

changes at the university meant this was no longer possible. In fact we positively recommended that these institutions should consider incorporating the Diploma of the Faculty of Sexual Healthcare (DFSRH) elements within their courses.³ Our point was that we felt there would be little benefit in *one single university/HEI* accrediting the pathway for the whole of the UK (or any parts thereof) as experience has shown that other institutions are not always accepting of this. In addition, as we said in greater detail in the original Personal View article⁴ in the January 2010 Journal issue, academic credits *are not always easily transferable* without additional work and expense for nurses.

The DFSRH alone is not seen as a hindrance to the career pathway of doctors – in fact it I would argue it is a positive move – so I cannot understand how this would be an issue for nurses. Most nurses now are starting at degree level and should be able to demonstrate competence in many postgraduate pathways by a variety of means as their medical colleagues do. I reiterate my point that in the field of sexual and reproductive health (SRH) nurses and doctors (and maybe others in the future), who work together to provide the same service, should be able to undergo the same training. Academic accreditation should be an option for those who require or would like it but not compulsory.

Unfortunately not all geographical areas have the benefit of a university/HEI with which to work collaboratively but, where possible, I wholeheartedly agree that we should all work together to try and improve care for our service users.

I have great hopes for the future, and if the Faculty is able to deliver a 'badged' training in SRH for nurses in whatever guise then we will have a sound basis from which to design and deliver SRH care for the future.

Shelley Mehigan, RGN, Hon FFSRH

Nurse Specialist in Sexual Health, Bournemouth, UK; shellraine@aol.com

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'Badged' training in SRH for nurses

I write in response to two letters in this issue of the Journal. I would like to thank Everett, Totterdell and Gray¹ for their comments and congratulate them on their local initiative and Lamont² for her continued, unstinting attention and support for her colleagues.

I would also like to clarify a couple of points. We were not suggesting that there is no value in universities or higher education institutions (HEIs) offering accreditation for nurses undertaking sexual health training, indeed we used this route at Reading before

LETTERS TO THE EDITOR

Letters to the Editor are welcome and generally should not exceed 600 words or cite more than five references. For comments on material published in the most recent issue of the Journal, correspondence should be received within 4 weeks of dispatch of that Journal to be in time for inclusion in the next issue. When submitting letters correspondents should include their job title(s) and their work affiliation(s)/contact address(es). A statement on competing interests should also be submitted for all letters. Letters may be submitted to the Journal Editor or to the Journal Editorial Office (details on the Editorial Board page).