

Sexual & Reproductive Health Competency Review Form

Your Name:	Organisation which you Represent or your Geographical Region of work:
Main Field of Practice: GUM <input type="checkbox"/> Contraception Services <input type="checkbox"/> Integrated GUM/Contraception <input type="checkbox"/> Termination of Pregnancy <input type="checkbox"/> Outreach <input type="checkbox"/> Health Promotion <input type="checkbox"/> Primary Care <input type="checkbox"/> HIV <input type="checkbox"/> Walk-in Centre <input type="checkbox"/> Other - please specify: _____	Are You: A member of the public <input type="checkbox"/> Health Care Assistant <input type="checkbox"/> Nurse <input type="checkbox"/> Health Adviser <input type="checkbox"/> Midwife <input type="checkbox"/> Doctor <input type="checkbox"/> Manager <input type="checkbox"/> Educationalist <input type="checkbox"/> Other - please specify: _____

1. Did the introduction section clearly outline how to use the Competency Framework? YES / NO
 If no, what do you think needs to be changed?

2. Do you have any comments on the proposed layout/format of the framework?

3. Are these competencies appropriate to the level of experience expected of nurses in Sexual and Reproductive Health? YES / NO
 If not, why?

4. Are there any competency statements that should be moved to another level? YES/NO
 If so, which ones and to which level?

5. Should some statements be removed?

YES/NO

If so, please state which ones and why?

6. Are there any competency statements missing from the framework?

YES/NO

If so, please specify.

7. Do you feel that this document would be useful in your area of practice?

YES / NO

If no, please give reasoning.

FURTHER COMMENTS:

Please staple any further comments to this form.

Thank you for your time in helping to develop the Sexual & Reproductive Health Competency Framework.

**Please return any feedback forms by Monday June 30th 2003 to
Carol Woodward, Rm 401 – PND, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN**