

# The RCGP Curriculum: Clinical Modules

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## ➤ 3.08 Sexual Health

### Summary

- 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 and around 1 in 4 of those infected are unaware of their infection. General practice has a role in caring for patients with HIV and assessing the risk of having undiagnosed HIV<sup>1</sup>
- Rates of sexually transmitted infection (STI) continue to rise, in some cases dramatically<sup>2</sup>
- 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

### Knowledge and skills guide

#### Core Competence: Fitness to practise

This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.

This means that as a GP you should:

- Take a sensitive, non-judgmental and person-centred approach to handling sexual health problems

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<sup>1</sup> [www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/HIVData/](http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HIV/HIVData/)

<sup>2</sup> Health Protection Agency. *HIV and Other Sexually Transmitted Infections in the United Kingdom in 2002 Annual Report November 2003* London: Health Protection Agency, 2003

- 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’<sup>3</sup>
- Ensure 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

**Core Competence: Maintaining an ethical approach**

This addresses the importance of practising ethically, with integrity and a respect for diversity.

This means that as a GP you should:

- Describe the ethical principles involved when treating patients who have sexual health concerns, e.g. contraception and abortion
- Understand the different cultural expectations regarding sexual behaviour and orientation
- Describe the importance of confidentiality, informed choice and valid consent
- Be aware of the legal aspects of providing contraception and sexual health in under-16s (including child protection issues)
- Be aware of the legal aspects relating to sexual health including termination of pregnancy and the methods used in the UK
- Ensure sensitivity to particular cultural beliefs and patient choice, e.g. the need for a female practitioner

**Core Competence: Communication and consultation**

This is about communication with patients, the use of recognised consultation techniques, establishing patient partnership, managing challenging consultations, third-party consulting and the use of interpreters.

This means that as a GP you should:

- 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: communication and consultation.)
- 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

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<sup>3</sup> House of Commons Health Committee. *Sexual Health: third report of session 2001-2002* London: House of Commons, 2003, HC69-1, 2003

### **Core Competence: Data gathering and interpretation**

This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.

This means that as a GP you should:

- Be able to describe the functional anatomy of the male and female genital systems and the female reproductive physiology to aid diagnosis
- Apply the information gathered from the patient's sexual history and examination to generate a differential diagnosis and formulate a management plan
- Understand the presentation of sexually transmitted infections that may present early and in an undifferentiated way, or may be present without symptoms
- Demonstrate a working knowledge of:
  - How to recognise HIV/AIDS and the presentations/complications: e.g. pneumocystis pneumonia, candidiasis, cryptococcus, Kaposi's sarcoma, toxoplasmosis, lymphoma, hepatitis, tuberculosis
  - Conditions suggestive of immunosuppression
- Be able to describe common presentations of sexual dysfunction and of sexual violence and abuse, including covert presentations such as somatisation (physical symptoms)
- 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
- Demonstrate a working knowledge of:
  - The commonly used investigations in primary care: e.g. pregnancy testing, urinalysis, approaches to the diagnosis of bacterial vaginosis
  - 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
- Be aware of your competence to perform procedures, especially if you do not perform them regularly or have not had approved training
- Competently take a cervical screening test at the appropriate intervals

### **Core Competence: Making decisions**

This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.

This means that as a GP you should:

- Perform an appropriate risk assessment through history-taking

- 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
- 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

### **Core Competence: Clinical management**

This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.

This means that as a GP you should:

- Manage primary contact with patients who have sexual health concerns and problems
- Explain to patients the strategies for early detection of sexual health problems that may be present but have not yet produced symptoms
- 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)
- 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 reactive arthritis)
- Demonstrate a working knowledge of:
  - 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
  - Abortion: methods and the legal procedures relating to referral for abortion
  - Principles of anti-retroviral combination therapy for HIV/AIDS, potential side effects and your role in their management in primary care
  - Gonorrhoea antibiotic resistance
- 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)

### **Core Competence: Managing medical complexity**

This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.

This means that as a GP you should:

- 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
- Be able to teach the patient about male and female condom use
- Use risk assessment to tailor advice and care accordingly, including advice on safer sexual practices and hepatitis B immunisation/ HIV testing
- 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
- Know when to refer a patient with cervical screening abnormalities and what is involved in secondary care management
- Be able to describe the specific interventions for HIV prevention such as post-exposure prophylaxis and the prevention of mother-to-baby transmission

### **Core Competence: Working with colleagues and in teams**

This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.

This means that as a GP you should:

- 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

### **Core Competence: Maintaining performance, learning and teaching**

This area is about maintaining performance and effective CPD for oneself and others, self-directed adult learning, leading clinical care and service development, participating in commissioning, quality improvement and research activity.

This means that as a GP you should:

- Describe the key national guidelines that influence sexual healthcare provision

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

### **Core Competence: Organisational management and leadership**

This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.

