FSRH The Faculty of Sexual & Reproductive Healthcare

Service Standards for Sexual and Reproductive Healthcare

2021 | FSRH

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the largest UK professional membership organisation working in the field of sexual and reproductive health (SRH). We support healthcare professionals to deliver high quality healthcare, including access to contraception. We provide our 15,000 doctor and nurse members with National Institute for Clinical Effectiveness (NICE) accredited evidence-based clinical guidance, including the UK Medical Eligibility Criteria (UKMEC), the gold standard in safe contraceptive prescription, as well as clinical and service standards.

The FSRH provides a range of qualifications and training courses in SRH, and we oversee the Community Sexual and Reproductive Healthcare (CSRH) Specialty Training Programme to train consultant leaders in this field. We deliver SRH focused conferences and events, provide members with clinical advice and publish *BMJ Sexual & Reproductive Health* – a leading international journal. As a Faculty of the Royal College of Obstetricians and Gynaecologists (RCOG) in the UK, we work in close partnership with the College but are independently governed.

The FSRH provides an important voice for UK SRH professionals. We believe it is a human right for all individuals to have access to the full range of contraceptive methods and SRH services throughout their lives. To help to achieve this we also work to influence policy and public opinion, working with national and local governments, politicians, commissioners, policy makers, the media and patient groups. Our goal is to promote and maintain high standards of professional practice in SRH to realise our vision of holistic SRH care for all.

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SERVICE STANDARDS FOR SEXUAL AND REPRODUCTIVE HEALTHCARE

Changes Introduced since Review

- Updated introduction in accordance with updated national guidelines
- Changes to commissioning arrangements
- Statement supporting non-consultant service leads in SRH
- Recommendation of annual friends and family test
- Updated references to FSRH qualifications

Introduction

These Service Standards have been developed by the Faculty of Sexual and Reproductive Healthcare (FSRH) to support both providers and commissioners in providing safe, high-quality sexual and reproductive health services. They are based on current evidence of best practice. The Standards are recommended for use by all providers commissioned or contracted by the National Health Service (NHS) or Local Authorities who provide and manage all aspects of contraception and sexual health. It also covers services providing pregnancy planning, pregnancy choices, abortion, community gynaecology, sexual wellbeing and health promotion. There are some areas where the standards indicate that they are for specific service types such as Specialist Community SRH services.

The Standards have been developed to be applicable to all countries in the UK. Key documents from England, Scotland, Wales and Northern Ireland have been used to inform their production and they have been subject to consultation in the four countries. These standards can be applied irrespective of the commissioning system in operation.

This core document outlines **eleven** general service standard statements. Standards have also been produced by the Clinical Standards Committee of the FSRH in relation to specific issues e.g. Medicines Management, Resuscitation and Consultations in Sexual and Reproductive Health, which can be found on the FSRH website. The Standards are auditable and have been developed by the committee by a process of review of all evidence of best practice. This process is repeated every 3 years with new evidence incorporated. After each Standard is reviewed it is placed onto the FSRH website for consultation. This is an ongoing process hence each document has a different review date.

There has been variation in the background of clinical leaders of community SRH services. All services should have appropriately trained leadership to ensure quality of service provision, service development, patient safety, training and clinical governance **(Standard Statement 1)**. It is envisaged that all specialist SRH services should be led by someone with appropriate experience and training and should link with other contraceptive care providers,

e.g. general practice, to provide support. Specialist services should engage with local commissioners and have an active role in planning sexual health services in their area.

Services should provide comprehensive sexual and reproductive healthcare **(Standard Statement 2)**. There should be access to all methods of contraception including emergency intrauterine device (IUD) insertion; pregnancy and abortion advice; screening of sexually transmitted infections and treatment where appropriate, partner notification, community gynaecology and psychosexual assessment. Where in-house services are not available, patients should be referred in a timely manner. Services should conform to the FSRH Service Standard Workload in Services.

