

# Guidance on the Letter of Competence in Intrauterine Techniques (LoC IUT)

This document provides guidance for health professionals wishing to complete the training programme leading to the award of the Letter of Competence in Intrauterine Techniques (LoC IUT).

**Definition of the LoC IUT of the FSRH:** A healthcare professional who holds the Letter of Competence in Intrauterine Techniques has demonstrated that they have the evidence-based knowledge, attitude and skills required to consult with a woman requesting contraception, and to appropriately provide and insert intrauterine methods and manage complications and side effects.

**Personal beliefs guidance:** Please see "[Guidance for those undertaking or recertifying FSRH qualifications whose personal beliefs conflict with the provision of abortion or any method of contraception](#)".

This was introduced at the FSRH in June 2017 and you should read this before undertaking training. You will be asked on application to the FSRH to confirm you have read the guidance and will abide by the principles in it in your practice. This is part of the Faculty's conditions for undertaking or recertifying a FSRH qualification.

**Terminology & abbreviations:** see General Training Terminology.

**Recertification requirements:** see [Application for recertification of the Letter of Competence in Intrauterine Techniques \(LoC IUT\)](#).

**Training standards:** The training provided should meet the standards contained in the FSRH CEU guidance, FSRH service standards and BASHH clinical guidelines where applicable.

## Different insertion mechanisms

It is important that two different types of insertion mechanisms are included within the assessed fits in addition to the fitting of one Cu-IUD and one LNG-IUS. More than two insertion mechanisms can be demonstrated but this is not essential. The following types of insertion mechanisms are acceptable for this qualification:

EvoInserter™ eg Mirena®,  
Arms up type eg Nova T® 380  
Gold standard T eg TT 380 slimline®  
Push only eg Multiload Cu 375®

**Assessments:** The assessments required for the qualification are included within the logbook. Further copies of these assessments can be printed as necessary when a trainee does not achieve competence at first attempt or for assessment of all the IUC fitting procedures required. The logbook is not sent to the FSRH on completion of the qualification as a separate application form is used (link to form). The logbook should be retained until the LoC IUT has been awarded.

**Gynaecological symptoms:** Detailed gynaecological management is outside the scope of this qualification but assessment and management is covered by NICE guidance NG88 Heavy menstrual bleeding : assessment and management updated November 2018 (<https://www.nice.org.uk/guidance/ng88>)

**Vasovagal syncope/Bradycardia:** Management of vasovagal syncope and bradycardia is outlined in the Service Standards for Resuscitation in Sexual and Reproductive Healthcare – August 2016 (<https://www.fsrh.org/standards-and-guidance/documents/service-standards-for-resuscitation-in-sexual-and-reproductive/>).

**Intimate examinations:** It is expected that appropriate guidance is followed when performing intimate examinations as outlined in GMC guidance (<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-and-chaperones>) and RCN Genital examination in women (<http://www.wisdom.wales.nhs.uk/document/312223>)

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## 1. Learning Outcomes

To demonstrate sufficient skills and knowledge to be awarded the LoC IUT the learner must be able to:

- Demonstrate an effective contraceptive choices consultation.
- Advise and assess women who wish to use intrauterine contraception (IUC) for long-term contraception and as emergency contraception. This would include being familiar with:
  - UK medical eligibility criteria
  - advantages and disadvantages
  - side effects and possible complications of use
  - efficacy and mode of action
  - assessment and investigation of sexually transmitted infection (STI) risks
  - timing of insertion
- Be aware of gynaecological symptoms that require investigation prior to the fitting of a device as outlined in the NICE guidance (NG88)
- Achieve competence in assessing uterine cavity length and position of uterus using a combination of bimanual examination and uterine sounding.
- Demonstrate familiarity with insertion techniques for current devices in common use.
- Achieve competence in fitting two different devices including one copper intrauterine device (Cu-IUD) and one type of hormonal intrauterine system (LNG-IUS) in conscious women and this should include devices with at least two different insertion mechanisms.
- Demonstrate “no-touch” technique during insertions.
- Describe the use of local anaesthetic techniques.
- Describe the indications for cervical dilatation.
- Describe the diagnosis and management of medical emergencies during and immediately after IUC insertion including uterine perforation, vasovagal syncope/bradycardia (FSRH Service Standards).
- Demonstrate ability to provide appropriate post-insertion advice.
- Describe the management of women presenting with complications of IUC insertion including:
  - infection
  - pelvic pain
  - abnormal or nuisance vaginal bleeding
  - non-visible threads
  - a positive pregnancy test

