



## Advanced Certificate in LARC –Experienced Inserter Route Tutor Assessment Form

Experienced Inserter Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Contact telephone: \_\_\_\_\_

Designated LARC Tutor: \_\_\_\_\_

Date of first practice visit: \_\_\_\_\_

Practice Organisation and support for LARC service		
- Availability of nurse/chaperone		
- Patient information leaflets		
- Record keeping		
Assessment of Practice Premises		
Room		
- Light		
- Heat		
- Wipe down couch		
- Separate private recovery area for patient use		
Equipment		
- Autoclave with service history		
Disposables		
- Gloves		
- Paper towels		
- Blanket		
- Sanitary Pads		
Instruments (as per checklist)		
- Adequate numbers for multiple procedures		
Emergency equipment		
Assessment of trainee		
Quality of patient selection/patient understanding of situation		
Attitude to and empathy with patients		

Experienced Inserter Name: \_\_\_\_\_



## Subdermal Implants

Supervised Insertions			
	Date	Comment and Clinical History	Tutor Signature
1			
2			
3			
4			

Supervised Removals			
	Date	Comment and Clinical History	Tutor Signature
1			
2			

I hereby certify that \_\_\_\_\_ has successfully completed practical training in Subdermal Implants for the purposes of the ICGP Advanced Certificate in Long Acting Reversible Contraception.

Tutor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_