# Table of Contents

List of abbreviations ........................................................................................................ 4

Foreword .......................................................................................................................... 6

General Guidelines .......................................................................................................... 7

Appointment Process ....................................................................................................... 7

Consultant and Leadership Posts .................................................................................... 7

SAS Doctors Posts .......................................................................................................... 8

Pre-Interview Process ...................................................................................................... 8

Annex 1: Grades of Staff working in Sexual and Reproductive Healthcare – Minimum experience / Qualifications for appointment ........................................................................ 9

Annex 2 – Recommended number of SPAs for CSRH/SRH doctors ............................ 12

Activities that require additional SPAs ............................................................................ 13

1. Trust Related work ..................................................................................................... 13

2. Work outside the Trust ............................................................................................. 14

Annex 3: CSRH Curriculum, other qualifications, and Specialist Interest ..................... 15

1. List of qualifications ................................................................................................. 15

   Faculty of Sexual and Reproductive Healthcare (FSRH) ............................................ 15

   Royal College of Obstetricians and Gynaecologists (RCOG) ................................. 15

   Institute of Psychosexual Medicine (IPM) ................................................................. 16

   The College of Sexual and Relationship Therapists (COSRT) ............................... 16

   The British Society for Colposcopy and Cervical Pathology (BSCCP) ................. 16

2. Elements that are covered in the CSRH Curriculum ................................................ 16

3. Specialist interest ...................................................................................................... 17

Annex 4: Definition of Complex Contraception ............................................................ 18

1. Complexity due to medical factors or complications: ............................................ 18

2. Complex SRH Procedures ....................................................................................... 18
3. Complex Social problems .................................................................................. 18

Bibliography ........................................................................................................ 19
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAC</td>
<td>Advisory Appointment Committee</td>
</tr>
<tr>
<td>AoMRC</td>
<td>Academy of Royal Medical Colleges</td>
</tr>
<tr>
<td>ASM</td>
<td>Advanced Skills Module</td>
</tr>
<tr>
<td>ATSM</td>
<td>Advanced Skills Training Module</td>
</tr>
<tr>
<td>BMA</td>
<td>British Medical Association</td>
</tr>
<tr>
<td>BMS</td>
<td>British Menopause Society</td>
</tr>
<tr>
<td>BSCCP</td>
<td>British Society for Colposcopy and Cervical Pathology</td>
</tr>
<tr>
<td>CCT</td>
<td>Certificate of Completion of Training</td>
</tr>
<tr>
<td>CESR</td>
<td>Certificate of Eligibility for Specialist Registration</td>
</tr>
<tr>
<td>COSRT</td>
<td>College of Sexual and Relationship Therapists</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing professional development</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>CS</td>
<td>Clinical Supervisor</td>
</tr>
<tr>
<td>CSRH</td>
<td>Community Sexual and Reproductive Healthcare</td>
</tr>
<tr>
<td>DCC</td>
<td>Direct Clinical Care</td>
</tr>
<tr>
<td>DFSRH</td>
<td>Diplomate of the Faculty of Sexual and Reproductive Healthcare</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>DipGUM</td>
<td>Diploma in Genitourinary Medicine</td>
</tr>
<tr>
<td>ES</td>
<td>Educational Supervisor</td>
</tr>
<tr>
<td>FRT</td>
<td>Faculty Registered Trainer</td>
</tr>
<tr>
<td>FSRH</td>
<td>Faculty of Sexual and Reproductive Healthcare</td>
</tr>
<tr>
<td>GMC</td>
<td>General Medical Council</td>
</tr>
<tr>
<td>GTPD</td>
<td>General Training Programme Director</td>
</tr>
<tr>
<td>HEE</td>
<td>Health Education England</td>
</tr>
<tr>
<td>IPM</td>
<td>Institute of Psychosexual Medicine</td>
</tr>
<tr>
<td>IUT</td>
<td>Intra-Uterine Technique</td>
</tr>
<tr>
<td>JD</td>
<td>Job Description</td>
</tr>
<tr>
<td>LoC</td>
<td>Letter of Competence</td>
</tr>
<tr>
<td>MFSRH</td>
<td>Member of the Faculty of Sexual and Reproductive Healthcare</td>
</tr>
</tbody>
</table>
MRCOG – Member of the Royal College of Obstetricians and Gynaecologists
NHS – National Health Service
PA – Programmed Activity
RCOG – Royal College of Obstetricians and Gynaecologists
SAS doctors – includes staff grade, associate specialist, specialty doctors, and specialist doctors
SDI – Sub-Dermal Implant
SPA – Supporting Professional Activity
SRH – Sexual and Reproductive Healthcare
SSM – Special Skills Modules
WDSC – Workforce Development and Support Committee
WTE – Whole Time Equivalent
Foreword

