



# Sexual Health

*One in a series of curriculum statements produced by the Royal College of General Practitioners:*

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# Acknowledgements

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## Key messages

- Sexual health is a UK government priority.
- The general practitioner has an important role in the management of sexual health problems in partnership with other members of the primary healthcare team and specialists.
- General practitioners and primary healthcare teams are ideally placed to take a holistic and integrated approach to sexual health.
- Education must promote learning that integrates different disciplines within the complex team of the NHS.

# Introduction

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Sexual health may be described as ‘Enjoying the sexual activity you want without causing yourself or anyone else suffering or physical or mental harm. It is also about using contraception and avoiding infections.’<sup>1</sup>

## Rationale for this curriculum statement

Several strands of practice work give general practitioners (GPs) and the primary healthcare team significant roles in sexual healthcare. These include the vast majority of contraceptive care and cervical screening. Primary care also gives health advice for international travellers and others. In addition people with symptomatic (and asymptomatic) sexually transmitted infections (STI) and other genital infections present in primary care. All of these aspects of sexual health can interrelate with each other, and also with other aspects of health such as mental health and drug and alcohol misuse.

Primary care is ideally placed to take a holistic and integrated approach to sexual health. GPs should understand the principles behind contraception and also STI management, even if they intend to refer patients on, in order to ensure that referrals are appropriate.

## UK health priorities

Sexual health is a priority in the UK. A recent report<sup>2</sup> highlighted the extent to which specialist services for sexual health are struggling in the UK. Rates of sexually transmitted infections continue to rise, in some cases dramatically.<sup>3</sup> Teenage pregnancy rates in the UK remain high, as do rates of termination of pregnancy (including those at higher gestation).<sup>4</sup> Nevertheless, there is no National Service Framework for sexual health.

In 2005, Andy Kerr, Minister for Health and Community Care in *Scotland*, launched the Scottish Parliament’s strategy for improving sexual health in Scotland *Respect and Responsibility: strategy and action plan for improving sexual health*.<sup>5</sup> Recognising that ‘Sexual health in Scotland is poor’ the paper introduced an ambitious plan to reduce unintended pregnancies and sexually transmitted infections, enhance the provision of sexual health services and promote a broad understanding of sexual health and sexual relationships that encompasses emotions, attitudes and social context. The overarching aims of the strategy were stated:

- To improve the quality, range, consistency, accessibility and cohesion of sexual health services from primary care to specialist genito-urinary medicine services, in line with the principles of providing services that are safe, local and appropriate
- To support everyone in Scotland, including those who face discrimination due to their life circumstances or their gender, race or ethnicity, religion or faith, sexual orientation, disability or age, to acquire and maintain the knowledge, skills and values necessary for good sexual health and wellbeing
- To influence positively the cultural and social factors that impact on sexual health.

Similarly, sexual health and HIV is an important public health issue in *Wales*. In January 2000 the National Assembly for Wales published the consultation document, *A Strategic Framework for Promoting Sexual Health in Wales*.<sup>6</sup> The aims of the strategy were:

- To improve the sexual health of the population of Wales. This relates to the need to address illnesses and

conditions that are a significant cause of physical and mental ill-health and premature death, e.g. sexually transmitted infections, including HIV infection and unintended pregnancies, particularly among teenage girls

- To narrow sexual health inequalities. It was recognised that prevalence of some of the conditions listed above may be linked to social exclusion, ethnicity and sexual orientation (e.g. teenage pregnancy rates are higher in areas of social deprivation and gay men are the group in Wales most affected by HIV infection). Prevention initiatives and service provision arrangements need to take account of these inequalities
- To enhance the general health and emotional wellbeing of the population by enabling and supporting fulfilling sexual relationships. This aim encompasses delivery of appropriate and effective sex education to young people within school and in other youth settings. It also recognises the need to ensure that the population as a whole has access to sources of information and advice on sexual health and relationships.

Following the consultation a revised strategy action plan<sup>7</sup> was produced with six objectives:

- Ensure that all young people in Wales receive effective education about sex and relationships as part of their personal and social development
- Ensure that all sexually active people in Wales have access to good-quality sexual health advice and services
- Reduce rates of unintended teenage pregnancy in Wales
- Reduce incidence and prevalence of sexually transmitted infections in Wales
- Promote a more supportive environment that encourages openness, knowledge and understanding about sexual issues and fosters good sexual health
- Strengthen monitoring, surveillance and research to support future planning of sexual health services and interventions.

