Diploma Faculty of Sexual & Reproductive Healthcare

CURRICULUM DOCUMENT

Date: January 2014
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**Introduction**

The Diplomate assessments of Faculty Sexual & Reproductive Healthcare (DFSRH and NDFSRH) will enable the holder to demonstrate that they have the knowledge and skills required to undertake community sexual and reproductive health (SRH) consultations. The diploma is suitable for both nurses and doctors working in community SRH and in hospital sexual health clinics.

It is a blended learning package, developed centrally by the Faculty of Sexual and Reproductive Healthcare in consultation with experts in the field and with educationalists. Much of the Diploma training and assessment is delivered locally through Faculty registered training programmes in a range of community settings. Assessment is integral to all stages of learning in the Diploma programme and trainees progress and competence is demonstrated through an electronic record (e - portfolio) which also provides opportunities to record reflections on clinical practice, and formulate a personal learning plan.

The Diploma starts from theoretical knowledge, building up to clinical applications of knowledge and skills through workshops and then clinical experience.

The theoretical knowledge in which the Diploma is grounded is delivered in an innovative e-learning package (e-SRH). Modules cover areas such as contraception, sexual behaviour and STI testing and screening. The sessions are interactive. Theoretical knowledge is assessed by an online 'e-Knowledge Assessment', (eKA). Trainees may opt to prepare using the e-SRH or whatever other learning resources they wish to access. Following successful completion of the eKA, trainees will move on to the ´Course of 5´, comprising five one hour workshop sessions with fixed content. This is an opportunity to start putting theoretical knowledge into practice.

Trainees will thus be well prepared for their clinical experience and assessments, which may take place in a variety of locations including community clinics and general practice. They will be assessed in seven topic areas covering the breadth of sexual and reproductive health. Most assessments will be through direct observation of consultations, but there will be an opportunity for reflective discussion of consultations that have not necessarily been observed by the trainer.
Definition of Terms and Abbreviations

ACP - Assessment of Clinical Practice: This is an assessment tool involving direct observation of the trainee in a consultation with a service user.

Assessor for DFSRH or NDFSRH: An assessor is usually an FRT, but in certain circumstances may not be. All other ACPs can be completed by an appropriately qualified health professional who the primary trainer considers to have the training and experience to undertake formative and summative assessments in the topic area(s) being assessed; acceptance as an assessor for one particular assessment for one trainee does not imply recognition in any other circumstances without prior approval of the primary trainer.

C5 - Course of 5: Five x 1 hour workshops with fixed content and specific assessments that comprise one of the elements of the DFSRH or NDFSRH training programme.

C5 Convenor: An FRT who has managerial responsibility for a C5.

C5 Administrator: The person responsible for the administration and organisation of a C5. This may or may not be the same person as the C5 Convenor. The C5 administrator does not need to be medically qualified.

C5 Facilitator: Responsible for facilitating a group of 4 delegates or less, and making the relevant assessments during the workshop.

DA (GT) - Deanery Advisor (General Training): This is an FRT (or the role may be shared between 2 FRTs) who represents trainers within the geographical area of the deanery. The DA(GT) is responsible for arranging at least one annual updating meeting for local trainers. The DA(GT) would be the first point of contact if a complaint cannot be dealt within a GTP.

DFSRH - Doctor Diplomate of the Faculty of Sexual and Reproductive Healthcare: A doctor who holds the DFSRH has demonstrated that they have the evidence based knowledge, and attitude and skills required to deliver safe and effective sexual and reproductive health care in community, primary and secondary care settings

e-KA: The online assessment of clinical knowledge which is an entry point for the DFSRH or NDFSRH and LoCs – eKA in Sexual & Reproductive Health

e-portfolio: The FSRH online e-portfolio which each trainee will be assigned on registration for DFSRH or NDFSRH training. This comprises a record of evidence of assessments during the diploma pathway, and may be used as a tool to support learning.
**e-SRH:** The online learning package that supports the theory components of the DFSRH or NDFSRH and LoCs – [http://www.e-ifh.org.uk/projects/e-srh/register.html](http://www.e-ifh.org.uk/projects/e-srh/register.html)

**FFSRH - Fellow of the Faculty of Sexual and Reproductive Healthcare**

**FNRT (SDI) - Faculty Nurse Registered Trainer for LoC SDI:** Nurses who have fulfilled the requirements laid down in Guidance for becoming a Faculty Nurse Registered Trainer. FNRT (SDI)s should have the skills to provide one-to-one clinical teaching, set learning objectives and carry out initial and summative assessments in the context of the LoC SDI syllabus. They may work as primary or secondary trainers for the LoC SDI subject to the approval of the local GTPD. *The FNRT (SDI) number is not valid for any other form of training.*

**FRT - Faculty Registered Trainer:** Faculty Registered Trainers fulfil the requirements laid down in How to become a Faculty Registered Trainer (FRT). FRTs should have the skills to provide one-to-one clinical teaching, carry out teaching in small groups, set learning objectives and carry out initial, interim and summative assessments in the context of the relevant syllabus. They may work as primary or secondary trainers subject to the approval of the local GTPD.

**GP - General Practitioner**

**GP Trainer - NHS Workforce Deanery approved Trainer in General Practice**

**GTC – General Training Committee:** This is the committee which is responsible for the DFSRH or NDFSRH, LoC and PGA Med Ed (SRH) training pathways, and for supporting FRTs who deliver this training. The chair is directly responsible to the FSRH Officers and Council.

**GTP - General Training Programme:** A service, practice or group of trainers providing DFSRH or NDFSRH (and/or LoC IUT/SDI training). A training programme should have administrative and organisational support for trainers and trainees and be able to fulfil all components of the training programme within a broad range of clinical services with a focus on community-based sexual and reproductive health care provision. Information on local GTPs may be identified by contacting local sexual health services, FSRH DA(GT) or through the information provided on the FSRH's website.

**GTPD – General Training Programme Director:** The identified lead trainer in a GTP who oversees training within their local training programme, including administration and organisation. The GTPD will be an experienced FRT who is actively involved in training. They will ensure that the trainers in their programme are eligible to be trainers and have maintained their skills and competencies to deliver training and assessments.
LoC - Letter of Competence

LoC IUT - in Intrauterine Techniques: A clinician who holds the Letter of Competence in Intrauterine Techniques has demonstrated that they have the evidence based knowledge, attitude and skills required to consult with a woman requesting contraception, and to appropriately provide intrauterine methods and manage complications and side effects.

LoC MEd - in Medical Education
(This programme closed to new applicants in 2012 – see PGA MEd Ed (SRH))

LoC SDI - in Subdermal Contraceptive Implant Techniques: A clinician who holds the Letter of Competence in Sub Dermal Implants has demonstrated that they have the evidence based knowledge, attitude and skills required to consult with a woman requesting contraception, and to appropriately provide a sub-dermal implant and manage complications, side effects and removal.

MFSRH - Member of the Faculty of Sexual and Reproductive Healthcare

NDFSRH – Nurse Diplomate of the Faculty of Sexual and Reproductive Healthcare: A nurse who holds the NDFSRH has demonstrated that they have the evidence based knowledge, and attitude and skills required to deliver safe and effective sexual and reproductive health care in community, primary and secondary care settings.

