



Advanced Clinical Practitioner (ACP) Integrated Sexual Health and HIV Specialist Training Curriculum 2019

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

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Introduction

The Advanced Clinical Practitioner (ACP) curriculum provides a blueprint for benchmarking standards for practitioners working in integrated sexual health and HIV services.

Advanced Clinical Practitioners¹ in Integrated Sexual Health & HIV are required to have specialist skills in the delivery of sexual and reproductive health and HIV services, clinical governance, public health, epidemiology and the provision of contraception.

The ACP curriculum provides a framework for nurse practitioners who provide care and management of patients with sexually transmitted infections and related conditions, contraception and HIV.

The core elements of the ACP ISH HIV curriculum are the clinical management of STIs, HIV/AIDS, the provision of contraception, surveillance and reporting, the prevention of morbidity and mortality due to STIs, HIV and unintended pregnancies by initiating treatment, partner notification and behaviour change.

The curriculum also places a strong emphasis on multidisciplinary team ethics and practitioners are required to possess excellent communication skills.

Background

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

Purpose

The aim of the ACP Integrated Sexual Health and HIV curriculum is to provide a clear and comprehensive guide to the expected level and breadth of practice for Advanced Clinical Practitioners working in integrated sexual health and HIV and has been designed to support practitioners, managers, Higher Education Institutions and commissioners.

¹ We have used the term clinical here to bring the document in line with the HEE Advanced Clinical Practice Framework (HEE, 2017) and Advanced Clinical Practice Apprenticeship Standard (HEE, 2017) reflecting that ACP can be from a variety of clinical disciplines. We acknowledge however, that the majority of ACPs in Integrated Sexual Health Services are likely to be present nurses.

Advanced Clinical Practice has been defined as:

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

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

(HEE, 2017: p8)

Contraception, HIV and Sexual health have a long history of developing advanced practice roles, with the first nurse practitioner posts developed more than 20 years ago². More recently in 2016 the National HIV Nurses Association (NHVNA) produced guidance for Advanced Nursing Practice in HIV Care³, which was endorsed by the Royal College of Nursing and British HIV Association. ACP in Integrated Sexual Health and HIV are part of the multi-disciplinary team and clinically manage and support patients with sexual infections and related conditions and contraception. As senior nurses, ACPs make a significant contribution to service provision and are expected to work across HEE’s four pillars of advance clinical practice⁴:

1. Clinical Practice,
2. leadership and Management
3. Education
4. Research

As such in addition to clinical care provision, they are able to participate and lead clinical education, audits, service evaluation and service improvements and contribute

² Allen, D., 1998. Putting the experts in charge. *Nursing Standard*, 12(17), pp.22-23.

³ National HIV Nurses Association (2016) Advanced Nursing Practice in HIV Care: Guidelines for nurses, doctors, service providers and commissioners. <https://www.nhivna.org/file/cXYDBwZTSnKNV/Advanced-Nursing-practice-in-HIV-care-2016.pdf>

⁴ Health Education England (2017) A multiprofessional framework for advanced clinical practice in England.

to clinical governance and with the appropriate training contribute to and undertake empirical research studies.

Rationale

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

The curriculum places the patient as central to learning and has been mapped to the Multi-professional framework for advanced clinical practice in England (HEE 2017) and NHIVNA Advanced Practice Guidelines (NHIVNA 2016).

Development of the ACP Curriculum

The content and structure of this curriculum was developed jointly by BASHH, FSRH and NHIVNA, and is based on the HEE Multi-professional framework for advanced clinical practice in England (HEE, 2017). ACPs are not substitute doctors, however there is an expectation that the ACP in integrated sexual health and HIV will be working at the level of a Specialty Trainee Doctor in their 3rd or 4th year of training (ST3/4, Specialty Training) in relation to clinical decision making. As such, the knowledge, skills and behaviours outlined in the ACP ISH HIV curriculum have been mapped against both the specialty training curricular for genitourinary medicine⁵ and community sexual and reproductive health⁶ to ensure consistency of practice (appendix 1). It provides the minimum standard for expected practice; it is acknowledged however, that some ACPs will be practicing at a higher level in some areas, reflecting individual specialist skills and/or service requirements.

Routes to training

There are two routes to training as an Advanced Clinical Practitioner:

- 1) Trainee Advanced Clinical Practitioners (tACP)**
- 2) Experienced Advanced Clinical Practitioners**

⁵ Joint Royal Colleges of Physicians Training Board (2016) specialty training curriculum for genitourinary medicine <https://www.jrcptb.org.uk/sites/default/files/2016%20GUM%20Curriculum%20FINAL.pdf>

⁶ The Faculty of Sexual & Reproductive Health (2017) CSRH Specialty Curriculum <https://www.gmc-uk.org/-/media/documents/dc10713-app-community-sexual-and-reproductive-health-curriculum-74685007.pdf>

Trainee Advanced Clinical Practitioners (tACP)

The curriculum can be used by tACPs in tandem with a master's degree programme leading to an MSc Advanced Clinical Practice.

Experienced Advanced Clinical Practitioners

The curriculum can also be used by experienced ACPs who already possess a master's level award, providing they can demonstrate the key skills, knowledge, and attributes outlined in the ACP Curriculum.

Duration of Training

Trainee ACP

The curriculum has been designed to be undertaken by trainee ACPs (tACP) over a period of three years.

The curricular trajectory of the programme is that trainees who successfully achieve the competencies will be credentialed by the BASHH/FSRH/NHIVNA ACP Joint Credentialing Committee at the end of the 3-year period.

Training as an ACP in integrated sexual health and HIV comprises of a minimum of 3 years, adjusted pro-rata for those employed on part-time contracts. It is expected however that trainees will already have a minimum of 1-years' experience in sexual health & HIV prior to embarking on the programme; therefore the total training time from entering the ACP training route until completion of training as an ACP is a minimum of 4-years. The duration of training enables trainees enough time to complete the academic requirements, clinical competencies as well as develop core experience.

Experienced ACP

The Experienced ACP route recognises the skills and experience gained by experienced practitioners and provides another opportunity for recognising ACP competencies. Depending on the level of experience, the experienced ACP route can be undertaken by practitioners in a shorter time period, less than 3 years. Experienced Practitioners who successfully demonstrate the competencies will be credentialed by the BASHH/FSRH/NHIVNA ACP Joint Curriculum and Credentialing Committee.

Requirements for being credentialed as an Advanced Clinical Practitioner (ACP) in Integrated Sexual Health and HIV

Trainee ACP's and Experienced Practitioners who are ready to be credentialed as an Advanced Clinical Practitioner in Integrated Sexual Health and HIV will need to meet the following requirements:

- Registration with appropriate UK regulatory body (NMC, HCPC, GPC)

- Master level award in Advanced Clinical Practice which covers the four HEE pillars of Advanced Clinical Practice at masters (level 7)⁷
 - 1) Clinical Practice
 - Non-medical Independent Prescribing (and recorded on the appropriate regulatory register)
 - Physical Assessment
 - 2) Leadership and Management
 - 3) Education
 - 4) Research

How to use the Curriculum

Curriculum Components

The curriculum has been mapped to the **38 core capabilities** within the four pillars of Advanced Clinical Practice (HEE 2017): **Clinical Practice; Leadership & Management; Education;** and, **Research**, which define the high level learning outcomes for a trainee or experienced practitioner working at or towards the Advanced Clinical Practitioner level. There are also **three clinical pathways** which correspond to the trainees specific an area of practice: **Integrated Sexual Health; HIV;** and, **Integrated Sexual Health & HIV.**

The curriculum has been designed around the four pillars of advanced clinical practice, under which there are eight domains of practice, five domains in the core training, and three domains in the clinical pathways.

Core training

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

Leadership and management pillar

- Leadership, management & governance domain

Education pillar

- Teaching, training, appraisal and assessment domain

Research pillar

- Ethical research, audit and information technology domain

Clinical practice pillar

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

⁷ A masters level award (MSc/MA/PGDip) in Advanced Clinical Practice or related subject

Clinical pathway

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

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

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

Clinical practice pillar

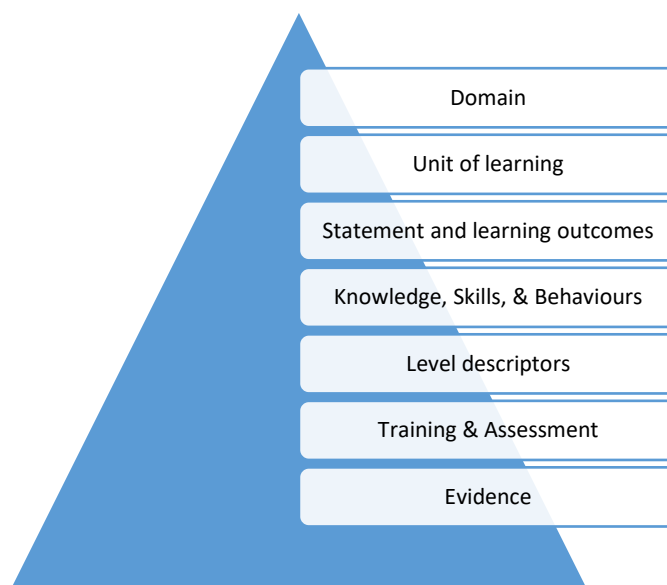
- STIs and related conditions domain
- Contraception & gynaecology domain
- HIV (part 2) domain

Table 1. Domains for specific clinical pathways

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

Each domain has units of learning which contain: practice statement and learning outcomes, knowledge, Skills, and Behaviours and the level descriptors, training and assessment, and evidence.

Figure 1. Curriculum structure



The **practice statement** outlines the area of practice the unit of learning pertains to, under which there are the specific **learning outcomes** for that unit of learning. The unit of study describes the key **knowledge, skills and behaviours** required to achieve the learning outcomes. The unit of learning also sets out the level descriptors for assessing practitioners (with the required level highlighted in bold). The unit of learning further details the **Training & Assessment** and **Evidence** requirements to guide trainee ACPs and experienced practitioners with working towards these capabilities in Advanced Clinical Practice.

Core training

Leadership and management pillar

Leadership, management and governance domain

Leadership and management

Key ACP capabilities

- 2.1 Pro-actively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working.
- 2.2 Role model the values of their organisation/place of work, demonstrating a person-centred approach to service delivery and development.
- 2.3 Evaluate own practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice on service function and effectiveness, and quality (i.e. outcomes of care, experience and safety).
- 2.4 Actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements.
- 2.5 Lead new practice and service redesign solutions in response to feedback, evaluation and need working across boundaries and broadening sphere of influence.
- 2.6 Actively seek feedback and involvement from individuals, families, carers, communities and colleagues in the co-operation of service improvements.
- 2.7 Critically apply advanced clinical expertise in appropriate facilitatory ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.
- 2.8 Demonstrate team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.
- 2.9 Continually develop practice in response to changing population health need, engaging in horizon scanning for future developments (e.g. impacts of genomics, new treatments and changing social challenges).
- 2.10 Demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect individuals' families', carers', communities' and colleagues' safety and well-being when necessary.
- 2.11 Negotiate an individual scope of practice within legal, ethical, professional and organisational policies, governance and procedures, with a focus on managing risk and upholding safety.

Teaching opportunities

University Based courses

Leadership module

National credentialing

National Leadership Programmes

Other

Local leadership programme

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1. Personal qualities (ACP capabilities 1.1, 1.3, 1.10, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.11, 3.8) <ul style="list-style-type: none"> To demonstrate the personal qualities required to lead, plan, deliver and develop sexual health services. The trainee will be required to draw upon their own values, strengths and abilities to deliver high standards of care. 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Awareness of the ACPs own values and principles and how these may differ from those of other individuals and groups.</p> <p>Knowledge of the ACPs regulatory bodies' code of professional conduct.</p> <p>Describe systems which help the ACP and others to manage time and workload effectively.</p> <p>Awareness of time taken to see out-patients compared with colleagues.</p> <p>Understand the need to prioritise work and to delegate to others according to urgency and importance.</p> <p>Understand the roles, competencies and capabilities of other</p> <p>Outline techniques for improving time management.</p>	<p>Identify own strengths and weaknesses.</p> <p>The ACP is a reflective practitioner, learning from work places experiences and adapts practice accordingly.</p> <p>Develop understanding of personality styles and how different profiles fit into a team.</p> <p>Understands an is able to work with conscientious objectors (to abortion and emergency contraception)</p> <p>Demonstrate personal commitment to improve own performance in light of feedback and assessment.</p> <p>Regularly review and manage personal and team capacity, re-prioritising when necessary, balancing clinical demand and staff leave needs</p>	<p>Display self-awareness: being aware of their own values, principles, assumptions, and by being able to learn from experiences.</p> <p>Remain calm in stressful or high-pressure situations and adopt a timely, rational approach.</p> <p>Recognise when self or others are falling behind and take steps to rectify the situation, providing sensitive feedback to other colleagues.</p> <p>To be able to inspire and enthuse others in the work place.</p> <p>Demonstrate ability to listen to and consider views of all group members.</p> <p>Demonstrate personal responsibility and commitment to ensuring service provision.</p>	<p>Leadership course (e.g. NHS leadership academy)</p> <p>Local leadership programme</p> <p>Leadership module</p> <p>Observation by trainee of trainers</p> <p>Shadowing</p> <p>Leadership experience under supervision</p> <p>Self-directed learning</p>	<p>Evidence of completion of leadership course</p> <p>Educational supervisor reports</p> <p>Report from 360° feedback</p> <p>Myers-Biggs</p> <p>Minutes from chaired meetings</p> <p>Completed change management assignment, demonstrating ability to achieve consensus, develop a plan, and deliver outcome, with evidence</p>

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<p>Outline factors adversely affecting a doctor's and team performance and methods to rectify these.</p> <p>Describe processes for allocating weekly out-patient clinic rotas and maintaining flexibility to take account of service needs and unscheduled leave.</p> <p>Describe the local process for agreeing staff leave (annual/professional/sick/carer) to ensure adequate staffing.</p> <p>Understand the processes for recording and monitoring sick leave, the return to work interview and when and how to make referrals to occupational health.</p>	<p>Obtain and act upon feedback from variety of sources.</p> <p>Work effectively with other professionals and support workers.</p> <p>Chair and participate in interdisciplinary team meetings</p> <p>Lead and complete a change management project.</p> <p>Reliability in meeting scheduled and unscheduled responsibilities and commitments with ability to prioritise.</p> <p>Identify clinical and clerical tasks requiring attention or predicted to arise.</p> <p>Estimate the time likely to be required for essential tasks and plan accordingly.</p> <p>Organise and manage workload effectively and flexibly whilst considering the needs and priorities of colleagues.</p>	<p>Recognise the importance of induction for new members of a team.</p> <p>Allow/facilitate other staff to take responsibility.</p> <p>Demonstrate self-management: is punctual, organising and managing themselves while taking account of the needs and priorities of others and fulfils commitments.</p> <p>Self-development: is willing to accept feedback and learns through participating in continuing professional development and from experience and feedback and act/adapting accordingly.</p> <p>Act with integrity: behaving in an open and ethical manner.</p>		
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	Speaks public using a range of presentation media, and can formulate clear messages for the media whilst recognising corporate responsibilities			
Level descriptor GUM			Level descriptor SRH	
1	Awareness of own values and principles and how these may differ from those of other individuals and groups. Able to meet scheduled and unscheduled responsibilities and commitments.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Delivers high standard care with supervision. Punctuality and fulfilment of work rota commitments. Only occasionally takes longer to see patients compared with other colleagues. Participation in multidisciplinary and multiagency case conferences. Able to prioritise tasks with assistance	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3	Delivers high standard care with minimal supervision. Can successfully chair a multidisciplinary meeting. Supports others who need help. Able to apply guidance in relation to medical ethics and confidentiality. Shows self-awareness and acts with integrity.			
4	Fully competent. Demonstrates full range of personal qualities required to plan, deliver and develop GUM services. Draws upon own values, strengths and abilities to deliver high standards of care. Calm leadership in stressful situations.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

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2. Working with others (ACP capabilities: 1.9, 2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.10, 3.5, 4.8)				
<ul style="list-style-type: none"> • To be able to show leadership, working effectively within a team in the workplace and networks to ensure optimum delivery of sexual health services. • To be able to work in partnership with other organisations within the NHS, local authority and voluntary sectors. 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Describe the principles of leadership</p> <p>Describe the roles and responsibilities of other members of the MDT: physicians, sexual health advisers, junior nursing staff, healthcare assistants, administrative, laboratory, pharmacists and other staff including the third sector in delivering sexual health services.</p> <p>Can articulate the legislative framework for advanced clinical practice and extending the role of other staff (e.g. patient group directions etc.)</p> <p>Identify the impact of equality, diversity and human rights legislation on the practice on the delivery of sexual health services.</p> <p>The principles of partnership working (i.e. service level agreement, contracts, informal arrangements).</p>	<p>Participate effectively in team working and team meetings</p> <p>Be able to actively seek the views of others.</p> <p>Be able to agree a consensus view.</p> <p>Be able to devolve clinical responsibility to appropriately trained team members</p> <p>Be able to support/supervise a peer or student attached to the sexual health service developing a new skill</p> <p>Participate effectively in multiagency service delivery</p> <p>Be able to design client care pathway and apply this to clinical practice</p> <p>Be able to ensure that team works within agreed protocols</p>	<p>Develop networks: work in partnership with multidisciplinary colleagues, service users and their representatives, within and across systems to deliver and improve services.</p> <p>Recognise and respect the role of local authority and voluntary sector in providing care.</p> <p>Build and maintain relationships by listening, supporting others, gaining trust and showing understanding. Actively seeking the views of others including service users.</p> <p>Encourage contributions by creating an environment where all team members are able to express their views allowing others have the opportunity to contribute.</p> <p>Recognise and respect the contribution made by all team members</p>	<p>Leadership course (e.g. NHS leadership academy)</p> <p>Local leadership programme</p> <p>Leadership module</p> <p>Observation by trainee of trainers</p> <p>Shadowing</p> <p>Leadership experience under supervision</p> <p>Self-directed learning</p>	<p>Evidence of completion of leadership course, local leadership programme or leadership modules</p> <p>Educational supervisor reports</p> <p>Report from 360° feedback</p> <p>Myers-Biggs</p> <p>Minutes from chaired meetings</p> <p>Completed change management assignment, demonstrating ability to achieve consensus, develop a plan, and deliver outcome, with evidence</p>

Advanced Clinical Practitioner Integrated Sexual Health and HIV Specialist Training Curriculum

<p>Structure and responsibilities of local government, education and social care services,</p> <p>The role of voluntary sector organizations</p> <p>Concept of managed clinical network/care networks.</p> <p>Awareness of the role, contribution and influence of sexual health services within the context of the wider NHS. Identify processes for co-coordinating community-based contraception provision and HIV / sexually transmitted infection testing.</p> <p>Can set up a meeting to bring individuals and groups together to agree actions.</p> <p>Describe the processes required for appraisal, revalidation and job planning.</p>	<p>Ensure involvement with local authority, non-statutory organisations or patient representatives with an interest in sexual health or as appropriate in delivery of service.</p> <p>Assessment and appraisal of more junior clinical colleagues or students.</p> <p>Demonstrate leadership and management in the following areas:</p> <ul style="list-style-type: none"> • Education, training and supervision of junior colleagues and other members of the healthcare team • Deteriorating performance of colleagues (e.g. stress, fatigue) • High quality care <p>Liaise with colleagues to plan and implement work rotas</p>	<p>Be able to participate in group decision making, and agree to a consensus view</p> <p>Communicate changes in priority to others.</p> <p>Work within teams to deliver and improve services, changing practice in line with agreed protocols/guidelines</p> <p>Shown willingness to act as a leader, mentor, educator and role model and is comfortable in role as either a team leader or team member</p> <p>Willing to accept mentoring as a positive contribution to promote personal professional development. Is comfortable in providing feedback to team members.</p>		
Level descriptor GUM		Level descriptor SRH		
1	Able to work with others. Participation in multidisciplinary and multiagency case conferences. Satisfactory feedback from MSF. Works effectively in a team. Has attended training on equality, diversity and human rights legislation. Respects rights and needs of patients from all backgrounds.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	

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2	Works in teams and networks with supervision. Delivers training to keep staff up to date. Promotes good team dynamics.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support
3	Works in teams and networks with minimal supervision. Performance of an appraisal of more junior clinical colleague. Production of a patient care pathway working with colleagues and other key stakeholders including patients.		
4	Shows leadership by working with others in teams and networks to deliver and improve GUM services. Implementation of new staff induction programme. Communicates clearly and promptly when responsibility for a patient's care is transferred. Ensures implementation of equality, diversity and human rights in service delivery by self and others.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)

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3. Managing services and governance (ACP capabilities: 1.9, 2.1, 2.2, 2.5, 2.6, 2.7, 2.8, 2.10, 2.11, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 4.6, 4.8)

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>Staff Governance</p> <p>The appraisal and re-validation system for all staff</p> <p>Recruitment and selection policies and practice</p> <p>Requirements of job description/person specification</p> <p>Sickness absence policy</p> <p>Agenda for change and knowledge and skills framework</p> <p>Organisational policies including for example harassment and bullying, grievance procedures, work-life balance</p> <p>Clinical Governance</p>	<p>Staff Governance</p> <p>Be appraised on a regular basis</p> <p>Participate in the appraisal of other staff members, keeping an appropriate record</p> <p>Be able to contribute to an interview/selection panel</p> <p>Able to write a job description for new and existing posts, including person specification and short-listing criteria.</p> <p>Demonstrate knowledge of how sickness and absence policy is applied</p> <p>Ability to provide a reference for another member of staff</p> <p>Clinical Governance</p>	<p>Staff Governance</p> <p>Providing direction, reviewing performance and motivating others and is committed to ensuring staff are regularly appraised</p> <p>Demonstrate a commitment to ensure equity within the recruitment and selection process.</p> <p>Holds oneself and others accountable for service outcomes.</p> <p>Demonstrate a willingness to support all staff to continue developing</p> <p>Be able to appreciate sickness absence management from the perspective of both the employer and the employee</p> <p>Clinical Governance</p>	<p>Leadership course (e.g. NHS leadership academy)</p> <p>Local leadership programme</p> <p>Leadership module</p> <p>Observation by trainee of trainers</p> <p>Shadowing</p> <p>Leadership experience under supervision</p> <p>Self-directed learning</p>	<p>Evidence of completion of leadership course</p> <p>Educational supervisor reports</p> <p>Report from 360° feedback</p> <p>Myers-Biggs</p> <p>Minutes from chaired meetings</p> <p>Completed change management assignment, demonstrating ability to achieve consensus, develop a plan, and deliver outcome, with evidence</p>

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<p>The clinical competencies required to deliver a safe and appropriate community based SRH service</p> <p>The local NHS complaints policy and procedure</p> <p>Adverse event/critical incident reporting mechanism</p> <p>Understand the different methods of obtaining data for quality improvement projects /audit including patient feedback questionnaires, service sources and national reference data.</p> <p>Understand the role of quality improvement including audit (improving patient care and services, risk management etc).</p> <p>Understands steps involved in completing a quality improvement project (which may include audit)</p> <p>Undertake GUM diagnostic coding and participate in the production of data returns.</p> <p>Understand the working and uses of national and local databases used for</p>	<p>Able to maintain the level of confidentiality required to deliver sexual health services.</p> <p>Develop competency framework for different staff groups e.g. trainee ACP in sexual health, health care worker in sexual health</p> <p>Contribute to the development of an organisational response to emerging health policy.</p> <p>Demonstrate ability to respond appropriately to a complaint including from parents of underage children</p> <p>Participate actively in adverse event reporting and be able to identify patterns and necessity for change</p> <p>Design, implement, complete and report quality improvement projects, and regular audits at each stage of training including patient satisfaction audits using validated measures such as PROMS</p> <p>Participate in review of progress in meeting local/national performance indicators, contributing to local and national audit projects</p>	<p>Planning: actively contribute to plans to achieve service goals.</p> <p>Be able to provide direction to support others to achieve their competencies</p> <p>Be able to discuss a complaint sensitively with another staff member, using constructive feedback where appropriate</p> <p>Be able to discuss a complaint appropriately with a patient</p> <p>Be able to support a positive environment to encourage reporting of adverse events</p> <p>Be able to utilise audit outcomes to affect change</p> <p>Be able to use local/national performance indicators to affect change</p> <p>Financial Governance</p> <p>Demonstrate ability to work with integrity, and with an honest and trustworthy manner</p>		
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<p>audit such as specialty data collection systems.</p> <p>Describe the use of management information to monitor service delivery against local/national targets and plans (such as access targets) and PROMS (patient related outcome measure)</p> <p>The role of local/national performance management, key clinical indicators/benchmarking and service standards in service improvement</p> <p>Financial governance</p> <p>Understands NHS funding structures including: local commissioning processes, service level agreements, tendering and implications for sexual health service delivery</p> <p>Standing financial instructions</p> <p>Standing financial reports</p> <p>Explain the management of sexual health clinic defaulters.</p> <p>Explain budget setting and how to deliver services within allocated resources.</p>	<p>Financial Governance</p> <p>Be able to interpret service budget reports</p> <p>Able to development, write and submission of a business case</p> <p>Ability to manage change in funding resource, whilst ensuring maintenance of service quality</p> <p>Demonstrate efficient use of drug budgets (use of generics, home delivery and minimising waste).</p> <p>Be able to describe purchasing process</p>	<p>Be able to convey need to review resource allocation to staff.</p> <p>Demonstrate understanding of the importance of ensuring efficient use of resource: know what resources are available and use influence to ensure that resources are used efficiently and safely, maximising benefits</p>		
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Recognise the need to determine the best value and most effective treatment both for the individual patient and for a patient cohort.				
Purchasing process within NHS				
Process of funding bid development and submission				
Situations where a conflict of interest may exist.				
Level descriptor GUM		Level descriptor SRH		
1	Has basic knowledge of how to manage services. Has attended basic management training courses or modules. Contributes data to audit meetings. Attendance at interview panels (other than as interviewee).	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Able to manage some aspects of the service with assistance. Production of a job description. Develop standards for a local audit.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3	Able to manage services with supervision. Production of a business or service plan. Use audit findings to implement change. Production of an organisational response to emerging health policy.			
4	Has acquired the knowledge, skills and attitudes to manage services effectively. Delivery of a service improvement project. Lead a complete clinical audit cycle (define evidence based standard, prepare project, collate data, present findings, re-audit and close loop).	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