## 2. Entry requirements

The primary trainer must be satisfied that trainee fulfils these competencies before undertaking LoC IUT training. The trainee must:

1. Be a healthcare professional registered with a FSRH recognised UK professional regulatory body and with a licence to practice if required for that regulatory body (currently this is the UK GMC/NMC).
2. Either hold a current FSRH Diploma (DFSRH) or be a current Member or Fellow of FSRH,

- OR have passed the eKA.
3. Have completed e-SRH module 18 in the month before starting clinical skills training.
  4. Have read the current [FSRH guidance on intrauterine contraception](#).
  5. Have the experience and skill to conduct a competent clinical consultation.
  6. Be up-to-date with resuscitation and anaphylaxis training and ensure that this is maintained for the duration of training (training must be recognised by the UK Resuscitation Council).
  7. Be up to date with Levels 1-3 safeguarding children and young people and ensure that level 3 is maintained throughout training.
  8. Be competent in giving an intramuscular injection.
  9. Be competent in undertaking a speculum examination.

### 3. Bimanual Pelvic Examination

It is essential that a bimanual pelvic examination is performed prior to intrauterine procedures to determine the size, version and flexion of the uterus and to exclude pelvic tenderness. In order to obtain the Letter of Competence IUT a competent bimanual examination must have been performed for each insertion that is assessed as being competent.

Competence in bimanual pelvic examination is not an entry requirement for the LOC IUT and this skill could be acquired during the clinical training with the agreement of the trainer. This will however significantly increase the duration of training and candidates in this situation are advised to try and gain some experience in pelvic examination before starting the training.

Please note that the ability to perform a speculum examination to visualise the cervix is an entry requirement for the LOC-IUT.

### 4. Prescribing

Healthcare professionals who are not prescribers will need to consider what mechanisms are in place for the legal supply and/or administration of intrauterine contraceptives (IUC) and local anaesthetic (if used) in their area of practice. These may include patient specific directions (PSDs) or patient group directions (PGDs). It is the professional's responsibility to ensure these are in place - completion of this Letter of Competence does not confer that authority.

PGDs should be devised and authorised in accordance with NICE Medicines Practice Guidelines (Patient Group Directions MPG2) 2013 updated March 2017

### 5. Maximum timeframes

If the trainee does not have the DFSRH, MFSRH or FFSRH the LoC IUT application must be submitted within 2 years of passing the eKA. If the trainee does have the DFSRH, MFSRH or FFSRH then the LoC IUT application can be made at any point as long as the qualification is still up-to-date and recertification has occurred when required.

### 6. Identification of Primary Trainer

The Primary Trainer is responsible for the initial assessment and planning of an appropriate training programme with the trainee and must oversee the training, which is undertaken within a General Training Programme.

The Primary Trainer must be a Faculty Registered Trainer (FRT) and holder of a current LoC IUT.

The Primary Trainer may delegate some training and assessment to a clinician who they deem suitable to carry out this role. The clinician must hold a current relevant LoC but does not need to be an FRT.

The Primary Trainer will supervise a MINIMUM of two COMPETENT procedures, which will usually include one of the final insertions. The responsibility for the entire training and certification of competence lies with the Primary Trainer.

## 7. Premises for training

Training should be undertaken in premises deemed suitable by the Primary Trainer.

## 8. Women with an increased risk of perforation

There is evidence to suggest that women who are postpartum and/or breastfeeding have a significantly increased risk of perforation at IUC fitting. It is advised that trainees should not be fitting IUC for these women until they have achieved a suitable level of competency as defined by their trainer.

## 9 Practical training (standard training route)

### 9a Model uterus training

The Primary Trainer will demonstrate the insertion procedure of currently available, mainstream devices on a model uterus, emphasising the different insertion mechanisms where applicable. Model uterus training must include a hormonal intrauterine system (LNG-IUS) and a banded T copper intrauterine device (Cu-IUD).

Model uterus training must be completed before live training on women. The trainee will practise the different insertion techniques on a model uterus until they are familiar with them.

The e-SRH module cannot be a substitute for model uterus training.

### 9b Observation

A demonstration of a Cu-IUD or an LNG-IUS fit by a trainer in a conscious patient should be observed by the trainee before they start undertaking IUC fits.