PGA MEd Ed (SRH): Post Graduate Award in Medical Education in Sexual and Reproductive Health Care jointly awarded by Keele University and the FSRH. This is the primary teaching qualification for FRTs

Primary Trainer: The FRT responsible for overseeing the clinical training of a trainee subject to the approval of the GTPD. (The primary trainer for DFSRH or NDFSRH will carry out the initial formative and final summative assessments for the clinical experience and assessment for the DFSRH or NDFSRH, and a minimum of 1 ACP for this trainee.)

RDCP - Reflection and Discussion of Clinical Practice: This is an assessment tool involving discussion of a consultation undertaken by the trainee, not directly observed by the assessor. It is assessed by an FRT or a clinician who has attended the PGA Med Ed (SRH) course and is preparing their teaching portfolio.

Secondary Trainer for a LoC: A holder of a current, relevant, LoC who need not be a FRT/FNRT (SDI), unless completing the final assessment, who has been approved by the primary trainer.

Trainee: In this document a trainee refers to a registered nurse training for the NDFSRH or a registered doctor training for the DFSRH.
1. Introductory Section

1.1 Title of the programme and the principal award to which it will lead
Diploma of Sexual and Reproductive Healthcare for doctors
Or
Nurse Diploma of Sexual and Reproductive Healthcare for nurses

1.2 Name of awarding body
Faculty of Sexual and Reproductive Healthcare

1.3 Length and pattern of study
Trainees will have the flexibility of up to 3 years to complete the work for the DFSRH/ NDFSRH but are encouraged to consolidate their knowledge by completing within a shorter time frame where local resources allow.

There are three main components:

- Theoretical knowledge which may be gained from any resource of the trainees’ choosing. The syllabus is presented in an optional on-line learning package known as the e-SRH which has a number of modules which are estimated to take a total of about 30 hours
- Course of 5 - Five hours
- Clinical Practice - The time taken to achieve the clinical assessments will vary according to the previous experience of the trainee and the patients available for training. It is likely to be in the region of 2-8 clinical sessions.

1.4 Aim of the Programme
The DFSRH will enable the holder to demonstrate that they have the knowledge and skills required to manage community and General Practice sexual and reproductive health consultations.

1.5 Mode(s) of learning and delivery
This is a blended learning package, underpinned by an e-portfolio which will be used as a record of progress and as a learning tool in its own right.

The theoretical knowledge in which the diploma is grounded is delivered in an optional e-learning package (e-SRH) developed with Health Education England.

The e-SRH modules will cover topics such as contraception, sexual behaviour and STI testing and screening delivered in sessions taking about 20 minutes, and the entire course is estimated to take about 30 hours.

The sessions are interactive, with animations, video clips and self-assessment questions. There are links to current guidelines and other resources.
Further progress through the DFSRH or NDFSRH programme depends upon passing the eKA of theoretical knowledge. Trainees may prepare for this using the e-SRH or may opt to prepare from other resources, or may judge their knowledge is already adequate.

Trainees will be encouraged to commence the diploma at a suitable point in their training, and will be expected to be able to perform basic procedures such as pelvic examination and giving intramuscular injections before they proceed to clinical assessments.

Following successful completion of the e-SRH, trainees will move on to the ‘Course of 5’. This comprises five one hour sessions with fixed content, and includes nine diploma assessments. This may be run as a one day course, or as individual sessions. The course is delivered to groups of four trainees for each trainer or less which will ensure there is opportunity to put theoretical knowledge into practice.

Trainees will thus be well prepared for their clinical experience and assessments, which may take place in a variety of locations including community clinics and general practice. They will be assessed in seven topic areas covering the breadth of sexual and reproductive health. Most assessments will be through direct observation of consultations, but there will be an opportunity for reflective discussion of consultations that have not necessarily been observed by the trainer.

### 1.6 Training Providers

Course of 5 and clinical training will be provided locally by General Training Programmes as defined above. Within a General Training Programme, training is provided mainly by Faculty Registered Trainers who have the skills to provide one-to-one clinical teaching, carrying out teaching in small groups, set learning objectives and carry out initial formative and final summative assessments in the context of the relevant syllabus. Faculty Registered Trainers are required to maintain their qualification/accreditation in medical education.

### 1.7 Entry requirements

Doctors and Nurses must meet the following entry criteria before accessing the programme.

i. **Resuscitation/Anaphylaxis**

Up to date with Basic Life Support and Anaphylaxis Training in accordance with employer’s local policy. Certificates of training should be retained for the trainer to review. Where employers do not provide anaphylaxis training a certificate of completion of an appropriate e-learning module will be accepted.
ii. Consultation skills

Appropriate consultation skills for sexual health consultations are an entry requirement for the DFSRH and NDFSRH. During the clinical components of these training programmes trainees must be able to demonstrate that they can:

- Take an appropriate sexual history
- Adapt their consultation style to suit the patient
- Address patients’ ideas, concerns and expectations and answer their questions
- Assess whether a patient is competent to consent to treatment and ensure consent is well-informed
- Protect confidentiality
- Make an appropriate offer of a chaperone
- Demonstrate clear record-keeping
- Use time effectively in consultations

If a trainee is unable to fulfil any of these requirements, the trainer may defer the clinical training until this has been satisfactorily addressed

Self-certification
Qualified GPs, Consultant Doctor, Nurse Practitioner degree holders, Nurse with a non medical prescriber qualification can self-certify competency for the consultation skills.

Competency may be signed by
Educational supervisor, consultant doctor, Faculty Registered Trainer, GP Trainer

iii. Gynaecological skills

DFSRH (Doctors)

The trainee should be able to demonstrate that they can perform a genital examination, to include speculum examination, digital vaginal examination and bimanual pelvic examination. The trainee must be competent in the following gynaecological skills:

- Assessment of size, position and mobility of the uterus.
Assessment, investigation and management of potential IUD/IUS users with:

- Abnormal findings at pelvic examination
- Heavy and/or painful periods
- Infrequent and/or absent periods
- Vaginal discharge and sexually transmitted infection
- Acute and chronic pelvic pain.

Trainers may postpone or defer the clinical training and require the trainee to seek further gynaecological experience if this is assessed to be necessary.

**NDFSRH (Nurses)**

Appropriate gynaecological skills for sexual health consultations are an entry requirement for nurses on the NDFSRH training programme. The candidate should be able to demonstrate that they can perform a speculum examination. Trainers may postpone training and require the trainee to seek further gynaecological experience if this is assessed to be necessary before or during the NDFSRH training.

**Self certify:**
A nurse who has been signed off for the RCN Genital Examination competencies.

**Competency may be signed by:**
Consultant (Doctor), qualified GP, FRT, staff grade/associate specialist in gynaecology

**1.8 Fees and fee structure**

An initial fee of £50 covers the cost of the use of a DFSRH/NDFSRH e-portfolio for a maximum period of 3 years. This e-portfolio underpins the Diploma and is also an essential electronic record of progress.

Access to the e-SRH is free of charge to NHS employees.

Course of 5 (C5): individually costed at local level

Clinical experience and assessment: there may also be a fee for this, by agreement with the local General Training Programme.

On completion there is a registration fee to obtain the DFSRH. This is a fixed cost, as detailed in the current year’s fee schedule available at www.fsrh.org pages/Diploma_of_the_FSRH.asp
1.9 Quality Assurance
Responsibility for QA rests with the FSRH General Training Committee which meets four times a year:

e-learning is regularly, systematically updated and reviewed in line with publication of new evidence based guideline documents. A direct pathway of communication has been agreed between the General Training Committee and the Clinical Effectiveness Unit of the FSRH to ensure that changes to Faculty and other relevant guidelines are reflected in the learning and assessment tools.

e-knowledge assessment is also updated and reviewed as new evidence based guidelines are published.