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4. Improving services and service development (ACP capabilities 1.10, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.9, 2.10, 2.11, 3.6) <ul style="list-style-type: none"> • To be able to deliver safe and effective sexual health services by maintaining quality and improving services. • To be able to lead a service which is continually striving to improve quality and evolve models of care. 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>The principles of service design and delivery</p> <p>Define local clinical governance and complaints processes.</p> <p>Outline the features of a safe working environment.</p> <p>Outline the hazards of medical equipment in common use, such as liquid nitrogen cryotherapy.</p> <p>Recall principles of risk assessment and management.</p> <p>Recall the components of safe working practice in the personal, clinical and organisational settings.</p> <p>Recognise importance of evidence-based practice in relation to clinical effectiveness</p>	<p>Be able to review critically an aspect of service provision and make recommendations for service redesign.</p> <p>Be able to lead and respond to a service user consultation on potential service change and on all aspects of service delivery.</p> <p>Be able to monitor the effects and outcomes of service developments.</p> <p>Be able to assess and manage risk to patients.</p> <p>Be able to describe local procedures to report adverse events.</p> <p>Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately.</p> <p>Contribute to quality improvement processes e.g.</p>	<p>Ensure patient safety: assessing and managing risk to patients associated with service improvement.</p> <p>Report serious untoward incidents and near misses and co-operate with their investigation if they occur.</p> <p>Be willing to take action when concerns are raised about performance of members of the healthcare team, and act appropriately when others raise concerns.</p> <p>Critically evaluate: be able to think analytically, conceptually and to identify where services can be improved.</p> <p>Encourage innovation: create a climate of continuous service improvement.</p> <p>Facilitate transformation: actively and enthusiastically contribute to change processes in the evolving work</p>	<p>Leadership course (e.g. NHS leadership academy)</p> <p>Local leadership programme</p> <p>Leadership module</p> <p>Observation by trainee of trainers</p> <p>Shadowing</p> <p>Leadership experience under supervision</p> <p>Self-directed learning</p>	<p>Evidence of completion of leadership course</p> <p>Educational supervisor reports</p> <p>Report from 360° feedback</p> <p>Myers-Biggs</p> <p>Minutes from chaired meetings</p> <p>Completed change management assignment, demonstrating ability to achieve consensus, develop a plan, and deliver outcome, with evidence</p>

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<p>Public and professional consultation in service design</p> <p>Describe the external to continued evaluation of NHS services</p> <p>Social inequalities in determining health</p> <p>Describe recall systems for cytology and positive results and fail-safe mechanisms.</p> <p>Describe local infection control policies.</p> <p>Explain data protection and freedom of information legislation.</p> <p>Explain how child protection policies are implemented locally.</p> <p>Explain legislation and guidance to protect the confidentiality of patients who attend sexual health services.</p> <p>Identify risk management guidance e.g. safe prescribing, sharps disposal, needlestick injury.</p>	<p>Audit of personal and departmental/directorate/practice performance</p> <p>Errors / discrepancy meetings</p> <p>Critical incident and near miss reporting Local and national databases</p> <p>Reflect regularly on own standards of medical practice in accordance with guidance on licensing and revalidation.</p> <p>Recognise limits of own professional competence and only practise within these.</p> <p>Co-operate with changes necessary to improve service quality and safety.</p> <p>Is able to perform a literature search and describe types of clinical trial and evidence recommendation.</p>	<p>environment and that lead to improving healthcare.</p> <p>Encourage feedback from all members of the team on safety issues.</p> <p>Encourage an open environment to foster and explore concerns and issues about the functioning and safety of team working.</p>		
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Understand the investigation of significant events, serious untoward incidents and near misses					
Understand use of local and national systems available for reporting and learning from clinical incidents and near misses.					
Level descriptor GUM			Level descriptor SRH		
1	Basic ability to deliver safe and effective services. Recognises untoward or significant events and reports these. Keeps high quality clinical records.		1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Can deliver safe and effective services with supervision. Participation in adverse event review meetings. Works with team to make organisational changes to reduce risk and improve safety. Adopts behaviour likely to prevent complaints.		2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3	Can deliver safe and effective services with minimal supervision. Able to assess system risks and work with colleagues from other specialities to improve safety. Shows an ability to learn from previous errors. Champions patient safety. Can make a real difference to people's health by delivering high quality services.				
4	Demonstrates leadership delivering safe and effective GUM services by maintaining quality and improving services. Written risk assessment of a clinical service area. Supports junior colleagues involved in untoward events. Able to take responsibility for resolving complaint issues. Encourages innovation and facilitates transformation,		3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

5. Setting direction and strategy (ACP capabilities: 1.10, 2.1, 2.2, 2.3, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 3.4, 3.5, 3.6, 3.7, 3.8, 4.8)				
<ul style="list-style-type: none"> To acquire the knowledge, skills and attributes necessary for effective participation in setting direction, and contribute to the vision and aspiration for future direction of sexual health services. 				
Knowledge	Skills	Behaviour	Training	Evidence
<p>Can explain local, regional and national organisational frameworks and sexual health strategies.</p> <p>Outline the relevance of professional and regulatory bodies including the nursing & midwifery council, the General Medical Council, the faculty of sexual & reproductive health (FSRH), British Association for Sexual Health & HIV (BASHH), the National HIV Nurses Association (NHIVNA), the Royal Colleges and JRCPTB.</p> <p>Explain the political, organisational and professional organisation of the NHS across the four home nations of the UK and the impact of devolution.</p> <p>Impact of national policy documents on local services, including the relevance of education policy and strategy.</p> <p>The importance of the media.</p> <p>Describe the use of national guidelines including those from the BASHH clinical</p>	<p>Participate and contribute to local health strategy group.</p> <p>Competent use of databases.</p> <p>Understand the role of and able to interact with local and national media effectively to portray service direction whilst maintain corporate responsibility.</p> <p>Contribute to local and national specialist activities.</p> <p>Contribute to ongoing review of implementation of national/local health strategy</p>	<p>Identify the contexts for change: being aware of the range of factors to be taken into account.</p> <p>Enthusiasm for involvement in wider context/political drivers.</p> <p>Be able to present professionally in written, spoken and visual media format</p> <p>Be able to talk to the media</p> <p>Demonstrate ability to present work in appropriate format for range of audiences</p> <p>Apply knowledge and evidence: gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements.</p>	<p>Leadership course (e.g. NHS leadership academy)</p> <p>Local leadership programme</p> <p>Leadership module</p> <p>Observation by trainee of trainers</p> <p>Shadowing</p> <p>Leadership experience under supervision</p> <p>Self-directed learning</p> <p>Attending senior management meetings</p> <p>Joins a special interest group of a professional body</p>	<p>Evidence of completion of leadership course</p> <p>Educational supervisor reports</p> <p>Report from 360° feedback</p> <p>Myers-Biggs</p> <p>Minutes from chaired meetings</p> <p>Completed change management assignment, demonstrating ability to achieve consensus, develop a plan, and deliver outcome, with evidence</p>

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<p>effectiveness group and the British HIV Association (BHIVA).</p> <p>Describe the use of information technology in relation to the running of GUM clinics (appointments, coding returns, attendance data, contracting, changes in clinic case mix and other databases).</p> <p>The need to horizon scan for new technologies and evolving policies.</p> <p>Describe the role of sexual health clinicians in health promotion and prevention campaigns working with public health colleagues.</p>		<p>Make decisions: integrating values with evidence to inform decisions.</p> <p>Evaluate impact: measuring and evaluating outcomes, taking corrective action where necessary and by being held to account for their decisions.</p>		
Level descriptor GUM		Level descriptor SRH		
1	Demonstrates basic leadership qualities. Shadowing of NHS senior managers or clinicians. Attendance at senior medical and management meetings. Participates in journal clubs. Critically reviews an article to identify the level of evidence. Familiar with GUM diagnostic coding.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Can lead services under senior supervision. Participation in BASHH meetings. Leads journal clubs. Undertakes literature reviews. Understands the structure of the NHS and roles of national medical organisations. Able to assign GUM diagnostic codes.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3	Engages with regional or national initiative to reduce inequalities in health between communities. Participation in staff recruitment. Contributes to organisation and acts in a manner consistent with its values.			
4	Demonstrates effective participation in an organisation by setting direction and contributing to its vision and aspirations. Able to highlight the differences in sexual health service delivery across the UK devolved nations. Develop and implement a departmental or national clinical guideline. Performs a systematic review of the medical literature.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

Education pillar

Teaching, training, appraisal and assessment domain

Education

Key ACP capabilities

- 3.1 Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice
- 3.2 Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services
- 3.3 Engage with, appraise and respond to individuals' motivation, developmental stage and capability, working collaboratively to support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being
- 3.4 Advocate for and contribute to a culture of organisational learning to inspire future and existing staff
- 3.5 Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning
- 3.6 Identify further developmental needs for the individual and the wider team and supporting them to address these
- 3.7 Supporting the wider team to build capacity and capability through work-based and inter-professional learning, and the application of learning to practice
- 3.8 Act as a role model, educator, supervisor, coach and mentor, seeking to instil and develop the confidence of others

Teaching opportunities

University Based courses

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

National credentialing

Named Clinical Trainer (BASHH)
Faculty Registered Trainer (FSRH)

Other

BASHH Train-the-trainer
Motivational interviewing (or other brief intervention method)
Coaching course

6. Teaching, training, appraisal and assessment (ACP capabilities: 3.4, 3.5, 3.6, 3.7, 3.8)

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

Knowledge	Skills	Behaviours	Training	Evidence
Demonstrates knowledge of relevant literature relevant to developments and challenges in medical education and other sectors	Is able to evaluate and reflect on own ongoing professional development across the four pillars of advanced clinical practice	Actively seeks out feedback on own practice across the four pillars of advanced clinical practice	<p>Essential</p> <ul style="list-style-type: none"> • An university education course/module such as: <ul style="list-style-type: none"> ○ Mentorship ○ PGAMedEd ○ PGCertHE <p>Additional</p> <p>Other courses/training:</p> <ul style="list-style-type: none"> • Train the Trainer • Clinical Supervision • Educational Supervision • Workplace-based assessment courses • Appraisal training <p>Shadowing of teaching and training event organisers</p>	<p>Essential</p> <ul style="list-style-type: none"> • Certificate of course (e.g. mentorship, PGAMedEd etc) <p>Additional</p> <p>Faculty Registered Trainer</p> <p>Named Clinical Trainer</p> <p>Formal observation teaching/training practice</p> <p>Reflection on participation in learning</p>
Has knowledge of basic educational research methods and techniques	Participates in strategies aimed at improving patient education	Is open, honest and objective during one-to-one and performance reviews		
Is able to articulate the principles of appraisal, assessment and performance review and is able to differentiate between them and when to use each	Is able to lead teaching programmes	Actively participates in workplace assessments and is able to articulate their purpose		
Can outline the structure of an effective appraisal	Contributes to educational research projects (e.g. through the development of research ideas, recruitment etc.)	Advances own professional and personal education through continuous development across the four pillars		
Can differentiate between formative and summative assessments and define their role in clinical education	Is able to manage time and recourses effectively	Enthusiastically engages in formal training and education both academic, clinical and professional		
	Is able to elicit the educational needs of others and respond in the support of personal development plans, providing			

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<p>Can describe theories and principles of adult learning in relation to clinical education:</p> <ul style="list-style-type: none"> • Can identify and describe the difference between learning aim(s), objectives and outcomes • Different teaching methods (1-2-1, small group, workshops, lectures) and their appropriate use, advantages and disadvantages and how these support adult learning • How to teach/train in different learning environments (both clinical and non-clinical) • Develop effective learning environments which acknowledge the learners prior experience • Can outline the role of workplace-based assessments, assessment tools in use and their relationships to course of learning outcomes, including the factors which may influence their selections and the need for evaluation. Is able to give constructive feedback and encourage reflective practice • How to design, deliver and evaluate a teaching/training programme <p>Describe the roles of the different bodies involved in clinical education in sexual health (e.g. the NMC, Higher Education Academy, etc.)</p>	<p>or referring to other sources of career information as required+</p> <p>Demonstrates the ability for identify, plan, structure and facilitate learning/educational activities in the workplace</p> <p>Is able to effectively deliver a variety of educational/learning experiences including lectures. Small group sessions, clinical teaching session and training programmes/events including aims, objectives, learning recourses to be used and evaluation methods</p> <p>The ACP will be able to critically evaluate relevant educational literature and implement different teaching modalities (e.g. 1-2-1 teaching, small group, problem based, workshops and formal lectures) varying format, appropriate to situation and subject</p> <p>Is able to teach/train different health professionals and non-health professionals effectively in a range of different learning environments (both clinical and non-clinical)</p> <p>Provide effective feedback and formal assessment of trainees including work based assessments techniques (e.g. mini-CEX CBD etc) and promote learner reflection</p>	<p>Keeps up to date with innovations and developments in clinical education and shares this knowledge with colleagues</p> <p>Identifies and maximises training and educational opportunities within the clinical setting whilst balancing the needs of service delivery and ensuring that patient participation in consensual and confirms to the ACPs relevant code of conduct</p> <p>Is committed to establishing an effective learning environment for all members of the MDT and demonstrates consideration for learners emotional, physical and psychological well-being as well</p> <p>Demonstrates appropriate skills and attitudes when interacting with the team and with patients/clients and actively involves patients/clients in providing feedback on learning</p> <p>Demonstrates willingness to become involved in wider clinical educational activities including where appropriate participating in educational evaluation and research</p> <p>Encourages enthusiasm for clinical educational activities in others</p>	<p>Teaching at HEI</p> <p>Participation in the planning and execution of training events</p> <p>Teaching and training practice with feedback including from consumers involved in professional learning</p> <p>Educational Supervision of training programme</p> <p>Peer support and evaluation of practice</p> <p>Self-directed learning: library and web based</p> <p>Reflective practice with guidance of mentor in</p>	<p>Evidence of participation in the planning and execution courses and training.</p> <p>Logbook of training experiences in different clinical and non-clinical settings with supporting evidence</p>
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<p>The requirements of FSRH and BASHH courses and qualifications as well as discipline specific educational requirements (e.g. the requirements for ACP trainees, university based courses and training opportunities)</p> <p>Has knowledge of the following roles: educational supervisor, clinical supervisor and mentor</p> <p>Can outline the course of action in assisting a trainee/learner who is experiencing difficulties</p>	<p>Is able to conduct developmental conversations and perform the duties required for effective clinical education, supervision and mentoring</p> <p>Is able to recognise a trainee/learner in difficulty and take appropriate action including the formal process of managing a failing trainee/learner</p>	<p>When teaching learners from all backgrounds consider rapport, appropriateness of presentation, effective use of materials, clarity, appropriate use of time, audience participation and feedback ensuring equality of opportunity</p> <p>Is committee to develop and deliver 'fit for purpose' teaching/training programmes</p> <p>Demonstrates willingness to teach trainees and juniors from all sections of the MDT and other health and social care professionals</p> <p>Has awareness of and is able to adapt to the differing styles and needs of learners</p> <p>Awareness of need to comply with quality assurance issues and recognised standards as set down by the NMC and other regulatory boards</p> <p>Awareness of limitations of assessment methods</p> <p>Recognises the role of the ACP as an educator and use clinical education to enhance the care of patients and discharges these duties maintain the dignity and safety of patients</p>	<p>addressing challenging situations</p> <p>Attendance at local postgraduate training committee</p>	
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		<p>Demonstrates a professional and supportive approach to being a clinical educator, including being objective in providing constructive feedback and the use of a structured approach in all aspects of the role including the management of the failing trainee</p> <p>Contribute to educational policy and development at local or national levels</p>		
Level descriptor GUM		Level descriptor SRH		
1	Able to prepare appropriate materials to support teaching episodes Able to seek and interpret simple feedback following teaching	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	<p>Able to supervise a preregistration student or colleague through a procedure</p> <p>To perform a workplace based assessment including effective and appropriate feedback</p> <p>Delivers small group teaching to medical students, nurses or colleagues</p> <p>Able to teach clinical skills effectively</p>	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3	<p>Able to devise a variety of different assessments (e.g. multiple-choice questions, work place based assessments)</p> <p>Able to appraise a medical student, nurse or colleague</p> <p>Able to act as a mentor to a medical student, nurses or colleague</p>			
4	<p>Able to plan, develop and deliver educational activities with clear objectives and outcomes</p> <p>Able to plan, develop and deliver an assessment programme to support educational activities</p>	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

Research pillar

Ethical research, audit and information technology domain

Research

Key ACP capabilities

- 4.1 Critically engage in research activity, adhering to good research practice guidelines, so that evidenced based strategies are developed and applied to enhance quality, safety, productivity and value for money
- 4.2 Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods the acting on findings
- 4.3 Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin won practice and to inform that of others
- 4.4 Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way
- 4.5 Activity identify potential need for further research to strengthen evidence for best practice. This may involve acting as an educator, leader, innovator, and contributor to research activity and/or seeking out and applying for research funding
- 4.6 Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.
- 4.7 disseminate best practice research findings and quality improvement projects through appropriate media and for a (e.g. presentations and peer review research publications)
- 4.8 Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers

Teaching opportunities

University Based courses

Research methods module(s)

National credentialing

Other

Good Clinical Practice (GCP)

7. Ethical Research, audit and information technology (ACP capabilities: 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8)

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

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

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<p>Can articulate the process for writing a research proposal and applying for funding</p> <p>Can articulate the differences between to audit, quality improvement and research</p> <p>Can describe the audit cycle</p> <p>Understands the principles of undertaking a systematic literature review and the various databases</p> <p>Understands the process for submitting conference abstracts and peer review journal articles</p> <p>Has knowledge of the main research methods and principles of analysis</p> <p>Is able to discuss the commonly used research methods used in Sexual Health</p> <p>Can outline the principles of formulating a research question and designing a study</p>	<p>Is able to apply for the appropriate ethical approval</p> <p>Is able to undertake an audit using the audit cycle</p> <p>Uses technology to extract and/or manage the data</p> <p>Demonstrates the use of literature databases and is able to undertake a review of the literature relating to a topic in Sexual Health</p> <p>Is able to use a range of software packages proficiently</p> <p>Demonstrates the ability to write and publish in a peer review journal</p> <p>Demonstrates the ability to present at a conference</p> <p>Demonstrates highly developed verbal and written presentation skills, presenting in an understandable and audience sensitive manner</p>	<p>Self-monitors and is aware of the issues of plagiarism</p> <p>Enthusiastic about research</p> <p>Promotes research within own clinical area</p> <p>Collaborates with peers, colleagues and academics</p> <p>Participates in local, national or international research networks and meetings</p>	<p>research methods module, audit</p> <ul style="list-style-type: none"> • Cochrane Reviews database; • resources and guidance • IT courses • Understanding Audit (RCOG October 2003) • Principles for best practice in audit (NICE) • UK Medical Eligibility Criteria and Selected Practice Recommendations. • RCOG guidance on developing guidelines www.rcog.org.uk 	<ul style="list-style-type: none"> • Certificates from other research methods and governance courses • Published academic papers • Presentations at journal clubs, clinical meetings • Written reports • PowerPoint presentations at local meetings • Written audit report and presentations at clinical meeting e.g. poster presentation
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<p>Has knowledge of commonly used research methods in order to critically appraise and synthesis evidence</p> <p>Understands the principles of evidence based practice</p> <p>Can describe how both local and national clinical guidelines and produced and ratified</p>				
Level descriptor GUM		Level descriptor SRH		
1	<p>Defines ethical research and demonstrates awareness of ACPs regulatory bodies guidelines</p> <p>Differentiates audit and research and understands the different types of research approach e.g. qualitative and quantitative.</p> <p>Knows how to use databases.</p>	1	<p>Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation</p>	
2	<p>Demonstrates good presentation and writing skills.</p> <p>Demonstrates critical appraisal skills and demonstrates ability to critically appraise a published paper.</p>	2	<p>The trainee is capable of performing the task or managing the clinical problem but with senior support</p>	
3	<p>Demonstrate ability to apply for appropriate ethical research approval.</p> <p>Demonstrates knowledge of research organisation and funding sources.</p> <p>Demonstrates ability to write an academic paper for publications.</p>			
4	<p>Provides leadership in research.</p> <p>Promotes research activity.</p> <p>Formulates and develops research pathways.</p>	3	<p>To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)</p>	

Clinical practice pillar

Clinical Practice

Key ACP capabilities

- 1.1 Practice in compliance with their respective codes of professional conduct and within their scope of practice, being responsible and accountable for their decisions, actions and omissions at this level of practice.
- 1.2 Demonstrate a critical understanding of their broadened level of responsibility and autonomy and the limits of own scope of competence and professional scope of practice, including when working with complexity, risk, uncertainty and incomplete information.
- 1.3 Act on professional judgement about when to seek help, demonstrating critical reflection on own practice, self-awareness, emotional intelligence, and openness to change
- 1.4 Work in partnership with individuals, families and carers, using a range of assessment methods as appropriate (e.g. history-taking, holistic assessment; identifying risk factors; mental health assessments; requesting, undertaking and/interpreting diagnostic tests; conducting health need assessments).
- 1.5 Demonstrate effective communication skills, supporting people in making decisions, planning care or seeking to make positive changes, using Health Education England's framework to promote person-centred approaches in health and care.
- 1.6 Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated individual presentations and complex situations, synthesising information from multiple sources to make appropriate, evidence-based judgements and/or diagnoses.
- 1.7 Initiate, evaluate and modify a range of interventions which may include prescribing medicines, therapies, lifestyle advice and care.
- 1.8 Exercise professional judgement to manage risk appropriately, especially where there may be complex and unpredictable events and supporting teams to do likewise to ensure safety of individuals, families and carers.
- 1.9 Work collaboratively with an appropriate range of multi-agency and inter-professional recourses, developing, maintaining and evaluating links to manage risk and issues across organisations and settings.
- 1.10 Act as a clinical role model/advocate for developing and delivering care that is responsive to change requirements, informed by an understanding of local population health needs, agencies and networks.
- 1.11 Evidence the underpinning subject-specific competencies i.e. knowledge, skills and behaviours relevant to the role setting and scope, and demonstrate application of the capabilities to these in an approach that is appropriate to the individual role, setting and scope.

