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# Advanced Clinical Skills for GU Nurses

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*Edited by*

**MATTHEW GRUNDY-BOWERS**

**JONATHAN DAVIES**



John Wiley & Sons, Ltd



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# Dedication

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In memory of Joyce, dad and grandad

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# Acknowledgements

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Matthew would like to thank his family and his partner Joel for all their patience and support during the creation of this book. He would also like to thank Caroline for pushing him and for all her encouragement during the difficult stages. He would like to give a big ‘thank you’ to all the contributors, because without their input there would have been no book, and to give special thanks to Jonathan for coming on board at such short notice, and because the skills he has contributed have made the reach and scope of the completed book so much the greater.

Jonathan would like to thank Matthew for the invitation to contribute to this book and his partner Shaun for his continued support.

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# Contributors

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## **Michelle Arnold, RN, BA (Hons), MSc**

### **Consultant Nurse for Sexual Health at Waltham Forest PCT/Whipps Cross University Hospital**

Previously Practice Educator (Sexual Health), St George's Hospital, Tooting, in which role she had a strong clinical practice and education/development focus, Michelle also develops and delivers pre- and post-registration education at Kingston University. She developed a competency-based training and assessment tool for nurses (2001), and recently added to this for the health-care support worker role. Michelle presented her competency work at the London Network of Nurses and Midwives (formerly London Standing Conference) Sexual Health group. This led to development of an integrated career and competency framework for sexual and reproductive health nursing (a collaborative project, published by the Royal College of Nursing in 2004). Michelle currently co-chairs the London Sexual Health Group.

Her clinical background (she started in Medicine/Rheumatology) sparked an interest in sexually transmitted infections and sexual health. Michelle has been nursing in sexual health since 1996. Her educational background includes an MSc in Sexually Transmitted Infections/HIV from University College London/London School of Hygiene and Tropical Medicine; a BA (Hons) in Social Sciences and Administration University of London, Goldsmiths' College; an ENB 276 in caring for persons with genito-urinary problems and related disorders; an ENB 934 in caring for persons with HIV/AIDS; Fertility and fertility control (a contraception qualification) and an ENB 998 in Teaching and assessing in clinical practice.

## **Jane Bickford, MSc, BSc (Hons), RGN, DLSHTM, PG Diploma Health Promotion**

### **Nurse Practitioner, John Hunter Clinic, Chelsea and Westminster Hospital**

After graduating with a science degree in 1983 Jane worked in an analytical chemistry lab before entering the nursing profession in 1985. Following nurse training she worked for four years as a medical nurse. In 1992 Jane left the UK and worked on an inpatient HIV unit in New York City. In 1995 she returned to the UK and studied for the Post Graduate Diploma in Health Promotion at Southbank University. In 1996 she started to work in sexual health and qualified as a contraception nurse in 2001. She was awarded an MSc in sexually transmitted infections and HIV by University College, London in 2004. Jane is the nursing representative on the Herpes Simplex Advisory Panel

within The British Association for Sexual Health and HIV. Jane's main interest within sexual health is the effect of stigma associated with sexually transmitted infections, and she has presented both nationally and internationally her research regarding stigma and genital herpes infection. She is currently a nurse practitioner at the John Hunter Clinic at the Chelsea and Westminster Hospital.

**Jennifer Browne, RN**

**Nurse Practitioner – Praed Street Project, The Jefferiss Wing,  
St Mary's NHS Trust**

Jennifer trained at University College Hospital and The Middlesex Hospital in central London as a Registered General Nurse, qualifying in 1994. She worked initially in acute admissions and accident and emergency at University College Hospital.

