



Competencies for Chlamydia Screening and Treatment Enhanced Service using the General Level Framework & Service Specification

This is a comprehensive mapping of the GLF against the enhanced service specification (where this exists) and the use of PGDs where applicable. The mapping interprets the key GLF behaviours for the enhanced service. The HAG competencies are also listed against the relevant behavioural statements of the GLF. Pharmacists should use this mapping to support and identify portfolio entries for CPD.

A quick reference guide showing where the HAG competencies specifically map to the GLF behaviours is also available at www.codeg.org and <http://www.pcc.nhs.uk/200>. This excludes the interpretation of the behaviours against the service specification.

The following documents were used to produce this mapping (please see endnotes for more information)

1. EN14. NHS Community Pharmacy Contractual Framework Enhanced Service – Chlamydia screening and treatment July 2008
2. EN13. NHS Community Pharmacy Contractual Framework Enhanced Service – Patient Group Directions (PGD) (Supply and/or Administration of Medicines under a PGD) December 2007
3. Harmonisation of Accreditation Group (HAG) “Competencies and Training Framework: Provision of Chlamydia Screening and Treatment Service Level 1 (Screening) and Level 2 (Screening and Treatment)” Version 1 April 2008
4. Harmonisation and Accreditation Group (HAG) “Competencies and Training Framework Template” Version 1d March 2009

Delivery of Patient Care Cluster	Interpretation for Level 1 Chlamydia Service <i>(using national service spec¹)</i>	Interpretation for supply of medicines under a PGD ^{1,2} (i.e. for a level 2 service)*	Link to HAG Competencies ^{3,4} for Chlamydia Screening and Treatment Services*	Examples of Evidence for a Portfolio
Patient Assessment Uses appropriate questioning to obtain relevant information from the patient	3.1 People less than 16 years of age will be provided with the service if deemed Fraser competent. Essential to establish client eligibility (clinical) and inclusion criteria for the	3.16 ¹ Where the pharmacy is commissioned to provide a treatment service... the pharmacy shall assess the suitability of the person to receive the locally agreed antibiotic treatment, in line with the inclusion and	1e) Able to carry out the taking of sexual history 2j) Able to carry out assessment and treatment of asymptomatic Chlamydia infection	Witness Statement Record from informal/formal training role play/OSCE e.g. HAG workshop Completion of CPPE open

	<p>service, in particular assessment of people less than 16 years of age is required in accordance with Fraser guidance</p>	<p>exclusion criteria detailed in the PGD.</p> <p>1.3² The pharmacist will assess each patient on the basis of the PGD requirements.</p> <p>Essential to establish client eligibility (clinical) and inclusion criteria for the service (3.9). Elicit a clear and concise clinical picture of the client's presenting problems. Completion of service proforma as required.</p>	<p>Tf) Able to demonstrate knowledge of the clinical content of the relevant PGD.</p>	<p>learning programme 'Dealing with difficult discussions'</p> <p>Completion of CPPE open learning programme 'Sexual Health: Testing and Treating'</p> <p>Case Example demonstrating patient assessment</p> <p>Critical Incident e.g. where information was later identified that could have been elicited earlier</p>
<p>Consultation or referral Pharmaceutical or health problems are appropriately referred</p>	<p>1.4 and 3.15 Pharmacies will link in to existing local networks of sexual health and community contraceptive services so that there is a robust and rapid referral pathway for people who need onward signposting</p> <p>3.1 A locally agreed referral pathway will provide for the referral of people less than 16 years of age who are not deemed to be Fraser competent.</p> <p>The pharmacist should follow the referral pathways for the service, agreed locally with the PCT (3.1), and use information provided by the PCT about other services (3.10).</p> <p>3.15 Verbal and written advice on the avoidance of STIs..... should be supplemented by a referral to a service that can provide further advice and care</p>	<p>3.16¹ ... Where a supply of a specific antibiotic is not appropriate, the person should be referred to the local specialist service.</p> <p>1.3² The pharmacist will refer to other health and social care providers where appropriate</p> <p>The pharmacist should follow the referral pathways for the service, agreed locally with the PCT (3.9²), and use information provided by the PCT about other services (3.8²).</p> <p>Need for referral may be identified at various points</p>	<p>1g) Understands how and when to refer clients and when to ask for support or advice</p>	<p>Case example where referral to local services took place</p> <p>List of local services</p> <p>Application of Level 1 information pack (thus demonstrating knowledge of content</p> <p>Successful completion of HAG workshop or similar assessments</p>