Services need to be patient focussed ensuring good communication, and provide clear patient information **(Standard Statement 3).** There should be patient pathways and services should adhere to FSRH Standards on Consent and Confidentiality.

Services should demonstrate that user and public involvement has been fundamental to the planning, development, provision, monitoring and evaluation of a service **(Standard Statement 4)**. User engagement should be encouraged on a regular basis, and evidence provided that it has been incorporated into the process. Services should provide open access with a mixture of booked appointments and 'walk-in' clinics **(Standard Statement 5)**. There should be information available about the timing of services and there should be easy and non-discriminatory access for all.

All staff working in SRH services should be appropriately trained **(Standard Statement 6)**. For doctors and nurses, the minimum standard should be the Diploma of the Faculty of Sexual and Reproductive Healthcare (DFSRH). For those performing intrauterine and subdermal procedures, appropriate Letters of Competence should be held and competency maintained. All other health professionals working in all levels of SRH services should be trained to the competencies laid down by their educational bodies e.g. FSRH, and administrative staff trained to deliver confidential and patient-focussed care.

SRH service provision should be evidence-based, which will include the use of national and local guidelines and policies **(Standard Statement 7)**. This document outlines which standards should be used for different aspects of service provision. A comprehensive list of clinical standards produced by the Clinical Standards Committee can be found on the FSRH website and should be used to inform specific issues, for example Resuscitation and Medicines Management.

All clients seeking SRH services should be confident that their right to confidentiality will be respected **(Standard Statement 8).** Record keeping should be of a high standard to provide maximum benefit in patient management and to facilitate audit and record the process of obtaining valid consent **(Standard Statement 9).** Services should work to the Service Standards for Record Keeping.

Nurses working autonomously in providing SRH services should have their role supported and developed **(Standard Statement 10)**. Finally, all services should continually monitor and evaluate themselves in order to maintain and improve performance **(Standard Statement 11)**. A process of Risk Management should be evident to ensure that services provide safe, high-quality patient care.

Scope of the Document

This document is intended to make recommendations with regard to service quality and can be used to maintain levels of excellence and to inform commissioners and all other providers as they plan SRH services for the future.

Overview[1]

Within UK countries there is considerable variation in how SRH services are provided. These vary from distinctly separate general practice and community-based contraceptive provision with hospital-based abortion and genitourinary medicine services, to fully integrated SRH services in the community.

The FSRH acknowledges the great differences that exist between services and this document provides a framework of standards, which can be applied to all SRH services to enable equitable service provision. These include services within general practice, hospital- and community-based clinics and pharmacies, as well as voluntary and independent-sector organisations.

This document incorporates elements from the following key documents and is based on available evidence and best practice where evidence is lacking:

FSRH, 2015. Better care a better future: a new vision for sexual and reproductive healthcare in the UK

Department of Health, 2013 A Framework for Sexual Health Improvement in England

Scottish Executive, 2015 Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health

Healthcare Improvement Scotland, 2008. Sexual Health Services Standards

The Medical Foundation for AIDS & Sexual Health (MedFASH), 2005. Recommended Standards for Sexual Health Services

Welsh Assembly Government, 2010. Sexual Health and Wellbeing Action plan for Wales 2010 – 2015

Department of Health, Social Services and Public Safety for Northern Ireland, 2008. Sexual Health Promotion: Strategy and Action Plan 2008-2013

BASHH, 2014. Standards for the Management of STIs

Department of Health, 2012. Public Health Outcomes Framework

FSRH, 2014. A Quality Standard for Contraceptive Services

1 Standard Statement on Leadership

All sexual and reproductive health services should be led by appropriately trained clinical and managerial personnel to ensure quality of service provision, service development, training and clinical governance.