In *England*, the *National Strategy for HIV and Sexual Health*<sup>8</sup> and the *Teenage Pregnancy Strategy*<sup>9</sup> set out the changes needed for improvements in health promotion, preventative work and service delivery. This was updated as part of the Department of Health's public health white paper *Choosing Health*<sup>10</sup> published in 2005. It set out its plans for a campaign on sexual health including committing new capital and revenue funding to tackle the high rate of STIs in England. The aim of this was to support modernisation of the whole range of NHS sexual health services, to communicate better with people about the risk, offer more accessible services to provide faster and better prevention and treatment, and deliver these services in a different way.

The white paper set out proposals for sexual health services to be delivered through a flexible multidisciplinary workforce, in a range of settings, including:

- Multidisciplinary teams headed by nurses linking between contraception, sexual health specialists (including genito-urinary medicine (GUM) consultants) and community, youth services and sexual health liaison workers working with primary care providers as part of a comprehensive range of services
- Extension of the roles of nurses, youth workers, community workers and pharmacists to include elements of sexual health
- Peer educators/youth workers trained to use the latest communications technology
- Mainstream primary care health programmes delivered by school nurses, health trainers, health visitors, community psychiatric nurses, midwives and practice nurses
- 'Enhanced services' in the new primary medical care contracts
- More 'primary care practitioners with a special interest' working alongside sexual health experts in contraceptive, HIV and sexual health treatment services.

It went on to propose that services like testing and screening for STIs would increasingly be delivered in the community particularly targeting young people, vulnerable people and those who are hard to reach or at significant risk, such as black and minority ethnic groups. There are already excellent examples of good practice, but these are in small pockets and need to be expanded.

The cornerstone of the drive for better sexual health was the proposal for a systematic campaign to reduce the incidence of chlamydia. The rationale being that chlamydia can cause profound distress later in life through infertility or pelvic inflammatory disease. High-volume testing for chlamydia is essential if we are to see an

impact on rates of infection and the knock-on effect of ill health. The plan, therefore, was to speed up the implementation of a national screening programme for chlamydia, to cover the whole of England by March 2007 with the 1.2 million women who attend contraception services each year the main focus for offering chlamydia screening as well as wider health advice.

Changes in the delivery of contraception and GUM services were also proposed, beginning with a review of contraceptive service provision and GUM services, followed by investment to meet gaps in local services, in particular to ensure that the full range of contraceptive services is available, good practice is spread and services modernised.

Cervical screening is cited as a Level 1 service in the (English) *National Strategy for HIV and Sexual Health*. The programme is a successful cancer prevention intervention that is delivered almost entirely by primary care. However, major changes are currently underway with a shift to liquid-based cytology. In addition there is debate as to whether it would be more appropriate for the screening programme protocol to be dictated by the results of initial individual screening for specific strains of Human Papilloma Virus (HPV). Prevention of cervical cancer through use of vaccines against HPV offers another new opportunity for future generations. Sexual dysfunction, despite not being explicitly identified as a UK health priority, remains an important health issue for those delivering primary care.

In *Northern Ireland*, the Department for Health, Social Service and Public Safety is committed to the promotion of positive sexual health and has identified sexual health as an area to be addressed under its public health strategy *Investing for Health*. Their approach to teenage pregnancy and parenthood is outlined in a strategy document published in 2002.<sup>11</sup> The Northern Ireland Health Promotion Agency (the HPA) is committed to promoting good sexual health by ensuring that professionals and the public have access to information relating to this area. Its work includes part funding for a Sexual Health Information Service for Northern Ireland, managed by the FPA of Northern Ireland and contributing to a working group that is developing a sexual health strategy in Northern Ireland.

# Learning Outcomes

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The GP has an important role in the management of sexual health problems (including sexually transmitted infections (STIs) and sexual dysfunction) in partnership with other members of the primary healthcare team, and specialists including microbiologists, gynaecologists, sexual and reproductive health specialists, genito-urinary medicine specialists, urologists and specialists in infectious diseases.

Education must promote learning that integrates different disciplines within the complex team of the NHS. Specialty registrars (GP) must learn the importance of supporting patients' decisions about the management of their sexual health problems and communicating how that care will be delivered by the NHS team as a whole.

The following learning objectives relate specifically to sexual health. This RCGP curriculum statement should be used in conjunction with the other curriculum statements, especially the *core* Curriculum Statement 1, *Being a General Practitioner, Healthy People: promoting health and preventing disease* and those covering gender specific health issues: *Women's Health* and *Men's Health*.

