ICGP LARC TUTOR HANDBOOK

ICGP WOMEN'S HEALTH

GUIDE FOR GPS TRAINING DOCTORS IN LARC

LARC PROGRAM COORDINATOR

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Contents

Introduction

LARC , Long Acting Reversible Contraceptives are growing in popularity and usage internationally. However the 2010 Irish Contraception and Crisis Pregnancy Study, published in 2012, found that while 43% of women used a contraceptive pill and 62% of respondents used condoms as contraception,only **19%** of women used LARCs. Contraceptive pill and condom use were highest among women aged 18-35, while the use of LARCs was highest among women aged 26-45.
Factors related to LARC uptake include Public awareness , doctor access to training ,time pressure and cost of equipment, costs to patients for device/product and insertion fees.

In the future ICGP Women's Health aims to improve access to high quality training for GPs and to promote the importance of LARC for Irish Women in future National Strategy for Sexual and Reproductive Health.

Evidence of efficacy, safety and user satisfaction continues to increase and an excellent model of Family Planning Services has been demonstrated internationally by CHOICE Project where they overcame barriers of education, cost and access achieving 75% of young women choosing a LARC method with 86% continuing with LARC after 1 year.

LARC training for General Practitioners is a complex challenge. Most Medical training in a clinical procedure takes place in a hospital setting with the enviable advantages of doctors all work onsite, access to required equipment and protected time for Medical Education. GPs face obstacles of Geography, time pressure, lack of financial support and challenges of maintaining adequate equipment which satisfies HIQA standards. This has led to a gradual drift towards Single use disposable instruments which are expensive with no GMS remuneration.

Popular suppliers are:
Clonallon Laboratories ,N Ireland
Williams Medical
Disposable Medical Instruments UK
Durbin Healthcare UK

ICGP Women's Health is currently running a LARC Training Pilot with support from Bayer Healthcare and HSE Sexual Health & Crisis Pregnancy Programme to provide a sessional fee for LARC tutors who register a GP for training in LARC via ICGP Women's Health.

In this Handbook I hope to provide a step by step Guide for any GPs with LARC tutor qualification who are considering training a colleague or GP Registrar.

Nicola Cochrane

CHAPTER 1

LARC Tutor Eligibility & Reaccreditation

ICGP Women's Health offers LARC Tutor training to GPs who have already trained with ICGP and achieved Advanced Certificate in LARC.

There are LARC Tutor training days available throughout the year.
Doctors holding the Advanced Certificate in LARC and LARC Tutor qualification are required to attend an Update session every 3 years to maintain skills.

Reaccreditation
During 2018 we will be establishing a LARC Logbook and evidence of involvement in GP education/CME in LARC to accompany the 3 year reaccreditation cycle. This is in line with recommendations from Reproductive and Sexual Health Committee and in line with other GP bodies internationally.
We will offer LARC Tutors opportunities to be involved in ICGP Women's Health Education modules and training days. All LARC Tutors are eligible to train another GP in LARC provided that GP has fulfilled the necessary education and training prior to application for LARC Training. See Selection of candidates Chapter 2

Until we formalise our Logbook system the only requirement remains a 3 yearly update. Doctors will be informed when a new system begins.

Chapter 2

Candidate selection & Registration with ICGP Women's Health

Eligibility criteria

Applicants must:

- Be a GP on the specialist register or a 3rd or 4th year GP trainee.
- Have applied for and received the Certificate in Contraception.
- Must complete the ICGP LARC elearning programme and then a further MCQ for the Advanced Certificate in LARC. Click here for details on the LARC eLearning Programme.
- Register LARC training application with Jana Pickard ICGP prior to beginning any sessions to confirm eligibility of candidate and LARC Tutor

  LARC Tutors may then record dates of their training sessions

  LARC tutors can claim €240 per half day training session, up to a maximum of 4 training sessions per trainee. If the trainee has not completed training within 4 sessions, he/she can apply to for further funding by emailing jana.pickard@icgp.iebut further funding is not guaranteed.

NB This grant is not available to LARC tutors who provide training to GP trainees or GPs who are working in the same practice as them.

Contact: Email/post to: Jana Pickard, Administrator, ICGP, 4-5 Lincoln Place, Dublin 2 / jana.pickard@icgp.ie. Please allow 8 weeks for processing.

