

Record of training for the Letters of Competence in Subdermal Contraceptive Implant Techniques Insertion and Removal (LoC SDI-IR)

The FSRH retains the right to amend this list.

The LoC SDI is equivalent to LoC SDI-IR for the purposes of training others and recertification.

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Standard Training Route:

Please ensure parts A, B, D and E are completed in full. If any part of your application is not complete or it does not meet the required standard, your application is likely to be delayed.

Experienced Practitioner Route:

Please ensure parts A, C, D and E are completed in full. If any part of your application is not complete or it does not meet the required standard, your application is likely to be delayed.

Surname:	First Name:
Email:	Telephone:

Primary Role (Please tick one box)

GP	<input type="checkbox"/>
Consultant	<input type="checkbox"/>
SAS	<input type="checkbox"/>
Training Grade	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>

SRH Nurse	<input type="checkbox"/>
Practice Nurse	<input type="checkbox"/>
School Nurse	<input type="checkbox"/>
Midwife	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>

Primary Location (Please tick one box)

SRH (Family Planning/ Contraception)	<input type="checkbox"/>
General Practice	<input type="checkbox"/>
GUM	<input type="checkbox"/>
Abortion service	<input type="checkbox"/>
Maternity service	<input type="checkbox"/>
Integrated SRH/GUM	<input type="checkbox"/>
Obstetrics and Gynaecology	<input type="checkbox"/>
Public Health	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>

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

Name:

A. CONFIRMATION OF ENTRY REQUIREMENTS AND TYPE OF CERTIFICATE

To be completed by all applicants

Current UK GMC & licence to practise/NMC number	
	Date passed/ completed/recertified (state most recent):
FSRH Diploma/Member/Fellow OR eKA/OTA pass	
	Date completed:
e-SRH Module 14 – Additional Training in Subdermal Contraceptive Implants (SDI)	
	Signature to self-certify competence:
Competent in consultation skills	
Competent to give an intramuscular injection	
Conversant with current FSRH guidance on subdermal implants	
	Date attended:
Anaphylaxis Training	
Basic Life Support	

NAME OF PRIMARY TRAINER (please print)		
LoC SDI no:	FRT or FNRT (SDI) no:	GTP no:
I confirm that I have reviewed the relevant certificates self-certifications and self-declaration.		
Primary Trainer's Signature:	Date:	

If the trainee's theoretical knowledge in SDI is subsequently deemed inadequate, practical training should be deferred until this has been satisfactorily addressed.

B. STANDARD TRAINING ROUTE

Name:

Model Arm Training

Both insertion and removal should be completed on a model arm for all certificates, LoC SDI-IR, LoC SDI-IO. This must be within 6 months after completion of e-SRH module.

Date	Implant Type	Procedure	Date & reference number of 'Course of 5' or Trainer's Name and LoC SDI number
		Insertion	
		Removal	

Observed Consultation

The trainee must demonstrate the ability to conduct an appropriate contraceptive choices consultation

Trainer signature	Name and position of trainer	Date

Completion of FSRH Contraceptive Counselling Course	Date attended/completed:

Practical Training

Demonstration by Trainer in a conscious patient

Both insertion and removal should be demonstrated by the trainer for the LoC SDI-IR/IO.

This must be within 6 months after completion of the eSRH module.

Date	Implant Type	Procedure	Name of Trainer (PRINT NAME)	Signature of Trainer	FRT /LoC SDI number
		Insertion			
		Removal			

Log of implant insertions by trainee

There is no specified limit to the number of insertions required for training purposes. Please note there are checklists available as an Appendix to the Training Requirements which are suggested tools for assessment of competence. Consider a separate checklist for each assessment. LoC SDI-IR the trainee must be observed performing at least two insertions competently by a trainer. The primary trainer must observe at least one insertion performed competently.

Date	Implant Type	Overall assessment of procedure (competent or needs improvement)	Name of Trainer (PRINT NAME)	Signature of Trainer	FRT/LoC SDI number

Log of implant removals by trainee

There is no specified limit to the number of removals required for training purposes. Please note there are checklists available as an Appendix to the Training Requirements which are suggested tools for assessment of competence. Consider a separate checklist for each assessment. For LoC SDI-IR the trainee must be observed performing at least two removals competently by a trainer. The primary trainer must observe at least one removal performed competently.

Date	Implant Type	Overall assessment of procedure (competent or needs improvement)	Name of Trainer (PRINT NAME)	Signature of Trainer	FRT/LoC SDI number

Name:

C. EXPERIENCED PRACTITIONER ROUTE

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 procedures

For LoC SDI-IR this log must show six procedures to include at least one insertion and one removal undertaken during the 12 months before commencement of training.

Date	Implant Type	I = insertion	R = removal	Comments

Model Arm Competence

Date	Implant Type	Procedure	Name of Trainer (PRINT NAME)	Signature of Trainer	FRT /LoC SDI number
		Insertion			
		Removal			

Observed Consultation

The trainee must demonstrate the ability to conduct an appropriate contraceptive choices consultation

Trainer signature	Name and position of trainer	Date

Completion of FSRH Contraceptive Counselling Course	Date attended/completed:

Practical Training

Log of implant insertions by trainee

There is no specified limit to the number of insertions required for training purposes. The primary trainer must observe at least one insertion performed competently. Consider a separate checklist for each assessment.

Date	Implant Type	Comments	Name of Trainer (PRINT NAME)	Signature of Trainer	FRT /LoC SDI number

Log of implant removals by trainee

There is no specified limit to the number of removals required for training purposes. The primary trainer must observe at least one removal performed competently. Consider a separate checklist for each assessment.

Date	Implant Type	Comments	Name of Trainer (PRINT NAME)	Signature of Trainer	FRT /LoC SDI number

D. CONFIRMATION OF COMPETENCE

TO BE COMPLETED BY THE PRIMARY TRAINER IN ALL CASES

I certify that in my opinion _____ has:

A. Demonstrated competence in the Subdermal Contraceptive Implant *INSERTION* techniques tick

B. Demonstrated competence in the Subdermal Contraceptive Implant *REMOVAL* techniques tick

C. Demonstrated an effective sexual health and contraceptive choices consultation tick

Having successfully fulfilled requirements A, B and C, I recommend that s/he be granted the Letter of Competence in Subdermal Contraceptive Implant Techniques Insertion and Removals (LoC SDI-IR).

Signed: _____ Date: _____

Primary Trainer's name (BLOCK LETTERS): _____

LoC SDI no: _____ FRT no: _____ GTP no: _____

DISCLAIMER:

When completed and signed this form constitutes the trainee's application for the LoC SDI. It is not itself evidence that the LoC SDI 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) to submit the completed training record along with an application fee (*member or non-member).

Login to [MyFSRH](#) > scroll down to 'FSRH Training Hub' tile and click 'Browse Courses'
Select 'LoC SDI-IR 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 DFRH, Member MFSRH, Fellow FFSRH) per LoC: £80**
Non-member rate per LoC: £400

If you are not already a member, you can become Associate member in order to benefit from reduced fee for new LoC application. 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.

You can join to become an Associate member when completing your LoC application using the links above.

The current cost of Associate membership is £97 (for LoC applications made between 1 January – 30 June), or **£49** (for LoC applications made between 1 July – 31 December). The subsequent annual Associate membership fee is due on 1 January 2023 and then the following years.

Associate membership benefits include access to our Journal, clinical guidance, webinars and conference discounts.

Prior to submission to the FSRH, please check that all sections have been completed as indicated on the form.

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.