competence. The STIF theory course sits alongside e-learning and competency assessments in clinic to guide the learner through the route to becoming a competent practitioner.

More details about e-learning and the competency pathways can be found on pages \*\*\*

We hope you find this course valuable, enjoyable and engaging, and use this opportunity to ask questions, discuss clinical scenarios and benefit from the experience of your course facilitators.

**Dr Sarah Edwards, Jodie Crossman**  
STI Foundation Co-chairs  
On behalf of the STI Foundation Steering Group

# Quick Reference Guide



## Aim of the STI Foundation course

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

## Learning outcomes

### Knowledge and understanding

When you complete your studies for this course, you will have knowledge and understanding of:

- KU1 the principles of service provision for Sexually Transmitted Infections (STIs) and related conditions
- KU2 the issues relating to confidentiality and partner notification
- KU3 the epidemiology and the factors involved in the transmission of STIs
- KU4 how to prevent transmission of STIs
- KU5 common STIs and related conditions, their presentation, diagnosis and management
- KU6 when to refer patients to specialist services

### Cognitive skills

On completion of this course, you will have developed the following cognitive skills:

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

### Key skills

When you complete this course, you will be able to:

- KS10 draw on a range of resources to provide evidence-based management to people presenting to your service with sexual and reproductive health needs
- KS11 articulate your contribution to risk reduction and STI prevention in your own service
- KS12 reflect on the essential role of effective partner notification when dealing with an infectious disease
- KS13 demonstrate the importance of confidentiality in consultations involving sexual health

## STI Foundation Theory Course Programme:

The STIF Theory course is delivered in 3 parts which complement the STIF competency pathways:

- **Part 1: Introduction to Sexual Health** – aimed at anyone working with patients or clients who may have a sexual health need. Aligned with STIF Fundamental and STIF Gateway/Gateway Plus
- **Part 2: Delivering Sexual Healthcare** – aimed at people delivering sexual healthcare to patients with uncomplicated symptoms. Aligned with STIF intermediate competencies.
- **Part 3: Complex Sexual Healthcare** – aimed at experienced clinicians delivering sexual healthcare to patients with more complex or systemic conditions. Aligned with STIF Advanced competencies.

### STIF Theory Part 1:

Session Title	Learning outcomes
Why Are We Here?	Define sexual health Understand Trends in STI diagnoses Understand how sexual health fits into wider health economy
Taking a sexual history	Identify key components of a sexual history Understand the principles of taking a sexual history Identify key concerns that may require further intervention
<b>Small group workshop:</b> Partner notification	Describe the principles of partner notification. Understand challenges in practice. Be aware of ethical considerations with PN
<b>Small group workshop:</b> Asymptomatic Screening and assessment	Describe testing options and window periods. Undertake a risk assessment and identify preventative interventions. Discuss some of the barriers to testing and how these might be overcome
<b>Small group workshop:</b> Groups who may require targeted interventions	Identify groups who may benefit from targeted interventions. Identify barriers to good sexual health. Discuss how services can be made more accessible to underserved groups.

### STIF Theory Part 2:

Session Title	Learning outcomes
Delivering Targeted interventions	Understand and explain options for STI prevention. Identify groups who may benefit from targeted interventions. Identify and discuss vulnerabilities or situations which may need further intervention
<b>Small group workshop:</b> Working with Young people	Identify additional considerations when working with young people. Describe how to sensitively discuss sexual health issues with young people. Describe how to identify safeguarding needs and where/when to refer.
<b>Small group workshop:</b> Genital Discharge	Identify the possible causes of genital discharge.

	Discuss suitable tests. Explain Management of different conditions
<b>Small group workshop:</b> Genital Sores	Identify the possible causes of genital sores. Discuss suitable tests. Explain Management of different conditions

### STIF Theory part 3:

Session Title	Learning outcomes
Clinical HIV	Recognise the pathophysiology of HIV infection. Recognise common HIV presentations Describe the principles of drug therapy for HIV
Viral Hepatitis	Identify routes of transmission and risk behaviours which may indicate testing. Interpret the relevant tests Outline the principles of management of viral hepatitis.
Syphilis	Identify symptoms and signs of syphilis Understand the stages of syphilis and how these may be managed Understand how to interpret serological tests
Conditions affecting the genital skin	Recognise and diagnose genital skin conditions Recognise clues in history and/or examination for urgent referral ('red flags') Describe how to manage and when to refer
<b>Small group workshop:</b> Pelvic Pain	List differential diagnoses Plan investigations Manage infective/non-infective conditions
<b>Small group workshop:</b> Testicular lumps and pain	List differential diagnoses Plan investigations Manage infective/non-infective conditions
STIs in pregnancy.	Describe how STIs and other genital infections can affect pregnancy Describe complications which may occur with STIs during pregnancy Discuss how to manage STIs in pregnancy

### **Before you attend the course: Supporting your learning**

We recognise that different people may have different learning or access needs and aim to support these during the STIF course. We hope that the flexibility and variation of the STIF course will feel like a supportive learning environment. Please contact your course director ahead of time to discuss how your support and access needs can be best met.