Chapter 3
Assessing Premises, equipment and system of records

1.Resuscitation Provision

ICGP recommends GPs follow UK FSRH 2016 Guidance on provision of Resuscitation equipment when undertaking an invasive procedure in Primary Care

10.6 Emergency management for problems at IUD insertion *Any invasive procedure in a non-anaesthetised woman, including IUC fitting, can trigger a vasovagal response. It is recommended that all staff involved with IUC insertion should undergo training and regular updates in resuscitation. For further information health professionals should refer to the FSRH Service Standards for Sexual and Reproductive Health Services[220] and Service Standards for Resuscitation.[210] All significant adverse clinical events should be recorded and reported according to local policies, and should be discussed with individuals and a process put in place for the whole team to learn from them.*
UKFESRH CEU Guidance on Intra Uterine Devices 2015

FSRH Service Standards for Resuscitation in Sexual and Reproductive Healthcare 2016 recommends :

Services should ensure that equipment required for resuscitation
or other medical emergencies is available and accessible for use as quickly as possible.
All staff must know the precise location of emergency equipment/drugs.
Basic resuscitation equipment for managing the airway and administering drugs should be available and accessible in clinics.

<u>Recommended Emergency Equipment</u>

In addition to standard equipment, i.e. sphygmomanometer, stethoscope, sharps box, non latex gloves, scissors and tape, the following should be immediately available and accessible:
Appropriate selection of needles and syringes/cannulae
Pocket mask with oneway valve
Oxygen face mask with reservoir and tubing
Oropharyngeal airways (sizes 2,3 and 4) for those trained in their use
Adjustable couch with pillow that allows patient to lie flat ideally head down tilt
A pulse oximeter is desirable. The device will help detect the pulse rate and also allow the oxygen saturation levels to be measured.
Emergency equipment should be single use and latex free

Essential resuscitation equipment should be available, accessible, maintained and its location known to all staff.

Recommended Drugs:

- Adrenaline 0.5 mg IM (0.5ml of 1:1000 injection) for the treatment of anaphylaxis
- Atropine 500 or 600 micrograms IV/IM (2 doses) for the treatment of symptomatic bradycardia.
- Oxygen

ICGP Women's Health recommend LARC Tutors to be familiar with this Resuscitation document and as a first priority review the BLS training ,equipment and drugs available in a training GP's Practice. Ideally the GP would have a Practice Protocol for Emergencies during GP Procedures.

2. GP Premises

It may seem excessive but LARC tutor is requested to review the building where LARC training is planned to ascertain that it is fit for purpose. Clinic/procedure room should offer space, privacy and dignity for the patient, appropriate lighting for gynae procedures, access to suitably stored instruments, high standards of hygiene and waste disposal and area for record keeping,computer notes ,printed protocols and signed consent forms.

It is enormously useful to have an adjustable examination couch although a fixed height is acceptable. Disposable couch roll and sanitary pads.

3. Equipment

a. Autoclave with reusable instruments

Record of Service with evidence of appropriate usage eg sterile sealed packs,dated & signed, distilled water.

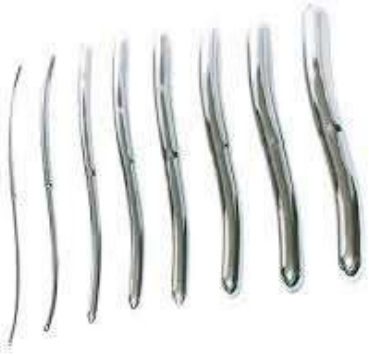
Instruments required: Vaginal speculum (range of sizes)

Rampley sponge holding forceps 18cm +

Tissue forceps ie Tenaculum, single toothed

or atraumatic Teale Vulsellum

Range of Hegar Cervical dilators eg size 3,4 & 5 or disposable graduated sound/dilator



