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Policy briefing

What do GPs learn about HIV?

December 2013

Overview

- GPs are increasingly important in both the diagnosis and the management of HIV. HIV is now a long-term condition and people diagnosed today can expect a normal life expectancy. However, there are still unacceptably high rates of undiagnosed (20%) and late diagnosed (50%) HIV in the UK. Greater awareness amongst GPs of the need to test for HIV is vital to achieving more prompt diagnosis in most-affected populations.

- This briefing sets out the basics of the GP training process undertaken by most new GPs in the UK, and identifies where and how HIV is included in the curriculum and assessment.

- Taking into account the broad range of areas in which GPs are expected to have competence, HIV is quite prominent in the GP curriculum and assessment for trainees.

- The content on HIV in the GP curriculum and assessment is accurate and relevant. But specific updates and amendments could be made to increase its relevance and ensure that trainee GPs are made aware of current issues around HIV in primary care. (see Recommendations)

- As the Royal College of GP's curriculum has only been in place since 2006 (and the current version since 2012), only recently-qualified GPs will benefit from the HIV content identified in this briefing.

- The education on HIV which all trainee doctors receive in their undergraduate studies and during the Foundation Programme, prior to the specific GP training programme, is vital to their future understanding and attitudes to HIV, but is variable in content and quality. (see Recommendations)

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1. GP training requirements[1]

How do you become a GP?

In order to become a GP you must first complete an initial undergraduate medical qualification, followed by two years of Foundation Programme training[2] and three years of GP Specialty Training (GPST). Normally the GPST will involve around 18 months in a GP practice and another 18 months on placement in hospitals.

What qualifications must GPs have?

To practice, GPs must be certificated by and registered on the GP register with the General Medical Council (GMC).

The three routes to GMC registration are:

Certificate of Completion of Training (CCT)*, the usual route for doctors trained in the UK: Awarded at the end of the GMC-approved training programme. This is the normal route for UK-trained doctors to become a GP.

Certificate of Eligibility for GP Registration (CEGPR): For doctors not eligible for the CCT but with equivalent qualifications or experience, e.g. those who trained outside of the UK. To apply, the doctor must have either an existing GP qualification or at least six months' continuous training in general practice.

Certificate of Eligibility for GP Registration Combined Programme (CEGPR CP): This is the route for doctors who have completed part of the CCT programme, but may have then done 'non approved' training posts, e.g. posts in other specialties or posts outside the UK.

***The remainder of this briefing will focus on the CCT process.**

2. HIV education in Medical School

Do GPs learn about HIV in medical school?

Universities set their own curricula for undergraduate medical programmes, in line with the General Medical Council (GMC) guidance *Tomorrow's Doctors: Outcomes and standards for undergraduate medical education.* These standards do not talk about specific conditions or areas of medicine, but outline overall standards for medical education in the UK.

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[1] Information in this briefing about GP training requirements, curriculum and assessment is drawn primarily from the Royal College of General Practitioners – http://www.rcgp.org.uk/gp-training-and-exams

[2] The Foundation Programme was introduced in 2005 as part of the Governments' change to the education of postgraduate medical students. The programme replaced what was formerly known as the Pre-registration House Officer (PRHO) year and the first year of Senior House Officer (SHO) training. Please see the DH 'Modernising Medical Careers' http://webarchive.nationalarchives.gov.uk/20130107105354/http://dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079532.pdf

It is reasonable to expect that all universities cover HIV at some point in their undergraduate medical programme, but all will determine their own curriculum. The GMC standards for undergraduate medical training cover a full range of competences which would be relevant to HIV.

While the GMC document *Tomorrow's Doctors: Outcomes and standards for undergraduate medical education,* does not specifically mention understanding of HIV (or any other condition) as an outcome for training, this guidance does address Exposure Prone Procedures (EPP) and the need to be aware of the guidance around these. As controlling HIV transmission risk is a key driver of the EPP policy, one way in which medical students could learn about HIV is as an occupational risk.

What do medical students know about HIV?

Research presented at the Annual BHIVA Conference in April 2013 indicated that many medical students do not feel well informed about HIV and have a range of inaccurate and stigmatising beliefs. An anonymous survey of around 400 students at three UK universities[3] found the following:

- 10% rated their knowledge as 'poor' and one in five (18.6%) rated the quality of teaching they had received as 'poor'.
- 28.6% of respondents said they had 'adequate knowledge' about HIV.
- 16% stated that homosexuality cannot form part of an acceptable lifestyle.
- One fifth expressed discomfort in taking blood from an HIV positive patient, 55% would 'double glove' (wear two pairs of gloves instead of the single pair recommended under universal precautions) when doing so, and 16% felt apprehensive about caring for someone with HIV.
- 65% of final year students had taken a history from an HIV positive patient.[4]

3. The Foundation Programme

What does the Foundation Programme involve?

The foundation programme is a training course that aims to build upon the knowledge, skills and competences acquired at undergraduate medical school. The programme is managed by Foundation schools which are made up of a number of institutions such as postgraduate deaneries (now LETBs in England[5]) and health care providers that deliver Foundation training. All training must follow the Foundation Programme curriculum regulated by the GMC.[6]

[3] These universities were Manchester, Leeds and Southampton.
[4] Jarrett, P and Sukthankar, A (2013) 'Positive perspectives: an inter-university study of UK medical students on their attitudes to and knowledge of HIV' *HIV Medicine*, Vol 14 (2): 12-77
[5] Please see Appendix 1
[6] The GMC regulates the Foundation Programme and ensures doctors meet the overall standards set out in *The Trainee Doctor* and *Good Medical Practice* (2013).

The first year of the Foundation Programme will typically consist of at least three months in a surgical post and at least three-months in a medical post. The second year will usually consist of four varied three-month placements that may include a placement in a general practice.

Completion of the first year of the Foundation Programme allows the foundation doctor to apply for full registration with the GMC. Doctors who have completed the second year are then awarded the foundation achievement of competence document (FACD). The FACD allows medical students to take up a specialty training appointment that may be GP specialty training.

The Foundation Programme curriculum

The Foundation Programme follows a national curriculum developed by the Academy of Medical Royal Colleges.

The curriculum outlines the specific outcomes Foundation Doctors must achieve and is split into two sections, the first outlining 'The foundation doctor as a professional and a scholar' and the second outlining 'The foundation doctor as a safe and effective practitioner'. There are 12 syllabus topics overall that include general outcomes and detailed competences. The outcomes specify what has to be demonstrated by the end of foundation year one or two or throughout both years. The 12 syllabus topics are:

1. Professionalism
2. Relationship and communication with patients
3. Safety and clinical governance
4. Ethical and legal issues
5. Teacher and Training
6. Maintaining good medical practice
7. Good clinical care
8. Recognition and management of the acutely ill patient
9. Resuscitation and end of life care
10. Patients with long-term conditions
11. Investigations
12. Procedures.