## Primary care management

- Manage primary contact with patients who have sexual health concerns and problems.
- Work in partnership with members of the practice's team including the receptionists to ensure accessibility of the services for patients, and with practice nurses and health visitors in providing coordinated services with respect to sexual health.
- Coordinate care and make timely, appropriate referrals on behalf of patients to specialist services, especially to appropriate gynaecologists, sexual and reproductive health specialists, genito-urinary specialists, urologists, specialists in infectious diseases and specialists in sexual dysfunction.
- Promote sexual health wellbeing by applying health promotion and disease prevention strategies appropriately.
- Describe strategies for early detection of sexual health problems that may already be present but have not yet produced symptoms.
- Work in partnership with members of the primary healthcare team to develop and update confidentiality policies related to sexual health.

## The knowledge base

### Symptoms:

Key issues in the diagnosis of sexual health problems will be the eliciting of appropriate signs and symptoms, and subsequent investigation and treatment or referral of people presenting with:

- Genital skin conditions including rashes, ulcers and lichen sclerosis
- Ano-genital lumps
- Abnormal genital smell

- Unusual or different vaginal discharge or penile urethral discharge
- Pain on passing urine in men and women
- Lower abdominal pain in women
- Testicular pain and swelling
- Pain on intercourse
- Intermenstrual bleeding
- Vaginal bleeding after sex.

#### **Common and/or important conditions in men and women:**

- Urinary tract infections in women
- Bacterial vaginosis
- Candidiasis
- Group B haemolytic streptococcus
- Chlamydial infections
- Gonorrhoea
- *Trichomonas vaginalis*
- Ano-genital ulcers – herpes simplex, syphilis, tropical infections, primary HIV infection
- Ano-genital warts
- Conditions suggestive of immunosuppression (e.g. pneumocystis, pneumonia, tuberculosis, lymphoma, seborrhoeic dermatitis or oral thrush) or of primary HIV infection
- Syphilis
- Conjunctivitis (neonatal and adult)
- Reiter's syndrome
- HIV/AIDS and the presentations/complications including pneumocystis pneumonia, candidiasis, cryptococcus, Kaposi's sarcoma, toxoplasmosis, lymphoma, hepatitis, tuberculosis
- Sexual dysfunction.

#### **Investigations:**

- Pregnancy testing
- Urinalysis
- Approaches to the diagnosis of bacterial vaginosis in primary care
- Blood tests for HIV and syphilis
- Blood tests for hepatitis B and their interpretation
- Microbiology and virology swabs – which to use, which samples to take, limitations of tests and interpretation of results
- Secondary care investigations, e.g. colposcopy.

#### **Treatment:**

- Contraception – effectiveness rates, risks, benefits and appropriate selection of patients for all methods, including methods of emergency contraception
- Contraception – the safe provision of all methods of oral contraception (including emergency hormonal contraception) and also contraceptive patches and DMPA injections
- Contraception – knowledge and availability of intra-uterine methods of contraception (including as a

method of emergency contraception), subdermal implants, sterilisation and natural family planning

- Abortion – methods and the legal procedures relating to referral for abortion
- Principles of treatment for common conditions diagnosed and/or managed in primary care (see above)
- Principles of antiretroviral combination therapy for HIV/AIDS, potential side effects and the role of the GP in their management in primary care.

### **Emergency care:**

- Emergency hormonal contraception
- Emergency intra-uterine contraception
- The role of post-exposure prophylaxis (PEP) in HIV prevention
- Referral for suspected *Pneumocystis carinii* pneumonia
- Responding to early presentation of rape and sexual assault.

### **Prevention:**

- Health education and prevention advice – safe sex and risk reduction
- Unplanned pregnancies
- National screening programmes – cervical screening, chlamydia, antenatal HIV testing
- Hepatitis B immunisation programme
- Occupational risks – exposure to needle stick injuries.

## **Person-centred care**

- 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), assumptions related to age, disability or ethnic origin.

## **Specific problem-solving skills**

- 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.
- Describe common presentations of sexual dysfunction and of sexual violence and abuse, including covert presentations such as somatisation.
- Counsel patients with sexual problems including psychosexual issues related to contraception, sexually transmitted infection, HIV testing and for patients who have an unplanned or unwanted pregnancy.
- Describe the best-practice guidance on the provision of advice and treatment to young people under 16 years.
- Describe when urgent intervention is needed in sexual health and, if necessary, to refer appropriately, e.g. in provision of emergency contraception or in severe pelvic inflammatory disease or in serious infections in the immune-compromised patient.
- Describe the presentation of sexually transmitted infections that may present early and in an undifferentiated way or may be present without symptoms.
- Describe the limitation of 'watching and waiting' because some serious infection, e.g. chlamydia and HIV, may also lapse back into being asymptomatic, whilst still causing harm to the patient.

