

# Record of training for the Letters of Competence in Subdermal Contraceptive Implant Techniques Insertion and removal (LoC SDI-IR) Insertion only (LoC SDI-IO), Removal only (LoC SDI-RO)

## IMPORTANT INFORMATION:

Please be advised that the Letter of Competence in Subdermal Contraceptive Implant Techniques Insertion only (LoC SDI-IO) is only open to those clinicians working in maternity or abortion services, or to those who hold a LoC SDI-RO and wish to convert to LoC SDI-IR.

The Letter of Competence in Subdermal Contraceptive Implant Techniques Removal only (LoC SDI-RO) is only open to trainees in deep implant services, or to those who hold a LoC SDI-IO and wish to convert to 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	
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):	

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	
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	Date passed/ completed/recertified (state most recent):
FSRH Diploma/Member/Fellow OR eKA pass	

	Date completed:
e-SRH Module 17 – 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	

IF applicable: I am eligible and applying for:	Signature to self-declare
<ul style="list-style-type: none"><li>LoC SDI Insertion only (LoC SDI-IO): I work in an abortion service</li></ul>	
<ul style="list-style-type: none"><li>LoC SDI-IO: I work in a maternity service</li></ul>	
<ul style="list-style-type: none"><li>I hold the LoC SDI-IO and wish to upgrade to LoC SDI-IR</li></ul>	
<ul style="list-style-type: none"><li>LoC SDI Removal only (LoC SDI-RO): I work in a deep implant service</li></ul>	
<ul style="list-style-type: none"><li>I hold a LoC SDI-RO and wish to convert to LoC SDI-IR</li></ul>	

<b>NAME OF PRIMARY TRAINER (please print)</b>		
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, LoC SDI-RO. 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 <u>and</u> 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

### 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/RO. 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. For the LoC SDI-IO the trainee must be observed performing at least three insertions competently by a trainer. The primary trainer must observe at least one insertion performed competently. This section is not required for the LoC SDI-RO.

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. For the LoC SDI-RO the trainee must be observed performing at least three removals competently by a trainer. The primary trainer must observe at least one removal performed competently. This section is not required for the LoC SDI-IO

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

## C. EXPERIENCED PRACTITIONER ROUTE

Name:

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

### Previous training

<b>Please provide details and dates of previous relevant training or experience</b>

### 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. For LoC SDI-IO, this log must show six insertions. For LoC SDI-RO, this log must show six removals

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

### 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.

This section is not required for LoC SDI-RO.

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.

This section is not required for LoC SDI-IO.

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 <i>INSERTION</i> techniques <input type="checkbox"/> tick		
B. Demonstrated competence in the Subdermal Contraceptive Implant <i>REMOVAL</i> techniques <input type="checkbox"/> tick		
C. Demonstrated an effective sexual health and contraceptive choices consultation <input type="checkbox"/> 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: _____
<b>OR</b>		
Having successfully fulfilled requirements A, and C, I recommend that s/he be granted the Letter of Competence in Subdermal Contraceptive Implant Techniques Insertion only (LoC SDI-IO)		
Signed; _____		Date: _____
Primary Trainer's name (BLOCK LETTERS): _____		
LoC SDI no: _____	FRT no: _____	GTP no: _____
<b>OR</b>		
Having successfully fulfilled requirements B, and C, I recommend that s/he be granted the Letter of Competence in Subdermal Contraceptive Implant Techniques (LoC SDI-RO)		
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](http://www.fsrh.org)) to submit the completed training record along with an application fee (\*member or non-member).

Login to [MyFSRH](#) > select 'Take a qualification' > select the relevant 'Letter of Competence' > select 'Qualify' > Go to the last step of the page and complete the online form

**\*Member rate (Associate, Diplomate DFSRH, Member MFSRH, Fellow FFSRH) per LoC: £63**  
**Non-member rate per LoC: £368**

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 £89** (for LoC applications made between 1 January – 30 June 2019), or **£45** (for LoC applications made between 1 July – 31 December 2019). The subsequent annual Associate membership fee is due on 1 January 2020 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.