Teaching opportunities

University Based courses

Physical Assessment

Non-medical prescribing

National credentialing

Diploma Faculty of Sexual & Reproductive Health

Letter of competence Sub-Dermal Implants

STIF *Intermediate*

STIF *Advanced*

NHIVNA *Advanced*

Other

Cervical cytology sampling

Child protection level 3

Immediate Life Support

Basis for practice domain

8. Sexual and medical history (ACP capabilities 1.4, 1.5, 1.6)

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

Knowledge	Skills	Behaviour	Training	Evidence
<p>History</p> <p>Recognise importance of different elements of medical and sexual history for females, males, transgender/non-binary individuals.</p> <p>Define professionalism.</p> <p>Know how to structure a consultation.</p> <p>Recognise that this history should inform examination, investigation and management plan.</p> <p>Recognises the importance of the patient's background, culture, education and preconceptions.</p> <p>Describe sexual behaviour in population subgroups such as heterosexuals, homosexuals (men who have sex with men and women who have sex with women) those who engage in</p>	<p>History</p> <p>Is able to elicit and analyse a sexual, medical and gynaecological history in a succinct and logical manner. Establish rapport, listen actively and question sensitively to guide the patient to clarify information. Supplement history with standardised instruments or questionnaires when relevant.</p> <p>Identify and manage communication barriers, tailoring language to the individual patient and used language interpretation services as appropriate.</p> <p>Manages and resolves difficulties of language, physical, educational and mental impairment.</p> <p>Focus on relevant aspects of sexual and medical history and overcome possible barriers to effective communication including internalised homophobia and fear of disclosure of stigmatised sexual behaviour.</p>	<p>Demonstrates excellent communication skills. Ensuring appropriate personal language and behaviour, recognising the need for interpreters and health advocates when required.</p> <p>Display respect, tact and empathy. Practice with courtesy, compassion and professionalism, acknowledging clinician-patient partnership.</p> <p>Recognises the hidden agenda/unvoiced concerns (conscious and unconscious) in consultations, taking into account sensitivities of patients such as those with learning difficulties or after sexual assault.</p> <p>Acknowledges and describe cultural and sexuality issues using different methods of ethical reasoning to come to a balanced decision where complex and conflicting issues are involved.</p>	<p>All</p> <p>Advanced Clinical Assessment module</p> <p>Integrated sexual health</p> <p>STIF <i>Theory</i> course or BASHH STI/HIV modules 1-2</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.1 Female raising issue of sexual health</p> <p>CEX 1.2 Female history</p> <p>CEX 1.3 Female examination</p> <p>CEX 1.4 Female sexual health Promotion</p> <p>CEX 2.1 Male raising issue of sexual health</p> <p>CEX 2.2 Male history</p> <p>CEX 2.3 Male examination</p>	<p>Transcript of advanced clinical assessment module</p> <p>Integrated Sexual Health</p> <p>STIF <i>Intermediate</i> certificate</p> <p>DFSRH Certificate</p> <p>HIV</p> <p>NHIVNA <i>Advanced</i> Certificate</p>

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<p>transactional sex and the associated risk of infection, trauma and pregnancy.</p> <p>Understand the psychological and psychosexual component of disease; its presentation and when and where it is appropriate to refer for assistance.</p> <p>Recognise that gender-based violence (physical and or sexual violence including female genital mutilation (FGM) and domestic violence is an issue for individual of all age groups. Describe care pathways and onward referral.</p> <p>To provide safe, sensitive, effective care for women and children who have been subjected to FGM in partnership with other relevant agencies.</p> <p>To be aware of requirements for mandatory reporting of FGM as described by the RCOG and the BASHH sexual violence special interest group.</p> <p>Listen actively and question sensitively to guide the patient and to clarify information in particular with regard to matters that they may find it difficult to discuss, e.g. domestic violence or other abuse.</p>	<p>Make accurate and contemporaneous legible notes of computer records of consultation.</p> <p>Appreciates the importance of the interplay between social, clinical and psychological factors for patients & their relatives and carers.</p> <p>Recognise psychosexual problems and refer appropriately. Identify and raise the possibility of domestic violence with patients, and offer referral for assistance.</p> <p>Manage alternative and conflicting view from other, such as sexual partners.</p> <p>Ensure referral and communication with other health care professionals are made accurately and in a timely fashion.</p> <p>Manage time, indicate when the interview is nearing its end, and conclude with a summary appropriately drawing consultation to a close. Manage follow-up effectively, using a variety of methods other than a follow up visit such as letter, text results, e-mail, phone call.</p>	<p>Aware of patient dignity.</p> <p>Respect patient confidentiality.</p> <p>Be non-judgemental.</p> <p>Refer to colleagues in multi-disciplinary team and asks for advice, including referral for second opinion when appropriate.</p>	<p>CEX 2.4 Male sexual health Promotion</p> <p>CEX 1.1 MSM raising issue of sexual health</p> <p>CEX 3.2 MSM history</p> <p>CEX 3.3 MSM examination</p> <p>CEX 1.4 MSM sexual health Promotion</p> <p>CEX 4.1 Sexual history from a young person</p> <p>CEX 6.1 Partner notification</p> <p><i>DFSRH</i></p> <ul style="list-style-type: none"> Assessment 5: Taking an appropriate history and assessment of a woman with bleeding problems whilst using hormonal method. Assessment 6: Taking an appropriate sexual history and risk assessment for STI and pregnancy and performing the appropriate tests for an asymptomatic woman or man requesting sexual health screening. Assessment 7: Taking an appropriate history and assessment of a woman with vaginal discharge or pelvic pain. 	
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<p>Advice about safer sexual practices:</p> <p>Identify patient's risks of sexually transmitted infections.</p> <p>Identify need for contraception or pre-conceptual counselling.</p> <p>Aware of the social and cultural determinants of risk.</p> <p>Explain the link between factors such as alcohol and recreational drug use and sexual risk taking.</p> <p>Understands the issues that influence sexual behaviour e.g. broken relationships, stigma, sexual abuse, mental illnesses, low self-esteem and deprivation.</p> <p>Initiate partner notification where appropriate:</p> <p>Identify timescale for and methods of partner notification.</p> <p>Explain calculation of partner notification outcomes and methodological issues around measurements.</p>	<p>Monitors and manages personal and professional ethical standards arising from patient interactions</p> <p>Advice about safer sexual practices:</p> <p>Use a condom demonstrator.</p> <p>Use, and refer patients to, appropriate written and other information sources such as patient websites.</p> <p>Deliver clear information to patients compassionately, being alert to and manage their and your emotional response (anxiety, antipathy etc.).</p> <p>Able to apply current evidence on prevention and health promotion intervention, both at clinical level and in individual consultation, to promote health.</p> <p>Check the patient/carer understands, ensuring that all concerns/questions have been covered. Respect patient choice.</p> <p>Initiate partner notification where appropriate:</p>		<p>HIV</p> <p>NHIVNAAdvanced</p> <p>CEX 21. Assess health & well-being needs of an HIV-positive patients</p> <p>CEX 22 Triage and assessment</p> <p>CEX 25.1 Mental capacity & safeguarding</p> <p>28.1 Identifying psychological & emotional issues facing people living with HIV</p> <p>CEX 28.2 Risk assessment: self-harm and suicide</p>	
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<p>Explain confidentiality legislation as applies to GUM.</p> <p>Describe the role of the Health Advisor.</p>	<p>Able to review and explain the significance of partner notification outcomes in the context of the differing transmission dynamics of the STI/HIV.</p> <p>Explain reasons for partner notification clearly to patients, advising patients about ways to disclose. Inform patient about their legal responsibilities.</p>			
<p>Level descriptor GUM</p>		<p>Level descriptor CSRH</p>		
<p>1</p>	<p>Obtains and records accurate clinical history relevant to the clinical presentation with die empathy and sensitivity. Elicits most important positive and negative indicators of diagnosis. Demonstrates ability to obtain relevant focused clinical history in the context of limited time in outpatients.</p>	<p>1</p>	<p>Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation</p>	
<p>2</p>	<p>Demonstrates the ability to target history to discriminate between likely clinical diagnoses. Records information in the most informative fashion. Conducts interviews on complex concepts satisfactory, confirming that accurate, two-way communication has occurred.</p>	<p>2</p>	<p>The trainee is capable of performing the task or managing the clinical problem but with senior support</p>	
<p>3</p>	<p>Demonstrates ability to obtain history in difficult circumstances e.g. from angry or distressed patient/relatives. Handles communication difficulties appropriately, involving others as necessary; establishes excellent rapport.</p>			
<p>4</p>	<p>Demonstrates the abilities to keep interview focused ono most important clinical issues. Shows mastery of patient communication in all situations, anticipating and managing any difficulties which may occur.</p>	<p>3</p>	<p>To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)</p>	

9. Examination (ACP capabilities 1.4, 1.5, 1.6, 1.11)				
<ul style="list-style-type: none"> Utilises the appropriate knowledge and attitudes, progressively developing the skills to perform assessment of women and men by means of physical examination including and specialist examination of the genitals, anus and rectum. Manages problems in a structured and flexible way, developing the ability to formulate and prioritise a diagnostic and therapeutic plan for a patient Communicates effectively with women and men from diverse ethnic and socio-behavioural groups in a variety of clinical situations and involving other professional groups where appropriate. Manages time effectively 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Understand the anatomy, physiology and embryology of the genital tract, anus and rectum.</p> <p>Understands the pathophysiological basis for clinical signs in the genital and systems being reviewed and the relevance of positive and negative physical signs.</p> <p>Recognise the need for a valid clinical examination and for offering a chaperone. Understand the constraints to performing physical examination such as pain, fear, embarrassment, vaginismus, and develop strategies that may be used to overcome them.</p> <p>Ethical guidelines relevant to intimate examination.</p>	<p>Construct and appropriate management plan in conjunction with the patient and where appropriate, carers and other members of the clinical team and communicate this effectively.</p> <p>Interpret clinical features, their reliability and relevance to clinical scenarios including recognition of the breadth of presentation of common disorders.</p> <p>Incorporate an understanding of the psychological and social elements of clinical scenarios into decision making through a robust process of clinical reasoning.</p> <p>Identify the need for a chaperone.</p> <p>Able to select and performs an appropriate, focused and reliable</p>	<p>Respect client's dignity & confidentiality</p> <p>Acknowledge and respect cultural diversity</p> <p>Involves relatives appropriately</p> <p>Work effectively with multidisciplinary team.</p> <p>Acknowledges the need for a chaperone</p> <p>Acknowledges the need for a client to seek a female or male attendant</p> <p>Acknowledges the request for a female or male clinician</p>	<p>All</p> <p>Advanced Clinical Assessment module</p> <p>Local venepuncture training</p> <p>Integrated sexual health</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.3 Female examination</p> <p>CEX 1.5 Female Tests & diagnosis</p> <p>CEX 2.3 Male examination</p> <p>CEX 2.5 Male Tests & diagnosis</p> <p>CEX 3.3 MSM examination</p> <p>CEX 3.5 MSM tests & diagnosis</p>	<p>All</p> <ul style="list-style-type: none"> Transcript of advanced clinical assessment module Local venepuncture certificate <p>Integrated sexual health</p> <ul style="list-style-type: none"> STIF <i>intermediate</i> certificate STIF <i>Advanced</i> certificate <p>HIV</p> <ul style="list-style-type: none"> NHIVNA <i>Advanced</i> Certificate

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<p>Be able to perform a genital examination in females, males, transgender/non-binary individuals.</p> <p>The indications, risks, benefits and effectiveness of investigations.</p> <p>The applied clinical science of female and male reproduction.</p> <p>Generate hypothesis within context of clinical likelihood, test, refine and verify hypotheses. Develop a problem list and action plan.</p> <p>Respond to questions honestly and is both willing to and able to seek expert advice, and use clinical guidelines and algorithms relevant to sexual health.</p>	<p>examination relevant to the patient's presentation.</p> <p>In women is able to perform:</p> <ul style="list-style-type: none"> • Abdominal examination (is able to recognise and refer pregnancy) • External genital examination including lymphatics • Vaginal speculum examination • Bimanual Examination • Examination of the pharynx <p>In men is able to perform</p> <ul style="list-style-type: none"> • Abdominal examination • Examination of external genitalia including lymphatics • Rectal examination and proctoscopy • Examination of the pharynx <p>Selects and performs the appropriate microbiology and virology samples:</p> <ul style="list-style-type: none"> • Pharynx • Vagina • Cervix • Rectum • Urine • Cervical cytology 	<p>Promotes shared awareness and understanding by making explanations to patients in language they can understand</p> <p>Non-judgemental and demonstrate ability to identify own biases and inconsistencies in clinical reasoning.</p> <p>Show willingness to search for evidence to support clinical decision making and recognising limits of own professional competence and only practices within these limits and the need to ask for help and appropriate onward referral</p> <p>Uses professional standards and ethical guidelines to inform practice</p>	<p>STIF <i>Advanced</i></p> <p>CEX10.1 BME</p> <p>CEX 10.2 Abnormal cervix</p>	
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	<p>Elicits physical signs with minimal discomfort to patient.</p> <p>Demonstrate competent use of the speculum.</p> <p>Demonstrate competent use of the proctoscope.</p> <p>Demonstrates able to undertake venepuncture.</p> <p>Selects and performs relevant further investigations competently</p> <p>Applies sound clinical judgement to the Interpretation of the results of investigations</p> <p>Liaise and discuss investigations with colleagues.</p>			
Level descriptor GUM		Level descriptor CSRH		
1	Performs, accurately records and describes findings from basic physical examination. Elicits most important physical signs.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Performs focussed clinical examination directed to presenting complaint. Actively seeks and elicit relevant positive and negative signs. Uses and interprets adjuncts to basic examination e.g. in the assessment of the patient syphilis.	2	The trainee can perform the task or managing the clinical problem but with senior support	

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3	Performs and interprets relevant advanced focused clinical examination e.g. assessment of joints, neurological examination. Elicits subtle findings.		
4	Rapidly and accurately performs and interprets focussed clinical examination in challenging circumstances e.g. acute medical or surgical emergency.	3	To be deemed competent, most of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)

10. Complaints and clinical errors (ACP capabilities 1.1, 1.2, 1.3, 1.10, 2.10)				
<ul style="list-style-type: none"> To recognise the causes of error and to learn from them, to realise the importance of honesty and effective apology and to take a leadership role in the handling of complaints 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Describe the local complaints procedure.</p> <p>Recognise factors likely to lead to complaints (poor communication, dishonesty, clinical errors, adverse clinical outcomes, failure to apologise etc).</p> <p>Adopts behaviour likely to prevent complaints.</p> <p>Deals appropriately with concerned or dissatisfied patients or relatives and consults appropriately.</p> <p>Recognise when something has gone wrong and identify appropriate staff to communicate with them.</p> <p>Act with honesty and sensitivity in a non-confrontational manner.</p> <p>Identify sources of help and support for patients and yourself when a complaint is made about yourself or a colleague.</p>	<p>Seek professional advice when an error has occurred and deliver an appropriate apology and explanation</p> <p>Distinguish between system and personal errors (personal and organisational).</p> <p>Show an ability to learn from previous error.</p>	<p>Where appropriate, take leadership over complaints.</p> <p>Recognise the impact of complaints and medical error on staff, patients, and the National Health Service.</p> <p>Contribution to a fair and transparent culture around complaints and errors.</p> <p>Recognise the rights of patients, family members and carers to make a complaint.</p> <p>Recognise the impact of a complaint upon ones self and seek appropriate help and support.</p>	<p>Local training including:</p> <ul style="list-style-type: none"> Datix Conflict resolution etc. 	<p>All</p> <ul style="list-style-type: none"> Reflection

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Level descriptor GUM		Level descriptor CSRH	
1	<p>If an error is made immediately ensures patient safety and reports it.</p> <p>Apologises to patient for any failure as soon as it is recognised, however small.</p> <p>Understands and describes the local complaints procedure.</p> <p>Recognises need for honesty in management of complaints.</p> <p>Responds promptly to concern that have been raised.</p> <p>Understands the importance of an effective apology.</p> <p>Learns for errors.</p>	1	<p>Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation</p>
2	<p>Manages conflict without confrontation.</p> <p>Recognises and responds to the difference between system failure and individual error.</p>	2	<p>The trainee is capable of performing the task or managing the clinical problem but with senior support</p>
3	<p>Recognises and manages the effects of any complaints within members of the team.</p>		
4	<p>Provides timely accurate written responses to complaints when required.</p> <p>Provides leadership in the management of complaints.</p>	3	<p>To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)</p>

11. Principles of medical ethics and confidentiality (ACP capabilities 1.1, 1.2, 1.3, 1.8, 1.9)

- Acts in a professional manner at all times in keeping with the standards set out in code of professional practice.
- Adheres at all times to local and national confidentiality guidelines
- Has an in-depth knowledge of the ethical and legal issues, guidance and principles relating to sexual health and can apply this in routine practice

Knowledge	Skills	Behaviours	Training	Evidence
<p>Ethical principles</p> <p>Demonstrates knowledge relating to the clinician-patient partnership</p> <p>Principles of informed choice</p> <p>Respect for colleagues</p> <p>Health and probity</p> <p>Conflict of interest</p> <p>Demonstrate knowledge of the principles of medical ethics and the workings and structure of Ethics committees.</p> <p>Global issues related to ethics in sexual and reproductive health including female genital mutilation,</p>	<p>Ethical principles</p> <p>Provides good clinical care</p> <p>Provides objective, evidenced based information in appropriate formats</p> <p>Confidentiality</p> <p>Use and share information with the highest regard for confidentiality, and encourage such behaviour in other members of the team.</p> <p>Adheres to national and local confidentiality guidelines (e.g. with reference to Caldicott Guardian), shares and uses personal information appropriately</p> <p>Use and promote strategies to ensure confidentiality is maintained, and counsel patients on the need for information distribution within members of the immediate healthcare team.</p>	<p>Ethical principles</p> <p>Acts with empathy and compassion at all times.</p> <p>Aware of diversity including gender issues.</p> <p>Excellent communication skills</p> <p>Maintains trust</p> <p>Honest and trustworthy</p> <p>Encourage informed ethical reflection in others.</p> <p>Show willingness to seek advice of peers, legal bodies, and the ACP regulatory bodies in the event of ethical dilemmas over disclosure and confidentiality.</p>	<p>All</p> <p>Regulatory body guidance and professional code</p> <p>Local training: Information governance Safeguarding</p> <p>Observation of and discussion with senior staff</p> <p>Ethical and legal issues e-tutorial</p> <p>Attends an Ethics committee meeting as an observer</p> <p>Integrated Sexual Health <i>STIFintermediate</i></p>	<p>All</p> <ul style="list-style-type: none"> • Local training certificate(s) • Reflection <p>Integrated Sexual Health</p> <ul style="list-style-type: none"> • <i>STIFintermediate</i> Certificate <p>HIV</p> <ul style="list-style-type: none"> • <i>NHIVNAAdvanced</i> Certificate

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<p>torture, male dominated societies, access to abortion and contraception.</p> <p>Recognise the factors influencing ethical decision making: including religion, personal and moral beliefs cultural practices.</p> <p>Publication ethics relating to plagiarism</p> <p>Status of asylum seekers and refugees in the UK</p> <p>Private and NHS practice; how they differ and when to charge patients attending for NHS treatment</p> <p>Can outline the principles of informed consent, and situations where patient consent, while desirable, is not required for disclosure e.g. serious communicable diseases, public interests.</p> <p>Outline situations where patient consent, while desirable, is not required for disclosure e.g. serious communicable diseases, public interests.</p>	<p>Knows when and how to involve social services and police</p> <p>Legal issues</p> <p>Writes a legal report (e.g. MARAC referrals etc.)</p>	<p>Confidentiality</p> <p>Respects the right to confidentiality and for information not to be shared, unless this puts the patient, or others, at risk of harm.</p> <p>Aware of the requirements of children, adolescents and patients with special needs</p> <p>Show willingness to share information about their care with patients, unless they have expressed a wish not to receive such information.</p> <p>Legal Issues</p> <p>Have the ability to know how to obtain suitable evidence and whom to consult</p>	<p>CEX 10.1 Legislation, policies & guidelines</p> <p>CEX 10.3 Safeguarding</p> <p>CEX 10.4 FGM</p> <p>HIV</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 25.1 Mental capacity & safeguarding</p> <p>CEX 28.4 Criminalisation of transmission</p>	
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<p>Outline the procedures for seeking a patient's consent for disclosure of identifiable information.</p> <p>Recognise the problems posed by disclosure in the public interest, without patient's consent.</p> <p>Confidentiality</p> <p>Outline and follow the guidance given by the professional regulatory body on confidentiality.</p> <p>Demonstrate an understanding of adolescents' and young adults' right to confidentiality and the importance of safeguarding.</p> <p>Relevant strategies to ensure confidentiality</p> <p>When confidentiality might be broken</p> <p>Principles of data protection including electronic and administrative systems, defining the provisions of the Data Protection Act and Freedom of Information Act.</p> <p>Define the principles of Information Governance.</p>				
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<p>Define the role of the Caldicott Guardian and Information Governance lead within an institution, and outline the process of attaining Caldicott approval for audit or research.</p> <p>Outline the procedures for seeking a patient's consent for disclosure of identifiable information.</p> <p>Role of interpreters and patient advocates</p> <p>Legal issues</p> <p>Abortion certification and awareness of exemptions for those who will not participate in abortion services for moral or religious reasons</p> <p>The indications for section under the Mental Health Act and can outline the principles of the Mental Capacity Act.</p> <p>Process of litigation</p> <p>Clinical negligence cases in sexual health</p> <p>Guidance on avoiding litigation:</p>				
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<ul style="list-style-type: none"> Record keeping Keeping training and skills up to date Obtain valid consent Patient confidentiality Offer appropriate apology Follow appropriate guidance and protocols Know limitations Develop good relationships with patients <p>The devolved UK nations and their legal framework which impacts on sexual and reproductive health</p>				
Level descriptor GUM		Level descriptor CSRH		
<p>1</p>	<p>Respects patients' confidentiality and their autonomy.</p> <p>Understand, in respect of information about patients, the need for highest regard for confidentiality adhering to the Data Protection Act.</p> <p>Keep in mind when writing or storing data the importance of the Freedom of Information Act. Knowledge of the guidance given by the GMC in respect to these two acts.</p> <p>Understand that the information in patient's notes is theirs.</p> <p>Only share information outside the clinical team and the patient after discussion with senior colleagues.</p> <p>Familiarity with the principles of the Mental Capacity Act. If in doubt about a patient's competence and ability to consent even to the most simple acts (e.g. history taking or examination) to discuss with a senior colleagues.</p> <p>Participate in decisions about resuscitation status and withholding or withdrawing treatment.</p>	<p>1</p>	<p>Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation</p>	

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<p>2</p>	<p>Counsel patients on the need for information distribution within members of the immediate healthcare team and seek patients' consent for disclosure of identifiable information.</p> <p>Discuss with patients with whom they would like information about their health to be shared.</p>	<p>2</p>	<p>The trainee is capable of performing the task or managing the clinical problem but with senior support</p>
<p>3</p>	<p>Define the role of the Caldicott Guardian within an institution, and outline the process of attaining Caldicott approval for audit or research.</p> <p>Understand the importance of considering the need for ethical approval when patient information is to be used for anything other than the individuals care.</p> <p>Understand the difference between confidentiality and anonymity.</p> <p>Know the process for gaining ethical approval for research.</p>		
<p>4</p>	<p>Able to assume a full role in making and implementing decisions about resuscitation status and withholding or withdrawing treatment.</p> <p>Able to support the decision making on behalf of those who are not competent to make decisions about their own care.</p>	<p>3</p>	<p>To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)</p>

12. Valid consent (ACP capabilities 1.4, 1.5)				
<ul style="list-style-type: none"> To understand the necessity of obtaining valid consent from the patient and how to obtain it Able to obtain valid consent from patients including individuals under the age of 16 years and vulnerable adults 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Principles and legal issues surrounding valid consent</p> <p>Specific legal issues about valid consent in under 16- year-olds e.g. the Gillick case, Fraser Guidelines</p> <p>Specific legal issues about valid consent in vulnerable adults</p> <p>The Sexual Offences Act 2003 and its implications</p> <p>The Mental Capacity Act 2005 and its implications</p> <p>The legal status of the foetus and the implications of this</p> <p>Role of the chaperone and who should undertake this</p>	<p>Uses written material correctly and accurately, presenting all information to patients (and carers) in a format they understand, checking understanding and allowing time for reflections on the decision to give consent.</p> <p>Provide a balanced view of all care options.</p> <p>Gains valid consent for:</p> <ul style="list-style-type: none"> patient care & procedures research <p>Knows when to refer for a second opinion</p> <p>Counsels patient under the age of 16 years showing understanding of Fraser Guidelines</p> <p>Counsels vulnerable adult and knows how to obtain valid consent</p>	<p>Respect a patient's right of autonomy even in situations where their decision might put them at risk of harm.</p> <p>Awareness of the patient's needs as an individual</p> <p>Does not exceed the scope of authority given by a competent patient.</p> <p>Demonstrates the ability to give appropriate information in a manner that patients and relatives understand and assesses their comprehension</p> <p>Does not withhold information relevant to proposed care of treatment in a competent patient.</p> <p>Does not seek to obtain consent for procedures in which they are not competent to perform, in accordance with professional regulatory authorities.</p> <p>Show willingness to obtain a second opinion, senior opinion and legal</p>	<p>All</p> <p>Good Clinical Practice Course</p> <p>Observation of and discussion with senior staff</p> <p>Regulatory body professional code</p> <p>Department of Health</p> <p>Guidance on Consent www.dh.gov.uk</p> <p>Integrated Sexual Health</p> <p>STIFintermediate</p> <p>CEX 4.1 Sexual history from young people</p> <p>CEX 10.1 Legislation, policies & guidelines</p> <p>FSRH Service Standards on</p>	<p>All</p> <ul style="list-style-type: none"> Good Clinical Practice certificate Reflection <p>Integrated Sexual Health</p> <ul style="list-style-type: none"> STIFintermediate Certificate <p>HIV</p> <ul style="list-style-type: none"> NHIVNAAdvanced Certificate

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<p>Outline the guidance given by the ACP regulatory body on consent, in particular:</p> <p>Understand that consent is a process that may culminate in, but is not limited to, the completions of a consent form and documentation of verbal consent.</p> <p>Understand the particular importance of considering the patients level of understanding and mental state (and also that of the parents, relatives or carers when appropriate) and how this may impair their capacity for informed consent.</p> <p>Understands the legal aspects of consent in respect to adolescents and young adults and how this differs across the countries in the UK.</p>	<p>Knows when and how to refer for Child Protection issues</p> <p>Discusses clinical risk associated with treatments and procedures</p> <p>Offers a chaperone appropriately</p>	<p>advice in difficult situations of consent or capacity.</p> <p>Inform a patient and seek alternative care where personal, moral or religious belief prevents a usual professional action.</p>	<p>Obtaining Consent in Sexual Health Services</p> <p>http://www.fsrh.org/admin/uploads/949_ServiceStandardsonObtainingValidConsent.pdf</p> <p>StratOG: The Obstetrician and Gynaecologist as a Professional. Ethical and legal issues e- tutorial</p> <p>RCOG Obtaining Valid Consent 2008</p> <p>HIV</p> <p>NHIVNA <i>Advanced</i></p> <p>CEX 25.1 Mental capacity & safeguarding</p>	
<p>Level descriptor GUM</p>		<p>Level descriptor CSRH</p>		
<p>1</p>	<p>Understands that consent should be sought ideally by the person undertaking the procedure and if not by someone competent to undertake the procedure.</p> <p>Understands the consent process.</p>	<p>1</p>	<p>Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation</p>	

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	<p>Ensures always to check consent for the most simplest and non-invasive processes – e.g. history taking. Understands the concept of “implicit consent”.</p> <p>Obtains consent for straightforward treatments that he/she is competent to undertake with appropriate regard for patient’s autonomy.</p>		
2	<p>Able to explain complex treatment meaningfully in layman’s terms and thereby to obtain appropriate consent.</p> <p>Responds appropriately when a patient declines consent even when the procedure would on the balance of probability benefit the patient.</p>	2	The trainee is capable of performing the task or managing the clinical problem but with senior support
3	Obtains consent in ‘grey-area’ situations where the best option for the patient is not clear.		
4	Obtains consent in all situations even when there are problems of communication and capacity	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)

13. Legal issues and framework for practice (ACP capabilities 1.1, 1.2, 1.3, 2.3, 2.11)				
<ul style="list-style-type: none"> Has an in-depth knowledge of the legal issues, guidance and principles relating to sexual and reproductive health and can apply this in routine practice 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>All decisions and actions must be in the best interest of the patient.</p> <p>Understand the legislative framework within which healthcare is provided in the UK and/or devolved administrations, especially where it relates to sexual health – in particular: Advanced Clinical Practice; non-medical prescribing and patient group directions; child protection legislation; mental health legislation (including powers to detain a patient and giving emergency treatment against a patient’s will under common law); withdrawing and withholding treatment; communicable diseases notification; medical risk and driving; data protection and freedom of information acts; provision of continuing care and community nursing care by local authorities.</p> <p>Understand the difference between health-related legislation in four countries of the UK.</p> <p>Abortion certification awareness including exemptions for those who will not participate in abortion</p>	<p>Ability to cooperate with other agencies with regard to legal requirements.</p> <p>If required ability to prepare appropriate medical legal statements for submission to legal proceedings.</p> <p>Be prepared to present such evidence in court.</p> <p>Incorporate legal principles into day to day practice.</p> <p>Practice and promote accurate documentation within clinical practice and where necessary is able to write a legal report</p>	<p>Show willingness to seek advice from the employer, appropriate legal bodies (including defence societies), and the appropriate regulatory body on medico-legal matters.</p> <p>Have the ability to know how to obtain suitable evidence and whom to consult</p> <p>Promote inform reflection on legal issues by members of the team.</p> <p>All decisions and actions must be in the best interest of the patient.</p>	<p>All</p> <p>Regulatory body professional code</p> <p>Multi-professional framework for advanced clinical practice in England https://www.lasepharmacy.hee.nhs.uk/dyn/assets/folder4/advanced-practice/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf</p> <p>The legal framework for non-medical prescribing https://www.health-ni.gov.uk/articles/pharmaceutical-non-medical-prescribing</p> <p>NMC Standards and proficiencies for non-medical prescribers https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-proficiency-nurse-and-midwife-prescribers.pdf</p> <p>NMC Record keeping https://www.nmc.org.uk/standards/code/record-keeping/</p>	<p>All</p> <ul style="list-style-type: none"> Reflection <p>Integrated Sexual Health</p> <ul style="list-style-type: none"> STIFintermediate certificate <p>HIV</p> <ul style="list-style-type: none"> NHIVNAadvanced Certificate

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<p>services for moral or religious reasons</p> <p>The indications for section under the Mental Health Act 2005</p> <p>Process of litigation</p> <p>Clinical negligence cases in sexual and reproductive health</p> <p>Guidance on avoiding litigation:</p> <ul style="list-style-type: none"> • Record keeping • Keeping training and skills up to date • Obtain valid consent • Patient confidentiality • Offer appropriate apology • Follow appropriate guidance and protocols • Know limitations • Develop good relationships with patients <p>Understand sources of medical legal information.</p> <p>Understand disciplinary processes in relation to clinical malpractice.</p>			<p>Mental Capacity Act 2005 (E&W)/ Adults with Incapacity (Scotland) Act 2000</p> <p>Local NHS legal departments</p> <p>Local courses</p> <p>Integrated Sexual Health</p> <p>STIF Intermediate</p> <p>CEX 10.1 Legislation, policies & guidelines</p> <p>FSRH Service Standards for Record Keeping http://www.fsrh.org/admin/uploads/ServiceStandardsRecordKeeping.pdf</p> <p>HIV</p> <p>NHIVNA Advanced</p> <p>CEX 25.1 Mental capacity & safeguarding</p> <p>CEX 28.4 Criminalisation of Transmission</p>	
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Understand the role of the advanced clinical practitioner in relation to personal health and substance misuse, including understanding the procedure to be followed when such abuse is suspected.					
Level descriptor GUM			Level descriptor CSRH		
1	Knows the legal framework associated with healthcare professional qualification and clinical practice and the responsibilities of registration with regulatory body. Knows the limits to professional capabilities – particularly those of pre-registration students and trainee ACPs.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation		
2	Identify to senior team members cases which should be reported to external bodies and where appropriate and initiate that report. Identify with senior members of the clinical team situations where you feel consideration of clinical legal matters may be of benefit. Be aware of local Trust procedures around substance abuse and clinical malpractice.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support		
3	Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases preparing brief statements and reports as required. Actively promote discussion on clinical legal aspects of cases within the clinical environment.				
4	Work with external strategy bodies around cases that should be reported to them. Collaborating with them on complex cases providing full medical legal statements as required and present material in court where necessary. Ensures that medico-legal factors are considered openly and consistently wherever appropriate in the care and best interests of the patient. Ensuring that patients and their relatives are involved openly in all such decisions.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)		

14. Epidemiology and public health (ACP capabilities 1.10, 2.9, 4.3, 4.4)

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

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

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<p>To be able to explain key concepts in the transmission and maintenance of STIs and HIV at population level, including : basic reproductive rate; core groups/high risk groups and related concepts; key parameters in STI transmission for major STIs; sexual mixing including concurrency, dissortative and assortative mixing, network characteristics</p> <p>To be able to describe synergies and differences between STI and HIV control, including the evidence on structural interventions and the influence of health systems</p> <p>To be able to identify notifiable diseases</p> <p>To understand the negative and positive consequences of screening tests</p> <p>To be able to outline and interpret common statistical concepts and methods and their uses (including P value, confidence interval, t test, chi square test, univariate and multivariate analysis)</p> <p>To be able to explain the need to control for some variables in analysis and the potential of bias and confounding to create misleading</p>	<p>intervention and the relative effectiveness of population interventions to improve health</p> <p>1. To adhere to the principles of infection prevention during all clinical activities</p> <p>2. To understand environmental risk as a service lead</p> <p>Formulate and articulate problems so they can be addressed using public health intelligence</p> <p>To be able to explain the commonly accepted measures of partner notification outcome</p> <p>To be able to review and explain the significance of partner notification outcomes in the context of the differing transmission dynamics of the STIs/HIV</p> <p>To review clinic data with a view to early identification of outbreaks</p> <p>To work collaboratively with health protection agencies in planning and implementing early collaborative action to control transmission</p>	<p>Be familiar with routinely held sources of data with particular reference to sexual health</p> <p>To apply this skill to contribute significantly to an epidemiological needs assessment</p> <p>Demonstrate knowledge of national policy relating to lifestyle interventions e.g. affecting STI risk reduction</p> <p>Recognise the need for policy work to address problems</p> <p>Understand the key association between risk taking sexual behaviour and alcohol and drugs</p> <p>Understand the multiagency approach necessary to reduce teen conception and repeat abortion</p> <p>Debate the relative importance of individual and society decisions for health and ethical issues relating to health improvement</p> <p>Debate the theory of community development and action</p>	<ul style="list-style-type: none"> • Smoking cessation services <p>Information analysts PCT IT training programmes for excel and access</p> <p>Management courses</p> <p>Public health observatory</p> <p>Websites</p> <p>Many local government symposia on policy development</p>	
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<p>results, and to apply this knowledge in making treatment decisions</p> <p>To be able to explain the principles of critical appraisal</p> <p>To have an understanding of the hierarchy of evidence including metaanalysis and systematic review</p> <p>To be able to describe the epidemiology of STIs and HIV, including their social, cultural, economic and behavioural determinants both in the UK and globally</p> <p>To be able to outline the major UK global causes of morbidity and mortality and their relationship to a clinical population</p> <p>To be able to describe the impact of wider factors (e.g. legislation, migration, culture, policies) on risk of disease and access to care</p> <p>To be able to explain the commonly accepted measures of partner notification outcome</p>	<p>To apply current evidence on prevention and health promotion interventions, both at clinic level and in individual consultation, to promote health</p> <p>To be able to describe the relevance of a given quality improvement project or audit to settings of a different kind, and to non-clinical settings (e.g. education)</p> <p>To be able to explain common quantitative assessments of risk and benefit (e.g. Absolute Risk Reduction, Number Needed to Treat) and their limitations in clinical practice</p> <p>To be able to identify the limitations of the available evidence in addressing a clinical question</p> <p>To be able to explain the contribution of lifestyle factors to individual risk of STIs or HIV</p> <p>To be able to describe the differing concerns about STIs and HIV, including issues of stigma, in the community</p> <p>To be able to contribute to the assessment of a population's need for</p>	<p>Debate the strengths and weaknesses of a variety of health improvement interventions directed at large populations including social marketing</p> <p>To lead staff in operational aspects of infection control</p> <p>o be able to identify environmental risk in working conditions for staff (noise, stress, hazards) and take appropriate steps to risk manage.</p> <p>To understand the implications of an emergency state on the service (such as a flu pandemic) and ensure appropriate policies in place</p> <p>Be able to consider service delivery and health issues in terms of questions which may be posed to health intelligence units</p> <p>Be able to store information, data, use databases, articles to enable effective knowledge management</p>		
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<p>To be aware of the role of other statutory and voluntary agencies in the delivery of sexual health services</p> <p>To be able to describe the role of the health protection agencies and local authority in control of notifiable diseases</p> <p>To be able to explain the advantages and disadvantages of introducing a screening test to contrasting populations, including the merits of register based vs opportunistic screening, evaluation of screening, using actual and proposed examples in sexual health</p>	<p>a service, using routine and specifically designed data sources</p> <p>To be able to work collaboratively with other agencies (including primary care, local authorities and the voluntary sector) in planning and delivering services to a population</p> <p>To report notifiable diseases in accordance with legislation to the appropriate authorities</p>			
Level descriptor GUM		Level descriptor CSRH		
1	Uses epidemiological knowledge to assess patient risk, without stereotyping	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Applies epidemiological knowledge in planning, undertaking and reporting the results of audit	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3	Applies epidemiological knowledge including a variety of local public health datasets in the planning or improvement of services in a locality, with a focus on those experiencing poor health outcomes or access to care			
4	Routinely applies epidemiological knowledge in the review of the full range of datasets available within and beyond a clinic, with a view to identifying outbreaks, and improving services, in collaboration with public health and other colleagues as appropriate	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

HIV (part 1) domain

15. HIV testing and diagnoses (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>The epidemiology, transmission modes and risks, clinical features, and prevention of HIV/AIDs</p> <p>Laboratory tests used to diagnose HIV infection and their interpretation</p> <p>Describe and explain the principles of and indications for:</p> <ul style="list-style-type: none"> • Rapid and laboratory tests including confirmatory tests • Sensitivity and specificity related to HIV prevalence in all stages of HIV infection including primary HIV infection (PHI) <p>HIV testing strategies according to national testing guidelines</p> <p>Describe different strategies and implications of testing (including opt-out) in the context of:</p> <ul style="list-style-type: none"> • Antenatal testing • Testing people from higher risk groups including self-testing 	<p>HIV testing strategies:</p> <ul style="list-style-type: none"> • Use epidemiological datasets to assess local prevalence and optimum testing strategies <p>HIV risk assessment</p> <ul style="list-style-type: none"> • Perform an HIV risk assessment and discuss HIV transmission <p>HIV testing discussions:</p> <ul style="list-style-type: none"> • Discuss HIV testing in a variety of settings, including with someone who is declining the test • Give a negative, positive or indeterminate HIV test result and discuss relevant issues • Provide appropriate immediate management and onward referral for patients with positive results <p>HIV status disclosure:</p>	<p>Demonstrate appropriate level of clinical decision making in daily clinical practice</p> <p>HIV ethical issues:</p> <ul style="list-style-type: none"> • Demonstrate willingness to seek advice from peers, patient representatives, multiprofessional team (MPT) members, legal bodies and the ACP professional regulatory body in the event of ethical dilemmas over HIV disclosure and confidentiality <p>HIV team working:</p> <ul style="list-style-type: none"> • Work collaboratively with HIV investigative laboratory services • Make appropriate tertiary referrals 	<p>STIF <i>Theory</i> course</p> <p>BASHH STI/HIV modules 1-4</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.2 Female history</p> <p>CEX 1.3 Female examination</p> <p>CEX 1.4 Sexual Health Promotion</p> <p>CEX 1.5 Female Tests & diagnosis</p> <p>CEX 2.2 Male history</p> <p>CEX 2.3 Male examination</p> <p>CEX 2.4 Sexual Health Promotion</p>	<p>STIF <i>Theory (core and plus)</i> course Certificate or BASHH STI/HIV Certificate</p> <p>STIF <i>Intermediate Certificate</i></p> <p>STIF <i>Advanced Certificate</i></p> <p>DFRSH Certificate</p>

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<ul style="list-style-type: none"> Indicator conditions In non-traditional settings, other acute care hospital settings and outreach services <p>Late HIV diagnosis and those lost to follow up</p> <ul style="list-style-type: none"> Define late diagnosis Describe different clinical pathways in these contexts <p>Medico-legal and ethical issues specific to HIV/AIDS.</p> <p>Describe specific issues regarding HIV testing and diagnosis including:</p> <ul style="list-style-type: none"> Consent - implied and informed Partner notification Disclosure of HIV status to GP, other health care professionals, partners and children Occupational health issues Insurance medical reports <p>Role of patient self-management and peer support</p> <p>Describe the importance and use of:</p> <ul style="list-style-type: none"> Maintaining good health, expert HIV positive patients and advocacy groups 	<ul style="list-style-type: none"> Discuss the importance of disclosure to other health care professionals, partners and children, including with someone who is declining to disclose <p>Acquisition of HIV infection:</p> <ul style="list-style-type: none"> Undertake an assessment of the timing of HIV acquisition including interpretation of incident HIV tests and utilise this in partner notification discussions <p>Health beliefs specific to HIV infection:</p> <ul style="list-style-type: none"> Identify and respond to patients' beliefs, ideas and concerns regarding their health and HIV status 	<p>HIV psychosocial issues:</p> <ul style="list-style-type: none"> Recognise and discuss the impact of HIV on the patient, their partner and family including knowledge of the support systems available for clients. 	<p>CEX 2.5 Male Tests & diagnosis</p> <p>CEX 3.2 MSM history</p> <p>CEX 3.3 MSM examination</p> <p>CEX 3.4 Sexual Health Promotion</p> <p>CEX 3.5 MSM tests & diagnosis</p> <p>CEX 6.1 Partner notification</p> <p>CEX 6.2 HIV pre and post-test discussion</p> <p>STIF <i>Advanced</i> CEX 14. Assessment and referral of primary HIV infection</p> <p>DFSRH Assessment 6</p>	
<p>Level descriptor GUM</p>		<p>Level descriptor SRH</p>		

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1	Explains the use of HIV diagnostic tests Offers HIV testing in different clinical settings according to national guidelines and gives positive HIV results where indicated Raises issues of disclosure and supports individuals to undertake this	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation
2	Discusses medico-legal and ethical issues and understands concepts of consent, implied and informed Has knowledge of national guidelines regarding confidentiality and disclosure of HIV status Explains sensitivity and specificity of HIV tests related to HIV prevalence, stage of HIV infection including primary HIV infection (PHI) Identifies and respond to patients' beliefs, ideas and concerns regarding their health and HIV status	2	The trainee is capable of performing the task or managing the clinical problem but with senior support
3	<p>Manages and supports people in accordance with national guidelines who, at present</p> <ul style="list-style-type: none"> • Do not want to have an HIV test • Do not want to disclose to partners or children or facilitate HIV testing for them • Are unable to reduce their risk of onward transmission <p>Enacts look-back reviews of those with late diagnosis to improve HIV testing across the sector</p>		
4	Presents clinically and ethically challenging HIV cases to the MPT and leads the discussion to seek resolution Facilitates HIV testing in a variety of settings, including training members of non-HIV MPTs in HIV testing strategies	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)

16. Prevention of HIV transmission (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)

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

Knowledge	Skills	Behaviours	Training	Behaviours
<p>HIV transmission</p> <p>Describe with reference to HIV:</p> <ul style="list-style-type: none"> • Epidemiology and clinical features • Methods of transmission • Risk groups and behaviours (including chemsex, intravenous drug use, blood or tissue recipient) • Influence of HIV viral load on transmission including transmission during PHI <p>Risk reduction</p> <ul style="list-style-type: none"> • To advise individuals at increased risk of HIV acquisition on interventions to reduce transmission risk. <p>Post-exposure prophylaxis (PEP)</p> <ul style="list-style-type: none"> • Describe and explain indications for PEP and related issues: Occupational exposure risks and universal precautions 	<p>HIV acquisition and transmission</p> <p>Apply knowledge of HIV transmission to:</p> <ul style="list-style-type: none"> • Assess the risk of HIV acquisition or transmission in the context of occupational exposure, injecting drug use or sexual contact • Explain to a patient how to prevent acquisition of HIV • Explain the rationale for PEP or PEPSE • Prescribe, monitor and follow up PEP or PEPSE • Aware of the need for non-standard PEP/PEPSE regimens due to the risk of HIV drug resistance, co-morbidities or drug interactions and refers/liases with senior physicians as appropriate <p>Demonstrate management strategies for patients unwilling or unable to take preventative measures, despite ongoing risks of HIV acquisition or onward transmission</p>	<p>Demonstrate appropriate level of clinical decision making in daily clinical practice.</p> <p>Work collaboratively with the MDT including physicians, health advisors, psychologists and when necessary third sector providers where relevant and available to modify higher risk behaviour</p> <p>Demonstrate an understanding of the psychosocial impact of STIs and living with HIV/AIDS, including knowledge of the support systems available for clients.</p> <p>Make appropriate tertiary referrals</p>	<p>STIF <i>Theory (core and plus)</i> course or BASHH STI/HIV modules 1-4</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.2 Female history</p> <p>CEX 1.4 Sexual Health Promotion</p> <p>CEX 1.5 Female Tests & diagnosis</p> <p>CEX 2.2 Male history</p> <p>CEX 2.4 Sexual Health Promotion</p> <p>CEX 2.5 Male Tests & diagnosis</p> <p>CEX 3.2 MSM history</p> <p>CEX 3.4 Sexual Health Promotion</p> <p>CEX 3.5 MSM tests & diagnosis</p> <p>CEX 6.3 PEPSE</p> <p>STIF <i>Advanced Certificate</i></p>	<p>STIF <i>Theory (core and plus)</i> course Certificate or BASHH STI/HIV modules 1-4 Certificate</p> <p>STIF <i>Intermediate Certificate</i></p> <p>STIF <i>Advanced Certificate</i></p> <p>NHIVNA <i>Core Certificate</i></p> <p>NHIVNA <i>Advanced Certificate</i></p> <p>Certificates of courses attended</p>

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<ul style="list-style-type: none"> Assessing risk of exposure to prevent transmission/acquisition PEP regimens, monitoring, post PEP follow up Explain the requirement for disclosure of HIV status to occupational health and other relevant organisations according to national guidelines to prevent HIV transmission <p>Post-exposure prophylaxis for sexual exposure (PEPSE) Describe and explain indications for PEPSE and related issues:</p> <ul style="list-style-type: none"> Sexual exposure risks and prevention of exposure Assessing risk of exposure to prevent transmission/acquisition PEPSE regimens (avoiding drug resistance), monitoring, post PEPSE follow up <p>Pre-exposure prophylaxis (PrEP)</p> <p>Describe the findings of the main PrEP intervention studies including continuous and intermittent regimens Describe the study findings relating to the monitoring and testing of individuals who are taking PrEP, the use of PrEP in those with comorbidities including hepatitis B and how to safely stop taking PrEP Identify individuals who may require increased individual interventions to prevent HIV transmission such as needle exchange programmes</p>	<p>Demonstrate management strategies for patients unwilling to disclose their HIV status to their partner to allow them to take preventative measures</p> <p>PrEP and TasP Describe and explain to a patient:</p> <ul style="list-style-type: none"> The rationale for PrEP The rationale for TasP Prescribe and monitor PrEP and TasP according to national guidelines <p>Chemsex and HIV transmission and acquisition.</p> <p>Describe how to reduce risk of HIV transmission and acquisition in setting of regular chemsex use</p> <ul style="list-style-type: none"> Demonstrate how to assess use of drugs for chemsex and their impact on sexual risk 		<p>CEX XX.X ARVs as prophylaxis & prevention: TasP & PrEP</p> <p>NHIVNA <i>Advanced</i> CEX 26.1 ARVs as prophylaxis & prevention: PEPSE CEX 26.2 ARVs as prophylaxis & prevention: TasP & PrEP 27.1 Risk reduction: Using MI skills in practice 27.2 Risk reduction: recreational/club drugs & chemsex 27.3 Risk reduction: Alcohol & unsafe sex</p> <p>Motivational Interviewing Course</p>	
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<p>Treatment as prevention (TasP) Describe and explain indications for TasP and related issues:</p> <ul style="list-style-type: none"> Data from main studies supporting the use of TasP and assessing risk of onward transmission <p>STIs and viral hepatitis infections.</p> <p>Describe how these may be acquired with HIV and methods to decrease risk e.g. hepatitis A and B vaccinations (see section on Viral Hepatitis and Sexual and Reproductive Health)</p>				
Level descriptor GUM		Level descriptor SRH		
1	Assesses risk of HIV acquisition and discusses risk reduction strategies including behaviour modification, use of needle exchanges and condom use. Assesses risk of potential exposure and counsels patient/HCW on indications for PEPSE/PEP. Prescribes standard PEP according to national guidelines. Prevents acquisition of STIs and viral hepatitis infection	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Assess use of drugs for chemsex and impact on HIV risk. Undertakes motivational interviewing and refers for specialist intervention where appropriate. Assesses people living with HIV for risk of onward HIV transmission and considers interventions including condoms, behaviour modification, and TASP	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3	Modifies standard PEP where index person has evidence of treatment failure or resistance. Undertakes risk assessment and evaluates criteria for recommending PrEP. Recommends standard monitoring of PrEP according to guidelines. Initiates TASP according to national guidelines			
4	Initiates PrEP where criteria have been met. Undertakes ongoing assessments of HIV risk and modifies PrEP schedule according to risk including PrEP cessation when appropriate. Communicates with Occupational health and other agencies when required concerning specific risks of HIV transmission and acquisition	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

17. Viral hepatitis including co-infection with HIV (ACP capabilities 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.11)

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

Knowledge	Skills	Behaviours	Training	Behaviours
<p>Epidemiology of hepatitis A, B, C, D and E</p> <ul style="list-style-type: none"> • Describe the epidemiology of hepatitis A, B, C, D and E in persons, including those living with HIV explain established interventions for reducing risk of acquisition • Describe modes of transmission and the use of primary and secondary prophylaxis <p>Natural history of hepatitis B and C</p> <ul style="list-style-type: none"> • Explain the natural history, presentation, diagnosis and complications of hepatitis B and C including in those with HIV infection <p>Screening at risk individuals and vaccination</p> <p>Investigation</p> <ul style="list-style-type: none"> • Describe viral hepatitis screening policies according to national guidelines • Different laboratory methods of identification of bacteria, fungi and viruses that cause genital tract infection. • The uses and limitations of the currently available tests, including near patient 	<p>Investigation/assessment</p> <ul style="list-style-type: none"> • Take an appropriate history / risk assessment • Perform appropriate clinical examination and investigations • Perform appropriate virology investigations to investigate the common presentations of hepatitis and correctly interpret test results <p>Diagnosis of viral hepatitis</p> <ul style="list-style-type: none"> • Explain the diagnosis and management and prognosis of these conditions clearly to the patient. • Adhere to locally agreed patient care pathways • Recognise, initiate immediate management and arrange appropriate referral for viral hepatitis <p>Health promotion and prevention of transmission of viral hepatitis</p>	<p>Demonstrate appropriate level of clinical decision making in daily practice</p> <p>Make effective use of appropriate external protocols, guidelines and local care pathways</p> <p>To work collaboratively and effectively in conjunction with colleagues in the multidisciplinary team, and with other specialities including hepatology specialists to share information to facilitate best patient care</p> <p>Explain the diagnosis and management clearly to the patient</p> <p>Demonstrate an understanding of the psychological aspects of having hepatitis</p>	<p>STIF <i>Theory (core and plus)</i> course</p> <p>BASHH STI/HIV module 3 Viral Infections other than HIV</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.2 Female history</p> <p>CEX 1.4 Sexual Health Promotion</p> <p>CEX 1.5 Female Tests & diagnosis</p> <p>CEX 2.2 Male history</p> <p>CEX 2.4 Sexual Health Promotion</p> <p>CEX 2.5 Male Tests & diagnosis</p> <p>CEX 3.2 MSM history</p>	<p>STIF <i>Theory (core and plus)</i> course Certificate or BASHH STI/HIV module 3 Certificate</p> <p>STIF <i>Intermediate Certificate</i></p> <p>STIF <i>Advanced Certificate</i></p>

