3. In 2008 the Scottish SRH Lead Nurse Forum (representing each of the Scottish regions) formed a collaboration with the leads for SRH in each of the Scottish HEIs with a view to producing a Career and Education Framework for sexual health nursing. This work was supported and published by NHS Education Scotland (NES) in 2009. The Career and Education Framework is based on the Knowledge and Skills Framework (KSF), the NHS Career Framework for Health and the Scottish Credit and Qualifications Framework (SCQF).

4. The intention in 2010 is to review current course content in order to provide recipients and employers with a standard content and level of delivery aimed at equipping nurses to work within multidisciplinary integrated sexual health services. Clearly the Faculty’s standards will be taken into account as we determine this. We are also considering future demand and capacity. We intend to agree how many courses are needed (including new modules/courses), what formats, content and level, and who is best equipped to provide these in future to ensure sufficient and high-quality access across Scotland with choice for practitioners and employers.

5. Since the Faculty e-learning material has only just been launched there has been no time to assess where it will fit in the overall picture of SRH training and education for both specialist and non-specialist nurses. It does need to be clearly ‘badged’ in terms of accreditation if it is not to get lost among some of the other online training resources aimed, in particular, at practice nurses. We plan to assess it against the NES Competency Record Book for sexual health nursing.5

6. We look forward to the outcome of the current pilot exercises in The Margaret Pyke Centre and Reading. Our general feeling is that it would be retrograde to suggest that nurses undertake courses of this magnitude without formal accreditation from a UK body.

7. Currently in Scotland there is still a small cohort of nurses who use ‘credit points’ obtained from HEI sexual health modules to count towards the achievement of a degree. As the profession becomes wholly degree educated this will no longer be an issue.

8. There is concern that there has been too little consideration of the implications for assessed practice for nurses if we were to adopt the e-FSRH theory component without having access to the full accredited DFSRH. We would encourage student nurses to consider the possibility of nurses being able to qualify for the Diploma, which would then act as a benchmark.

9. Removing HEIs from the provision of assessed practice puts the onus on employers to manage this along with all governance aspects of training staff who are not employed within the organisation (e.g. registration checks). This is not impossible but very difficult for areas with low staff numbers.

10. We favour multidisciplinary training in core SRH.

References

RCN response
The Royal College of Nursing (RCN) would like to make the following points in response to the article1 on nurse training in sexual and reproductive health by Shelley Mehigan et al. published in the January 2010 issue of the Journal.

The article states that “the RCN removed the specialist sexual health adviser post which was a detrimental and backward step”. We fundamentally disagree with this view. The RCN places a firm emphasis on public health. Sexual health nurses, including public health forum and this is working well, with clear programmes of work being developed around sexual health issues. We believe this model provides a broader perspective than simply having one Sexual Health Adviser.

Second, RCN accreditation is provided to external organisations seeking accreditation for events, resources and courses. The fee is in two bandings: a lower rate for National Health Service (NHS) Trusts and not-for-profit organisations, and a higher rate for for-profit companies. There is no differential made between applicants who are RCN members and those who are not.

Evaluation of our accreditation service shows that the reason organisations from various organisations apply for accreditation is that they wish to associate their names with the RCN’s high standards and commitment to professional development. We have evidence to show that employers who know that RCN-accredited events are educationally robust, focused on nursing practice and evidence-based are more likely to release staff to attend.

There is a difference in the cost of accreditation for members and non-members seeking to be accredited for fitting IUTs/IUSs and SDIs. Membership of the RCN is open to nurses, and is a matter of personal choice. However, in common with all membership organisations, the RCN offers membership benefits which are fee-based.

In terms of education, it is accepted that there is a lack of consistency in the content of many professional programmes since the National Boards ceased to exist. To address this, and to contribute to quality of care in practice, the RCN has developed a number of standards and competency frameworks to provide an evidence-based benchmark for nurses, one individual’s experience, might be mapped against the evidence and current best practice. The processes used by the RCN Accreditation Unit are robust and supported by experts in the relevant fields of practice.

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Reference

Authors’ response to correspondence about Nurse training in SRH

We would like to thank all those who responded to our article. As Journal readers will see, most respondents are in agreement with our concerns and are supportive of the suggestions we made as to how nurse training in SRH might be delivered in the future. In addition to the written responses we have heard from a number of people who have expressed the same views verbally.

In specific response to the letter from the Royal College of Nursing (RCN),2 we were surprised to read their comment about the current situation being better than “simply having one Sexual Health Adviser”. The sexual health (and previous family planning forum) was one of the longest established and most active forums within the RCN, with up to seven representatives on the steering group supported by an adviser who was qualified and experienced in the field. We are aware of instances now of members being unable to get answers from people with sexual health knowledge or qualifications to concerns about which they have contacted the public health team. We would repeat our concern, namely that since most Level 1 sexual health care is delivered in general practice, and many practice nurses are members of the Medical Defence Union (MDU) in preference to the RCN, this has implications for the cost incurred for accreditation.

We are delighted that the National Support Team for Sexual Health and Sexual Health Policy Team at the Department of Health (DH) has recently appointed Anita Weston (formerly Nurse Adviser for Sexual Health at the DH) to undertake a 4-month project on ‘Nurse Education in Sexual Health’. The aim of this project is to bring together the various pieces of work and educational initiatives that a number of organisations in the field have developed, and to consider an overall nationally recognised standardised educational pathway for nursing in sexual and reproductive health in England.

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References