Course of 5 material is reviewed and updated in light of any relevant changes to evidence based guidelines.

Local delivery of Courses of 5 is quality assured by external peer review.

Local delivery of clinical experience is monitored by trainee and trainer feedback, which is summarised in the annual QA report along with a summary of any changes to the clinical experience component of the DFSRH.’ It is assessed by an appointed external assessor annually.

1.10 External Advisory Group
The course is currently accredited by the RCGP and the RCN who will review the programme regularly and who receive the written annual QA reports.

1.11 Programme Development
The General Training Committee of FSRH will oversee and monitor programme development and is responsible to the Council of the FSRH.

2. Programme Specification

2.1 Awarding Body
Faculty of Sexual & Reproductive Healthcare jointly badged with RCGP and RCN.

2.2 Teaching Institution

General Training Programmes registered by the FSRH.
2.3 Final Award

- Diploma of Sexual and Reproductive Healthcare for doctors
- Nurse Diploma of Sexual and Reproductive Healthcare for nurses

2.4 Award criteria and progression

Award of DFSRH or NDFSRH depends on successful completion of all assessments. Progression may involve undertaking further training for provision of Intra-uterine or sub-dermal methods of contraception. Trainees may also wish to follow additional special skills modules run under the FSRH auspices in a number of SRH areas including menopause and abortion care.

Doctors may also choose to progress to the Membership of Faculty of SRH award.

2.5 Date of Introduction

January 2014

2.6 Primary Aim and Objective

Building on existing clinical skills and experience, the trainee will gain and apply their knowledge in order to provide safe care in community SRH settings for women and men seeking to control their fertility and manage their risk of STI acquisition.

2.7 Programme Outcomes

The programme provides opportunities for students to achieve and demonstrate the following learning and educational outcomes.

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<tr>
<th>Knowledge and understanding</th>
<th>Teaching and learning strategies and methods</th>
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<tr>
<td>1. Has the relevant knowledge to deliver quality sexual and reproductive healthcare in community settings.</td>
<td>The core knowledge and understanding outcomes may be achieved through:</td>
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<td>Theoretical knowledge includes:</td>
<td>e-learning modules (e-SRH)</td>
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<td>Contraception</td>
<td>Consolidated through application in clinical scenarios in the Course of 5 and in clinical experience sessions under the direct supervision of a Faculty Registered Trainer. Theoretical knowledge may also be achieved through a number of other resources according to the preference and existing knowledge and experience of the trainee.</td>
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<td>Planning a family</td>
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<td>Early pregnancy assessment including referral for abortion</td>
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<td>Recognising psychosexual problems</td>
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<td>Providing care for young people</td>
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<tr>
<td>The law relating to confidentiality, sexual activity and to young people.</td>
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Assessment

Knowledge and understanding will be assessed through:

e-Knowledge Assessment will assess application of knowledge in SRH clinical scenarios.

Teaching and Learning Strategies and Methods

Small group discussions of clinical scenarios under facilitation of a FRT or other suitable trainer.

Clinical practice under direct supervision of a FRT or other suitable trainer.

Assessment

Standardised assessments by Faculty Registered Trainers of appropriate application of knowledge in small group discussions of clinical scenarios.

Standardised assessments by FRTs of application of knowledge in real clinical consultations; either by direct observation of the trainee in a consultation with a service user or based on discussion of a consultation chosen by the trainee and undertaken without the assessor being present.

Apply theoretic SRH knowledge to clinical scenarios

Cognitive (thinking) skills - able to:
Practical skills

Is able to demonstrate practical skills in simulated situations;

1. Is able to demonstrate how to perform common investigations for sexually transmitted infections on male and female models.

2. Is able to demonstrate how to teach the use of male condoms.

3. Is able to have an informed discussion on the assessment and management of women choosing barrier methods of contraception and the principles of fitting these methods.

4. Is able to demonstrate the insertion and removal techniques for a currently marketed implant on a model arm.

Is able to manage the following consultations effectively

1. An effective contraception choices consultation.

2. Consultation for a woman wishing to use an oral or injectable contraceptive, patch or vaginal ring.

3. Assessing and advising a woman wishing to use an intrauterine method or subdermal implant, prior to insertion.

4. Responding to a request for emergency contraception.

5. Taking an appropriate history and assessment of a woman with bleeding problems whilst using hormonal method.

6. Taking an appropriate sexual history and risk assessment for STI and pregnancy and performing the appropriate tests.

Teaching and Learning Strategies and Methods

Practical skills

Practical skills (1-3) will be developed throughout the programme through: e learning, facilitated small group discussions and clinical supervision and feedback discussions.

Assessment of practical skills

Standardised assessments of practical skills in simulated situations in small group workshop setting by FRT or other suitable trainer.

Standardised assessments by FRTs of application of knowledge in real clinical consultations; either by direct observation of the trainee in a consultation with a service user or based on discussion of a consultation chosen by the trainee and undertaken without the assessor being present.
3. Strategy for Teaching and Learning

3.1 Philosophy

Trainees are expected to be self-directed learners. They will have substantial levels of clinical experience and professionalism as a context for their application of new SRH knowledge and skills in clinical settings.

The role of the trainers is mainly to facilitate reflective learning in workshop settings and in clinical environments. Trainers will have an important role in robust assessment (both formative and summative) throughout the course.

3.2 Teaching and learning approaches

e-SRH provides the necessary background knowledge for DFSRH and NDFSRH and facilitates flexible self-directed learning. It also signposts further sources of information to encourage independent, individualised studying.

Theoretical knowledge is assessed by e-KA, recognising that some trainees will already have adequate knowledge and others will choose to acquire SRH knowledge in an independent self-directed manner, rather than using e-learning.

In the Course of 5, trainers facilitate small group discussion to encourage application of theory knowledge in clinical scenarios. This fosters collaborative learning among a group of trainees.

Trainees also have the chance to ask questions about the theoretical knowledge, drawing on the expertise of trainers to extend and consolidate their knowledge.

They also begin to develop relevant practical skills using models for simple, low fidelity simulation.

In their clinical experience trainees learn primarily by observed clinical performance followed by 1:1 feedback by the observing trainer. They are encouraged to develop their own reflective learning skills.

If any knowledge gaps are identified at this stage, trainees are encouraged to return to e-learning or other learning resources to consolidate and extend their learning.
4. Structure of the Programme

4.1 Elements of the programme

FSRH General Training Programmes

Optional Learning Routes To Prepare For Knowledge Assessment
eg eSRH, e-GP, RCGP ICSH, Clinical Guidelines, STIF course, eHIV-STI

eKA in SRH
(on-line Knowledge Assessment)

Course of 5

Assessment of Clinical Practice

Diploma of FSRH

Nurse Diploma of FSRH

General Training Entry Requirements
  • GMC / NMC Number
  • Resuscitation & anaphylaxis training
  • Consultation Skills
  • DFSRH & LoC IUT: Bimanual & speculum examination
  • NDFSRH: Speculum examination

Letter of Competence IUT

eSRH Module 17
  Model, clinical training and assessments

Letter of Competence SDI

eSRH Module 18
  Model, clinical training and assessments
4.2 Assessment:

4.2.1 Assessments of theory component

- Formative: interactive self-assessment questions embedded in e-SRH.
- Summative: The eKA (‘electronic knowledge assessment’) is a summative assessment of the knowledge required to deliver contraceptive and non-specialist sexual and reproductive health care (SRH) in the community and general practice in the United Kingdom within the context of the NHS.