Within the UK there is considerable variation in sexual and reproductive health (SRH) service provision yet, access to SRH care is a fundamental right for all. The Faculty of Sexual and Reproductive Healthcare (FSRH) vision is of high-quality sexual and reproductive health at every stage of life.

SRH service leads are needed to support and provide leadership to the multidisciplinary SRH workforce and specialist SRH care throughout the life course. This document is designed to guide employers and commissioners through the process of appointing the lead of an SRH service. It will be reviewed regularly and updated when required.

Dr Asha Kasliwal, FSRH President

Dr Zara Haider, FSRH VP Workforce Strategy
General Guidelines

Appointment Process

All substantive Consultant, Specialist doctors, and Specialty doctor posts should have a job description, person specification and job plan. In the case of all Consultant posts and posts which involve leadership or specific management skills these should be submitted and approved by the FSRH prior to being advertised.

The Faculty of Sexual and Reproductive Healthcare (FSRH) requests that all job descriptions/plans/person specifications are emailed to specialty@fsrh.org. The person responsible for approving job description is the JD Lead which reports to the Workforce Development and Support Committee (WDSC) of the FSRH. We understand that standards and process might vary in the different devolved nations, and we will take this under consideration when reviewing JDs.

To request a representative for the Advisory Appointment Committee (AAC) we require a 6 weeks’ notice. The Faculty Representative for the AAC will be an SRH Consultant external to the hiring body and member of the Faculty.

The Human Resources department of the employing bodies should send all applications (even if just one applicant) to the AAC member prior to the interview date so they can feed into the short-listing process. The AAC member needs to ensure that candidates are short listed in keeping with the approved person specification.

Consultant and Leadership Posts

The JD Lead must approve the job description together with the job plan and person specification. FSRH representation at the AAC interview is required in line with the National Health Service (Appointment of Consultants) Regulations and the Academy and NHS Foundation Trust Concordat.12

The FSRH recommends that all SRH Consultant job descriptions specify Membership of the Faculty of Sexual and Reproductive Healthcare (MFSRH) as an essential criterion under the person specification. It would also be expected that the applicant should hold a letter of competence in sub dermal implants (LoC SDI), intrauterine techniques (LoC IUT) and qualifications to obtain FRT status or equivalent. Please note that a Certification of Completion of Training (CCT) or Certificate of Equivalence for Specialist Registration (CESR) in Community Sexual and Reproductive Health (CSRH) is equivalent to the above requirements. The only exception to this would be if a person were being recruited to carry out a specific specialised area of work, e.g., psychosexual medicine. For more on this please refer to Annex 1 and 3 of this document. The clinical expertise of an SRH consultant encompasses managing a range of complex medical problems and procedural skills. The SRH consultant is also highly skilled in targeted care for individuals with complex psychosocial needs (details of complex contraception skills in Annex 4).

1 The National Health Service (Appointment of Consultants) Regulations 1996.
2 ‘Academy and NHS Foundation Trust Concordat’.
If a non-Consultant doctor acting as a lead clinician for a service is allowed entry on to the specialist register (i.e., through the CESR route), they should be regraded to Consultant status through a formal appointments process involving the FSRH.

The job description, including job plan and person specification should be sent to the FSRH for approval.

