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Training Requirements for those wishing to complete 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 abortion or maternity 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.

Introduction

This document provides guidance for health professionals wishing to

1. Complete the training programmes leading to an award of a Letter of Competence in Subdermal Contraceptive Implant Techniques (LoC SDI-IR, LoC SDI-IO, LoC SDI-RO).
2. Convert from one type of LoC to another.
3. Recertify LoC SDI with the option to downgrade the LoC on recertification

Learning Outcomes: see learning outcomes for the individual letters of competence in subdermal contraceptive implant techniques.

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.

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

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Registered Charity No. 1019969 Registered in England No. 2804213

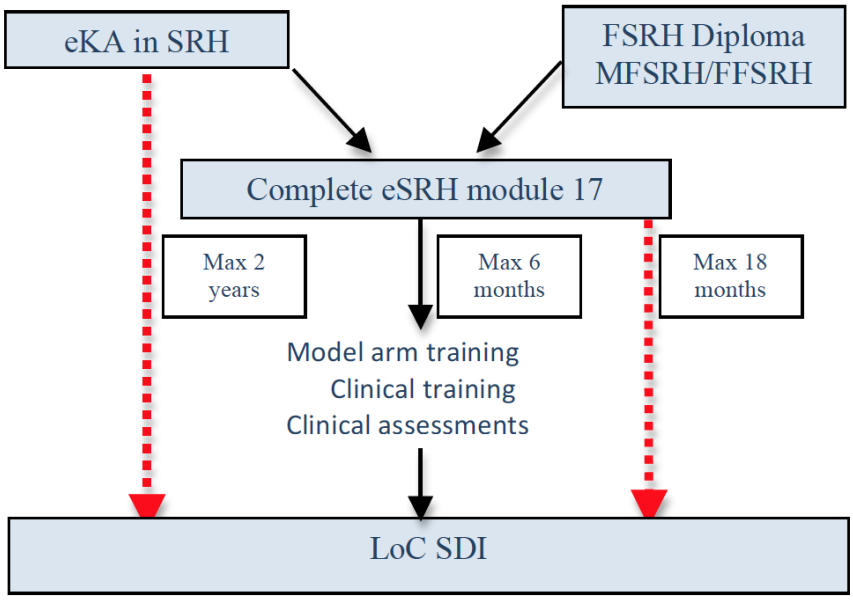
1. Entry requirements

1. The award is only available to registered doctors, nurses and midwives:
   - Doctors must be registered with the GMC and have a licence to practise within the UK.
   - Nurses/midwives must be on the UK NMC register.
2. Passed eKA (assessment of knowledge) or holds current FSRH Diploma, MFSRH or FFSRH.
3. Completion of e-SRH Module 17.
4. Competent in consultation skills.
5. Up to date with resuscitation and anaphylaxis – in accordance with local policy
6. Competency to give intramuscular injections.
7. The LoC SDI-IO is only open to those clinicians working in abortion services or in maternity services. The FSRH retains the right to amend this list.
8. The 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.
9. To have read the current FSRH guidance on subdermal implants https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/method-specific/ and be conversant with its content.

2. Prescribing and Patient Group Directions (PGDs)/Patient Specific Directives (PSDs)

Nurses/midwives 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 group directions (PGDs) or patient specific directives (PSDs). It is the midwife/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



There are maximum timeframes allowed between completing the eligibility requirements and completing the LoC. The training must be completed in the correct order of eSRH module, then model arm training and finally the clinical component.

- 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 do not have a FSRH Diploma, MFSRH or FFSRH or have not recertified when due the eKA must be passed prior to the model arm and clinical component:

- eKA pass and LoC application - 2 years.

If you are converting from LoC SDI-IO to LoC SDI-IR, or from LoC SDI-RO to LoC SDI- IR the maximum timeframes to the second certificate remain as set out above. There may be a requirement to repeat the eKA, eSRH Module 17 and model arm training if they are not within these timeframes.

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.

For all certificates, LoC SDI-IR, LoC SDI-IO and LoC SDI-RO

1. If the Primary Trainer is a doctor they must be a FSRH Registered Trainer (FRT) and holder of a current LoC SDI-IR.
2. If the Primary Trainer is a nurse they must be an FRT with a current LoC SDI-IR; 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.