Some ways that your learning can be supported include:

- Providing simple graphic-free copies of the presentations in advance to follow along.
- Having the timetable in advance
- Allowing space to move around
- Creating space for sensory stimulation (including fiddle toys or paper and pens for doodling)
- Regular 'check ins' with the course facilitator

## **Before you attend the course: E-learning**

### **e-LEARNING for HEALTHCARE (e-LfH) registration for STI Foundation course**

The STI Foundation Theory course is designed to be an opportunity to explore and discuss the delivery of sexual health care. In order to provide a knowledge base to maximise your learning opportunities we require delegates to complete some e-learning **before** attending the STIF theory course. Although this is not mandatory, some knowledge of topics will be assumed by the course facilitator, and without the e-learning you may find some of the course difficult to follow.

The estimated time to complete e-learning sessions is 7 – 10 hours depending on knowledge and experience. *Once NHS users have registered for e-learning, there is no expiry time on the account.*

#### **e-Learning for Sexual Health & HIV (eHIV-STI)**

eHIV-STI is accessible in a number of ways depending on your professional role.

If you are employed by the NHS in the UK and have a NHS email address you can register for free access to eHIV-STI via the e-LfH Hub by completing the registration form on the e-LfH website:

<http://portal.e-lfh.org.uk/Register>

Please note that NHS email addresses include @nhs.net, @trustname.nhs.uk and the equivalent in Scotland, N Ireland and Wales.

All NHS employees can have a NHS email address; if you don't have one but work for the NHS, you need to contact your manager for your NHS email address.

For more information visit: <http://systems.hscic.gov.uk/nhsmail/using>

You can also access the e-LfH platform through OpenAthens

### **Non-NHS Staff**

Non-NHS users will need to pay to access the required sessions for the STIF course:

<https://www.eintegrity.org/> is the site to visit to register. E-mail addresses include [enquiries@eintegrity.org](mailto:enquiries@eintegrity.org) [richard.bryant@eintegrity.org](mailto:richard.bryant@eintegrity.org) (UK enquiries) or [justine.crozier@eintegrity.org](mailto:justine.crozier@eintegrity.org) (International enquiries)

Once payment has been received, details regarding how to access the e-learning will be emailed to you. Access will be provided for 1 year. Sessions to be completed are shown in the table for NHS doctors and practice nurses (see above).

## eLfh and e-HIV-STI

Once registered, log in to the e-Lfh Hub using your existing username and password.

Find the programme (you may need to use the search function) and then 'ENROL'



This should now be added to 'My e-learning'

Now find the folder which contains the 'STIF Pathways'



Now open the folder 'STIF Course'



View the help page for more information: <https://support.e-lfh.org.uk/>

**PLEASE ENSURE YOU REGISTER FOR THE CORRECT PROJECTS: e-Learning for Sexual Health & HIV (eHIV-STI) and e-SRH: Sexual and Reproductive Healthcare**

*Please note that eHIV-STI is not administered by BASHH and we cannot assist with registration/access problems - if you still have problems after using the above information and resources please contact e-Lfh via their Support <https://support.e-lfh.org.uk/>*

Sessions which we expect to be completed before you attend the course are listed on the following pages

