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Long-acting Reversible Contraception

Health practitioner training principles and standards 2022

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Contents

Definitions

CME	Continuing medical/midwifery education
CNE	Continuing nursing education
FNZCSRH	Fellow of the New Zealand College of Sexual and Reproductive Health
FRANZCOG	Fellow of the Royal Australia and New Zealand College of Obstetricians and Gynaecologists
FSRH	Faculty of Sexual and Reproductive Health (UK)
IUC	Intrauterine contraception
IUD	Intrauterine device
IUS	Intrauterine system
LARC	Long-acting reversible contraception
LMP	Last menstrual period
NCTS	National Contraception Training Service delivered by New Zealand Family Planning
NZCSRH	New Zealand College of Sexual and Reproductive Health

Purpose

This document describes the competencies health practitioners need to demonstrate, and the training required to provide culturally safe, consistent, high-quality insertion and removal of LARC. LARC includes IUC and subdermal implants available in Aotearoa New Zealand.

These *Long-acting reversible contraception health practitioner training principles and standards* (the standards) provide an agreed multi-disciplinary training standard for LARC procedures as well as guidance and tools to support best practice training. The standards are intended to support high quality, safe and consistent practice across Aotearoa/New Zealand.

The standards were developed by a clinical sub working group of the National Contraception Advisory Group. The group comprised experts from various professional groups including general practitioners, nurses, Family Planning New Zealand, obstetricians and gynaecologists, Māori health, youth health, midwives, and DHBs.

Other guidelines and standards

Health practitioners must be familiar with *Aotearoa New Zealand Guidance on Contraception* which can be found on the Ministry of Health's website at www.health.govt.nz/publication/new-zealand-aotearoas-guidance-contraception.

Service providers and health practitioners must be familiar with relevant standards included in Ngā Paerewa Health and Disability Services Standard NZS 8134:2021.

Principles

These *Long-acting Reversible Contraception Health Practitioners Training Principles and Standards*:

- are committed to honouring the Crown's obligations under Te Tiriti o Waitangi and equitable outcomes for Māori
- promote equity, safety and choice
- promote culturally safe, consistent, high-quality care.

Training is accessible to health practitioners working in settings where contraceptive services are provided.

Training is constructive, progressive and formative, leading to excellent standards of care.

Different health practitioners may have distinct areas of contraceptive specialty (for example, midwives might insert IUC or subdermal implants in the six weeks post-partum but may not necessarily remove them; some health practitioners might choose to provide only one type of LARC).

Achievement of competency

To achieve competence, health practitioners must:

- have sufficient theoretical knowledge about LARC, including how to manage side effects and complications
- complete training provided by an NZCSRH or NCTS/Family Planning certificated trainer (or equivalent), including the observed and assessed minimum number of procedures for IUC and subdermal implants, or be able to demonstrate competence through agreed recognition of prior learning
- demonstrate safe insertion/removal of IUC and/or subdermal implants.

Maintaining competency

To maintain competence, health practitioners must participate in ongoing and appropriate professional recertification requirements (eg, CME or CNE, peer review and/or practice reflection) in accordance with their scope of practice. This could include maintaining a log of LARC procedures provided in the first year after training is completed.

The health practitioner must complete at least 10 procedures annually (on average, over the two years before competency application) for each type of LARC procedure they provide. If gaps in knowledge are identified or major complications occur, further training may be required.

Prerequisites

Prerequisite expectations prior to commencing training in LARC procedures, are that the health practitioner:

- holds a current practising certificate
- holds a current resuscitation certificate
- has completed cultural safety training in accordance with their scope of practice and demonstrates cultural competence as articulated by their governing body (eg, the Royal New Zealand College of General Practitioners, the New Zealand College of Sexual and Reproductive Health, Family Planning New Zealand, the New Zealand College of Midwives, the Royal Australia and New Zealand College of Obstetricians and Gynaecologists)
- has completed the NCTS Contraceptive Counselling online course (or equivalent)
- has competence to provide contraceptive counselling
- can prescribe non-LARC contraception or be able to refer to another health practitioner who has prescribing authority
- has competence at bimanual examination and insertion of speculum (for IUC).

