



Briefing Paper
Sexual Health Advising- Developing the Workforce
August 2009

There are approximately 500 Sexual Health Advisers employed in the United Kingdom at present (SSHA 2007). They are employed within genitourinary medicine services, in community sexual health advising services and within the national chlamydia screening programme. The majority (421) are nurses; others are from a range of backgrounds.

There has been no nationally recognised programme of preparation for the sexual health adviser role, nor registration and regulation by one professional body; some sexual health advisers remain unregulated.

The Government's Sexual Health and HIV Strategy (2001) highlighted that Sexual Health Advisers are an important group "who have a pivotal role in partner management, information provision, and liaison between community sexual health provision and GUM services." The strategy highlighted the need to better define the roles and responsibilities of health advisers, including the development of a health advising qualification. Health Advisers also have a key role in implementation of NICE guidance "One to one interventions to reduce the transmission of sexual transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups.

An appropriate means to develop this section of the workforce has been explored and consulted on, led by the Society of Sexual Health Advisers in partnership with a range of organisations. This led to agreement to strengthen the public health approach to practice through articulation, registration and regulation of the skills of existing sexual health advisers and a strategy to prepare the future workforce via the Specialist Community Public Health Nursing Programme (SCPHN).

The benefits of the public health model are:

- Sexual health advisers assess the sexual health needs of the population, not just those who use services. This can contribute to joint strategic needs assessment.
- Sexual health advisers work to address the determinants of sexual health at both an individual and community level helping to achieve PSA targets/ vital signs indicators
- They address inequalities in health and wellbeing through involving local people in identification of unmet need, and development of healthier lifestyles through better understanding of the factors that affect sexual health and wellbeing. This fulfils the patient, carer and public involvement requirements in a stigmatised area of practice where traditional approaches to PCPI are difficult.
- They lead and manage innovative practice to respond to unmet needs and improve access, working collaboratively in partnership with others.
- They are aware of and ready to respond to infectious disease outbreaks and other threats to health
- They take community wide responsibility for partner notification and management; that is, the spectrum of public health activity in which partners of individuals with STI including HIV infections are notified, counselled on their exposure and offered testing, treatment where appropriate, education and health promotion on an individual basis, which is an effective aspect of managing STIs (Payne & O'Brien 2005, NICE 2007)
- They use and develop the evidence base to guide practice interventions

- They are catalysts for health gain, influencing policy and resource allocation.

The guidance document **DH/ SSHA (2008) Sexual Health Advising- Developing the Workforce**, outlines the actions necessary at all levels to enable this. It includes a nationally agreed competency framework. http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Sexualhealth/AtozofsexualhealthandHIV/DH_065935?indexChar=S

Existing sexual health advisers who are nurses

In the first instance this allows those sexual health advisers who are nurses and working at community level to articulate and register their public health knowledge and skills via portfolio with the Nursing & Midwifery Council (NMC), on the public health part of their register. They will be registered and regulated as public health nurses. **This option exists until December 2009.** At present, not all eligible sexual health advisers have pursued this option.

The key benefits of doing so are;

- It offers a cost effective means to register and regulate the majority of the sexual health adviser workforce. The average cost per student for migration is £600, whereas the average cost per student for a SCPHN programme is £3,000.
- It allows demonstration of sexual health adviser competencies and the 10 principles of public health practice
- It sets a benchmark for contemporary sexual health advising practice for practitioners and employers to demonstrate they are fit for purpose and for practice.
- It develops capacity for future provision of a **sexual health pathway** of the Specialist Community Public Health Nursing (SCPHN) Programme which prepares Health Visitors, School Nurses and Occupational Health nurses. This additional pathway has been agreed by the NMC (see guidance, <http://www.nmc-uk.org/aArticle.aspx?ArticleID=2294>) The SCPHN programme is already commissioned in each region. This programme is delivered 50% in practice and requires practice teachers with sexual health knowledge and skills who are registered on the same part of the register to sign off proficiency.

Existing sexual health advisers who are not nurses

Guidance will follow to allow those sexual health advisers, who are not nurses to articulate, register and regulate their practice with the UK Public Health Register via portfolio.

Registration on the NMC public health part of the register via portfolio

Some regions have provided strategic support to sexual health advisers to articulate their knowledge and skills via portfolio. NHS North East; have followed the recommendations in the guidance document (SSHA/DH 2008) and conducted a mapping exercise to inform the support required to enable sexual health advisers to complete the portfolio route to registration. Support offered has been via a choice of master class, module provision and tutorial support to facilitate portfolio completion, funded regionally via workforce development innovation funding. Sheffield Hallam University mapped sexual health advisers across Yorkshire and Trent regions, then presented Yorkshire and Humberside and East Midland SHAs with evidence of demand and a request for funding from Learning Beyond Registration (LBR) funds, which was granted. This has resulted in significant uptake in these areas with the majority of eligible practitioners electing to complete the portfolio.