How is HIV taught in the Foundation Programme?

Neither the outcomes nor the competences covered by the Foundation Programme provide examples of specific medical conditions. However, many of the syllabus topics are relevant to HIV.

For example:

Professionalism - This section deals with issues such as behaviour in the workplace and continuity of care. Competences include respecting and supporting the 'privacy and dignity of patients' and being polite, considerate and honest with patients in a non-

judgemental manner. This is important for ensuring good and equal care for people living with HIV who continue to face stigma and discrimination in healthcare settings.

Relationship and communication with patients - This is relevant for people living with HIV as it outlines how doctors should work with patients to develop sustainable individual care plans for people with long-term conditions. It also outlines the need to respect a person's dignity and right to privacy, autonomy and confidentiality.

Safety and clinical governance - This section looks at health and safety procedures and what can compromise patient care. Competences include being aware of the risks associated with blood-borne viruses. As with the focus on EPPs in medical school training, this could have the effect of encouraging trainee doctors to frame HIV as an occupational risk, rather than a long-term condition. However, with changes to rules around occupational restrictions this section of the syllabus may encourage doctors to learn about the new guidance for healthcare workers living with HIV[7].

Ethical and legal issues - These include the principles of confidentiality and data protection important for people living with HIV.

Maintaining good medical practice - Part of maintaining good medical practice involves understanding and following appropriate clinical guidelines. Competences include understanding the evidence 'in the context of any underlying long-term condition the patient may have.' This competency should help GPs to identify clinical indicator conditions of people who have been living with HIV for some time.

Good clinical care - This is particularly important to reduce late HIV diagnosis as good clinical care includes doctors being competent in diagnosis, clinical decision-making and patient safety. It is also relevant to the ongoing care of people living with HIV, as GPs will need to be aware of HIV clinical guidelines for treatment, monitoring and co-morbidities.

Patients with long-term conditions - HIV is a long-term condition and the syllabus outlines how doctors need to understand the role of other healthcare professionals and organisations in the management of long-term illness (such as the HIV clinic for people living with HIV).

Investigations – As part of learning about how to request, use and interpret test results, it would be relevant for Foundation Doctors to learn about HIV tests. This could include awareness of the different types of HIV test, including what the different 'window periods' are for different types of tests..

How are Foundation Doctors assessed?

Foundation Doctors are assessed in a number of ways:

- **The e-portfolio -** This is an online record of doctors' activities and achievements throughout the Foundation Programme. Through the e-portfolio, foundtation doctors demonstrate that they have achieved the competences identified for each year of the programme.

[7] See the DH response to the consultation on the management of HIV infected healthcare workers: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/229784/HIV_infected_HCW_-_Consultation_Response.pdf

- **Team assessment of behaviour (TAB) -** The TAB is drawn from the views of a range of qualified professional colleagues who have worked with the foundation doctor.

- **End of placement reports -** These come from the foundation doctor's clinical supervisor and the educational supervisor and describe the performance of the doctor in the workplace.[8]

All of the assessments draw on the specific clinical experiences the doctor has had through the programme. Therefore, HIV would feature in assessment only if a doctor has had individual practical experience in relevant clinical settings.

4. HIV and the GP Curriculum

What is included in the GP curriculum?

The Royal College of General Practitioners (RCGP) administers the GP curriculum. The RCGP curriculum defines the knowledge, skills and qualities required throughout a GP's career in the NHS, from trainee to experienced practitioner. It was introduced in 2006, at which point it was the "first attempt in the UK to define the indefinable, i.e. the complex competences that are required by doctors in undertaking the work of the expert clinical generalist".[9]

The curriculum outlines six overarching **Competences:**
1. Primary care management
2. Person-centred care
3. Specific problem-solving skills
4. A comprehensive approach
5. Community orientation
6. A Holistic approach

There are also three **Essential Features** of the GP:
1. Contextual features
2. Attitudinal features
3. Scientific features

The Curriculum documents include 21 Clinical Examples (also referred to as Clinical Illustrations and Clinical Statements), which cover key content areas for GP knowledge (which will be examined upon at the end of training).

The clinical examples apply the competences to population groups and specific conditions.

Where is HIV featured in the GP curriculum?

Competences and Essential Features

The six core competences do not directly address any specific health condition. However, as outlined below, the competences are very relevant to HIV.

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[8] For more information on how Foundation Doctors are assessed please go to http://www.foundationprogramme.nhs.uk/pages/foundation-doctors
[9] RCGP Curriculum Introduction and user guide 2012.

For example:

1. **Primary care management**: This is about managing contacts with patients, so issues like patient confidentiality and effective shared care would be part of this competence.

2. **Person-centred care**: This is relevant to the need to treat people living with HIV as individuals, and work in partnership to agree treatment and care that is best for them.

3. **Specific problem-solving skills**: This is especially relevant to making a diagnosis if patients present with symptoms of HIV, whether these are of primary infection or advanced HIV infection.

4. **A comprehensive approach**: Such an approach means a GP can manage co-morbidities and long-term conditions alongside acute care needs, whilst considering prevention and health promotion. This is clearly relevant to managing all the HIV-related needs of their patients.

5. **Community orientation**: By encouraging GPs to think about the community in which they are practising, this competency should support HIV testing and prevention efforts in high prevalence areas and most-affected populations. This competency also speaks to the interaction between health and social care.

6. **A holistic approach**: This is defined as "the ability to understand and respect the values, culture, family beliefs and structure, and understand the ways in which these will affect the experience and management of illness and health." This competency should support GPs who are treating people living with HIV when presented with complex questions about such as their faith in their treatment and care.

It is also clear that the three Essential Features of the GP have relevance to HIV, for example:

1. **Contextual features**: Includes awareness of specific needs of local community and patient population, which could include HIV prevalence and at-risk groups.

2. **Attitudinal features**: This covers things like ethics. However, in the sexual health Clinical Example this is drawn in a potentially problematic way.

3. **Scientific features**: This is about a commitment to evidence-based practice and continued professional development, so should support GPs keeping up to date with HIV as a comparatively fast-moving area of medicine.

Clinical Examples

(Variously called Clinical Examples, Clinical Illustrations and Clinical Statements)

HIV is mentioned in the following Clinical Examples:

Sexual Health [10]

HIV appears in the 'key messages' and as a case study in this Clinical Example. However, despite being updated in April 2013, the epidemiological information on HIV in the UK is some years out of date, nor does it identify the key populations most affected by HIV. In

[10] RCGP Curriculum 2010, Statement 3.08 Sexual Health, revised 30 May 2012

addition, the case study does not reflect key clinical and public health guidance around HIV including testing guidelines and rules on migrant access to HIV treatment in England.[11]

HIV also features frequently in the section on how specific sexual health competences evidence the overarching competences and essential features of the GP curriculum.