Programme

Training in LARC procedures requires both theory and practical training.

Theory training

Theory training will include:

- NCTS Contraceptive Counselling online course or an equivalent aligned with the *Aotearoa New Zealand Guidance on Contraception.*
- NCTS IUC and/or contraceptive implant online course or an equivalent aligned with the *Aotearoa New Zealand Guidance on Contraception.*
- NCTS IUC and/or contraceptive implant online training (detailed below).
- Assessment of competence using the Appendices in this document and aligned with the *Aotearoa New Zealand Guidance on Contraception.*

Timeframes for completion of elearning prior to practical training

Once completed, learning from the NCTS contraceptive counselling online course (or equivalent) can be applied immediately.

Health practitioners should aim to complete practical training within six months of undertaking the NCTS IUC/contraceptive implant online courses (or equivalent) but may take up to 12 months if necessary.

Health practitioners are encouraged to review the theory training before undertaking the NCTS (or equivalent) practical training.

Practical training

Health practitioners can choose to train in some or all of the components of the NCTS (or equivalent) practical training: IUC insertion, subdermal implant insertion or subdermal implant removal.

IUC insertion

Health practitioners providing only IUC removal do not need to complete IUC insertion training.

Competence is assessed against the IUC insertion criteria (see Appendix 1). Course components are:

- assess background knowledge from NCTS IUC online course (or equivalent)
- if possible, practise on a model with guidance from the trainer
- observe trainer demonstrate IUC insertion
- complete a minimum of seven IUC insertions[1] supervised by the trainer (or in combination with a clinical mentor) using a range of IUC, including IUS and IUD available in Aotearoa New Zealand, maintaining asepsis with no-touch technique.

Implant insertion

Competence is assessed against the implant insertion criteria (see Appendix 2). Course components are:

- assess background knowledge from NCTS contraceptive implant online course (or equivalent)
- if, possible practise on a model with guidance from the trainer
- observe trainer demonstrate implant insertion
- complete a minimum of four insertions supervised by the trainer (or in combination with a clinical mentor) using subdermal implants available in Aotearoa New Zealand and maintaining asepsis.

1 Competence in IUC insertion must be in conscious patients without sedation and without anaesthetic.

Implant removal

Competence is assessed against the implant removal criteria (see Appendix 3). Course components are:

- assess background knowledge from NCTS contraceptive implant online course (or equivalent)
- practise on a model with guidance from the trainer
- observe trainer demonstrate implant removal
- complete a minimum of four removals supervised by the trainer (or in combination with a clinical mentor) including use of sterile gloves and maintaining asepsis.

Development plan if competence is not achieved

The trainer and trainee will need to agree on a development plan that supports the trainee to develop the required skills to reach competency if:

- competence to insert or remove IUC or subdermal implants is not achieved within the minimum number of procedures stated, or
- there are insufficient numbers of patients to enable the minimum number of observed procedures to be completed within the training timeframe.

A development plan must include a timeframe for completion, expected reassessment date and the name of the trainer.

Practical training delivery requirements

The training venue needs to be appropriately equipped for the relevant procedure. The trainer should ensure that essential equipment is available and complies with infection control guidelines. A list of requirements is described in Appendix 4.

Requirements to be a trainer are set out in *Long-acting Reversible Contraception Principles and Standards for Trainers*.

Option for combined trainer/clinical mentor approach

A trainer/mentor approach is permitted to support implementation of the training programme. Under this approach, the trainer must observe the trainee completing a minimum of three competent procedures for each type of LARC procedure the trainee is learning.

Once a minimum of two competent LARC procedures have been observed, the trainer may delegate some training and supervision to a clinical mentor chosen by the trainee. This will normally be a colleague working in the same practice.