This means that as a GP you should:

- Work in partnership with other members of the primary healthcare team to develop and update confidentiality policies related to sexual health
- 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<sup>4</sup>

### **Core Competence: Practising holistically and promoting health**

This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.

This means that as a GP you should:

- Understand that sexual health problems have physical, psychological and social effects
- 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
- Be sensitive to the social stigma that is often associated with sexual health problems, even for some healthcare professionals
- Promote sexual health and well-being by applying health promotion and disease prevention strategies appropriately
- Recognise factors associated with risky sexual behaviour including mental health problems, drug and alcohol misuse, and a history of sexual abuse
- Take into account the wider determinants of unplanned pregnancies and their impact on the individual and society

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<sup>4</sup> Department of Health (DH). *You're Welcome Quality Criteria – making health services young people friendly*, 2005, [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_073586](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073586)

- Be aware of those whose sexual health needs may be inappropriately omitted by health professionals (those with physical or learning disabilities or the elderly)
- 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).
- 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:
  - Health education and prevention advice – safe sex and risk reduction
  - Human papilloma virus (HPV) vaccination programme
  - Unplanned pregnancies
  - National screening programmes – cervical screening, chlamydia, antenatal HIV testing
  - Hepatitis B immunisation programme
  - Occupational risks – exposure to needle stick injuries

### **Core Competence: Community orientation**

This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.

This means that as a GP you should:

- Know the epidemiology of sexual health problems and how it is reflected in the local community
- Recognise that the prevalence of sexual health problems, including HIV, will be affected by the makeup of the local population
- Consider commissioning/provider issues for a locality need with a view to improving services, setting direction and managing services<sup>5</sup>, e.g. religious circumcision provision and sexual health outreach for sex workers
- Know the principles of, and current guidance for, partner notification
- 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
- Obtain specialist expertise, where necessary, through your local cytology and microbiology laboratories

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<sup>5</sup> NHS Institute of Innovation and Improvement. *Medical Leadership Competency Framework*, 2008, [www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Leadership-Framework-Clinical-Leadership-Competency-Framework-CLCF.pdf](http://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Leadership-Framework-Clinical-Leadership-Competency-Framework-CLCF.pdf)

- Describe 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
- Be 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<sup>6</sup>

## Case discussion

Maria is a 26-year-old postgraduate student. She has moved to the UK from central Africa and has been registered with you for nearly two years. You note she attends infrequently but has had three abortion requests in this time. She has come to see you today because she has missed her last period and is requesting another abortion.

You try to explore her history but she seems reluctant to answer you and seems to be avoiding eye contact. You notice that she has not had a cervical screening test documented in her patient record and did not respond to her reminder letters. There is no evidence of any previous STI testing either. You recommend this to Maria but she declines this suggestion, saying she will arrange it another time and prefers just to have the abortion referral instead.

## Reflective questions

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

Core Competence	Reflective Questions
<p><b>Fitness to practise</b></p> <p>This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.</p>	<p>How would my attitude towards Maria change if I learned she was a sex worker? Or a victim of sexual abuse?</p> <p>What is the General Medical Council (GMC) guidance on Personal Beliefs and Medical Practice?</p> <p>Do I have any personal ethical objections to dealing with sexual health matters such as abortion, repeated abortions or certain methods of contraception?</p>
<p><b>Maintaining an ethical approach</b></p> <p>This addresses the importance of practising ethically, with integrity and a respect for diversity.</p>	<p>How might the guidance on entitlements to healthcare for overseas visitors affect my management?</p> <p>What global health issues would I consider?</p> <p>What are the legal issues regarding an abortion request?</p> <p>What are the issues here regarding non-consensual sex</p>

<sup>6</sup> BASHH/BHIVA/British Infection Society. *UK National Guidelines for HIV testing*, 2008

	or violence against women?
<p><b>Communication and consultation</b></p> <p>This is about communication with patients, the use of recognised consultation techniques, establishing patient partnerships, managing challenging consultations, third-party consulting and the use of interpreters.</p>	<p>What ‘phrases’ might I use to explore the sexual history?</p> <p>And what challenges might I face in ‘avoiding assumptions’ and making an appropriate ‘risk assessment’ in this case?</p> <p>Will Maria feel judged because of the unwanted pregnancy or the abortion request? She is reluctant to answer questions – how do I determine if there are issues she feels unable to discuss today?</p> <p>How might I approach taking a sexual health history generally in a sensitive and non-judgemental way for either gender?</p>
<p><b>Data gathering and interpretation</b></p> <p>This is about interpreting the patient's narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.</p>	<p>How do I apply my knowledge of Maria's background to her investigation and treatment?</p> <p>How do I determine safely if Maria is at immediate risk of harm (e.g. domestic violence)?</p>
<p><b>Making decisions</b></p> <p>This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.</p>	<p>How do I deal with the uncertainty about Maria's problems?</p>
<p><b>Clinical management</b></p> <p>This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.</p>	<p>From this case illustration how could I promote sexual health and well-being, applying the principles of health promotion and disease prevention?</p> <p>How do I confirm that Maria is pregnant? What other diagnoses do I need to consider?</p> <p>What might indicate that Maria is being trafficked/abused/coerced into sex-work?</p> <p>How do we make our practices more welcoming for either gender to discuss their sexual health problems?</p>
<p><b>Managing medical complexity</b></p> <p>This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.</p>	<p>What health promotion opportunities does this consultation present?</p> <p>Is Maria at risk of any other health problems?</p> <p>How do I prevent another unwanted pregnancy in the future?</p> <p>How do I address STI testing, HIV testing, cervical screening, future contraception and any underlying</p>