	<p>where appropriate</p> <p>Need for referral may be identified at various points during the client encounter. The pharmacist should be able to demonstrate they can identify the need to refer from initial questioning, service specification and service proforma.</p>	<p>during the client encounter. The pharmacist should be able to demonstrate they can identify the need to refer from initial questioning or criteria within the PGD, service specification and service proforma.</p>		
<p>Recording Consultations Documents consultation where appropriate in the patient's records</p>	<p>3.3 The pharmacy staff shall complete the appropriate consent and demographic documentation with people who consent to screening</p> <p>3.7 The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit.</p> <p>3.9 The PCT will provide a framework for the recording of relevant service information....</p>	<p>3.6² The pharmacist must maintain appropriate records.</p> <p>Records should be made using the framework for recording provided by the PCT (3.11²) and in the client's pharmacy record.</p>	<p>2l) Understands and is able to apply the medico-legal aspects of Sexually Transmitted Infection Screening and treatment and where appropriate, in accordance with the PGD.</p>	<p>Copy of an example of a record (anonymised)</p>
<p>Patient consent Satisfactorily obtains patient consent if appropriate</p>	<p>3.3 The pharmacy staff shall complete the appropriate consent and demographic documentation with people who consent to screening</p> <p>3.8 Pharmacists may need to share relevant information with other health care professionals and agencies, in line with local and national confidentiality and data protection arrangements, including the need for the permission of the person to share the information.</p> <p>Signature of client on proforma; verbal consent of Chlamydia test supply on initial assessment as appropriate. Assess barriers to the client making an informed choice (e.g. language). Should consider Fraser</p>	<p>3.7² Need for permission of the person to share relevant information with other healthcare professionals and agencies.</p> <p>Signature of client on proforma. Assess barriers to the client making an informed choice (e.g. language). Should consider Fraser Guidelines in assessment for the capacity of a young person to give valid consent. Document any factors taken into account in the client record.</p>	<p>1h) Understands confidentiality issues and has an awareness of their role in the process of child protection</p>	<p>Service documentation showing consent</p> <p>Case example demonstrating where consent was problematic</p> <p>Completion of CPPE online assessment 'Safeguarding and Child Protection'</p> <p>Successful completion of HAG workshop or similar assessments</p>

	Guidelines in assessment for the capacity of a young person to give valid consent. Document any factors taken into account in the client record.			
Relevant Patient Background Retrieval of ALL relevant and available information	As for client assessment above, but including written information as well (i.e. PMR info).	1.3 ² The pharmacist will assess each patient on the basis of the PGD requirements As for client assessment above, but including written information as well (i.e. PMR info).	2j) Able to carry out assessment and treatment of asymptomatic Chlamydia infection 6b) Able to carry out partner management, in conjunction with appropriate colleagues	Case example
Drug History Documents an accurate and comprehensive drug history when required		3.16 ¹ Where the pharmacy is commissioned to provide a treatment service the pharmacy shall assess the suitability of the person to receive the locally agreed antibiotic treatment 1.3 ² The pharmacist will assess each patient on the basis of the PGD requirements This is produced from the client assessment and retrieval of relevant client background. Allows for medicines exclusions to be identified.	2j) Able to carry out assessment and treatment of asymptomatic Chlamydia infection 2l) Understands and is able to apply the medico-legal aspects of Sexually Transmitted Infection Screening and treatment and where appropriate, in accordance with the PGD. Tf) Able to demonstrate knowledge of the clinical content of the relevant PGD.	Case Example
Drug – drug interactions Identified, Prioritised and Acted upon		1.3 ² The pharmacist will assess each patient on the basis of the PGD requirements	2i) Able to counsel and advise on the treatment of Chlamydia infection. Td) Understands the pharmacotherapy for the full range of available	For all of these behaviours case examples using straight forward supplies and/or examples where an exclusion criterion was identified and the supply
Drug – patient interactions Identified, Prioritised and Acted upon		Drug Interactions are stated		

