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Logbook for the Letter of Competence in Intrauterine Techniques (LoC IUT)

Training requirements are set out in the [‘Guidance on the Letter of Competence in Intrauterine Techniques’](#)

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The logbook will be completed during training but does not need to be sent to the FSRH. It should be retained until the LoC IUT has been awarded by the FSRH. There is a separate application form that should be used for application purposes and this is available on the website [click here to download application form](#).

Further copies of the assessments within the logbook can be printed as necessary.

1. List of all trainers with signatures, initials and registration numbers

Name (BLOCK CAPITALS)	Signature	Initials	Faculty qualification numbers	
			LoC IUT	FRT (if applicable)

2. Confirmation of Entry Requirements

Relevant certificates must be shown to the primary trainer at commencement of clinical attachment.

Current UK GMC/NMC number	
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	Most recent date passed/ completed/recertified:
FSRH Diploma / Member / Fellow OR eKA pass	

	Date completed:
e-SRH Module 18 (within a month of starting training)	

	Signature to self-certify competence:
Competent in consultation skills	
Has read current FSRH guidance on intrauterine contraception	
Competent to give an intramuscular injection	
Competent in speculum examination	

	Date completed:
Anaphylaxis Training	
Basic Life Support	
Level 3 Safeguarding Children and Young People	

3. Model Uterus Training

Model uterus training must include different insertion techniques including those required for a banded T Cu-IUD and an LNG-IUS.

The experienced practitioner must demonstrate competence in the insertion of a minimum of two different types of IUC in a model uterus before competence is assessed in live patients, but training as such may not be necessary.

Date	Brand name of IUC inserted	Trainer signature

4. Observed Consultation Skills and Managing Emergencies

1. The trainee must demonstrate the ability to conduct a competent contraceptive choices consultation (assessed using Assessment A).
2. The trainee must demonstrate the ability to conduct a competent pre-insertion consultation (assessed using Assessment B).
3. The trainee must demonstrate an understanding of the management of immediate complications of IUC insertion using the scenario-based discussion (Assessment D).
4. The trainee must demonstrate an understanding of the management of delayed complications of IUC insertion using the scenario-based discussion (Assessment E).
5. Qualification via the standard and experienced practitioner route requires one of each of Assessment A, B, D and E that is competent in all areas.

5. Assessments

Assessment A

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

Areas performed well

Areas requiring development

Learning plan

Competent in all areas

Yes

No

Signature

Date

Assessment B

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

Date of assessment			
Brief Description of scenario			
Areas to consider	Working towards competence	Competent	Not applicable
History taking (including contraindications to IUCs, presence of symptoms that may require investigation prior to IUC fitting, allergies, STI risk and pregnancy risk)			
Clinical Judgement (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)			
Planning for fit (contraception prior to fit e.g. bridging contraception and what to expect at fit)			
Discusses risks and benefits of IUCs (changes to bleeding pattern, perforation, expulsion, pelvic infection and ectopic pregnancy)			
Professionalism (non-judgemental, respectful and courteous)			
Communication skills (use of appropriate terminology/models/written information)			

Areas performed well

Areas requiring development

Learning plan

Competent in all areas		Yes	No
Signature		Date	

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.

Device used:	Needs improvement	Satisfactory
<p>Obtains valid consent 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.</p>		
<p>Equipment Aware of the equipment required for the procedure – including the location of resuscitation equipment.</p>		
<p>Bimanual examination Accurately assesses uterus (tenderness, size, flexion and version) and adnexae.</p>		
<p>Sounding the uterus Demonstrates use of stabilising forceps, accurately assesses uterine cavity length and position of uterus.</p>		
<p>Device insertion Demonstrates familiarity with introducing mechanism. Uses correct insertion technique and deploys device at fundus.</p>		

<p>Infection control Demonstrates correct handwashing procedure. Uses 'no touch' technique.</p>		
<p>Post-insertion Ensures patient's recovery. Manages complications appropriately as they arise. Ensures fitting procedure is accurately documented.</p>		
<p>Final discussion 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:

Signature		Date	
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Assessment D

Scenario-based discussion (SBD) for LoC IUT - Managing immediate complications of IUC insertion		
Date of assessment		
	Working towards competence	Competent
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.		