4.2.2 Assessment for Course of 5

There are nine assessments on the Course of 5. These will be assessed by the facilitator, on the basis of active and appropriate participation in discussions and demonstrations of practical skills.

1. Has actively and appropriately participated in a workshop discussion on HIV testing and screening.
2. Is able to demonstrate how to perform common investigations for sexually transmitted infections on male and female models.
3. Is able to demonstrate how to teach the use of male condoms.
4. Is able to have an informed discussion on the assessment and management of women choosing barrier methods of contraception and the principles of fitting these methods.
5. Is able to demonstrate the insertion and removal techniques for a currently marketed implant on a model arm.
6. Is able to demonstrate that they can apply the principles of confidentiality, Fraser Guidelines, consent and safeguarding children in clinical scenarios.
7. Has actively and appropriately participated in a discussion on responding to someone presenting with a psycho sexual problem.
8. Has actively and appropriately participated in a discussion on responding to a woman presenting with an unwanted pregnancy.
9. Has actively and appropriately participated in a discussion of the management of men and women who request sterilisation.
4.2.3 Assessment of Clinical Competence

Can manage effectively and independently the following key consultations in SRH;

1. An effective contraception choices consultation.
2. Consultation for a woman wishing to use an oral or injectable contraceptive, patch or vaginal ring.
3. Assessing and advising a woman wishing to use an intrauterine method or sub-dermal implant, prior to insertion.
4. Responding to a request for emergency contraception.
5. Taking an appropriate history and assessment of a woman with bleeding problems whilst using hormonal method.
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.
7. Taking an appropriate history and assessment of a woman with vaginal discharge or pelvic pain.

5. Content: e-SRH

5.1 FSRH Theory

1. Principles of service delivery
   1.01 Principles of service delivery
   1.02 The law relating to sexual activity
   1.03 Understanding the patient’s perspective
   1.04 Confidentiality, consent and chaperones
   1.05 Working with young people

2. Basic anatomy and physiology
   2.01 Anatomy and physiology

3. Risk assessment and sexual behaviour
   3.02 Risk assessment

4. Pregnancy
   4.01 Planning pregnancy
   4.02 Early pregnancy assessment and referral

5. Psychosexual medicine
   5.01 Psychosexual medicine

6. Sexual assault
   6.01 Sexual assault
7. Screening and vaccination programmes in SRH
   7.01 cervical screening
   7.02 chlamydia screening

8. Contraceptive choices
   8.01 Mechanism of action and contraceptive effectiveness
   8.02 Assessment of risk and medical eligibility
   8.03 Fertility awareness methods
   8.04 Starting and using estrogen containing contraceptives 1
   8.05 Starting and using estrogen containing contraceptives 2
   8.06 Starting and using oral and injectable progesterone only hormonal contraceptives
   8.07 Starting and using barrier contraceptives
   8.08 Assessment and referral for IUD or IUS fitting
   8.09 Assessment and referral for SDI fitting
   8.10 Assessment and referral for sterilisation
   8.11 Choosing and using a method: young people
   8.12 Choosing and using a method: in the perimenopause
   8.13 Choosing and using a method: after pregnancy

9. Contraception: managing side effects and complications of use
   9.01 Managing bleeding problems in hormonal contraceptive users
   9.02 Managing hormonal side-effect
   9.03 Managing side effects complications IUD IUS

10. Emergency contraception
    10.01 Emergency contraception
    10.02 Emergency contraception cases

11. Testing for Sexually transmitted and genital infections
    11.01 Tests in current use – an overview
    11.02 Screening asymptomatic patients

12. Problem based approach to STI testing
    12.01 Abnormal vulvo vaginal symptoms
    12.02 Pelvic pain
    12.03 Male urethritis: diagnosis and management
    12.04 Genital lumps and infestations
    12.05 Genital ulceration

13. Testing for HIV and blood-borne viruses
    13.01 HIV testing
    13.02 Hepatitis

14. Partner notification
    14.01 Partner notification

16. Additional training in SDI
    16.01 Local anaesthesia for sub-dermal implant insertion and removal
    16.02 SDI: summary of method
    16.03 SDI: insertion and removal
    16.04 Managing impalpable implants
17. Additional training in intrauterine contraceptive methods
17.01 Local anaesthesia and analgesia for IUS/IUS insertion
17.02 IUT: summary of method
17.03 IUT: facilitating choice
17.04 IUT: insertion
17.05 IUT: removal
17.06 IUT: managing unexpected situations and complications

5.1.2 Contact hours are variable; trainees may learn by e-lfh SRH modules which take 20-30 hours or may organise own learning approaches

5.1.3 Specific Aims and Learning Outcomes

**Aims:** To Acquire the knowledge to provide community sexual health consultations.

**Learning Outcomes:**

*(See individual module learning outcomes below in 5.1.4)*

By the end of the element the trainee will have:

- Knowledge and understanding: Gain the knowledge and understanding in order to confidently manage community sexual health consultations

- Cognitive skills: to apply SRH knowledge in clinical scenarios.

5.1.4 Indicative Content:

1. Principles of service delivery

By the end of the session, trainees will be able to:

- State facilities necessary in providing SRH, to include equipment needed and premises used.

- Understand staffing and role of different members in SRH team.

- Describe challenges in developing appropriate access, information distribution and advertising services.
1.1 The law relating to sexual activity

By the end of this session the trainee will be able to:

- State the legal age of consent for sexual activity.
- Describe the key legislation regulating care for sexually transmitted infections and how this impacts on practice.
- Describe the barriers to accessing services for people with learning disabilities.

1.2 Understanding the patient's perspective

By the end of this session the trainee will be able to:

- State the relevance of demonstrating a sensitive and non-judgemental attitude when consulting patients from different religious and cultural backgrounds.
- Explain how the presence of language interpreters or a third party may alter the dynamics of the consultation.
- Describe factors that may affect patients’ perception and use of services providing sexual and reproductive healthcare, both in primary care and specialist sexual and reproductive healthcare settings.
- Identify factors that may influence the clinician’s ability to conduct a sexual and reproductive health consultation, both in primary care and specialist sexual and reproductive healthcare settings.

1.3 Confidentiality, consent and chaperones

By the end of this session the trainee will be able to:

- State the duty of confidentiality in sexual and reproductive healthcare as it applies to people of all ages.
- Describe the circumstances under which a chaperone may be provided or needed.
- Recognise the importance of obtaining valid client consent

1.4 Working with young people

By the end of this session the trainee will be able to:

- Recall the components of Fraser Guidance and ability to consent to medical treatment.
- Describe confidentiality for young people.
• Highlight ways of assessing risk
• Outline referral pathways for child protection
• Identify ways of communicating with young people
• Identify possible healthcare barriers for young people

2. Basic anatomy and physiology
By the end of this session the trainee will be able to:

• Describe the anatomy of the female and male reproductive systems
• Describe the functions of the female and male reproductive systems
• Describe the physiology of sexual intercourse

3. Risk assessment and sexual behaviour
By the end of this session the trainee will be able to:

• Describe how to take a sexual history to assess use of condoms to guide testing of sexually transmitted infections.
• Assess use of contraception and risk of pregnancy.
• Recognise the important groups of people who may be at higher risk of sexually transmitted infections.