Drug – disease interactions Identified, Prioritised and Acted upon		in the PGD and should be identified to establish service exclusions.	medication and appropriate clinical guidance (e.g. NICE). Tf) Able to demonstrate knowledge of the clinical content of the relevant Patient Group Direction(s).	not made. CPD entry demonstrating that clinical knowledge is updated (e.g. review articles, completion of formal CE programmes)
Ensures appropriate dose Appropriate dose is ensured		1.3 ² The pharmacist will assess each patient on the basis of the PGD requirements		Completion of CPPE open learning programme 'Sexual Health: Testing and Treating'
Selection of dosing regimen Appropriate route and timing of dose is ensured				
Selection of formulation and concentration Appropriate formulation is ensured		Dose of medicines is appropriate for indication and supplied as per the PGD. The regimen is provided in the PGD. Advice on dose timing is provided to the client. The formulation supplied is defined in the PGD		
The prescription is legal Legality of prescription is ensured		The supply of the POM against the PGD complies with legal requirements i.e. the PGD is signed by all pharmacists delivering the service in the pharmacy.	2l) Understands and is able to apply the medico-legal aspects of Sexually Transmitted Infection Screening and treatment and where appropriate, in accordance with the PGD	
Labelling of the medicine The label on the dispensed medicine includes required information		Prior to supplying the medicine, the product should be labeled as per POM requirements.	2l) Understands and is able to apply the medico-legal aspects of Sexually Transmitted Infection Screening and treatment and where appropriate, in accordance with the PGD	A copy of an anonymised label could be used with a case example
The dispensed medicine is labeled appropriately for the patient		Accommodates special requirements (large labels, literacy /language issues).		Case example where special requirement was identified and provided for
Public Health Provides lifestyle advice appropriately	1.5 Pharmacies will provide support and advice to people accessing the service, including advice on safe sex, condom use and advice on the use of regular contraceptive methods, when required.	2.1 ² The service aims to support self-care and improve health. 2.3 ² The pharmacist should provide advice and support	1a) Able to raise and respond to the issue of sexual health and/or make the offer of Chlamydia screening to men and women.	Copies of leaflets available or given to clients Witness statement demonstrating this competence

	<p>2.4 To increase clients' knowledge of the risks associated with STIs</p> <p>3.15 Verbal and written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms, shall be provided to the person.</p>	<p>alongside treatment or prophylaxis for the condition being managed.</p> <p>This may be provided by the PCT (3.12²) or sourced nationally.</p>	<p>1c) Able to counsel and advise on screening 1d) Understands and is aware of common sexually transmitted infections including signs and symptoms. 1f) Able to give advice on safer sex. 2k) Able to carry out partner notification in conjunction with appropriate colleagues where this service is required.</p> <p>6b) Able to carry out partner management, in conjunction with appropriate colleagues</p> <p>6c) Able to counsel and advise on the tracing of clients</p>	<p>Case example demonstrating public health activities</p> <p>CPD entry demonstrating update on knowledge in this area</p> <p>Copy of any quality indicator information supplied to the PCT</p>
<p>Health Needs Takes into account the patient's individual circumstances</p>	<p>1.3 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.</p> <p>Cultural/social background may influence client choice. Repeated access to the service should be referred to GP or sexual health clinic. Need to assess and account for the psychosocial aspects in relation to sexual and reproductive healthcare and management (e.g. stigma, shame)</p>	<p>1.3² The pharmacist will provide support and advice to the patient for the condition being treated</p> <p>(Cultural/social background may influence client choice).</p>	<p>1a) Able to raise and respond to the issue of sexual health and/or make the offer of Chlamydia screening to men and women. 1c) Able to counsel and advise on screening. 1d) Understands and is aware of common sexually transmitted infections including signs and symptoms. 1f) Able to give advice on safer sex. 2k) Able to carry out partner notification in conjunction</p>	<p>Case Example demonstrating patient information gathering</p> <p>CPD information on psychosocial aspects of sexual healthcare</p> <p>Completion of CPPE open learning programme 'Dealing with difficult discussions'</p>