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<p>testing, antenatal and population screening</p> <ul style="list-style-type: none"> Storage requirements for specimens and the logistics of transport of samples to laboratories <p>Vaccination</p> <ul style="list-style-type: none"> Describe hepatitis A and B vaccination guidelines in accordance with current UK guidelines <ul style="list-style-type: none"> indications for screening dosing schedules follow-up <p>Investigation of patients with abnormal liver function.</p> <ul style="list-style-type: none"> Describe the correct use and interpretation of diagnostic hepatitis tests, confirmation of positive tests, and the possibility of false negative tests in HIV co-infected individuals <p>Explain the initial assessment of a patient with newly diagnosed hepatitis B or C infection</p> <p>The law in the UK relating to sexually transmitted infections and relevant GMC guidance</p> <p>National GUM data collection systems</p>	<ul style="list-style-type: none"> Demonstrate health promotion skills e.g. offer healthy living advice, smoking cessation Counsel patients about the risks of contracting or transmitting Hepatitis B and C and about measures to reduce risk Advise and prescribe and administer vaccines to reduce risks of acquisition or transmission of hepatitis A and B Explain vaccination regimes including potential side effects Encourage participation in vaccination programmes <p>Investigation of viral hepatitis including in those with HIV co-infection</p> <ul style="list-style-type: none"> Correctly diagnose and assess viral hepatitis in conjunction with other specialists. <p>Notification of viral hepatitis</p> <ul style="list-style-type: none"> Explain the principles of partner notification and epidemiological treatment for sexual contacts Report viral hepatitis in accordance with legislation to the local health protection agencies. <p>Discuss treatment options for Hepatitis B and C including:</p> <ul style="list-style-type: none"> ART, pegylated interferon and DAA and management of treatment- 	<p>Demonstrate appropriate level of clinical decision making in daily clinical practice</p> <p>Demonstrate non-judgmental behaviour to all clients including respecting each client's sexual orientation and behaviour</p> <p>Make appropriate tertiary referrals</p>	<p>CEX 3.4 Sexual Health Promotion</p> <p>CEX 3.5 MSM tests & diagnosis</p> <p>CEX 6.1 Partner notification</p> <p>CEX 8.1 Screening & prevention of sexually acquired hepatitis A CEX 8.2 Screening & prevention of sexually acquired hepatitis B CEX 8.3 Screening & prevention of sexually acquired hepatitis c</p> <p>STIF <i>Advanced</i> CEX 11.2A Diagnosis & referral of hepatitis A CEX 11.2B Diagnosis & referral of hepatitis B CEX 11.2C Diagnosis & referral of hepatitis C</p>	
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<p>Specific health and wellbeing needs of clients eg mental health issues, alcohol, recreational drug use and smoking.</p> <p>Health promotion and interventions specifically aimed at risk reduction in high risk behaviour groups such as:</p> <ul style="list-style-type: none"> • safer sex • risk reduction • behavioural change <p>Explain the routine monitoring of patients with chronic hepatitis B and hepatitis C, including screening for hepatoma, virological monitoring, elastography and indications for liver biopsy</p> <p>The role of ART and treatment of viral hepatitis</p> <ul style="list-style-type: none"> • Describe the role of ART, antiviral agents and directly acting agents (DAAs) in modifying the course of Hepatitis B and C infections • Describe the important implications of starting or stopping hepatitis treatment if taking ART (HIV) and vice versa • Describe the potential drug interactions between direct-acting antivirals (DAA) against Hepatitis C and ART <p>Treatment for Hepatitis B and C</p> <ul style="list-style-type: none"> • Describe the indications for anti-hepatitis B and C virus therapy and the treatments available including both interferon-based 	<p>related side effects and drug interactions.</p> <ul style="list-style-type: none"> • Immune reconstitution and hepatitis B flare. • Drug resistance, Hepatitis C genotype and treatment options. 			
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<p>regimens and DAA, their modes of action and efficacy</p> <ul style="list-style-type: none"> Describe the potential for drug resistance to DAA Explain the relationship between Hepatitis C genotype and preferred treatment options <p>Liver Dysfunction</p> <ul style="list-style-type: none"> Describe other common causes of liver dysfunction in patients with HIV infection, including alcohol, drug toxicity and non-alcoholic fatty liver disease (NAFLD) <p>Referral</p> <ul style="list-style-type: none"> Local referral care pathways and clinical guidance Local care pathways for multi-agency working and cross referrals for individuals with sexual health needs 					
Level descriptor GUM		Level descriptor SRH			
1	Explains the epidemiology and natural history of viral hepatitis, correctly assesses hepatitis risk in individuals and advises regarding reduction of risk. Correctly assesses and investigates individuals with deranged liver function. Demonstrates an understanding of the diagnostic tests for hepatitis A, B, C, D and E	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation		
2	Describes the initial investigation of a patient with newly diagnosed viral hepatitis and correctly advises on the monitoring of this condition. Advises patients on reducing risk of liver fibrosis including reducing alcohol intake	2	The trainee is capable of performing the task or managing the clinical problem but with senior support		
3	Demonstrates the ability to discuss current hepatitis treatment strategies. Describes the interaction between hepatitis and HIV treatment including concepts such as immune reconstitution, and hepatitis B flare. Demonstrates understanding of drug				

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	resistance, Hepatitis C genotype and treatment options. Explains drug related toxicity and drug-drug interactions		
4	Counsels patients regarding treatment with pegylated interferon and DAA and management of treatment-related side effects. Demonstrates effective collaboration with hepatitis specialists	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)

Clinical pathway domains

STIs and related conditions domain

18. Pathology of Sexually Transmitted Infections (ACP capabilities 1.4, 1.5, 1.6, 1.11)

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>Able to explain the fundamental characteristics of test performance, including sensitivity and specificity; positive predictive value and is able to make simple calculations of these from data.</p> <p>Able to explain the advantages and disadvantages of introducing a screening test to contrasting populations, including the merits of register based vs. opportunistic screening, evaluation of screening, using actual or proposed examples in sexual health.</p> <p>Explain antigen and antibody tests and their advantages and limitations.</p> <p>Explain DNA amplification techniques and their advantages and limitations.</p> <p>Explain the range of laboratory tests for gonorrhoea, Chlamydia, LGV, mycoplasma, syphilis, trichomonas, chancroid, donovanosis, candida, bacterial vaginosis, HIV, HSV, HPV, and Hepatitis A/B/C. To include microscopy,</p>	<p>Take adequate and appropriate specimens within minimum discomfort to patient.</p> <p>Perform direct inoculation of clinical material on transport and culture media.</p> <p>Use the microscope, including bright and dark field microscopy, setting up, adjusting and maintenance.</p> <p>Perform Gram-stains and interpret findings.</p> <p>Perform wet-mount microscopy and interpret findings.</p> <p>Correctly interpret NAATS and serological tests.</p> <p>Explain meaning of test results to patients.</p>	<p>Establishes a rapport with laboratory staff.</p> <p>Able to understand uncertainty such as an equivocal test result.</p> <p>Show respect and behaves in accordance with relevant code of professional practice.</p>	<p>BASHH microscopy course or local competency sign off</p> <p>STIF <i>theory course</i></p> <p>STIF <i>intermediate</i></p> <p>CEX 1.5 Female tests and diagnosis</p> <p>CEX 2.5 Male tests and diagnosis</p> <p>CEX 3.5 MSM tests and diagnosis</p> <p>CEX 8.1A Screening & prevention of hepatitis A</p> <p>CEX 8.1B Screening & prevention of hepatitis B</p> <p>CEX 8.1C Screening & prevention of hepatitis C</p> <p>SIF <i>Advanced</i></p> <p>CEX 11.2A Diagnosis and referral of Hepatitis A</p>	<p>BASHH microscopy course</p> <p>Certificate or local sign off documentation</p> <p>STIF Theory course certificates (core and Plus)</p> <p>STIF <i>intermediate</i> certificate</p> <p>STIF <i>Advanced</i> certificate</p>

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<p>point of care tests, culture, NAATs, serology.</p> <p>Understand specificity and sensitivity, need for confirmation by same or different tests, timescale for results.</p> <p>Explain which sites to sample, storage of specimens and transfer time to lab. Describe time frame to positive result from infection and to negative result post treatment.</p> <p>Understand and explain the use of unvalidated tests.</p>	<p>Explains meaning of equivocal test results and possibility of false negative and positive results to patients.</p>		<p>CEX 11.2B Diagnosis and referral of Hepatitis B</p> <p>CEX 11.2C Diagnosis and referral of Hepatitis C</p> <p>CEX 14 Primary HIV Infection</p> <p>CEX 15P Primary Syphilis</p> <p>CEX 15S Secondary Syphilis</p> <p>CEX 15L Latent Syphilis</p> <p>CEX 15T Tertiary Syphilis</p> <p>Visit to local laboratories</p>	
Level descriptor GUM		Level descriptor CSRH		
1	Explain and interprets simple laboratory tests, asks for advice for example ask laboratory staff regarding more complex investigations/results.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Understands and is able to perform microscopy for bacterial STIs and fungi.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
	Understand what factors alter PPV and NPV. Able to perform dark ground examination. Works efficiently with laboratory staff to interpret complex cases.			
4	Full understanding of complex laboratory investigations, their interpretation and the uncertainties. Able to explain equivocal results to patients and junior colleagues. Works in close collaboration with laboratory staff to manage complex cases and/or develop a standard operating procedure (SOP) for new tests in a department.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

19. Bacterial genital infections (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>Explain the presentation, investigation and differential diagnosis of urethritis and cervicitis</p> <p>Explain the natural history and management of both uncomplicated and complicated infection by N gonorrhoea and C. trachomatis, including rectal Chlamydia and lymphogranuloma venereum (LGV)</p> <p>Explain the aetiology and management of prostatitis, chronic/recurrent urethritis and chronic male pelvic and testicular pain</p> <p>Explain the diagnosis, natural history and management of pelvic infections</p> <p>Explain the aetiology and preliminary management of pharyngeal and rectal infections</p>	<p>Take a history, performs and examination, and obtains specimens for microbiological testing.</p> <p>Perform appropriate clinical examination and investigations</p> <p>Perform appropriate microbiological and virology investigations to investigate the common presentations of STIs and correctly interpret test results</p> <p>Adhere to locally agreed patient care pathways</p> <p>Diagnose and manage the following conditions:</p> <ul style="list-style-type: none"> • vaginal discharge • urethritis (including non-gonococcal urethritis in men) • pelvic inflammatory disease (PID) 	<p>Display tact, empathy, respect and concern for the patients.</p> <p>Demonstrate an understanding of the psychological aspects of having an STI</p> <p>Demonstrate non-judgmental behaviour to all clients including respecting each client's sexual orientation and behaviour</p> <p>Show respect and behaves in accordance with code of professional practice.</p> <p>Demonstrate appropriate level of clinical decision making in daily clinical practice</p> <p>Works in collaboration with and understands the roll of physicians, health advisors and GPs</p>	<p>STIF <i>Theory</i> course or BASHH STI/HIV modules 1-2</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.1 Female raising issue of sexual health</p> <p>CEX 1.3 Female examination</p> <p>CEX 1.5 Female Tests & diagnosis</p> <p>CEX 2.1 Male raising issue of sexual health</p> <p>CEX 2.3 Male examination</p> <p>CEX 2.5 Male Tests & diagnosis</p> <p>CEX 3.1 MSM raising issue of sexual health</p> <p>CEX 3.3 MSM examination</p> <p>CEX 3.5 MSM tests & diagnosis</p>	<p>STIF <i>Theory (core and plus)</i> course Certificate or BASHH STI/HIV modules 1-2 Certificate</p> <p>STIF <i>Intermediate Certificate</i></p> <p>STIF <i>Advanced Certificate</i></p>

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<p>Explain the aetiology and preliminary management of acute abdominal/pelvic pain, including severe intra-abdominal sepsis, trauma from use of sex toys/fisting.</p> <p>Explain the aetiology and management of chronic pelvic pain.</p> <p>Explain the aetiology and management of epididymo-orchitis and scrotal masses.</p> <p>Explain the aetiology and management of sexual acquired reactive arthritis.</p> <p>Explain the management of urinary tract infections in men, (including MSM) and women.</p>	<p>Assess and explain common management options for:</p> <ul style="list-style-type: none"> • recurrent vulvo-vaginal candidiasis • recurrent bacterial vaginosis • psychosexual complications of STI or genital infections <p>Recognise, initiate immediate management and arrange appropriate referral for:</p> <ul style="list-style-type: none"> • rectal and pharyngeal infections • complicated gonococcal infection • chronic urethritis • epididymo-orchitis • prostatitis and sexually acquired reactive arthritis (SARA or Reiter's syndrome) <p>Prescribe drugs as per local care pathways</p> <p>Explain the principles of partner notification and epidemiological treatment for sexual contacts</p> <p>Explain the diagnosis and management clearly to the patient.</p> <p>Communicates with other specialities and GPs when appropriate.</p>	<p>Work effectively in conjunction with colleagues and in liaison with other specialities and departments</p> <p>Understands the psychological and/or psychosocial impact of chronic genital problems</p> <p>Make appropriate tertiary referrals</p>	<p>CEX 5.1 Assessment, treatment & management of vaginal discharge</p> <p>CEX 5.4 Assessment, treatment & management of urethral discharge</p> <p>CEX 5.1 Assessment, treatment & management of Chlamydia, gonorrhoea & TV</p> <p>CEX 6.1 Partner notification</p> <p>CEX 7.1 Urinary tract infection</p> <p>STIF <i>Advanced</i></p> <p>CEX 9.1 PID</p> <p>CEX 9.2 Epididymo-orchitis</p> <p>CEX 9.4 Proctitis</p> <p>CEX 13.1 Recurrent VVC</p> <p>CEX 13.2 Recurrent BV</p>	
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	Demonstrate health promotion skills e.g. offer healthy living advice, smoking cessation			
Level descriptor GUM		Level descriptor CSRH		
1	Understands, diagnoses, treats and explains uncomplicated bacterial sexually transmitted infections, asks for advice/uses guidelines for complex cases	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Understands, diagnoses, treats and explains the common complications of bacterial sexually transmitted infections such as pelvic inflammatory disease, asks for advice/uses guidelines for more complex cases	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3	Understands, diagnoses, treats and explains the less common complications of bacterial sexually transmitted infections to patients: e.g. sexually acquired reactive arthritis. Establishes excellent patient rapport.			
4	Rapidly and accurately performs and interprets focussed clinical examination. Makes accurate diagnosis, treats and explains all bacterial sexually transmitted infections. Can manage complex presentations and complications including chronic pain resulting from bacterial sexually transmitted infections.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

20. Genital ulceration and syphilis (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>Explain the investigation and differential diagnosis of genital ulcers, including apthous ulcers</p> <p>Explain the epidemiology, aetiology and natural history and management of primary, secondary early and late latent syphilis</p> <p>Explain the diagnosis, investigations and management of tertiary syphilis.</p> <p>Explain the impact of HIV on the natural history of syphilis.</p> <p>Describe the diagnosis and management of lymphogranuloma venereum (LGV), Donovanosis, and chancroid.</p>	<p>Take an appropriate history / risk assessment</p> <p>Perform appropriate clinical examination and investigations</p> <p>Perform appropriate microbiological and virology investigations to investigate the common presentations of STIs and correctly interpret test results</p> <p>Adhere to locally agreed patient care pathways</p> <p>Diagnose and manage the following conditions:</p> <ul style="list-style-type: none"> • HSV infection <p>Assess and explain common management options for:</p>	<p>Demonstrate appropriate level of clinical decision making in daily clinical practice</p> <p>Demonstrate non-judgmental behaviour to all clients including respecting each client's sexual orientation and behaviour</p> <p>Appreciate role of physician and health advisors.</p> <p>Show respect and concern for patients and behaves in accordance regulatory body code of conduct</p> <p>Work effectively in conjunction with colleagues and in liaison with other specialties and departments</p>	<p>STIF <i>Theory</i> course or BASHH STI/HIV modules 1-2</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.2 Female history</p> <p>CEX 1.3 Female examination</p> <p>CEX 1.5 Female Tests & diagnosis</p> <p>CEX 2.2 Male history</p> <p>CEX 2.3 Male examination</p> <p>CEX 2.5 Male Tests & diagnosis</p> <p>CEX 3.2 MSM history</p> <p>CEX 3.3 MSM examination</p> <p>CEX 3.5 MSM tests & diagnosis</p> <p>CEX 5.3 Assessment, treatment and management of HSV</p>	<p>STIF <i>Theory (core and plus)</i> course Certificate or BASHH STI/HIV modules 1-2 Certificate</p> <p>STIF <i>Intermediate Certificate</i></p> <p>STIF <i>Advanced Certificate</i></p>

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<p>Explain the epidemiology, aetiology and natural history, transmission and management of herpes simplex virus infections, including psychosexual complications and indications for episodic and suppressive therapy.</p> <p>Describe the diagnosis and management of non-infective causes of genital ulcers.</p> <p>Specific health and wellbeing needs of clients eg mental health issues, alcohol, recreational drug use and smoking.</p> <p>Health promotion and interventions specifically aimed at risk reduction in high risk behaviour groups</p>	<ul style="list-style-type: none"> • recurrent HSV including indications for suppressive therapy <p>Recognise, initiate immediate management and arrange appropriate referral for:</p> <ul style="list-style-type: none"> • rectal and pharyngeal infections • non-HSV causes of genital ulcers <p>Explain the diagnosis and management clearly to the patient</p> <p>Demonstrate an understanding of the psychological aspects of having an STI</p> <p>Prescribe drugs as per local care pathways</p> <p>Demonstrate health promotion skills e.g. offer healthy living advice, smoking cessation</p> <p>Explain the principles of partner notification and epidemiological treatment for sexual contacts</p> <p>Explain the diagnosis and management clearly to the patient, including need for disclosure.</p>	<p>Make appropriate tertiary referrals</p>	<p>CEX 6.1 Partner notification</p> <p><i>STIF Advanced</i></p> <p>CEX 13. 3 recurrent HSV</p> <p>CEX 15.1 Primary syphilis</p> <p>CEX 15.2 Secondary syphilis</p> <p>CEX 15.3 Latent syphilis</p> <p>CEX 15.4 Tertiary syphilis</p>	
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	<p>Demonstrates effective communication with other specialities</p> <p>In pregnancy consider the risks to neonate and ensure paediatricians or GP carry out appropriate testing and treatment, with consent of mother wherever possible.</p>			
Level descriptor GUM		Level descriptor CSRH		
1	Can assess and formulate differential diagnosis in patients presenting with uncomplicated genital ulcer disease, ask for advice/uses guidelines for complex cases	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Can assess, diagnose and manage patients presenting with uncomplicated genital ulcer disease. Explains diagnosis to patient and establishes rapport.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3	Understands, diagnoses, treats and explains the less common presentations of genital ulcer disease. Can illicit signs of neurological and ophthalmological syphilis. Can accurately interpret syphilis serology.			
4	Rapidly and accurately performs and interprets focussed clinical examination, can independently investigate and manage complex genital ulcer disease including in patients with HIV infection. Establishes excellent rapport with patients and the MDT and other specialities.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

21. Genital lumps, cancer and human papillomavirus infection (HPV) (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>Explain the aetiology and management of genital lumps including warts and molluscum contagiosum</p> <p>Explain the natural history off and transmission of HPV.</p> <p>Explain the epidemiology, natural history, diagnosis, and management of</p> <ul style="list-style-type: none"> • genital HPV • molluscum contagiosum • cervical, vulval, vaginal, anal and penile intra-epithelial neoplasia. <p>Explain the role of interpretation of cytology, colposcopy and histology.</p>	<p>Take an appropriate history / risk assessment</p> <p>Perform appropriate clinical examination and investigations</p> <p>Explains the diagnosis and management clearly to the patient.</p> <p>Adhere to locally agreed patient care pathways</p> <p>Recognise, initiate immediate management and arrange appropriate referral for:</p> <p>Explain the principles of partner notification and epidemiological treatment for sexual contacts.</p>	<p>Demonstrate appropriate level of clinical decision making in daily clinical practice</p> <p>Demonstrate an understanding of the psychological aspects of having an STI</p> <p>Demonstrate non-judgmental behaviour to all clients including respecting each client's sexual orientation and behaviour</p> <p>Make effective use of appropriate external protocols and guidelines.</p> <p>Appreciate the role of physicians and health advisors</p>	<p>STIF <i>Theory</i> course or BASHH STI/HIV modules 1 and 3</p> <p>Cervical cytology course</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.2 Female history</p> <p>CEX 1.3 Female examination</p> <p>CEX 1.5 Female Tests & diagnosis</p> <p>CEX 2.2 Male history</p> <p>CEX 2.3 Male examination</p> <p>CEX 2.5 Male Tests & diagnosis</p> <p>CEX 3.2 MSM history</p> <p>CEX 3.3 MSM examination</p> <p>CEX 3.5 MSM tests & diagnosis</p> <p>CEX 5.2a Assessment, treatment and management of genital warts</p>	<p>STIF <i>Theory (core and plus)</i> course Certificate or BASHH STI/HIV modules 1 and 3 Certificate</p> <p>Cervical cytology course certificate</p> <p>STIF <i>Intermediate Certificate</i></p>

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<p>Local care pathways for multi-agency working and cross referrals for individuals with sexual health needs</p> <p>Specific health and wellbeing needs of clients eg mental health issues, alcohol, recreational drug use and smoking.</p> <p>Health promotion and interventions specifically aimed at risk reduction in high risk behaviour groups</p> <p>Know when to refer and explains the treatment options available for cervical pre-malignant disease.</p> <p>Explain HPV vaccines available, schedules and national immunisation programme.</p>	<p>Prescribe drugs as per local care pathways</p> <p>Skilfully perform ablative therapy of genital warts.</p> <p>Perform cervical cytology.</p> <p>Make timely referral of suspected cancer.</p> <p>Demonstrate health promotion skills eg offer healthy living advice, smoking cessation.</p> <p>Advise vaccination where appropriate</p> <p>Explain vaccination regimes including potential side effects</p> <p>Counsel men and women sensitivity about cancer risk, benefits and risks of screening.</p>	<p>Work effectively in conjunction with colleagues and in liaison with other specialties and departments</p> <p>Make appropriate tertiary referrals</p>	<p>CEX 5.2b Assessment, treatment and management of MC</p> <p>CEX 6.1 Partner notification</p>	
Level descriptor GUM		Level descriptor CSRH		
1	Can examine and formulate differential diagnosis in patients presenting with genital lumps, asks for advice/uses guidelines for complex cases. Can perform cervical cytology. Understands the responsibilities of the smear taker in the context of the national cervical screening programme.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	

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2	Can assess, diagnose manage patients presenting with uncomplicated genital lumps. Can perform ablative procedure and can explain use of and prescribe available patient applied therapies. Explains diagnosis to patient and establishes good rapport.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support
3	Understands, diagnoses, treats and explains the less common presentations of genital lumps include condylomata lata.		
4	Rapidly and accurately performs and interprets focussed clinical examination, can independently investigate and manage complex genital lumps including penile and anal dysplastic conditions. Can appropriately perform genital biopsy when necessary. Recognise genital dysplasia and refer in timely fashion. Establishes excellent rapport.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)

22. Genital infestations (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>The epidemiology, aetiology and natural history of:</p> <ul style="list-style-type: none"> • scabies • pediculosis pubis 	<p>Take an appropriate history / risk assessment</p>	<p>Demonstrate appropriate level of clinical decision making in daily clinical practice</p>	<p>STIF <i>Theory</i> course or BASHH STI/HIV modules 1-2</p>	<p>STIF <i>Theory (core and plus)</i> course Certificate or BASHH STI/HIV modules 1-2 Certificate</p>
<p>The infective causes and differential diagnosis of:</p> <ul style="list-style-type: none"> • genital itch/soreness 	<p>Perform appropriate clinical examination and investigations</p>	<p>Explain the diagnosis and management clearly to the patient</p>	<p>STIF <i>Intermediate</i></p> <p>CEX 1.2 Female history</p>	<p>STIF <i>Intermediate Certificate</i></p>
<p>Different laboratory methods of identification of bacteria, fungi and viruses that cause genital tract infection.</p>	<p>Perform appropriate microbiological and virology investigations to investigate the common presentations of STIs and correctly interpret test results</p>	<p>Demonstrate an understanding of the psychological aspects of having an STI</p>	<p>CEX 1.3 Female examination</p> <p>CEX 1.5 Female Tests & diagnosis</p>	
<p>Explain the diagnosis and management of scabies.</p>	<p>Explain the diagnosis and management clearly to the patient.</p>	<p>Demonstrate non-judgmental behaviour to all clients including respecting each client's sexual orientation and behaviour.</p>	<p>CEX 2.2 Male history</p> <p>CEX 2.3 Male examination</p> <p>CEX 2.5 Male Tests & diagnosis</p>	
<p>Explain the diagnosis and management of pediculosis pubis.</p>	<p>Prescribe drugs as per local care pathways</p>	<p>Appreciate the role of physicians, health advisors and other members of the MDT</p>	<p>CEX 3.2 MSM history</p> <p>CEX 3.3 MSM examination</p> <p>CEX 3.5 MSM tests & diagnosis</p>	
<p>Local referral care pathways and clinical guidance</p>	<p>Explain the need for treatment of contact(s).</p>	<p>Show respect and behaves in accordance with code of professional conduct.</p>	<p>CEX 6.1 Partner notification</p> <p>CEX 9.1S Scabies</p>	

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Local care pathways for multi-agency working and cross referrals for individuals with sexual health needs		Adhere to locally agreed patient care pathways Explain the principles of partner notification and epidemiological treatment for sexual contacts	Work effectively in conjunction with colleagues and in liaison with other specialties and departments. Communicate with GP when required. Make appropriate tertiary referrals	CEX 9.1P Pubic lice	
Level descriptor GUM			Level descriptor CSRH		
1	Understands the presentation and management of genital infestations, asks for advice/uses guidelines for complex cases.		1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Recognises the presentations of genital infestations; ask for advice/uses guidelines for complex cases.		2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3	Able to take specimens for microscopy; asks for advice/uses guidelines for complex cases.				
4	Recognises Norwegian scabies, knows how to manage an outbreak of genital infestation for example resulting from scabies on an in-patient ward.		3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

