

BHIVA Standards of care online consultation comments

7 October 2012

Standard 11: Competencies

3 October 2012

Dr Melinda Tenant-Flowers from King's College Hospital NHS Foundation Trust sent the following message:

Thank you. Glad to see this section incorporated.

For specialists undertaking inpatient care you might wish to include attendance at BHIVA/RCP updates on General Medicine every 3 years as well.

best wishes

Melinda

3 October 2012

Dr Melinda Tenant-Flowers from King's College Hospital NHS Foundation Trust sent the following message:

Thank you

Re GPs looking after / sharing care of HIV-infected patients should we recommend training and revalidation for them? e.g. attendance at HIVSTIF or perhaps BHIVA could organise an online and/or interactive lecture/tutorial-based teaching package which could be rolled out nationally with RCGP??? and then attendance at conference/course every 3 years for update?

happy to help

Best wishes

Melinda

5 October 2012

David Ogden from HIV Pharmacy Association sent the following message:

“Pharmacy Team:...

...They should complete at least nine, mandatory CPD entries each year to retain registration. A proportion of these entries should be in HIV-related areas or associated co-morbidities reflecting the proportion of role in HIV clinical care (<http://...>)”

7 October 2012

Clare Stradling from DHIVA sent the following message:

Thank you for this welcome review of the HIV Standards, and for the time and energy this working group have contributed.

The specialist HIV multidisciplinary team is referred to throughout the Standards, therefore the document would at some point benefit from a definition of the composition of this team. It is acknowledged that the composition may vary from centre to centre; therefore this definition could be approached in a number of ways. One suggestion is to define an ‘ideal’ composition, thus providing a framework with the aim of informing service providers, commissioners and service users as to the expected standards of their HIV related healthcare. Alternatively, the definition could be based on level of service, e.g. specifying that HIV centres at regional level, or with larger cohorts (>1000 patients), should have access to a specialist HIV MDT to include CNS, pharmacist, social worker, dietitian, rehabilitation team, psychologist.

Additionally, we recommend the following amendments.

Rationale section, insert:

nutritional status

'The clinical care of people who are HIV positive is complex, requiring management of issues ranging from transmission, immunosuppression, infectious and non-infectious complications, co-infections, comorbidities, antiretroviral treatment, nutritional status, and reproductive, psychological and sexual health.'

Quality statements under Other professionals (or preferably under new heading ‘Allied Health Professionals’ to include physios, OTs, SLTs, dietitians), insert:

Specialist Dietetic input should be provided by Registered Dietitians (RDs) and Dietetic Assistants competent in the dietetic care of people living with HIV. The knowledge and skills required for specialist HIV dietetic care are outlined in the ‘DHIVA Dietetic Competency Framework’ (in publication). They should demonstrate competence to the level appropriate for the level of specialist HIV care that is required, reflected in their job banding and job specification. The process of assessment of competence will be locally determined and should be part of appraisal, objective setting and personal development planning.

Dietitians are required by the Health Professions Council to maintain an accurate record of their CPD activities. The HIV Specialist Dietitian should include at least five activities in HIV-related areas

or associated comorbidities, and ensure that their CPD has contributed to the quality of their practice and service delivery within the HIV MDT.

Auditable outcomes, insert:

- Nurses/pharmacists/dietitians: appraisal, documented HIV CPD, competency assessment.
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7 October 2012

Will Chegwidden from Rehabilitation in HIV Association sent the following message:

Add: Either add the following to the section on “Other professionals”, or preferably have a section entitled “Rehabilitation Team”:

“Physiotherapists, Occupational Therapists and Speech and Language Therapists should be registered with the Health and Care Professionals Council (HCPC) and in addition to the HCPC more specific competencies are outlined in the RHIVA Competencies (2012)(1). Physiotherapists working in any setting should have advanced or senior level skills in neurological, respiratory and musculoskeletal practice, whilst Occupational Therapists and Speech and Language Therapists should have advanced or senior level skills in neurological practice and in particular neurocognitive assessment and treatment. Therapists working in HIV specialist settings should also be able to demonstrate HIV related continuous professional development activity such as completing a RHIVA study day or an online HIV rehabilitation module.”(2)

1. RHIVA Competencies – see below, in publication
 2. <http://www.hivandrehab.ca/EN/module.php>
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7 October 2012

Jacqueline Stevenson from African Health Policy Network (Ffena) sent the following message:

We welcome the call for HIV awareness training for all staff in HIV services, and believe this must include non-clinical staff, and staff outwith direct HIV services, e.g. hospital receptionists. Training needs should be identified based on all the staff a patient is likely to encounter in their hospital visits, bearing in mind non-clinical staff are likely to be the first that patients encounter.