			with appropriate colleagues where this service is required. 6a) Able to carry out extended management of asymptomatic Chlamydia infection	
Need for information is identified Patient need for information is accurately identified	1.1 Pharmacies will provide Chlamydia screening kits to sexually active males and females under the age of 25, for example when purchasing condoms, dispensing oral contraceptive pills and supplying EHC, in agreement with the local Chlamydia Screening Office. Advice on how to utilise the kit, how to return it for testing and what will happen following completion of the test will be provided in line with the approach adopted by the local Chlamydia Screening Office.	1.3 ² The pharmacist will provide support and advice to the patient for the condition being treated Obtain and interpret client's knowledge and understanding in order to meet their information needs.		Case Example
Medicines Information Accurate and appropriate medicines information is communicated	Any written or verbal information given about medicines should be communicated in a manner that is suitable for the client.	1.3 ² The pharmacist will provide support and advice to the patient for the condition being treated (Any written or verbal information given about medicines should be communicated in a manner that is suitable for the client.)	1b) Able to communicate with clients appropriately and sensitively.	Case Example
Provision of written information Appropriate information is provided	3.12 The PCT will be responsible for the provision of health promotion and other promotional material, including leaflets on EHC, long-term contraception and STIs to pharmacies.	1.3 The pharmacist will provide support and advice to the patient for the condition being treated Written information to	1b) Able to communicate with clients appropriately and sensitively	Copies of leaflets available or given to clients List of useful internet sites passed on to clients

	<p>3.15 Verbal and written advice on the avoidance of STIs and the use of regular contraceptive methods, including advice on the use of condoms, shall be provided to the person.</p> <p>4.1 The pharmacy has appropriate PCT-provided health promotion and other promotional material available for the client group, actively promotes its uptake and is able to discuss the contents of the material with the client, where appropriate.</p> <p>Written information to support verbal advice should be available and provided in a manner suitable for the client. Use relevant information sources (leaflets, internet etc). Information should enable the client to make informed choices about their care and condition.</p>	<p>support verbal advice should be available and provided in a manner suitable for the client. Use relevant information sources (leaflets, internet etc). Information should enable the client to make informed choices about their care and condition. The PCT may provide appropriate leaflets (3.13²)).</p>		<p>List of local related services</p>
<p>Use of Guidelines Current clinical guidelines are applied as appropriate</p>	<p>1.1 Advice on how to utilize the kit, how to return it for testing and what will happen following completion of the test will be provided in line with the approach adopted by the local Chlamydia screening office.</p> <p>3.1, 3.2 The service can only be provided to people 16 years and under, if Fraser guidance and DoH guidance on confidential sexual health advice and treatment for young people, has been followed</p> <p>3.5 Pharmacists and staff providing this service should be aware of local and national guidance on safeguarding children.</p>	<p>3.16¹ Where the pharmacy is commissioned to provide a treatment service, locally agreed guidance should be followed that complies with the core requirements of the NCSP</p> <p>3.3² The pharmacist must be aware of and operate within local protocols</p> <p>3.10² Where national guidelines exist for a therapeutic area, these</p>	<p>1c) Able to counsel and advise on screening 2i) Able to counsel and advise on the treatment of Chlamydia infection 2j) Able to carry out assessment and treatment of asymptomatic Chlamydia infection</p> <p>Td) Understands the pharmacotherapy for the full range of available medication and appropriate clinical guidance (e.g. NICE).</p>	<p>Copy of Guideline (or executive summary)</p> <p>Case example demonstrating where guidance applied</p> <p>Critical evaluation of local guidance compared to national or other guidance</p>