Other areas such as South East Coast have conducted a mapping exercise but have not been provided strategic funding, sexual health advisers seeking migration have self funded or sought support from their primary care trust to do so.

It would be beneficial and more cost effective, to offer appropriate strategic support to enable existing sexual health advisers to migrate via portfolio before the deadline date.

Some key questions for workforce development leads/ sexual health leads

- What strategic action if any has been taken in each region to enable and support migration?

- Has any mapping of knowledge/skills/ level of sexual health advisers occurred in their region?
- Is there any funding available to support sexual health advisers to migrate?
- Is there any support – i.e. tutorial support from HEIs to enable sexual health advisers to develop portfolios for migration

Advice/ support for sexual health advisers if you wish to migrate via portfolio on to the public health part of the NMC register.

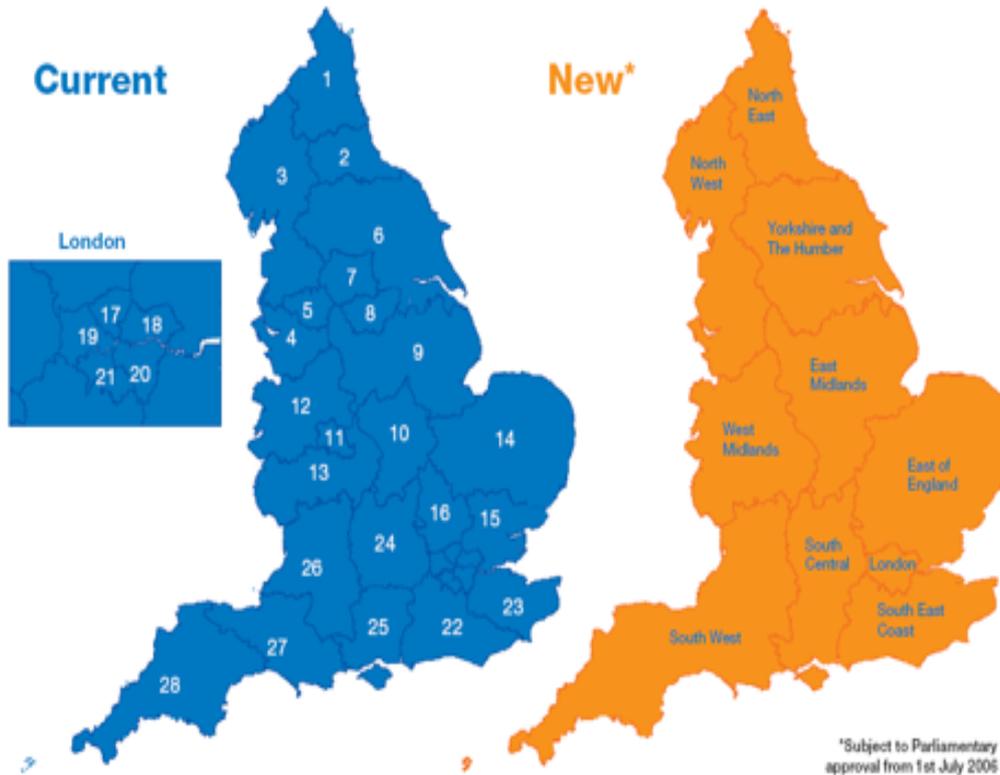
- The deadline for portfolio submission is December 2009. HEIs listed above may take portfolios after this time but must have them marked by March 2010.
- The application pack for portfolio submission for sexual health advisers is on the NMC website <http://www.nmc-uk.org/aArticle.aspx?ArticleID=2294>
- In order to migrate you must:
 - Be registered with the NMC already
 - Be working at individual and community level within sexual health
 - Be able to demonstrate knowledge and skills (know how and show how) of the 10 principles of public health related to your practice. It is likely that you are working academically at degree level or above but you are not required to have completed a degree
 - Have a line manager who is prepared to verify your practice
 - Have a registrant on the public health part of the NMC register who is prepared to verify your practice
 - Develop your portfolio following the NMC guidelines
 - Find an HEI (university) in your area who assess portfolios and agree with them a submission date before the deadline of March 2010.
 - Ask what support they can offer you whilst you are preparing your portfolio.

- Ask your workforce development lead/ sexual health lead what support there is available for you locally.

Delivery against Quality, Innovation Productivity and Prevention (QIPP)

In the current economic environment – the work on sexual health advisers should improve the quality of service delivery. The proposed action is an innovative and economic way of delivering improvements. Additionally, skilled advisers are more likely to support the preventative aspect of the work. So the programme delivers fully QIPP requirements.