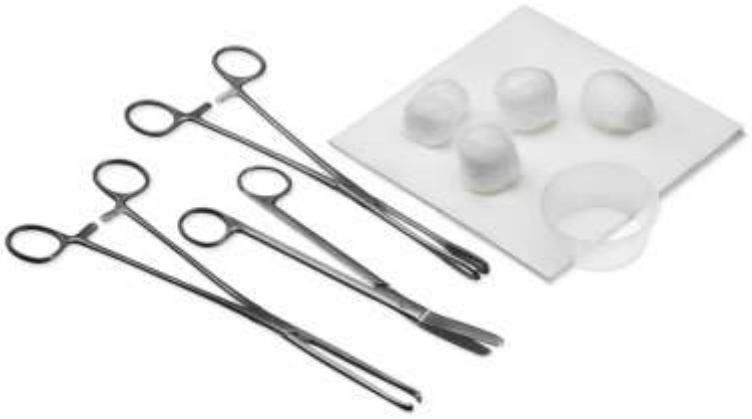
Long handled scissors

Uterine sound – numbered or marked to record sound length prior to insertion

b. Single use disposable metal instruments

NB There are plastic gynae disposable instrument packs but these kits are varied in quality and ICGP Women's Health recommends GPs use metal instruments to reduce risk of adverse event during gynae procedures.

There are a wide range of suppliers as mentioned in introduction who provide procedure packs or single packed disposable metal instruments.



Optional extra equipment includes:

Emmett thread retrievers

Fine bristled Cervibrush

Hartman Alligator forceps 22cm ,fine

Tall sharps bin for disposal of metal instruments.

Instruments for Subdermal Implant Insertion & Removal

Records

Almost all GP Practices use Computerised Patient files with software from:
HealthOne
Socrates
Helix Practice Manager
Complete GP

Although several of these Software systems have templates and Mediforms for recording procedures we request ICGP LARC Tutors to use the ICGP Counselling and Procedure Protocols when training a GP in LARC.

Counselling Form—IUCD

Name: _____ D.O.B: __/__/__

Current Contraception: _____ LMP: __/__/__

Last Sexual Intercourse: _____

Obstetric History: Pregnancies: _____ Mode of Delivery: _____

Tick if any apply: Ectopic ☐ Molar ☐

Gyne History: Previous pelvic Inf: ☐ Pelvic Surgery: ☐

Irregular PV bleeding ☐ Fibroid Uterus: ☐

Last smear: _____

Medical History: Active Liver Disease: ☐ Breast Cancer Current ☐ Past 3 Years: ☐

Valvular Heart disease/endocarditis/VSD ☐

Current Medications: _____

Discuss Mode of Actions ☐ Discussed Side Effects & Risks: ☐

☐ • Irregular Bleeding ☐ • Failure of insertion ☐ • Failure rate 1/1000

☐ • Expulsion ☐ • Perfoation ☐ • Risk of ectopic

☐ • Infection ☐ • Pelvic pain

STI Risk: High ☐ Low ☐

Discussed: ☐

Assessed: ☐

High Risk -
< 25 yo and sexually active
> 25 yo with:
1. a new partner in the past year
2. >1 new partner in the past year
3. partner had >1 partner in past year

Leaflet Given: Yes ☐ No ☐

Patient Consent Form—Intrauterine Device Insertion

Patient Name: _____

Procedure: Insertion of Intrauterine device

Device Name: _____

Patient Consent
I confirm that the information given by me is correct.
I have read the information leaflet on intrauterine devices.
The risks and side effects of the procedure and the device have been explained to me.
I understand the risks including perforation, expulsion, failure of insertion, failure of device, irregular bleeding, infection and pelvic pain.
I agree to the above procedure.

Signed_____ **Date**_____

Fitting Protocol / Form—IUCD

Name: _____ D.O.B. ____/____/____

Address: _____

LMP: ____/____/____ Counselling & Consent _____

STI Results Discussed: Yes ☐ No ☐

Current Contraception: _____ OR

Meets criteria to exclude pregnancy—if one of the below is met:

- ☐ *Has not had intercourse since last normal menses*
- ☐ *Has been consistently and correctly using a reliable method of contraception*
- ☐ *Is within the first 7 days of the onset of a normal menstruation*
- ☐ *Is within 4 weeks postpartum for non lactating women*
- ☐ *Is within the first 7 days post abortion or miscarriage*
- ☐ *Is fully or nearly full breastfeeding, amenorrhoeic and less than 6 months postpartum*

**A pregnancy test adds weight to the exclusion of pregnancy but only if >/= 3 weeks post UPSI*

HCG: / / Result_____ BP_____ HR_____

Exam: PV Uterus AV Mid RV

Chaperone: Present: Yes ☐ No ☐

Name and Role: _____

Procedure: Local Anaesthetic Yes ☐ No ☐

Sound To _____ Tenaculum _____

CX Dilated Hegar Size: _____

Device / Batch no. _____

Threads cut to: _____

Follow-up Arrangements:

6 week check-up offered: Yes ☐ No ☐

GP Signature: _____ Date: _____

Supported by an unrestricted educational grant from Bayer and HSE Sexual Health & Crisis Pregnancy Programme

Counselling Form—Subdermal Implant

Name: _____ D.O.B. ____/____/____

GP: _____

Current Contraception: _____ LMP: ____/____/____

Last Sexual Intercourse: _____

Gynae History: Last smear: _____

Irregular PV bleeding: _____

Medical History: Epilpesy _____ Regular Meds: _____

Active Liver Disease: _____ Allergies: _____

Mode of action discussed: _____

Handedness documented: _____

Timing/Method of insertion discussed: _____

Discuss Risks / S/E :

- Irregular Bleeding
- Progestogenic S/E
- Infection at the site
- Failure Rate 1:2000
- Scar/Breakage
- Migration
- Requires surgical removal.
- Scar after removal

STI Risk: Discussed: Assessed:

Leaflet Given: Yes No

Fitting Protocol / Form—Subdermal Implant

Name: _____ D.O.B. ____/____/____

Address: _____

LMP: / / Counselling and Consent Signed: _____

Last Sexual Intercourse: _____

Current Contraception: _____ OR

Meets criteria to exclude pregnancy—if one of the below is met:

- ☐ *Has not had intercourse since last normal menses*
- ☐ *Has been consistently and correctly using a reliable method of contraception*
- ☐ *Is within the first 7 days of the onset of a normal menstruation*
- ☐ *Is within 4 weeks postpartum for non lactating women*
- ☐ *Is within the first 7 days post abortion or miscarriage*
- ☐ *Is fully or nearly full breastfeeding, amenorrhoeic and less than 6 months postpartum*

**A pregnancy test adds weight to the exclusion of pregnancy but only if >/= 3 weeks post UPSI*

HCG: _____

Chaperone: Name: _____

Role: _____

Procedure: Local Anaesthetic Yes ☐ No ☐

Ml Lidocaine 2%: _____ Site: _____

Device / Batch no. _____

Dressing: _____

Device palpable by doctor and patient after insertion: Yes ☐ No ☐

Follow-up Arrangements

GP Signature: _____ Date: _____

Supported by an unrestricted educational grant from Bayer and HSE Sexual Health & Crisis Pregnancy Programme

Patient Consent Form—Implant Insertion

Patient Name: _____

Procedure Name: Subdermal Implant Insertion

Patient Consent
I confirm that the information given by me is correct.
I have read the information leaflet on subdermal implants.
The risks and side effects of the procedure and the device have been explained to me.
I understand there is a risk of scarring or keloid scar formation.
I understand that removal of the device will involve a surgical procedure and may cause a scar.
I agree to the procedure; Subdermal Implant Insertion.

Signed_____ Date_____

Chapter 4
Structuring training sessions

ICGP LARC Tutors should be familiar with the Logbook requirements of procedures necessary in Intra uterine devices and subdermal implants in order to plan and structure sessions.

Principles of training doctors in a Medical invasive procedure as laid out by CPI recommend that the first step is to ascertain what experience the doctor may have already had in this procedure eg during hospital training or in other GP practices. This allows for a plan tailored to that individual.

However for all new LARC Trainees it is important that ICGP LARC Tutors follow a recognised set of steps once sessions begin for demonstration, instruction and supervision of LARC insertion begins. It is common for a GP to have begun training during their GP Registrar years and then complete at a later stage. Where we follow a structured approach to the sessions it is much useful and valuable for trainees and Tutors to re-establish training with an understanding of which components have already been covered even though a revision is still important.

LARC TUTOR demonstrates ICGP counselling format for IUDs and subdermal implants

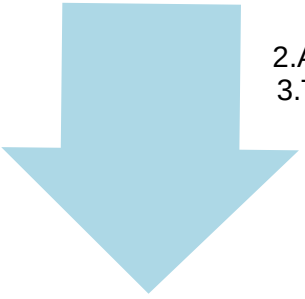
An opportunity to identify appropriate language addressing women considering LARCeg 'period type cramps' vs ' can be a very painful procedure'. It also highlights the benefit of checklists for possible risks and side effects and importance of identifying current contraception and appropriate bridging contraception.