### 9c Clinical training

1. The trainee must demonstrate the ability to conduct a competent contraceptive choices consultation. This should be assessed using Assessment A Mini CEX - Contraceptive choices consultation.
2. The trainee must demonstrate the ability to conduct a competent pre-insertion consultation. This should be assessed using Assessment B Mini CEX - Pre-insertion consultation.
3. A minimum of **seven** competent insertions of IUC, in women who have agreed to take part in the training process, must be undertaken.
4. All accredited insertions should be assessed using Assessment C - IUC fitting competency checklist and must be in conscious women.
5. Accredited insertions must include devices with at least two different insertion mechanisms and must include both a Cu-IUD and LNG-IUS
6. It is recommended, but not required, that each trainee have more than one trainer.
7. The trainee must undertake scenario-based discussions covering the management of both immediate and delayed complications of IUC insertion. These should be assessed using

Assessment D - Managing immediate complications of IUC insertion and Assessment E - Managing delayed complications of IUC insertion.

8. To obtain the LoC IUT, practical training must continue until the trainee has achieved competence in all the required assessments.

## 9. Practical training (experienced practitioner route)

### 9(a) Model uterus training

The experienced practitioner must demonstrate competence in insertion in a model uterus before competence is assessed in live patients.

### 9(b) Log of self-certified insertion

A log of five IUC insertions, in conscious women, undertaken during the previous six months must be self-certified and these insertions are included in the seven competent insertions required to qualify. No more than five self-certified insertions can count towards the total of seven competent insertions.

### 9(c) Clinical training

1. The experienced practitioner must demonstrate the ability to conduct a competent contraceptive choices consultation. This should be assessed using Assessment A Mini CEX - Contraceptive choices consultation.
2. The experienced practitioner must demonstrate the ability to conduct a competent pre-insertion consultation. This should be assessed using Assessment B Mini CEX - Pre-insertion consultation.
3. A minimum of **two** procedures, in women who have agreed to take part in the training process, should be observed by the primary trainer.
  - a. Observed insertions should be assessed by the primary trainer as being competent using Assessment C - IUC fitting competency checklist.
  - b. Observed insertions must be in conscious women.
4. Included within the insertions, either self-certified or observed, there must be at least two different insertion mechanisms and must include both a Cu-IUD and LNG-IUS.
4. The experienced practitioner must undertake scenario-based discussions covering the management of both immediate and delayed complications of IUC insertion. These should be assessed using Assessment D - Managing immediate complications of IUC insertion and Assessment E - Managing delayed complications of IUC insertion.
5. To obtain the LoC IUT, practical training must continue until the experienced practitioner has achieved competence in all the required assessments.

## 10. Application for LoC IUT

- On satisfactory completion of the training the trainee should send the application form for the Letter of Competence in Intrauterine Techniques (LoC IUT) and the appropriate fee to the LoC IUT administrator at the FSRH for the issue of the Letter of Competence.
- The application form should be submitted as soon as possible after completion of training and definitely within 3 months as occasionally further training is requested by the FSRH if the logbook is not deemed acceptable.
- It is recommended that the logbook is retained until the LoC IUT has been awarded by

the FSRH.

- Trainees must also complete an online evaluation of their training experience. This is a link to the online evaluation form - [LoC IUT Clinical Evaluation](#). The FSRH's General Training Committee takes evaluations seriously and is committed to following up appropriately on any suggestions or comments. For this reason, the LoC IUT will not be awarded until the training evaluation form has been completed. The local trainers or training programme may also request a separate written feedback form relating to more local training issues.
- The FSRH's General Training Committee reserves the right to request clarification of the contents of the application form before final approval of the certificate.
- It should be noted that this LoC relates to current intrauterine contraceptives. It is the trainee's responsibility to undertake the necessary training relating to any new IUC introduced in the future.

It should be noted that it should be a local decision regarding whether the trainee can start fitting IUCs between submitting the application form and receiving the award. The FSRH would only recognise someone as having the LoC IUT once the qualification has been awarded and not after the training has been completed.

## 11. IUC removal

The FSRH Clinical Effectiveness Unit's Guidance recommends that all clinicians who insert intrauterine methods of contraception should hold the LoC IUT, however, no such training is required for removal of IUCs.

