

# **SERVICE STANDARDS FOR SEXUAL AND REPRODUCTIVE HEALTH SERVICES.**

**The committee would be pleased to receive the views of members on the enclosed Standard.**

**COMMENTS SHOULD BE EMAILED TO [DILRUBA@FSRH.ORG](mailto:DILRUBA@FSRH.ORG)**

**This consultation closes on 24<sup>th</sup> February 2010**



**Faculty of Sexual and Reproductive Health Care  
of the Royal College of Obstetricians and Gynaecologists**

**SERVICE STANDARDS  
FOR  
SEXUAL AND REPRODUCTIVE HEALTH SERVICES**

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# **SERVICE STANDARDS FOR SEXUAL AND REPRODUCTIVE HEALTH SERVICES**

## **This document addresses**

Sexual and reproductive health care as contraceptive/reproductive health service provision, including pregnancy planning, pregnancy choices, abortion, prevention and treatment of sexually transmitted infections (STIs), as well as sexual wellbeing and health promotion.

## **Introduction**

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

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

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

- The National Strategy for Sexual Health and HIV<sup>1</sup> for England
- The Scottish Strategy, "Respect and responsibility"<sup>2</sup>
- The Medical Foundation for AIDS and Sexual Health (MedFASH)-Recommended Standards for Sexual Health Services<sup>3</sup>
- NHS Quality Improvement Scotland-Sexual Health Services<sup>4</sup>

## 1. Standard Statement on Leadership

**All Sexual and Reproductive Health Services should have appropriately trained adequate leadership to ensure quality of service provision, development, training and clinical governance.**

Currently there is considerable variation in the background, training and experience of consultants/lead clinicians working in community based contraceptive and reproductive health services. This is due to the absence of appropriately structured training programmes in the past. It is expected that all services in future will become consultant led. These consultants will have the postgraduate qualification and structured training approved by the FSRH / the Royal College of Obstetricians and Gynaecologists (RCOG) and the Postgraduate Medical Education and Training Board (PMETB).

- 1.1 All Sexual Health Services at levels 2 and 3 as specified in the National Strategy for Sexual Health and HIV<sup>1</sup> for England, and equivalent services in the rest of the UK, should be **consultant-led** and have one full time consultant with current accreditation (including MFSRH) per population of 125,000 to ensure adequate quality of service provision, training, clinical governance and risk management across all three levels of service provision<sup>3, 4</sup>
- 1.2 Consultant leads should not work in isolation and should be supported by Consultant colleagues and a team of Associate Specialists/Speciality doctors, Speciality trainees and other specialists in Contraception and Sexual Health
- 1.3 Level 3 services should link with level 1 and 2 services to support quality of clinical service provision and clinical governance<sup>1</sup>

## 2. Standard Statement on Client Focus

**Client need should be the key determinant of service development, provision, monitoring and evaluation in any service.**

- 2.1 Sexual and Reproductive Health Service providers should ensure clear information is available to clients regarding all services provided, in the form of leaflets and posters. Services should be advertised through easily available media such as Yellow pages/websites / general practice leaflets<sup>3, 6, 7</sup>
- 2.2 If the provider does not offer certain services, clear information on alternative sources for service provision locally, should be made available<sup>3, 5, 6</sup>
- 2.3 Services should be organised so that there are clear client pathways<sup>3</sup>
- 2.4 Objective, evidence guided written information such as fpa leaflets should be readily available and accessible to assist clients in making informed choices about methods of contraception, sexual and reproductive health. There should be a choice of languages/formats appropriate to the client groups served by the provider, including those with sensory impairment<sup>3, 5, 6</sup>
- 2.5 Verbal counselling advice should be supported by appropriate written/pictorial/audiovisual information, which clients can take away<sup>3, 5, 6</sup>
- 2.6 Consultations should be conducted with due regard to the privacy of clients regardless of age, gender and sexual orientation<sup>3, 5, 6</sup>
- 2.7 Adequate time should be given for all consultations<sup>7</sup> First visits, initial counselling and provision of all contraceptive methods, STI treatment and partner notification, counselling for sterilisation/vasectomy and referral, pregnancy information, decision support and referral for abortion, will require more time compared to uncomplicated repeat visits for supply of hormonal contraception
- 2.8 Clients undergoing intimate examinations should be offered the presence of a chaperone, irrespective of the gender of the clinician<sup>8 9</sup> whether doctor or nurse. There should be prominent notices displayed in the waiting and clinical rooms informing clients of their right to request a chaperone if desired
- 2.9 The clients' compliments/comments/complaints procedure should be clearly displayed in the clinic/practice<sup>10</sup>
- 2.10 User involvement in planning services should be addressed<sup>3, 6</sup>