4. Pregnancy

4.1 Planning a pregnancy
By the end of this session the trainee will be able to:

• List the areas that should be covered in a preconceptual consultation
• Describe the lifestyle factors that impact on a pregnancy
• Explain which conditions should be screened for
• Discuss fertility implications in relation to maternal age and methods of contraception used

• Describe the factors affecting women with underlying medical conditions or special needs in planning a pregnancy.

4.2 Unintended pregnancy: Early pregnancy assessment, abortion and referral

By the end of this session the trainee will be able to:

• Recognise the symptoms of pregnancy, including complications of early pregnancy

• Read a pregnancy test

• List the options available to women who have an unplanned pregnancy

• Highlight key points within the law relating to abortion

• List and describe abortion methods

5. Psychosexual medicine

By the end of this session the trainee will be able to:

• Explain the common causes and range of sexual dysfunction

• State the physical and psychological factors that contribute to sexual dysfunction

• Describe the prevalence of sexual dysfunction

• Describe the initial management of common sexual problems

6. Sexual assault

By the end of this session the trainee will be able to:

• Describe the impact of sexual assault on the individual

• Recognise the barriers to reporting and engaging with the police and the criminal justice system

• State the definitions and variations in the legal framework across the UK
• Explain the role of the sexual health clinician in the management of sexual assault

• Describe the role of sexual assault referral centres and the importance of support organisations and their role in assisting victims

7. Screening and vaccination programmes in SRH

7.1 Cervical screening
By the end of this session the trainee will be able to:

• State the objectives of the cervical screening programme

• Identify the principles of screening programmes

• Explain the way screening programmes operate in the UK

• Identify the causes and prevalence of cervical screening abnormalities

• Manage cervical screening results correctly

• Explain colposcopy to a patient

7.2 Chlamydia screening
By the end of this session the trainee will be able to:

• Name the aims and objectives of the English National Chlamydia Screening Programme (NCSP)

• Identify potential screening patients based on NSCP eligibility criteria

• Explain the rationale behind targeting selected groups

• Describe the delivery of the programme within community-based sexual health providers
8. Contraceptive choices

8.1 Mechanism of action and contraceptive effectiveness
By the end of this session the trainee will be able to:

- Explain the main modes of action of all methods of contraception currently used in the UK
- Differentiate reversible from permanent methods of contraception
- Discuss in general how contraceptive effectiveness is measured
- Distinguish between typical use and perfect use
- Give examples of methods with high and low failure rates

8.2 Assessment of risk and medical eligibility
At the end of this session the trainee will be able to:

- Describe the clinical elements relevant to determining the safety for an individual to initiate a contraceptive method
- Explain the current national guidance for establishing medical eligibility
- Define the four categories of medical eligibility for reversible contraceptive methods
- Define the four categories of medical eligibility for sterilisation

8.3 Fertility awareness methods
By the end of this session the trainee will be able to:

- Describe the combined indicator, standard days and lactational amenorrhea FA methods
- Identify how FA monitoring devices are used in fertility control
- Outline FA indicators used to optimise chances of pregnancy
- List the advantages and disadvantages of FA methods
8.4 Starting and using estrogen containing contraceptive methods – 1
By the end of this session the trainee will be able to:

• Describe the contraceptive methods containing estrogen
• Define the benefits and side effects of combined hormonal contraceptives
• Identify where use of combined hormonal contraceptives is contraindicated

8.5 Starting and using estrogen containing contraceptives – 2
By the end of this session the trainee will be able to:

• Assess the eligibility of a woman for CHC
• Describe the information given to women on how to use CHC
• Describe the contents of a follow up consultation

8.6 Starting and using oral and injectable progestogen-only hormonal contraceptives
By the end of this session the trainee will be able to:

• Describe the oral and injectable progestogen-only methods available
• Outline the information to be given to women to enable them to choose and safely use oral and injectable progestogen-only methods
• Identify when oral and injectable progestogen-only methods might be contraindicated
• Describe the correct procedure for giving and intramuscular (IM) injection

8.7 Starting and using barrier contraceptives
By the end of this session the trainee will be able to:

• List all male and female barrier contraceptive methods
• Evaluate user suitability for each method of barrier contraceptive
• Identify circumstances where use of spermicides might be contraindicated
• Understand the practicalities of fitting and removing caps and diaphragms
• Advise on risks and benefits and how to use barrier methods
8.8 Assessment and referral for IUD or IUS insertion

At the end of this session the trainee will be able to:

- Identify the information needed to evaluate the suitability of a woman for intrauterine contraception
- Identify where intrauterine contraception might be contraindicated
- Describe the risks and benefits of IUD and IUS
- Identify the information given to enable women to choose between IUD and IUS
- Describe the timing and procedure for removal of devices

8.9 Assessment and referral for SDI fitting

By the end of this session the trainee will be able to:

- Describe the benefits and possible side effects of SDIs
- Identify where an SDI might be contraindicated
- List the information to be given to women to enable them to choose and safely use SDIs
- Identify referral pathways for fitting and removal of SDIs

8.10 Assessment and referral for sterilisation

By the end of this session the trainee will be able to:

- Assess patients requesting sterilisation
- Recognise current procedures for male and female sterilisation
- Discuss preparation requirements for sterilisation
- Identify benefits and potential risks
- Compare with alternative methods of contraception
8.11 Choosing and using a method – young people
At the end of this session the trainee will be able to:

- Recognise adolescent perspectives on sex and contraception, identify relevant individual lifestyle factors and be able to promote a ‘safer sex’ culture
- Compare suitability, including benefits and risks, of contraceptive methods, taking the young person’s preferences into account
- Identify a management plan for contraception, including future contraceptive needs
- Recognise the importance of support for young people in relation to contraception

8.12 Choosing and using a method – in the perimenopause
At the end of this session the trainee will be able to:

- Assess perimenopausal women’s preferences for contraception
- Discuss contraceptive options with women in this age group
- Identify advantages and disadvantages of methods for perimenopausal menopausal women
- Assess further needs for women as they reach menopause
- Plan ongoing management for a perimenopausal woman

8.13 Choosing a using a method – after pregnancy
At the end of this session the trainee will be able to:

- Assess a woman’s preferences for contraception
- Discuss contraceptive options with the woman
- Identify advantages and disadvantages of methods for each woman
- Plan continuing management with the woman
9. Contraception: Managing side-effects and complications of use

9.1 Managing bleeding problems in hormonal contraceptive users
At the end of this session the trainee will be able to:

- Describe the expected short and long-term bleeding patterns associated with different hormonal contraceptive methods
- List areas to cover in the clinical history of a woman with bleeding problems on hormonal contraception
- Assess the need for examination and investigation of a woman with bleeding problems on hormonal contraception
- Specify appropriate investigations of a woman with bleeding problems on hormonal contraception
- Identify management options for a woman with bleeding problems on hormonal contraception

9.2 Managing hormonal side effects
At the end of this session the trainee will be able to:

- Recall hormonal side effects from hormonal contraceptives
- Assess the woman’s symptoms and severity
- Identify women’s expectations
- Relate significance of symptoms to contraceptive method
- Discuss management options for different contraceptive options