The following are included in this section:

- HIV diagnosis including recognition of symptoms, common co-morbidities and complications. *(Primary infection is not explicitly mentioned, nor are there links to the list of indicator conditions included in the BHIVA/ BASHH 2008 'UK National Guidelines for HIV Testing.'*)
- How to interpret HIV tests and the limitations of these.
- Principles of ART, including side effects and the role of primary care. (*Does not link to BHIVA Standards of Care 2013.)*
- Management of sexual health emergencies including Post-Exposure Prophylaxis (PEP).
- Awareness of the limitations of taking a 'watch and wait' approach when it comes to conditions like HIV, where symptoms may disappear while condition actually gets worse.
- Consideration of sexual history in relation to HIV risk.
- Using risk assessment to know when to offer an HIV test. *(However this does not link to current BHIVA/BASHH or NICE HIV testing guidelines for reference.)*
- Advising patients on prevention of HIV including use of male and female condoms.
- Describing specific interventions for HIV prevention including PEP and the prevention of mother-to-baby transmission.
- Knowledge of current guidance around partner notification. *(Does not link to any specific documents.)*
- Awareness of local HIV prevalence and features of the epidemic. *(Does not link to tools developed by HPA/PHE.)*

- Also refers to "suggestions to widen HIV testing to general practice new patient registration checks in high prevalence areas". *(References the 2008 BHIVA/BASHH HIV Testing Guidelines but not the more recent 2011 NICE Public Health Guidance on the topic.)*

[11] Please see the end of the document for more information on this clinical example

Women's Health [12]

This clinical example does not refer to HIV other than mentioning the RCGP Sex, Drugs and HIV Task Group.

Men's Health [13]

HIV appears in 'key messages', noting that men have higher rates of STIs and HIV.

There is reference to the needs of gay, bisexual and transgender men under the competency 'a holistic approach.' However, 'need' is defined as relating to medical conditions 'beyond sexual health,' such as mental health and so it may be assumed HIV is not covered here.

E-GP

E-GP is an online resource designed to help GPs meet the standards and competences set out in the RCGP curriculum. It consists of a wide range of e-learning courses that cover many of the topics outlined in the curriculum. Each course is broken down into a number of interactive sessions. Sessions normally consist of informative slides, case studies and videos of GP consultations, as well as opportunities for the student to answer questions and evaluate responses. At the end of each session there is also signposting to further reading and activities.

There are 33 courses at present and HIV is mentioned in one - the 'Sexual Health' course. The Sexual Health course has 21 sessions and HIV is referenced in the majority of them (13). HIV is usually referenced in the context of the GP's role in sexual history taking and assessing risk of HIV as well as other STIs. There are examples of when to offer an HIV test, as well as recognising symptoms of primary and late HIV infection. HIV is also mentioned in the context of when the GP needs to refer a patient on to a specialist.

HIV is also given substantial attention in the following 4 sessions:

HIV and Why Early Diagnosis Matters

This session covers the basics of HIV epidemiology, viral load, CD4 count, how HIV is transmitted and strategies for prevention. It also explains AIDS diagnosis, the impact of ART on HIV-related morbidity and death, and in reducing infectiousness.

The main emphasis of the session is the importance of GP's diagnosing HIV early. The session gives the main ways to increase early diagnosis: through recognising the signs of primary HIV infection and through increasing HIV testing for those at high risk. A range of guidance is given on HIV testing such as:

- How to normalise HIV testing in Primary Care
- Barriers to HIV Testing
- Benefits to HIV Testing
- Giving the results of an HIV test
- Promotion of HIV Testing in the GP practice
- Testing in areas of high HIV prevalence
- Primary HIV Infection and how/when to test
- Testing strategies for asymptomatic patients

[12] RCGP Curriculum 2010, Statement 3.06 Women's Health, revised 30 May 2012
[13] RCGP Curriculum 2010, Statement 3.07 Men's Health, revised 30 May 2012

HIV Indicator Conditions

This session describes indicator conditions for late HIV diagnosis, and emphasises how these conditions may alert the GP to undiagnosed HIV infection. In the further references and activities section there is mention of the UK National Guidelines for HIV Testing (2008).

The Sexual History- The Partner History

This session looks at how to take a sexual history from a patient. It addresses specifically how to take a partner history and how to interpret the information given so as to assess the patient's risk of HIV and other STIs.

HIV is discussed using a case study of a patient who comes to the doctor with could be symptoms of primary infection. In this context the Doctor seeks to assess the patient's risk of HIV through asking questions about partner history in the last couple of weeks, where risk of recent HIV infection would have occurred.

Intervening to Reduce Risk- Promoting STI Testing

This session looks at clinical interventions to reduce the risk of patients developing sexual health problems. Three patients are described in the session - all of whom have a range of health needs but might benefit from having an STI or HIV test.

Topics and issues raised include: risk of acquiring an STI or HIV from unprotected sex, how to prevent an infection from being passed on to known partners and HIV testing for at-risk groups (African men and women and gay and bisexual men). An example is given of an African woman from Zimbabwe who tells her doctor she is trying for a baby and who is offered an HIV test because she is from a high risk group.

In the further reading and activities section there is mention of the NICE guidance from 2004 on interventions to reduce the transmission of sexually transmitted infections, including HIV; BASHH and BHIVA Guidance on safer sex and the RCGP guidance on STIs in Primary Care.

5. HIV in the assessment of trainee GPs

What formal assessments must GP trainees undertake?

There are three main components to the CCT assessment:

Applied Knowledge Test (AKT)

The AKT is a standardised three hour computer-marked test with 200 multiple choice questions. Approximately 80% of these questions cover clinical medicine, 10% critical appraisal and evidence-based clinical practice, and 10% health informatics and administrative issues.

There is an AKT content guide outlining what topics will be covered, linking to the relevant parts of the curriculum. This includes 21 topics with the disclaimer that it “DOES NOT attempt to be a complete list of every topic that might be included in the AKT”. The AKT questions are written by practising GPs.

Clinical Skills Assessment (CSA)

The CSA is a more practice-based test using the Objective Structured Clinical Examination (OSCE) format. It involves a simulation of a real-life clinical setting where specially trained actors take the role of patients. The candidate is allocated a consulting room and sees 13 patients for a 10-minute consultation each. Each case has been carefully developed, analysed and tested before use in the CSA.

Workplace based assessment (WPBA)

The WPBA involves collecting and evaluating evidence of professional competence in 12 key areas which are considered best tested in a workplace environment. A range of tools are used to collect the relevant evidence. Progress is monitored every six months with the educational supervisor. Evidence is recorded in the 'e-portfolio'.