### 3. Standard Statement on Service Provision

**Service provision should include the following elements of sexual health care.  
All services should be inclusive of all sections of society.**

#### 3.1 Contraception

- 3.1.1 Contraceptive and Sexual Health Services should provide open access services with clear clinical pathways and supported as appropriate by clinical networks<sup>3</sup>
- 3.1.2 Access to and availability of the full range of contraceptive methods should be available and include choice within products, e.g. a range of different combined oral contraceptives and IUDs, to maximise client acceptability<sup>6, 11</sup>
- 3.1.3 Provision of counselling and direct referral for male and female sterilisation should be provided<sup>6</sup>
- 3.1.4 Provision of emergency contraception including timely access for post-coital IUD insertion should be provided<sup>3, 6, 12</sup>

#### 3.2 Pregnancy and abortion

- 3.2.1 Services should provide basic counselling/information for pregnancy planning and preconception care<sup>6</sup>
- 3.2.2 Services should offer access to pregnancy testing on site with results being available at the first visit<sup>3, 6</sup>
- 3.2.3 Services should offer access to empathetic unintended pregnancy information and decision support<sup>3, 6</sup>
- 3.2.4 Referral to abortion services should be available without delay – this should meet the standards set out in the current RCOG abortion guidelines<sup>13</sup>
- 3.2.5 Abortion Services should provide advice and concurrent provision (including insertion of IUDs and implants where clinically appropriate) of a full range of contraceptive methods. This may be provided by close liaison or integration with contraceptive services<sup>15</sup>

#### 3.3 Screening

- 3.3.1 Cervical cytology screening should be available in line with national<sup>15, 16</sup> and local guidelines
- 3.3.2 Services should offer screening for Chlamydia infection with protocols for treatment and partner notification, or appropriate onward referral, according to national guidelines<sup>17</sup>
- 3.3.3 Services should participate in the English National Chlamydia Screening Programme for under 25s<sup>17</sup>

#### 3.4 Sexually Transmitted Infection (STI) services

- 3.4.1 Services should offer advice and information on STIs, including HIV, with supporting leaflets<sup>3, 6</sup>
- 3.4.2 Appropriate testing, treatment and partner notification for STIs for both men and women should be available through all contraceptive services, with onward referral to more specialist services when appropriate<sup>3, 6</sup>

### 3.5 Psychosexual services

3.5.1 Services should offer access to psychosexual counselling or appropriate onward referral<sup>1, 6</sup>

3.5.2 Services should offer people with organic sexual dysfunction treatment or appropriate onward referral<sup>1</sup>

### 3.6 Other reproductive health services

3.6.1 Services should offer advice and information on medical gynaecological issues such as menopause, premenstrual syndrome, and menstrual dysfunction with supporting leaflets, and onward referral to appropriate services. Ideally, these services should be available within a community based service

### 3.7 Services for clients with special needs

3.7.1 Appropriate arrangements should be in place to enable clients with special needs to access Sexual Health Services without undue delay eg appropriate young people's services (including young people in care of the local authority), access to interpreters, clinic facilities for people with physical disabilities, learning disabilities, complainants of sexual assault, sex workers and substance misusers<sup>2, 3</sup>