Jennifer's first post in sexual health was at St Thomas' Hospital, London, where she gained a solid foundation in sexual health and completed the ENB 934, the HIV and AIDS course. She then worked as a staff nurse at Archway Sexual Health Clinic for three years where she started to find her niche in sexual health, working with CLASH (Central London Action Street Health) based in Soho, a project set up to work with male and female sex workers and street homeless. At Archway Sexual Health Clinic she achieved the ENB 8901, reproductive and family planning course and the ENB 276, sexual health course. Jennifer moved to Barnet Hospital where she held the position of Sister/Outreach Worker for SHOC (Sexual Health On Call) for two and a half years. There she enjoyed a varied role, providing outreach services to local flats and brothels, establishing satellite blood-borne virus clinics in the local drug dependency service and working within the main sexual health clinic. She worked closely with the sister project SHOC Haringey and learned from their good work of setting up a drop-in project for street sex workers. In the renowned Tottenham Beat she was asked to assist to establish a satellite clinical service with St Ann's Sexual Health Department based in Tottenham, North London where she has been lead nurse for five years. Jennifer is currently a Nurse Practitioner at the Jefferiss Wing, St Mary's Hospital, London, working for the Praed Street Project. The Praed Street Project is a three-tier approach for women working in the sex industry providing outreach, drop-in and clinical services. It is a well-established project which she is proud to be working for and which she has helped develop and expand. Jennifer commences study for an MSc in Sexual Health and HIV in September 2006.

**Grainne Cooney, BSc (Hons), RGN, RM**

**Asymptomatic Screening Nurse**

Grainne qualified as a registered nurse in 1993 in Barnet College of Nursing and Midwifery. After working in a paediatric ward in Barnet General Hospital for a year she moved to St Thomas' Hospital London. Here she completed the

'Special and Intensive Nursing Care of the Newborn' course at the Nightingale School, King's College London while working in the neonatal intensive care unit there. In 1996 Grainne began her midwifery training at Queen Charlotte's Hospital London and completed her BSc (Hons) in Midwifery at Thames Valley University. After working at Queen Charlotte's for several years Grainne took six months out to travel around South-East Asia.

On her return Grainne qualified in Family Planning Nursing at Middlesex University in 2000 and worked in Northwick Park Sexual Health Clinic for two years. During this time she completed her sexual health training at Thames Valley University. Travelling was still on the agenda, and in 2002 Grainne took a year out to travel and work as a midwife in Australia. In 2003 she commenced working in the John Hunter Clinic at the Chelsea and Westminster Hospital. She is currently working there as a Trainee Nurse Practitioner in Sexual and Reproductive Health, with a special interest in Family Planning.

**Yaswant (Ravi) Dass, RN, BA (Hons), MSc**

**Nurse Practitioner in Genito-urinary Medicine, Bart's and the London NHS Trust**

Ravi qualified as a nurse in 1997 and spent the first four years of his career in various jobs within medical and surgical nursing. He started GUM nursing in 2001 and has spent the past two and a half years working as a Nurse Practitioner, firstly at St Mary's Hospital London and currently at Bart's and The London NHS Trust. Within GUM nursing he also worked as a Clinical Facilitator / Charge Nurse where he was responsible for staff training and development.

Ravi has recently completed an MSc in Sexually Transmitted Infections and HIV at University College London, and is currently undertaking the nurse prescribing course. He has already completed several ENB courses, including Teaching and Assessing in Clinical Practice, and has been delivering lectures on Thames Valley University's sexual health courses. Ravi was central in the development of GUM services for HIV-positive patients at St Mary's Hospital London, and is currently developing nurse-led services within his current post.

**Jonathan Davies, RN, Dip HE, MA**

**Senior Lecturer in Sexual Health, Thames Valley University**

Jonathan Davies currently works as a Senior Lecturer at Thames Valley University, West London. Jonathan graduated from the same University in 1998 and has worked primarily in the field of sexual health for much of his nursing career. Since graduating Jonathan has worked in a variety of roles, including Staff Nurse, Charge Nurse, Nurse Practitioner and more recently Clinical Nurse Manager of The Jefferiss Wing at St Mary's Hospital, London.