The 12 competences expand upon the core six competences outlined in the GP curriculum:

1. **Communication and consultation skills** - communication with patients, and the use of recognised consultation techniques
2. **Practising holistically -** operating in physical, psychological, socioeconomic and cultural dimensions, taking into account feelings as well as thoughts
3. **Data gathering and interpretation** - for clinical judgement, choice of physical examination and investigations and their interpretation
4. **Making a diagnosis and making decisions** – a conscious, structured approach to decision making
5. **Clinical management** - recognition and management of common medical conditions in primary care
6. **Managing medical complexity and promoting health** - aspects of care beyond managing straightforward problems, including management of co-morbidity, uncertainty, risk and focusing on health rather than just illness
7. **Primary care administration and IMT** - appropriate use of primary care administration systems, effective record keeping and IT for the benefit of patient care
8. **Working with colleagues and in teams** - working effectively with other professionals to ensure good patient care, including sharing information with colleagues
9. **Community orientation** - management of the health and social care of the practice population and local community
10. **Maintaining performance, learning and teaching** - maintaining performance and effective Continued Professional Development (CPD) for oneself and others
11. **Maintaining an ethical approach to practice** - practising ethically, with integrity and a respect for diversity

12. **Fitness to practise** - the doctor's awareness of when his/her own performance, conduct or health, or that of others, might put patients at risk, and taking action to protect patients.

Where is HIV featured in the GP assessment?

AKT

The content guide for the AKT[14] lists 21 topics, four of which mention HIV:

- Immunology problems (p22) (no corresponding Clinical Example)
- Infectious disease (p23) (no corresponding Clinical Example)
- Sexual health (p37)
- Women's health

This indicates to trainee GPs that they may be tested on HIV, which should encourage them to learn about the condition.

It is not mentioned in 'Men's Health' even though it is covered in the corresponding Clinical Example.

Within these sections, HIV comes up as a patient concern but there are also two mentions of needle-stick injury in the AKT.

CSA

It is, of course possible that some of the cases presented to students will involve HIV as a possible diagnosis or patient concern. However, no information is provided about this (for obvious reasons of exam security). But, as with the AKT, it would be in the interest of trainee GPs to learn about HIV in case it appears in the CSA.

WPBA

Trainees may do a placement in a sexual health clinic. In this case, their portfolio would include evidence of their competences in the context of sexual health and HIV services. However, this is not compulsory.

[14] RCGP. The Applied Knowledge Test Content Guide. October 2012

6. Conclusions

Does the GP Curriculum adequately address HIV issues?

HIV features in the written materials for the RCGP Curriculum and assessment. Considering the broad range of knowledge and competences expected of GPs, it is quite prominent within the curriculum.

However, it is worth noting that the most important learning on HIV that trainee GPs do will come from the practical aspect of their training. GP trainees who do placements in a sexual health clinic, or have more contact with HIV patients in other areas of medicine will clearly have a better knowledge, as will those who choose to keep up to date with developments in HIV science and medicine.

How does the existing content shape GPs understanding of HIV?

The curriculum and assessment content addresses HIV from a variety of angles including, as part of a differential diagnosis, as a condition which patients are living with and as an important topic for health promotion with at-risk patients. However, there is also quite a lot of emphasis on the risk of occupational transmission of HIV. For GPs who do not have the opportunity to work with people living with HIV during their training, this could shape an understanding of HIV based on 'risk', which can foster stigmatising attitudes towards patients and colleagues who may be living with HIV.

Looking specifically at the Clinical Example on Sexual Health, which has the most content on HIV, the chosen case study is likely to cause confusion about the role of GPs in HIV care. Depending on how it is read, the case study could imply that migrants may need to pay for HIV testing and treatment (both of which are free in England; HIV testing throughout the UK and most migrants will also get HIV treatment for free in the other three nations). This is probably not the intention of the case study, but the wording is ambiguous and could reinforce false assumptions trainees may have about restrictions to migrant use of the NHS. Ideally, this case study would be replaced with one more suitable. At the very least, it would be helpful for this case study to be accompanied by specific reference materials for trainees to refer to when considering the questions arising from the case study.

Where is HIV missing from the GP Curriculum?

It is appropriate that HIV features most in the Clinical Example on Sexual Health, but it should additionally be detailed further in those on Men's Health (with a focus on gay and bisexual men) and Women's Health. It should also be cross-referenced in the Clinical Example on Drug and Alcohol Misuse, as HIV rates are elevated amongst people who inject drugs.

It is not clear why there is not a Clinical Example on either Immunology Problems or Infectious Disease, as these are covered by the AKT Content Guide. If these were to be drawn up, HIV should also be included.

What HIV content is missing from the GP Curriculum?

GPs have a vital role in diagnosing HIV and in helping people living with HIV manage their condition, alongside other routine health questions. In recent years guidance has been developed which will support GPs in these roles, but these are not consistently referenced (or referred to at all) in support of the relevant competences. These include:

- BHIVA/BASHH/BIS UK National Guidelines for HIV Testing 2008 – These include a helpful chart of indicator conditions where HIV testing is recommended as well as advice on who offers an HIV test, how and when. It is recommended that GPs in high prevalence areas offer an HIV test to all new registrants. These guidelines are referred to in some Clinical Examples but not in all relevant sections.

- NICE Public Health Guidance 33 – Increasing the Uptake of HIV testing among black Africans in England 2011. This guidance reinforces and expands upon the messages in the BHIVA/BASHH/BIS guidelines. These were not included in the 2013 update of the Curriculum.

- NICE Public Health Guidance 34 – Increasing the Uptake of HIV testing among men who have sex with men 2011. This guidance reinforces the messages in the BHIVA/BASHH/BIS guidelines. These were not included in the 2012 update of the Curriculum.

- BHIVA Standards of Care for People living with HIV 2013. Includes specific standards on the relationship between the HIV clinic and primary care. These have been released since the 2013 update of the Curriculum.

- BHIVA and EAGA position statement on the use of antiretroviral therapy to reduce HIV transmission. Aims to help clinicians and health promoters translate the evidence on HIV treatment as prevention and thus support patients to make an informed decision about starting treatment based on their individual circumstances.

In addition, more reference material is needed on:

- Symptoms of primary HIV infection (sero-conversion) and the preventive impact of diagnosing a patient very early.

- Symptoms of advanced HIV infection including common indicator diseases. (Linking to relevant 'look back' studies showing the impact of missing such symptoms, e.g. Ellis S et al. *HIV diagnoses and missed opportunities. Results of the British HIV Association (BHIVA) National Audit 2010.* Clinical Medicine 12(5): 430-4, 2012. Full text article: http://bit.ly/Xw5K02.)

- Populations most at risk of HIV: men who have sex with men (MSM), African-born men and women and people who inject drugs.

- The use of HIV treatment for prevention, where patients commence treatment earlier than is recommended for therapeutic reasons, in order to prevent onward transmission.

- Links to further information on relevant social/legal issues including criminalisation of HIV, migrant access to NHS, social care, benefits and housing needs (such as www.nat.org.uk; www.aidsmap.com).