Currently there is considerable variation in the background, training and experience of consultants/lead clinicians working in community based SRH services. Since the establishment of the new medical specialty of Community Sexual & Reproductive Healthcare (CSRH) by the UK government in 2010, it is expected that new appointments to Level 3 services should be consultants in CSRH. These consultants will have the postgraduate qualification and structured training approved by the FSRH/the Royal College of Obstetricians and Gynaecologists (RCOG), the Academy of Royal Medical Colleges, and the General Medical Council (GMC). The FSRH acknowledges that many doctors currently leading SRH services were appointed prior to the recognition of this specialty. [68]

1.1 All SRH services at Level 3 as specified in the Framework for Sexual Health Improvement in England [2], and equivalent services in the rest of the UK, should appoint consultants to new vacancies. It is recommended that one full-time CSRH consultant per population of 125 000, works as part of a multi- disciplinary team along-side other specialist consultants e.g. GUM and Psychiatry. The consultant should be accredited in SRH and hold Membership of the Faculty of Sexual and Reproductive Healthcare (MFSRH) to ensure adequate quality of service provision, training, clinical governance and risk management across all three levels of service provision.[8]

1.2 Consultant leads should not work in isolation and should be supported by consultant colleagues and a team of specialists in SRH to include associate specialists /specialty doctors, specialty trainees and nurses, and GP with a Special Interest (GPwSI). Where this is geographically not possible clinical networks should be developed.

1.3 Specialist services should collaborate with other services providing SRH to support quality of clinical service provision and provide clinical governance.[2,4]

2 Standard Statement on Service Provision

Service provision should include a range of sexual and reproductive health services.

1.1 Contraception

2.1.1 SRH services should provide unrestricted open access services with clear clinical pathways in line with national policies. They should be supported by clinical networks eg. Local Authorities, Clinical Commissioning Groups and Public Health England, Health Protection Scotland, NHS Scotland [10, 11 ,70]

2.1.2 Access to and availability of the full range of contraceptive methods should be provided and include choice within products (e.g. a range of different combined hormonal contraceptives and intrauterine contraception) to maximise patient acceptability.[11, 12]

2.1.3 Services that do not offer male and female sterilisation should provide counselling, direct referral, and signposting to appropriate providers.[8]

2.1.4 Services should provide emergency contraception, including timely access for postcoital IUD insertion.[2, 10, 13]

2.1.5 Provision should be made for the management of complex contraceptive problems, or onward referral as necessary.

2.2 Pregnancy and abortion

2.2.1 Services should provide counselling and information for pregnancy planning and preconception care.[4, 10]

2.2.2 Services should offer pregnancy testing with immediate results at point of care. [4]

2.2.3 Services should provide women attending with unplanned pregnancies support and advice in a non-judgmental and empathetic environment.[2, 4]

2.2.4 Services which do not carry out abortion procedures should offer women empathetic, unbiased information and timely referral, including the option of self-referral – this should meet the standards set out in the current RCOG abortion guidelines.[14, 15]

2.2.5 Abortion providers should advise and facilitate the supply of contraception, including LARC methods, as part of the episode of care. This may be provided by close liaison or integration with contraceptive services.[14]

2.2.6 Individual clinicians whose personal beliefs do not accept abortion have a right to exercise a conscientious objection to involvement in the care of women requesting this procedure. However, in exercising this right they must not treat patients unfairly, cause them distress or deny them timely access to this service from another practitioner.[73]

2.3 Screening

2.3.1 Cervical cytology screening should be available in line with national[16] and local guidelines, in line with local commissioning arrangements/contracts.

2.3.2 If not commissioned services should raise awareness of users to the need for timely / up to date cytology screening and signpost appropriately.