The clinical mentor must be experienced in performing the relevant LARC procedure(s) and the trainer must have confidence that the clinical mentor is competent to these *Long-acting Reversible Contraception Health Practitioner Training Principles and Standards*.

The clinical mentor will:

- be identified by the trainee and agreed by the trainer
- be competent in these *Long-acting Reversible Contraception Health Practitioner Training Principles and Standards*
- agree the trainee's anticipated training needs with the trainer and the trainee, including the expected number of procedures supervised in person by the clinical mentor in order for the trainee to provide procedures safely.

After the trainee is transferred to the mentor, the mentor will observe the trainee's next LARC procedure.

- A minimum of one observation is required for trainees with previous experience in the procedure to be performed.
- More observations will be required if the trainee has limited practical experience in performing the procedure, or if:
  - agreed between the trainer, trainee and clinical mentor, or
  - the trainee is not confident or they need more observations to feel competent to perform the procedures alone, or
  - the clinical mentor is not satisfied that the trainee is sufficiently competent to perform the LARC procedure without observation.
- At any time, the clinical mentor may recommend that the trainee be referred back to the trainer if there are concerns about safety or competence.

The clinical mentor will provide ongoing supervision and opportunity for reflective practice discussion to the trainee until the trainee is competent in the procedure.

The trainee should undertake written reflection on each procedure performed during training. Reflections can be discussed with the clinical mentor and trainer.

With the trainee, the clinical mentor will agree when the trainee is suitably competent and is ready to be referred back to the trainer for sign off of the final observed LARC procedure.

The trainee and the trainer are responsible for arranging the final observed LARC procedure.

At all times, the trainer remains responsible for training.

Recognition of prior learning or demonstrated competence

Health practitioners experienced in the provision of LARC procedures may demonstrate prior learning or competence in any one of the following four ways.

1. Completing **one** of the following LARC training programmes:
   - fellowship training for the FNZCSRH programme
   - certification through the NZCSRH LARC train the trainer (TTT) course
   - FRANZCOG training for IUC and implant insertion and removal
   - New Zealand Family Planning staff training for IUC and implant insertion and removal
   - internationally recognised training such as FSRH (UK) certificates for IUC or other equivalent training (implant training must be for systems used in Aotearoa New Zealand: currently a two-rod system, not a one-rod system).

2. Alternatively, experienced LARC providers can:
   - provide details and dates of previous relevant training and experience aligned with the Aotearoa New Zealand Guidance on Contraception, and
   - be observed by another LARC trainer (or equivalent) demonstrating competency by completing one insertion or removal of each relevant IUS, IUD and/or subdermal implant.

3. Another option is to:
   - provide a self-certified log of procedures completed over a consecutive 12 month period during the two years before competency assessment:
     - of at least 10 insertions for each IUS, IUD and/or subdermal implant insertion procedure, and
     - (if undertaking removals) of at least one removal for each relevant IUS, IUD and/or subdermal implant, and
   - be observed by another LARC trainer (or equivalent) demonstrating competency by completing one insertion and/or removal of each relevant IUS, IUD and/or subdermal implant.

4. For health practitioners who inserted or removed LARC before the publication of these LARC standards, competence can also be recognised by providing:
   - details and dates of previous relevant training and experience aligned with the Aotearoa New Zealand Guidance on Contraception, including both:
     - NCTS Contraceptive Counselling online course (or equivalent), and
     - the NCTS IUC and/or contraceptive implant online course (or an equivalent aligned with the Aotearoa New Zealand Guidance on Contraception), and
   - a self-certified log of procedures completed over a consecutive 12-month period during the two years before competency assessment:
     - of at least 10 insertions for each IUS/IUD and/or subdermal implant insertion procedure, and
     - (if undertaking removals) of at least one removal for each relevant IUS, IUD and/or subdermal implant.

Appendices

Appendix 1: IUC insertion assessment criteria[2]

A safe and non-judgemental environment is created, and trainee uses culturally safe engagement processes throughout the procedure.