➢ The employing trust should notify the FSRH of the interview date ideally 6 weeks in advance to allow it to identify a suitable AAC representative.
➢ All full-time job plans consist of 10 programmed activities (PAs) of 4 hours duration.
➢ The number of administrative PAs should take into account the level of management/administrative responsibility for the post. There should be sufficient time in clinical sessions to complete administration relating to patients. For more on PAs, and Supporting Professional Activities (SPAs) in particular, please read Annex 2 of this document
➢ Consultants/Lead Clinicians appointed as a single-handed clinician in a service should be allocated more administrative time than in a standard contract.

**SAS Doctors Posts**

It is not necessary to submit job descriptions for these posts to the FSRH although we would be happy to advise and would recommend this.

➢ There is no need for FSRH representation at interview except in cases where it is a clinical lead or there are specific leadership requirements.
➢ An external representative should be present at interview (a senior doctor from the specialty).

Please note:

➢ Specialty doctors are appointed to work with Consultants/lead clinicians in the relevant specialty. It must be noted that many community SRH doctors do not have a Consultant lead.
➢ Hence it is important to identify appropriate leads to support specialty doctors in terms of clinical practice, personal development, and appraisal.
➢ A full-time job plan should consist of 10 PAs of 4 hours for a full-time contract.
➢ The number of clinical PAs should take into account administrative/teaching or other responsibilities.
➢ For more on SPAs allocation please refer to Annex 2 of this document

**Pre-Interview Process**

➢ Shortly after the closing date, copies of all applications received together with the job description and selection criteria should be sent to each member of the AAC for consideration. Each member of the committee, including lay members must have the opportunity to contribute to the selection of candidates to be interviewed.
Annex 1: Grades of Staff working in Sexual and Reproductive Healthcare – Minimum experience / Qualifications for appointment

We have put together these tables to help hiring bodies compile their person specification for CSRH/SRH Consultant and SAS job descriptions.

Table 1 Consultant Person Specification

<table>
<thead>
<tr>
<th>Grade</th>
<th>1 WTE</th>
<th>Experience required on appointment</th>
<th>Essential qualifications on appointment (or equivalent)</th>
<th>Specialist interest (if needed)</th>
<th>Desirable qualifications</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultant</td>
<td>10 PAs (10x4 hours)</td>
<td>On GMC Specialist Register (CCT or CESR) or Specialty Trainee within 6 months of CCT or has submitted a CESR Application to the GMC&lt;sup&gt;3&lt;/sup&gt;</td>
<td>MFSRH Faculty Registered Trainer Status (&lt;a href=&quot;#&quot; target=&quot;_blank&quot;&gt;or meets eligibility criteria&lt;/a&gt;)&lt;sup&gt;4&lt;/sup&gt; LoCs (or equivalent, e.g., CCT/CESR in CSRH)</td>
<td>Special interest qualifications. For more on this please refer to Annex 3 of this document</td>
<td>Academic qualifications such as PhD and/or MD Other qualifications such as MRCOG, DipGUM Research interest Management</td>
<td>JD requires FSRH approval.&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>3</sup> We recognise that some hiring bodies might want to consider candidates that have submitted their CESR application to the GMC, even though the timeline for award of CESR is not as secure as the one of CCT Trainees. This is at the discretion of the hiring body and their service needs.

<sup>4</sup> ‘Become a Faculty Registered Trainer- Faculty of Sexual and Reproductive Healthcare’.

<sup>5</sup> The National Health Service (Appointment of Consultants) Regulations 1996.

