

FACULTY OF SEXUAL AND REPRODUCTIVE HEALTHCARE
 Of the Royal College of Obstetricians and Gynaecologists
 27 Sussex Place, Regent's Park, LONDON, NW1 4RG
 Tel: 020 7724 5675 Website: www.fsrh.org

**RECORD OF TRAINING FOR THE LETTER OF COMPETENCE
 IN SUBDERMAL CONTRACEPTIVE IMPLANT TECHNIQUES (LoC SDI)**

We would like to bring it to your attention that use of this qualification is conditional on continued yearly subscription to the Faculty.

Surname (BLOCK LETTERS): Other Names:

Address:

.....

Postcode:

Telephone: Email:

Fellow/Member/Diploma No: Date awarded:

*Applicants **must** hold a current FFSRH/MFSRH/DFSRH to be eligible for award of the LoC SDI.*

PRIMARY TRAINER

Name (BLOCK LETTERS):

Please complete the following sections as applicable:

GENERAL TRAINING PROGRAMME REGISTRATION NUMBER: GTP

LoC SDI No.: **RT No.:**

Date of current RCN SDI accreditation: **FNRT No.:**

- If primary trainer is a medical practitioner they must be a Faculty Registered Trainer and holder of a current LoC SDI.
- If primary trainer is a nurse they must be a Faculty Nurse Registered Trainer with a current RCN accreditation in SDIs who has been awarded primary trainer status as laid down in the current Form E 4N/10.

Training requirements for LoC SDI are laid out in the current Form X/10

Name:

SELF-DIRECTED THEORY TRAINING

To be signed and dated by trainee.

Certificates for successfully completed e-modules should be retained for trainer to review.

	Date	Trainee Signature
e-SRH module 17. Additional Training in Subdermal Contraceptive Implants (SDI)		

OTHER TRAINING RELEVANT TO SDIs

Up to date with 'Basic Life Support' and 'Anaphylaxis' training in accordance with employer's local policy. Certificates of attendance should be retained for primary trainer to review.

	Date attended	Trainee Signature
Anaphylaxis Training		
Basic Life Support		

Initial assessment / review of certificates carried out by:

Trainer Signature / Name:	Date:
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If the candidate's theoretical knowledge in SDI is subsequently deemed inadequate, the trainers may defer the practical training until this has been satisfactorily addressed.

MODEL ARM TRAINING

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

Name: _____

PRACTICAL TRAINING – LOG OF IMPLANT INSERTIONS

There is no specified limit to the number of insertions required for training purposes. For the trainer to recommend the award of the LoC SDI TWO consecutive insertion procedures must be performed competently by the trainee.

Date	Implant Type	Comments	Sig. of Trainer	Name of Trainer	Trainer	
					1°	2°
		* D				
		* S				
		* S				
		* S				
		* S				
		* S				
		* S				

* D = Demonstrated by trainer * S = Supervised by trainer

PRACTICAL TRAINING – LOG OF IMPLANT REMOVALS

There is no specified limit to the number of insertions required for training purposes. For the trainer to recommend the award of the LoC SDI TWO consecutive removal procedures must be performed competently by the trainee.

Date	Implant Type	Removal method used & comments	Sig. of Trainer	Name of Trainer	Trainer	
					1°	2°
		* D				
		* S				
		* S				
		* S				
		* S				
		* S				
		* S				

Name: _____

ON COMPLETION OF SATISFACTORY ASSESSMENT BY FACULTY REGISTERED TRAINER:

(Undertaken by a medical practitioner who is a Faculty Registered Trainer holding a current LoC SDI; or a Faculty Nurse Registered Trainer with a current RCN accreditation in SDIs who has been awarded primary trainer status.)

I certify that in my opinion (print name) has:

(A) Demonstrated competence in Subdermal Contraceptive Implant INSERTION techniques.

Signed: Date of assessment:

TRAINER'S NAME (BLOCK LETTERS):

Please complete the following sections as applicable:

GENERAL TRAINING PROGRAMME REGISTRATION NUMBER: GTP

LoC SDI No.: RT No.:

Date of current RCN SDI accreditation: FNRT No.:

(B) Demonstrated competence in Subdermal Contraceptive Implant REMOVAL techniques.

Signed: Date of assessment:

TRAINER'S NAME (BLOCK LETTERS):

Please complete the following sections as applicable:

GENERAL TRAINING PROGRAMME REGISTRATION NUMBER: GTP

LoC SDI No.: RT No.:

Date of current RCN SDI accreditation: FNRT No.:

DECLARATION BY APPLICANT

I confirm that I am a current Fellow, Member or Diplomate of the Faculty of Sexual and Reproductive Healthcare (FFSRH, MFSRH or DFSRH.)

Signed: Name: Date:

DISCLAIMER

When completed and signed this form constitutes the practitioner's application for the LoC SDI. It is not itself evidence that the LoC SDI has been awarded.

Name: _____

APPLICATION FOR THE LETTER OF COMPETENCE:

Following a satisfactory Final Assessment the applicant should complete the certificate below and submit the form and fee to the Faculty.

TO BE COMPLETED BY APPLICANT

Application of the LoC SDI needs to be made within **three years** of the first insertion documented on this form.

I am a current Fellow, Member or Diplomate of the **Faculty of Sexual and Reproductive Healthcare** (FFSRH, MFSRH or DFSRH) and hereby apply for the Letter of Competence in Subdermal Contraceptive Implant Techniques and enclose a cheque for £..... (see the Faculty's current 'Fee Schedule' at www.fsrh.org under Membership, Fees and Subscriptions) made payable to the "Faculty of Sexual and Reproductive Healthcare".

I understand that this certificate is subject to recertification every 5 years.

I note that this LoC relates to existing implants. It is incumbent on me to undertake the necessary training relating to any new devices introduced in the future.

The Data Protection Act (1998) requires organisations or agencies collecting personal data on individuals to gain their consent before collecting, storing, publishing or analysing their data. By completing and signing this application form you are giving your consent for your data to be stored on databases used by the Faculty of Sexual and Reproductive Healthcare (FSRH) of the RCOG for the purposes of administrating its membership database. All data will be treated with the strictest confidence and will only be used for legitimate FSRH purposes.

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.

Signature _____ Date _____

On completion of training the candidate should forward completed Form Z/10 and the appropriate fee to:

The Recertification Secretary, Faculty of Sexual and Reproductive Healthcare, 27 Sussex Place, Regents Park, NW1 4RG

It is advisable to take a photocopy of the completed form prior to its dispatch.