	<p>3.14 Where the pharmacy is responsible for notifying people of the results of screening and/or contact tracing, a locally agreed protocol will be followed</p> <p>Pharmacists should follow the Clinical Guidelines. Use of local guidelines when neglect, physical or sexual abuse, sexual assault is suspected in any client</p>	should be taken account of.		
<p>Record of contributions Appropriate documentation of the intervention is completed</p>	<p>3.9 The PCT will provide a framework for the recording of relevant service information for the purpose of audit and claiming of payment</p> <p>Service Proforma is completed and retained.</p>	<p>3.9¹ The PCT will provide a framework for the recording of relevant service information for the purpose of audit and claiming of payment</p> <p>3.6² The pharmacy must maintain appropriate records to ensure effective ongoing service delivery and audit.</p> <p>The PCT should provide a framework for recording relevant information (3.11²)</p>	2l) Understands and is able to apply the medico-legal aspects of Sexually Transmitted Infection Screening and treatment and where appropriate, in accordance with the PGD	A completed service proforma or record sheet
<p>Assessing outcomes of contributions Outcomes of contributions are appropriately assessed</p>	<p>3.9 The PCT will provide a framework for the recording of relevant service information for the purpose of audit and claiming of payment</p> <p>4.4 The pharmacy participates in an annual PCT organized audit of service provision</p> <p>4.5 The pharmacy co-operates with any national or PCT-led assessment of service user experience</p> <p>Data is submitted as requested to PCT for</p>	<p>3.9¹ The PCT will provide a framework for the recording of relevant service information for the purpose of audit and claiming of payment</p> <p>4.4¹ The pharmacy participates in an annual PCT organized audit of service provision</p> <p>4.5¹ The pharmacy co-</p>	2l) Understands and is able to apply the medico-legal aspects of Sexually Transmitted Infection Screening and treatment and where appropriate, in accordance with the PGD	Copy of information on service provision e.g. audits, patient satisfaction survey

	evaluation.	operates with any national or PCT-led assessment of service user experience Data is submitted as requested by the PCT for evaluation in line with suggested service quality indicators (4.1-4.6 ²) Audits of treatment provided and client follow up will be required if service is provided as described in points 1.2 ¹ c, d or e.		
Personal Competency Cluster	Interpretation for Chlamydia Service <i>(using national service spec)</i>	Interpretation for supply of medicines under a PGD (i.e. for a level 2 service)	Link to HAG Competencies for Chlamydia Screening and Treatment Services	Examples of Evidence for a Portfolio
Prioritisation Prioritises work well	For service provided with contact tracing (as described in 1.2c, d, and e) essential to prioritise the action required in response to the test results.	For service provided with contact tracing (as described in 1.2 ¹ c, d, and e) essential to prioritise the action required in response to the test results.	6a) Able to carry out extended management of asymptomatic Chlamydia infection. 6b) Able to carry out partner management, in conjunction with appropriate colleagues. 6c) Able to counsel and advise on the tracing of clients.	Case example demonstrating prioritisation Service audit
Efficiency Uses time efficiently	Able to meet the service waiting time; provides the service in a timely way. Essential if service provides contact tracing (1.2c,d,e).	Able to meet the service waiting time; provides the service in a timely way. Essential if service provides contact tracing (1.2 ¹ c,d,e).	6b) Able to carry out partner management, in conjunction with appropriate colleagues. 6c) Able to counsel and advise on the tracing of clients.	Service audit

<p>Communication with (client/carer and health professionals and PCO) Communication is clear, precise and appropriate</p>	<p>1.3 Pharmacies will offer a user-friendly, non-judgemental, client-centred and confidential service. 3.5 The pharmacy contractor must ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client-centred communication skills.</p> <p>Communication skills are an essential component of delivering the service due to its sensitive nature, particularly if delivering a service as described in 1.2c,d and e.</p>	<p>3.2² The pharmacist must have sensitive, client-centred communication skills.</p> <p>3.7² The pharmacist may need to share relevant information with other healthcare professionals and agencies.</p>	<p>1a) Able to raise or respond to the issue of sexual health and/or make the offer of Chlamydia screening to men and women 1b) Able to communicate with clients appropriately and sensitively 1c) Able to counsel and advise on screening 2i) able to counsel and advise on the treatment of Chlamydia Infection</p>	<p>Witness statements demonstrating communication skills</p> <p>Case example demonstrating where communication was difficult</p> <p>Successful completion of HAG workshop or similar assessments</p>
<p>Multi-disciplinary Team Recognises the value of other health professionals and uses appropriate channels for referral</p>	<p>1.4 Pharmacies will link into existing local networks of sexual health and community contraceptive services so that there is a robust and rapid referral pathway for people who need onward signposting to services.....</p> <p>3.8 Pharmacists may need to share relevant information with other health care professionals and agencies.....</p> <p>3.10 The PCT will provide up to date details of other services which pharmacy staff can use to refer on service users who require further assistance.</p> <p>Pharmacists need to know the roles of other health professionals and sexual health service providers to ensure referral is correctly applied</p>	<p>3.7² The pharmacist may need to share relevant information with other healthcare professionals and agencies.</p> <p>1.3² The pharmacist will refer to other health and social care providers where appropriate</p> <p>Pharmacists need to know the roles of other health professionals and service providers to ensure referral is correctly applied.</p>	<p>1g) Understands how and when to refer clients (signposting) and when to ask for support from others. 2k) Able to carry out partner notification in conjunction with appropriate colleagues where this service is required.</p> <p>6b) Able to carry out partner management, in conjunction with appropriate colleagues</p>	<p>Local Referral Pathways/services</p> <p>Case example where referral was made</p> <p>Completion of Level 1 information pack</p> <p>Successful completion of HAG workshop or similar assessments</p>
<p>Confidentiality Maintains confidentiality</p>	<p>1.3 Pharmacies will offer a user-friendly, non-judgmental, client-centred and confidential service.</p>	<p>3.7² Data may need to be shared, in line with local and national confidentiality and data protection</p>	<p>1h) Understands confidentiality issues and has an awareness of their role in the process of child</p>	<p>Premises accreditation record</p> <p>Critical incident</p>