<b>Part 1: STIF Learning Pathway in e-HIVSTI and e-SRH</b>	
<b>1.01</b>	Sexual Behaviour and Infection Risk
<b>1.12 **</b>	Screening Asymptomatic Patients <b>**NOTE**</b> on some systems it is 11-02
<b>00_01</b>	Fundamentals of Sexual History
<b>1.03</b>	Confidentiality in Sexual Health
<b>1.11</b>	Clinical Signs in Genitourinary Medicine
<b>1.14</b>	Partner Notification, When and How?
<b>1.19</b>	Chemsex
<b>02.06</b>	Diagnosing Syphilis
<b>02.15</b>	Diagnosing HIV
<b>07.03</b>	Hepatitis B: Natural History, Presentation and Investigation
<b>07.04</b>	Hepatitis C: Natural History, Presentation and Investigation
<b>11.01</b>	HIV Testing
<b>Optional extra learning</b>	
<b>11.07</b>	Pre-Exposure Prophylaxis for HIV
<b>01.02</b>	Sexual History
<b>Part 2: STIF Learning Pathway in e-HIVSTI and e-SRH – In addition to the above</b>	
<b>11.05</b>	Sexual exposure to HIV
<b>11.06</b>	Post Exposure Prophylaxis for HIV
<b>11.07</b>	Pre-Exposure Prophylaxis for HIV
<b>08.01</b>	Consent, competence and confidentiality for under 18s
<b>08.02</b>	Indicators of Child Sexual Abuse and Exploitation
<b>08.05</b>	Child Sexual Abuse (CSA)
<b>eSRH 10.01</b>	SRH needs of young people
<b>1.20</b>	Sexual healthcare for trans, non-binary and intersex people
<b>1.08</b>	Male Genital Examination
<b>01.09</b>	Female Genital Examination
<b>05.01</b>	Genital Lumps
<b>05.03</b>	Anogenital warts
<b>10.01</b>	Vaginal discharge
<b>10.02</b>	Trichomonas Vaginalis
<b>10.03</b>	Candida and Yeast Infections
<b>10.04</b>	Bacterial vaginosis
<b>04.01</b>	Genital Ulceration - Causes and Investigation
<b>04.06</b>	Genital Herpes: Natural History and Complications
<b>11.07</b>	Male urethritis: diagnosis and management.
<b>Optional extra learning</b>	
<b>01.10</b>	Examination of Extra-genital Sites

05.02	Differential diagnosis of anogenital warts	
FGM	Female Genital Mutilation	
TRF	Identifying and Supporting Victims of Modern Slavery (TRF)	

<b>Part 3: STIF Learning Pathway in e-HIVSTI and e-SRH – In addition to the above</b>	
01.10	Examination of Extra-genital Sites
04.02	Early Infectious Syphilis
02.13	Diagnosing viral hepatitis
03.07	Epididymitis
03.08	Scrotal Masses
03.10	Pelvic Inflammatory Disease
04.04	Diagnosis and Management of Late Syphilis
09a. 01	STIs in Pregnancy
10.08	Genital Dermatoses
12.01	Natural History of HIV infection
<b>Optional Extra learning – Part 3</b>	
03.11	Acute Pelvic Pain and Sepsis
03.15	Sexually-acquired reactive arthritis
04.03	Positive Treponemal Serology in the Asymptomatic Patient
04.10	Herpes in Pregnancy

### **During the course: Trigger warnings**

Some of the presentations contain aspects which may be distressing for delegates due to previous or current experiences. Please be mindful and respectful of your fellow delegates when discussing cases. Feel free to take time away from the session for any reason until you feel ready to return. If you feel you may need further support or advice following sessions, please speak to the course director who will be able to signpost you to relevant support services

### **After the course: Continuing your learning**

In order to get the full benefit of the STIF learning package, we recommend that following attending the STIF Theory course you register for STIF competencies. This is a modular clinical training package developed by BASHH to train and assess the competence of health professionals to deliver more specialised sexually transmitted infection (STI) services within primary care, CASH services and integrated GUM/contraception services and for nurses working in services delivering sexual healthcare. It is designed as a flexible teaching and

assessment tool for use by sexual health specialists and follows on from the STIF theory course and e-learning.

The training has been developed to be appropriate for doctors, nurses and other healthcare practitioners who wish to, or are required to, manage STIs. Successful completion of training and assessment leads to accreditation and certification with BASHH through The STI Foundation, and for some pathways through the University of Greenwich. There are different STIF Competency pathways to suit different roles:

### **STIF** *Fundamental Competency*

This is a workplace-based training package to train and assess the competence of healthcare professionals to assess patients in primary and secondary care 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 either in a 'Healthcare Assistant' role or as a newly qualified/junior registered nurse. It includes assessments relating to the role in assisting more senior staff, setting up clinic rooms and safe management of cryotherapy.

### **STIF** *Intermediate 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 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. For more detailed information about the competencies to be assessed and how to register visit: <https://www.stif.org.uk/competency-programme/intermediate-competency/>.

### **STIF** *Advanced Competency*

STIF *Advanced* Competency (Diploma of STI Foundation) is designed for Specialist Sexual Health nurses who are working towards independent practice and have already successfully completed STIF *Intermediate* Competencies\*. It is also suitable for SAS doctors working in GU Medicine but who do not wish to take the DipGUM exam. The training and assessment is structured as a clinical attachment within a Level 3 sexual health service and comprises a minimum of 50 clinical sessions including reflective writing, formal assessment of competence every 4-6 weeks using assessment tools (mini-CEX forms and case-based discussion) and completion of an audit. For more detailed information about the competencies to be assessed and how to register visit: <https://www.stif.org.uk/competency-programme/advanced-competency/>.