Jonathan has continued his education since qualifying as a nurse; he gained a Master's Degree in Health Law from the University of Hertfordshire and is currently studying for a Post Graduate Diploma in Teaching and Learning. Jonathan believes strongly in the role that nurses play in the provision of sexual health care and believes that this book lends itself to the future development of nursing in the field of Genito-urinary Medicine.

**Cindy Gilmour, RN, PG Dip  
Nurse Practitioner, Chelsea and Westminster**

Cindy qualified as a Registered General Nurse in 1987. Following qualification she worked as a staff nurse in acute medicine for two years and then from 1989 to 1996 worked as a staff nurse in Accident and Emergency. In 1996 Cindy moved into Sexual Health nursing, and in 1999 became a Nurse Practitioner at The West London Centre for Sexual Health. In 2000 she undertook the MSc in Nursing and Midwifery (Advanced Nurse Practitioner pathway) and obtained a Post Graduate Diploma in 2003. Cindy also took the role of Charge Nurse at the West London for a year in 2001. Since working in Sexual Health Cindy has been involved in several projects, including being the Lead Nurse for an Outreach Clinic for vaccinations and syphilis screening for men who sell sex, and also setting up a clinic for women who have sex with women. She takes an active role in staff development and facilitates teaching and assessing in advanced asymptomatic screening and sexual history-taking. At present Cindy is an assessor on the RCN Distance Learning Sexual Health course, and she also teaches on the STIF (Sexually Transmitted Infection Foundation) course.

**Matthew Grundy-Bowers, RN, BSc (Hons)  
Consultant Nurse in Sexual Health and HIV, St Mary's NHS Trust**

Matthew qualified as a nurse in 1992 at the age of 20, being one of the youngest students to qualify from the Brent and Harrow School of Nursing and Midwifery. Initially, he worked as a staff nurse in Trauma Orthopaedics, before moving into Sexual Health in 1994. Since starting as an outpatient Staff Nurse in GUM and HIV in 1994 he has worked in various roles: Health Adviser, Nurse Practitioner, Senior Nurse for Sexual Health and HIV and Advanced Nurse Practitioner. He has broad experience in sexual health, HIV and family planning and also has experience working with patients with sexual dysfunction.

Matthew has undertaken various courses, including genito-urinary medicine (ENB 276), HIV/AIDS (ENB 934), Family Planning (ENB 901), Teaching and Assessing (ENB 998), and Research (ENB 870), as well as the BASHH course in STIs and HIV. He completed a BSc (Hons) Professional Studies – Nursing in 2002 from Thames Valley University and is an independent (extended and supplementary) nurse prescriber. He is currently writing up his disserta-

tion for his MSc Nursing (Advanced Nurse Practitioner – Adult) at City University.

He also lectures at Thames Valley University, teaching on sexual health courses as well as teaching on the BASHH STIF course and for the Diploma in Family Planning.

He led the development of the advanced practice forum, which started out as a pan-London organisation and then became part of the GUNA. He is currently the co-chair of the London Network for Nurses and Midwives: Sexual Health Group. He has presented at various conferences, including the international conference for nurse practitioners and the RCN sexual health conference.

**Jane Hooker, RN, BHSc**

**Senior Health Practitioner, The Jefferiss Wing, St Mary's NHS Trust**

New Zealand-born Jane completed her Nursing Bachelor's degree in 1995 at Auckland Technical University. In 1999, after working in different acute medicine fields such as CCU and A & E at North Shore Hospital in Auckland, she left New Zealand to do what all good antipodeans do and see the world. Shortly after arriving in London she started working in the Jefferiss Wing at St Mary's Hospital and realised that she had found her ideal field of nursing. Over the last seven years she has worked as an agency nurse, Junior Sister and Nurse Practitioner, and for the last three years as the Senior Health Practitioner for the SHIP (Sexual Health Information and Protection) team. Jane is now happily settled in North-West London. She lives with her partner and two cats, and has a daughter due in August 2006.