2.3.3 According to local and national policies, services should offer screening for chlamydia infection with protocols in place for treatment and partner notification.[16, 72]

2.4 Sexually transmitted infection (STI) services

2.4.1 Services should offer advice and information (through a variety of media) on STIs, including HIV .[4,10,11]

2.4.2 Appropriate testing, treatment, and partner notification for STIs for both men and women should be available through all SRH services, with onward timely referral to more specialist services when appropriate.[4]

2.5 Psychosexual services

2.5.1 Services should offer psychosexual counselling or appropriate onward referral.[2,10]

2.5.2 Services should offer people with organic sexual dysfunction treatment or appropriate onward referral.[2]

2.6 Other reproductive health services

2.6.1 Services should offer advice and information on medical gynaecological issues such as the peri-menopause and menopause, premenstrual syndrome, and menstrual dysfunction where commissioning rules permit. Where this is not available patients should be offered timely onward referral.

2.7 Services for patients with special needs

2.7.1 Appropriate arrangements should be in place to enable patients with special needs to access SRH services without undue delay.[4] For example:

- Young people (including those in local authority care)
- People with communication difficulties
- People with physical or learning difficulties
- People who have been sexually assaulted
- Sex workers

2.7.2 Outreach services should be provided for patients unable to access mainstream services.[10]

2.8 Training and support in SRH

2.8.1 Specialist services should have structures in place to provide easily accessible clinical advice and support to professionals working in other services, including those in primary care.[2]

2.8.2 Specialist services should have structures in place to provide and support training in sexual and reproductive healthcare in line with FSRH guidance [4]

2.9 Sexual Health Networks (or Referral pathways between services)

2.9.1 Specialist services should be involved in establishing local Sexual Health Networks[4,11] and there should be clear referral pathways between services.

3 Standard Statement on Patient Focus

Services need to be patient-focused ensuring good communication, clear patient information and working to FSRH standards on consent and confidentiality

3.1 SRH service providers should ensure clear information is available to patients regarding timing and location of all services provided, through a variety of media. Services should be advertised through easily available routes such as /websites/local press/leaflets.[4,18]

3.2 If the provider does not offer certain services, clear information on alternative sources for service provision locally should be made available.[4,18]

3.3 Services should be organised so that the user finds them easy to navigate.[4]

3.4 Objective, evidence-based resources such as those created by Family Planning Association (FPA) , contraceptive choices and NHS Choices should be available in a variety of media appropriate to the patient's preferences. There should be a choice of languages/formats appropriate to the patient groups served by the provider, including those with sensory impairment.[4,18]

3.5 Consultations should be conducted with due regard to the privacy of patients regardless of age, gender, and sexual orientation.[4,18]

3.6 Adequate time should be given for all consultations.[19] First visits, initial counselling, and provision of all contraceptive methods, STI treatment and partner notification, counselling for sterilisation/vasectomy and referral, pregnancy information, decision support and referral for abortion, will require more time compared to uncomplicated repeat visits for supply of hormonal contraception.

3.7 Patients undergoing intimate examinations should be offered the presence of a chaperone, irrespective of the gender of the clinician.[20,21] There should be prominent notices displayed in the waiting and clinical rooms informing patients of their right to request a chaperone if desired.

3.8 Services should accommodate the needs of young people as recommended in The Department of Health's *You're Welcome* document [18] and the Scottish initiative *Walk the Talk*. [69]

4 Standard Statement on User and Public Involvement

Services should demonstrate that user and public involvement is fundamental to service development, provision, monitoring, and evaluation.[22–24]

4.1 An annual user and public involvement plan should be developed and supported by an annual friends and family test[58]

4.2 User engagement should be encouraged (e.g. with suggestion and comments boxes in clinics and regular user satisfaction surveys). An example of a validated patient satisfaction questionnaire is attached as Annex A.

4.3 The patients' compliments/comments/complaints procedure should be clearly displayed in clinical and waiting rooms.[25]

Services should respond appropriately to user feedback.

Public consultation is essential when service redesign or development is planned. This includes involving 'seldom heard' groups, and collaboration and partnership working with the voluntary and community sectors.