<sup>6</sup> ‘Academy and NHS Foundation Trust Concordat’.
### Table 2 Specialist Doctor Person Specification

<table>
<thead>
<tr>
<th>Grade</th>
<th>Experience required on appointment</th>
<th>Essential qualifications on appointment (or equivalent)</th>
<th>Specialist interest (if needed)</th>
<th>Desirable qualifications</th>
<th>Responsibilities / Management</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Doctor</td>
<td>10 PAs (10x4 hours)</td>
<td>Minimum of 12 years medical work (either continuously or in aggregate) since obtaining a primary medical qualification, of which a minimum of 6 years should have been in integrated sexual health specialty.</td>
<td>MFSRH (unless taking lead for a specialist area, with appropriate qualification) LOC IUT LOC SDI Faculty Registered Trainer Status (or meets eligibility criteria)</td>
<td>Special interest qualifications. For more on this please refer to Annex 3 of this document</td>
<td>May act as a lead clinician.</td>
<td>FSRH approval recommended</td>
</tr>
</tbody>
</table>

7 ‘Become a Faculty Registered Trainer- Faculty of Sexual and Reproductive Healthcare’.
<table>
<thead>
<tr>
<th>Grade</th>
<th>Experience required on appointment</th>
<th>Essential qualifications on appointment (or equivalent)</th>
<th>Specialist interest (if needed)</th>
<th>Desirable qualifications</th>
<th>Responsibilities / Management</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Doctor</td>
<td>10 PAs (10x4 hours)</td>
<td>4 years post graduate training, 2 of which should be in a relevant specialty.</td>
<td>DFSRH and LOC IUT &amp; SDI or willingness to train for these</td>
<td>Special interest qualifications. For more on this please refer to Annex 3 of this document</td>
<td>Faculty Registered Trainer Status (or meets eligibility criteria)</td>
<td>FSRH approval recommended</td>
</tr>
</tbody>
</table>

---

8 We recognise that there might be doctors that have the competencies and experience to be Specialty Doctors but do not have the required years specified in this person specification.

9 ‘Become a Faculty Registered Trainer- Faculty of Sexual and Reproductive Healthcare’.
Annex 2 – Recommended number of SPAs for CSRH/SRH doctors

SPAs reflect time spent undertaking activities that are essential to the long-term maintenance of the quality of the health service but don’t represent direct patient care, such as:

➢ Teaching
➢ Training
➢ Education
➢ Continuing professional development (CPD), including reading journals
➢ Audit
➢ Appraisal
➢ Research
➢ Clinical management
➢ Clinical governance
➢ Service development

SPAs shouldn’t include major additional NHS responsibilities such as those of a Medical Director or Clinical Director, Training Programme Director or Postgraduate Dean, or agreed external duties such as acting as an examiner, peer assessor, College/Department of Health (DH)/General Medical Council (GMC) work, etc.

The Academy of Royal Medical Colleges (AoMRC) recommends that:

➢ New Consultant posts should continue to be advertised with a job plan that typically includes 2.5 SPAs, with an expectation of annual review
➢ If a Consultant is employed with 2 or fewer SPAs, any problems with revalidation should lead to an urgent review of the SPA allocation

Of the 2.5 SPAs, 1.5 should be allocated to revalidation. It is important to note that revalidation requires the same time commitment regardless of full-time or part-time working patterns and that SAS doctors should also have the same 1.5 SPAs allocated to revalidation. This does not include the agreed annual study leave allowance

It should also be noted that the PAs allocated to Direct Clinical Care must include time spent in clinical management duties such as clinic letters, multidisciplinary team meetings, communication with other professionals, reviewing results and public health duties which should result in a maximum of 5 to 6 face to face clinic sessions for any full-time Consultant. A single-handed lead Consultant or lead clinician who carried additional responsibilities (including finance, human resource management, strategic development etc.) within their service should have a maximum of 4 face to face clinic PAs if they are full-time. Appropriate pro-rata calculations should be made in the case of part-time roles.

On call responsibilities (including telephone support to other doctors and nurses) should be entitled to additional payment depending on the intensity and frequency

---

10 ‘Advice on SPA’s in Consultant Job Planning’.
See table 4 below for more recommendations on SPA allocation.