**Debby Price, MSc, BSc, PGCEA, RGN, RHV, RM**

**Subject Head, Public Health Primary Care and Thames Valley University**

Debby trained as a nurse and midwife before studying for a degree in Social Science and Administration at the London School of Economics. She then qualified as a Health Visitor and worked in North-West London. During this time she became interested in adolescent sexual health, working in a unit for pregnant schoolgirls and as a family planning nurse. She moved into nurse education in 1989, teaching pre- and post-registration nurses. She has been at Thames Valley University since 1994, at first as the programme leader for the BSc Health Promotion and the family planning course. During this time she completed her Master's degree in Health Studies and completed a small research project on young people's perceptions of family planning clinics as part of the course. Since 2000 she has been the Subject Head for the Public Health and Primary Care subject group. Her subject team run programmes and short courses in primary care, public health and health promotion, sexual health and the care of older people, as well as teaching on the pre-registration nursing programme. Her own research interests remain with public health and policy and sexual health.

**Colin Roberts, RN, RM, BNurs, PGC Sexual Health, Grad Dip Ed, Msc  
Lead Nurse Specialist, Jefferiss Wing Centre for Sexual Health, St Mary's  
Hospital, London**

Colin Roberts is a Registered Nurse and Midwife, who has worked in Sexual Health in Australia and the UK since 1990 gaining experience in both acute and community HIV and sexual health. In 1997 he became one of the first Nurse Practitioners in Genito-urinary Medicine at the Jefferiss Wing, St Mary's Hospital London. From January 2000 he was the Clinical Nurse Manager for Sexual Health based at the Queen Elizabeth Hospital NHS Trust in Woolwich, South-East London. His clinical role involved weekly clinics at HMP Belmarsh, The Pitstop Clinic for MSM, and a hospital-based men's clinic. He assisted in developing courses for the BSc pathway in sexual health for the University of Greenwich, whilst an honorary lecturer.

In 2003 he worked on the development of RCN Distance Learning Programme on Sexual Health, and remains an assessor for this programme.

He is passionate about the enhanced role of nursing within sexual health, and was one of the founding members of the London Standing Conference for Nurses, Midwives and Health Visitors – Sexual Health Group. He has been part of the RCN Sexual Health Forum since 2003. He returned to the Jefferiss Wing in July 2006.

**Sonali Sonecha, Dip Clin Pharm Pract, MrPharmS  
Lead Pharmacist HIV Services, North Middlesex University Hospital  
NHS Trust**

Sonali trained at Manchester University and Brighton and Sussex NHS Trust and qualified as a pharmacist (MrPharmS) in 1998. She completed a post-graduate diploma in pharmacy practice at the University of London in 2003. Sonali has worked as an HIV specialist for 6 years and currently works at the North Middlesex University Hospital NHS Trust, where she is the Lead Pharmacist HIV Services. Her role includes running patient adherence clinics, management of the drugs budget, audit work and guidelines development, as well as inpatient care. She also sits on the HIV Pharmacy Association steering committee, where she represents HIV pharmacy at a national level, organising training days and developing CPD initiatives with sponsors.

Previously, Sonali worked at Bart's and the London NHS Trust, initially as a rotational pharmacist and then as a GUM and HIV specialist. Her role included providing advice on the appropriate use of medicines, aiding in the set-up of new GUM services (a sexual assault centre, for example), clinical audit, financial management of GUM drugs budgets and the writing of GUM drugs guidelines. She was also involved in developing PGDs for use in GUM clinics and in training nursing staff in their use. Sonali has earlier taught on the City University postgraduate nursing course in HIV/GUM and has trained both junior and undergraduate pharmacists and physicians in GUM and HIV medication issues.

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# Foreword

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Poor sexual health is now a major public health issue in the UK, with all four countries having a sexual health strategy, strategic framework or action plan in place. The Government in England wishes to improve sexual health services, with a focus on improving access.