3.7.2 Outreach services should be provided for clients unable to access mainstream services<sup>6</sup>

### 3.8 Training and support in Contraception and Sexual Health

3.8.1 Specialist services (levels 2 & 3) should have structures in place to provide easily accessible clinical advice and support to professionals working in other services<sup>1</sup>

3.8.2 Specialist services should have structures in place to provide and support training in sexual health<sup>1, 3</sup>

#### 4. Standard Statement on Access

**There should be easy and quick non-discriminatory access to Sexual and Reproductive Health Services for all.**

- 4.1 There should be effectively led local co-ordination of access to contraceptive services<sup>1,2</sup>
- 4.2 Sexual Health Service providers should clearly advertise location, opening times, and services provided, and keep the fpa, NHS Direct and NHS 24 fully informed. They should have an answering machine outside opening hours to give information on opening times and services including emergency contraception. They should have mechanisms to monitor missed phone calls<sup>4</sup>
- 4.3 There should be choice in terms of times and types of clinic/practice services for the population served (daytime/evening, walk-in/appointment)<sup>3,6</sup>
- 4.4 Clinics should be in easily accessible/convenient locations and clearly signposted<sup>3,6</sup>
- 4.5 It should be possible for clients to access emergency contraceptive services (within the required timeframe). This should be provided on the same day during weekdays. In rural areas where specialist clinics may not be accessible locally throughout the week, development of appropriate alternative services should be addressed<sup>3,6,12</sup>
- 4.6 Arrangements for appropriate provision of emergency contraception as well as ongoing contraceptive supplies over weekends and public holidays should be in place<sup>6</sup>
- 4.7 Advance provision of emergency hormonal contraception and instructions on use should be offered to clients where appropriate<sup>13</sup>
- 4.8 Provision for clients with special needs should be ensured. (Refer 2.7.1.)<sup>3,6,7</sup>
- 4.9 Walk-in clinics should have a maximum waiting time of two hours<sup>6,7</sup>
- 4.10 Services that operate an appointment system instead of walk-in clinics should provide appointments within 2 working days for non-specialist, non-urgent consultations<sup>3,6</sup>
- 4.11 Specialist services such as those providing sterilisation/vasectomy or Psycho-sexual services should ensure that they conform with devolved NHS targets. (1<sup>st</sup> appointment within 13 weeks and provision of procedure or initiation of treatment within 18 weeks of referral)<sup>18,19</sup>

## 5. Standard Statement on Training

**All staff working in Sexual and Reproductive Health Services should receive appropriate training and must maintain their skills.**

- 5.1 All doctors providing contraception within Sexual Health Services should hold a current Diploma in Sexual and Reproductive Healthcare (DFSRH) or be trained to equivalent competencies and show evidence of re-accreditation<sup>20, 21</sup>
- 5.2 All doctors providing contraception within Sexual and Reproductive Health Services, who obtained their DFSRH, or equivalent, prior to 2003, should undertake additional STI training and show evidence of maintaining appropriate skills<sup>21</sup>
- 5.3 All doctors offering IUD, IUS and contraceptive implant insertion should hold the DFSRH and an up-to-date Letter of Competence Intrauterine Techniques (LoC IUT) / Letter of Competence Subdermal Contraceptive Implants (LoC SDI) of the FSRH or have achieved equivalent competencies and show evidence of re-certification/reaccreditation<sup>20, 22, 23</sup>
- 5.4 All nurses, pharmacists and other health professionals working in all levels of Sexual Health Services should be trained to the competencies laid down by their educational body<sup>24, 25, 26</sup>
- 5.5 All administrative staff involved in Sexual Health Services should receive appropriate training, including confidentiality, child protection and customer care<sup>6</sup>
- 5.6 All doctors, nurses and other health professionals working in Sexual and Reproductive Health Services should be trained to the competencies and training programmes **jointly** agreed by all their educational bodies including the Royal College of General Practitioners (RCGP), RCOG, FSRH, British Association for Sexual Health and HIV (BASHH), Society of Sexual Health Advisors, Royal College of Nursing (RCN), Royal Pharmaceutical Society of Great Britain, Pharmaceutical Society of Northern Ireland and supported by user representatives such as the Family Planning Association (fpa)
- 5.7 Dedicated young people's services should be staffed by those who have an understanding of adolescent development and experience of working with young people<sup>5, 27, 28</sup>
- 5.8 Staff working with vulnerable groups, e.g. young people or people with learning disabilities, should be appropriately trained<sup>29</sup>