	<p>3.4 The part of the pharmacy used for the provision of the service must provide a sufficient level of safety and privacy (including visual privacy where appropriate), which in most circumstances will be at the level required for the provision of the Medicines Use Review service.</p> <p>3.8 Pharmacists may need to share relevant information with other health care professionals and agencies, in line with local and national confidentiality and data protection arrangements, including the need for the permission of the person to share the information.</p>	arrangements.	protection	<p>demonstrating confidentiality issues</p> <p>Completion of CPPE open learning programme 'Dealing with difficult discussions'</p>
<p>Recognition of Limitation Recognises limitations</p>	As for referral	3.5 ² Pharmacists must act within their competence.	1g) Understands how and when to refer clients (signposting) and when to ask for support from others.	<p>Example of when advice was sought from a colleague</p> <p>Example of CPD where performance gap identified</p> <p>Successful completion of HAG workshop or similar assessments</p>
<p>Quality and Accuracy of documentation Legally required info is documented</p>	Completion of service documentation and recording of information on PMR	<p>3.6² The pharmacist must maintain appropriate records to ensure effective ongoing service delivery and audit.</p> <p>Records should be made using the framework for recording provided by the PCT (3.11²)</p>	2l) Understands and is able to apply the medico-legal aspects of Sexually Transmitted Infection screening and treatment and where appropriate, in accordance with Patient Group Directions	Copy of a sample proforma

Legislation	Laws relating to younger clients (e.g. as detailed in Children's NSF); Data protection;	3.5 ² The pharmacist must sign and retain a copy of the PGD. There may be laws relating to the specific client group e.g children; Data protection.	1h) Understands confidentiality issues and has an awareness of their role in the process of child protection 2l) Understands and is able to apply the medico-legal aspects of Sexually Transmitted Infection screening and treatment and where appropriate, in accordance with Patient Group Directions	Critical Incident Completion of CPPE online assessment 'Safeguarding and Child Protection'
Confidence Inspires confidence	The results of the annual patient survey will provide an indication of patient confidence.			Results of annual patient survey
Responsibility for patient care Takes responsibility for patient care	Duty of care to counsel/refer clients. Responsibility to undertake contact tracing and follow up if providing service as described in 1.2c,d or e.	Duty of care to counsel/refer clients. Responsibility to undertake contact tracing and follow up if providing service as described in 1.2 ¹ c,d or e.		Critical Incident Case Example
CPD	4.6 The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service. 4.7 Pharmacists and appropriate support staff attend a PCT organised update meeting each year.	3.4 ² The pharmacist must undertake any local training that the PCT may require them to.		CPD record (i.e. plan and record entry relating to Chlamydia)
Problem Solving Cluster	Interpretation for Chlamydia Service <i>(using national service spec)</i>	Interpretation for supply of medicines under a PGD (i.e. for a level 2 service)	Link to HAG Competencies for Chlamydia Screening and Treatment Services	Examples of Evidence for a Portfolio
Accesses Information Able to access information from appropriate information sources	These may be clinical information about the patient or information about the services. The information provides the basis for completing the client assessment and supply of testing kits.	These may be clinical information about the patient or information about other services. The information provides the basis for completing the client assessment and supply of the medicine	Tf) Able to demonstrate knowledge of the clinical content of the relevant PGD.	Case Example Critical incident (e.g. out of date)