All over the country nurses are working in new and innovative ways in sexual and reproductive health. Many are working in advanced and specialist clinical roles as independent practitioners and more creative posts are being developed in the National Health Service to maximise optimum use of nurses' skills. Several Nurse Consultant posts have now been developed in the speciality of Genito Urinary Medicine (GUM).

With this important public health agenda in mind, this book provides a valuable resource for nurses working towards, and at, advanced level in GUM, but the content is also transferable and relevant to nurses working in non-acute settings.

This book also provides a skill base for more junior nurses in GUM to aspire to. Using a competency-based approach, many GUM nurses could develop their practice to an advanced level, using nurse prescribing and/or patient group directions to complement the level of service they provide.

I welcome the publication of this book, as I firmly believe, that historically there has never been a better time for nurses to develop their roles in GUM and sexual health, to drive forward improvements and to lead service delivery in this challenging, changing and dynamic area of health in the twenty-first century.

Anita Weston  
Nurse Consultant in Genito Urinary Medicine  
Guy's and St Thomas' NHS Foundation Trust  
London  
July 2006



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# 1 Defining Advanced Practice

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**MATTHEW GRUNDY-BOWERS**

## **INTRODUCTION**

This is a very exciting time to be a nurse and in sexual healthcare. Deteriorating sexual health in the United Kingdom (UK), with increases in bacterial and viral sexually transmitted infections, including HIV, are putting a huge strain on sexual health services (PHLS, 2002). This has caused two things to happen. Firstly, in an attempt to improve patient throughput, a number of services are reviewing and challenging practices that have been around for years. For example, some clinics have stopped undertaking microscopy on asymptomatic women, while others have stopped urethral gonorrhoea cultures in asymptomatic patients. Perhaps this challenge to existing practice might not have happened without the increased burden on clinics. Secondly, nurses and other healthcare professionals are examining and redefining their roles in order to meet the increasing demands on clinical services. This has caused role delineation to become blurred as doctors, nurses and health advisers adapt their practice to meet these demands whilst constrained by both financial and environmental pressures.

Early in 2005, the Nursing and Midwifery Council (NMC) (NMC, 2005) conducted a consultation about the registration of a second level of practice beyond that of initial registration. It acknowledges that some nurses are working at a different (advanced) level and that registration of this would offer the public great protection. There was also a consultation by the Medicines and Healthcare products Regulatory Authority (MHRA) (MHRA, 2005) in 2005 looking at the extended nurse prescribers' formulary. This was because there were a number of problems with the limited formulary. There were anomalies, which caused confusion, and the formulary was not responsive to changing healthcare practice. To keep abreast of these changes meant that the formulary had to be reviewed regularly, which was expensive and time-consuming. This deterred a number of nurses and pharmacists from undertaking the course, as it didn't meet the needs of a large number of prescribers. Following the consultation an announcement was made in November 2005 by the Department of Health that extended nurse prescribers would be able to prescribe any licensed medicines for any medical condition with the exception of controlled

drugs from spring 2006 onwards (DH, 2005). This is obviously going to have a huge impact on the way advanced practice nurses in sexual health work.

Finally, both sexual health and nursing in general have been in the spotlight. This began with *The NHS Plan* (DH, 2000), followed by *The National Strategy for Sexual Health and HIV* (DH, 2001) and its implementation plan (DH, 2002). There was also a position statement from the Sexual Health Working Group of the London Standing Conference for Nurses, Midwives and Health Visitors (LSC, 2002), the Sexual Health Competencies, competency framework for nurses in sexual health (RCN, 2004) and *Effective Commissioning for Sexual Health Services* (DH, 2003), the House of Commons Health Select Committee report on sexual health services (Health Select Committee 2003), and the public white paper *Choosing Health: Making Healthy Choices Easier* (DH, 2004). Finally, in 2005 came the *Medfash Recommended Standards for Sexual Health Services* (2005) and the *BASHH standards for sexual health services* consultation document (BASHH, 2005), all of which have placed nursing and sexual health very much on the national agenda.