23. Sexual dysfunction and problems (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)

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

Knowledge	Skills	Behaviours	Training	Evidence
Physiology of sexual response: female and male	Consider the possibility of a sexual problem.	Feel able to raise sexual issues and be comfortable with the topic	2-day Foundation Sexual Problems Theory Course	STIF <i>Intermediate Certificate</i>
Gender identity	Take a basic and targeted sexual dysfunction history.	Be sensitive to the psychological impact of common causes of psychosexual problems and offer referral to psychosexual therapists for appropriate support	STIF <i>Intermediate</i>	STIF <i>Advanced Certificate</i>
Sexual orientation	Have an awareness of hidden sexual problems by observing the patient's non-verbal clues (such as body language, demeanour) and verbal clues (such as angry, aggressive or distressed comments).	Demonstrate, through reflective case discussion:	CEX 1.2 Female history CEX 1.3 Female examination CEX 2.2 Male history CEX 2.3 Male examination CEX 3.2 MSM history CEX 3.3 MSM examination	Supplementary • 2-day Foundation Sexual Problems Theory Course Certificate
Understands organic and psychological causes of common causes of sexual dysfunction.		• An ability to create an atmosphere in which the patient feels able to raise problems of a sexual nature. • An ability to communicate effectively with patients who present with overt or covert sexual problems. • Non-judgemental attitudes to patients across the whole	STIF <i>Advanced</i>	• Certification from other courses/training undertaken
How problems present themselves in a clinical setting	Initiate or review investigations to exclude a physical cause for the sexual problem.		CEX 16E Erectile dysfunction CEX 16V Vaginismus	
Factors which can impact on the sexual lives of a patient and their partner e.g. • Vulval dermatoses				

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<ul style="list-style-type: none"> • Vaginal infections • Medical conditions • Physical disability • Unwanted pregnancy • Sexual assault • Sexual/physical abuse • Childbirth • Miscarriage • Infertility issues <p>Be able to take a relevant history and provide basic advice regarding common causes of sexual dysfunction (such as erectile dysfunction, premature ejaculation, low sexual desire in men, female genito-pelvic pain, female sexual interest/arousal problems)</p> <p>Management options</p> <p>Basic pharmacological treatment options</p> <p>Basic physical treatment options</p> <p>Basic psychotherapeutic options</p> <p>Awareness of self-help manuals, DVDs and support group networks</p> <p>Recognise when onward referral for sexual dysfunction is appropriate and be</p>	<p>Understand principles underlying the management of common causes of sexual dysfunction</p> <p>Be aware of the interactions and feelings between the practitioner and patient.</p>	<p>spectrum of sexual identity, sexual orientation and range of sexual behaviours</p> <ul style="list-style-type: none"> • Non-judgemental attitudes to patients regardless of age, ethnicity, disability. • An ability to empathise with patients who have problems of a sexual nature. • An ability to deal with emotions which may emerge in the consultation. • A respect for diversity of religious and cultural beliefs in relation to sexuality. <p>Understand the multidisciplinary approach required for some patients with sexual dysfunction</p>	<p>CEX 16P Premature ejaculation</p> <p>CEX 16L Low sexual desire</p> <p>Reflective Case Based</p> <p>Discussions with Sexual Problems Trainer</p> <p>Seminars</p> <p>BASRT group or individual supervision.</p> <p>Approved demonstration case presentations on CD Rom, eg IPM CD Rom.</p> <p>www.ipm.org.uk</p> <p>www.basrt.org.uk</p>	
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aware of local referral pathways, both NHS and non-statutory.					
Level descriptor GUM			Level descriptor CSRH		
1	Can diagnose and is aware of the management of common causes of sexual dysfunction	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation		
2	Knows when to ask for advice about sexual dysfunction once identified	2	The trainee is capable of performing the task or managing the clinical problem but with senior support		
4	Knows when to refer common causes of sexual dysfunction to other medical hospital specialities, to primary care or for specialist counselling	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)		

24. Sexual assault/sexual abuse (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)				
<ul style="list-style-type: none"> To become versant with the law as it pertains to sexual abuse of men, women and children and to protect and safeguard patients who allege such abuse. To provide emergency care, refer to a centre for forensic testing and/or the police/social care workers and document sexual history and examination findings, being aware of the importance of good documentation for medicolegal reasons. Provide appropriate management, support and care of adults and young people complaining of sexual assault in any clinical setting 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Statutory definitions of rape and other sexual offences:</p> <ul style="list-style-type: none"> Sexual Offences Act 2003 Draft Sexual Offences (Scotland) Bill 2008 The Sexual Offences (Northern Ireland) Order 2008 <p>Explain the law and national guidance (e.g. BASHH, DoH/DfES etc) on child protection with regard to sexual activity with under 13s, 16s and 18s and those with learning difficulties.</p> <p>Statistics of incidence of sexual assault, frequency of reporting sexual crimes, attrition and conviction rates.</p> <p>Root causes for sexual crimes e.g. gender inequalities, vulnerable client group</p> <p>Valid consent, including to special groups:</p>	<p>Identify and manage/refer any urgent health needs that should take priority over management of sexual assault whilst maintaining optimum preservation of forensic evidence</p> <p>Enquire if patient has considered discussing the assault with the Police when dealing with self-referrals</p> <p>Encourage patient consent to involve local sexual assault specialist for forensic examination if timing appropriate.</p> <p>Explain options for management with complainant, including local arrangements for forensic examination and refer to appropriate service with agreement of complainant.</p> <p>Identify patient who lack capacity to consent to disclosure of sexual assault to the Police and discuss with senior colleagues, statutory agencies and adults with parental responsibility, in</p>	<p>Demonstrate appropriate level of decision-making in daily clinical practice</p> <p>Demonstrate awareness of the impact of gender on supporting patients reporting sexual assault/sexual abuse</p> <p>Demonstrate ability to communicate with patients effectively and to adapt consultation style to suit client's understanding.</p> <p>Display tact, empathy, respect, concern and time for patients</p> <p>Demonstrate non-judgmental behaviour</p> <p>Demonstrate tact and concern with respect to ethnic, religious and cultural issues</p>	<p>STIF <i>Intermediate</i></p> <p>CEX 1.2 Female history</p> <p>CEX 1.3 Female examination</p> <p>CEX 1.4 Female sexual health promotion</p> <p>CEX 1.5 Tests & Diagnosis</p> <p>CEX 2.2 Male history</p> <p>CEX 2.3 Male examination</p> <p>CEX 2.4 Male sexual health promotion</p> <p>CEX 2.5 Tests & Diagnosis</p> <p>CEX 3.2 MSM history</p> <p>CEX 3.3 MSM examination</p> <p>CEX 1.4 MSM sexual health promotion</p> <p>CEX 1.5 Tests & Diagnosis</p> <p>CEX X Sexual Assault</p> <p>CEX 6.3 PEPSE</p>	<p>STIF <i>Intermediate Certificate</i></p> <p>Reflection</p> <p>Certificates of courses attended</p>

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<ul style="list-style-type: none"> To examination and sampling in the interests of collecting evidence To disclosure of forensic medical records Capacity to consent to treatment by under 16s Capacity to consent to examination including effects of age, intoxication, distress, pain/trauma Capacity to consent if special educational needs, mental capacity issues, communication difficulties e.g. client deaf/mute, or English not first language. <p>Confidentiality and information sharing</p> <p>Local care/referral pathways and management options for management of complainants of sexual assault</p> <ul style="list-style-type: none"> With a SARC Without a SARC <p>Be able to explain role of different professionals in managing a case of sexual assault including the role of the forensic examiner, including the responsibilities to provide medical care and duty of impartiality</p> <p>Appropriate offer of forensic medical examination by trained healthcare professional</p>	<p>accordance with local and national protocols</p> <p>Support patients undergoing appropriate medical & forensic examination guided by account of type and timing of incident, obtaining forensic specimens correctly labelled and stored, maintaining chain of evidence.</p> <p>Document fully and accurately such that a medical-legal report may be produced at a later date.</p> <p>Is able to articulate the rationale for the following:</p> <ul style="list-style-type: none"> Take a full and appropriate initial account from a person disclosing sexual assault, including risk assessment on those under 18-years old to allow referral to the most appropriate service: <ul style="list-style-type: none"> Age of complainant What happened When it happened Who did it Where it happened Who heard first account & when Injuries sustained Medical/surgical/psychiatric/medication history Recent sexual history 	<p>Establish rapport with clients</p> <p>Demonstrate ability to reassure patient that he/she is in place of safety</p> <p>Show awareness of patient dignity and appreciate the need to offer a chaperone during examinations.</p> <p>Adheres to guidelines on obtaining consent, including application of Fraser criteria and guidance for vulnerable adults</p> <p>Is aware of child sexual abuse and exploitation and works in conjunction with paediatricians/social care if patient under 18 and adheres to local protocols for Safeguarding Children</p> <p>Work effectively in collaboration with colleagues and in liaison with physicians, health advisors, other specialties, departments, disciplines and agencies</p> <p>Adheres to local protocols for forensic sampling, labelling, packaging and documentation</p>	<p>Sexual Offences Act 2003 www.homeoffice.gov.uk</p> <p>Sexual Offences (Scotland) legislation</p> <p>Child Protection Training Courses Levels 1, 2 and 3</p> <p>Training courses organised by professional bodies and Sexual Assault Referral Centres e.g.</p> <p>RCOG Forensic Gynaecology Courses www.rcog.org.uk</p> <p>The Havens www.thehavens.org.uk</p> <p>St Mary's Centre www.stmaryscentre.org</p> <p>Metropolitan police</p>	
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<p>Explain the procedure for identifying child sexual exploitation and how to assess in clinic.</p> <p>Know what to do if adolescent/young person discloses</p> <ul style="list-style-type: none"> Acute sexual assault Chronic/historic sexual abuse <p>Identify the procedures and protocols of the local safeguarding children's board or committee.</p> <p>Forensic Science</p> <ul style="list-style-type: none"> Different types of evidence Locard's principle Relevance of samples according to timing and account of incident Explain the preservation of evidence and chain of evidence procedure Avoidance of cross- contamination Explain timing for forensic examination. <p>Health implications of incident and is able to explain:</p> <ul style="list-style-type: none"> Acute injuries A diagnosis of STIs in the context of alleged sexual abuse. The treatment and/or prophylaxis of sexually transmitted infections including HIV post-exposure 	<ul style="list-style-type: none"> Relevant obstetric/gynae history LMP, current contraception If not, performs full genital examination noting any injuries. <p>Obtain valid consent for examination as appropriate</p> <p>Discuss findings with complainant without giving an opinion</p> <p>Assess health needs and discuss options with complainant with provision of care in a timely manner:</p> <ul style="list-style-type: none"> Emergency contraception STI testing / prophylaxis HIV risk assessment / PEPSE Vaccination against Hepatitis B/ tetanus Analgesia, anxiolytic Risk assessment of self-harm <p>Arrange appropriate follow-up as guided by account of incident, examination findings, medical and psychological history</p> <ul style="list-style-type: none"> SRH/GUM GP Mental health team Social Services Domestic Violence team 	<p>Demonstrates realistic recognition of own competence level and refers to senior colleagues where appropriate</p> <p>Awareness of psychological reactions to sexual assault and refers clients to specialists where appropriate</p> <p>Keeps clear contemporaneous records</p> <p>Recognises one's own limitations when dealing with clients of serial assault with regard to regular debriefing with supervisor.</p> <p>Show respect and behave in accordance with code of professional practice.</p>	<p>Forensic Gynaecology Edited by Maureen Dalton. RCOG Press 2004</p> <p>Obtaining Valid Consent. RCOG 2004</p> <p>FSRH Service Standards on FSRH Service Standards on Obtaining Consent in Sexual Health Services. 2007</p> <p>DH Reference Guide to Consent for Examination or treatment. 2001</p> <p>FSRH Service Standards on Confidentiality 2009</p> <p>www.careandevidence.org (Website providing information and advice for professionals who come into contact with victims of sexual assault)</p>	
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<p>prophylaxis, and post-coital contraception.</p> <ul style="list-style-type: none"> • HIV testing in the context of sexual assault. • Mental health impact • Follow-up <p>Examination</p> <ul style="list-style-type: none"> • Role of systems examination • Role of body examination • Role of genital examination <p>Documentation</p> <ul style="list-style-type: none"> • Note writing • Photo documentation • Record of examination findings <p>Differing roles of:</p> <ul style="list-style-type: none"> • Professional witnesses • Expert witnesses <p>Police procedures in dealing with complainants of sexual assault</p> <p>Court system in jurisdiction in which the candidate practices</p> <p>Rape crisis support</p>	<ul style="list-style-type: none"> • Counselling • Paediatricians • Victim support • Youth services • Psychology <p>Give written arrangements for follow-up and details of local organisations/agencies to provide support</p>		<p>http://www.careandevidence.org/Assets/Care%20WITH%20SARC.pdf</p> <p>http://www.careandevidence.org/Assets/Care%20WITHOUT%20SARC.pdf</p> <p>http://www.careandevidence.org/Assets/SA_Referral.pdf</p> <p>BASHH guidelines www.bashh.org</p> <p>Guidelines on paediatric forensic examination in relation to possible child sexual abuse. The Royal College of Paediatrics and Child Health & Faculty of Forensic & Legal Medicine</p> <p>http://www.careandevidence.org</p>	
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			<p>rg/Assets/Evidence%20Collection.pdf</p> <p>Guidelines from Forensic Science Service</p> <p>Courses run by Faculty of Forensic & Legal Medicine www.fflm.ac.uk</p> <p>Observation, supervision and mentoring from expert FME</p> <p>Proformas and body diagrams published by The Havens, FFLM</p> <p>Forensic physicians as witnesses in criminal proceedings. FFLM 2009</p>	
Level descriptor GUM		Level descriptor CSRH		
1	Able to explain the management of sexual assault in adults, asks for advice/uses guidelines to manage cases	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Able to manage sexual assault in adults; asks for advice/uses guidelines for complex cases.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	

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3	Able to explain the chain of evidence and forensic examination of victims of sexual assault. Able to explain the management of sexual assault in children. Asks for advice/uses guidelines for complex cases.		
4	Able to explain chain of evidence and forensic examination of victims of sexual assault. Accurately elicits history, performs and interprets focussed clinical examination and manages victims of sexual assault in challenging circumstances.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)

25. Genital infections in pregnancy, the newborn, infants and children (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)

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

Knowledge	Skill	Behaviours	Training	Evidence
<p>Genital infections in pregnancy</p> <p>Explain the diagnosis, complications, treatment and management of sexually transmitted infections and other genital infections in pregnancy.</p> <p>Explain the diagnosis, complications, treatment and management of specific to of bacterial vaginosis, candida and group B streptococcus (GBS).</p> <p>National and local guidelines regarding referral and locally agreed referral pathways</p> <p>Explain prescribing in pregnancy and the puerperium in relation to STI treatment.</p>	<p>Genital infections in pregnancy</p> <p>Take a history, performs an examination, and obtains specimens.</p> <p>Is able to diagnose STIs and related conditions in pregnant women.</p> <p>Explain the diagnosis, implications for pregnancy and management clearly to the patient.</p> <p>Liaise with senior physicians and specialists for expert investigation and management when appropriate.</p> <p>Arranges partner notification when indicated</p>	<p>Demonstrate appropriate level of clinical decision making in daily clinical practice and is aware of limitations of own expertise.</p> <p>Work effectively in collaboration with and in liaison with physicians, health advisors, safeguarding team, health advisors, social services, obstetric team, midwives, GP and paediatricians, teachers, nursery staff and registered child minders and other specialities and departments</p> <p>Demonstrate safe prescribing practice of appropriate treatment in accordance with evidence-based guidelines and local protocols</p> <p>Displays tact, empathy, respect and concerns for patients and parents.</p>	<p>STIF <i>Advanced</i></p> <p>8.1 Management of STIs and related conditions in pregnancy</p> <p>Relevant BASHH, RCOG, and BHIVA guidelines, and the BNF</p> <p>Local protocols and Care pathways</p> <p>Attendance at course relevant to the subject</p>	<p>STIF <i>Advanced</i> Certificate</p>

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<p>Knows the risk of vertical transmission of STRIs and strategies to reduce the risks, and can explain this to patients.</p> <p>Genital infections in newborn, infants and children</p> <p>Explain the diagnosis, treatment and management of sexually transmitted pathogens in neonates and pre-pubertal children.</p> <p>Explain the multidisciplinary management of children with genital infections.</p> <p>National and local guidelines regarding referral and locally agreed referral pathways</p> <p>Know how to perform an examination and obtain specimens in conjunction with paediatricians.</p> <p>Explain the diagnosis and management to a child and/or parents/carers.</p> <p>Explain prescribing in children in relation to STI treatment</p> <p>Explain Fraser competence and vulnerability.</p>	<p>Communicate with GP and obstetric team as necessary.</p> <p>Genital infections in newborn, infants and children</p> <p>Take a relevant history from post pubertal children and gives explanations in a manner appropriate to their age.</p> <p>Communicate with and refers to other specialties and departments when appropriate.</p> <p>Asses Fraser competency and vulnerability.</p> <p>Discuss the law as regards sex with under 16s and under 18's and the limits of confidentiality.</p>	<p>Be non-judgemental.</p> <p>Be alert to the possibility of child sexual assault.</p> <p>Be alert to the possibility of intimate partner violence.</p>		
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Knowledge of signs indicting child sexual assault and knows how to liaise with child protection services/safeguarding team and refer.					
Level descriptor GUM			Level descriptor CSRH		
1	Explains the diagnosis and appropriate investigations for patient at risk of vertical transmitting of a sexually transmitted infection. Asks for advice and uses guidelines if managing cases.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation		
2	Can take history, examine and organise appropriate investigation for patient at risk of vertical transmission of sexually transmitted infection. Can communicate with other teams including primary care, obstetrics and neonatology.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support		
3	Can manage patient risk of vertical transmission of sexually transmitted infection including organising and interpreting complex investigations. Builds rapport and communicates information to patients and other clinical teams involved in patient care.				
4	Can independently assess the risk and develop clinical strategies to reduce vertical transmission of sexually transmitted infections including HIV and optimally reduce teratogenicity. Can build excellent rapport with the patient and other teams and explains risks and the intervention strategy.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)		

26. Infective causes of vulvovaginitis and balanitis (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>The epidemiology, aetiology and natural history of:</p> <ul style="list-style-type: none"> • C. albicans and other yeasts • bacterial vaginosis <p>The infective causes, differential diagnosis and management of genital itch/soreness, vulvovaginitis and balanitis.</p> <p>Describe underlying predisposition for infection such as diabetes mellitus, eczema or immunosuppression.</p> <p>Different laboratory methods of identification of bacteria, fungi and viruses that cause genital tract infection.</p> <p>The uses and limitations of the currently available tests, including near patient testing, antenatal and population screening</p>	<p>Take an appropriate history / risk assessment</p> <p>Perform appropriate clinical examination and investigations</p> <p>Perform appropriate microbiological and virology investigations (including skin scrapings) to investigate the common presentations and correctly interpret test results</p> <p>Adhere to locally agreed patient care pathways</p> <p>Diagnose and manage the following conditions, explaining clearly to the patient:</p> <ul style="list-style-type: none"> • infective causes of vulvovaginitis and balanoposthitis • vaginal discharge • urethritis (including non-gonococcal urethritis in men) 	<p>Demonstrate appropriate level of clinical decision making in daily clinical practice</p> <p>Demonstrate non-judgmental behaviour to all clients including respecting each client's sexual orientation and behaviour and behaves in accordance with code of professional conduct.</p> <p>Display tact, empathy, respect and concern for patients.</p> <p>Explain the diagnosis and management clearly to the patient</p> <p>Demonstrate an understanding of the psychological aspects</p> <p>Prescribe drugs as per local care pathways</p>	<p>STIF <i>Theory</i> Course</p> <p>BASHH STI/HIV Module 1</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.2 Female history</p> <p>CEX 1.3 Female examination</p> <p>CEX 1.4 Female sexual health promotion</p> <p>CEX 1.5 Tests & Diagnosis</p> <p>CEX 2.2 Male history</p> <p>CEX 2.3 Male examination</p> <p>CEX 2.4 Male sexual health promotion</p> <p>CEX 2.5 Tests & Diagnosis</p> <p>CEX 3.2 MSM history</p> <p>CEX 3.3 MSM examination</p>	<p>STIF <i>Theory (core and plus)</i> course Certificate or BASHH STI/HIV modules 1-2 Certificate</p> <p>STIF <i>Intermediate Certificate</i></p> <p>STIF <i>Advanced Certificate</i></p> <p>Certificates of courses attended</p>

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<p>Storage requirements for specimens and the logistics of transport of samples to laboratories</p> <p>Local referral care pathways, clinical guidance and multi-agency working and cross referrals for individuals with sexual health needs</p> <p>Health promotion and interventions related to infective causes of vulvovaginitis and balanitis</p>	<p>Assess and explain common management options for:</p> <ul style="list-style-type: none"> recurrent vulvo-vaginal candidiasis recurrent bacterial vaginosis contact dermatitis and lichen simplex psychosexual complications of STI or genital infections <p>Recognise, initiate immediate management and arrange appropriate referral for:</p> <ul style="list-style-type: none"> non-HSV causes of genital ulcers. genital dermatoses, such as lichen planus, lichen sclerosus <p>Demonstrate health promotion skills e.g. offer healthy living advice, smoking cessation</p> <p>Communicate with and refer to GPs and specialists in a timely way.</p>	<p>Works effectively in collaboration with physicians, health advisors and the wider MDT and liaison with other specialties and departments</p> <p>Make appropriate tertiary referrals</p>	<p>CEX 1.4 MSM sexual health promotion</p> <p>CEX 1.5 Tests & Diagnosis</p> <p>CEX 5.1 Management of vaginal discharge</p> <p>CEX 5.4 Management male urethral discharge</p> <p>STI <i>Advanced</i></p> <p>CEX 13V Recurrent VVC</p> <p>CEX 13B Recurrent BV</p> <p>CEX X Genital Dermatoses</p> <p>CEX X Balanitis</p> <p>CEX X Vaginitis</p> <p>BASHH Genital Dermatology Course</p> <p>Faculty guidance documents</p> <p>BASHH guidance documents</p> <p>StratO&G.com</p> <p>SIGN guidelines (Scotland)</p>	
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			<p>Public Health England</p> <p>DH Chlamydia screening programme (England) www.chlamydia-screening.nhs.uk</p> <p>Relevant national strategies for Sexual Health</p> <p>Local protocols and care pathways</p> <p>Faculty/BASHH/RCOG meetings</p> <p>Useful websites www.medfash.org.uk www.bashh.org.uk www.shastd.org.uk</p>	
Level descriptor GUM		Level descriptor CSRH		
1	Obtains accurate history and elicits the most important physical signs in patients with vulvovaginitis and balanitis.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	

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2	Obtains accurate history and elicits the most important physical signs in patients with balanitis in the context of the time available in outpatient clinic.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support
3	Elicits subtle findings and keeps the consultation focused on the most important issues.		
4	Rapidly and accurately perform focussed examination in difficult circumstances such as a newly diagnosed diabetes in a patient presenting with genital dermatosis.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)

27. Dermatology (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)				
<ul style="list-style-type: none"> To progressively understand common vulval and penile dermatological conditions and to know when to refer to primary care or dermatology. Recognise, diagnose and manage genital tract infections in both men and women Assess and manage genital tract infections in men who have sex with men, lesbian and transgender clients, in conjunction with appropriate colleagues Recognise and demonstrate an understanding of the psychological aspects of having an STI 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Describe the anatomy, embryology and physiology of the vulva, and its variation between prepubertal, reproductive and post-menopausal state.</p> <p>Describe the epidemiology, aetiology and national history of common dermatological conditions</p> <p>Explain the genital and extra-genital presentation and management of common vulval dermatological conditions, including vulval pain, psoriasis, dermatitis, lichen planus, lichen simplex chronic, lichen sclerosus, vulvodynia, drug reactions and fungal dermatoses.</p> <p>Explain the genital and extra-genital presentation and management of common penile dermatological conditions psoriasis, dermatitis, irritant balanitis, lichen planus, lichen sclerosus, Zoon's balanitis, drug reactions and fungal dermatoses.</p>	<p>Take an appropriate dermatological, general medical history / risk assessment</p> <p>Perform an appropriate clinical examination and accurately describe and document clinical findings</p> <p>Perform appropriate microbiological, virology and histological investigations (including a punch biopsy) to investigate the common presentations of genital dermatoses</p> <p>Interpret relevant results including histological reports asking for advice from histopathology if needed.</p> <p>Diagnose and manage the following conditions:</p> <ul style="list-style-type: none"> infective causes of vulvovaginitis and balanitis the common dermatological conditions 	<p>Explain the diagnosis and management clearly to the patient</p> <p>Be sensitive to the psychosexual impact of genital skin problems and offer referral to psychosexual therapist.</p> <p>Prescribe drugs as per local care pathways</p> <p>Demonstrate appropriate level of clinical decision making in daily clinical practice</p> <p>Demonstrate respect and non-judgmental behaviour to all clients including respecting each client's sexual orientation and behaviour in accordance with code of professional conduct</p> <p>Work effectively in conjunction with colleagues and in liaison with other specialties and departments.</p>	<p>STIF <i>Theory</i> Course</p> <p>BASHH STI/HIV course modules 1 - 4</p> <p>STIF <i>Intermediate</i></p> <p>CEX 1.2 Female history</p> <p>CEX 1.3 Female examination</p> <p>CEX 1.4 Female sexual health promotion</p> <p>CEX 1.5 Tests & Diagnosis</p> <p>CEX 2.2 Male history</p> <p>CEX 2.3 Male examination</p> <p>CEX 2.4 Male sexual health promotion</p> <p>CEX 2.5 Tests & Diagnosis</p> <p>CEX 3.2 MSM history</p> <p>CEX 3.3 MSM examination</p>	<p>STIF <i>Theory (core and plus)</i> course Certificate or BASHH STI/HIV Certificate</p> <p>STIF <i>Intermediate Certificate</i></p> <p>STIF <i>Advanced Certificate</i></p> <p>Certificates of courses attended</p>

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<p>Describes the history and special features suggestive of genital skin pre-malignancy and cancer.</p> <p>Describe the history and special features suggestive of genital pain syndromes.</p> <p>Different laboratory methods of identification of the common dermatological conditions.</p> <p>Describe the local referral and care pathways and clinical guidance for multidisciplinary working</p> <p>The National Screening Programmes (England) or other national equivalents</p> <p>Specific health and wellbeing needs of clients with genital dermatological conditions e.g. mental health issues, alcohol, recreational drug use and smoking.</p> <p>Health promotion and interventions specifically aimed at risk reduction in high risk behaviour groups.</p>	<p>Assess and explain common management options for:</p> <ul style="list-style-type: none"> • recurrent vulvo-vaginal candidiasis • recurrent bacterial vaginosis • contact dermatitis and lichen simplex • psychosexual complications of genital dermatosis <p>Recognise, initiate immediate management and arrange appropriate referral for:</p> <ul style="list-style-type: none"> • non-HSV causes of genital ulcers. • syphilis • sexually acquired reactive arthritis (SARA or Reiter's syndrome) • genital dermatoses, such as lichen planus, lichen sclerosus • Understand principles underlying the management of the vulval pain and pruritus vulvae. • Refer to dermatologists as necessary, with timely specialist referral for suspected cancer. • Counsel a patient on the use of tropical treatments on the vulva. • Adhere to locally agreed patient care pathways <p>Demonstrate health promotion skills e.g. offer healthy living advice, smoking cessation</p>	<p>Understands the multidisciplinary approach required for some patients with complicated genital disease. (Know when to refer to dermatology, gynaecology, sexual therapy, pain management, physiotherapy).</p> <p>Make appropriate tertiary referrals</p>	<p>CEX 1.4 MSM sexual health promotion</p> <p>CEX 1.5 Tests & Diagnosis</p> <p>CEX 5.1 Management of vaginal discharge</p> <p>CEX 5.4 Management male urethral discharge</p> <p>STIF <i>Advanced</i></p> <p>CEX 13 Recurrent VVC</p> <p>CEX 13 Recurrent BV</p> <p>CEX Genital Dermatoses</p> <p>CEX Balanitis</p> <p>CEX Vaginitis</p> <p>BASHH Genital Dermatology Course</p> <p>Faculty guidance documents</p> <p>BASHH guidance documents</p> <p>StratO&G.com</p> <p>SIGN guidelines (Scotland)</p>	
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			<p>Public Health England</p> <p>DH Chlamydia screening programme (England) www.chlamydia-screening.nhs.uk</p> <p>Relevant national strategies for Sexual Health</p> <p>Local protocols and care pathways</p> <p>Faculty/BASHH/RCOG meetings</p> <p>Useful websites www.medfash.org.uk www.bashh.org.uk www.shastd.org.uk</p>	
Level descriptor GUM		Level descriptor CSRH		
1	Knows when to ask for advice about genital dermatological conditions.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Knows when to refer genital dermatological conditions to dermatology or primary care.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3	Can diagnose and treat some simple genital dermatoses.			

