

Physician Associate Training Guide to Long- Active Reversible Contraception (LARC) (IUDs and implants)



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Abbreviations used

BLS	Basic Life Support
CaSH	Contraceptive and Sexual Health Clinic
CBDs	Case Based Discussions
CEPNs	Community Education Provider Networks
DFSRH	Diploma of the Faculty of Sexual and Reproductive Healthcare
FPA	Faculty of Physician Associates
FSRH	Faculty of Sexual and Reproductive Healthcare
ICBs	Integrated Care Boards
IUCD	Intrauterine Contraceptive Device
IUT	Intrauterine Technique
LARC	Long-Acting Reversible Contraception
LoC	Letter of Competence
OSCE	Objective Structured Clinical Examination
OTA	Online Theory Assessment
RCGP	Royal College of General Practitioners
RCOG	Royal College of Obstetricians and Gynaecologists
SDI	Subdermal Implant Insertion
SDI-IR	Subdermal Implant Insertion and Removal
SRH	Sexual and Reproductive Healthcare

Introduction

The purpose of this document is to provide guidance for both Physician Associates (PAs) and their supervisors on LARC training. We have created this document to help PAs understand the training requirements for becoming competent to provide LARC in general practice.

The recommendations are in accordance with training guidance from the FSRH. More information can be found on [FSRH Education and Training](#).

General recommendations

The LARC training is recommended for PAs with at least 2 years of experience working in general practice. For LoC IUT, a PA should be competent in vaginal speculum and bimanual examinations. PAs, who have not performed vaginal examinations for some time, are encouraged to take a cytology course.

PAs will need to have discussion with their clinical supervisor (CS), to have shared goals and objectives in place before embarking on LARC training and ensure they have supervision support post qualification. The CS would also need to assess whether the PA would be an appropriate candidate for LARC training based on their current clinical competence.

Ideally, PAs should be working at a Tier 3 level based on the [Core Capabilities Framework for Medical Associate Professions](#).

The training is comprised of self-directed learning, followed by one-to-one training and competency assessments.

The purpose of this training is to enable you to provide LARC for people in your practice and / or your locality. It is offered on the basis of you providing LARC at your current place of work or a local LARC hub immediately after gaining your LoC.

Employers and practices are expected to:

- provide you with protected time and funding to do all components of the training:
 - for private study
 - to attend workshops/ meetings/ fitter forums
 - to prepare for and take the online theory assessment.
 - to attend clinical sessions including assessments, whether at your place of work or off-site
- support and enable you to train in your own practice, if requested by the trainer
- support the set-up of regular dedicated LARC clinics for you and/ or enable you to see patients for LARC during your own clinics.

Cost of training

[Please check the FSRH website for the most current pricing.](#)

Option 1: Associate membership route

Candidates have the option to take this route, which requires an annual membership that gives you access to a range of benefits that will support your CPD.

- Member rate per LoC application: **£213** (Associate annual membership £103 + LoC registration £110) - for LoC applications between **1 Jan – 30 Jun**
- Member rate per LoC application: **£162** (Associate annual membership £52 + LoC registration £110) - for LoC applications between **1 Jul – 31 Dec**

Option 2: Non-member route

Candidates have the option to take the non-member route. This means you will pay an upfront fee and you do not need to pay for an annual membership fee, but you will not have access to any benefits to support your CPD.

The non-member rate per LoC application is **£450** and will cover you for 5 years.

In addition to this, you will need to complete the Online Theory Assessment (OTA) as an entry assessment to the LoC at a cost of £80. The OTA need only be passed once and covers both LoCs and DFSRH. If you are unsuccessful after the first attempt, you will be charged £80 for each further attempt.

There may also be an additional charge from local services or trainers for the provision of clinical training and assessments.

Some PAs may choose to join the FSRH as members or associate members, in which case the training costs may be reduced, although there is an annual membership subscription fee of £103 which may not be reimbursable.

Funding streams will differ in each locality, for example:

- Individual practices
- ICBs
- CEPNs
- Training and Education Hubs.

Recommended pre-learning

Although not a prerequisite, we strongly recommend attendance at an [SRH Essentials for Primary Care Course](#). This course is aimed specifically at healthcare practitioners working in primary care settings. It provides an interactive day with scenario-based learning, presentations, time for discussion, questions, and role play.

It is relevant for those needing an introduction to SRH and provides a useful update for more experienced staff. Courses are delivered in a variety of locations across the UK. 'SRH Essentials For Primary Care' is not a competency-based course and is not assessed.

The [eSRH](#) is also an excellent e-learning resource that will help you to build and test your knowledge before you undertake the OTA and other assessments. It is free to use for all NHS staff.

Online Theory Assessment (OTA)

The [OTA](#) is a prerequisite of the LoC. Sitting the OTA takes one hour, and the assessment contains 50 single best answer questions (SBA). The pass mark is 60 per cent and a result and score will be shared with the candidate. More detailed feedback is not provided.

Due to the nature of this exam being an open book exam, trainees should plan to have resources available – for example, a summary sheet of UKMEC, as they won't have time to read everything.

It is strongly recommended for the trainee to complete the Sexual Health and Reproductive ([eSRH](#)) e-learning modules on the e-learning for healthcare platform as they contain all the information needed to pass the OTA exam and other related assessments.

All OTA questions presented will relate to learning in the eSRH. Please see below:

1. Basic Anatomy and Physiology
2. Health History and Risk Assessment
3. Contraceptive Choices
4. Emergency Contraception
5. Contraception: Managing Side-effects and Complications of Use
6. Planning Pregnancy
7. Unintended Pregnancy and Abortion
8. Early Pregnancy
9. Sexually Transmitted Infections (STIs)
11. Adult and Child/Young Person Safeguarding
12. Psychosexual medicine
13. Cervical Screening
14. Additional Training in Subdermal Implants and Intrauterine Contraception

There are several other learning resources that you can use to help you prepare for the

OTA. These include:

- [elfh Hub \(e-lfh.org.uk\)](http://elfh.org.uk)
- [UKMEC summary sheets](#)
- Access to the [Women's Health Library](#) – a resource developed by FSRH, RCOG and RCGP
- [FSRH conferences and events](#)
- FSRH [Contraceptive Counselling](#) free online course
- FSRH [SRH Essentials for Primary Care](#)
- FSRH [Standards and Guidance](#)

Pre-requirements for both LoC SDI and LoC IUT

Before registering for this learning, trainees must:

- be registered with the [Physician Associate Managed Voluntary Register \(UK\)](#)
- have completed [e-SRH Module 14 on SDI / Module 15 on IUT](#) (online learning). Your certificate of completion must be reviewed by the Primary Trainer. Evidence will be required in the Learning Management System (LMS)
- have completed the [online contraceptive counselling course](#)
- have passed OTA (assessment of knowledge) **or** hold current DFSRH
- be competent in consultation skills.
- be up to date with BLS resuscitation and anaphylaxis training – in accordance with local policy (up-to-date certificates must be reviewed by the Primary Trainer)
- be competent to give intramuscular injections (trainee to self-certify competence on application form)
- be up to date with Levels 1-3 safeguarding children and young people and ensure that level 3 is maintained throughout training.
- be up to date with Level 2 safeguarding adults
- have read the current FSRH guidance on [subdermal implants/ intrauterine contraception](#), be conversant with the content and adhere to this
- be able to confirm, at the time of application for your FSRH qualification, that you have read the 6 principles of care as outlined in the '[Guidance for those undertaking or recertifying FSRH qualifications whose personal beliefs conflict with the provision of abortion or any method of contraception](#)' and agree to abide by them in practice. It is, therefore, important to have read this document prior to commencing training.

Additional pre-requirements for Letter of Competence for IUT only

Be competent in undertaking:

- a speculum examination
- a bimanual examination – this is assessed during training and sign off. Trainers normally expect you to already be competent in this skill before you embark on

LoC IUT training.

Prescribing

Healthcare professionals, who are not prescribers, will need to consider what mechanisms are in place for the legal supply and/or administration of implants, hormone-releasing intrauterine devices, and local anaesthetic in their area of practice. These may fall under Patient Group Directions (PGD) or Patient Specific Directives (PSD). Health professionals who may supply and/or administer medicines under PGD include registered nurses, paramedics, and pharmacists.

PAs cannot administer or supply under PGD but they can supply under PSD (FPA, 2019). A PSD is the traditional written instruction, signed by a doctor, dentist, or non-medical prescriber (hereafter referred to as 'the prescriber' unless stated otherwise) for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis (FPA, 2019). It is the professional's responsibility to ensure these are in place – completion of this Letter of Competence does not confer that authority.

In the case of an FSRH Registered Trainer who is also a nurse, they would usually be prescribing under PGD. However, they cannot delegate prescribing under a PGD which means the PA cannot administer the drug on their behalf. The medicine must be prescribed by a prescriber first via a PSD for the PA. In practice, the prescriber would need to review the LARC medication list and prescribe any medications in advance.

During training

Trainees will be expected to complete the e-learning and any reading before starting clinical training and to review / revise it as required during training.

Trainees will be attending clinical sessions (approximately 2 sessions for LoC SDI and 5 sessions for LoC IUT). These sessions are individually arranged for trainees, so it is important trainees do not cancel any, except in an emergency.

Training may be offered at your place of work, at a local LARC hub, at a local sexual health / CaSH clinic or at the trainer's place of work. This will vary depending on local arrangements.

Some trainers offer regular weekly (or twice weekly) sessions; others may offer daily sessions for a shorter period. Clinical sessions are always face to face as trainees are required to perform procedures. However, initial planning meetings, final sign off meetings, and some mini clinical evaluation exercises (mini-CEXs) and scenario-based discussions may be appropriate for remote meetings / consultations. Your trainer is responsible for overseeing your training and may delegate some of your training and assessments to other appropriate clinicians.

You will continue the sessions until you are both confident and competent to see and manage patients requesting LARC and to perform the relevant procedures. Although there is a minimum number of procedures, there is no maximum number required for this.

You will continue training until your trainer is satisfied that you may be signed off.

You will observe / be observed carrying out consultations and procedures. You will be assessed on your ability to carry out these competently and according to guidelines. There will be a mix of mini-CEXs and case-based discussions (CBDs).

During training, we recommend that trainees arrange to sit in and undertake some clinics with the LARC fitter(s) in the practice. The LARC fitter(s) in the practice should also be available to indirectly supervise trainees for some time after their training.

Post qualification

- Employers and practices are expected to support the set-up of regular dedicated LARC clinics for trainees and/ or enable trainees to see women for LARC during their own clinics.
- To maintain competency, PAs should:
 - expect to perform at least 12 IUT insertions in conscious women / 6 SDI insertions and 6 SDI removals each year.
 - attend at least 1 relevant CPD meeting each year.
- Annual update of BLS and anaphylaxis training.

Letters of Competence are subject to 5 yearly recertification. To apply successfully for recertification, you need to demonstrate:

- at least 2 credits of relevant CPD over the 5 years
- completion of the relevant e-SRH module (for NHS professionals) or Faculty-approved distance learning (for non-NHS professionals)
- proof of BLS and anaphylaxis training
- a log of IUT insertions / a log of SDI insertions and/or removals:
 - For LoC IUT, this log should show 12 insertions, showing at least two different types of IUT method in conscious women.
 - For LoC SDI Insertion and Removal (LoC SDI-IR), the log should show 6 procedures including at least one insertion and one removal.

Supervision

A LARC fitter should also be available to indirectly supervise trainees for some time after their training. If they do not have an implant/coil fitter in their practice, PAs can also have an agreement with an external trainer for further support.

As PAs gain experience, they will be able to independently provide LARC fittings in primary care with the right training and support. There are certain risks when IUD is inserted, such as cervical shock. It is therefore important that the PA is up to date with their BLS training and always has a supervising doctor onsite when the PA has LARC clinics. The supervising doctor does not necessarily need to be a LARC fitter.

The FSRH standards state that the availability of atropine during IUD insertion is essential. This is service standard for resuscitation for sexual health service in UK. This

also highlights the importance of having a supervising doctor onsite to support for any emergencies that arise and who must be able to prescribe medications as well.

Apply for DFSRH

Some PAs may want to consider taking the DFSRH to increase their SRH knowledge before undertaking the LoCs. However, there is no specific order in which qualifications and training should be acquired.

PAs are eligible to study and apply for the DFSRH. The pre-requirements are like those for the LoCs.

The FSRH Diploma is an ongoing, continuous qualification, and once you have fulfilled the entry requirements you can apply at any time throughout the year. Almost all learning can be completed remotely, and you will be supported by experienced FSRH Registered Trainers who will facilitate your learner journey.

Assessments include CBDs, Summative Clinical Assessments based on observed consultations, Discussions of Topic investigations and an Assessment Half Day which is similar to an OSCE.

Find more information on the [FSRH Diploma \(DFSRH\)](#).

Indemnity

Currently, PAs practising in primary care are covered for by the state-backed clinical negligence scheme for general practice (CNSGP, 2019), which started in April 2019. The coil and implant fitting services provided by a Physician Associate to a GP practice in England is covered under CNSGP.

Cover under the CNSGP scheme is linked to the form of contract the services are provided under. It covers NHS activities which are commissioned under a GMS, PMS or APMS contract or as enhanced primary care elements under Schedule 2L of the NHS Standard Contract (each a 'Primary Care Contract'). Cover also extends to services that are delivered under a direct sub-contract to a Primary Care Contract.

However, it is strongly recommended that PAs, like other members of the primary care team, take out personal indemnity insurance to cover non-NHS or private work, inquests, regulatory and disciplinary proceedings, employment and contractual disputes, and nonclinical liabilities.

Resources and further reading

[Home - Faculty of Sexual and Reproductive Healthcare \(fsrh.org\)](https://www.fsrh.org)

[Education and Training - Faculty of Sexual and Reproductive Healthcare \(fsrh.org\)](https://www.fsrh.org/education-and-training/)

[HEE elfh Hub \(e-lfh.org.uk\)](https://www.e-lfh.org.uk)

<https://www.fsrh.org/education-and-training/fsrh-contraceptive-counselling-online-course/>

[Nexplanon Training Support Programme \(NTSP\) - Organon PRO - UK](#)

[Faculty of Physician Associates - quality health care across the NHS \(fparcp.co.uk\)](https://www.fparcp.co.uk)

[UK Medical Eligibility Criteria for Contraceptive Use \(UKMEC\) - Faculty of Sexual and Reproductive Healthcare \(fsrh.org\)](https://www.fsrh.org/uk-medical-eligibility-criteria-for-contraceptive-use/)

[Progestogen-only Implants - Faculty of Sexual and Reproductive Healthcare \(fsrh.org\)](https://www.fsrh.org/progestogen-only-implants/)

[Intrauterine Contraception - Faculty of Sexual and Reproductive Healthcare \(fsrh.org\)](https://www.fsrh.org/intrauterine-contraception/)

[NICE 2019. Clinical Guideline 30. Long-acting Reversible Contraception update 2019.](https://www.nice.org.uk/guidance/30)

Author and acknowledgements

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