Trainee greets person and introduces themselves.

Trainee appropriately identifies person by name.

Trainee identifies the person correctly and explains the confidential nature of the patient conversation and procedure.

2 Developed by New Zealand Family Planning.

Trainee takes appropriate history.

History includes contraceptive history, menstrual history including LMP, recent sexual history (including considering the need for STI testing), medical history including medications and allergies.

Trainee explains method, insertion procedure, potential risks and complications, and obtains the person's informed consent for procedure.

IUD v IUS and procedure are explained. The person's written consent is confirmed. IUD or IUS is agreed.

Trainee assesses pregnancy risk and safety to insert IUC.

Assessment is based on IUC, current contraception, any UPSI and LMP. Pregnancy is reasonably excluded. STI testing is completed if required.

Trainee carries out satisfactory bimanual examination.

Uterine size, position and adnexae are assessed before attempting insertion.

Trainee inserts speculum insertion and locates cervix.

A suitable speculum is selected and inserted sensitively. A satisfactory view of the cervix is achieved.

Trainee applies the tenaculum.

The person is prepared and tenaculum is suitably placed.

Trainee sounds the uterus using a no-touch technique.

The person is prepared. Sound is used correctly. IUD/IUS is appropriate for uterine sound measurement.

Trainee correctly inserts IUC.

No-touch technique is used. Insertion technique is consistent with manufacturer's instructions.

Trainee trims threads to an appropriate length.

Scissors are used correctly to avoid pulling on threads. Threads measure approximately 2 cm.

Trainee provides appropriate post-procedure/follow-up instructions, including:

- standard IUC advice/information leaflet
- advice on IUC safety depending on cycle day and the type of IUD chosen
- advice to return for follow-up IUC check or any concerns with infection, expulsion, bleeding or pain
- a removal/change date.

Trainee completes all required documentation, including:

- written consent for procedure
- the IUC inserted, batch number, expiry and removal date
- the advice given and follow-up arrangements.

Trainee ensures equipment is compliant and managed according to infection control guidelines.

Appendix 2: Implant insertion assessment criteria[3]

A safe and non-judgemental environment is created, and trainee uses culturally safe engagement processes throughout the procedure.

Trainee greets person and introduces themselves.

Trainee appropriately identifies person by name.

Trainee identifies the person correctly and explains the confidential nature of the patient conversation and procedure.

Trainee takes appropriate history.

History includes contraceptive history, menstrual history including LMP, recent sexual history (including considering the need for STI testing), medical history including medications and allergies.

Trainee explains method, insertion procedure, potential risks and complications, and obtains the person's informed consent for procedure.

The procedure, expected side-effects and possible risks are explained, including irregular bleeding and its management. The person's written consent is confirmed.

Trainee identifies an appropriate insertion site.

Left or right arm is agreed with the person. The site is marked on correct arm. Sulcus and superficial veins avoided where possible. Person is positioned to allow insertion posterior to sulcus.

Trainee uses appropriate local anaesthetic.

1% lignocaine is used as recommended. The expiry date, suitable volume and placement are checked before infiltration. Trainee checks whether anaesthesia is sufficient before making the incision.

Trainee sets up and maintains aseptic area.

Dressing pack use and handling of sterile pouches on opening is appropriate. Asepsis with no-touch technique is maintained.

3 Developed by New Zealand Family Planning.

Trainee uses trocar correctly to ensure placement of both rods.

The trainee uses the markings on the trocar to guide insertion, tents the skin, and releases the first rod before advancing trocar for insertion of second rod. Insertion technique is consistent with manufacturer's instructions.

Trainee checks both rods are palpable.

Trainee closes the wound and uses appropriate dressings.

Steristrips and dressing with compression bandage are used.

Trainee provides appropriate post-procedure instructions for wound care and follow up.