**Meet entry requirements:**

Be a healthcare professional registered with a FSRH recognised UK professional regulatory body and with a licence to practice if required for that regulatory body (currently this is the UK GMC/NMC).  
 Either hold a current FSRH Diploma (DFSRH) or be a current Member or Fellow of FSRH or have passed the eKa.  
 Have completed e-SRH module 18 in the month before starting clinical skills training.  
 Have read the current [FSRH guidance on intrauterine contraception](#).  
 Have the experience and skill to conduct a competent clinical consultation.  
 Be up to date with resuscitation and anaphylaxis training in accordance with local policy.  
 Be up-to-date with levels 1-3 safeguarding children and young people and ensure that level 3 is maintained throughout training as above.  
 Be competent in giving an intramuscular injection.  
 Be competent in undertaking a speculum examination

Maximum of 2 years from eKa pass to application or hold DFSRH or be member or fellow of FSRH.



Non-prescribers ensure PGD/PSD in place

Identify Primary Trainer  
Model uterus training

**STANDARD ROUTE**

- Mini-CEX contraceptive choices consultation\*
- Mini-CEX pre-insertion consultation\*
- At least one LNG-IUS and one Cu-IUD plus two different insertion mechanisms in the seven observed insertions
- Scenario-based discussion- Managing immediate complications of IUC insertion\*
- Scenario-based discussion - Managing delayed complications of IUC insertion\*

**EXPERIENCED PRACTITIONER ROUTE**

- Mini-CEX contraceptive choices consultation\*
- Mini-CEX pre-insertion consultation\*
- Log of 5 self-certified IUC insertions in previous 6 months
- 2 observed IUC insertions in conscious women
- At least one LNG-IUS and one Cu-IUD plus two different insertion mechanisms in the seven accredited insertions
- Scenario-based discussion - Managing immediate complications of IUC insertion\*
- Scenario-based discussion - Managing delayed complications of IUC insertion\*



Application for LoC IUT to the Faculty  
\*using FSRH accredited forms  
[Click here to download Application form](#)

## 13. Assessments

### Assessment A

<b><u>Mini-CEX</u></b> <b><u>Contraceptive choices consultation (part of LoC IUT)</u></b>			
<b>Date of assessment</b>			
<b>Brief Description of scenario</b>			
<b>Areas to consider</b>	<b>Working towards competence</b>	<b>Competent</b>	<b>Not applicable</b>
<b>History taking</b> (including contraindications to contraception pregnancy and STI risk)			
<b>Clinical Judgement</b> (application of knowledge about suitable contraceptive methods)			
<b>Physical examination</b> if appropriate			
<b>Communication skills</b> (use of appropriate terminology/models/leaflets/clear instructions)			
<b>Professionalism</b> (non-judgemental, respectful and courteous)			
<b>Planning ahead</b> (bridging contraception, starting regimes and practical considerations)			

<b>Areas performed well</b>
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<b>Areas requiring development</b>
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<b>Learning plan</b>
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<b>Competent in all areas</b>	<b>Yes</b>	<b>No</b>
<b>Signature</b>		<b>Date</b>

## Assessment B

### Mini-CEX Pre-insertion consultation (part of LoC IUT)

<b>Date of assessment</b>			
<b>Brief Description of scenario</b>			
<b>Areas to consider</b>	<b>Working towards competence</b>	<b>Competent</b>	<b>Not applicable</b>
<b>History taking</b> (including contraindications to IUCs, presence of symptoms that may require investigation prior to IUC fitting, allergies, STI risk and pregnancy risk)			
<b>Clinical Judgement</b> (use of knowledge about suitable types of IUCs, when fitting can be performed safely including in the emergency fitting of a Cu-IUD and consideration of STI screening)			
<b>Planning for fit</b> (contraception prior to fit e.g. bridging contraception and what to expect at fit)			
<b>Discusses risks and benefits of IUCs</b> (changes to bleeding pattern, perforation, expulsion, pelvic infection and ectopic pregnancy)			
<b>Professionalism</b> (non-judgemental, respectful and courteous)			
<b>Communication skills</b> (use of appropriate terminology/models/written information)			

**Areas performed well**

**Areas requiring development**

**Learning plan**

<b>Competent in all areas</b>	<b>Yes</b>	<b>No</b>
<b>Signature</b>	<b>Date</b>	

## Assessment C

### IUC fitting competency checklist

**Instructions for trainers:** Complete a separate form for each IUC insertion procedure you observe. In order for the insertion to be deemed competent overall, each of the steps listed below must be deemed satisfactory.