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4	Can perform punch biopsy, fungal scrapings, diagnose and treats all the simple genital dermatoses and makes timely referral for suspected cancers. Recognises and manages or refers genital pain syndrome.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)
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Contraception and gynaecology domain

28. Contraception (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>Know the mode of action, indication, contraindications, side effects and complications of all methods of reversible and irreversible contraception; oral and transdermal oestrogen containing hormonal contraception, oral, injectable and subdermal progestogen only hormonal contraception, intrauterine contraception, fertility awareness-based methods, barrier methods and sterilisation procedures and:</p> <ul style="list-style-type: none"> • their mode of action and efficacy • their indications, contraindications, complications and uncertainties • emerging methods <p>Understand the methods, mode of action and indications for emergency contraception.</p> <p>Understand the insertion and removal procedures for subdermal implants and intrauterine methods.</p>	<p>A targeted history is taken in relation to contraceptive and sexual health needs and risk assessment in clients</p> <p>A targeted history is taken in relation to contraceptive and sexual health needs and risk assessment in clients with complex medical and social problems</p> <p>Explore reasons for not using contraception.</p> <p>Discuss and compare methods of reversible contraception, their advantages, interactions with other medication/non-prescribed products and side effects with patients.</p> <p>Provides method specific information and counselling about all contraceptive options (reversible, irreversible and emergency)</p> <p>Explain the principles of natural fertility control, its efficacy and the use of fertility devices.</p> <p>Prescribe/teach use of and monitoring of contraception including barrier methods, oestrogen containing hormonal contraception,</p>	<p>Works in partnership with other health and social agencies and the public and their representatives e.g.; GUM specialists, General practice, Secondary care, social workers, counsellors, voluntary sector/self-help groups, police, interpreters, patient advocates</p> <p>Appreciates the importance of psychological factors in sexual health.</p> <p>Display tact, empathy, respect and concern for patients.</p> <p>Show respect for different religious and cultural values.</p> <p>Be skilled at promoting use of contraception.</p>	<p>DFSRH</p> <p>LoC Subdermal Implants</p> <p>LoC Intrauterine Techniques</p> <p>FSRH Clinical Effectiveness Unit guidance documents http://www.fsrh.org/</p> <p>StratOG.net: Sexual and Reproductive Health</p> <p>National Sexual Health Strategies for the four UK countries</p> <p>FSRH Clinical Standards</p>	<p>DFSRH Certificate</p> <p>LoC SDI Certificate</p> <p>LoC IUT Certificate</p>

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<p>Know how to manage impalpable implants.</p> <p>Be aware of methods to address contraceptive needs of individuals with complex medical and social problems.</p> <p>Understand barriers to effective use of contraception and strategies for overcoming this.</p> <p>Evidence based guidelines for contraception</p> <p>The sexual healthcare needs of young people</p> <p>The sexual healthcare needs of vulnerable adults</p> <p>The local care pathways for multi-agency working to provide comprehensive services and cross referrals for individuals with sexual health needs and other health and wellbeing needs.</p> <p>The multi-disciplinary team working practices.</p> <p>Explain the legal situation with regard to therapeutic abortion, indications and available methods in the UK.</p>	<p>oral and injectable progestogen hormonal contraceptives.</p> <p>Prescribe emergency contraception.</p> <p>Assess and prepare patient being referred for subdermal implant or intrauterine contraception.</p> <p>Manages complications secondary to all methods of contraception including failure of methods and women with bleeding problems whilst using hormonal contraceptives.</p> <p>Formulates and implements a management plan</p> <p>Performs the following clinical procedures:</p> <ul style="list-style-type: none"> • Administers injectable contraception • Insertion of intrauterine contraception • Insertion of intrauterine contraception when a local anaesthetic block and cervical dilation is required • Removal of intrauterine contraception including those with 'lost threads' • Insertion of contraceptive implant • Removal of contraceptive implant <p>Refers patients according to local pathways:</p> <ul style="list-style-type: none"> • For ultrasound examination to localise the position of an IUD / 	<p>Adheres to Fraser Competence Guidelines</p> <p>Adheres to guidance for vulnerable adults</p> <p>Works in a multi-disciplinary sexual health team whose principles encompass:</p> <ul style="list-style-type: none"> • adherence to evidence-based practice • the need to respect men and women's rights, dignity and confidentiality • the need to respect cultural and religious beliefs as well as sexual diversity • valuing the training and skills of all professional team members e.g. nurses, pharmacists and non-healthcare workers 	<p>Guidance documents</p> <p>http://www.fsrh.org/</p> <p>UK Medical Eligibility Criteria and Selected Practice Recommendations</p> <p>RCOG Clinical Governance Advice no 7. Presenting information on risk and other guidance documents</p> <p>www.rcog.org.uk</p> <p>FSRH Annual Scientific Symposia and Current Choice meetings</p> <p>Regional and national Contraception Updating courses</p> <p>NICE guidelines</p> <p>http://www.nice.org.uk/</p> <p>International Planned Parenthood Federation</p> <p>http://www.ippf.org/en/</p>	
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	<p>IUS and a deep contraceptive implant</p> <ul style="list-style-type: none"> • For removal of a deep contraceptive implant or IUD / IUS <p>Ability to apply evidence-based guidelines to clinical practice</p> <p>Recognises and manages the sexual and social healthcare needs of young people e.g. impact of drugs, alcohol, education, lifestyle</p> <p>Recognises and manages the sexual healthcare needs of vulnerable groups eg asylum seekers, commercial sex workers, drug users and prisoners, individuals with disabilities</p> <p>Delivers all methods of contraception through a multi-disciplinary sexual health team.</p> <p>Refer to other agencies as required.</p>		<p>GMC http://www.gmcuk.org/guidance/ethical guidance/consent guidance index.asp</p> <p>International Planned Parenthood Federation http://www.ippf.org/en/</p> <p>Medical Foundation for HIV and Sexual health medfash.org.uk</p> <p>Teenage pregnancy http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/teenagepregnancy/teenagepregnancy/</p> <p>British Andrology Society http://www.britishandrolgy.org.uk/</p>	
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Level descriptor GUM		Level descriptor CSRH	
1	Always takes a contraception history from heterosexual and bisexuals.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation
2	Understands and explains methods of contraception.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support
3	Is able to prescribe most contraception methods. Assesses and prepares women being referred for insertion or removal of subdermal implants and intrauterine contraception.		
4	Fits subdermal implants. Facilitates use of contraception in individuals with complex medical or social issues.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)

29. Pregnancy (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>Early pregnancy care</p> <ul style="list-style-type: none"> • Epidemiology, aetiology, pathogenesis and clinical features of miscarriage • Epidemiology, aetiology pathogenesis and clinical features of ectopic pregnancy • Epidemiology, aetiology, pathogenesis and clinical features of pregnancy of unknown location • Epidemiology, aetiology, pathogenesis and clinical features of trophoblastic disease • The role of ultrasonographic (transabdominal and transvaginal) and biochemical assessment of early pregnancy • Can explain the surgical, medical and conservative management of miscarriage • Can explain the nonsurgical management of ectopic pregnancy <p>Antenatal care</p> <ul style="list-style-type: none"> • Preconception care • Purpose and practice of antenatal care • Recognition of domestic violence • Problems of young pregnancy • Awareness of the factors which may affect pregnancy (e.g. drug and alcohol misuse) • Bacteriuria and urine infections in pregnancy • Can explain the normal management of normal pregnancy, birth and puerperium 	<p>Early pregnancy care</p> <ul style="list-style-type: none"> • Clinical assessment of miscarriage and ectopic pregnancy and pregnancy of unknown location • Refers for ultrasonographic (transabdominal and transvaginal) and biochemical assessment of early pregnancy (e.g. with possible ectopic pregnancy) • Develops a management plan (with the support of colleagues where necessary) • Refers for more complex or detailed evaluation with ultrasound or other imaging techniques • Can explain the surgical, medical and conservative management of miscarriage • Can explain the nonsurgical management of ectopic pregnancy • Refers/signposts pregnant women to local services <p>Antenatal care</p> <ul style="list-style-type: none"> • Undertake pregnant and non-pregnant abdominal examination • Take routine obstetric history and make relevant referral in cases of domestic violence, drug/alcohol misuse • Awareness of antenatal education and the role of midwives and physiotherapists. <p>Post-partum care</p> <ul style="list-style-type: none"> • Advises on and prescribes appropriate postpartum contraception 	<p>Early pregnancy care</p> <ul style="list-style-type: none"> • Demonstrates the ability to communicate findings and management plans effectively with patients and relatives, and confirms their understanding. • Breaks bad news, appreciates and describes the possible long-term consequences for the woman in a sensitive manner <p>Antenatal care</p> <ul style="list-style-type: none"> • Refers to hospital and community midwives and other health professional to optimise antenatal care • Demonstrates an ability to explain current advice on lifestyle and precautions that may be taken pre-conception/periconception to reduce the risk of neural tube defects, fetal infection and discuss inherited risks of chromosomal and genetic diseases with those planning a pregnancy • Demonstrates the skills to enable a woman to make informed choices around pregnancy and childbirth and encourages her active participation in the decision-making, involving her partner and family where this is appropriate. • Show awareness of the need to identify and deal with domestic violence and have a working knowledge of child protection issues as they relate to obstetrics 	<p>Clinical observation by trainee of trainers</p> <p>Clinical training of trainee by trainers</p> <p>Self-directed learning</p> <p>Clinical visits to maternity services</p> <p>RCOG guidance documents www.rcog.org.uk</p>	<p>Reflection</p>

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<ul style="list-style-type: none"> Has an awareness of and can explain the common abnormalities in pregnancy (e.g. placental, hypertension, multiple pregnancies, congenital malformation etc) Awareness of antenatal education and the role of midwives and physiotherapists. <p>Intra-partum care</p> <ul style="list-style-type: none"> Can explain the basic mechanisms of normal Can explain the basic mechanism of spontaneous vaginal delivery <p>Post-partum care</p> <ul style="list-style-type: none"> Can explain the normal postpartum period Can explain the common postpartum complications as they may related to sexual health presentations Knowledge of appropriate postpartum contraception Knowledge of the impact of problems in pregnancy on sexual function (e.g. 3rd degree tear) 	<ul style="list-style-type: none"> Advises on the impact of problems in pregnancy on sexual function (e.g. 3rd degree tear) 	<ul style="list-style-type: none"> Identifies infections in pre-conception care and liaises with colleagues as appropriate. Awareness of trans men who are pregnant <p>Post-partum care</p> <ul style="list-style-type: none"> Understands the roles of other healthcare professionals during the puerperium (e.g. community midwives, social workers, psychiatrists, physiotherapists) Aware of Breastfeeding Initiatives Displays empathy with women with puerperal problems, and their families 		
Level descriptor GUM		Level descriptor CSRH		
1		1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2		2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3				
4		3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

30. Unplanned pregnancy and abortion care (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)

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

Special consideration for Abortion Care:

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

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>Unplanned pregnancy</p> <p>Explain the biochemistry and sensitivity of different pregnancy tests</p> <p>Explain different attitudes to unplanned pregnancy being aware of different religions, ethnic and cultural groups</p> <p>Explain the risk factors associated with unplanned pregnancy</p> <p>To manage and lead a community-based service following different aspects of integrated care pathways for unplanned pregnancy</p>	<p>Unplanned pregnancy</p> <p>Identify distress, overtly and, covertly however shown offering support and specialist counselling as required</p> <p>Explore and discuss involving any partners, carers or friends</p> <p>Explore how the woman feels upon receiving the result of the pregnancy test. Time to reflect or referral for care.</p> <p>Explain her options, adoption; referral into maternity services; specialist maternity care for under 18's or abortion.</p>	<p>Unplanned pregnancy</p> <p>Be aware and identify distress, overtly and covertly displayed: support and offer specialist counselling as per local care pathway at every stage in the clinical episode</p> <p>Involve supporting partner/ carer/ friend appropriately irrespective of personal beliefs, treat the woman with honesty and respect at all times</p> <p>Recognise high risk clinical situations and manage appropriately</p> <p>At every stage in the pathway, share discussion/decision making with the woman, if necessary using independent interpreting service/ providing whatever required to overcome any disability e.g. signing for the deaf</p> <p>Sensitively, accurately and non-directively counsel about options available and associated health issues</p>	<p>FSRH / RCOG Theory course in Abortion Care</p> <p>Counselling skills course</p> <p>Clinical observation by trainee of trainers</p> <p>Clinical training of trainee by trainers</p> <p>Self-directed learning</p> <p>RCOG Clinical Guidance Documents: Abortion</p> <p>Recommended standards for sexual health services; MedFASH 2005</p> <p>WHO Guidance – Safe abortion: technical and policy guidance for health systems. WHO 2012</p>	<p>Reflection</p> <p>Certificates of courses attended</p>

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<p>Know the local pathways of ante natal care for women wishing to continue their pregnancy or to proceed with adoption</p> <p>At each stage of the clinical consultation know the local referral procedures and pathways of care when pregnancy is secondary to sexual assault.</p> <p>Abortion care</p> <p>Explain the legal and ethical issues of abortion</p> <p>Explain the epidemiology of abortion on a local and global level</p> <p>Explain the medico-legal aspects of abortion care including consent, information given, legal rights of partner/parent, sexual offences Acts. Local safeguarding and vulnerable adult guidelines policies.</p> <p>Explain the normal development of an embryo and fetus in conjunction with Ultrasound images in early pregnancy to include failed pregnancy retained products of conception, ectopic pregnancy molar pregnancy and correlation with HCG levels</p>	<p>Ensure expeditious referral to colleague if abortion requested and personal conscientious objection to the procedure</p> <p>Undertake a full clinical history ensuring gestation is clarified with clinical assessment, if required</p> <p>Ensure all risk factors are assessed and fast track as necessary to other members of the multi-disciplinary team, for example, safeguarding children, vulnerable adults, non-gender-based violence, late presentation of pregnancy significant medical conditions, poor mental health, sexual health, disability and language cultural differences.</p> <p>Emergency referral to gynaecology department if clinical suspicion of ectopic pregnancy (pain, bleeding, history)</p> <p>Provide written and verbal information on what to expect re appointments, therapeutic options, procedures</p> <p>Discuss initiation and if possible supply post-procedure contraception /condoms for sexual safety</p> <p>Provide contact details if any problems/ queries arise before the next step in pathway</p> <p>Clarify how to access counselling / support in the short and long term</p> <p>Ensure concise contemporaneous and accurate documentation of the care given and planned future care</p>	<p>Respect right to confidentiality and know when this can be broken e.g. safeguarding children.</p> <p>Explain the factors that might lead to the need to breach confidentiality – e.g. patient safety</p> <p>Explore the woman’s social support, encouraging parental / carer involvement where patient under 16 years old</p> <p>Assess for need of involvement of Safeguarding Children team or a vulnerable adult and follow local policy and procedures</p> <p>Respect religious and cultural diversity and beliefs</p> <p>Ensure woman/ carer knows who/ how to contact in an emergency (24-hour helpline availability)</p> <p>Discuss sexual and reproductive healthcare following abortion</p> <p>Antenatal and postnatal care – follow up</p> <p>Abortion care</p> <p>Demonstrates excellent communication skills. Ensuring appropriate personal language and behaviour, recognising the need for interpreters when required.</p> <p>Display respect, tact and empathy. Practice with courtesy, compassion and professionalism, acknowledging clinician-patient partnership.</p>		
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<p>Explain routine blood tests and STI screening pre-abortion</p> <p>Explain pharmacology of drugs used within the abortion pathway</p> <p>Explain different methods of abortion, medical and surgical at different gestations including methods and factors influencing choice of procedure.</p> <p>Explain factors leading to late and repeat abortion.</p> <p>Explain late abortion and feticide, issues around fetal abnormality and the sensitive disposal of fetal remains; management of fetal tissue following sexual assault.</p> <p>Explain potential adverse effects of abortion and management of complications both immediate and delayed.</p> <p>Explain referral to other organisations for appropriate follow up as required for ongoing care</p> <p>Know and explain the local pathways of care for abortion in the charitable / private sector and the NHS.</p>	<p>Abortion care Undertake a pre-abortion clinical history and complete a risk assessment to include</p> <p>Physical assessment including significant medical conditions (Psychological, Social, Safeguarding children, vulnerable adult, Future contraception</p> <p>Sexual health assessment)</p> <p>Perform appropriate clinical examination approximate gestation</p> <p>Order routine laboratory tests including sexual health screening and Ultrasound scan if required</p> <p>Manage outcomes as necessary with partner notification.</p> <p>Follow up unexpected findings, e.g. miscarriage ectopic pregnancy as per local guidelines</p> <p>Explain clearly and openly treatment regimes, potential side effects of drugs and complications of procedures</p>	<p>Recognises the hidden agenda/unvoiced concerns (conscious and unconscious) in consultations, taking into account sensitivities of patients such as those with learning difficulties or after sexual assault.</p> <p>Aware of patient dignity.</p> <p>Respect patient confidentiality. Discuss factors that might lead to the need to breach confidentiality.</p> <p>Be non-judgemental.</p> <p>Identify distress, overtly and covertly displayed: support and offer specialist counselling as per local care pathway at every stage in clinical care</p> <p>Recognises the hidden agenda/unvoiced concerns (conscious and unconscious) in consultations, considering sensitivities of patients such as those with learning difficulties or after sexual assault.</p>		
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<p>Know and understand local agencies for women who may need support involved in domestic violence or cases of sexual assault</p> <p>Know and explain local and national best commissioning practice and the Care Quality Commission criteria for best abortion care</p> <p>Knowledge of agencies providing support for women suffering domestic violence or who have been sexually assaulted</p>	<p>Refer woman to appropriate care pathway locally</p> <p>Ensure informed consent implementing local policy regarding any safeguarding needs identified.</p> <p>Provide appropriate written information language – arrange interpreter/signer if required</p> <p>Prescribe drugs required for chosen procedure including local antibiotic prophylaxis policy/contraception as per local care pathway.</p> <p>Complete records - refer to doctor for signing HSA1 form</p> <p>Recognise the role and skills of the multidisciplinary team in the provision of comprehensive abortion services</p> <p>Manage any complications arising, bleeding, infection, retained products of conception, ongoing pregnancy, emotional distress</p> <p>Discuss and arrange ongoing care through local networks and care pathways.</p>			
Level descriptor GUM		Level descriptor CSRH		
1	Trainee shows tact empathy and understanding of unplanned pregnancy. Trainee knows when to ask for advice about unplanned pregnancy and abortion.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	

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2	With senior support can assess individual cases and refer if necessary to other members of multi-disciplinary team for review. Knows when to refer to abortion services.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support
3	With senior support is able to refer to clinical care abortion services following full review of each presenting case. Can assess different aspects of care and respond to emergency situations.		
4	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications).	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)

31. Gynaecology (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)				
<ul style="list-style-type: none"> • Knowledge, skills and attitudes to diagnose and manage common gynaecological problems • To progressively understand the causes of acute and chronic pelvic pain • To recognise and appropriately refer gynaecological problems such as abnormal bleeding, infertility, endometriosis and emergencies, working within local protocols 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Basic science (anatomy and physiology) related to gynaecology</p> <p>Explain the diagnosis and management of disorders of menstruation including dysmenorrhoea, amenorrhoea, menorrhagia, intermenstrual and post-coital bleeding.</p> <p>Explain the causes of both acute and chronic pelvic pain, including non-gynaecological causes.</p> <p>Explain the diagnosis, normal phenomena and management of adverse symptoms caused by the menopause.</p> <p>Explain the common causes of and approaches to diagnosis and treatment of infertility and sub fertility including in HIV positive patients.</p> <p>Explain the following disorders of early pregnancy – interpretation of bleeding in early pregnancy; ectopic pregnancy; trophoblastic tumours; risk and treatment of infections.</p>	<p>Takes comprehensive history and examines patients attending an integrated sexual health service presenting with common gynaecological disorders</p> <p>Takes comprehensive history, examines and refers (as per local guidelines) patients presenting with issues with fertility</p> <p>Recognises, investigates counsels and plans initial management of premalignant conditions of:</p> <ul style="list-style-type: none"> • cervix • endometrium • vulva <p>Recognises abnormalities within limits and referral to colposcopy , investigates, counsels and plans initial management or appropriate referral for carcinoma of:</p> <ul style="list-style-type: none"> • cervix • endometrium • ovary • vulva • vagina <p>Refers women with urogynaecological and pelvic floor problems appropriately for assessment investigations and discussion/ counselling of treatments and outcomes.</p>	<p>Displays tact, empathy respect and concerns for patients whilst showing respect for woman's dignity and confidentiality including the importance of psychological factors for patients</p> <p>Demonstrates the ability to communicate prognosis and counsel women sensitively about the options available</p> <p>Recognises the need for appropriate referral for more complex or detailed evaluation with ultrasound or other imaging techniques</p> <p>Demonstrates an understanding of the use appropriate referral pathways and local protocols if abnormal findings suspected</p> <p>Liaises with colleagues in other disciplines where required</p> <p>Understand the role of and the differences in training of physicians and other health professionals.</p>	<p>STIF <i>Intermediate</i> CEX1.2 Female sexual history CEX 1.3 Female examination CEX1.5 Tests and diagnosis CEX10.4 FGM</p> <p>STIF <i>Advanced</i> CEX 9.1 PID CEX 10.1 management of the abnormal cervix CEX 10.2 Bimanual pelvic examination CEX X Gynaecology</p> <p>DFSRH Assessment 5</p> <p>Cervical cytology sampling course</p> <p>StratOG.net: Gynaecological Problems e-tutorials</p> <p>Supervised clinical sessions</p> <p>Specific courses and academic meetings</p> <p>Multidisciplinary vulval clinics</p> <p>Menstrual disorders clinics 6.</p> <p>Local and regional courses in paediatric gynaecological</p>	<p>STIF <i>Intermediate</i> Certificate</p> <p>STIF <i>Advanced</i> Certificate</p> <p>DFSRH Certificate</p> <p>Certificates of courses attended</p>