Standard wound care and contraceptive safety advice (ie, depending on cycle day/prior contraceptive use) is given. The person is advised to return for wound concerns and/or side effects/bleeding problems. Local pathways are identified for removal. A removal/change date given.

Trainee completes all required documentation, including:

- written consent for procedure
- anaesthetic used
- batch numbers, expiry and removal dates
- advice given and follow-up arrangements.

Trainee ensures equipment is compliant and managed according to infection control guidelines, including disposal of sharps.

Appendix 3: Implant removal assessment criteria[4]

A safe and non-judgemental environment is created, and trainee uses culturally safe engagement processes throughout the procedure.

Trainee greets person and introduces themselves.

Trainee appropriately identifies person by name.

Trainee identifies the person correctly and explains the confidential nature of the patient conversation and procedure.

Trainee takes appropriate history.

History includes contraceptive history, menstrual history including LMP, medical history including medications and allergies.

Trainee explains removal procedure and obtains the person's consent.

The procedure and possible risks are explained. The person's written consent is confirmed.

Trainee can identify placement of both rods before attempting removal.

Placement is confirmed with person's agreement to aid placing incision. Trainee is reassured that abandoning removal is appropriate when rods cannot be located (this is not a negative reflection).

Trainee uses appropriate local anaesthetic.

Lignocaine with adrenaline is recommended for removals. The expiry date, suitable volume and placement are checked before infiltration. Trainee checks whether anaesthesia is sufficient before making the incision.

Trainee sets up and maintains sterile field.

Dressing pack use and handling of sterile pouches on opening is appropriate. Asepsis with no-touch technique is maintained.

Trainee places appropriate incision for location of rods.

Incision of appropriate length is made (that is, not too long or too short).

Trainee uses and correctly handles suitable instruments.

Appropriate use of curved and straight forceps while maintaining sterility.

4 Developed by New Zealand Family Planning.

Trainee removes both implants whole and checks that they are intact.

Trainee closes wound and uses appropriate dressings.

Steristrips and dressing with compression bandage are used.

Trainee provides appropriate post-procedure instructions for wound care and follow up.

Standard wound care and contraceptive safety advice is provided (ie, immediate return to fertility unless alternative contraception started). Folic acid is offered if planning conception. The person is advised to return for wound concerns.

Trainee completes all required documentation, including:

- written consent for procedure
- anaesthetic used, batch numbers, expiry and removal dates
- the advice given and follow-up arrangements.

Trainee ensures equipment is compliant and managed according to infection control guidelines, including disposal of sharps.

Appendix 4: Practical training venue minimum requirements[5]

	IUC insertion and removal	implant insertion	Implant removal
Model or other suitable means to demonstrate the procedure (trainer may bring this)	✓	✓	✓
Clean, private and welcoming clinic room with suitable bed to allow correct positioning of the person for the procedure, linen, trolley, emergency medication and equipment, disposable gloves, hand basin and soap or hand sanitiser, access to bathroom, pregnancy tests, medical waste container, sharps bin	✓	✓	✓
Clinical records or clinic notes, and appropriate written health information	✓	✓	✓
Adequate room lighting		✓	✓
Adjustable light	✓		
Specula in range of sizes	✓		
Sponge or artery forceps, gauze	✓		
Tenaculum, sounds, pair of long-handled scissors (per person)	✓		
Sanitary pads	✓		
Full range of IUC	✓		
PCR and HVS swabs, cervical sampling implements and containers	✓		
Lab forms	✓		

5 Developed by New Zealand Family Planning.

	IUC insertion and removal	implant insertion	Implant removal
Dressing packs, steristrips, waterproof dressing, scalpel, antiseptic for cleaning skin		✓	✓
Crepe bandage		✓	✓
Implants and trocars		✓	
1% lignocaine 5ml ampoules, 5 ml syringes, 25G 1.5 inch needles		✓	
1% lignocaine with adrenaline ampoules, and 5 ml or smaller syringes, 25G needles			✓
2 x mosquito forceps per person (1 curved, 1 straight)			✓