**Table 4 Recommendation for minimum SPA Allocation**

<table>
<thead>
<tr>
<th>WTE</th>
<th>PAs</th>
<th>DCC</th>
<th>Protected SPAs for revalidation</th>
<th>Other SPAs</th>
<th>Total SPAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>10</td>
<td>7.5</td>
<td>1.5</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>0.9</td>
<td>9</td>
<td>6.75</td>
<td>1.5</td>
<td>0.75</td>
<td>2.25</td>
</tr>
<tr>
<td>0.8</td>
<td>8</td>
<td>6</td>
<td>1.5</td>
<td>0.5</td>
<td>2</td>
</tr>
<tr>
<td>0.7</td>
<td>7</td>
<td>5</td>
<td>1.5</td>
<td>0.5</td>
<td>2</td>
</tr>
<tr>
<td>0.6</td>
<td>6</td>
<td>4</td>
<td>1.5</td>
<td>0.5</td>
<td>2</td>
</tr>
<tr>
<td>0.5</td>
<td>5</td>
<td>3</td>
<td>1.5</td>
<td>0.5</td>
<td>2</td>
</tr>
</tbody>
</table>

Please note: Posts for less than 5 sessions will also need an allocation of SPA time, which should be a minimum of 15% of the hours advertised. It is recognised that doctors applying for smaller posts may also have an allocation of SPA time for revalidation in another role. This will be looked at on an individual basis when the job description is reviewed by the Faculty Job Description Lead.

**Activities that require additional SPAs**

In view of the small number of Consultants and SAS doctors currently in the specialty of SRH who are frequently called upon to contribute to external work (including the FSRH), it is necessary for many to have SPAs allocated for external duties. Senior statutory responsibilities such as FSRH President/Officer will require greater time recognition. The FSRH will offer support and advice to doctors who find that their work for the wider NHS, carried out through the FSRH, is not being recognised by their Trust.

1. **Trust Related work**

The British Medical Association (BMA) and NHS Employers define trust related work as special responsibilities, which are agreed between a Consultant and the employing organisation, and which cannot be absorbed within the time that would normally be set aside for supporting professional activities\(^1\). Some examples include:

- medical director
- director of public health
- clinical director or lead clinician
- acting as a Caldicott guardian
- clinical audit lead
- clinical governance lead
- undergraduate dean
- postgraduate dean
- clinical tutor
- regional education adviser.

**Clinical and Educational Supervision**

Clinical Supervisors (CSs) and Educational Supervisors (ESs) have a key role in shaping and facilitating learning and development of doctors within the NHS. These key roles must

\(^1\) ‘An Overview of Job Planning’.

13
have protected and allocated time to allow the CSs and ESs to meaningfully engage and support their trainees. Health Education England together with the Care Quality Commission, NHS England, and NHS Improvement has provided guidance about standards in supervision\textsuperscript{12}. The minimum expectation is that a CS or ES would have \textbf{0.25 SPAs allocated per week per trainee}. Anything short of this will negatively impact on the trainees, the supervisors, and the learning environment within the service.

\textbf{General Training Programme Directors and Faculty Registered Trainers}

Many Consultants and SAS Doctors will be expected to train various healthcare professionals in SRH. General Training Programme Directors (GTPDs) and Faculty Registered Trainers (FRTs) play a key role in the planning and delivering of Sexual and Reproductive Health Training of health care professionals and protected time for these activities, that ultimately benefit the employing bodies, should be recognised.

Our recommendation is that GTPDs should have 0.5 allocated SPAs for their role and FRTs should have 0.25.

2. \textbf{Work outside the Trust}

According to the BMA and NHS employers’ guidance, external duties are those duties not included within the definition of fee-paying services or private professional services but undertaken as part of the job plan by agreement between the doctor and employing organisation\textsuperscript{13}. Some examples include:

\begin{itemize}
\item trade union duties
\item undertaking inspections for the Care Quality Commission
\item acting as an external member of an Advisory Appointments Committee
\item undertaking assessments for the National Clinical Assessment Authority
\item work for the FSRH in the interests of the wider NHS
\item reasonable quantities of work for a government department
\item specified work for the General Medical Council.
\end{itemize}

It is accepted that undertaking external duties such as these brings benefit to the wider NHS. Team based job planning and agreements between the doctor and clinical director and the level of flexibility needed to deliver the trust and external needs should be discussed at the job planning meeting.

