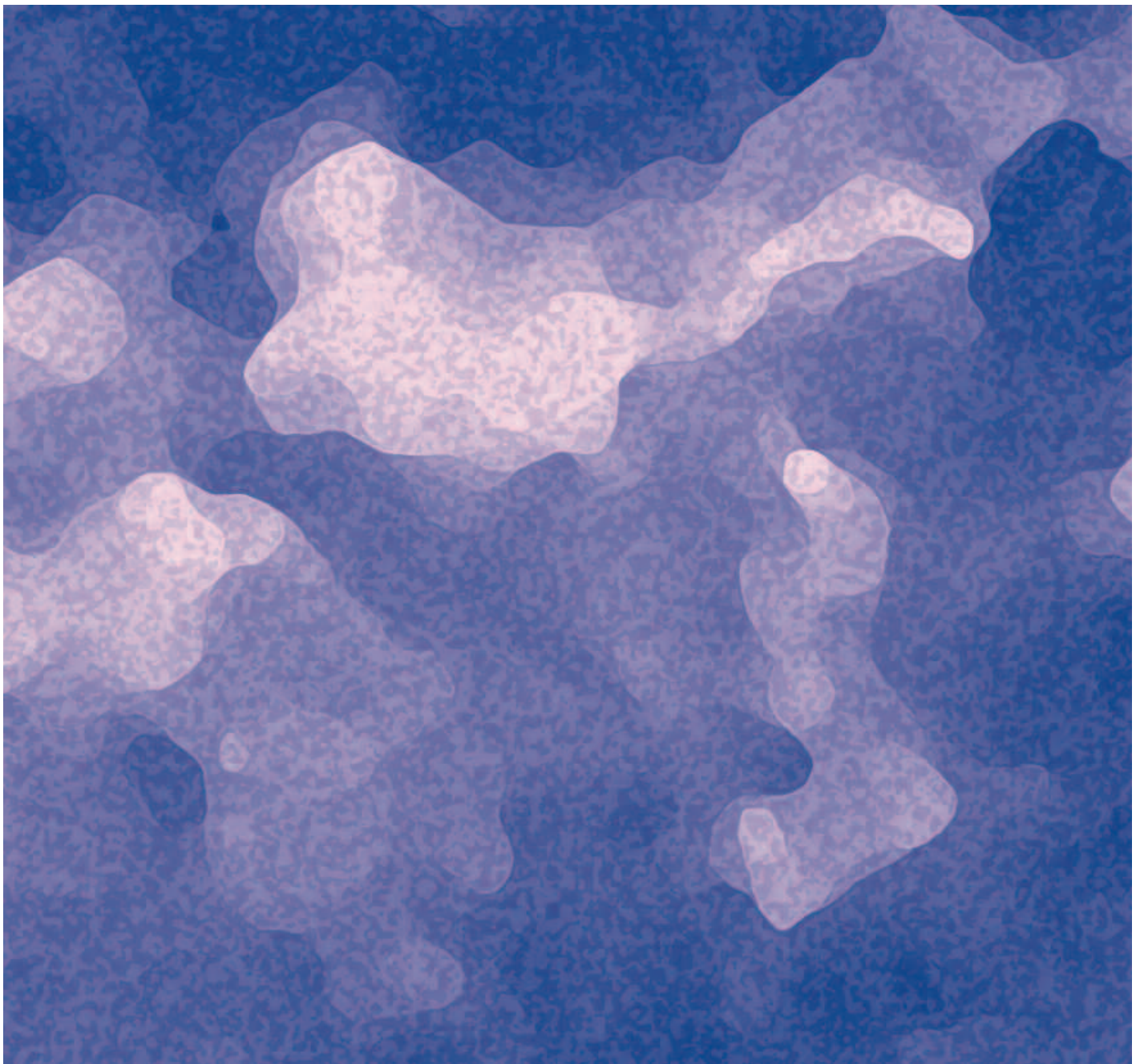




Royal College  
of Nursing

# Inserting and removing subdermal contraceptive implants

*RCN accreditation and training guidance for nurses and midwives*





Royal College  
of Nursing

If you work at a higher or specialist level within the area of contraception/sexual health and hold a recognised post-registration qualification in the specialty, this publication provides information on how to acquire clinical skills and competence you need to insert and remove subdermal contraceptive implants (SDI).

This guidance was updated in June 2010.

## Acknowledgements

The first edition was written by Shelley Mehigan from the Garden Clinic, Slough and Kathy French, former sexual health adviser at the RCN, with support from members of the FSRH associate nurse working group, the RCN Sexual Health Forum (now RCN Public Health Forum), and the RCN Accreditation Unit.

This edition has been updated with support from Wendy Moore, clinical nurse specialist and Vice-Chair of the FSRH associate members working group, Catriona Sutherland, nurse adviser, members of the Faculty of Sexual and Reproductive Healthcare (FSRH) associate members working group, the RCN Public Health Forum and the RCN Accreditation Unit.

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### RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this publication has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used.

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# Inserting and removing subdermal contraceptive implants

*RCN accreditation and training guidance for nurses and midwives*

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## Before you start

**We strongly recommend that you keep a copy of all of the documentation submitted in case of query or loss in the post.**

**We endeavour to process all applications within eight weeks, however we are unable to commence the accreditation process if your application has not been completed correctly or does not include all of the supporting documentation detailed below.**

### Section A

#### Eligibility

Please ensure you are eligible before applying for accreditation.

In order to be eligible for accreditation, you will need:

- to have completed a recognised post-registration course in contraception and sexual health – for example: 900, 901, R71, 8103, S103, A08. If you have undertaken an equivalent course to those listed, you may need to submit the programme and learning outcomes for this course. An equivalent course will have contained university accredited theoretical and practical modules. The practical module needs to have included not less than 36 hours of practical sessions within an appropriate clinical setting and needs to have been assessed by a qualified CASH mentor
- to have consolidated your CASH qualification before embarking on this higher level of skill. It is the responsibility of the applicant to ensure that they have consolidated their practice effectively
- to be working in an area within which you undertake contraceptive provision on a regular, rather than ad-hoc basis, following completion of your CASH training
- to have maintained your skill and competence in CASH provision by undertaking contraception specific continuing professional development (CPD) of at least two hours in duration within the last two years

- to have undertaken CPR/BLS and anaphylaxis training within the last two years
- the knowledge and skills to perform the procedure
- the ability to carry out counselling in all methods of contraception
- to undertake regular audit of your practice.

#### Additional training requirements for SDI Accreditation

You will also need to have undertaken:

- local anaesthesia training
- a non-medical prescriber qualification, or training in the use of patient group directions.

### Section B

#### Required documentation

- Fully completed application form (SDI 1).
- Fully completed training record (SDI 2 and SDI 3). Accreditation will not be given for insertions or removals alone; you must undertake both procedures.
- Photocopy of your CASH qualification certificate (900, 901, R71, 8103, S103, A08), or the programme and learning outcomes of any equivalent course (see Section A).
- Photocopies of certificate/s and programme information to show at least two hours of CPD in contraception undertaken within the last two years (please note: STIF/ cervical cytology or other non-contraceptive courses/up-dates are not acceptable).
- Photocopies of CPR/BLS and anaphylaxis training undertaken within the last two years.

Continued page 3

- Evidence of subdermal contraceptive implant theoretical training; model arm training and local anaesthetic training, for example a photocopy of a certificate of attendance at a study day which demonstrates the knowledge and skills covered.

**If you have not attended such a study day, or you attended one and were not issued with a certificate, you can provide the following:**

A photocopy of the certificate for the successfully completed FSRH e-module 17. Additional training in insertion and removal of subdermal contraceptive implants (accessed via [www.e-lfh.org.uk/e-srh](http://www.e-lfh.org.uk/e-srh)) and model arm training within the 'Course of 5' (information available from your local contraception and sexual health service or the FSRH website: [www.fsrh.org](http://www.fsrh.org)).

**and**

All training sections on form SDI 1 must be completed by your trainer.

It is expected that your training will have covered all of the elements contained within the e-module as detailed above and in addition, will have undertaken model arm and local anaesthetic training; all of this must have been completed to a satisfactory standard before you embark on live patient training.

- Copies of **all** trainers' documentation

For all doctors who participated in your training:

- photocopy of in-date Letter of Competence in Subdermal Contraceptive Implants (LoC SDI)
- photocopy of in-date Letter of Competence in Medical Education (LoC MEd).

**And/or**

For all nurses who participated in your training:

- photocopy of in-date RCN Accreditation certificate in SDIs
- photocopy of teaching qualification
- completed declaration stating that they have fitted an additional 25 devices since their Accreditation (**SDI 4**)

- Signed self declaration (**SDI 5**)

- Accreditation fee

The fee is £300 for RCN members and £400 for non-members. Reaccreditation is £150 for members and £200 for non-members.

Non-members can save £100 on this accreditation by joining the RCN today. Benefit from protection in the workplace, personal and professional support, learning and development and much more. For further information visit: [www.rcn.org.uk/membership/benefits](http://www.rcn.org.uk/membership/benefits)  
Or call 0345 772 6100.

## Introduction

This RCN guidance aims to give information on how to acquire the clinical skills and competence you need to insert and remove subdermal contraceptive implants (SDIs). It sets out the training requirements needed to undertake this advanced role; these closely follow the training recommended for doctors by the Faculty of Sexual and Reproductive Healthcare (FSRH) of the Royal College of Obstetricians and Gynaecologists. The Royal College of Nursing (RCN) recommends that you follow this guidance to ensure best practice and to protect the safety of women.

In 2005 the National Institute for Health and Clinical Excellence (NICE) published its guidelines on long-acting reversible contraception (LARC). The key priorities for implementation recommended by NICE focussed around contraception provision, counselling, patient information and the training of health care professionals in contraception care.

The following documents should also be read, followed and should direct your practice:

UK Medical Eligibility Criteria (UKMEC) (2009)

Available from <http://www.fsrh.org/admin/uploads/UKMEC2009.pdf>

NICE LARC Guidance (2005):

Available from <http://www.nice.org.uk/Guidance/CG30>

Faculty of Sexual and Reproductive Health Care and Royal College of Nursing (2008) *Patient Group Direction for the administration of subdermal contraceptive implants (Implanon) by registered nurses/midwives:*

Available from <http://www.ffprhc.org.uk/pdfs/PGDsubdermal05.pdf>

Faculty of Sexual and Reproductive Healthcare and the Royal College of Nursing (2005) *Patient Group Direction for the administration of Lidocaine Hydrochloride 1% (plain) by registered nurses/midwives to women having contraceptive implants inserted or removed:*

Available from [www.fsrh.org/pdfs/PGDLidocaine05.pdf](http://www.fsrh.org/pdfs/PGDLidocaine05.pdf)

Faculty of Sexual and Reproductive Healthcare (2008 – Updated 2009) *Progestogen-only implants*, London: FSRH:

Available from <http://www.ffprhc.org.uk/admin/uploads/CEUGuidanceProgestogenOnlyImplantsApril08.pdf>

Organon Laboratories Ltd (August 2009) *Summary of Product Characteristics (SPC) for Implanon*. Available from <http://emc.medicines.org.uk/document.aspx?documentId=5382>

Nurses who complete the recommended training and achieve competence in insertion and removal of subdermal contraceptive implants can apply for accreditation from the RCN. Please note insertions or removals alone will not be accredited.

## RCN accreditation

The RCN Accreditation Unit (RCN AU) accredits learning and development for nurses on a UK-wide basis from a practice based perspective. A key purpose is to support nurses and the wider health family to be competent in practice, develop further skills and knowledge, and to promote excellence in nursing and health care.

The RCN is committed to equal opportunities and does not discriminate directly or indirectly against anyone undertaking accreditation.

## Re-accreditation

RCN accreditation is valid for five years, after which time re-accreditation must be sought. In order to gain re-accreditation you should complete form **SDI 6** and **SDI 7** and submit these with all of the required documentation to demonstrate your continued competence in the area of insertion and removal of SDIs. This can be achieved in many ways, for example, by attending lectures, reading journals and research papers, completing the relevant e-module (accessed via [www.e-lfsh.org.uk/e-srh](http://www.e-lfsh.org.uk/e-srh)) and/or visiting the FSRH website at [www.fsrh.org](http://www.fsrh.org)

You must have undertaken sufficient insertions and removals each year to maintain your competence. It is recommended you carry out a minimum of six procedures, to include at least one insertion and one removal.

### More information

For further information about RCN Accreditation please contact the RCN Accreditation Unit on 020 7647 3647.

## Training

Each of the recommended training elements should be undertaken in the order shown below. Training sessions for individual elements should continue until the trainer(s) is satisfied with your level of competence. Insertions and removals (live patient training) must be completed within **one year** of model arm training. Completed applications should be submitted within **three years** of completing all theoretical training.

### Theoretical training (SDI 2)

Details on where to obtain training can be obtained from your local contraception and sexual health service.

It is recommended that nurses also familiarise themselves with the e-learning module as detailed on page 3.

### Subdermal Contraceptive Implants

The following specific areas should be covered:

- composition and pharmacokinetics of implants
- indications and contraindications
- advantages and disadvantages
- side effects and complications
- acceptability and user perceptions
- mode of action and contraceptive efficacy of implants
- pre-insertion and post-insertion counselling
- monitoring of users
- follow up and continuation rates
- bleeding patterns
- drug interactions
- insertion and removal techniques.

### Local anaesthetics

The following specific areas should be covered:

- pharmacokinetics of local anaesthesia
- indications and contraindications
- advantages and disadvantages
- side effects and complications
- management of complications
- mode of action.

### Counselling (SDI 2)

Women should be given objective and accurate information about implants (and all other methods of contraception) including the specific insertion and removal procedures, follow-up care, any possible side-effects or complications, and what to do if further advice is needed. You should discuss the precise location of the insertion and the effect of the local anaesthetic.

Women should be shown a sample of the implant before insertion and you should discuss possible bleeding patterns and answer any questions she may have at this point. All verbal information provided during counselling should be supported by relevant written information, for example fpa (formerly known as the

Family Planning Association) leaflets. In addition, at the time of insertion, the manufacturer's patient information literature must be given to the woman to take home with her.

Nurses and midwives must document all activity in line with Nursing and Midwifery Council (NMC) standards and local policies and include the batch numbers and expiry dates of the SDI inserted and local anaesthetic used, plus the amount of local anaesthetic used.

### Practical training (SDI 3)

Practical training entails being competent in the anatomy of the upper arm and local anaesthesia. The practical training element comprises counselling, model arm training, giving local anaesthesia, and the insertion and removal of SDIs in conscious, consenting women.

Practical training must be undertaken and overseen by a recognised and accredited trainer or trainers in contraception and sexual health, all of whom must have also had accredited training in SDIs. Currently these are:

- doctors who hold a current Letter of Competence in Subdermal Implants (LoC SDI) together with a current Letter of Competence in Medical Education (LoC Med, formerly the FIN Doc) from the FSRH or who are currently a Faculty Registered Trainer with the FSRH
- nurses who hold the RCN Certificate of Accreditation in Subdermal Implants and have fitted an additional 25 implants, and hold a recognised teaching qualification such as the ENB 998, or the City and Guilds 730, or the NMC mentorship module, or other relevant course – for example, a teaching module as part of a degree course.

Nurses are accountable for their practice and must ensure they have the knowledge and skills commensurate with their specialist practice to train other nurses.

Practical training is divided into the following phases:

#### Model arm training

This is supervised by a recognised trainer in the technique. Local contraception/sexual health services frequently provide this training and the manufacturer of Implanon will be able to direct you to the appropriate leads.

The training provides familiarisation with instruments and techniques required for the insertion and removal of subdermal implants (SDIs). The trainee will practice the techniques until the trainer is satisfied that the trainee is competent.

Model arm training is now part of an FSRH assessed training day called 'Course of 5'. It may be possible for you to access this locally. Your local contraception and sexual health service, or the FSRH website will be able to provide details of these courses.

Theoretical and model arm training must be completed before live training on patients. This may be as part of the Course of 5 or before starting practical training. The Faculty e-module cannot be substituted as model arm training.

#### Local anaesthetic training

Individual nurses/midwives should arrange this locally with an appropriately trained health professional. Training should continue until the trainee is competent.

#### Live patient training (SDI 3)

**Insertions** – these should begin with a demonstration on at least one conscious and consenting woman by a doctor or nurse who is a recognised trainer. This is followed by supervised practice. Although there is no specified limit to the number of insertions required for training purposes, in order to be signed off by the trainer, two consecutive insertions on conscious and consenting women must be performed competently by the trainee.

**Removals** – these should begin with a demonstration on at least one conscious and consenting woman by a doctor or nurse recognised as a trainer(s). This is followed by supervised practice. Although there is no specified limit to the number of removals required for training purposes, in order to be signed off by the trainer, two consecutive removals on conscious and consenting women must be performed competently by the trainee.

Live patient training continues until both the trainer(s) and the trainee are satisfied with the level of competence achieved.

### Training records

You should keep a record of your training for NMC Post Registration Education and Practice (PREP) purposes. This should include information on your eligibility for training, and a record of your training and updating in this field.

### Prescribing and patient group directions (PGDs)

If you are not a nurse independent prescriber (NIP), you will need a patient group direction (PGD) for administering the implant (Implanon®), and for the local anaesthetic (Lidocaine 1% plain). A template PGD is available from RCN Direct, or a copy is also available from the FSRH website [www.fsrh.org](http://www.fsrh.org)

PGDs should be devised and authorised in accordance with the criteria set out in Health Service Circular (2000) 026 (England); patient group directions (Wales-WHC (2000)116); Scotland (2001) 7; Northern Ireland uses the England PGDs as a best practice guide. Nurses should **not** simply download a PGD and use. You should also refer to the NMC's *Guidelines for the administration of medicines*.

### Maintaining competence

You are responsible for maintaining your own competence, which requires a minimum of six procedures to include at least one insertion and one removal per year.

A log covering a consecutive 12-month period will need to be kept within 24 months of the date of re-accreditation. This log should show a minimum of six procedures, to include at least one insertion and one removal. In addition, at least two hours of education related to subdermal contraceptive implants will need to be undertaken.

Nurses are also reminded to adhere to the NMC *Code* (2008) at all times.

### References and further reading

Edwards JE and Moore A (1999) Implanon: a review of clinical studies, *The British Journal of Family Planning*, 24 (4 suppl), January, pp. 3-16.

Faculty of Sexual & Reproductive Healthcare and Royal College of Nursing (2005) *Patient Group Direction for the administration of lidocaine hydrochloride 1% (plain) by registered nurses/midwives to women having contraceptive implants inserted or removed*. Available from [www.fsrh.org/pdfs/PGDLidocaine05.pdf](http://www.fsrh.org/pdfs/PGDLidocaine05.pdf) (Accessed 8 February 2010) (Web).

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- Organon Laboratories Ltd (August 2009) *Summary of Product Characteristics (SPC) for Implanon*. Available from <http://emc.medicines.org.uk/document.aspx?documentId=5382> (Accessed 8 February 2010) (Web).
- Scottish Executive (2001) *Patient group directions*, Edinburgh: SE (NHJS HDL (2001)7). Available from [http://www.sehd.scot.nhs.uk/mels/HDL2001\\_07.htm](http://www.sehd.scot.nhs.uk/mels/HDL2001_07.htm)
- Varney SJ and Guest JF (2004) Relative cost effectiveness of Depo-Provera®, Implanon®, and Mirena® in reversible long-term hormonal contraception in the UK, *PharmacoEconomics*, 22(17), pp.1141-1151.
- Wynne-Jones M, Mancey-Jones S and Wilkinson C (2006) *Guidelines in action*. A step-by-step plan to implement NICE guidance in your practice: 1 Long-acting reversible contraception.

## Useful websites

### **Faculty of Sexual and Reproductive Healthcare**

[www.fsrh.org](http://www.fsrh.org)

### **FPA (Family Planning Association)**

[www.fpa.org.uk](http://www.fpa.org.uk)

### **Nursing and Midwifery Council**

[www.nmc-uk.org](http://www.nmc-uk.org)

### **Royal College of Nursing**

[www.rcn.org.uk](http://www.rcn.org.uk)

### **RCN Accreditation Unit**

[www.rcn.org.uk/accreditation](http://www.rcn.org.uk/accreditation)

# RCN Accreditation Unit

## Application forms

### Inserting and removing subdermal contraceptive implants

**Please note: ALL sections of the application form must be completed. Incomplete applications will be returned and this will delay the processing of your application**

|                   |   |
|-------------------|---|
| <b>Form SDI 1</b> | Application form for accreditation                                    |
| <b>Form SDI 2</b> | Competence record   |
| <b>Form SDI 3</b> | Practice skills (live patient training) and declaration of competence |
| <b>Form SDI 4</b> | Declaration of nurse trainer (if applicable)                          |
| <b>Form SDI 5</b> | Checklist and self declaration  |
| <b>Form SDI 6</b> | Application form for re-accreditation                                 |
| <b>Form SDI 7</b> | Log of insertions and removals for re-accreditation                   |
| <b>Form SDI 8</b> | Checklist for re-accreditation  |

# Application form for accreditation

Form SDI 1

## Personal details and evidence of training

|  |                         |
|--|-------------------------|
| <b>Name of applicant:</b>  |                         |
| <b>Address, including postcode:</b>  |                         |
| <b>RCN membership number (if applicable):</b>  |                         |
| <b>NMC PIN number and expiry date:</b>   | PIN No:<br>Expiry date: |
| <b>Daytime telephone number:</b><br>including area code if not a mobile  |                         |
| <b>Email address:</b><br>Please write clearly and in block letters – this will be our primary method of contacting you   |                         |
| <b>Name and details of contraception/sexual health training course:</b><br>e.g. ENB 900, 901, R71, 8103, S103, A08. If another equivalent course was undertaken please supply the programme and learning outcomes of the course. Please see eligibility criteria for further information |                         |
| <b>Current role:</b><br>Give a brief description of your current role (for example, whether you are a nurse working in CASH or a practice nurse) and how you will use this training  |                         |
| <b>Professional updating:</b><br>Please provide photocopies of certificate/s and programme information to show at least two hours of contraception specific CPD within the last two years  |                         |
| <b>Date CPR/BLS training last undertaken:</b><br>Must be within the last two years. Photocopy of certificate required  |                         |
| <b>Date anaphylaxis training last undertaken:</b><br>Must be within the last two years. If anaphylaxis was contained within CPR/BLS training you must provide evidence of this. Photocopy of certificate required  |                         |

Application form for accreditation

Form SDI 1 continued

|  |   |
|--|---|
| <p><b>Theoretical training:</b><br/>Attach photocopy of certificate of attendance</p> <p><b>or</b><br/>E-learning module certificate to show successful completion</p> <p><b>and</b></p> <p style="padding-left: 40px;"><b>Signature of trainer:</b></p> <p style="padding-left: 40px;"><b>Date learning undertaken:</b></p> <p style="padding-left: 40px;"><b>Name of trainer:</b></p> <p style="padding-left: 40px;"><b>Address of trainer:</b></p> <p style="padding-left: 40px;"><b>Phone number of trainer:</b></p> <p>Photocopy of trainer’s qualifications required. LoC SDI and LoC Med (doctors) or RCN certificate and teaching qualification (nurses)</p> | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> |
| <p><b>Model arm training:</b><br/>Attach photocopy of certificate of attendance</p> <p><b>or supply:</b></p> <p style="padding-left: 40px;"><b>Signature of trainer:</b></p> <p style="padding-left: 40px;"><b>Date learning undertaken:</b></p> <p style="padding-left: 40px;"><b>Name of trainer:</b></p> <p style="padding-left: 40px;"><b>Address of trainer:</b></p> <p style="padding-left: 40px;"><b>Phone number of trainer:</b></p> <p>Photocopy of trainer’s qualifications required. LoC SDI and LoC Med (doctors) or RCN certificate and teaching qualification (nurses)</p>   | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>                                 |
| <p><b>Local anaesthetic training:</b><br/>Attach photocopy of programme and certificate</p> <p><b>or supply:</b></p> <p style="padding-left: 40px;"><b>Signature of trainer:</b></p> <p style="padding-left: 40px;"><b>Date learning undertaken:</b></p> <p style="padding-left: 40px;"><b>Name of trainer:</b></p> <p style="padding-left: 40px;"><b>Address of trainer:</b></p> <p style="padding-left: 40px;"><b>Phone number of trainer:</b></p> <p>Photocopy of trainer’s qualifications required. LoC SDI and LoC Med (doctors) or RCN certificate and teaching qualification (nurses)</p>   | <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>                                 |

## Competence record

## Form SDI 2

### Insertion and removal of Subdermal Contraceptive Implants

On completion of training the trainer(s) must tick the column that they feel reflects the trainees competence level and sign and date the relevant columns. The trainer(s) must be satisfied that competence has been attained.

|   | Competent | Further training required | Signature | Date |
|---|-----------|---------------------------|-----------|------|
| <b>Implants</b>   |           |                           |           |      |
| Composition and pharmacokinetics of current implants          |           |                           |           |      |
| Indications and contraindications                             |           |                           |           |      |
| Advantages and disadvantages                                  |           |                           |           |      |
| Side effects and complications                                |           |                           |           |      |
| Acceptability and user perception                             |           |                           |           |      |
| Mode of action and contraceptive efficacy of implants         |           |                           |           |      |
| Drug interactions   |           |                           |           |      |
| Monitoring of users   |           |                           |           |      |
| Follow-up   |           |                           |           |      |
| Continuation rates  |           |                           |           |      |
| Bleeding patterns   |           |                           |           |      |
| <b>Local anaesthetics</b>                                     |           |                           |           |      |
| Pharmacokinetics of local anaesthesia and mode of action      |           |                           |           |      |
| Indications and contraindications                             |           |                           |           |      |
| Advantages and disadvantages                                  |           |                           |           |      |
| Side effects and complications                                |           |                           |           |      |
| Management of complications                                   |           |                           |           |      |
| <b>Consultations/assessment and counselling</b>               |           |                           |           |      |
| Adapts consultation style to suit client's understanding      |           |                           |           |      |
| Keeps clear records   |           |                           |           |      |
| Informs other health care providers (GPs, etc.) appropriately |           |                           |           |      |
| Can assess and counsel women requesting an implant            |           |                           |           |      |

**Competence record**

**Form SDI 2** continued

|   | Competent | Further training required | Signature | Date |
|---|-----------|---------------------------|-----------|------|
| <b>Practical skills (model)</b>   |           |                           |           |      |
| Demonstrates familiarity with the insertion techniques of current implants (list below) |           |                           |           |      |
|   |           |                           |           |      |
|   |           |                           |           |      |
|   |           |                           |           |      |
|   |           |                           |           |      |
| Demonstrates familiarity with the removal techniques of current implants (list below)   |           |                           |           |      |
|   |           |                           |           |      |
|   |           |                           |           |      |
|   |           |                           |           |      |
| <b>Practical skills (live patient)</b>  |           |                           |           |      |
| Knows what standard equipment is necessary for implant insertion                        |           |                           |           |      |
| Knows what standard equipment is necessary for implant removal                          |           |                           |           |      |
| Identifies and marks insertion site   |           |                           |           |      |
| Can position patient appropriately  |           |                           |           |      |
| Uses aseptic technique  |           |                           |           |      |
| Obtains and correctly uses suitable local anaesthesia                                   |           |                           |           |      |
| Demonstrates the correct insertion procedure for current implants                       |           |                           |           |      |
| Has observed the insertion of current implants  |           |                           |           |      |
| Demonstrates the insertion of at least two implants                                     |           |                           |           |      |
| Demonstrates the correct removal procedure for current implants                         |           |                           |           |      |
| Demonstrates the removal of at least two implants                                       |           |                           |           |      |

## Practice skills (live patient) training and declaration of competence

Form SDI 3

A minimum of **two** consecutive insertions must be performed competently by the trainee for the trainer(s) to recommend accreditation

| Insertion no. | Date | Implant type | Comments | Name of trainer | Signature of trainer |
|---------------|------|--------------|----------|-----------------|----------------------|
| 1             |      |              | *D       |                 |                      |
| 2             |      |              | *D       |                 |                      |
| 3             |      |              | *S       |                 |                      |
| 4             |      |              | *S       |                 |                      |
| 5             |      |              | *S       |                 |                      |
| 6             |      |              | *S       |                 |                      |
| 7             |      |              | *S       |                 |                      |
| 8             |      |              | *S       |                 |                      |

NB: \*D = demonstrated by trainer  
\*S = supervised by trainer

### Practice skills (live patient) training – log of implant removals

A minimum of **two** consecutive removals must be performed competently by the trainee for the trainer(s) to recommend accreditation

| Removal no. | Date | Implant type | Comments | Name of trainer | Signature of trainer |
|-------------|------|--------------|----------|-----------------|----------------------|
| 1           |      |              | *D       |                 |                      |
| 2           |      |              | *D       |                 |                      |
| 3           |      |              | *S       |                 |                      |
| 4           |      |              | *S       |                 |                      |
| 5           |      |              | *S       |                 |                      |
| 6           |      |              | *S       |                 |                      |
| 7           |      |              | *S       |                 |                      |
| 8           |      |              | *S       |                 |                      |

NB: \*D = demonstrated by trainer  
\*S = supervised by trainer

**Practice skills (live patient training) and declaration of competence**

**Form SDI 3** continued

**Detail of final assessment** (undertaken by main trainer)

**Please note:** all applicants must provide details of trainers who have participated in the training on forms **SDI 2** and **SDI 3** as follows:

**For doctors:** photocopies of their current LoC SDI and LoC Med/FIN Doc

**For nurses:** photocopies of RCN SDI accreditation certificate and teaching qualification certificate (or details of programme and learning outcomes showing other relevant learning e.g. a teaching module as part of a degree course).

I certify that on ..... (date) I assessed the competence of

.....

and in my opinion he/she:

- a) has demonstrated competence in subdermal contraceptive implant **insertion**
- b) has demonstrated competence in subdermal contraceptive implant **removal**

Date: ..... Signature of trainer: .....

Name of trainer (BLOCK LETTERS): .....

LoC SDI No. (if applicable): ..... LoC MED/FIN Doc No. (if applicable): .....

RCN SDI accreditation date (if applicable): ..... RCN Membership No. (if applicable): .....

## Declaration of nurse trainer (if applicable)

Form SDI 4

**This form should only be completed by your nurse trainer. If you have had more than one nurse trainer, please print a separate copy for each.**

**Note:** all accredited training nurses must declare and confirm that they have fitted an additional 25 devices since obtaining their RCN accreditation. This is a requirement before they can train/sign off new applicants for accreditation.

### Declaration

Name (BLOCK LETTERS): .....

Home address: .....

.....

.....

Place of work: .....

Work address: .....

.....

I certify that on ..... (date) I obtained RCN Accreditation in:

### Inserting and removing subdermal contraceptive implants

and I have fitted an additional 25 devices since my accreditation.

Date: ..... Signature: .....

## Checklist and self declaration

Form SDI 5

**Applications for LARC Accreditation WILL NOT be processed unless all of the listed documentation is enclosed.**

|  |   |  |
|--|---|--|
| I confirm that I .....(BLOCK LETTERS) have enclosed all of the relevant documentation as follows:  |   |  |
| Fully complete application form (SDI 1)  |   | <input type="checkbox"/>   |
| Fully complete training records  | SDI 2<br>and SDI 3  | <input type="checkbox"/><br><input type="checkbox"/>                             |
| Photocopy of certificate/transcript of post-registration contraception and sexual health course: for example, ENB 900, 901, R71, 8103, S103, AO8. (If another equivalent course was undertaken please supply the programme and learning outcomes of the course)  | Certificate<br>Programme (if applicable)<br>Learning outcomes (if applicable)   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
| Photocopies of certificate/s and programme information for contraception specific CPD (must be at least two hours within the last two years) (your SDI training is not eligible for inclusion)   |   | <input type="checkbox"/>   |
| Photocopy of current CPR/BLS certificate (must be within the last two years)   |   | <input type="checkbox"/>   |
| Photocopy of current anaphylaxis training certificate (must be within the last two years)  |   | <input type="checkbox"/>   |
| Evidence of theoretical training – photocopy of certificate of attendance<br><b>or</b><br>e-learning module certificate of successful completion and trainer details on page 12 (signature, date learning undertaken, name, address, telephone number) and photocopies of their qualifications   |   | <input type="checkbox"/><br><input type="checkbox"/>                             |
| Evidence of model arm training – photocopy of certificate of attendance<br><b>or</b><br>trainer details on page 12 (signature, date learning undertaken, name, address, telephone number) and photocopies of their qualifications  |   | <input type="checkbox"/><br><input type="checkbox"/>                             |
| Evidence of local anaesthetic training – photocopy of certificate of attendance<br><b>or</b><br>trainer details on page 12 (signature, date learning undertaken, name, address, telephone number) and photocopies of their qualifications.   |   | <input type="checkbox"/><br><input type="checkbox"/>                             |
| Photocopy of <b>all</b> training doctors' current SDI Letter of Competence (LoC SDI) (Faculty of Sexual and Reproductive Health Care)<br><b>and/or</b><br>Photocopy of <b>all</b> nurse trainer RCN Accreditation certificate/s in SDIs and completed declaration stating that they have fitted an additional 25 devices (Form SDI 4)  |   | <input type="checkbox"/><br><input type="checkbox"/>                             |
| Photocopy of <b>all</b> training doctors' current teaching Letter of Competence (LoC MEd – or LoC FIN Doc) (Faculty of Sexual and Reproductive Health Care)<br><b>and/or</b><br>Photocopy of <b>all</b> nurse trainer teaching certificate/s (or details of programme and learning outcomes showing other relevant learning – for example, a teaching module as part of a degree course) |   | <input type="checkbox"/><br><input type="checkbox"/>                             |
| Accreditation fee  | RCN member £300<br>Non-RCN member £400  | <input type="checkbox"/><br><input type="checkbox"/>                             |
| Please tell us how you wish to pay   | <b>Cheque enclosed</b> , please make payable to: Royal College of Nursing<br><b>PCT or employer to be invoiced</b> , please provide details below | <input type="checkbox"/><br><input type="checkbox"/>                             |
| Name .....   |   |  |
| Email address (please note, it is essential that you provide a valid email address for us to invoice) .....  |   |  |
| Address .....  |   |  |
| Contact number .....   |   |  |
| Purchase Order number (if applicable) .....  |   |  |
| <b>Credit card</b> , please call the Accreditation Unit on 020 7647 3647 to make a payment   |   | <input type="checkbox"/>   |

Please ensure you sign the self declaration overleaf

## Checklist and self declaration

Form SDI 5 *continued*

### Declaration

I declare that the information given on this form is correct. I have read and understand the notes contained within the SDI guidance document.

Signature: .....

Date: .....

Please submit this application form and all supporting documentation with your full payment or details of payment to:

RCN Accreditation Unit, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

Tel: 020 7647 3647

Email: [accreditation@rcn.org.uk](mailto:accreditation@rcn.org.uk)

**We recommend that you keep a copy of all of the documentation submitted in case of query or loss in the post**

## Application form for re-accreditation Inserting and removing subdermal contraceptive implants

Form SDI 6

|   |         |              |
|---|---------|--------------|
| <b>Name of applicant:</b>   |         |              |
| <b>Address, including postcode:</b>   |         |              |
| <b>RCN membership number (if applicable):</b>   |         |              |
| <b>NMC PIN number and expiry date:</b>  | PIN No: | Expiry date: |
| <b>Email address:</b><br>Please write clearly and in block letters – this will be our primary method of contacting you  |         |              |
| <b>Daytime telephone number:</b><br>Including area code if not a mobile   |         |              |
| <b>Date of original accreditation:</b><br>Photocopy of certificate required   |         |              |
| <b>Date of previous re-accreditations:</b><br>Photocopies required  |         |              |
| <b>Professional updating:</b><br>Photocopies of certificate/s and programme information to show at least two hours of contraception specific CPD within the last two years  |         |              |
| <b>Specific subdermal implant updating:</b><br>Photocopies of certificate/s and programme information to show at least two hours education relating to subdermal contraceptive implants within the last two years |         |              |
| <b>Date CPR/BLS training last undertaken:</b><br>Must be within the last two years<br>Photocopy of certificate required   |         |              |
| <b>Date anaphylaxis training last undertaken:</b><br>Must be within the last two years<br>Photocopy of certificate required   |         |              |

## Log of insertions and removals for re-accreditation

Form SDI 7

**At least six procedures – including at least one insertion and one removal**

This should cover a **consecutive** 12 month period within 24 months of the date of re-accreditation required

| Insertion/<br>removal no. | State whether<br>insertion<br>/removal | Date of<br>insertion<br>/removal | Type of device | Comments |
|---------------------------|--|----------------------------------|----------------|----------|
| 1                         |  |                                  |                |          |
| 2                         |  |                                  |                |          |
| 3                         |  |                                  |                |          |
| 4                         |  |                                  |                |          |
| 5                         |  |                                  |                |          |
| 6                         |  |                                  |                |          |

**Statement by peer reviewer**

I confirm that ..... has had his/her practice in subdermal contraceptive implants peer reviewed by myself on ..... (date) and remains competent.

**Any further comments:**

Name of peer reviewer (BLOCK LETTERS): .....

Signature: ..... Date: .....

LoC SDI No. (if applicable): ..... LoC Med/FIN Doc No. (if applicable): .....

RCN SDI Accreditation date (if applicable): ..... RCN Membership No. (if applicable): .....

NMC PIN No. (if applicable): ..... NMC expiry date (if applicable): .....

**Please supply photocopies of peer reviewer qualifications (see checklist SDI 8)**

**Self Declaration**

I declare that I have maintained my competence to practice and that all of the information given on this form is correct. I have read and understand the notes contained within the SDI guidance document.

Applicant's signature: .....

Date: .....

## Checklist for re-accreditation

## Form SDI 8

**Applications for LARC Accreditation will not be processed unless all of the listed documentation is enclosed.**

|   |                          |
|---|--------------------------|
| I confirm that I .....(BLOCK LETTERS) have enclosed all of the relevant documentation as follows:   |                          |
| Application form for re-accreditation ( <b>SDI 6</b> )  | <input type="checkbox"/> |
| Log of insertion and removals with at least six procedures, (including one insertion and one removal) and peer reviewer statement ( <b>SDI 7</b> )  | <input type="checkbox"/> |
| Photocopy of <b>original RCN Accreditation certificate</b> and photocopies of any previous re-accreditation certificates  | <input type="checkbox"/> |
| Certificate/s and programme information to show at least two hours of <b>contraception specific CPD</b> within the last two years – your SDI training is not eligible for inclusion   | <input type="checkbox"/> |
| Certificate/s and programme information to show at least two hours of <b>updating relating to subdermal contraceptive implants</b> within the last two years  | <input type="checkbox"/> |
| Certificate/s and programme information to show <b>CPR/BLS training</b> undertaken within the last two years  | <input type="checkbox"/> |
| Certificate/s and programme information to show <b>anaphylaxis training</b> undertaken within the last two years  | <input type="checkbox"/> |
| <b>Peer reviewer documentation</b><br>Photocopy of peer reviewer SDI Letter of Competence (LoC SDI) (Faculty of Sexual and Reproductive Healthcare)<br>Or<br>Photocopy of peer reviewer RCN Accreditation certificate in SDIs | <input type="checkbox"/> |
| <b>Re-accreditation fee:</b>  | <input type="checkbox"/> |
| RCN member £150   | <input type="checkbox"/> |
| Non-RCN member £200   | <input type="checkbox"/> |
| Please tell us how you wish to pay  | <input type="checkbox"/> |
| <b>Cheque enclosed</b> , please make payable to: Royal College of Nursing   | <input type="checkbox"/> |
| <b>PCT or employer to be invoiced</b> , please provide details below  | <input type="checkbox"/> |
| Name .....  |                          |
| Email address (please note, it is essential that you provide a valid email address for us to invoice) .....   |                          |
| Address .....   |                          |
| Contact number .....  |                          |
| Purchase Order number (if applicable) .....   |                          |
| <b>Credit card</b> , please call the Accreditation Unit on 020 7647 3647 to make a payment  | <input type="checkbox"/> |
| Please submit this application form and email/post all supporting documentation and your full payment or details of payment to:   |                          |
| RCN Accreditation Unit, Royal College of Nursing, 20 Cavendish Square, London W1G 0RN   |                          |
| Tel: 020 7647 3647  |                          |
| Email: accreditation@rcn.org.uk   |                          |
| We recommend that you keep a copy of all of the documentation submitted in case of query or loss in the post.   |                          |



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