## **STIF** *Integrated Competency*

STIF *Integrated* Competency Training and Assessment provides a streamlined, cost-effective and fit-for-purpose training pathway in the new era of integrated sexual health provision. It builds on STIF *Intermediate* with additional workplace assessments in contraceptive care. STIF *Integrated* can be completed at the same time as STIF *Intermediate* or can follow on from successful STIF *Intermediate* Competency certification. STIF *Integrated* is not a standalone contraceptive qualification. For more detailed information about the competencies to be assessed and how to register visit: <https://www.stif.org.uk/competency-programme/integrated-competency/>

## **STIF** *Health Advising Competency*

STIF *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 STIF *Intermediate* will be exempt from repeating the competencies that overlap. Visit <https://www.stif.org.uk/competency-programme/stif-health-advising-competency/>

## The BASHH/STIF-NHIVNA COMPETENCY PROGRAMME

### **STIFNHIVNA** *Intermediate Competency*

STIF NHIVNA *Intermediate Competency* is a clinical training package to train and assess the knowledge and competence of nurses working in HIV services or in Integrated GUM/HIV and/or ID/HIV services. It leads to accreditation and certification with BASHH through 'The STI Foundation'.

The pathway has been designed to a similar format to the well-established and validated STIF Competency pathways (Intermediate, Advanced, SHA and Integrated).

For more information visit <https://www.stif.org.uk/competency-programme/stif-nhivna-core/>  
E: [stif@bashh.org](mailto:stif@bashh.org)

### **STIFNHIVNA** *Advanced Competency*

STIF NHIVNA *Advanced Competency* is a clinical training package to train and assess the knowledge and competence of nurses working in HIV services or in Integrated GUM/HIV and/or ID/HIV services. It leads to accreditation and a Diploma with BASHH through 'The STI Foundation'. The trainee will be someone who has worked in the HIV field for 4 years or more and has an independent case load of stable patients. Being able to prescribe ARV medication is not essential but more in-depth knowledge about ARVs, their use, resistance, interactions and adherence support would all be expected\*.

For more information visit <https://www.stif.org.uk/competency-programme/stif-nhivna-advanced/>

E: [stif@bashh.org](mailto:stif@bashh.org)

\*prior experience and/or learning may be taken into account for some trainees to progress into the Advanced pathways without undertaking the Intermediate pathways beforehand

**After the Course: Feedback:** We really value your feedback, especially as we grow and develop the new course. Please could you complete this feedback form using this link: <https://forms.office.com/e/40T3NFPhyZ> or scan the QR code to take you to our feedback survey. Once completed, we will send you a



certificate of attendance.

### **Definition of sexual health**

Sexual health can be defined as the sexual, social and emotional well-being of an individual as expressed through their sexuality and how they explore relationships.

Glossary - Commonly used abbreviations you may encounter

AI	anal intercourse (IAI insertive, RAI receptive)
ARV	Anti-retroviral (drugs)
BASHH	British Association for Sexual Health and HIV
BHIVA	British HIV Association
BV	bacterial vaginosis
COC	combined oral contraceptive
CT	contact tracing (also chlamydia trachomatis!)
Cx	cervix
EIA	enzyme immunoassay
ELISA	enzyme Linked Immunosorbent assay
FPU	first pass urine
FSRH	Faculty of Sexual & Reproductive Healthcare
GBMSM	gay, bisexual and men who have sex with men
GC	gonorrhoea
GUD	genital ulcer disease
GUM	genitourinary medicine
HAART	highly active antiretroviral therapy
HPV	human papilloma virus
HSV	herpes simplex virus
HVS	high vaginal swab
IMB	inter-menstrual bleeding
LMP	last menstrual period
LSI	last sexual intercourse
MC & S	microscopy, culture and sensitivity
MSM	men who have sex with men

MSU	mid-stream urine
NAAT	nucleic acid amplification test
NSU/NGU	Non-specific Urethritis/Non-gonococcal Urethritis
OI	oral intercourse (I or R as above)
PCB	post coital bleeding
PCC	post coital contraception
PCR	polymerase chain reaction
PID	pelvic inflammatory disease
PN	partner notification
PSI	previous sexual intercourse
PTD	pre-test (HIV) discussion
PV	per vaginum
SI	sexual intercourse
STI	sexually transmitted infection
TOP	termination of pregnancy
TV	Trichomonas vaginalis
UTI	urinary tract infection
UPSI	unprotected sexual intercourse
WSW	women who have sex with women
VI	vaginal intercourse

## **Principles of STI management**

### **General principles**

Be aware of the risk factors that may increase the risk of contracting an STI  
 Know when and how to test people for STIs, or refer to an appropriate provider/setting  
 Optimise appropriate health seeking behaviour and access to appropriate skilled care

The objectives of the management of patients with STIs are:

- To make a correct diagnosis
- To provide effective treatment which should:
  - Eliminate the organism from all sites
  - Minimise the potential for continued transmission
  - Minimise risk of complications from infection
  - Ensure appropriate follow-up
- To discuss risk reduction
- To advise on treatment compliance - single dose treatment options where possible
- To ensure sexual partners are informed and appropriately treated
- To promote and provide condoms
- No sexual intercourse, even with a condom, until patient and partner(s) screened and finished treatment to minimise risk of reinfection

Treatment of co-infections should not compromise or be compromised by the treatment of any infection.