\textsuperscript{12} ‘Enhancing Supervision for Postgraduate Doctors in Training’.

\textsuperscript{13} ‘An Overview of Job Planning’.
Annex 3: CSRH Curriculum, other qualifications, and Specialist Interest.

Prior to the development of the CSRH curriculum and specialty training pathway, there were several routes to becoming an SRH Consultant, and as such specialist qualifications are required to provide evidence of competency in those areas (see list in section 1).

The CSRH curriculum provides evidence of many of these special skills in SRH and those holding CCT or CESR in CSRH are not required to gain additional qualifications, as outlined in section 2. When constructing a job description, please ensure to state ‘or equivalent, e.g., CCT/CESR in CSRH’ for these qualifications.

There are some special interests that are not covered by the CSRH curriculum and so may be incorporated into a job description, see section 3.

1. List of qualifications

It may be appropriate for some job descriptions to include qualifications such as Letters of Competence (LoCs) and Specialist Skills Modules (SSMs) of the FSRH and the Advanced Skills Modules (ASMs) and Advanced Skills Training Modules (ATSMs) of the RCOG. Where these relate to a Consultant job description, please refer to section 2 on CSRH CCT/CESR as equivalence.

**Faculty of Sexual and Reproductive Healthcare (FSRH)**

More information about FSRH qualifications can be found here.¹⁴

**Letters of Competence (LoCs)**

- LoC SDI – Subdermal Contraceptive Implants Techniques
- LoC IUT – Intrauterine Techniques

**Special Skills Modules (SSMs)**

- SSM in Abortion Care
- SSM in Menopause
- SSM in Ultrasound
- SSM in Vasectomy

**Royal College of Obstetricians and Gynaecologists (RCOG)**

To read more about the RCOG qualifications, please visit their website.¹⁵

**Advance Skills Module (ASM)**

- ASM in Safe Practice in Abortion Care

**Advanced Skills Training Modules (ATSMs)**

- ATSM in Menopause
- ATSM in Sexual Health

¹⁴ ‘Education & Training - Faculty of Sexual and Reproductive Healthcare’.
¹⁵ ‘RCOG ASMs & ATSMs’.
Institute of Psychosexual Medicine (IPM)
To read more about the IPM qualifications, please visit their website.  

- IPM Diploma/Membership

The College of Sexual and Relationship Therapists (COSRT)
To read more about the COSRT, please visit their website.  

- Accredited courses in Psychosexual Medicine

Please note: For positions with a psychosexual component, candidates would not usually be expected to hold both IPM and COSRT qualifications.

The British Society for Colposcopy and Cervical Pathology (BSCCP)
To read more about the BSCCP qualifications, please visit their website.  

- BSCCP Colposcopy Training Programme & Exit OSCE

2. Elements that are covered in the CSRH Curriculum
The Definitive Document of the 2021 Community Sexual and Reproductive Health Curriculum highlights the areas that are covered by the CSRH Curriculum and the skills and capabilities that a CSRH Consultant will have once they have obtained their CCT or CESR. Some of the qualifications mentioned above are equivalent to the curriculum and should not be expected to be held by a Consultant with a CCT or CESR in CSRH. These are:

- LoC SDI – Subdermal Contraceptive Implants Techniques
- LoC IUT – Intrauterine Techniques
- SSM in Menopause
- SSM in Ultrasound
- ATSM in Menopause
- ATSM in Sexual Health

Please note: The British Menopause Society (BMS) Menopause Specialist definition includes “a healthcare professional who […] completed the FSRH Community Sexual & Reproductive Healthcare (CSRH) curriculum, obtaining the Certificate of Completion of Training (CCT), or has reached the equivalent standard as assessed by the GMC and been awarded a CESR in CSRH”. Hiring bodies should note that this can only be achieved once CCT has been obtained, so candidates that are CSRH trainees in the last 6 months of training and applying for Consultant posts should not be expected to be registered as BMS Menopause Specialists. If you would like to know more about this, please visit the website of the British Menopause Society (BMS).

