

# ADVANCED CERTIFICATE IN LONG-ACTING REVERSIBLE CONTRACEPTION (LARC)

## LOG-BOOK: SUB-DERMAL INSERTIONS GP TRAINEES

### Trainee and Training Centre Details:

Name of Trainee: .....

LARC Training Centre: .....

LARC Training Centre Address: .....

.....

LARC Training Centre - Phone Number: .....

LARC Tutor's name (BLOCK letters): .....

**Before undertaking LARC training with your Trainee discuss the need for this type of training and ensure that the Trainee understands they will need to continue inserting devices to maintain competence into the future.**

**The following LOGBOOK must be completed by the LARC Tutor and posted or emailed (scanned) by Trainee within one month of applying for this Certificate.**

### Logbook for completion by LARC Tutor:

	Tutor Initial
I have assessed theoretical knowledge before starting training.	
<b>I discussed the following areas with my Trainee during training:</b>	
<b>Practice organisation and support for LARC service.</b>	
Availability of nurse/chaperone	
Patient information leaflets	
Record Keeping	
<b>Assessment of Practice Premises;</b>	
<b>Room</b> (Light, Heating, Wipe down couch, Separate private recovery area for patients use)	
<b>Equipment Checklist &amp; Autoclave</b> (including Service History)	
<b>Disposables</b> (Gloves, Paper Towel, Blanket, Sanitary Pads).	
<b>Instruments</b> (adequate numbers for multiple procedures)	
<b>Emergency Equipment</b>	
<b>Assessment of Trainee</b>	
Quality of patient selection / patient understanding of procedure.	
Attitude to and empathy with patients	
Counselling and Fitting Protocols	
Computerisation	

### Observed Insertions – Sub-Dermal Implant.

*Trainees must observe a minimum of 2 insertions.*

No. of Insertions	Date	Comments / Type fitted	LARC Tutor Name Block letters	Signature
1.				
2.				

### Observed Removals – Sub-Dermal Implant.

*Trainees must observe a minimum of 2 removals.*

No. of Removals	Date	Comments / Type fitted	LARC Tutor Name Block letters	Signature
1.				
2.				

### Supervised Insertions – Sub-Dermal Implant.

*Trainees must perform a minimum of 2 insertions.*

No. of Insertions	Date	Comments / Type fitted	LARC Tutor Name Block letters	Signature
1.				
2.				
3.				
4.				
5.				

### Supervised Removals – Sub-Dermal Implant.

*Trainees must perform a minimum of 2 removals.*

No. of Removals	Date	Comments / Type fitted	LARC Tutor Name Block letters	Signature
1.				
2.				
3.				
4.				
5.				

*Please turn-over.....*

Trainee Name: .....

**Additional Comments by LARC Tutor (if necessary):**

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I confirm that I am satisfied that (*name of Trainee*) \_\_\_\_\_ *has completed* Practical Training in Sub-Dermal Implants.

**LARC Tutor.:** .....  
(*block letters*)

**LARC Tutors Signature:** ..... **Date:** .....