Therefore, in order to define advanced practice this chapter will:

1. Briefly explore the main drivers that explain why healthcare delivery is changing;
2. Explore contemporary nursing roles;
3. Examine the difference between specialist and advanced practice;
4. Document the history of advanced practice;
5. Define advanced practice and the educational preparation thereof; and
6. Discuss the future.

## THE CURRENT DRIVERS FOR CHANGE

As has been mentioned previously, since 1997 the NHS has been subject to extensive reform and modernisation. Government policy has directed attention towards not only nursing but also sexual health as well. The most important themes that run through all these developments are the vital contribution of nursing and the evolution of innovative nursing roles. This chapter is not going to discuss each of these drivers in any great detail, as nurses in sexual health are well versed in most of the documents. They can also be found on the Internet if people want to explore them further. However, it would be prudent to discuss the main documents that have affected advanced nursing practice in sexual health in a little more detail.

## MAKING A DIFFERENCE AND THE NHS PLAN

*Making a Difference* (DH, 1999) and *The NHS Plan* (DH, 2000) set out the groundwork for advanced nursing practice. *Making a Difference* mentioned

nurse prescribing, and the consultant nurse role; it called for standardisation of roles and titles, new pay and conditions and strengthening leadership, while *The NHS Plan* (2000) went on to talk about the 10 key roles for nurses (Box One) also known as ‘the Chief Nurse’s 10 key roles’. It discussed changing the way that health care is delivered and maintained that the contribution of nurses would be essential to drive through the reforms of the Government. It suggested that nurses could be doing everything from ordering diagnostic tests to performing minor surgery. It also mentioned the strengthening of leadership within the NHS and the nurse consultant role, and went on to discuss the modernisation of training and education.

## THE NATIONAL STRATEGY FOR SEXUAL HEALTH AND HIV

One of the most significant documents to influence advanced nursing practice in sexual health is the sexual health strategy (DH, 2001). This was followed up by the implementation plan (DH, 2002). It has implications for nursing practice both for nurses working specifically in sexual health and those working in primary care. Unlike *The Health of the Nation* (DH, 1993), which looked at improving various aspects of health inequality, it is the first national strategy specifically for sexual health. It was developed in response to significant increases in the rates of STIs, including HIV, and increasing rates of unplanned

### Box One

#### **Chief Nursing Officer’s 10 key roles for nurses (DH, 2000)**

- to order diagnostic investigations such as pathology tests and X-rays
- to make and receive referrals direct, say, to a therapist or a pain consultant
- to admit and discharge patients for specified conditions and within agreed protocols
- to manage patient caseloads, say for diabetes or rheumatology
- to run clinics, say, for ophthalmology or dermatology
- to prescribe medicines and treatments
- to carry out a wide range of resuscitation procedures, including defibrillation
- to perform minor surgery and outpatient procedures
- to triage patients using the latest IT to the most appropriate health professional
- to take a lead in the way local health services are organised and in the way that they are run

pregnancies, as well as a doubling in GUM clinic attendances in England over the preceding ten years. The strategy was produced as part of a nationwide programme of investment and reform, to modernise services around the needs of patients and service users. It aimed to tackle inequalities in service provision and ensure that the NHS works to prevent ill health. It was drawn up in line with the principles of *The NHS Plan* (DH, 2000) (see above), and by involving service users and experts from across the country allowed clients to have a real say. Unlike *The Health of The Nation* (1993), which had to be achieved within existing budgets, the strategy was accompanied by extra investment of £47.5 million over a two-year period.

The strategy hoped to reach its aims (see Box Two) by delivering evidence-based effective local HIV/STI programmes so that people could make informed decisions about preventing STIs, including HIV, and by setting a target to reduce the number of newly acquired HIV infections. It also hoped to increase the offer and uptake of HIV testing to reduce the number of undiagnosed people with HIV in the UK, as well as increasing the offer and uptake of hepatitis B vaccine, both of which policies came with specific targets.