Finally, it may be helpful to refer trainee GPs to some of the HIV training materials which are offered to practising GPs as part of their Continued Professional Development, including:

- HIV Today: What every healthcare professional should know about HIV Training developed by NAT

- HIV in Primary Care (2nd Edition), published by MEDFASH

- BMJ Learning Module - Increasing the uptake of HIV testing - issues for primary care and non-specialists: in association with NICE.

7. Recommendations

1. The GMC should work with UK universities to ensure that equality and diversity is a priority in all undergraduate medical curricula. This should include special attention to homophobia, racism and discrimination against people living with HIV.

2. The GMC should consider how future editions of its Standards for undergraduate medical education could encourage greater balance in university curricula, so that HIV is treated primarily as a long-term medical condition and HIV as an occupational risk is only a secondary issue.

3. Any medical training which talks about HIV in the context of exposure prone procedures should be updated to include information on the Department of Health's new guidance on healthcare workers with HIV.

4. HIV should be retained in the Clinical Examples on Sexual Health, elaborated upon in the Examples on Men's Health and Women's Health and added into the Example on Drug and Alcohol Misuse.

5. The case study in the Clinical Example on Sexual Health should be amended to better illustrate the important role of the GP in diagnosing HIV.

6. The Clinical Example on Sexual Health (and others which mention HIV) should be updated to include:
    - Up-to-date data on the UK epidemic
    - More information on symptoms of primary and advanced HIV infection
    - Where to go for further information on relevant social/legal issues including criminalisation of HIV, migrant access to NHS, social care, benefits and housing needs.

7. The reference list to the Clinical Example on Sexual Health (and others which mention HIV) should be updated to include:
    - NICE Public Health Guidance 33 – Increasing the Uptake of HIV testing among black Africans in England 2011.
    - NICE Public Health Guidance 34 – Increasing the Uptake of HIV testing among men who have sex with men 2011.
    - BHIVA Standards of Care for People living with HIV 2013.

8. All GPs should be referred to the E-GP resource for more information on HIV. GP trainees should also be referred to existing HIV training materials which are offered to practising GPs as part of their Continued Professional Development.

9. When updating the GP Curriculum, the RCGP should consult with key clinical bodies including BHIVA and BASHH, to ensure it supports current efforts to increase the role of primary care in HIV testing, treatment and care.

Appendix 1

Delivering GP training in England, Wales, Scotland and Northern Ireland

England

Since April 2013, Health Education England (HEE) has become responsible for the commissioning of education and training for GPs in England, as well as for other clinical and non clinical NHS staff.

At a local level, this responsibility is delivered by Local Education and Training Boards (LETBs) accountable to HEE[15]. LETBs' responsibilities include:

- Ensuring there is an adequate supply of local health and care workers;
- Planning and identifying local workforce priorities for education and training;
- Holding and allocating funding for the provision of education and training;
- Commissioning education and training on behalf of member organisations, securing quality and value from education and training providers in accordance with the requirements of professional regulators and Education Outcomes Framework;
- Securing effective partnerships with clinicians, local authorities, health and well-being boards, universities and other providers of education and research and providing a forum for developing the whole healthcare workforce.

There are 13 LETBs in England, the majority of which cover the same area as the previous deaneries. The exception is London, where three LETBs have been created.[16] Each LETB will have a Director of Education and Quality (DEQ) who will be responsible for the effective quality management of education and training programmes commissioned or provided by the LETB. LETBs will continue to have a postgraduate dean with responsibility for medical postgraduate education and training. For example, the Foundation Programme and GP training programmes will continue to be monitored and supported by postgraduate deans.

Wales, Scotland and Northern Ireland

In Wales, Scotland and Northern Ireland, the commissioning of GP training diverges from that in England. In Northern Ireland the national body responsible for GP training is the Northern Ireland Medical and Dental Training Agency. In Scotland, this organisation is called NHS Education for Scotland (NES) and NHS Wales for Wales. In all three countries training is delivered through deaneries, three in Scotland and one each in Wales and Northern Ireland.

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[15] LETBs have replaced postgraduate medical deaneries in England
[16] For more information on the areas LETBs will cover please visit: http://bma.org.uk/developing-your-career/specialty-training/find-your-deanery For a full list of LETBs please see http://hee.nhs.uk/about/our-letbs/

3.08 THE CLINICAL EXAMPLE ON

Sexual Health

This statement is part of the curriculum produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the discipline of general practice and describes the skills you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.

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KEY MESSAGES

- Sexual health is a UK government priority
- HIV continues to be one of the most important communicable diseases in the UK. The number of people living with HIV in the UK continues to rise; over a quarter (27%) were unaware of their infection. General practice has a role in caring for patients with HIV and assessing the risk of having undiagnosed HIV[1]
- Rates of sexually transmitted infection (STI) continue to rise, in some cases dramatically[2]
- Teenage pregnancy rates in the UK remain high, as do abortion rates
- General practice has an important role in the management of sexual health problems, taking a holistic and integrated approach
- Sensitive, non-judgemental communication skills are essential

[1] Health Protection Agency (HPA). *HIV in the UK*, 2009

[2] Health Protection Agency. *HIV and Other Sexually Transmitted Infections in the United Kingdom in 2002 Annual Report November 2003* London: Health Protection Agency, 2003, www.hpa.org.uk (accessed December 2011)

CASE ILLUSTRATION

Newly married Dikeledi Hendrick is 26 years old and has recently moved to your area with her three-year-old daughter (Jess) and husband (Baruti). They have previously lived in South Africa. Baruti has come here to complete his postgraduate studies and they will be in the UK for about four years.

Dikeledi asks you for contraceptive advice. She is interested in an intrauterine device (IUD). She would like to try for another child in about one year. Both Dikeledi and Baruti have had sexual partners before; Jess's father is not Baruti. Neither have had any form of sexual health consultations or tests. She has never been tested for any STIs. Dikeledi is generally very healthy. She discloses that she required antibiotics for a pelvic infection when she was 19.

Having looked at the *UK Medical Eligibility Criteria for Contraceptive Use* and, taking into account your patient's preference, you arrange for an IUD to be fitted. You counsel Dikeledi about the cervical screening and routine STI tests that can be performed within the surgery prior to the IUD fitting, as well as discussing the issues surrounding IUD use.

Eighteen months pass. Dikeledi has been happy with the IUD but now wishes to try for a baby. The IUD is removed and you offer pre-conception advice. Dikeledi asks you about the HIV test performed in the antenatal clinic and wonders if you would talk to her about it (you did NOT mention it in your initial STI chat, prior to the IUD insertion). Ideally she would like the test prior to conceiving. She considered the test prior to the birth of Jess, but the test was not freely available and treatment was costly.