LoC SDI-IR: the Primary Trainer must supervise a MINIMUM of one COMPETENT insertion and one COMPETENT removal procedure.

LoC SDI-IO: the Primary Trainer must supervise a MINIMUM of one COMPETENT insertion.

LoC SDI-RO: the Primary Trainer must supervise a MINIMUM of one COMPETENT removal procedure.

The responsibility for the entire training and certification of competence lies with the Primary Trainer. The Primary Trainer cannot delegate the confirmation of entry requirements or the confirmation of competence to another trainer.

5. Premises for training

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

6. 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 must be completed before the model arm training and cannot be substituted for it.

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.

6.2 Demonstration by trainer in a conscious patient

For the LoC SDI-IR/IO/RO the Primary Trainer or designated clinician who is a holder of a current LoC SDI-IR will demonstrate an insertion and removal of an implant in a conscious patient.

6.3 Clinical training

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

During the clinical training trainees must demonstrate the ability to conduct an appropriate sexual health and contraceptive choices consultation.

For the Primary Trainer to recommend the award of the LoC SDI-IR 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.

For the Primary Trainer to recommend the award of the LoC SDI-IO the trainee must be observed performing at least three insertions. At least one of these must be observed by the Primary Trainer.

For the Primary Trainer to recommend the award of the LoC SDI-RO the trainee must be observed performing at least three removals competently. At least one of each of these must be observed by the Primary Trainer.

The checklists, available in the Appendix to this document, should be considered for all insertions or removals and are suggested tools for assessment of competency.

6.3.1 Subdermal implant insertion

The trainer will demonstrate the insertion procedure of a currently marketed SDI. 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.

The checklist, available in the Appendix to this document, should be considered for all insertions. These checklists do not need to be submitted with the record of training.

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. 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.

The checklist, available in the Appendix to this document, should be considered for all removals. These checklists do not need to be submitted with the record of training form.

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 conscious 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.

For award of the LoC SDI-IR the Primary Trainer must observe the experienced practitioner competently performing a minimum of one insertion and one removal in a conscious patient.

For award of the LoC SDI-IO the Primary Trainer must observe the experienced practitioner competently performing a minimum of one insertion in a conscious patient.

For award of the LoC SDI-RO the Primary Trainer must observe the experienced practitioner competently performing a minimum of one removal in a conscious patient.

The checklists, available in the Appendix to this document, should be considered for all insertions or removals and are suggested tools for assessment of competency.

8 Practical training for conversion between the different types of LoCs

Completion of the training to convert between different types of LoCs is at the discretion of the Primary Trainer.
The LoC SDI-IO can be converted to the LoC SDI-IR or LoC SDI-RO with the addition of removal of implant training. The eKA, eSRH and model arm training may need to be repeated if out with the maximum timeframes.

The LoC SDI-RO can be converted to LoC SDI-IR or LoC SDI-IO with the addition of insertion training. The eKA, eSRH and model arm training may need to be repeated if out with the maximum timeframes.

9. Application for LoC SDI

- On satisfactory completion of training the trainee should send the relevant LoC SDI application form and the appropriate fee to the LoC SDI administrator of the FSRH for the issue of the Letter of Competence.

- There is a single fee for the LoC SDI-IR application but two fees are payable for separate LoC SDI-RO and LoC SDI-IR applications.

- 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 these LoCs relate to current implants. It is the trainee's responsibility to undertake the necessary training relating to any new devices introduced in the future.

10. Recertification

The LoC SDIs require recertification every five years. This evidences continued professional development and ensures maintenance of the knowledge, skills and attitude and behaviour needed to provide safe and effective sexual and reproductive health care (SRH). Details of the requirements can be found on the FSRH website. FSRH website.

Forms for the online application for recertification of the Letter of Competence in Subdermal Contraceptive Implant Techniques (LoC SDI-IR, LoC SDI-IO or LoC SDI-RO) are available online at the FSRH website. The website also offers forms that can be downloaded and submitted to the Faculty.

11. 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.

12. External Accreditation

RCGP ACCREDITED

This Letter of Competence in Subdermal Contraceptive Implant Techniques (LoC SDI) has been accredited by the RCGP until 23 May 2019.