---

16 ‘Training Information | Institute of Psychosexual Medicine’.
17 ‘Professional Qualification Courses | Cosrt’.
18 ‘BSCCP Colposcopy Training Programme & Exit OSCE | The British Society for Colposcopy and Cervical Pathology’.
19 ‘Definitive Document - Faculty of Sexual and Reproductive Healthcare’.
20 Mariette-JB, ‘BMS Menopause Specialist Definition’.
3. Specialist interest
These are the elements that are not covered in the curriculum and therefore qualifications can be asked as proof of specialist interest, if in line with the requirements of the service and needs of the hiring body. Where possible, we encourage hiring bodies to consider applicants that might be willing to train in these areas and specify as such in the Job Description.

- SSM in Vasectomy
- SSM in Abortion Care
  - Please note: The CSRH Curriculum covers the management of abortion care up to 14 weeks of gestation. The SSM in Abortion Care provides training that exceeds the expectations of the CSRH Curriculum. If there is a need within the hiring body for a doctor with expertise and skills that go beyond 14 weeks of gestation it is appropriate to include the SSM in Abortion Care under specialist interest qualifications.
- ASM in Safe Practice in Abortion Care
  - Please read above.
- BSCCP Colposcopy Training Programme & Exit OSCE
- IPM Diploma/Membership or COSRT recognised course
- Qualification in Forensic Gynaecology
- Registered Gender Specialist
Annex 4: Definition of Complex Contraception

The clinical expertise of a CSRH consultant encompasses a broad range of skills, particularly the delivery of “complex contraception". There are several aspects that can render contraception provision complex, and these are broadly categorised in the following three groups:

1. **Complexity due to medical factors or complications:**
   Contraceptive assessment and development of contraception plan in people with co-existent UKMEC 3 or 4 medical conditions requiring specialist input and often the need to liaise with other teams. This also includes management of major complications or intractable side-effects due to contraception requiring specialist input.

2. **Complex SRH Procedures**
   **Complex Implant Procedures**
   - Removal of deep, impalpable, complex (e.g., broken) or previously failed implant removals
   - Removal of implants not licensed in UK (e.g., multi-segment implants such as Norplant/Jadelle)
   - Insertion or removal in the presence of complicating medical conditions (extreme anxiety, learning disability)

   **Complex IUC Procedures**
   - IUC removal and insertion where previous attempt has failed
   - IUC removal with missing threads
   - IUC insertion in the presence of genital tract anatomical abnormality (e.g., fibroids distorting uterine cavity, congenital uterine anomalies)
   - IUS insertion in the presence of complicating medical conditions (heart disease, epilepsy, anticoagulant therapy, extreme anxiety, learning disability)
   - Gynefix insertions
   - Need for additional gynaecological procedure at IUC fit (e.g., endometrial biopsy, cervical polypectomy, vulval biopsy)

   **Ultrasound Skills:** where real time imaging is essential in management (e.g., removal of deep implants, IUC localisation with lost threads)

3. **Complex Social problems**
   This includes a variety of situations made complex by social circumstances, examples are assessing safeguarding needs of a vulnerable person (young, FGM, sexual assault) and appropriately liaising with local agencies to ensure a network of care and appropriate follow up; planning management and assessing capacity to consent in people with learning difficulties. The clinician demonstrates an understanding that mental health issues can affect reproductive health and is able to manage SRH consultations & care for people with diagnosed and undiagnosed mental health conditions.
Bibliography


DISCLAIMER: Use of this guidance is at the sole discretion of employing and/or recruiting organisations. Any employing and/or recruiting organisation using these guidelines assumes full responsibility for the recruitment and selection process, and the future performance of any appointed individual(s). The Faculty of Sexual and Reproductive Healthcare (FSRH) assumes no liability for the recruitment and selection of individuals appointed or their future performance.