Up to date information Keeps information needed on a day to day basis up to date	3.10. The information provided by the PCT with details of other services will be assigned an expiry date. Pharmacists should ensure they have access to the current version.			CPD record (i.e. plan and record entry relating to Chlamydia)
Pathophysiology Knowledge of pathophysiology		3.2 ² The pharmacist must have adequate knowledge of the medical condition for which the medicines are being supplied and/or administered.	1d) Understands and is aware of common sexually transmitted infections including signs and symptoms	CPD entry relating to the disease state of Chlamydia or its management Completion of CPPE open learning programme 'Sexual Health: Testing and Treating' Case Example demonstrating managing the side effects of treatment
Pharmacology Able to discuss how drugs work	The pharmacist will require underpinning knowledge of sexual health and contraception	The pharmacist will require underpinning knowledge of the condition and its treatment.	2i) Able to counsel and advise on the treatment of Chlamydia Infection 2j) Able to carry out assessment and treatment of asymptomatic Chlamydia infection	
Side effects Able to describe the major side effects of drugs	Knowledge from Clinical Guidance notes and BNF/SPC		Td) Understands the pharmacotherapy for the full range of available medication and the appropriate clinical guidelines Tf) Able to demonstrate knowledge of the clinical content of the relevant PGD.	
Evaluates information Able to evaluate information gathered	If providing a service as described in 1.2c,d or e pharmacist will be required to evaluate the results in order to take the appropriate action.	If providing a service as described in 1.2 ¹ c,d or e pharmacist will be required to evaluate the results in order to take the appropriate action.	2j) Able to carry out assessment and treatment of asymptomatic Chlamydia infection	Successful completion of HAG workshop assessments (i.e. MCQ and role play)
Problem identification Able to identify problems	This includes drug and non-drug issues. Problems could relate to the testing kit or contacting follow ups, for example, in addition to any issues the client may have.	Any problem the client may have in taking the medicine should be identified via the assessment and medication	2i) Able to counsel and advise on the treatment of Chlamydia infection	Case Example Critical Incident

		history.	<p>2j) Able to carry out assessment and treatment of asymptomatic Chlamydia infection.</p> <p>6a) Able to carry out extended management of asymptomatic Chlamydia infection.</p> <p>6b) Able to carry out partner management, in conjunction with appropriate colleagues.</p> <p>6c) Able to counsel and advise on the tracing of clients.</p>	
Provides accurate information			1f) Able to give advice on safer sex	Case example, critical incident
Provides relevant information			2i) Able to counsel and advise on the treatment of Chlamydia Infection	Case example, critical incident
Provides timely information	Acting on results of the test in terms of following up the clients and contact tracing is essential for this service.	Providing timely access to treatment is essential for this service	<p>2k) Able to carry out partner notification in conjunction with appropriate colleagues where this service is required</p> <p>6a) Able to carry out extended management of asymptomatic Chlamydia infection.</p> <p>6b) Able to carry out partner management, in conjunction with appropriate colleagues.</p> <p>6c) Able to counsel and advise on the tracing of clients.</p>	Case example, critical incident
Ensures resolution of problem	This includes following up clients who do not attend for test results	This includes following up clients who do not attend for test results or treatment	6c) Able to counsel and advise on the tracing of clients.	Case example, critical incident Audit