13. Appendices

Insertion checklist

Name of trainee_____ Date of assessment_____

Instructions for trainers: Complete a separate form for each implant insertion procedure you observe. (In order for the insertion to be deemed competent overall, each of the 8 steps listed below must receive a tick in the satisfactory column)

Please indicate IMPLANT used: _____	**Not observed** Step not performed by trainee during evaluation by trainer	**Needs improvement or requires supervision** Unable to perform step independently or according to standard procedure OR trainee required prompting	**Satisfactory; independent practice** Step or task performed independently according to the standard
1.**Pre-insertion preparation**: Provides overview of procedure. Offers to answer any questions. Considers risk of pregnancy, or shows evidence of quick starting Displays assessment of relevant medical history in particular interacting drugs, allergies and medical contraindications Discusses options for analgesia. Obtains valid consent.			
2.**Correct positioning of woman:** Lies woman down supine with the arm well supported (externally rotated and either flexed or extended out). Ensures site is well lit			
3. **Identifies correct insertion site:** Avoids groove between biceps and triceps.			
4. **Local anaesthetic** administers LA			
5. **Inserting the implant**: Punctures the skin at angle < 30. Retracts needle until edge of the bevel seen. Lowers applicator to horizontal position. Tents the skin Slides the needle to its full length. Correct deployment of implant from applicator.			
6. **Verify presence of implant:** Palpates both ends of implant and identifies visible pop-out sign. Encourages woman to do same.			
7. **Infection control** Uses aseptic “no touch technique”. Correct handwashing technique. Applies appropriate dressing to insertion site. Advises women to keep insertion site clean and dry			
8. **Post-insertion management:** Provides post-insertion instructions: i. basic facts about implant when effective, how long effective, when to replace/remove ii. No protection against STIs; need for condoms if at risk iii. Possible side effects iv. When to return to clinic v. given written information to supplement verbal information and given implant record card Completes record of consultation and procedure including: which arm, type and amount of local anaesthetic: palpated by, batch number, expriry date Demonstrates understanding of auditing personal fits			

Overall assessment of managing a patient requesting an insertion of a subdermal implant:

- **Requires supervision** –one or more step not performed correctly according to standard OR was omitted OR requires supervision

- **competent** -implant insertion performed correctly in proper sequence and each step performed according to the standard procedure or guidelines – no supervision required

  (In order for the insertion to be judged competent overall, each of the 8 steps listed above must be deemed satisfactory)

Especially good points:

Suggestions for development:

Agreed Action:

Name of assessor_____FRT number_____

Signed by assessor_____ Signed by trainee_____Date_____

Removal checklist

Name of trainee_____ Date of assessment_____

Instructions for trainers: Complete a separate form for each implant removal procedure you observe. (In order for the insertion to be deemed competent overall, each of the 8 steps listed below must receive a tick in the satisfactory column)

Step:	**Not observed** Step not performed by trainee during evaluation by trainer	**Needs improvement or requires supervision** Unable to perform step independently or according to standard procedure OR trainee requires prompting to progress through step in proper sequence	**Satisfactory; independent practice** Step or task performed independently and precisely in the proper sequence and according to the standard
1.**Pre-removal preparation**: Provides overview of procedure. Offers to answer any questions. Discusses options for analgesia. Discusses future contraception. Obtains valid consent.			
2.**Correct positioning of woman:** Lies woman down supine with the arm well supported. Ensures site is well lit			
3. **correct pop-out technique:** Correct removal site single, linear, vertical incision, at pop-out point Shows removed implant to woman			
4.**wound closure** steristrip pressure dressing (if necessary)			
5. **Infection control** Uses aseptic "no touch technique". Correct handwashing technique. Applies appropriate dressing to removal site. Advises women to keep removal site clean and dry			
6. **Post-removal management:** Provides post-removal instructions: i. possible signs of infection ii. future contraception iii. When to return to clinic			

Published by FSRH, General Training Committee (updated March 2019)
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Overall assessment of removal procedure:

- **requires supervision** –one or more step not performed correctly according to standard OR was omitted OR required prompting

- **competent** -implant removal performed correctly according to the standard procedure or guidelines – no prompting required

  (In order for the removal to be judged competent overall, each of the steps listed above must be deemed satisfactory)

Especially good points:

Suggestions for development:

Agreed Action:

Name of assessor_____FRT number_____

Signed by assessor_____ Signed by trainee_____Date_____

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