9.3 Managing side effects and complications of IUD and IUS
At the end of this session the trainee will be able to:

- State the possible complications of an IUD/IUS after fitting
- Identify rates of occurrence
- Assess the severity of the woman’s symptoms
- Determine appropriate examinations and investigations
- Determine immediate and following management
10. Emergency contraception

10.1 Emergency contraception
At the end of this session the trainee will be able to:

- Describe the methods of emergency contraception available and the effectiveness of each method.
- Recognise where there is a risk of pregnancy and advise appropriately
- Specify key points in history taking, counselling and follow up for safe and effective use of emergency contraception
- Identify needs for future contraception and when this can be started, as well as any risk of sexually transmitted infection and advise appropriately

10.2 Emergency contraception – cases
At the end of this session the trainee will be able to:

- Check theoretical knowledge of emergency contraception
- Apply emergency contraception knowledge to clinical situations in a holistic manner
- Consider all factors that may apply when carrying out a consultation about emergency contraception

11. Testing for sexually transmitted and genital infections

11.1 Tests in current use; an overview
At the end of this session the trainee will be able to:

- Choose appropriate tests for screening and/or diagnosis of common sexually transmitted infections
- Interpret test results to make presumptive or definitive diagnosis
- Describe the optimum conditions for sampling eg window/incubation periods

11.2 Screening asymptomatic patients
At the end of this session the trainee will be able to:

- Describe the rationale for a testing process to identify or exclude sexually transmitted infections in asymptomatic patients
- Explain the different approaches for females and males (heterosexual and MSM)
12. Problem-based approach to STI testing

12.1 Abnormal vulvovaginal symptoms
At the end of this session the trainee will be able to:

- List the common causes of vaginal discharge
- Describe the treatments for the common causes of vaginal discharge
- Identify the possible causes of intermenstrual and post-coital bleeding
- Identify and assess the common causes of vulval itch and soreness
- Recognise vulval pathology which requires specialist referral

12.2 Pelvic pain
At the end of this session the trainee will be able to:

- Identify key presenting features of pelvic inflammatory disease (PID) and how to distinguish this clinically from other pelvic and gynaecological conditions
- Recognise which clinical investigations and laboratory tests to perform in suspected PID
- Recognise when a patient requires referral for specialist in-patient management
- Select appropriate anti-microbial therapy
- Describe bacterial causes of PID
- Give appropriate information to patients diagnosed with PID regarding treatment, partner notification and sexual abstinence and deal with questions about fertility concern

12.3 Male urethritis
At the end of this session the trainee will be able to:

- Describe how to appropriately manage the initial presentation of symptomatic male urethritis
- Explain the appropriate use of near patient microscopy
- List the information required for patients diagnosed with urethritis regarding treatment, partner notification and sexual abstinence
12.4 Genital lumps and infestations
At the end of this session the trainee will be able to:

- Diagnose common causes of genital eruptions and infestations in the UK
- Distinguish normal physiological conditions from pathological conditions that need further investigation
- Discuss clinical features and morphology of the conditions
- Describe principles of treatment and management

12.5 Genital Ulceration
At the end of this session the trainee will be able to:

- Describe the common causes of genital ulceration
- Describe the presentation and natural history of herpes and syphilis
- Explain how to distinguish between causes of genital ulceration using sexual history taking, clinical examination and/or investigation
- Define the correct information to give to people with herpes including recognition of recurrence
- Describe the basic management of herpes and syphilis

13. Testing for HIV and Blood-borne viruses

13.1 HIV testing
At the end of this session the trainee will be able to:

- Explain the relevant risk factors for HIV for someone undergoing HIV testing
- Identify individuals who would benefit from more in-depth pre-test discussion
- List the indications for HIV testing
- Explain the topics that should be covered in a pre-test discussion
- Give an HIV test result, both negative and positive
- Advise patients how often HIV testing should be performed
13.2 Hepatitis A, B and C
At the end of this session the trainee will be able to:

- Explain the epidemiology of the infections Hepatitis A, B and C
- Describe the features of the three infections
- Describe usage and types of vaccine for Hepatitis A and B
- Explain how epidemiology informs whom to test for infection with Hepatitis B and C
- List the several treatments for Hepatitis A, B and C and their use

14. Partner notification
At the end of this session the trainee will be able to:

- Identify the principles of partner notification when dealing with sexually transmitted infections
- Outline the different methods of partner notification and decide when they are appropriate
- Describe partner notification effectively. This includes discussing a strategy with the individual as well as ways to overcome resistance and follow up

5.1.5 Teaching and Learning Methods:
Teaching and learning methods are learner-centred and independent study guided by e-fsrh and/or by reading relevant guidelines, text books, journal articles.

5.1.6 Assessment:

Formative: interactive self-assessment questions embedded in e-SRH

Summative: e-KA on line assessment of SRH knowledge applied in clinical scenarios

5.1.7 Recommended Reading
e-SRH is designed to cover all theoretical knowledge needed. Trainees may alternatively choose to use the following Clinical guidelines and texts or to augment e-SRH learning from the reading list in Appendix 1
6. Content: Course of 5

6.1 Title  Course of 5

6.2 Contact hours- Five

6.3 Organiser(s)  -Locally organised by a FRT within a General Training Programme

6.4 Specific Aims and Learning Outcomes

Aims:

- The course will provide an opportunity to apply the knowledge from the e-SRH to clinical scenarios in a supportive learning environment.
- The course provides opportunities to ask questions that may have arisen from the e-SRH.
- The course provides opportunities to examine various contraceptive devices and swabs used for STI testing and to demonstrate practical skills.

Learning Outcomes:

By the end of the Course of 5 the trainee will be able to:

Knowledge and understanding

- Appropriately participate in a workshop discussion on HIV testing and screening.
- Have an informed discussion on the assessment and management of women choosing barrier methods of contraception and the principles of fitting these methods.
- Demonstrate that they can apply the principles of confidentiality, Fraser Guidelines, consent and safeguarding children in clinical scenarios.
- Actively and appropriately participate in a discussion on responding to someone presenting with a psycho sexual problem.
- Actively and appropriately participate in a discussion on responding to a woman presenting with an unwanted pregnancy.
- Actively and appropriately participate in a discussion of the management of men and women who request sterilisation.
Cognitive skills:

- Apply knowledge of risk assessment, sexual history taking and HIV testing to clinical scenarios in a supportive learning environment, in preparation for clinical work.
- Apply knowledge of testing for STIs and demonstrate ability to take the appropriate samples on male and female models.
- Review and demonstrate some of the advantages and limitations of condoms as contraceptives and STI barriers.
- Have an informed discussion on the assessment and management of women choosing barrier methods of contraception and the principles of fitting these methods.

Practical skills:

- Demonstrate how to perform common investigations for sexually transmitted infections on male and female models.
- Demonstrate how to teach the use of male condoms.
- Demonstrate the insertion and removal techniques for a currently marketed implant on a model arm.

6.6 Indicative Content:

The Course of 5 builds on theoretical knowledge of SRH. Content consists of discussions based on clinical scenarios and simulated scenarios and practical skills.

6.7 Teaching and Learning Methods:

Learning is in small group workshops with maximum of four delegates for one facilitator. The requirement for active participation is explicit.