Management and Organisation Cluster	Interpretation for Chlamydia Service (using national service spec)	Interpretation for supply of medicines under a PGD (i.e. for a level 2 service)	Link to HAG Competencies for Chlamydia Screening and Treatment Services	Examples of Evidence for a Portfolio
Standard Operating Procedures Uses relevant and up to date procedures for practice	3.6 The pharmacy contractor must have a standard operating procedure in place for this service. The pharmacy contractor must ensure that pharmacists and staff involved in the provision of the service are aware of and operate within national and locally agreed protocols 4.3 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis. Pharmacists will need to show they can apply the service to the specification and have SOPs in place for the service.	3.3 ² The pharmacist must be aware of and operate within local protocols Pharmacists will need to show they can apply the service to the specification and have SOPs in place for the service	21) Understands and is able to apply the medico-legal aspects of Sexually Transmitted Infection screening and treatment and where appropriate, in accordance with Patient Group Directions	Examples of SOPs used for the service Critical review of the service related SOP Record of training pharmacy team about the SOP and service specification. Witness statement from a person observing specimen collection process
Working environment Implements legal and professional requirements for working environment	3.4 The part of the pharmacy used for the provision of the service must provide a sufficient level of safety and privacy (including visual privacy where appropriate), which in most circumstances will be at the level required for the provision of the Medicines Use Review service.	3.1 ² The part of the pharmacy used for the provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.		Premises accreditation record
Risk management Documents critical incidents and forwards to appropriate organisations	Recording of critical incidents relating to delivery of the service including management of follow ups and contact tracing	Recording of critical incidents relating to supply of treatment antibiotic.		Critical incidents
Service Quality Looks to improve the quality of the service offered	4. Suggested quality indicators (Quality measures met as detailed in the service specification. Participation in new developments as advised by the PCT)	4 ² . Suggested quality indicators (Quality measures met as detailed in the service specification. Participation in new developments as advised by the PCT)		Service Audit

Service Reimbursement Uses relevant reference sources to ensure appropriate and accurate reimbursement	Pharmacists will follow the reimbursement process as detailed in the service specification	Pharmacists will follow the reimbursement process as detailed in the service specification		Completion of service reimbursement proforma
Prescribing budgets Interprets how prescribing affects prescribing budgets		2.2 ² Provide medicines at NHS expense for those exempt from prescription charge.		
Linked Organisation Can describe the key organisations that affect service delivery	Linked organisations for referral and support	Linked organisations for referral and support		Local Referral Pathways/services Successful completion of HAG workshop assessments (i.e. MCQ and role play) Completion of Level 1 information pack
Staff Training Ensures staff are competent to undertake the tasks allocated to them.	3.5 The pharmacy contractor must ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service, including sensitive, client-centred communication skills. Pharmacists and staff providing this service should also be aware of local and national guidance on safeguarding children, as it is possible that people under the age of 16 will request screening. Development of the knowledge base of staff may be facilitated by the provision of local training by the PCT	3.2 ² The pharmacy contractor has a duty to ensure pharmacists involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service Training of counter staff on the service and their roles in delivering it		Example of training information provided Witness statement of staff observation SOPs defining role of different staff members in the service Review of own and staff competencies against the roles.
Pharmaceutical procurement Describes how pharmaceuticals can be sourced and sources them in a	Knows how to source testing kits in a timely manner			Copy of SOP Critical incident

timely manner				
Supply problems Supply problems are resolved promptly	Pharmacists need to be aware of how to access alternative sources of the test kits in the case of supply difficulties.	2.2 ² Make medicines available via PGDs where there would otherwise be problems in accessing the medicines easily or promptly. (Stock levels of the medicine need to be maintained to ensure service continuity)		Critical incident with stock
Stock management Ensures stock is managed	Stock levels of the Chlamydia test kit and antibiotics for treatment, need to be maintained to ensure service continuity.	2.2 ² Make medicines (antibiotic) available via PGDs where there would otherwise be problems in accessing the medicines easily or promptly.		Copy of SOP Critical incident

¹ EN14. NHS Community Pharmacy Contractual Framework Enhanced Service – Chlamydia screening and treatment July 2008

² EN13. NHS Community Pharmacy Contractual Framework Enhanced Service – Patient Group Directions (PGD) (Supply and/or Administration of Medicines under a PGD) December 2007

³ Harmonisation of Accreditation Group (HAG) “Competencies and Training Framework: Provision of Chlamydia Screening and Treatment Service Level 1 (Screening) and Level 2 (Screening and Treatment)” Version 1 April 2008

⁴ Harmonisation and Accreditation Group (HAG) “Competencies and Training Framework Template” Version 1d March 2009

* The HAG Competencies and Training Framework encompasses two levels of service: Level 1 (screening) and Level 2 (Screening and Treatment). Core competencies are defined for a Level 1 service (described in this document as 1a – 1h etc). Additional competencies are described for provision of a Level 2 service (described in this document as 2i – 2l etc). This mapping also includes general competencies for a level 2 service from the HAG Competencies and Training Framework Template. These are described as Td – Te.