It highlights collaborative working between providers so that they deliver a more comprehensive sexual health service to patients and sees a broader role for those working in primary-care settings. The strategy also sets out a new way of working in which there will be three levels of service provision (see Table 1). The strategy acknowledges that for good practice level one service should be universally provided in General Practice, but that level two will also be provided by some general practitioners that have a 'special interest' in sexual health as well as in family planning clinics. Departments of sexual and reproductive health and HIV will provide the specialist level three services.

This comes at a time when GPs are over-stretched, and with practice nurses and primary-care nurse practitioners already providing contraceptive care (LSC, 2002) it is natural to assume that their roles will be expanded to incorporate these recommendations. It has been suggested that nurses working in primary care already provide advice and health promotion around sexual health issues (LSC, 2002). Alternatively, GP practices may employ sexual health nurse practitioners to undertake clinical sessions for them.

## Box Two

### **Aims of the national strategy for sexual health and HIV (DH, 2001)**

- reduce the transmission of HIV and STIs
- reduce the prevalence of undiagnosed HIV and STIs
- reduce unintended pregnancy rates
- improve health and social care for people living with HIV
- reduce the stigma associated with HIV and STIs

**Table 1** Levels of practice (DH, 2001)

<b>Level One</b>	<ul style="list-style-type: none"> <li>• Sexual history and risk assessment</li> <li>• STI testing for women</li> <li>• Assessment and referral of men with STI symptoms</li> <li>• HIV testing and counselling</li> <li>• Contraceptive information and services, including cytology screening, pregnancy testing and referral</li> <li>• Hepatitis B immunisation</li> </ul>
<b>Level Two</b>	<ul style="list-style-type: none"> <li>• All of Level One plus:</li> <li>• Intrauterine device (IUCD) insertion, vasectomy, contraceptive implant insertion</li> <li>• Testing and treating sexually transmitted infections, including partner notification and invasive STI testing for men</li> </ul>
<b>Level Three</b>	<ul style="list-style-type: none"> <li>• All of Levels One and Two plus:</li> <li>• Outreach for sexually transmitted infection prevention</li> <li>• Outreach of contraception services</li> <li>• Specialised infections management, including co-ordination of partner notification</li> <li>• Highly specialised contraception</li> <li>• Specialised HIV treatment and care</li> </ul>

Plans exist to increase access by providing a choice of easily available services and exploring the benefits of more integrated sexual health services, including piloting of one-stop clinics. If these mirror the format of NHS walk-in centres, they may well be nurse-led.

The sexual health strategy states that:

*‘The growing role of nurses within the NHS generally is likely to be mirrored in sexual health practice’* (DH, 2001, p. 46).

The strategy placed great emphasis on the importance of open access to genito-urinary services and, over time, improving access for urgent appointments. This is at a time when sexual health services especially are at breaking point. Open-access services are changing to appointments-only to better manage their ever-increasing workload, which has the knock-on effect of limiting access. Walk-in services commonly now shut the doors early because of the large volumes of service users, and four-hour waits are common. For departments to work shorter waiting times for urgent appointments and increasing access they will have to make better use of nurses’ skills and abilities, and the strategy acknowledges this:

*‘Nurses will have an expanded role . . . as specialists and consultants’* (DH, 2001, p. 26).

According to the position statement from the London Standing Conference for Nurses, Midwives and Health Visitors (Sexual Health Group) (LSC, 2002) an estimated 65 per cent of London departments of GUM already have nurses providing autonomous, first-line STI management.

This raises implications for the training, development and education of the workforce, which it plans to address across the whole range of sexual health and HIV services:

*'The development of nurse referral and prescribing, and of nurse specialists and nurse consultants, raises issues for their training and ongoing education.'* (DH, 2001, p. 46).