## **Risk factors and risk markers for STIs**

There are a number of risk factors and risk markers for STIs. They will not identify all patients with infection, but they do provide guidance to factors which may increase the risk of STI transmission and should raise your level of concern.

These include:

- Young age (less than 25 but especially less than 20 years of age)
- 2 or more sexual partners in the last 6 months
- Condomless sex
- Country of origin for some STIs, especially if never previously tested or regularly travelling back to areas with a higher prevalence.
- Engaging in condomless anal sex
- Sex in anonymous venues like saunas
- Residence in metropolitan areas

## **Sexual practices**

Sex and sexual intercourse mean different things to different people. It is important to establish (in a non-judgemental way) which sexual practices have taken place and who did what with whom, to ensure correct samples are taken from the correct sites.

Patients may use a range of terminology to describe their sexual practices and genitals. It is appropriate to reflect the patient's language during the consultation in order to help them feel comfortable disclosing information, but when discussing or referring patients onwards it is advised to use medical terminology. If a patient uses a word you are not familiar with, it is ok to tactfully ask!

In terms of risks of STIs, the main sexual practices to know about are:

Mutual masturbation - where sex partners bring each other to non-penetrative climax during sex. This is low risk for transmission of most STIs, but some STIs can still be transmitted by skin-to-skin contact.

Oral sex may refer to:

Oral genital contact: using the mouth to stimulate the clitoris, vulva, vagina, penis or testicles (with or without ejaculation in the mouth)

or

Anal-oral contact: There are a variety of practices from licking just around a person's anus to playing with quantities of faeces.

Oral sex is considered to be a lower-risk practice for HIV transmission, even with ejaculation. Most other STIs can be transmitted through oral sex. If patients are at risk of contact with faeces, they will require vaccination for hepatitis A.

Penetrative sex: insertion of penis into vagina or anus

(Note: Not all men having sex with men practice anal sex and many people who identify as heterosexual practice anal sex)

All penetrative sex carries a risk of transmission of STIs. This can be reduced, but not eliminated, by condom use and HIV Pre-Exposure Prophylaxis. Due to the absorbency of the vaginal and anal mucosa, the risk of STI transmission is highest for receptive anal and vaginal sex.

## **Taking a sexual history**

What to ask: The details below are the main parts of a sexual history. You may not need to ask about all these points with every patient.

Presenting complaint: e.g., discharge from penis for four days.

N.B. The person may present requesting a 'check-up'. They may or may not have symptoms.

Even if the patient states that no symptoms are present, it is still important to ascertain their risk of exposure to STIs and ask specifically about the presence of relevant symptoms.

Patients do not always understand the question 'do you have any symptoms?'.

History of presenting complaint

Symptoms

Description (e.g., discharge – colour – odour)

Associated symptoms (e.g., dyspareunia – superficial or deep, post coital bleeding)

Bowel or bladder symptoms, abdominal or pelvic pain

Duration of symptoms

Partners

Regular or casual partner(s) (note that someone may have both)

Relationship of appearance of symptoms to last sexual intercourse or to intercourse with a particular partner

Condom use (always, sometimes or never)

PrEP use

Type of sex (e.g., oral, vaginal or anal; insertive/receptive, 'giving/receiving' 'Top/Bottom')

Symptoms or diagnosis of partner

Other partners in the last three to six months

Sex with same or opposite sex partners – "Have you ever had sex with other men?"

Sex work – "Have you ever paid / been paid for sex?"

Partners who were brought up overseas (in particular countries with high prevalence of infections)

Was sex consensual? Any previous history of sexual assault

Contraception method

Which method? Correct usage? Aware of emergency contraception methods?

Previous STI diagnoses

What was diagnosed and when?

How was it treated (if not correct treatment consider possibility of treatment failure)?

Treatment of partner (consider possibility of reinfection)

Menstrual history

Date of last normal menstrual period

Associated menstrual abnormalities, intermenstrual bleeding (IMB)

Pregnancy history

Previous pregnancy with outcomes and complications

Cervical cytology history

Last cervical cytology timing and result

History of abnormal cytology

Past medical history

Serious medical conditions, operations, Allergies (including food allergies)

Social History

Drug/alcohol use which may increase vulnerability.