## A comprehensive approach

- Use the sexual history (including partner history and information on sexual practices including condom use) and other relevant information to assess risk of sexually transmitted infection, unwanted pregnancy and cervical cancer.
- Use risk assessment to tailor advice and care accordingly, including advice on safer sexual practices and hepatitis B immunisation.
- Describe the factors that may indicate that a woman is at high risk of cervical cancer and the value of an opportunistic approach to screening in this group.
- Describe when to refer a patient with cervical smear abnormalities and what is involved in secondary-care management.
- Describe the specific interventions for HIV prevention such as post-exposure prophylaxis and the prevention of mother-to-baby transmission.
- Describe the screening programmes in use in the UK and the benefits, limitations and need for informed consent.
- Describe the different patient groups who are at greater risk of unplanned pregnancies and the value of an opportunistic approach for health promotion.

## Community orientation

- Describe the epidemiology of sexual health problems and how it is reflected in their local community.
- Recognise that the prevalence of sexual health problems, including HIV, will be affected by the makeup of the local population.
- Describe the principles of, and current guidance for, partner notification.
- Describe how to access local sexual health services, including services that provide: specialist contraceptive care; termination of pregnancy; STI diagnosis and management; HIV management; and services for relationship problems and sexual dysfunction.
- Describe local sexual health services for their patients. They should also be aware how to obtain specialist expertise through their local cytology and microbiology laboratories.

## A holistic approach

- 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.
- Understand the social stigma that is often associated with sexual health problems, even in some healthcare professionals.
- Describe those factors associated with risky sexual behaviour including mental health problems, drug and alcohol misuse and a history of sexual abuse.
- Describe the wider determinants of unplanned pregnancies and their impact on the individual and society.
- Be aware of those for whom consideration of sexual health may be inappropriately omitted by health professionals (those with physical or learning disabilities or the elderly).

## Contextual aspects

- Describe the central role of GPs and their primary care teams in the:
  - ◆ prevention of unwanted pregnancies
  - ◆ diagnosis and management of sexual problems
  - ◆ prevention, diagnosis and management of sexually transmitted and other genital infections.

- Be aware of the legal aspects relating to sexual health including termination of pregnancy and the methods used in the UK.
- Be aware of the legal aspects of providing contraception and sexual health in under-16s (including child protection).

### **Attitudinal aspects**

- Take a sensitive, non-judgmental and person-centred approach to handling sexual health problems.
- 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.
- Ensure that the doctor's own beliefs, moral or religious reservations about any contraceptive methods or abortion and about sexual behaviour and practices do not adversely affect the management of a patient's sexual health.

### **Scientific aspects**

- Describe the key national guidelines that influence sexual healthcare provision.

### **Psychomotor skills**

- Perform a sexual health examination including digital and speculum examination, assessment of the size, position and mobility of the uterus, and the recognition of abnormality of the pelvic organs.
- Intramuscular injection.
- Take microbiology and virology swabs from ano-genital areas.
- Teach the patient about male and female condom use.
- Take a cervical smear.

## Further Reading

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### Examples of relevant texts and resources

- ADLER MW. *ABC of AIDS (5th edn)* London: BMJ Books, 2001
- ADLER MW. *ABC of Sexually Transmitted Diseases (5th edn)* London: BMJ Books, 2004
- ANDREWS G (ed.). *Women's Sexual Health* London: Baillière Tindall, 2005
- 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
- BRITISH MEDICAL ASSOCIATION, ROYAL PHARMACEUTICAL SOCIETY OF GREAT BRITAIN, ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH. *The Neonatal and Paediatric Pharmacists' Group BNF for Children* London: BMA, 2005
- CHAMBERS R, WAKLEY G, CHAMBERS S. *Tackling Teenage Pregnancy: sex, culture and needs* Oxford: Radcliffe Medical Press, 2000
- DAVIDSON N AND LLOYD T (eds). *Promoting Men's Health: a guide for practitioners* London: Baillière Tindall, 2001
- DEPARTMENT OF HEALTH. *The National Strategy for Sexual Health and HIV* London: Department of Health, 2001
- EVERETT S. *Handbook of Contraception and Reproductive Health* London: Saunders, 2004
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- WAKLEY G, CUNNION M, CHAMBERS R. *Improving Sexual Health Advice* Oxford: Radcliffe Medical Press, 2003
- WORLD HEALTH ORGANIZATION. *WHO Eligibility Criteria for Contraceptive Use* Geneva: WHO, 2004 (*Note:* the UK adaptation of this book will be published in 2005, funded by the Department of Health. A free copy will be given to every general practice, FP clinic and GUM centre in England.)