Strategic Health Authority Configurations



*Subject to Parliamentary approval from 1st July 2006

1	Northumberland, Tyne and Wear	Population: 1,396,374	North East	Population: 2,545,073
2	County Durham and Tees Valley	1,148,699		
3	Cumbria and Lancashire	1,929,653	North West	6,827,170
4	Cheshire and Merseyside	2,358,474		
5	Greater Manchester	2,539,043	Yorkshire and The Humber	5,038,849
6	North and East Yorkshire and Northern Lincolnshire	1,652,387		
7	West Yorkshire	2,108,028		
8	South Yorkshire	1,278,434		
9	Trent	2,687,496	East Midlands	4,279,707
10	Leicestershire, Northamptonshire and Rutland	1,592,211		
11	Birmingham and the Black Country	2,274,964	West Midlands	5,334,006
12	Shropshire and Staffordshire	1,499,568		
13	West Midlands South	1,559,474		
14	Norfolk, Suffolk and Cambridgeshire	2,238,151	East of England	5,491,293
15	Essex	1,635,605		
16	Bedfordshire and Hertfordshire	1,617,537	London	7,428,590
17	North Central London	1,227,957		
18	North East London	1,531,427		
19	North West London	1,834,066		
20	South East London	1,514,122		
21	South West London	1,321,018	South East Coast	4,187,941
22	Surrey and Sussex	2,577,631		
23	Kent and Medway	1,610,310	South Central	3,922,301
24	Thames Valley	2,120,859		
25	Hampshire and Isle of Wight	1,801,442	South West	5,038,200
26	Avon, Gloucestershire and Wiltshire	2,206,246		
27	Dorset and Somerset	1,212,892		
28	South West Peninsula	1,619,062		

Source: 2004 mid-year estimate - resident population based on the ONS National Population Census 2001

Country or Strategic Health Authority area of England	Sexual Health Lead	SHA Education Commissioner link	HEIs in this area who may provide verification for migration via portfolio. (Those in bold have confirmed they are verifying sexual health adviser portfolios) Contact details for each are on the NMC website http://www.nmc-uk.org/aArticle.aspx?ArticleID=2735
Scotland	Dona.Milne@scotland.gsi.gov.uk Cheryl.Paris@scotland.gsi.gov.uk		University of Paisley University of the West of Scotland Robert Gordon University
Wales			North East Wales Institute University of Swansea Cardiff University University of Glamorgan Glyndwr University
Northern Ireland			University of Ulster

North East	fergus.neilson@dh.gsi.gov.uk	laurence.smith@north-east.nhs.uk	Northumbria University University of Teesside
North West	mike.deakin@northwest.nhs.uk owen.roberts@northwest.nhs.uk	Joe.McArdle@northwest.nhs.uk Kerry.Hemsworth@northwest.nhs.uk Neil.Mclauchlan@northwest.nhs.uk	University of Cumbria Chester University Manchester Metropolitan University University of Central Lancashire Liverpool John Moores
Yorkshire & Humbers	gulnaz.akhtar@yorkshireregion.nhs.uk	kath.hinchliff@yorkshireregion.nhs.uk	University of Bolton University of Huddersfield University of Hull <i>Leeds Metropolitan University</i>
East Midlands	shirley.crawshaw@eastmidlands.nhs.uk	ian.clarke@eastmidlands.nhs.uk Peter.Rolland@eastmidlands.nhs.uk	Sheffield Hallam University <i>De Montfort University</i> <i>University of Derby</i> <i>Leeds Metropolitan University</i>
West Midlands	paul.sanderson@westmidlands.nhs.uk	caroline.donovan@westmidlands.nhs.uk louise.banks@westmidlands.nhs.uk Anne.gilford@westmidlands.nhs.uk	Birmingham City University University of Wolverhampton Staffordshire University

East of Englan d	mette.vognsen@eoe.nhs.uk	kathy.branson@eoe.nhs.uk mike.cook@eoe.nhs.uk Jenny.McGuinness@eoe.nhs.uk stephanie.clifford@eoe.nhs.uk	Suffolk College University Campus Suffolk <i>Middlesex University</i>
London	simon.tanner@london.nhs.uk	Clare.Morley@london.nhs.uk gary.dakin@london.nhs.uk lynda.frost@london.nhs.uk	City University London South Bank University Kings College London
South East Coast	fiona.bower@southeastcoast.nhs.uk	steve.cocks@southeastcoast.nhs.uk	University of Brighton University of Surrey
South Central	hong.tan@londonscg.nhs.uk	Lesley.Sheldon@southcentral.nhs.uk jan.zietara@southcentral.nhs.uk	Buckingham New University <i>University of Northampton</i>
South West	Isabel.oliver@southwest.nhs.uk	christine.whitehead@southwest.nhs.uk barbara.lund@southwest.nhs.uk clare.chivers@southwest.nhs.uk derek.sprague@southwest.nhs.uk sue.sewell@southwest.nhs.uk	University of Plymouth University of Southampton