Currently, there are no specific advanced practice Genito-urinary nurse practitioner courses: therefore how will nurses acquire the skills and knowledge to achieve the objectives of the strategy? Also, since the demise of the Boards of the four countries there is no single recognised validating body for nursing courses. This leaves us with many inconsistencies; for example, each university may offer a variety of sexual health courses with varying content and assessment methods.

The NMC's consultation document suggests that this type of practice is clearly advanced: therefore will all practice nurses who deliver level one services need to undertake a Master's degree in order to implement the strategy? Will Genito-urinary nurses working at levels two and three need to be advanced nurse practitioners? Or is this really specialist practice? As we can see, there are many questions still to be answered.

## CONTEMPORARY NURSING ROLES

Next it would be important to explore contemporary nursing roles in the UK. Currently in the UK 'advanced practice nurses' have many titles and roles. For evidence of this one just needs to flick through recent copies of the job sections of nursing magazines. Nurses undertaking the same role may have different titles, and nurses with the same title are often practising at different levels or even performing different jobs (Ibbotson, 1999). The titles 'nurse practitioner', 'nurse clinician', and 'clinical nurse specialist', to name but a few, are often used interchangeably (Manley, 1997) and this use of multiple titles is cause for concern (Wright, 1997). Confusions as to levels of practice and their required educational preparations bewilder both nurses and managers alike (Wright, 1997; McCreaddie, 2001). For example some nurse practitioner posts are banded at 5–6, and require little more than initial undergraduate education, while others are banded at 8B, and require a Master's-prepared nurse. Patients and other healthcare professionals are perplexed by this myriad of roles and

titles (Ormond-Walshe & Newham, 2001), as they often don't know what to expect from the healthcare practitioner sitting in front of them.

These challenges are mirrored in the nursing literature, where assumptions are made regarding titles and their implied levels of practice. For example because they share the same basic role components (Ormond-Walshe & Newham, 2001) 'Clinical Nurse Specialist' and 'Nurse Practitioner' are often referred to in terms of both specialist and advanced practice. Even when looking at research about nurse practitioner roles, very little reference was made to 'defining' what was meant by 'advanced practice'. This makes discussing roles and levels of practice difficult, owing to inconsistencies among the titles and grades (Cattini & Knowles, 1999). Therefore it would be important to establish what is meant by these terms and discuss the difference between them.

## THE CLINICAL NURSE SPECIALIST

It is suggested by Hunt (1999) in the UK nurses have 'specialised' since the Nightingale era. But the Clinical Nurse Specialist role as it is today began to appear in the United States in the 1930s. It didn't reach the UK until the 1980s, and has continued to evolve across a wide range of specialties (Bousfield, 1997). Although role development has been *ad hoc* (Gibson & Bamford, 2001), it was expected that one should have considerable experience in the field and a post-registration qualification. In the USA Clinical Nurse Specialists are educated to Master's degree level, and it is considered that they are 'advanced practice nurses'. Gibson and Bamford (2001) suggested that there is a lack of evidence in the UK to support Master's education for nurse specialists, while Bousfield proposed (1997) that the literature suggests that, for role recognition to occur, practitioners would need to be educated to an advanced level. A brief appraisal of the literature yields a broad consensus of opinion on the key components of the Clinical Nurse Specialist role, identifying the four main themes as follows: clinical, consultative, educational and research roles.

However, some of the other components that were identified from the literature were those of Role Model (Wright, 1997), Leader (Bousfield, 1997), Patient Advocate (Wright, 1997; Bousfield, 1997), Change Agent (Ormond-Walshe & Newham, 2001; Wright, 1997), Developer of Procedures and Protocols (McCreddie, 2001) or Administrator (McCreddie, 2001; Gibson & Bamford, 2001). These other very different key components could be attributed, as was mentioned earlier, to the fact that specific aspects of the role would depend on the practice setting and client group (Kleinpell, 1998). Sidani & Irvine (1999) did, however, determine that prescribing pharmacological treatments was beyond the Clinical Nurse Specialist's scope of practice.