### Web resources

#### **British Association for Sexual Health and HIV**

Its website provides guidelines on the treatment of sexually transmitted infections and details about courses on genito-urinary medicine including the Sexually Transmitted Infection Foundation (STIF) course.

[www.bashh.org](http://www.bashh.org)

#### **Faculty of Family Planning and Reproductive Health of the Royal College of Obstetricians and Gynaecologists**

Faculty of Family Planning and Reproductive Health (FFPRHC) 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.

[www.ffprhc.org.uk/](http://www.ffprhc.org.uk/)

## **FPA**

Formerly the Family Planning Association, this 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/)

## **National Library for Health and Public Health Specialist Library**

The aim of the National Library for Health (NLH) is to provide clinicians with access to the best current know-how and knowledge to support health care-related decisions. Patients, carers and the public are also welcome to use the site, because the NLH is open to all. The ultimate aim is for the Library to be a resource for the widest range of people both directly and indirectly.

The main priority for the NLH is to help the NHS achieve its objectives. However, it is also aimed at those healthcare professionals who are working in the private sector where common standards should apply. For example, the National Screening Committee is not only an NHS advisory committee, but its mission is also to promote the health of the whole population and its recommendations are relevant to the private sector. Part of the content of the NLH such as Clinical Evidence and the Cochrane Library is licensed from commercial providers. There are two other groups of health and care professionals whose needs will also be met by the NLH – those working in public health and in social care. The Public Health Specialist Library is intended for all public health professionals, many of whom work in local government. It has been developed by the Health Development Agency.

[www.library.nhs.uk](http://www.library.nhs.uk)

[www.library.nhs.uk/publichealth/](http://www.library.nhs.uk/publichealth/)

## **The Teenage Pregnancy Unit**

In England, but the website is accessible across the UK. A cross-government unit located within the Department for Education and Skills that was set up to implement the Social Exclusion Unit's report on teenage pregnancy. This website contains information about the government's teenage pregnancy strategy, including guidance issued by the Teenage Pregnancy Unit as well as relevant publications from other government departments. There is also information about local implementation of the strategy and details about the Independent Advisory Group on Teenage Pregnancy.

[www.dfes.gov.uk/teenagepregnancy](http://www.dfes.gov.uk/teenagepregnancy)

## **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 peo-

ple in the UK to die with 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)

# Promoting Learning about Sexual Health

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## Work-based learning – in primary care

Primary care is the best place for a specialty registrar (GP) to learn how to manage sexual health problems because it is where the vast majority of patients present their concerns to healthcare professionals. Patients will present their varied concerns and various symptoms, at varying stages of the natural history. Critical, professional discourse with their trainer will aid the specialty registrar in developing heuristics to aid problem-solving. Supervised practice will engender confidence.

## Work-based learning – in secondary care

Some GP training programmes contain placements of varying length in obstetric and gynaecology units that should give exposure to patients with gynaecological and sexual health problems. It is important that the specialty registrar gains a broader understanding of sexual health than can be obtained in the gynaecology ward or clinics by attending sexual health clinics to 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) should be arranged for all specialty registrars by their GP trainer or educational supervisor.

## Non-work-based learning

Many postgraduate deaneries provide their own courses on sexual health problems. Other providers include BASHH (British Association for Sexual Health and HIV). In response to the National Sexual Health Strategy, BASHH developed their two-day sexually transmitted infection foundation course (STIF). This provides multidisciplinary training in the attitudes, skills and knowledge required for the prevention and management of STIs. The course uses a variety of educational techniques. Topics include: national and local epidemiology of STIs and related pathologies; principles of STI service provision; sexual history-taking, HIV testing and counselling; partner notification and management. Each participant also rotates through eight teaching stations on common STI presentations. A national steering group with representation from BASHH, the RCGP, the RCN and the FFPRHC has been established and produces all course materials including a course director's manual, instructors' manual and teaching material, and a manual with self-assessment tool for delegates.

The FFPRHC also provides courses that, coupled with a period of practical training, lead to the award of a diploma of the Faculty of Family Planning and Reproductive Health Care of the RCOG (DFFP).

## Learning with other healthcare professionals

Sexual health problems by their nature are often exemplars of teamwork across agencies. Careful consideration and discussion of the roles of various individuals representing many professional and non-professional groups should be fruitful. An understanding of the variety of services provided in primary care is essential. Joint learning sessions with practice nurses and specialist colleagues in sexual health clinics is valuable and will help the specialty registrar gain a greater understanding of the services provided locally and the need for cross-agency communication and partnership working.

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