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<p>Explain the expected and normal phenomena of middle and late pregnancy in order to appropriately refer women with abnormalities.</p> <p>Explain the simple classifications of common benign and malignant cysts and tumours of the ovaries and outlines the approach to diagnosis.</p> <p>Recognise early symptoms and signs of endometrial and cervical neoplasia.</p> <p>Explain the causes of dyspareunia.</p> <p>Is aware of the presentations of complications of female genital mutilation (FGM), the barriers to disclosure and where to refer.</p>	<p>Be aware of the national continence policy.</p> <p>Refer women with gynaecological, menopausal or obstetric problems appropriately; stabilises and safely transferring emergencies.</p> <p>Manage both acute and chronic pelvic pain either within the GUM department or by referral to primary or secondary care, instigating appropriate investigations/treatments.</p> <p>Recognises genital prolapse.</p> <p>Recognise, investigate and manage dyspareunia/</p> <p>Uses near patient pregnancy tests.</p> <p>Detects and refers women with fertility issues.</p>		<p>problems and disorders of puberty</p> <p>RCOG guidance documents e.g. female genital mutilation, polycystic ovarian syndrome, endometriosis, initial management of chronic pelvic pain www.rcog.org.uk</p> <p>NICE guidelines e.g. heavy menstrual bleeding</p>	
Level descriptor GUM		Level descriptor CSRH		
1	After eliciting the most important positive and negative indicators of diagnosis, ask for advice on management. Recognises emergency presentations.	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Able to manage or appropriately refer women presenting with uncomplicated gynaecological problems.	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	

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3	Recognises and refers in a timely manner when cancer is a differential diagnosis.		
4	Able to manage or appropriately refer women presenting with gynaecological or obstetric problems. Recognises and stabilise for transfer women presenting with emergency gynaecological and obstetric problems.	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)

32. Menopause and PMS (ACP capabilities 1.2, 1.3, 1.6, 1.7, 1.8, 1.11)				
<ul style="list-style-type: none"> To develop the knowledge, skills and attitudes to assess and manage, including referral women presenting with the menopause To develop the knowledge, skills and attitudes to assess and manage, including referral women presenting with pre-menstrual syndrome 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Explain the diagnosis, normal phenomena and management of adverse symptoms caused by the menopause</p> <p>Explain and define the menopause</p> <ul style="list-style-type: none"> Spontaneous Surgical Premature <p>Explain the physiology epidemiology and demography of the menopause including</p> <ul style="list-style-type: none"> Endocrine changes Fertility and contraceptive needs Aetiology of ovarian failure Genetics <p>Know the pathophysiology of the menopause and understand and explain</p> <ul style="list-style-type: none"> Vasomotor effects Connective tissue effects Urogenital atrophy 	<p>Undertake an appropriate clinical history and lifestyle assessment</p> <p>Undertake a clinical examination relating to the menopause</p> <p>Explain possible differential diagnosis</p> <p>Explain premature menopause, counsel and manage the condition – refer to physician for high risk women with co-existing medical conditions</p> <p>Undertake and assess symptom based visual analogue scores and quality-of-life questionnaires</p> <p>Undertake basic psychological evaluation</p> <p>Undertake cognitive assessment</p> <p>Take a sexual history including details of dyspareunia, loss of libido,</p>	<p>Demonstrate an empathetic approach to the patient ensuring good communication and consultation skills</p> <p>Be aware of different ethnic and cultural issues around the menopause demonstrating tact and respect</p> <p>Ensure up to date knowledge with recent advances in menopausal management care and treatments applying research knowledge to individual patient care.</p> <p>Explain and refer to psycho sexual counselling as required women presenting with sexual problems during the menopause</p>	<p>Specialist Menopause Clinics</p> <p>Observation and discussion with senior medical staff and team</p> <p>Interactive tutorials</p> <p>Menopause / Postreproductive Health courses such as Faculty or RCOG 5. RCOG guidance documents www.rcog.org.uk</p> <p>BMS website and Handbook</p> <p>Recent journal and literature review</p> <p>Personal study</p>	<p>Reflection</p> <p>Supplementary</p> <p>Certificates of courses attended</p>

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

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<p>Explain pre-disposing factors associated with the disease e.g. Obesity, diabetes high blood pressure</p>	<p>Discuss risks of VTE with HRT and identify and refer high risk women with co-existing medical disease</p> <p>Discuss and explain potential benefits of HRT e.g. symptom relief, osteoporosis and other possible benefits</p> <p>Discuss and explain risks associated with HRT e.g. breast, VTE, endometrial</p> <p>Discuss potential benefits and risks of alternative treatments e.g. pharmaceutical and complementary therapies</p> <p>Undertake a clinical history and lifestyle assessment regarding premenstrual syndrome</p> <p>Offer general health and lifestyle advice</p> <p>Explain and discuss a daily symptom diary charts</p> <p>Undertake a basic psychological evaluation</p>			
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	Explain the possible aetiologies of PMS			
	Discuss the various treatment options for PMS			
Level descriptor GUM		Level descriptor SRH		
1		1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2		2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3				
4		3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

HIV (part 2) domain

33. HIV epidemiology, natural history and general management of HIV 1 and HIV 2 infection (ACP capabilities 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 2.9, 4.3, 4.4)

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>HIV 1 and 2 epidemiology, UK and global</p> <p>Describe and explain:</p> <ul style="list-style-type: none"> • HIV prevalence and incidence • Spread of HIV infection, modes of HIV transmission and risks of acquisition <p>HIV natural history</p> <p>Describe, define and explain the categorisation and prognosis of the stages of HIV infection including:</p> <ul style="list-style-type: none"> • Primary HIV infection (PHI), clinical latency and disease progression and prognosis • Asymptomatic and symptomatic HIV infection and AIDS <p>HIV management</p> <p>Describe the presentation, diagnosis, investigation, use of surrogate markers</p>	<p>HIV 1 and 2 epidemiology, UK and global Describe HIV and HIV-related opportunistic infection control strategies based on UK datasets</p> <p>HIV disease progression</p> <p>Explain clearly to a patient:</p> <ul style="list-style-type: none"> • The stages of HIV infection and their presentation, diagnosis, investigation, use of laboratory markers (CD4 cell count, HIV viral load), management, treatment, monitoring and prognosis. • The impact of ART on HIV disease progression and the current prevalence and incidence of diseases and conditions associated with HIV infection, including the consequences of immune restoration 	<p>HIV Team working: Work collaboratively with HIV epidemiology and HIV laboratory investigative services</p>	<p>BASHH STI/HIV module HIV</p> <p>Epidemiology and Public Health Reports (e.g. Public Health England)</p> <p>NHIVNA <i>Advanced</i> CEX 21 Assess health and well-being needs of a HIV-positive patients CEX 22 Triage and assessment CEX 23.1 Supporting people taking ARV medication CEX 23.2 ARV medication: Adherence, resistance, interactions CEX 24 Routine monitoring for clinically stable patients CEX 28.1 Identifying psychological and emotional issues facing people living with HIV CEX 28.3 Assessment and support (newly diagnosed with HIV) CEX 29.1 working in partnerships including clinical</p>	<p>BASHH STI/HIV module 4 Certificate</p> <p>Reflection</p> <p>NHIVNA <i>Advanced certificate</i></p>

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<p>(CD4 cell count, HIV viral load), management, treatment, monitoring of HIV infection with regard to the stages of HIV infection</p> <p>Describe the use of the CD4 cell count to delineate differential diagnoses in those with symptoms</p> <p>Describe and explain the signs of clinical deterioration in HIV infection and best management practice according to national guidelines</p>			<p>networks and multidisciplinary working</p> <p>CEX 30.1 Women living with HIV</p> <p>CEX 30.2 Getting older with HIV</p> <p>CEX 30.3 Young people and adolescents living with HIV</p> <p>CEX XX.X Assessment and referral of primary HIV infection</p>	
Level descriptor GUM		Level descriptor SRH		
1	<p>Describes up-to-date local, UK and global epidemiology</p> <p>Has knowledge of the clinical stages of HIV including PHI, clinical latency and advanced HIV infection/AIDS.</p>	1	<p>Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation</p>	
2	<p>Uses CD4 count monitoring to assess HIV stage and explains the use of CD4 in determining treatment strategies and its use in management of symptomatic individuals</p> <p>Identifies the clinical syndrome of PHI and demonstrates importance in reducing risks of onward transmission and partner notification. Institutes PCP prophylaxis where appropriate</p>	2	<p>The trainee is capable of performing the task or managing the clinical problem but with senior support</p>	
3	<p>Outlines the importance of vaccination, the use of primary and secondary prophylaxis and screening for opportunistic infection especially in those with low CD4 counts</p> <p>Manages selective clinical information sharing concerning patients who do not want a letter disclosing HIV status or care sent to their GP</p>			
4	<p>Recommends appropriate vaccination for people living with HIV according to guidelines and describe when and which vaccines are contraindicated.</p> <p>Institutes prophylaxis in those with very advanced immunosuppression.</p>	3	<p>To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)</p>	

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	<p>Supports and implements infection control policies specific to HIV or HIV-related opportunistic infections.</p> <p>Presents clinically and ethically challenging HIV cases to the MPT and leads the discussion to seek resolution.</p>		
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34. Complications of HIV (ACP capabilities 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.11, 2.9, 4.3, 4.4)				
<ul style="list-style-type: none"> To assess and manage individuals with complications of HIV disease relating to different organ systems and disease manifestations. To assess and manage patients with and at risk of AIDS and non-AIDS defining malignancies, infections and other conditions e.g. immune reconstitution inflammatory syndrome (IRIS) 				
Knowledge	Skills	Behaviours	Training	Evidence
<p>Epidemiology, clinical presentation, investigation and management of systems complications in HIV positive individuals.</p> <p>Describe and explain:</p> <ul style="list-style-type: none"> How the systems' complications differ from HIV-negative individuals The role of immunosuppression. <p>Complications of HIV disease relating to different organ systems</p> <p>Describe and explain the epidemiology, clinical presentation, investigation and management of organ complications in HIV including:</p> <ul style="list-style-type: none"> Respiratory disease, (including lymphocytic interstitial pneumonia) Cardiovascular disease, including cardiomyopathy, ART and cardiovascular risk assessments Renal disease, including HIV associated nephropathy (HIVAN) and also the effect of ART on markers of renal function Musculoskeletal disease, including avascular necrosis, seronegative arthritis, and osteoporosis 	<p>Demonstrate the assessment and management of systems complications in HIV.</p> <p>Risk assessment in HIV</p> <p>Competently perform a CVD risk assessment including HIV-specific factors e.g. ART, and recommend suitable treatment taking into account drug interactions and lifestyle modifications for:</p> <ul style="list-style-type: none"> Cardiovascular disease (CVD) Osteoporosis Obesity <p>HIV-related chronic neurological disability</p> <p>Assess cognitive function and capacity</p> <p>AIDS and non-AIDS malignancy</p> <p>Explain the prognosis of treated non-Hodgkin and Hodgkin lymphoma in HIV infection</p> <p>Explain the role of HPV vaccination in the prevention of HPV acquisition and</p>	<p>Work collaboratively with the HIV MPT, primary care and secondary care specialists (including ITU) where required to manage systems complications, opportunistic infections, malignancies and other conditions in an HIV patient</p>	<p>NHIVNA <i>Advanced</i></p> <p>Clinical observation by trainee of trainers</p> <p>Clinical training of trainee by trainers</p> <p>Self-directed learning</p>	<p>BASHH STI/HIV module 4 Certificate</p> <p>Reflection</p> <p>NHIVNA <i>Advanced certificate</i></p>

<ul style="list-style-type: none"> • Gastroenterological disease, including weight loss, HIV related hepatobiliary disease and fatty liver disease. • Metabolic disease, including obesity, diabetes mellitus • Neurological disease, including dementia, neuropathy and eye disease including retinopathy • Psychiatric disease, specific considerations relevant to HIV including, mood disorder, substance misuse • Dermatological disease, including ichthyosis, psoriasis, seborrhoeic eczema, nodular prurigo, and folliculitis. • Haematological disease including thrombocytopenia, anaemia, and haemophagocytosis <p>AIDS and non-AIDS defining malignancies</p> <p>Describe the epidemiology, risk factors, prevention, screening, clinical presentation, investigation, management principles and prognosis of AIDS and non-AIDS defining malignancies including:</p> <ul style="list-style-type: none"> • HHV8-related malignancies including Kaposi's sarcoma, Castleman's disease and primary effusion lymphoma • Non-Hodgkin and Hodgkin lymphoma • Human papillomavirus (HPV) - related dysplasia and cancer including cervical, anal and oropharyngeal conditions 	<p>the role of HPV in the aetiology of certain malignancies</p> <p>Investigation of respiratory opportunistic infections Interpret chest radiology of common HIV-related respiratory infections including Pneumocystis pneumonia, tuberculosis and bacterial pneumonia and recommend appropriate management.</p> <p>Investigation of neurological opportunistic infections, malignancies and other conditions</p> <p>Interpret CNS radiology and CSF pathology of HIV-related including opportunistic infections (PML, toxoplasmosis, tuberculosis, cryptococcosis), malignancies (lymphoma) and other conditions (HIV encephalopathy, IRIS)</p>			
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<ul style="list-style-type: none"> • Other non-AIDS defining malignancy e.g. lung cancer • The role of vaccination and opportunistic infection prophylaxis in cancer management, potential drug interactions between chemotherapy and ART <p>Opportunistic infections</p> <p>Describe and explain the correlation between the epidemiology, immunosuppression, clinical presentation, investigation and management of opportunistic infections including:</p> <ul style="list-style-type: none"> • Viral: CMV, HSV, VZV, EBV, HHV8, parvovirus, JC virus. • Bacteria: including specific HIV susceptibility to pneumococcus, haemophilus, nocardia and syphilis. • Tuberculosis (TB) and atypical mycobacterial infection. • Fungi including candida, pneumocystis, cryptococcus, aspergillus and fungi with specific geographical restriction. • Protozoa including toxoplasmosis and gut-related protozoa including cryptosporidium. • Helminths including strongyloidiasis. <p>Describe the use of primary and secondary prophylaxis against opportunistic infection</p> <p>Describe the current guidelines for vaccination of HIV-infected individuals and</p>				
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explain the contraindications to certain live attenuated vaccines				
HIV pathology review				
Explain the importance of HIV-specific pathological review including post-mortem review				
Level descriptor GUM			Level descriptor SRH	
1	Demonstrates knowledge of the management of HIV complications including dysfunction of key systems, malignancy and opportunistic infections using current UK guidelines	1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation	
2	Demonstrates the assessment of HIV positive individuals presenting with systems dysfunction utilising the CD4 cell count as a guide to investigations. Carries out cardiovascular and osteoporosis risk assessments. Assesses a patient's risk of AIDS and serious non-AIDS malignancy	2	The trainee is capable of performing the task or managing the clinical problem but with senior support	
3	Correctly demonstrates the ability to diagnose HIV complications including common malignancies and dysfunction of key systems Is able to explain and alter management according to the known limitations of CD4 cell count for the assessment of the complications of HIV infection Distinguishes the direct effects of HIV from opportunistic infection and malignancy			
4	Independently assesses, investigates, diagnoses and manages HIV systems dysfunction in conjunction with the relevant members of the multi-disciplinary team, and relevant specialists including integrated service clinics with e.g. oncology	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)	

35. Antiretroviral therapy (ART) (ACP capabilities 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.11, 2.9, 4.3, 4.4)

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

Knowledge	Skills	Behaviours	Training	Evidence
<p>Background knowledge</p> <ul style="list-style-type: none"> • Describe the mode of action of antiretroviral therapy (ART) with reference to the HIV lifecycle <p>When to start ART</p> <ul style="list-style-type: none"> • Describe the national guidelines for when to start treatment. • Explain the evidence base and rationale for starting ART Explain the absolute/relative risk of deferring therapy • List situations requiring prompt ART initiation. • Understand issues relating to stopping ART and how to manage this safely. <p>Which ART regimen to start</p> <ul style="list-style-type: none"> • Summarise first line ART recommendations, rationale and key trials. • Describe the role and timing of key baseline or pre-switch investigations including resistance, tropism and HLA-B*5701 testing 	<p>Late Presenters</p> <ul style="list-style-type: none"> • Clinically assess late presenters and explain the disadvantages associated with late HIV diagnosis. <p>Management of detectable HIV viraemia on ART</p> <ul style="list-style-type: none"> • Demonstrate the ability to assess a patient with viraemia on ART • Discuss ART adherence issues <p>Prevention of HIV drug toxicity and side effects</p> <ul style="list-style-type: none"> • Elicit an accurate drug history, including over-the-counter (OTC) medication, contraception, herbal and illicit drug use to identify potential drug-drug interactions. • Explain the role of HLA-B*5701 genotype testing in prevention of toxicity <p>Side effects and toxicity of ART</p>	<p>Prevention of ART toxicity and side effects Maintain knowledge concerning emerging ART drug toxicities and adverse events related to new drugs and formulations</p> <p>HIV team working:</p> <p>Work collaboratively in HIV-focused multi-professional teams (MPTs), and with HIV community health services and HIV patient support groups sharing information to facilitate best patient care</p>	<p>BASHH STI/HIV module 4: HIV</p> <p>NHIVNA <i>Advanced</i> CEX 21 Assess health and well-being needs of a HIV-positive patients CEX 23.1 Supporting people taking ARV medication CEX 23.2 ARV medication: Adherence, resistance, interactions CEX 24 Routine monitoring for clinically stable patients CEX 28.1 Identifying psychological and emotional issues facing people living with HIV CEX 28.3 Assessment and support (newly diagnosed with HIV) CEX 29.1 working in partnerships including clinical networks and multidisciplinary working</p> <p>Clinical observation by trainee of trainers</p> <p>Clinical training of trainee by trainers</p> <p>Self-directed learning</p>	<p>BASHH STI/HIV module 4 Certificate</p> <p>Reflection</p> <p>NHIVNA <i>Advanced certificate</i></p>

<ul style="list-style-type: none"> List current standards for ART monitoring in terms of efficacy and safety Describe the importance of adherence and mechanisms to support long-term adherence in people living with HIV Understand the mechanisms of drug interactions, how to reduce risk and list important drug-drug interactions. Describe key side effects of ART and how these can be managed. <p>Complications of ART, switching, alternative regimes and comorbidities</p> <ul style="list-style-type: none"> Describe the phenomenon and epidemiology of IRIS and how to manage Explain the criteria for switching, key switch trials and pitfalls. Describe alternative ART strategies including dual and monotherapy treatment. Describe ART considerations in special populations including HBV/HCV co-infection, TB, malignancies, renal disease and older individuals. <p>Virological failure</p> <ul style="list-style-type: none"> Define blips, low level viraemia and virological failure. Describe common resistance mutations and tools for assessing their impact on ART choice. 	<ul style="list-style-type: none"> Clinically assess the tolerability and toxicity of ART <p>Management of ART drug resistance</p> <ul style="list-style-type: none"> Demonstrate the ability to use HIV drug resistance and HIV drug interactions resources to construct suitable alternative ART regimens. Provide a clear explanation to patients and carers regarding the use of medicines and the principles of good adherence to prevent viral resistance. 			
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<ul style="list-style-type: none"> List the common reasons for virological failure Explain when and what to switch to in context of virological failure <p>Cost effectiveness of ART</p> <ul style="list-style-type: none"> Explain the requirement for cost-effectiveness, the mechanism of commissioning HIV care and how these may impact treatment decision making. <p>HIV cure Describe current research findings regarding the likelihood of finding a cure for HIV</p>				
Level descriptor GUM			Level descriptor SRH	
1	Describes the mode of actions of ART drugs, the indications for their use based on current national guidelines and can explain the rationale behind commencing antiretroviral therapy to patients and routine monitoring. Outlines the importance of adherence to ART and how to assess this Describes key drug-drug interactions and the adverse effects of commonly prescribed ART drugs and seeks guidance on their management		1	Trainee demonstrates detailed knowledge and understanding and is aware of common complications/issues relating to the competence/clinical skill/situation
2	Describes the appropriate use of ART in different patient groups including high cardiovascular risk, renal and bone disease or mental health problems Modifies prescriptions to minimise medications to improve adherence and ensures the most appropriate medications are prescribed Is aware of the precise indications, dosages, adverse effects and modes of action of the drugs commonly used in HIV treatment Is able to assess the patient clinically for evidence of intolerance/toxicity and manage common side effects Describes the role of genotypic resistance testing		2	The trainee is capable of performing the task or managing the clinical problem but with senior support
3	Explains how drug therapies are tested in clinical trials and describes the results of major clinical trials of ART. Constructs treatment regimens with senior advice and independently institutes ART in less complex cases Demonstrates the ability to use data from HIV drug resistance and HIV drug interactions resources to construct suitable alternative ART regimens Describes the management of individuals with detectable viral loads including the management of blips and confirmed virological failure Interprets genotypic resistance tests to inform selection of effective ART drug combinations, including the use of drug interaction tables in support of complex			

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	regimens Correctly assesses patients presenting with serious toxicity, and manages with senior supervision. Interprets blood test abnormalities in conjunction with possible drug toxicity.		
4	Describes ART dosage adjustment to take drug interactions, co-morbidities and organ failure into account Prescribes ART in complex cases with the MPT Is able to manage common and non-serious toxicities independently, manage switches within a MPT setting and correctly manage and diagnose IRIS Explains the individualised assessment of ART in patients who have developed virological failure	3	To be deemed competent, the majority of cases are managed with no direct supervisions or assistance (senior support will be requested in certain complex cases/complications)

Appendix 1 Mapping of curricula

Pillar	Associated GUM specialty training curriculum competencies (2016):	Associated CSRH specialty training curriculum module(s) (2017):	Advanced Clinical Practitioner domains and units of learning
Leadership & management	Medical leadership and management <ul style="list-style-type: none"> • Personal qualities • Working with others • Managing services • Improving services • Setting direction 	Module 12 Leadership, governance and management <ul style="list-style-type: none"> • Leadership • Team working and partnerships • Governance <ul style="list-style-type: none"> ◦ Staff governance • Clinical governance • Financial governance • Service development • Strategy 	Leadership, governance and management <ol style="list-style-type: none"> 1. Personal qualities 2. Working with others 3. Managing services 4. Improving services 5. Setting direction
Education	21. Teaching and training	Module 10 Teaching, appraisal and assessment	Teaching, training, appraisal and assessment
Research	20 Ethical research	13 Research methodology, audit and IT	Ethical Research, audit and information technology
Clinical Practice	GUM competencies 1 Sexual and medical history	Module 1 Basic Clinical Skills Module 2 Contraception	Basis for practice <ol style="list-style-type: none"> 6. Sexual & medical history 7. Examination 8. Complaints and medical error

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<p>2 Examination of the genitals, anus, rectum and systems – decision making and clinical reasoning</p> <p>3 Complaints and medical error</p> <p>4 Principles of medical ethics and confidentiality</p> <p>5 Valid consent</p> <p>6 Legal framework for practice</p> <p>7 Pathology of sexually transmitted infections</p> <p>8 Bacterial genital infections</p> <p>9 Genital ulceration and syphilis</p> <p>10 Genital lumps, cancer and human papillomavirus infection (HPV)</p> <p>11 Genital infestations</p> <p>12 Sexual dysfunction</p> <p>13 Sexual assault/sexual abuse</p> <p>14 Genital infections in pregnancy</p> <p>16 Infective causes of vulvovaginitis and balanitis</p> <p>17 Contraception</p> <p>18 Gynaecology and obstetrics for GUM trainees</p> <p>19 Dermatology for GUM</p> <p>HIV Competencies</p> <p>22. HIV testing and diagnosis</p> <p>23. HIV epidemiology, natural history and general management of HIV 1 and HIV 2 infection</p> <p>24. Prevention of HIV transmission</p> <p>25. Complications of HIV</p>	<p>Module 3 Unplanned Pregnancy and abortion care</p> <p>Module 4 Gynaecology</p> <p>Module 5 Specialist gynaecology</p> <p>Module 6 Pregnancy</p> <p>Module 7 Menopause and PMS</p> <p>Module 8 Genitourinary medicine</p> <p>Module 9 Public health</p> <p>Module 11 Ethics and legal issues</p> <p>Module 14 Sexual assault</p> <p>Module 15 Sexual problems</p>	<p>9. Principles of medical ethics</p> <p>10. Valid consent</p> <p>11. Legal framework for practice</p> <p>12. Epidemiology and Public Health</p> <p>STIs and related conditions</p> <p>13. Pathology of sexually transmitted infections</p> <p>14. Bacterial genital infections</p> <p>15. Genital ulceration and syphilis</p> <p>16. Genital lumps, cancer and human papillomavirus infection (HPV)</p> <p>17. Genital infestations</p> <p>18. Sexual dysfunction and problems</p> <p>19. Sexual assault/sexual abuse</p> <p>20. Genital infections in pregnancy</p> <p>21. Infective causes of vulvovaginitis and balanitis</p> <p>22. Dermatology</p> <p>Contraception and gynaecology</p> <p>23. Contraception</p> <p>24. Pregnancy</p> <p>25. Unplanned pregnancy & Abortion care</p> <p>26. Gynaecology</p> <p>27. Menopause and PMS</p> <p>HIV (part 1)</p> <p>28. HIV testing and diagnosis</p> <p>29. Prevention of HIV transmission</p> <p>30. Viral hepatitis including co-infection with HIV</p> <p>HIV (part 2)</p> <p>31. HIV epidemiology, natural history and general management of HIV 1 and HIV 2 infection</p>
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	<ul style="list-style-type: none">26. Antiretroviral therapy (ART)27. Viral hepatitis including co-infection with HIV28. Psychosocial aspects of HIV29. Sexual and reproductive health <p>Epidemiology and Public Health</p>		<ul style="list-style-type: none">32. Complications of HIV33. Antiretroviral therapy (ART)34. Psychosocial aspects of HIV35. Sexual and reproductive health
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