6.8 Assessment:

Summative: There are nine assessments on the Course of 5. These will be assessed by the facilitator, on the basis of active and appropriate participation in discussions and demonstrations of practical skills.

1. Has actively and appropriately participated in a workshop discussion on HIV testing and screening.
2. Is able to demonstrate how to perform common investigations for sexually transmitted infections on male and female models.
3. Is able to demonstrate how to teach the use of male condoms.
4. Is able to have an informed discussion on the assessment and management of women choosing barrier methods of contraception and the principles of fitting these methods.

5. Is able to demonstrate the insertion and removal techniques for a currently marketed implant on a model arm.

6. Is able to demonstrate that they can apply the principles of confidentiality, Fraser Guidelines, consent and safeguarding children in clinical scenarios.

7. Has actively and appropriately participated in a discussion on responding to someone presenting with a psycho sexual problem.

8. Has actively and appropriately participated in a discussion on responding to a woman presenting with an unwanted pregnancy.

9. Has actively and appropriately participated in a discussion of the management of men and women who request sterilisation.

6.9 Recommended Reading:

Please see List in appendix

7. Content: Clinical Experience

7.1 Title Clinical experience

7.2 Contact hours 12-16 hours

7.3 Organiser(s) local General Training Programme Director

7.4 Specific Aims and Learning Outcomes

Aims:

Clinical experience aims to put SRH theory and skills into clinical practice, demonstrating the knowledge and skills required for independent practice in community sexual and reproductive health.

Learning Outcomes:
By the end of the element the student will be able to demonstrate in the clinical setting:

1. An effective contraception choices consultation.
2. Consultation for a woman wishing to use an oral or injectable contraceptive, patch or vaginal ring.
3. Assessing and advising a woman wishing to use an intrauterine method or subdermal implant, prior to insertion.
4. Responding to a request for emergency contraception.
5. Taking an appropriate history and assessment of a woman with bleeding problems whilst using hormonal method.
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.
7. Taking an appropriate history and assessment of a woman with vaginal discharge or pelvic pain.

7.5 Teaching and Learning Methods:
Learning may be achieved through a variety of methods, including:

- Observation of consultations in different clinic settings with a mix of health professionals.

- Tutorials to discuss clinical topics, journal articles, case reviews.

- Reflective learning: the trainee is encouraged to reflect on their learning and clinical experience throughout the training programme. Opportunities for this are provided using optional templates on the e-portfolio. Trainees are encouraged to share these reflections with their trainers. Trainers may recommend further areas for reflection as part of the trainees’ ongoing development as part of the written ACP/RDCP feedback.

- Review of the literature, relevant guidelines, referral back to sessions in the e-SRH or other texts or guidelines.

- A log of consultations may be recorded on the e-portfolio to inform reflection and discussion.

- The e-portfolio includes a record of practical procedures performed by the trainee.

7.6 Assessment:
**Formative:** see below; ACP or RDCP assessments not satisfactorily achieved are treated as formative assessments.

**Summative:** assessed by the following tools;

- **ACP:** Assessment of Clinical Practice – this is an assessment tool involving direct observation of the trainee in a consultation with a service user.

- **RDCP:** Reflection and Discussion of Clinical Practice - this tool is for assessment based on discussion of a consultation chosen by the trainee, not directly observed by the assessor. It is completed by a Faculty Registered Trainer, a nurse holding the PGA Med Ed (SRH) or a clinician who has attended the PGA Med Ed (SRH) course and is preparing their teaching portfolio.

ACP or RDCP applied to the following seven topic areas, At least four of these should be ACPs. These must be in the following topic areas:

- One ACP in topic 1
- One ACP for topic 3
- One ACP for topic 6 or 7
- One ACP in one of the other topic areas.

Remaining areas may be assessed either by ACP or RDCP.

1. An effective contraception choices consultation.
2. Consultation for a woman wishing to use an oral or injectable contraceptive, patch or vaginal ring.
3. Assessing and advising a woman wishing to use an intrauterine method or subdermal implant, prior to insertion.
4. Responding to a request for emergency contraception.
5. Taking an appropriate history and assessment of a woman with bleeding problems whilst using hormonal method.
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.
7. Taking an appropriate history and assessment of a woman with vaginal discharge or pelvic pain.

*Please see Appendix 2 for ACP and RDCP assessment tools and checklists for the seven areas.*

**7.7 Recommended Reading:**
8. Programme Regulations

Programme Regulations are set and reviewed by the General Training Committee. Before proceeding to C5, trainees must certify they have met the pre-course requirements and pass the e-KA.

- Trainees must pass at least seven assessments on the C5 before proceeding to clinical experience.
- Trainees deemed not to have the requisite knowledge and clinical consultation skills may be directed by a trainer to delay further clinical experience until they have attained the necessary levels of knowledge and skills.
- Trainees must satisfactorily complete all assessments within 3 years of passing the e-KA.

9. Appendices

1. Reading List – Appendix 1
2. ACP & RDCP assessment tools & checklists for the seven areas- Appendix 2

Appendix 1

Clinical Effectiveness Unit of Faculty of Sexual and Reproductive Healthcare

Clinical Guidance Documents

Contraception: Method Specific Guidance

Barrier methods
Barrier Methods for Contraception and STI Prevention August 2012 (review: August 2017)

Combined hormonal contraception
Missed Pill Recommendations May 2011 (review: May 2012)
Combined Hormonal Contraception October 2011 (review: October 2016)

Emergency contraception and quick starting
CEU Statement - Update on use of ulipristal (ellaOne) in breastfeeding women March 2013
Statement on Drug Interactions between Hormonal Contraception and Ulipristal Products: ellaOne® and Esmya® November 2012
Emergency contraception guidance Updated January 2012 (review: August 2016)

Ulipristal Acetate (ellaOne®) October 2009
CEU Guidance - Quick Starting Contraception September 2010 (review: September 2015)
Intrauterine methods of contraception
Intrauterine Contraception November 2007  (update in progress)

Progestogen-only contraceptives
Subcutaneous Depot Medroxyprogesterone Acetate (Sayana Press®)  June 2013
Progestogen-only Pills Updated June 2009  (update in progress)
Progestogen-only Injectable Contraception Updated June 2009  (review: October 2013)
Progestogen-only Implants April 2008  (update in progress)
CEU Statement - Nexplanon® Updated November 2010

Sterilisation
Sterilisation guidance - expected publication date 2013
CEU Statement - Hysteroscopic Sterilisation October 2010

UK Medical Eligibility Criteria and Contraceptive Use and Selected Practice Recommendations

• The UK Medical Eligibility Criteria for Contraceptive Use - November 2009
Revised May 2010 - UKMEC

• UK Selected Practice Recommendations for Contraceptive Use  2002

• The UK Medical Eligibility Criteria for Contraceptive Use - Summary Sheets

Sexually Transmitted Infections in Primary Care 2013
RCGP guideline, endorsed by BASHH, available on the BASHH website, Guidelines section

Books

Contraception

Contraception; your questions answered. John Guillebaud and Anne MacGregor (2012)
Churchill Livingstone


Sexually Transmitted Infections
### Appendix 2- ACP assessment tool

<table>
<thead>
<tr>
<th>Topic area covered for this ACP:</th>
<th>With prompting</th>
<th>Independent practice</th>
<th>Not relevant (N/R)*</th>
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<td>History and assessment:</td>
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<td>Clinical judgement and diagnosis:</td>
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<td>Planning and provision of treatment/future management:</td>
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<td>Examination and practical skills*:</td>
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<td>Communication skills:</td>
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<td>Demonstrates non-judgemental attitude and patient-centred consultation:</td>
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<td>Time management and organisation:</td>
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<tr>
<td>Trainee’s insight into own performance:</td>
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* For some consultations “Examination and practical skills” will not be relevant – tick N/R column.
Areas of good performance:

Suggestions for development:

**RDCP assessment tool**

<table>
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<th>Topic area covered for this RDCP:</th>
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<td>Evidence of non-judgemental attitude and patient-centred consultation:</td>
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<td>Consideration of relevant legal/ethical frameworks:</td>
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<td>Organisation/efficiency:</td>
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<td>Overall clinical judgement:</td>
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<td>Trainee’s insight into own performance:</td>
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* For some consultations “Investigation and referrals” will not be relevant – tick N/R column.