References

1. FSRH, 2015 Better care, a better future: A new vision for sexual and reproductive healthcare in the UK [pdf] Available at: https://www.fsrh.org/documents/fsrh-vision/ [Accessed 12 August 2016]

2. Department of Health, 2013 A Framework for Sexual Health Improvement in England [pdf] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf [Accessed 12 August 2016].

3. Scottish Executive, 2005. Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health [pdf] Available at: https://www.webarchive.org.uk/wayback/archive/3000/https://www.gov.scot/Resource/Doc/35596/0012575.pdf [Accessed 12 August 2016].

4. Medical Foundation for AIDS & Sexual Health (MEDFASH), 2005. Recommended Standards for Sexual Health Services [pdf] Available at: http://www.medfash.org.uk/uploads/files/p18dtqli8116261rv19i61rh9n2k4.pdf [Accessed 12 August 2016].

5. NHS Quality Improvement Scotland, 2008. Sexual Health Services – Standards [pdf] Available at: http://www.healthcareimprovementscotland.org/previous_resources/standards/sexual_health_services_final_s.aspx [Accessed 12 August 2016].

6. Welsh Assembly Government, 2010. Sexual Health and Wellbeing Action Plan for Wales, 2010–2015 [pdf] Available at: http://www.shnwales.org.uk/Documents/485/Strategy%20(English).pdf [Accessed 12 August 2016].

7. BASSH, 2014. Standards for the Management of Sexually Transmitted Infections [online] Available at: http://www.medfash.org.uk/uploads/files/p18dtqli8116261rv19i61rh9n2k4.pdf [Accessed 12 August 2016].

8. FSRH, 2014. A Quality Standard for Contraceptive Services [pdf] Available at: http://www.fsrh.org/pdfs/FSRHQualityStandardContraceptiveServices.pdf [Accessed 12 August 2016].

9. Department of Health, Social Services and Public Safety, 2008. Sexual Health Promotion; Strategy and Action Plan 2008–2013 [pdf] Available at: https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/sexual-health-promotion-strategy-and-action-plan-2008-13.pdf [Accessed 12 August 2016].

Sexual Health Promotion Strategy addendum (Dec 2015)

Letter from the Health Minister – addendum to Sexual Health Promotion Strategy and Action Plan (March 2014)

10. Department of Health, 2013. Commissioning local and regional HIV and sexual and reproductive health services [online] Available at: https://www.gov.uk/guidance/commissioning-regional-and-local-sexual-health-services [Accessed 12 August 2016].

11. Department of Health, 2015. Commissioning Sexual Health Services and Interventions: Best Practice Guidance for Local Authorities [online] Available at: https://www.gov.uk/government/publications/commissioning-sexual-health-services-and-interventions-best-practice-guidance-for-local-authorities [Accessed 12 August 2016].

12. National Institute for Clinical Excellence (NICE), 2005. Long-acting reversible contraception [online] Available at: https://www.nice.org.uk/guidance/cg30 [Accessed 12 August 2016].

13. FSRH, 2012. Emergency Contraception [pdf] Available at: http://www.fsrh.org/pdfs/CEUguidanceEmergencyContraception11.pdf [Accessed 12 August 2016].

14. Royal College of Obstetricians and Gynaecologists (RCOG), 2012. The Care of Women Requesting Induced Abortion - Evidence-based Guideline (No. 7) [pdf] Available at: https://www.rcog.org.uk/en/guidelines-research-services/guidelines/the-care-of-women-requesting-induced-abortion/ [Accessed 12 August 2016].

15. Teenage Pregnancy Independent Advisory Group, 2009. Contraception and Sexual Health Services for Young People [online] Available at: http://www.apho.org.uk/resource/view.aspx?RID=74843 [Accessed 12 August 2016].

16. Public Health England, 2015. National Cervical Screening Overview [online] Available at: https://www.gov.uk/guidance/cervical-screening-programme-overview [Accessed 12 August 2016].

