

## Record of Training for the Letter of Competence in Intrauterine Techniques (LoC IUT)

**To be completed in full**

<b>Surname:</b>	<b>First Name:</b>
<b>Email:</b>	<b>Telephone:</b>
<b>Address:</b>	
<b>GMC/NMC number:</b>	<b>Member ID (if applicable):</b>

**Primary Role (Please tick one box)**

GP	
Consultant	
SAS	
Training Grade	
Other (please state):	

SRH Nurse	
Practice Nurse	
School Nurse	
Midwife	
Other (please state):	

**Primary Location (Please tick one box)**

SRH (Family Planning/ Contraception)	
General Practice	
GUM	
Abortion service	
Maternity service	
Integrated SRH/GUM	
Obstetrics and Gynaecology	
Public Health	
Other (please state):	

**Intellectual Property Rights**

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**FSRH Privacy Policy**

The FSRH is committed to protecting your privacy. Our [Privacy Policy](#) sets out how we collect, use, store and protect any information that you give us, in compliance with the requirements of the Data Protection Laws which are the EU General Data Protection Regulation (GDPR) (EU) 2016/679 and the UK Data Protection Act 2018.

# CONFIRMATION OF COMPETENCE

Name: \_\_\_\_\_

## TO BE COMPLETED BY THE PRIMARY TRAINER IN FULL

Title of Requirements	Date	
Entry requirements for LoC IUT checked		
Demonstrated competent contraceptive choices consultation (Mini CEX Assessment A)		
Demonstrated competent pre-insertion counselling Mini CEX (Mini CEX Assessment B)		
Demonstrated competent knowledge of immediate complications of insertion (SBD Assessment D)		
Demonstrated competent knowledge of delayed complications of insertion (SBD Assessment E)		
<b>Standard Route</b> – 7 competent fits to include at least one Cu-IUD, one LNG-IUS and at least two different insertion mechanisms.		
<b>Experienced Practitioner Route</b> – 2 observed competent fits and 5 self-certified within the last 6 months to include one Cu-IUD, one LNG-IUS and at least two different insertion mechanisms.		
<b>I certify that in my opinion</b> _____ (NAME of TRAINEE)		
<b>Having successfully fulfilled the requirements I recommend that s/he be granted the Letter of Competence in Intrauterine Techniques</b>		
<b>Signed:</b> _____		
<b>Date:</b> _____		
<b>Primary Trainer's name (BLOCK LETTERS)</b> _____		
<b>FRT no</b> _____	<b>LoC IUT no</b> _____	<b>TPD no</b> _____

# Record of training for a LoC

Name: \_\_\_\_\_

## Disclaimer:

**When completed and signed this form constitutes the trainee's application for the LoC IUT. It is not itself evidence that the LoC IUT has been awarded.**

**Following a satisfactory final assessment, the trainee should sign below.**

I (the trainee) confirm that this document is a true and accurate reflection of my training and experience and:

### Please tick

- I confirm that all the information in this form is correct
- I have completed the online evaluation of my training experience
- I understand that this certificate is subject to recertification every 5 years.
- I note that this LoC relates to existing devices. It is my responsibility to undertake the necessary training relating to any new devices introduced in the future.
- While the fact that a LoC has been issued is regarded as public domain data other information recorded on this form will not be disclosed without my permission.
- I have read the 6 principles of care as outlined in the "[Personal Beliefs Guidance for those undertaking or recertifying FSRH qualifications whose personal beliefs conflict with the provision of abortion or any method of contraception](#)" and agree to abide by them in my practice.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

On completion of training, the trainee will need to login to 'My FSRH' on the website ([www.fsrh.org](http://www.fsrh.org)) to submit the completed training record along with an application fee (\*member or non-member rate).

Login to [MyFSRH](#) > scroll down to 'FSRH Training Hub' tile and click 'Browse Courses' Select 'LoC IUT Application' and click 'Go to Course'. On this page, click orange button 'Submit your training record and pay fee here' to submit your documents and pay the fee.

- **\*Member rate** (Associate, Diplomate, Member, Fellow) per LoC: **£80**, or
- **Non-member rate** per LoC: **£400**

If you are not already a member, you can join to become Associate member and benefit from reduced fee for new LoC applications. As an Associate member you can recertify your qualification free of charge every 5 years, if you have retained and paid for your annual Associate membership each year.

**\*The cost of full Associate membership annually is £94** (for LoC applications made between 1 January – 30 June) or a reduced half-year subscription in your first year of membership of £47 (for LoC applications made between 1 July – 31 December). The subsequent annual Associate membership fee is due on 1 January 2022 and then the following years.

Associate membership benefits include access to our Journal, clinical guidance, webinars and conference discounts. These benefits are designed to support trainee's learning and development. [To find out more about our membership benefit click here.](#)

**Prior to submission to the FSRH, please check that the confirmation of competence has been completed by the primary trainer.**