Training requirements for the Letter of Competence in Subdermal Contraceptive Implant Techniques (LoC SDI)

Introduction

This document provides guidance for health professionals wishing to complete the training programme leading to the award of a Letter of Competence in Subdermal Contraceptive Implant Techniques (LoC SDI).


Personal beliefs guidance: please see https://www.fsrh.org/careers-and-training/letter-of-competence-subdermal-implants-loc-sdi/ section of the FSRH website to read the guidance - "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: see Application for recertification of the Letter of Competence in Subdermal Contraceptive Implant Techniques (LoC SDI).

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

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1. **Entry requirements**

1. Doctors must be registered with the GMC and have a licence to practise within the UK.
2. Nurses must be on the UK NMC register (excluding RN Level 2).
3. Passed eKA (assessment of knowledge) or holds current FSRH Diploma (DFSRH or NDFSRH), MFSRH or FFSRH.
5. Competent in consultation skills.
6. Up to date with resuscitation and anaphylaxis – in accordance with local policy -including competency to give intramuscular injections.

2. **Prescribing and Patient Group Directions (PGDs)**

Nurses who are not non-medical prescribers will need to consider what mechanisms are in place for the legal supply and/or administration of implants and local anaesthetic in their area of practice. These may include patient specific directions or PGDs. It is the nurse’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.

3. **Maximum timeframes**

If you do not have the FSRH Diploma, MFSRH or FFSRH:

- eKA pass and LoC application - 2 years
- Completion of e-SRH Module 17 and start of model arm training/clinical assessments - 6 months
- Completion of e-SRH Module 17 and LoC application – 18 months

If you have (recertified when due) FSRH Diploma, MFSRH or FFSRH:

- Completion of e-SRH Module 17 and start of model arm training/clinical assessments - 6 months
- Completion of e-SRH Module 17 and LoC application – 18 months

Where an application does not meet these requirements further training will be required prior to certification.
4. **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 - List of General Training Programmes.

   1. If the Primary Trainer is a medical practitioner they must be a Faculty Registered Trainer (FRT) and holder of a current LoC SDI.
   2. If the Primary Trainer is a nurse they must be: an FRT with a current LoC SDI; or an FNRT (SDI).

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

   The Primary Trainer must supervise a MINIMUM of one COMPETENT insertion and one COMPETENT removal procedure.

   The responsibility for the entire training and certification of competence lies with the Primary Trainer.

5. **Premises for training**

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

7. **Practical training (standard training route)**

6.1 **Model arm training**

   Theory and model arm training must be completed before live training with women. This may be as part of the ‘Course of 5’ or in a separate training session before starting practical training. The e-SRH module cannot be substituted for model arm training.

   **Familiarisation with instruments and techniques required for insertion and removal of subdermal implants.** The Primary Trainer will demonstrate the insertion and removal procedure of a currently available SDI on a model arm. The trainee will then practice these techniques on a model arm until they are familiar with them.

   All procedures must be performed on conscious women who have agreed to take part in the training process.

6.2 **Demonstration by trainer in a live patient**

   The Primary Trainer or designated clinician who is a holder of a current LoC SDI will demonstrate an insertion and a removal in a live patient.

6.3 **Clinical training**

   For the Primary Trainer to recommend the award of the LoC SDI the trainee must be observed performing at least two insertions and two removals competently. At least one of each of these must be observed by the Primary Trainer.
In addition trainees must demonstrate the ability to conduct an appropriate sexual health consultation.

6.3.1 Subdermal implant insertion

The trainer will demonstrate the insertion procedure of a currently marketed SDI (paragraph 6.2). The trainee will then undertake supervised insertions until the trainer is satisfied that the trainee is competent. There is no specified limit to the number of insertions required for training purposes.

6.3.2 Subdermal implant removal

The trainer or designated clinician who is a holder of a current LoC SDI will demonstrate the removal procedure of a currently marketed SDI (paragraph 6.2). The trainee will then undertake supervised removals until the trainee has been deemed competent. There is no specified limit to the number of removals required for training purposes.

Whereas experience of multi-rod implants removal qualifies individuals to remove a uni-rod implant the converse does not apply.

Practical training must continue until the Primary Trainer is satisfied with the level of competence achieved by the trainee. ALL training experience (both theoretical and practical) must be recorded on the LoC SDI application form.

7. Practical training (experienced practitioner training route)

Completion of training under the experienced practitioner pathway is at the discretion of the Primary Trainer. The candidate must have received previous training, and be regularly fitting and removing SDIs to be deemed experienced.

7.1 Model Arm training

The experienced practitioner must demonstrate competence in insertion and removal on a model arm before competence is assessed in live patients.

7.2 Log of recent experience of insertion and removal

A log will need to show a minimum of six procedures to include at least one insertion and one removal undertaken within 12 months of commencing training.

7.3 Clinical training

There is no specified limit to the number of insertions and removals required for training purposes. The Primary Trainer must observe the experienced practitioner competently performing a minimum of one insertion and one removal in a live patient.

8. Application for LoC SDI

- On satisfactory completion of training the trainee should send the LoC SDI application form and the appropriate fee to the LoC SDI administrator of the FSRH for the issue of the Letter of Competence.
• Trainees must also complete an online evaluation of their training experience. This is the link to the online evaluation form - LoC SDI 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 SDI 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 report on the trainee before final approval of the certificate.

• It should be noted that this LoC relates to current implants. It is the trainee’s responsibility to undertake the necessary training relating to any new devices introduced in the future.

• It is the opinion of the FSRH that clinicians who have satisfactorily completed the requirements for insertion of subdermal contraceptive implants may continue to insert implants within their level of competence, but a Letter of Competence will only be issued on completion of removal training.

9. External Accreditation

This Letter of Competence in Subdermal Contraceptive Implant Techniques (LoC SDI) has been accredited by the RCGP until 23 May 2018.