17. Public Health England, 2003. National Chlamydia Screening Programme [online] Available at: https://www.gov.uk/government/collections/national-chlamydia-screening-programme-ncsp [Accessed 12 August 2016].

18. Department of Health, 2011. Quality criteria for young people friendly health services [pdf] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf [Accessed 12 August 2016].

19. FSRH, 2013. Service standards on workload in sexual and reproductive health [pdf] Available at: http://www.fsrh.org/pdfs/ServiceStandardsWorkload.pdf [Accessed 12 August 2016].

20. General Medical Council (GMC), 2013. Guidance on Good Practice - Intimate Examinations [online] Available at: http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp [Accessed 12 August 2016].

21. Royal College of Obstetricians and Gynaecologists (RCOG), 2002. Gynaecological Examinations: Guidelines for Specialist Practice. RCOG Press

22. Department of Health, 2006. National Health Service Act 2006, Section 242 (1B)

[online] Available at: http://www.legislation.gov.uk/ukpga/2006/41/contents [Accessed 12 August 2016].

23. Department of Health, 2008. Real Involvement: Working with People to Improve Services [online] Available at: http://www.hampshire.nhs.uk/index.php/component/docman/doc_view/41-real-involvement?Itemid=520 [Accessed 12 August 2016].

24. Department of Health, 2015 (updated annually). The Operating Framework for the NHS in England [pdf] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216590/dh_131428.pdf [Accessed 12 August 2016].

25. Department of Health, 2016. NHS Complaints Procedure [online] Available at: https://www.gov.uk/government/organisations/department-of-health/about/complaints-procedure [Accessed 12 August 2016].

26. Department of Health, 2015. Waiting Times for First Outpatient Appointments in England [online] Available at: https://www.england.nhs.uk/statistics/tag/outpatients/ [Accessed 12 August 2016].

27. General Medical Council (GMC). Licensing and Revalidation [online] Available at: http://www.gmc-uk.org/doctors/revalidation.asp [Accessed 12 August 2016].

28. FSRH, 2015. Training Requirements for the Diplomate assessment of the Faculty of Sexual and Reproductive Healthcare [pdf] Available at: http://www.fsrh.org/pdfs/DiplomaTrainingRequirements.pdf [Accessed 12 August 2016].

29. FSRH, 2010. Letter of Competence in Intra-uterine Techniques [online] Available at: http://www.fsrh.org/pages/Letter_of_Competence_IUT.asp [Accessed 12 August 2016].

30. FSRH, 2010. Letter of Competence in Subdermal Implants [online] http://www.fsrh.org/pages/Letter_of_Competence_SDI.asp [Accessed 12 August 2016].

31. Royal College of Nursing (RCN), 2009. Sexual Health Competencies: An Integrated Career and Competency Framework for Sexual and Reproductive Health Nursing [pdf] Available at: https://www2.rcn.org.uk/data/assets/pdf_file/0007/78631/002469.pdf [Accessed 12 August 2016].

32. Royal Pharmaceutical Society (RPS), 2016. Home [online] Available at: http://www.rpharms.com/home/home.asp [Accessed 12 August 2016].

33. The Pharmaceutical Society of Northern Ireland, 2016. Home [online] Available at: www.psni.org.uk/ [Accessed 12 August 2016].

34. Department of Health, Home Office, Department for Education and Skills, 2015. Working Together to Safeguard Children [pdf] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf [Accessed 12 August 2016].

35. Department of Health, 2004. Best Practice Guidance for Doctors and Other Health Professionals on the Provision of Advice and Treatment to Young People Under 16 on Contraception and Sexual Health. [pdf] Available at: http://www.bashh.org/documents/1993.pdf [Accessed 12 August 2016].

36. Department of Health, 2009. Protection of Vulnerable Adults Scheme [online] Available at: http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Vulnerableadults/DH_4118919 [Accessed 12 August 2016].