Chems (sexualised drug) use

History of injecting or snorting/sniffing/bumping drugs

History of or current domestic abuse 'Do you feel safe at home/with your partner?'

Immunisation/Vaccination history: Hepatitis B, A, HPV

Female genital mutilation

Consider asking all females about female genital mutilation and the risk for children under their care.

### **Guidance on taking a sexual history**

Clinicians are trained to be skilled and comfortable with obtaining a general health history. This is not the case with taking a sexual history and they may at first find taking a sexual history difficult. This mainly happens for two reasons:

- Lack of experience
- Embarrassment, from both the patient and the doctor

However, with appropriate training and experience, doctors and nurses can become skilled and at ease at asking questions relating to sexual health.

Patient's feelings: Consider patient's feelings when presenting with symptoms of sexual transmitted infections. They may be feeling embarrassed, worried they may be judged by the doctor, their partner etc. At the same time doctors and nurses may fear offending patients by talking about very sensitive issues. It is important to be reassuring and non-judgmental.

Privacy: It is important to note that if a partner or relative is present, some people will be reluctant to reveal personal information. Therefore, if possible, the patient should be seen alone. In situations when they would benefit from an interpreter, this should be arranged through an accredited interpreting service. Using a relative or friend is not advisable.

Ask permission and explain: Before starting, you should always explain why you are asking these questions and that the answers will help you to assess the risk for STI/HIV infection and enable you to determine which sites to take swabs from. It is advisable to start off with the least intrusive questions before asking the ones that are potentially more embarrassing.

Don't make assumptions: Listen to the patient and watch carefully to be sure you understand them and to ascertain when you need to go further with a line of questioning. Pay particular attention to non-verbal clues. Even though during the history taking you may be developing theories about what is going on, be sure to give yourself enough time to check it out further before sharing it with the patient. Keep an open mind and don't make any assumptions! Avoid the temptation to reassure the person prematurely.

Specially don't make assumptions about sexual orientation. Use terms such as 'partner' of 'person'. When asking about sexual partners, ask 'what gender is your partner'? Even if someone currently has a partner of one gender, don't assume that they always have sex with this same gender. Rather than going through each individual partner, questions like "Have you ever...?" can be very useful

## **Partner notification**

Partner notification involves the sexual partners of an individual with an STI (including HIV) being notified, informed of their exposure to an infection and offered services. Partner notification should be considered whenever an STI is diagnosed, irrespective of where care is provided.

### **Definitions:**

Index case is the initial person diagnosed with an infection.

Patient referral: is the option of giving the patient the responsibility, after adequate health education and support, to contact sexual partners and ask them to attend for treatment and testing.

Provider referral: is the option of a patient providing names and contact details of partners to the healthcare worker so that clinicians can contact the partners, advise them of the possibility of the infection and arrange for them to attend for treatment and testing.

Why do we do partner notification?

It can break the chain of transmission (especially for bacterial infections). Partner notification will prevent complications arising due to untreated infections, prevent reinfection, and is an opportunity for health promotion and behaviour change.

Cure is often not possible for viral infections and viral infections commonly cause latent and sub-clinical infection. Sustained behaviour change is necessary with all viral STIs to reduce the risk of, or prevent transmission. Techniques such as Motivational Interviewing (MI) might be useful interventions to discuss risk reduction.

The nature of the infection should be discussed with the patient and should include the risk of reinfection if sexual partner(s) are untreated; hence the importance of avoiding any sexual contact until the patient and all sexual partners have completed treatment. This will include some discussion on the means of transmission of the infection and also the potential side effects if an individual is left untreated. The importance of compliance with treatment and attending for follow-up should be stressed.

The partner notification period depends on nature/site of infection, the incubation period and the duration symptoms have been present. Contact slips can provide anonymity and confidentiality for the index patient; enable sexual contacts to seek medical advice or treatment, inform the contact's clinic of index patient's diagnosis, reference number and date of diagnosis and enable cross-referencing and evaluation of partner notification action to be undertaken.

### **Partner notification resolution**

At follow-up it is important to ask about partners. Reasons for partner notification not having occurred include:

- index is unable to identify partners, e.g., fear of rejection, violence, can't believe they're implicated, doesn't have enough details for provider referral
- partner refuses to attend
- index patient doesn't want to discuss partner notification
- untraceable
- unaware where partner was treated (choice of clinics to cross reference)
- transient population in large cities - difference between urban and rural clinics
- doesn't attend for follow-up

Ask about partner notification outcomes for each partner identified

- Resolution outcomes:
  - Untraceable
  - Informed
  - Attended
  - Verified by HCW or by patient

### **Specific issues regarding HIV partner notification**

This is less contentious now as HIV is seen as a treatable infectious disease. It is particularly important to contact sexual partners as quickly as possible after risk of transmission (and offering PEP if last contact within 72 hours). However, patients may request anonymous

Provider Referral from the clinic/service, to ensure there are no repercussions/blame on the index patient.