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary care management	From this case illustration how could I promote sexual health and well-being, applying the principles of health promotion and disease prevention?
Person-centred care	Leading on from the above, what 'phrases' might I use? And what challenges might I face in 'avoiding assumptions' and making an appropriate 'risk assessment' in this case?
Specific problem-solving skills	What further questions would I like answered in order to work towards solving Dikeledi's issues? What other resources/services/healthcare professionals could I involve in the management of this case?

A comprehensive approach	How would I talk her through the cervical screening programme, HIV antenatal screening programme and HIV pre-test?
Community orientation	If I was looking to evaluate and develop my local sexual health services how would I begin to do this?
A holistic approach	What might be the implications for Dikeledi and her family of having an HIV test during her stay in the UK?
Contextual features	How might the guidance on entitlements to healthcare for overseas visitors affect my management? What global health issues would I consider?
Attitudinal features	Do I have any ethical objections to dealing with sexual health matters? What is the General Medical Council (GMC) guidance on *Personal Beliefs and Medical Practice*?
Scientific features	What is my plan for keeping up to date with current management of STIs and contraceptive choices?

LEARNING OUTCOMES

The following learning outcomes or objectives relate specifically to the management of sexual health. These learning outcomes are in addition to those detailed in the core statement, *Being a General Practitioner*. The core statement and this statement should be used in conjunction with the other curriculum statements, especially 3.01 *Healthy People: promoting health and preventing disease,* 3.04 *Care of Children and Young People,* 3.14 *Care of People who Misuse Drugs and Alcohol* and those covering gender-specific health issues: 3.06 *Women's Health* and 3.07 *Men's Health.* In order to demonstrate the core competences in the area of sexual health you will require knowledge, skills and attitudes in the following areas:

The RCGP areas of competence

1 Primary care management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

This means that as a GP you should:

1.1 Appreciate the definition of sexual health as being about the 'enjoyment of the sexual activity you want without causing yourself or anyone else suffering or physical or mental harm. It is also about contraception and avoiding infections'[3]

1.2 Manage primary contact with patients who have sexual health concerns and problems

1.3 Work in partnership with practice nurses, health visitors and other members of the practice team, including receptionists, to ensure patient services in sexual health are accessible and co-ordinated[4]

1.4 Co-ordinate care and make timely, appropriate referrals to specialist services, especially to gynaecologists, sexual and reproductive health specialists, genito-urinary specialists, urologists, specialists in infectious diseases and specialists in sexual dysfunction – knowing the boundaries of what is reasonable and practicable in general practice

1.5 Promote sexual health and well-being by applying health promotion and disease prevention strategies appropriately

1.6 Explain to patients the strategies for early detection of sexual health problems that may be present but have not yet produced symptoms

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[3] House of Commons Health Committee. *Sexual Health: third report of session 2001-2002* London: House of Commons, 2003, HC69-1, 2003, www.parliament.the-stationery-office.co.uk [accessed December 2011]

[4] Department of Health (DH).*You're Welcome Quality Criteria – making health services young people friendly*, 2005, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586

1.7 Perform an appropriate risk assessment through history-taking

1.8 Work in partnership with other members of the primary healthcare team to develop and update confidentiality policies related to sexual health

1.9 Manage common as well as rare but important presenting signs and symptoms which will require subsequent examination, investigation, treatment and/or referral, as appropriate (e.g. genital skin/mucosal conditions, abnormal genital smell, discharge, presentations of pain, and vaginal bleeding)

1.10 Perform a sexual health examination including digital and speculum examination, and assessment of the size, position and mobility of the uterus, and be able to recognise any abnormality of the pelvic organs. You should also be familiar with taking microbiology and virology swabs from the throat and ano-genital areas

1.11 Recognise and use principles of treatment in relation to common as well as rare but important sexual health conditions in men and women (e.g. urinary tract and vaginal infections, tropical infections, sexual dysfunction/sexual addiction, conjunctivitis (neonatal and adult) and Reiter's syndrome)

1.12 Demonstrate a working knowledge of:

- 1.12.1 How to recognise HIV/AIDS and the presentations/complications: e.g. pneumocystis pneumonia, candidiasis, cryptococcus, Kaposi's sarcoma, toxoplasmosis, lymphoma, hepatitis, tuberculosis
- 1.12.2 Conditions suggestive of immunosuppression

1.13 Demonstrate a working knowledge of:

- 1.13.1 The commonly used investigations in primary care: e.g. pregnancy testing, urinanalysis, approaches to the diagnosis of bacterial vaginosis
- 1.13.2 The limitations of these investigations and how to interpret them: e.g. blood tests for HIV, microbiology swabs, cervical screening (including HPV triage of low grade cytology and HPV test of cure management), and secondary care investigations like colposcopy

1.14 Demonstrate a working knowledge of:

- 1.14.1 Contraception: effectiveness rates, risks, benefits and appropriate selection of patients for all methods; safe provision of all methods of oral contraception, contraceptive patches and administration of depot medroxyprogesterone acetate (DMPA) injections, subdermal implants, intrauterine methods of contraception, sterilisation and natural family planning. Refer to the UK Medical Eligibility Criteria for Contraceptive Use
- 1.14.2 Abortion: methods and the legal procedures relating to referral for abortion
- 1.14.3 Principles of anti-retroviral combination therapy for HIV/AIDS, potential side effects and your role in their management in primary care
- 1.14.4 Gonorrhoea antibiotic resistance

1.15 Manage sexual health emergencies (e.g. emergency hormonal contraception, emergency intrauterine contraception, post-exposure prophylaxis (PEP) in HIV prevention, referral for suspected *Pneumocystis* pneumonia (PCP), responding to early presentation of rape and sexual assault)

2 Person-centred care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a GP you should:

2.1 Take a sexual history from a male or female patient in a way that is private and confidential, non-judgemental, responsive to the reactions of the patient and avoids assumptions about sexual orientation or the gender of the partner(s), or assumptions related to age, disability or ethnic origin. See also statements in 3.06 *Women's Health: person-centred care*.

