



Trainee Name: _____

(ii) Knowledge and Skills List

This should be completed by the Contraception Tutor. Please give the candidate a Grade A or B by ticking the appropriate column below.

- A = Satisfactory knowledge and skills**
- B = Unsatisfactory knowledge and skills**

	A	B
<i>Good consultation skills</i>		
Identifies reason for consultation		
Deals sensitively with awkward topics		
Identifies problem and makes working diagnosis		
Formulates and communicates management plan		
<i>Contraception</i>		
Can counsel to prescribe all types of combined hormonal contraception		
Can counsel to prescribe the progesterone only pill		
Can discuss and prescribe emergency contraception		
Can discuss condom use and other barrier methods		
Can discuss Depo provera injection		
Can discuss progesterone implant		
Can discuss Intra-uterine contraceptive devices and systems		
Can discuss sterilisation		
Can discuss natural family planning methods		
<i>Reproductive Health</i>		
Can discuss cervical smear tests		
Can discuss issues around crisis pregnancy		
Can discuss and counsel about STI's and knows when to screen and what tests to do		
Has skills to recognise psychosexual problems and give preliminary advice		
Knows about the law relating to consent		



Trainee Name: _____

(iv) Log of Sessions Attended

Trainee must attend a minimum of **6 sessions** with the Contraception Tutor. Please list these below:

Date	Session	Contraception Tutor	Location

(v) Final Assessment and Report on Trainee by ICGP Contraception Tutor

The section below must be completed by an ICGP recognised Contraception Tutor.

I made a final assessment on _____ (Date) and I certify that:

_____ (PRINT Trainee’s name) has satisfactorily completed training. I recommend that he/she be granted the Certificate in Contraception

Signed _____ (Contraception Tutor)

Name (PRINT) _____

Address _____

Email _____