	psychosocial/sexual issues with this patient?
<p><b>Working with colleagues and in teams</b></p> <p>This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.</p>	What other resources/services/healthcare professionals could I involve in the management of this case?
<p><b>Maintaining performance, learning and teaching</b></p> <p>This is about maintaining performance and effective CPD for oneself and others. This includes self-directed adult learning, leading clinical care and service development, participating in commissioning*, quality improvement and research activity.</p>	<p>What is my plan for keeping up to date with current management of STIs and contraceptive choices?</p> <p>What evidence-based guidelines should I be aware of?</p>
<p><b>Organisational management and leadership</b></p> <p>This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.</p>	<p>How do I record sensitive information in the notes? What read codes are commonly used?</p> <p>What is the local referral pathway for women requesting an abortion?</p>
<p><b>Practising holistically and promoting health</b></p> <p>This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.</p>	<p>What might be the implications for Maria in relation to her future sexual health and her sexuality?</p> <p>What might be the psychological impact of repeated abortion on Maria?</p>
<p><b>Community orientation</b></p> <p>This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.</p>	<p>If I was looking to evaluate and develop my local sexual health services how would I begin to do this?</p> <p>Does this case highlight an unmet need in the local community or health service?</p>

## How to learn this area of practice

### 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 services in sexual health beyond what is considered core GP work. It would be beneficial to attend a session.

#### 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) may be arranged for 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.

### Self-directed 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](http://www.e-GP.org)) and an Introductory Certificate in Sexual Health ([www.elearning.rcgp.org.uk](http://www.elearning.rcgp.org.uk)). These resources provide a basic grounding in sexual health issues for GPs and practice 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.

## Useful learning resources

### Books and publications

- Adler MW. *ABC of AIDS (6th edn)* London: BMJ Books, 2012
- 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
- 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](http://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00224-2010)
- Department of Health. *The National Strategy for Sexual Health and HIV* London: Department of Health, 2001
- Faculty of Sexual and Reproductive Healthcare (FSRH). UK Medical Eligibility Criteria for Contraceptive Use FSRH, 2009 [www.fsrh.org/pdfs/UKMEC2009.pdf](http://www.fsrh.org/pdfs/UKMEC2009.pdf)
- General Medical Council. *Personal Beliefs and Medical Practice*, 2008.
- Guillebaud J, MacGregor A. *Contraception: Your Questions Answered (6<sup>th</sup> edn)* Churchill Livingstone, 2013
- Guillebaud J, Briggs P and Kovacs G. *Contraception: A Casebook from Menarche to Menopause* Cambridge Press, 2013
- Lazaro N. *Sexually Transmitted Infections in Primary Care (2nd edn)* RCGP/BASHH, 2013  
[www.rcgp.org.uk/clinical-and-research/clinical-resources/sexually-transmitted-infections-in-primary-care.aspx](http://www.rcgp.org.uk/clinical-and-research/clinical-resources/sexually-transmitted-infections-in-primary-care.aspx)
- Madge S, Matthews P, Singh S and Theobald N. *HIV in Primary Care (2nd edn)* Medical Foundation for AIDS & Sexual Health (MedFASH), 2011 [www.medfash.org.uk/publications](http://www.medfash.org.uk/publications)
- 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
- Rogstad KE. *ABC of Sexually Transmitted Infections (6<sup>th</sup> edn)* London: BMJ Books, 2011

### 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](http://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](http://www.fsrh.org)

### **FPA**

Formerly the Family Planning Association, the FPA 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](http://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](http://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](http://www.mariestopes.org.uk)

### **NICE**

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.

Relevant NICE guidelines 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 Update of HIV testing among men who have sex with men 2011.

NICE Public Health Guidance 3 –Prevention of sexually transmitted infections and under age conceptions 2007

[www.nice.org.uk/](http://www.nice.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](http://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](http://www.e-GP.org)

### **Sexual Health in General Practice**

This RCGP online course is part of the RCGP Introductory Certificate in Sexual Health (ICSH). You can also take it separately for self-directed learning. [www.elearning.rcgp.org.uk/sexualhealth](http://www.elearning.rcgp.org.uk/sexualhealth)

### **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. <http://shsc.nhs.uk/service-a-z/porterbrook-clinic/leaflets/>

### **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](http://www.tht.org.uk)