## 6. Standard Statement on Clinical Practice

**Sexual and Reproductive health service provision should be evidence-based, which will include the use of national and local guidelines and policies.**

Sexual and Reproductive Health Services should have the following local policies in place:

- 6.1 Evidence-based policies based on nationally recognised guidelines, e.g. FSRH Recommendations for Clinical Practice, NHS guidelines, including NICE and World Health Organisation (WHO) Recommendations (as amended for UK practice where relevant) for provision of all contraceptive methods<sup>11, 30</sup>
- 6.2 Policies governing STI service provision that follow the guidelines outlined in the National Sexual Health Strategy/Commissioning Toolkit for STI services and are consistent with BASHH guidelines<sup>6, 31</sup>
- 6.3 Policies governing abortion that follow current RCOG Abortion Guidelines<sup>13</sup>
- 6.4 Policies relating to child protection/safeguarding children<sup>27</sup> and vulnerable adults<sup>29</sup> that follow national guidelines
- 6.5 Policies that address the recommendations in the National Strategy for Sexual Health and HIV for England<sup>1</sup>, its implementation plan<sup>32</sup> and commissioning toolkit<sup>6</sup> and the sexual health promotion toolkit<sup>33</sup> or its equivalent in other UK countries
- 6.6 Policies which address MedFASH recommended standards for sexual health services<sup>3</sup>
- 6.7 Locally applicable standards for administrative staff
- 6.8 Appropriate IT services and provision for staff to access up-to-date guidance
- 6.9 Services should aim to achieve standardisation of delivery of care. Eg recordkeeping as described in the Faculty standards<sup>34</sup>

## 7. Standard Statement on Confidentiality

**All clients seeking Sexual and Reproductive Health Services should be certain that their right to confidentiality would be respected and maintained in line with GMC, NMC & other professional bodies' recommendations,<sup>35, 36, 37</sup>.**

- 7.1 Services should prominently display their confidentiality statement at their premises<sup>5, 35</sup>.
- 7.2 Confidentiality training should be provided to all staff working in Sexual Health Services<sup>5, 35</sup>
- 7.3 Staff providing these services should be familiar with the Fraser Guidelines, best practice guidance<sup>28</sup> and appropriate guidance in other UK countries<sup>39</sup>
- 7.4 Clients should have the assurance of confidentiality with regard to their consultations regardless of age, gender, sexual orientation, religion or ethnicity unless the clinician has concerns about client wellbeing and/or safety<sup>37</sup>
- 7.5 Staff working with young people and vulnerable adults should be familiar with both local and national guidelines<sup>28, 29, 38</sup>
- 7.6 Specific permission from the client should be sought prior to sharing any information with anyone outside the service except in issues relating to child protection when the client should be informed that sharing will happen. (Even in this case the consent of the young person to share information would be ideal)<sup>28</sup>
- 7.7 Services should work to the Faculty Confidentiality Standards<sup>39</sup>

## 8. Standard Statement on Record Keeping

**Record keeping in all services should be of a high standard, to provide maximum benefit in client management, to facilitate audit and record the process of obtaining valid consent<sup>40</sup>.**