FEEDBACK

Suggested LARC TRAINING STEPS

LARC Tutor performs an insertion explaining each step along the way
(with apologies to patient about the process of training and need to describe the technique)

FEEDBACK



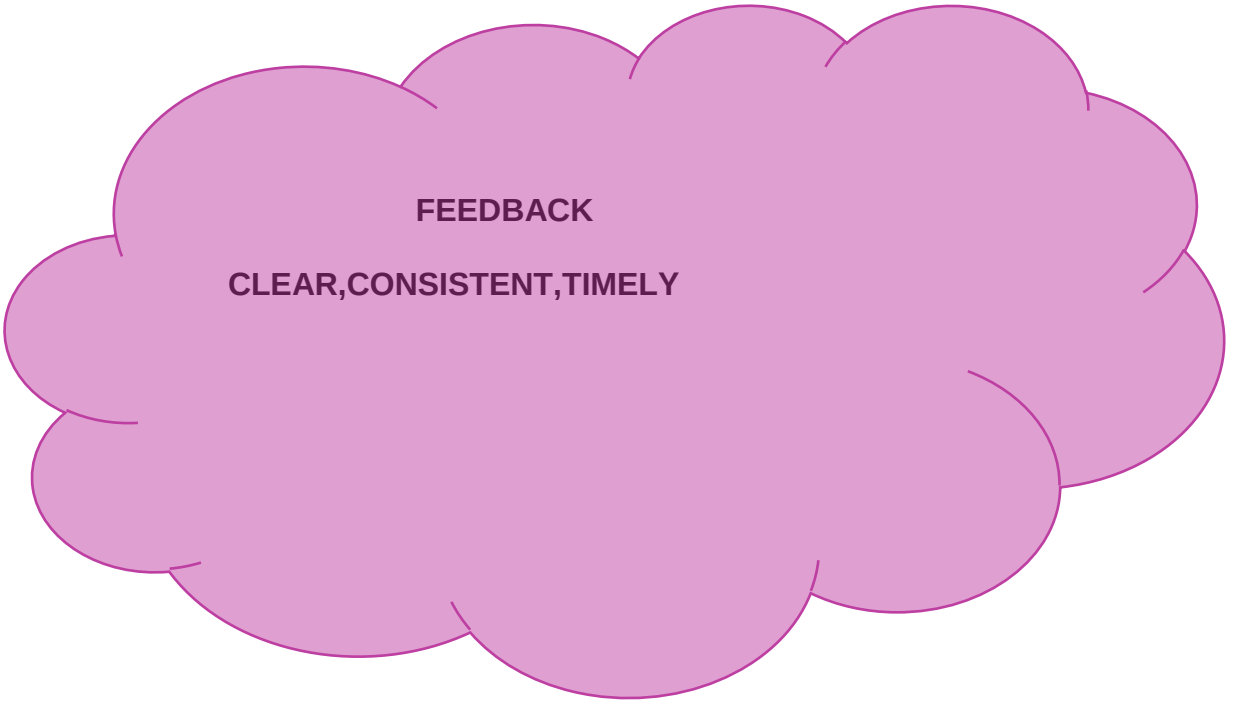
1.Organise your time
trainees knowledge and expertise
continuity & reinforcement are
4.Honest feedback after each

2.Assess the level of the
3.To improve learning
useful
session

LARC TUTOR then supports trainee in counselling & begins a process of steps of technique attempted by trainee describing their plan and action

It can be useful to begin by establishing more complex components eg applying tenaculum with minimal patient discomfort and then Trainee take sound length which is then checked by trainer

FEEDBACK



Techniques for teaching Clinical procedures include demonstrating a narrative step by step of what you are doing & why at each point in the procedure. In LARc insertion this can be very useful as there are clear steps to both subdermal and IUD insertion where the doctors have an opportunity to revise what they have already done and describe the next phase of the process. For tutors it is a checkpoint to clarify the understanding of the trainee of the sequence and purpose of these from their previous elearning and any prior observed procedures.

eg applying tenaculum
what sites?
why?
possible adverse outcomes?
alternative solutions to difficult placements…

Planning the sessions in concert with the GP Practice is essential. Protected time, Patient information and consent to training is essential. Patient selection and time to plan and choreograph. Bridging contraception needs to be discussed before any bookings are made. Patients may be offered a self test low vaginal swab to screen for Chlamydia and Gonorrhoea before the procedure appointment or it can be done on the day. Again both doctors have a responsibility to confirm that the woman is up to date with her cervical screening. A plan may be made to organise prescriptions for devices

ahead of time. It can be helpful if the trainee has already gone through counselling but the proforma is completed again with Tutor and trainee both present. We recommend allowing 30minutes for intrauterine insertion and similar for subdermal. If Tutor and trainee are not pressured by time then the session will be more productive.