Areas performed well

Areas requiring development

Learning plan

Competent in all areas

Yes

No

Signature

Date

Assessment E

Scenario-based discussion (SBD) for LoC IUT - Managing delayed complications associated with IUC insertion		
Date of assessment		
	Working towards competence	Competent
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.		

Areas performed well			
Areas requiring development			
Learning plan			
Competent in all areas		Yes	No
Signature		Date	

6. Standard Training route

To be completed by applicants following the standard training route only

Practical Training Demonstration of an insertion by a trainer in a conscious patient

Trainer signature	Date

Log of intrauterine contraceptive insertions by trainee

The table on next page can be used to record all insertions. A minimum of seven competent insertions is required and accredited insertions should be assessed using the IUC fitting competency checklist as described in Assessment C. The checklist is for reference, the documentation should be in the table below.

The primary trainer must observe at least two insertions performed competently (this will usually include one of the final insertions) but the remaining insertions can be observed by other clinicians who hold the LoC IUT but may not be a FSRH Registered Trainer. The insertions should include at least one Cu-IUD, one LNG-IUS and to include at least two different insertion mechanisms.

Date									
Device type									
Obtains valid consent 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.									
Equipment Aware of the equipment required for the procedure – including the location of resuscitation equipment.									
Bimanual examination Accurately assesses uterus (tenderness, size, flexion and version) and adnexae.									
Sounding the uterus Demonstrates use of stabilising forceps, accurately assesses uterine cavity length and position of uterus.									
Device insertion Demonstrates familiarity with introducing mechanism. Uses correct insertion technique and deploys device at fundus.									
Infection control Demonstrates correct handwashing procedure. Uses 'no touch' technique.									
Post-insertion Ensures patient's recovery. Manages complications appropriately as they arise. Ensures fitting procedure is accurately documented.									
Final discussion 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.									
Competent / Need improvement									
Observed by									
Primary or secondary trainer									

7. Experienced Practitioner Route

To be completed by applicants following the experienced practitioner route only

Completion of training under the 'experienced practitioner' pathway, as detailed below, is at the discretion of the Primary Trainer.

Previous training

Please provide details and dates of previous relevant training or experience

Log of previous IUC insertions in conscious women

This log must show five IUC insertions undertaken during the six months prior to the observed competent insertions.

Date of insertion	Brand name of IUC inserted

Log of competent intrauterine contraceptive insertions by experienced practitioner observed by primary trainer

All insertions should be assessed using the IUC fitting competency checklist and documented on the table below (Assessment C). The primary trainer must observe two insertions performed competently and there must be seven insertions in total including the self-certified insertions above.

The insertions should include at least one Cu-IUD, one LNG-IUS and to include at least two different insertion mechanisms.

Date									
Device type									
Obtains valid consent 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.									
Equipment Aware of the equipment required for the procedure – including the location of resuscitation equipment.									
Bimanual examination Accurately assesses uterus (tenderness, size, flexion and version) and adenexae.									
Sounding the uterus Demonstrates use of stabilising forceps, accurately assesses uterine cavity length and position of uterus.									
Device insertion Demonstrates familiarity with introducing mechanism. Uses correct insertion technique and deploys device at fundus.									
Infection control Demonstrates correct handwashing procedure. Uses 'no touch' technique.									
Post-insertion Ensures patient's recovery. Manages complications appropriately as they arise. Ensures fitting procedure is accurately documented.									
Final discussion 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.									
Competent / Need improvement									
Observed by									
Primary or secondary trainer									

8. 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.

9. 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.