3 Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a GP you should:

3.1 Be able to describe the functional anatomy of the male and female genital systems and the female reproductive physiology to aid diagnosis

3.2 Apply the information gathered from the patient's sexual history and examination to generate a differential diagnosis and formulate a management plan

3.3 Be able to describe common presentations of sexual dysfunction and of sexual violence and abuse, including covert presentations such as somatisation (physical symptoms)

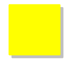
3.4 Counsel patients with sexual problems including psychosexual issues related to contraception, sexually transmitted infection, HIV testing and patients who have an unplanned or unwanted pregnancy

3.5 Be able to describe the best-practice guidance on the provision of advice and treatment to young people under 16 years

3.6 Know when urgent intervention is needed in sexual health and, if necessary, refer appropriately, e.g. in the provision of emergency contraception or in severe pelvic inflammatory disease or in serious infections in the immune-compromised patient

3.7 Understand the presentation of sexually transmitted infections that may present early and in an undifferentiated way, or may be present without symptoms

3.8 Be aware of the limitations of 'watching and waiting' because some serious infections, e.g. chlamydia and HIV, may also lapse back into being asymptomatic while still causing harm to the patient



4 A comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

This means that as a GP you should:

- 4.1 Use the sexual history (including partner history and information on sexual practices including condom use) and other relevant information to assess the risk of sexually transmitted infection, unwanted pregnancy and cervical cancer
- 4.2 Be able to teach the patient about male and female condom use
- 4.3 Use risk assessment to tailor advice and care accordingly, including advice on safer sexual practices and hepatitis B immunisation/ HIV testing
- 4.4 Competently take a cervical screening test at the appropriate intervals
- 4.5 Understand which factors may indicate that a woman is at high risk of cervical cancer and the value of an opportunistic approach to screening in this group
- 4.6 Know when to refer a patient with cervical screening abnormalities and what is involved in secondary care management
- 4.7 Be able to describe the specific interventions for HIV prevention such as post-exposure prophylaxis and the prevention of mother-to-baby transmission
- 4.8 Understand the screening programmes in use in the UK and the benefits, limitations and need for informed consent (e.g. the Chlamydia Screening Programme and Cervical Screening Programme).
- 4.9 Be able to describe the different patient groups who are at greater risk of unplanned pregnancies and the value of an opportunistic approach for health promotion

Examples of sexual health promotion opportunities in primary care include:

- 4.10 Health education and prevention advice – safe sex and risk reduction
- 4.11 Human papilloma virus (HPV) vaccination programme
- 4.12 Unplanned pregnancies
- 4.13 National screening programmes – cervical screening, chlamydia, antenatal HIV testing
- 4.14 Hepatitis B immunisation programme
- 4.15 Occupational risks – exposure to needle stick injuries

5 Community orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a GP you should:

- 5.1 Know the epidemiology of sexual health problems and how it is reflected in the local community
- 5.2 Recognise that the prevalence of sexual health problems, including HIV, will be affected by the makeup of the local population
- 5.3 Consider commissioning/provider issues for a locality need with a view to improving services, setting direction and managing services,[5] e.g. religious circumcision provision and sexual health outreach for sex workers
- 5.4 Know the principles of, and current guidance for, partner notification
- 5.5 Provide patients with access to local sexual health services, including services for specialist contraceptive care; termination of pregnancy; STI diagnosis and management; HIV management; and services for relationship problems and sexual dysfunction
- 5.6 Obtain specialist expertise, where necessary, through your local cytology and microbiology laboratories

6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a GP you should:

- 6.1 Understand that sexual health problems have physical, psychological and social effects
- 6.2 Understand and take into account cultural and existential factors that affect the patient's risk of having sexual health problems and also their reactions to them
- 6.3 Be sensitive to the social stigma that is often associated with sexual health problems, even for some healthcare professionals
- 6.4 Recognise factors associated with risky sexual behaviour including mental health problems, drug and alcohol misuse, and a history of sexual abuse
- 6.5 Take into account the wider determinants of unplanned pregnancies and their impact on the individual and society

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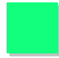
[5] NHS Institute of Innovation and Improvement. *Medical Leadership Competency Framework,* 2008, www.institute.nhs.uk/assessment_tool/general/medical_leadership_competency_framework_-_homepage.html (accessed December 2011)

6.6 Be aware of those whose sexual health needs may be inappropriately omitted by health professionals (those with physical or learning disabilities or the elderly)

The essential features of you as a doctor

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

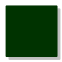


EF1 Contextual features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

- EF1.1 Describing the central role of you as a GP and your primary care team in the prevention of unwanted pregnancies; diagnosis and management of sexual problems; and prevention, diagnosis and management of sexually transmitted and other genital infections
- EF1.2 Being aware of the legal aspects relating to sexual health including termination of pregnancy and the methods used in the UK
- EF1.3 Being aware of the legal aspects of providing contraception and sexual health in under-16s (including child protection issues)
- EF1.4 Being aware of the debate surrounding the effectiveness of the Chlamydia Screening Programme and suggestions to widen HIV testing to general practice new patient registration checks in high prevalence areas[6]



EF2 Attitudinal features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.

Examples of this are:

- EF2.1 Taking a sensitive, non-judgmental and person-centred approach to handling sexual health problems
- EF2.2 Describing the ethical principles involved when treating patients who have sexual health concerns, e.g. contraception and abortion
- EF2.3 Understanding the different cultural expectations regarding sexual behaviour and orientation
- EF2.4 Describing the importance of confidentiality, informed choice and valid consent

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[6] BASHH/BHIVA/British Infection Society. *UK National Guidelines for HIV testing*, 2008

EF2.5 Ensuring that the doctor's own beliefs, as well as moral or religious reservations about any contraceptive methods, abortion, sexual behaviour and practices do not adversely affect the management of a patient's sexual health

EF2.6 Ensuring sensitivity to particular cultural beliefs and patient choice, e.g. the need for a female practitioner

EF3 Scientific features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

EF3.1 Describing the key national guidelines that influence sexual healthcare provision

EF3.2 Being aware of your competence to perform procedures, especially if you do not perform them regularly or have not had approved training

LEARNING STRATEGIES

Work-based learning – in primary care

Primary care is the best place for a GP specialty trainee to learn how to manage sexual health problems because it is where the vast majority of patients present. The skill is in bringing the topic up if the patient does not do so. Patients will present their concerns and symptoms at varying stages of the natural history. As a trainee, critical and professional discourse with your trainer will aid you in developing an experience-based heuristic approach to problem-solving. Supervised practice will engender confidence. Some general practices offer 'Level 2' services in sexual health. It would be beneficial to attend a session.

Work-based learning – in secondary care

Some GP training programmes contain placements of varying length in obstetric and gynaecology units. These will give you exposure to patients with gynaecological and sexual health problems but it is important that as a specialty trainee you gain a broader understanding of sexual health than can be obtained in the gynaecology ward or clinics. By also attending sexual health clinics you will see concentrated groups of patients and learn about the issues involving women and men. Attendance at sexual health clinics (including family planning and genito-urinary medicine clinics) should be arranged for all specialty trainees by their GP trainer or educational supervisor. Having a greater understanding of the access to/scope and limitations of sexual health provision in primary and secondary care will potentially give you a more patient-centred approach to offering sexual health care.

Non-work-based learning

Many postgraduate deaneries provide their own courses on sexual health problems. Other providers include BASHH (British Association for Sexual Health and HIV) and the FSRH (Faculty of Sexual and Reproductive Healthcare). In response to the *National Sexual Health Strategy*, BASHH developed their two-day Sexually Transmitted Infection Foundation course (STIF) and more recently the STIF competency course, which is adapted from the Department of Health's best-practice guidance *Competencies for Providing More Specialised Sexually Transmitted Infection Services within Primary Care* and complements the recommendations made in *Standards for the Management of Sexually Transmitted Infections.*

The RCGP offers a curriculum-based e-learning course on sexual health as part of the e-GP programme (www.e-GP.org) and an Introductory Certificate in Sexual Health (www.elearning.rcgp.org.uk). These resources provide a basic grounding in sexual health issues for GPs and practices nurses. To gain the certificate requires completion of the e-learning module followed by a one-day training event.