Regardless of previous experience we recommend demonstrating Good Practice in Counselling and Fitting LARC before asking the GP who is training in LARC to begin.

Most doctors will acknowledge that having an audience while performing an intricate procedure will have an inevitable impact on our performance regardless of experience. If LARC Tutor begins the procedure describing each step aloud as they proceed and explaining the rationale e.g.No touch technique then the trainee has an enhanced learning experience and is more likely to follow identical steps when they begin the procedure themselves. This technique also provides a pause at critical intervals to satisfy both doctors that they are happy to continue.

When a GP training in LARC begins to insert we would ask that you encourage them to describe their next move and explain it at every step. If they overlook something it can be easily reinforced eg placement of tenaculum prior to sounding and this often concretes the step in a doctor's mind. Following the same preparation and step by step approach reduces errors considerably.

LARC Trainers should consider beginning with a bimanual exam with the patient's consent before the trainee begins so that they are both satisfied with position and mobility of the uterus. The sound length should also be confirmed by the tutor prior to intra uterine device insertion. It is preferable to begin with the LNG IUS systems due the simplicity of their applicator handles but if both doctors and patient preference is for Copper IUD then that is entirely acceptable.
Advanced LARC Certification covers all Intra uterine devices regardless of which specific devices are inserted in training.

LARC trainees must complete a minimum of 5 IUD insertions and 2 subdermal implant insertions and removals. However there is no maximum number for Tutors and doctors who want to get an opportunity for improved technique and confidence in the process.

There can be benefit to leaving a number of weeks between sessions for the trainee to update theoretic knowledge if needed.

LOGBOOK - IUCD/IUS INSERTIONS

This form is for completion by GPs and GP trainees who undergo training in Implant insertions and removals in general practice

Trainee and Training Centre Details:

Name of Trainee: ……

…….. LARC Training Centre: **…..……**

…. LARCTraining 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:

I have assessed theoretical knowledge before starting training	
I discussed the following areas with my Trainee during training:	
Practice organisation and support for LARC service.	
Availability of nurse/chaperone	
Patient information leaflets	
Record Keeping	
Assessment of Practice Premises;	
Room (Light, Heating, Wipe down couch, Separate private recovery area for patients use)	
Equipment Checklist & Autoclave (including Service History)	
Disposables (Gloves, Paper Towel, Blanket, Sanitary Pads).	
Instruments (adequate numbers for multiple procedures)	

Emergency Equipment	
Assessment of Trainee	
Quality of patient selection / patient understanding of procedure.	
Attitude to and empathy with patients	
Counselling and Fitting Protocols	
Computerisation	

Trainee Name: ……

Observed IUCD/IUS Insertions.

Trainees must observe a minimum of 2 insertions of IUCD/IUS

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

Supervised IUCD/IUS Insertions.

Trainees must perform a minimum of 5 insertions or more as deemed necessary by the LARC Tutor.

No. of Insertions	Date	Comments / Type fitted	LARC Tutor Name Block letters	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Additional Comments by LARC Tutor (if necessary):

Confirmation

I confirm that I am satisfied that (*name of Trainee)* _____*has completed* Practical Training in IUCD/IUS.
LARC Tutor.: ……(*block letters)*

LARC Tutors Signature: …… **Date:** ……

ADVANCED CERTIFICATE IN LONG-ACTING REVERSIBLE CONTRACEPTION (LARC)

LOG-BOOK: SUB-DERMAL INSERTIONS

This form is for completion by GPs and GP trainees who undergo training in Implant insertions and removals in general practice

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

Trainee Name:……

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):

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: ……..