**Needs improvement:** Unable to perform steps independently or according to standard procedure OR trainee required prompting to progress through steps in correct sequence

**Satisfactory:** Step or task performed independently and precisely in the correct sequence and according to standard procedure.

<b>Device used:</b>	<b>Needs improvement</b>	<b>Satisfactory</b>
<b>Obtains valid consent</b> Ensures no contraindication to method, no pregnancy risk and checks for allergies. Gives appropriate advice on insertion procedure, discusses options for pain relief and counsels on adverse events. Confirms which device is to be fitted.		
<b>Equipment</b> Aware of the equipment required for the procedure – including the location of resuscitation equipment.		
<b>Bimanual examination</b> Accurately assesses uterus (tenderness, size, flexion and version) and adenexae.		
<b>Sounding the uterus</b> Demonstrates use of stabilising forceps, accurately assesses uterine cavity length and position of uterus.		
<b>Device insertion</b> Demonstrates familiarity with introducing mechanism. Uses correct insertion technique and deploys device at fundus.		

<p><b>Post-insertion</b> Ensures patient's recovery. Manages complications appropriately as they arise. Ensures fitting procedure is accurately documented.</p>		
<p><b>Final discussion</b> Provides appropriate advice to patient about timing of effectiveness of device, possible complications and side effects, how to check device threads and when to return to clinic with problems.</p>		

**Overall assessment of insertion procedure**

(please tick)

**Competent**

IUC insertion performed satisfactorily in correct sequence and each step performed according to the standard procedure or guidelines – no prompting required (each of the 7 steps listed above must be deemed satisfactory)

**Needs improvement**

One or more step not performed correctly according to standard OR was omitted OR required prompting

Comments on procedure and suggestions to achieve competency:

<b>Signature</b>		<b>Date</b>	

## Assessment D

<b>Scenario-based discussion (SBD) for LoC IUT - Managing immediate complications of IUC insertion</b>		
<b>Date of assessment</b>		
	<b>Working towards competence</b>	<b>Competent</b>
Describes when cervical dilatation is required and is aware of the local referral pathway for complex IUC fits.		
Describes what equipment is required for management of emergencies associated with IUC fitting.		
Describes rates of perforation, risk factors making perforation more likely and strategies to avoid perforation.		
Describes how to recognise and manage suspected uterine perforation at time of fitting IUC.		
Describes how to recognise the clinical features of vasovagal syncope/bradycardia associated with IUC fitting.		
Describes non-pharmacological management of vasovagal syncope/ bradycardia associated with IUC fitting.		
Describes current pharmacological management of vasovagal syncope/bradycardia.		

<b>Areas performed well</b>		
<b>Areas requiring development</b>		
<b>Learning plan</b>		
<b>Competent in all areas</b>	<b>Yes</b>	<b>No</b>
<b>Signature</b>		<b>Date</b>

## Assessment E

<b>Scenario-based discussion (SBD) for LoC IUT - Managing delayed complications associated with IUC insertion</b>		
<b>Date of assessment</b>		
	<b>Working towards competence</b>	<b>Competent</b>
Describes strategies to avoid pelvic infection associated with IUC fitting.		
Describes how to manage IUC related pelvic pain including investigation and onward referral as appropriate.		
Describes how to identify and manage pelvic infection including investigation and onward referral if appropriate.		
Describes how to identify and manage abnormal vaginal bleeding including investigation and onward referral if appropriate.		
Describes how to manage non-visible IUC threads and is aware of the referral pathway for appropriate investigation.		
Describes how to manage a positive pregnancy test in a woman using an IUC for contraception and is aware of the referral pathway for appropriate investigation.		

<b>Areas performed well</b>			
<b>Areas requiring development</b>			
<b>Learning plan</b>			
<b>Competent in all areas</b>		<b>Yes</b>	<b>No</b>
<b>Signature</b>		<b>Date</b>	

## 14. Intellectual Property Rights

All intellectual property rights for any FSRH qualification including documents, materials and content belonging to and produced by the FSRH should not be used for purposes other than FSRH training. Should you wish to use any of the IPR for purposes other than FSRH training you must seek the FSRH's approval in writing with your request via our [Copyright Request Form](#). We aim to respond to submissions of this nature within one working week.

## 15. 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.