- 8.1 Contemporaneous, legible and complete signed records of consultations must be maintained. Each entry in electronic records should include the name of the clinician (who will be logged on to the system as a registered user)<sup>34</sup>
- 8.2 Adequate notes regarding the consultation and management plan should be made to help other clinicians following up the management of clients<sup>34</sup>
- 8.3 The offer of a chaperone during an intimate examination should be documented. If it is accepted or declined, this should also be clearly recorded in the notes including the name of the chaperone (see also 2.8.)<sup>8,9</sup>
- 8.4 Clinical records must be kept confidential at all times and stored in a secure place<sup>34</sup>
- 8.5 All record systems whether written or computerised, must have processes in place that follow the Caldicott Guidelines<sup>41</sup> and are compatible with the Data Protection and Freedom of Information Acts<sup>42, 43</sup>
- 8.6 In recognition of the work being developed by the Department of Health in England on a common Sexual and Reproductive Health activity dataset (SRHAD), all services should be working towards computerised systems<sup>44</sup>
- 8.7 All services should work to the Faculty Record Keeping Standards<sup>34</sup>

## 9. Standard Statement on Nurse Led Service Provision

**The role of nurses in sexual and Reproductive health service provision should be enhanced<sup>32</sup>.**

- 9.1 Services should have mechanisms in place to support nurses to supply and administer, or prescribe all methods of contraception, either through adequately supported patient group directions and/or nurse prescribing initiatives<sup>45</sup>
- 9.2 Nurses working in contraception and undertaking at least 25 consultations/week should when appropriate be supported to acquire competencies for intrauterine and subdermal implant techniques and other new technologies as they are developed<sup>46, 47</sup>. They should also be supported when appropriate to become Faculty registered nurse trainers<sup>48</sup>
- 9.3 Services should fully develop the scope of nurses in service delivery including adequately supported fully nurse-led clinics providing the full range of sexual and reproductive health services, including counselling for abortion, menopause and vasectomy<sup>49</sup>
- 9.4 The role of health care assistants / clinical support workers should be developed

## 10. Standard Statement on Monitoring & Evaluation

**All services should continually monitor and evaluate themselves in order to maintain and improve performance.**

- 10.1 All providers should have a programme to regularly audit clinical service provision<sup>3, 50</sup> in terms of quality as well as access, process and outcome issues from a consumer viewpoint. The results of audits should be acted upon to ensure appropriate improvements in service provision
- 10.2 Commissioners for sexual health along with level 3 services for their population, should establish structures and processes for monitoring and evaluation of initiatives introduced to improve local sexual health care provision<sup>3</sup>. User involvement is essential in this process<sup>3, 6</sup>

## **Glossary**

### **(Alphabetical Order)**

BASHH	British Association for Sexual Health & HIV
DFSRH	Diploma of the Faculty of Sexual and Reproductive Healthcare
FFSRH	Fellow of the Faculty of Sexual and Reproductive Healthcare
FSRH	Faculty of Sexual and Reproductive Healthcare of the RCOG, previously Faculty of Family Planning and Reproductive Healthcare (FPRHC)
fpa	Family Planning Association
GMC	General Medical Council
IUD	Intrauterine (contraceptive) device
IUS	Intrauterine (contraceptive) system
MedFASH	Medical Foundation for AIDS & Sexual Health
MFSRH	Member of the Faculty of Sexual & Reproductive Healthcare
NICE	National Institute for Health and Clinical Excellence
NMC	Nursing & Midwifery Council
Open Access Services	to which clients can self-refer, irrespective of their area of residence.
RCOG	Royal College of Obstetricians and Gynaecologists
STIs	Sexually Transmitted Infections
Walk in	services which clients can access without an appointment.
WHO	World Health Organisation

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- 19 DH Waiting times for first outpatient appointments in England: [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH\\_4123423](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_4123423)
- 20 GMC; Licensing and Revalidation; [www.gmc-uk.org](http://www.gmc-uk.org)
- 21 FSRH; Training Requirements for doctors wishing to obtain the Diploma of Sexual and Reproductive Health; [www.fsrh.org](http://www.fsrh.org)
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