Chapter 6

Troubleshooting for LARC Certification

LARC Tutor has doubts about competency of candidate after requisite number of procedures.
Do not Certify a GP in LARC until you are entirely satisfied that they have acquired the appropriate level of skill. Where doubt persists suggest a candidate might return for a few extra sessions after updating their Clinical Knowledge or doing more Gynae exams e.g. undertaking the Cervical smear taking at their Practice .
If doubts persist then please contact Jana Pickard in ICGP Women's Health and she will arrange for further training of the LARC Trainee. In reality it is not uncommon for some GPs to find they do not feel at ease with LARC insertion and they tend not to complete their training.

Poor patient attendance and a run of bad luck leave inadequate opportunity for the requisite number of insertions within 4 sessions.
Contact Jana Pickard ICGP and explain the situation. She may be able to approve funding for an extra session where necessary.

Patient attends for IUD replacement and no threads are visible at cervical os
Where no threads are visible at cervical os LARC tutor must satisfy themselves first that the woman is not currently pregnant.
When were the threads last noticed?
What type of menstrual pattern has she been experiencing?
When was she last sexually active?
Has she had any pelvic pain or discomfort?

If LARC trainer is happy to explore cervical canal for threads and has experience in removal of IUD where no threads are visible then we would advise that LARC tutor attempts removal of device allowing trainee to place new device.
If no threads are found then we advise that bridging contraception is instituted, Pelvic USS scan requested and referral can be sent to any of the GP Led Mirena Clinics in Dublin, Kilkenny or Cork.
It is not useful to encourage a GP training in LARC to attempt exploration unless threads are revealed by rotating the fine bristled cervibrush in cervical canal. It is a frustrating but not uncommon experience for LARC training.

We encourage GPs to begin their LARC insertions with very standard cases and as they develop confidence they will gradually take on more challenging scenarios.

Chapter 7

Medical Indemnity & Avoiding Pitfalls

Good Profession Conduct & the LARC Tutor

LARC Tutors carry the burden of responsibility for the safety and well being of the patient while in a teaching role even though the trainee is a fully qualified doctor. They are supervising and instructing that doctor in a new clinical procedure and are therefore the Senior Clinician.Although both doctors are indemnified the Tutor must ensure that the trainee does not proceed with a step which they are not adequately prepared to perform.

This principle is outlined in Irish Medical Council
Guide to Professional Conduct and Ethics, 8th edition 2016

Paragraph 22 relates to delegation. In this circumstance LARC tutors need to ensure that the trainees have been trained to an acceptable level prior to signing them off as satisfactory.

Paragraph 22.1

"'Delegation' involves you asking another health care professional to provide care on your behalf".

Paragraph 22.3

"When you delegate or refer you must give sufficient information about the patient and their treatment to the clinicians continuing the care of the patient. You should take reasonable steps to make sure that the person to whom you delegate or refer has the qualifications, experience, knowledge and skills to give the care needed."

Paragraphs 68 and 69 relate to training and are also relevant.

Paragraph 68.1
"Teaching and training medical students and junior colleagues is vital to the continued provision of safe and effective healthcare. You should be willing to take part in teaching and training and support and encourage students and colleagues to develop their knowledge and skills. You must treat students and trainees with respect and dignity".

Paragraph 69.1
"If you have a formal role in training, you should:

- *supervise trainees and make sure they act within the limits of their competence;*
- *give trainees constructive feedback;*
- *be thorough, fair and objective in your assessment of trainees; and*
- *offer support to trainees who have problems with their performance".*

Indemnity

Paragraph 57.1 relates to indemnity:

"You must have adequate professional indemnity cover for all healthcare services you provide".

Advice from MPS suggests that
Where a doctor is participating in the training of other individuals to insert the Mirena coil and to insert Implanon then we would have an expectation that they are acting within their area of competence and can demonstrate that they are maintaining their skills and are up to date in respect of any education/developments in this area.

It is useful and informative to read the Recertification recommendations for Trainers in FSRH as guidance.

https://www.fsrh.org/recertification/recertification-requirements-for-registered-faculty-trainers/

ICGP is planning a similar Recertification or Reaccreditation process with requirements to attend LARC Update 3 yearly

Reading Material

UK FSRH CEU Guidance : Intrauterine Contraception February 2015

UKFSRH CEU Guidance: Progesterone only Implants February 2014

UKFSRH Standards for Resuscitation in Sexual & Reproductive Healthcare

UK/WHO MEC

NICE Long Acting Reversible Contraception CG30 September 2014

UKFSRH Switching or Starting Methods of Contraception