37. FSRH, 2016. UK Medical Eligibility Criteria for contraceptive use: UKMEC 2016. [online] Available at: https://www.fsrh.org/standards-and-guidance/uk-medical-eligibility-criteria-for-contraceptive-use/ [Accessed 12 August 2016].

38. BASHH. Clinical Effectiveness Guidelines [online] Available at: http://www.bashh.org/guidelines [Accessed 12 August 2016].

39. Department of Health, 2013. Commissioning local and regional HIV and sexual and reproductive health services. [online] Available at: http://www.gov.uk/guidance/commissioning-regional-and-local-sexual-health-services [Accessed 12 August 2016].

40. FSRH, 2014. Service Standards for Record Keeping in Contraception in Sexual and Reproductive Health Services [pdf] Available at: http://www.fsrh.org/pdfs/ServiceStandardsRecordKeeping.pdf [Accessed 12 August 2016].

41. FSRH, 2014. Service Standards for Medicine Management in Sexual and Reproductive Health Services [pdf] Available at: http://www.fsrh.org/pdfs/ServiceStandardsMedicinesManagement.pdf [Accessed 12 August 2016].

42. FSRH, 2013. Service Standards for Resuscitation in Sexual and Reproductive Health Services [pdf] Available at: http://www.fsrh.org/pdfs/Resucitation_January_2013.pdf [Accessed 12 August 2016].

43. FSRH, 2014. Service Standards on Obtaining Valid Consent in Sexual Health Services [pdf] Available at: http://www.fsrh.org/pdfs/ServiceStandardsObtainingValidConsent.pdf [Accessed 12 August 2016].

44. General Medical Council (GMC), 2009. Confidentiality [pdf] Available at: http://www.gmc-uk.org/static/documents/content/Confidentiality_-_English_1015.pdf [Accessed 12 August 2016].

45. Nursing and Midwifery Council (NMC), 2015. The Code: professional standards of practice and behaviour for nurses and midwives [pdf] Available at: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf [Accessed 12 August 2016].

46. Royal Pharmaceutical Society. Royal Pharmaceutical Society: Pharmacy law and ethics [online] Available at: http://www.rpharms.com/support-resources/pharmacy-law-and-ethics.asphttp://www.rpharms.com/support-resources/pharmacy-law-and-ethics.asp [Accessed 12 August 2016].

47. Scottish Government, 2008. Adults with Incapacity (Scotland) Act [online] Available at: http://www.gov.scot/Publications/2008/02/01151101/0 [Accessed 12 August 2016].

48. General Medical Council (GMC). 0-18 Guidance for all doctors [online] Available at: http://www.gmc-uk.org/guidance/ethical_guidance/children_guidance_index.asp [Accessed

12 August 2016].

49. General Medical Council (GMC), 2008. Consent: Patients and Doctors Making Decisions Together [online] Available at: http://www.gmcuk.org/guidance/ethical_guidance/consent_guidance_index.asp [Accessed 12 August 2016].

50. FSRH, 2015. Service Standards on Confidentiality [pdf] Available at: http://www.fsrh.org/pdfs/ServiceStandardsConfidentiality.pdf [Accessed 12 August 2016].

51. Department of Health, 2013. Caldicott information government review: Department of Health response [online] Available at: https://www.gov.uk/government/publications/caldicott-information-governance-review-department-of-health-response [Accessed 12 August 2016].

52. Data Protection Act 1998 [online] Available at: http://www.legislation.gov.uk/ukpga/1998/29/contents [Accessed 12 August 2016].

53. Freedom of Information Act 2000. [online] Available at: http://www.legislation.gov.uk/ukpga/2000/36/contents [Accessed 12 August 2016].

54. Public Health England, 2015. Genitourinary medicine clinical activity dataset (GUMCASv2) [online] Available at: https://www.gov.uk/guidance/genitourinary-medicine-clinic-activity-dataset-gumcadv2 [Accessed 12 August 2016].