Areas of good performance:

Suggestions for development:

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**FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE**
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Tel: 020 7724 5669/5647 Website: www.fsrh.org

Checklists for assessments:
Clinical Experience and Assessment

**Checklists for assessments**

The checklists for each of the 7 topic areas are the expected standards to assist the assessor and to provide a framework for feedback to the trainee for future practice.

1. **An effective contraception choices consultation**

<table>
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<th>Checklist</th>
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<tr>
<td>Takes appropriate history – pregnancy and STI risk assessment, contraceptive and sexual history, other relevant medical history’</td>
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<tr>
<td>Can apply UKMEC and other guidance e.g. FSRH</td>
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<tr>
<td>Can explains benefits, risks, uncertainties and non-serious side-effects of all methods</td>
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<td>Explains mode of action and duration of use</td>
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<td>Explains to woman correct timing of starting or switching from current method, including “quick start”</td>
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<tr>
<td>Can assess woman’s understanding and use appropriate decision aids (e.g. leaflets) and visual aids (e.g. drawings, models)</td>
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<tr>
<td>Facilitates choice of a method appropriate to personal preferences and...</td>
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**lifestyle needs**

Demonstrates knowledge of local referral pathways for methods not immediately available

Offers and organises interim contraception if needed

Explains when follow-up appointment is needed and advises/arranges where

Advises on safer sexual practices including condoms for dual protection

Offers/advises STI screening if indicated by STI risk assessment

---

2. Consultation for a woman wishing to use an oral or injectable contraceptive, patch or vaginal ring

**Checklist**

- Takes appropriate history – pregnancy and STI risk assessment, contraceptive and sexual history, other relevant medical history
- Can apply UKMEC and other guidance e.g. FSRH
- Explains benefits, risks, uncertainties and non-serious side-effects
- Explains mode of action and duration of use
- Explains to woman when to start and when it will be effective
- Offers and organises interim contraception if needed
- Explains how to use method, helps devise strategy for regular use, and action needed in case of missed pills or late injection or late application of patch or ring, and drug interactions
- For OC, explains action in needed in case of vomiting and diarrhoea
- Explains when follow-up appointment is needed and advises/arranges where
- Offers and discusses suitable written information
- Offers/advices STI screening if appropriate

---

3. Assessing and advising a woman wishing to use an intrauterine method or subdermal implant, prior to insertion

**Checklist**

- Takes appropriate history – pregnancy and STI risk assessment, contraceptive and sexual history, other relevant medical history
- Can apply UKMEC and other guidance e.g. FSRH
- Explains benefits, risks, uncertainties and non-serious side-effects
- Explains mode of action and duration of use
- Explains insertion procedure using visual aids e.g. drawings, models
- Explains correct timing of insertion to woman
- Offers and organises interim contraception if needed
- Offers and discusses suitable written information
- Explains when/if follow-up appointment is needed
- Offers/advices STI screening if appropriate
4. Responding to a request for emergency contraception

<table>
<thead>
<tr>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes appropriate history – pregnancy and STI risk assessment, contraceptive and sexual history, other relevant medical history’</td>
</tr>
<tr>
<td>Can apply UKMEC and other guidance e.g. FSRH</td>
</tr>
<tr>
<td>Offers both emergency hormonal and IUD if timing and history are appropriate, giving failure rates of each</td>
</tr>
<tr>
<td>Explains to woman correct timing of either/both methods</td>
</tr>
<tr>
<td>Explains benefits, risks, uncertainties and non-serious side-effects</td>
</tr>
<tr>
<td>Explains mode of action</td>
</tr>
<tr>
<td>For EHC: offers and organises ongoing contraception if needed including “quick start”</td>
</tr>
<tr>
<td>For EHC: applies knowledge of use outside of product licence</td>
</tr>
<tr>
<td>For EHC: explains action in needed in case of vomiting</td>
</tr>
<tr>
<td>For IUD: makes use of referral pathways if IUD not fitted at same appointment, and advises and provides EHC meanwhile</td>
</tr>
<tr>
<td>Explains when follow-up appointment is needed and advises/arranges where</td>
</tr>
<tr>
<td>Offers and discusses suitable written information</td>
</tr>
<tr>
<td>Offers/advises STI screening if appropriate</td>
</tr>
</tbody>
</table>

5. Taking an appropriate history and assessment of a woman with bleeding problems whilst using hormonal method

<table>
<thead>
<tr>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes appropriate history - pregnancy and STI risk assessment, contraceptive and sexual history, other relevant medical history’</td>
</tr>
<tr>
<td>Can apply UKMEC and other guidance e.g. FSRH</td>
</tr>
<tr>
<td>Performs appropriate examination with informed consent.</td>
</tr>
<tr>
<td>Performs appropriate tests, e.g. swabs, pregnancy test</td>
</tr>
<tr>
<td>Explains to woman differential diagnosis</td>
</tr>
<tr>
<td>Provides appropriate management options, with advice about when to commence and how to use</td>
</tr>
<tr>
<td>Explains benefits, risks, uncertainties and non-serious side-effects of any treatment offered</td>
</tr>
<tr>
<td>Advises about follow-up</td>
</tr>
</tbody>
</table>
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

**Checklist**

| Takes appropriate history – pregnancy and STI risk assessment, contraceptive and sexual history, other relevant medical history |
| Explains tests and their limitations |
| Performs appropriate examination if indicated, with informed consent. |
| Performs appropriate tests for STIs in accordance with local guidance |
| Can apply BASHH and other guidance |
| Provides appropriate information about STIs |
| Provides appropriate treatment & follow-up according to clinical findings |
| Explains partner notification |
| Advises on safer sexual practices |

7. Taking an appropriate history and assessment of a woman with vaginal discharge or pelvic pain

**Checklist**

| Takes appropriate history – pregnancy and STI risk assessment, contraceptive and sexual history, other relevant medical history |
| Explains tests and their limitations |
| Performs appropriate examination, with informed consent. |
| Performs appropriate tests for STIs in accordance with local guidance, and any other tests indicated |
| Can apply BASHH and other guidance |
| Provides information about STIs |
| Identifies when condition requires immediate or emergency referral for secondary care and makes suitable arrangements |
| Provides appropriate initial treatment according to symptoms, clinical findings and results of near-patient tests |
| Arranges access to results of tests and follow-up if indicated |
| Explains partner notification |
| Advises on safer sexual practices |