The contact is informed of specific diagnosis/nature of infection.

There are both individual and public health issues.

Confidentiality/rejection fear with all partner notification but may be increased with HIV

## **Other Training resources**

### **BASHH STI Foundation Competency training**

This is a modular clinical training package developed by BASHH to train and assess the competence of health professionals to deliver more specialised sexually transmitted infection (STI) services within primary care, CASH services and integrated GUM/contraception services and for nurses working in services delivering sexual healthcare. It is designed as a flexible teaching and assessment tool for use by sexual health specialists and follows on from the STIF theory course and e-learning.

The training has been developed to be appropriate for doctors, nurses and other healthcare practitioners who wish to, or are required to, manage STIs. Successful completion of training and assessment leads to accreditation and certification with BASHH through The STI Foundation. There are many levels of competency and learners can select the one appropriate to their clinical practice.

For more information about STI Foundation Competency Assessments visit [www.stif.org.uk](http://www.stif.org.uk). In event of further questions, please contact STI Foundation Secretariat [stif@bashh.org](mailto:stif@bashh.org)

### **BASHH course in STIs and HIV**

This is a modular course which runs once a year aimed predominantly for Trainee doctors, Trust Grade or SAS doctors and practitioners from overseas. It usually leads to the diploma in Genitourinary Medicine of the Society of Apothecaries, but participants can complete the course without taking the examination (and vice versa). The course aims to provide participants with an overview of current practice in GUM, sexual health, STIs, and HIV infection and related areas, focusing particularly on practice in the UK, but within the context of the worldwide epidemic of STIs. It is a modular course. You can apply to attend some or all of the modules.

For further details, contact BASHH [admin@bashh.org](mailto:admin@bashh.org) 01543 442 190 or see the BASHH website to register online.

### **Diploma of the Faculty of Reproductive and Sexual Health**

DFSRH provides you with the knowledge and skills to enable you to carry out an effective contraception consultation as part of a comprehensive approach to SRH care. The Diploma is accessible to you if you are new to contraception or if you have some existing experience. The Diploma is an ongoing, continuous qualification, and once you have fulfilled the entry requirements you can apply at any time throughout the year. You will be supported by experienced FSRH Registered Trainers who will facilitate your learner journey. The FSRH welcomes applications from doctors, nurses, midwives, pharmacists, physician associates or other healthcare professionals registered in the UK and Ireland, working in primary care, community and integrated services.

[http://www.fsrh.org/pages/Diploma\\_of\\_the\\_FSRH.asp](http://www.fsrh.org/pages/Diploma_of_the_FSRH.asp)

## **Some further training resources**

### **Microscopy for sexually transmitted infections**

<https://bsigmicro.org/> is a free resource (registration may be required) which we fully recommend

STI Slide Bank: a bank of test slides and corresponding questions put together by members of the BSIG to assess your microscopy interpretation skills.

<https://www.bashh.org/documents/3228.ppt>

### **'STI Foundation stuff'**

Please look on the STIF website for further resources (videos etc) which might be of interest

<https://www.stif.org.uk/stif-stuff/>

## **Additional information on STI management**

BASHH publishes the current UK National guidelines on [www.bashh.org](http://www.bashh.org) and the BASHH website contains a number of policy documents relating to STIs and HIV.

### **Useful documents include the following:**

2019 UK national guideline for consultations requiring sexual history taking

<https://www.bashh.org/media/4399/bashh-frsh-joint-standards-for-online-and-remote-providers-2019x.pdf>

2019 BASHH Standards for the management of sexually transmitted infections (STIs)

<https://www.bashh.org/about-bashh/publications/standards-for-the-management-of-stis/>

STI Outreach Standards

<https://www.bashh.org/about-bashh/publications/sti-outreach-standards/>

Sexual Health Service Standards for Trans and non-binary people

<https://www.bashh.org/media/4400/bashh-recommendations-for-integrated-sexual-health-services-for-trans-including-non-binary-people-2019pdf.pdf>

### **Resources on healthcare for trans and non-binary people**

**The UK Has a Trans Healthcare Crisis (Video on You Tube)**

<https://www.youtube.com/watch?v=M7ApsqWwxc>

Useful websites:

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare>  
<https://www.rcplondon.ac.uk/education-practice/courses/gender-identity-healthcare-credentials-gih>  
<https://www.transunite.co.uk/>  
<https://www.mermaidsuk.org.uk/>  
<https://spectra-london.org.uk/trans-gender-services/>  
<https://gic.nhs.uk/info-support/support-groups-and-resources/>  
<https://www.beaumontsociety.org.uk/>  
<https://www.stonewall.org.uk/truth-about-trans>  
<https://www.tht.org.uk/hiv-and-sexual-health/sexual-health/trans-people/resources>

Health Education England's e-Learning for Healthcare (e-LFH) Session 01\_20

<https://populationwellbeingportal.e-lfh.org.uk/LearningContent/Launch/701585>

This session aims to aid understanding of the diversity of gender identity, thereby providing affirming sexual and reproductive healthcare for trans, non-binary, and intersex people.

## ChemSex

eHIV-STI has a session on Chemsex (01.19) <https://www.e-lfh.org.uk/programmes/sexual-health-and-hiv/>

Videos on YouTube on Chemsex:

1. A Londoner's experience of chemsex and the risks that came with it.  
<https://www.youtube.com/watch?v=oFnDTPjXEWM>

2. "ChemSex"; a role play for training purposes:  
<https://www.youtube.com/watch?v=qOdaouGHXqQ>

3. These links may also be useful:

<https://londonfriend.org.uk/antidote/>

<https://www.letstalkaboutit.nhs.uk/other-services/chemsex-support/>

<http://lgbt.foundation/chemsex>

<https://dean.st/chemsex-support/> for clients and professionals. Ten short Chemsex films including tips on playing safe, making changes, managing cravings, harm reduction and relapse prevention, and better sober sex.. Also an online guide about making changes around chem use.

<https://clubdrugclinic.cnwl.nhs.uk/> for clients and professionals for advice and information. London based but can give advice on local services

local organisations can be found by searching on www for chemsex + area: e.g.

<https://www.unitysexualhealth.co.uk/our-services/what-is-chemsex/> (Bristol)

<http://www.thenorthernsexualhealth.co.uk/Chemsex-Support> (Manchester) support for families/friends/partners

<https://sti.bmj.com/content/96/2/124> is a recent paper in the BMJ

## Reporting procedure for genital mutilation

<https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information>

<http://www.e-lfh.org.uk/programmes/female-genital-mutilation>

## Journals

Sexually Transmitted Infections [www.sti.bmj.com](http://www.sti.bmj.com)

International Journal of STDs and AIDS  
<https://journals.sagepub.com/loi/std>

## Websites

British Association for Sexual Health and HIV (BASHH) [www.bashh.org](http://www.bashh.org)  
British HIV Association <http://www.bhiva.org/>  
Public Health England <https://www.gov.uk/government/organisations/public-health-england>  
Faculty of Sexual and Reproductive Healthcare <http://www.fsrh.org/>

## Where to obtain patient information

The BASHH website has patient information (see 'Public and Patient Information' tab)

Websites with useful patient information (and/or leaflets) on STIs.

<https://www.bashh.org/guidelines/>

<http://www.nhs.uk/Conditions/Sexually-transmitted-infections/Pages/Introduction.aspx>

## Some self-help groups for patients:

Herpes Viruses Association

<http://www.herpes.org.uk>

telephone 0845 123 2305

Vulval pain society

<http://www.vulvalpainsociety.org/>

PO Box 7804, Nottingham, NG3 5ZQ

Sexual Advice Association

<http://www.impotence.org.uk/>

Telephone 020 7486 7262

College of Sexual and Relationship Therapists (COSRT)

<http://www.cosrt.org.uk>

Telephone 020 8543 2707

Support for people experiencing ectopic pregnancies is available from: <http://www.ectopic.org.uk/> .

## Domestic Abuse/Violence, Sexual assault and Modern Slavery – Resources

<https://www.lawsociety.org.uk/topics/family-and-children/domestic-abuse-act-2021>

<http://www.antislaverycommissioner.co.uk/media/1329/independent-anti-slavery-commissioners-strategic-plan-19-21-screen-readable.pdf>

<https://www.lawsociety.org.uk/topics/family-and-children/domestic-abuse-act-2021> (Law Society)

<https://inews.co.uk/inews-lifestyle/illegal-partner-relationship-new-laws-180384> It is now illegal for your partner to do these 11 things in a relationship

<https://www.bashhguidelines.org/media/1085/responding-to-domestic-abuse-in-sexual-health-settings-feb-2016-final.pdf>

<https://www.e-lfh.org.uk>: 11\_01\_04 Identifying and Supporting Victims of Modern Slavery

BASHH Guidelines: Management of Adult and Adolescent Sexual Assault. [The Management of Adult and Adolescent Complainants of Sexual Assault 1](#)