55. Royal College of Nurses (RCN). Nurse Prescribing [online] Available at: https://www.rcn.org.uk/get-help/rcn-advice/nurse-prescribing [Accessed 12 August 2016].

56. Royal College of Obstetricians and Gynaecologists (RCOG), 2003. Understanding Audit. Clinical Governance Advice No. 5. RCOG Press.

57. FSRH, 2014. Service Standards for Risk Management [pdf] Available at: http://www.fsrh.org/pdfs/ServiceStandardsRiskManagement.pdf [Accessed 12 August 2016].

58. NHS England. Friends and Family Test (FFT) Guidance [online] Available at: https://www.england.nhs.uk/ourwork/pe/fft/ [Accessed 12 August 2016].

59. NHS England. Information Governance [online] Available at: https://www.england.nhs.uk/ourwork/tsd/ig/ [Accessed 12 August 2016].

60. FSRH, 2014. Supporting Doctors' Appraisal and Revalidation in Sexual and Reproductive Healthcare [pdf] Available at: http://www.fsrh.org/documents/fsrh-clinical-standard-supporting-doctors-appriasal-and/ [Accessed 12 August 2016].

61. BASHH and Brook, 2014. Spotting the Signs: CSE Proforma [online] Available at: http://www.bashh.org/BASHH/News/BASHH/News/News_Items/Spotting_the_Signs_-_CSE_Proforma.aspx [Accessed 12 August 2016].

62. NHS, 2011. The Care Record Guarantee [pdf] Available at: http://systems.hscic.gov.uk/rasmaFcarertcards/documents/crg.pdf [Accessed 12 August 2016].

63. FSRH. The NDFSRH (Nurse Diploma) [pdf] Available at: http://www.fsrh.org/pdfs/Nurses_Academic_Credits19Aug.pdf [Accessed 12 August 2016].

64. The Health Foundation, 2014. Improving quality in General Practice .Evidence scan

No 23 [online] Available at: http://www.health.org.uk/sites/default/.../ImprovingQualityInGeneralPractice [Accessed 12 August 2016].

65. Nursing and Midwifery Council (NMC), 2015. How to revalidate with NMC [pdf] Available at: http://revalidation.nmc.org.uk/ [Accessed 12 August 2016].

66. Public Health England, 2015. Making it work: A guide to whole system commissioning for Sexual Health, Reproductive Health and HIV [pdf] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408357/Making_it_work_revised_March_2015.pdf [Accessed 12 August 2016].

67. Department of Health, 2016. Female Genital Mutilation: Risk and Safeguarding-Guidance for Professionals [pdf] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf [Accessed 12 August 2016].

68. FSRH, 2016. Medical Leadership of Sexual and Reproductive Health Services: Non-consultant medical leads [pdf] Accessible at: https://www.fsrh.org/documents/fsrhstatementmedicalleadershipsrhnonconsultantdrs/ [Accessed 12 August 2016].

69. NHS Health Scotland. Walk the Talk [online] Available at: http://www.walk-the-talk.org.uk [Accessed 12 August 2016].

70. Healthcare Improvement Scotland [online] Available at: http://healthcareimprovementscotland.org/ [Accessed 12 August 2016].

71. Scottish Government, Age of Legal Capacity (Scotland) Act 1991 [online] Available at: http://www.legislation.gov.uk/ukpga/1991/50/section/2 [Accessed 12 August 2016].

72. Sign, 2009. Management of Genital Chlamydia Trachomatis Infection [online] Available at: http://www.sign.ac.uk/guidelines/fulltext/109/index.html [Accessed 12 August 2016].

73. General Medical Council (GMC), 2013. Personal beliefs and medical questions [pdf] Available at: http://www.gmc-uk.org/static/documents/content/Personal_beliefs-web.pdf [Accessed 12 August 2016].