The FSRH also provide a comprehensive course consisting of e-learning modules, small group work and practical training, leading to an award of the Diploma of the Faculty of Sexual and Reproductive Healthcare (DFSRH). Interested trainees can then progress to obtain letters of competence in subdermal implants (LoC SDI) and intrauterine techniques (LoC IUT). These serve to satisfy local clinical governance requirements for providers offering coil and implant fitting.

Learning with other healthcare professionals

Sexual health problems by their nature are often exemplars of teamwork across agencies and careful consideration and discussion of the roles of various individuals representing many professional and non-professional groups should be fruitful. As a specialty trainee it is essential that you understand the variety of services provided in primary care. Joint learning sessions with practice nurses and specialist colleagues in sexual health clinics will help you gain a greater understanding of both the services provided locally and the need for cross-agency communication and partnership working.

LEARNING RESOURCES

Examples of relevant texts and resources

- Adler MW. *ABC of AIDS (5th edn)* London: BMJ Books, 2001
- Adler MW. *ABC of Sexually Transmitted Diseases (5th edn)* London: BMJ Books, 2004
- Andrews G (ed). *Women's Sexual Health* London: Baillière Tindall, 2005
- BASHH/BHIVA. *Standards for the Management of Sexually Transmitted Infections*,, 2010
- Belfield T, Carter Y, Matthews P, Moss C, Weyman A (eds). *The Handbook of Sexual Health in Primary Care (2nd edn)* London: FPA, 2006
- British Medical Association and Royal Pharmaceutical Society of Great Britain. *The British National Formulary* London: BMJ Books, updated annually
- British Medical Association, Royal Pharmaceutical Society of Great Britain, Royal College of Paediatrics and Child Health *The Neonatal and Paediatric Pharmacists Group BNF for Children* London: BMA, 2005
- Chambers R, Wakley G, Chambers S. *Tackling Teenage Pregnancy: sex, culture and needs* Oxford: Radcliffe Medical Press, 2000
- Davidson N and Lloyd T (eds). *Promoting Men's Health: a guide for practitioners* London: Baillière Tindall, 2001
- Department for Children Schools & Families, Department of Health , *Teenage Pregnancy Strategy: Beyond 2010* London: 2010 www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00224-2010 (Accessed January 2012)
- Department of Health. *The National Strategy for Sexual Health and HIV* London: Department of Health, 2001
- Everett S. *Handbook of Contraception and Reproductive Health* London: Saunders, 2004
- General Medical Council. *Personal Beliefs and Medical Practice,* 2008.
- Jones R, Britten N, Culpepper L, *et al*. (eds). *Oxford Textbook of Primary Medical Care* Oxford: Oxford University Press, 2004
- Markham WA, Bullock AD, Matthews P, *et al*. Sexual health care training needs of GP trainers: a regional survey *Journal of Family Planning and Reproductive Health Care* 2005; 31(3): 213–18
- Men's Health Forum. *Getting It Sorted: a policy programme for men's health* London: Men's Health Forum, 2004
- Tomlinson J. *ABC of Sexual Health (2nd edn)* London: BMJ Books, 2004
- Wakley G and Chambers R. *Sexual Health Matters in Primary Care* Oxford: Radcliffe Medical Press, 2001
- Wakley G, Cunnion M, Chambers R. *Improving Sexual Health Advice* Oxford: Radcliffe Medical Press, 2003
- World Health Organization. *WHO Eligibility Criteria for Contraceptive Use*. Geneva: WHO, 2004

Web resources

British Association for Sexual Health and HIV

This website provides guidelines on the treatment of sexually transmitted infections, as well as details about courses on genito-urinary medicine including the Sexually Transmitted Infection Foundation (STIF) course.

www.bashh.org

Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists

Faculty of Sexual and Reproductive Healthcare (FSRH) grants diplomas, certificates and equivalent recognition of specialist knowledge and skills in family planning and reproductive health care. It promotes conferences and lectures, provides members with an advisory service and publishes *The Journal of Family Planning and Reproductive Health Care*. The faculty website provides a wealth of information on sexual health and information about its diploma examination. This website also offers the latest PDF versions of the UK Medical Eligibility Criteria for Contraceptive Use.

www.fsrh.org

FPA

Formerly the Family Planning Association, this is the only registered charity working to improve the sexual health and reproductive rights of all people throughout the UK. The FPA no longer runs family planning clinics, having handed them over to the NHS in 1974. After initiating and running family planning services for over 40 years, it successfully lobbied for its service to be provided free by the NHS. It provides an excellent website for patients and health professionals.

www.fpa.org.uk

International Planned Parenthood Foundation

Its directory of hormonal contraceptives (click on resources and information, then directory) is an excellent online resource to find out what is contained in 'foreign' brand pills. You can register as a user free of charge and download the whole directory.

www.ippf.org

Marie Stopes International UK

The country's leading reproductive healthcare charity, helping over 84,000 women and men each year. It has nine specialist centres and a network of GP partners that provide services for patients seeking help and advice.

www.mariestopes.org.uk

Relate

Relate is a national federated charity with over 70 years' experience of supporting the nation's relationships. Relate offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support face-to-face, by phone and through this website.

www.relate.org.uk/home/index.html

Royal College of General Practitioners

e-GP Sexual Health modules

Experienced GP educators in sexual health have designed over 21 interactive and stimulating e-learning sessions which are underpinned by this RCGP curriculum statement including sessions on sexual history, contraception, STIs, HIV.

www.e-GP.org

Introductory Certificate in Sexual Health

www.elearning.rcgp.org.uk

The Porterbrook Clinic

The Porterbrook Clinic, formerly known as the Marital and Sexual Problems Clinic, was established in 1974. The clinic has established itself as a centre of excellence, specialising in helping people with all kinds of sexual and relationship problems. The website provides useful downloadable patient information leaflets.

www.shsc.nhs.uk/our-services/specialist-services/sexual-rel-sexual-med--transgender

Terrence Higgins Trust

The leading HIV and AIDS charity in the UK and the largest in Europe. It was one of the first charities to be set up in response to the HIV epidemic and has been at the forefront of the fight against HIV and AIDS ever since. The charity was established in 1982, as the Terry Higgins Trust. Terry Higgins was one of the first people in the UK to die of AIDS. A group of his friends wanted to prevent more people having to face the same illness as Terry and named the trust after him, hoping to personalise and humanise AIDS in a very public way.

www.tht.org.uk

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