

Sign-off to access funding through Kensington Health for clinicians with minimal experience with LARC procedures

Assess the need in your workplace

- You need to ensure you will be able to complete 10 per year of each type of procedure that you are accredited for.



Complete the National Contraception Training Services (NCTS) Contraceptive Counselling course

- Or the Best Practice Advocacy Centre (BPAC) course or other equivalent courses.

[Contraceptive Counselling Course](#)



Complete the Intrauterine Contraception (IUC) and/or Contraceptive Implant theory courses

- Depending on your training requirements.

[Intrauterine Contraception \(IUS\) Theory](#) [Contraceptive Implant Theory](#)



Complete the Kensington Health Application form (See Appendix 1)

- Send the form back to larc@kensington.health.nz
- You will need to include copies of your Cultural Safety certificate, NCTS Contraceptive Counselling course or equivalent course and IUC and Contraceptive Implant course certificates (depending on your training requirement).



Contact the Bayer representative to practice on models

- Practicing on the models will help to increase confidence with both Mirena/Jaydess and Jadelle procedures.
- This requires a medium sized table and 1 hour set-up time for one practitioner for Mirena/Jaydess.
- To organise training contact Ronel: ronel.stadler@bayer.com or 021536714



Book in for practical training at Kensington Health

- Email larc@kensington.health.nz to organise practical training
You may need more than one clinic to be signed-off.
- To meet the National LARC health practitioner training principles and standards:
 - IUC insertion - minimum of 7 IUC insertions supervised by a trainer
 - Implant insertion - minimum of 4 insertions supervised by a trainer
 - Implant removals - minimum of 4 removals supervised by a trainer
 - Training to be completed within 6-12 months
- If agreed with trainer, after 2 competent procedures have been observed training can be delegated to an approved mentor. The trainee will need to be referred back to trainer to complete final sign-off once competent. See the [LARC health practitioner training principles and standards](#).



Maintaining competency

- Complete 10 per year of each type of procedure that you are accredited for.
- Maintain a log-book for the first year, for each of these procedures (See Appendix 3).

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Practitioners must have been performing LARC procedures independently for at least 12 months.

Option 1: Approved training programme

Complete an approved LARC training programme

- See *Appendix 2* for the list of approved courses.
- Attach relevant certificates or evidence to your application.



Complete cultural safety training

- Attach your certificate or evidence to your application.



Complete the Kensington Health Application form for experienced clinicians

- See *Appendix 2*
- Send the form back to larc@kensington.health.nz



Maintaining competency

- Complete 10 per year of each type of procedure that you are accredited for.

Option 2: Training and experience + observation

Provide details and dates of previous relevant training and experience

- Relevant experience must be aligned with the Aotearoa New Zealand Guidance on Contraception.



Complete cultural safety training

- Attach your certificate or evidence to your application.



Complete the Kensington Health Application form for experienced clinicians

- See *Appendix 2*
- Send the form back to larc@kensington.health.nz



Be observed demonstrating competency

- You must be observed by a NZCSRH approved trainer demonstrating competency by completing one of each type of procedure that you are applying for.
- Email larc@kensington.health.nz to book in your observation.



Maintaining competency

- Complete 10 per year of each type of procedure that you are accredited for.

Option 3: Log-book + observation

Complete a log of procedures completed over a consecutive 12 month period during the previous two years

- See *Appendix 3*
- At least 10 insertions for each type of procedure you are applying for.
- At least one removal for each type of procedure you are applying for.



Complete cultural safety training

- Attach certificate or evidence to your application.



Complete the Kensington Health Application form for experienced clinicians

- See *Appendix 2*
- Send the form back to larc@kensington.health.nz



Be observed demonstrating competency

- You must be observed by a NZCSRH approved trainer demonstrating competency by completing one of each type of procedure that you are applying for.
- Email larc@kensington.health.nz to book in your observation.



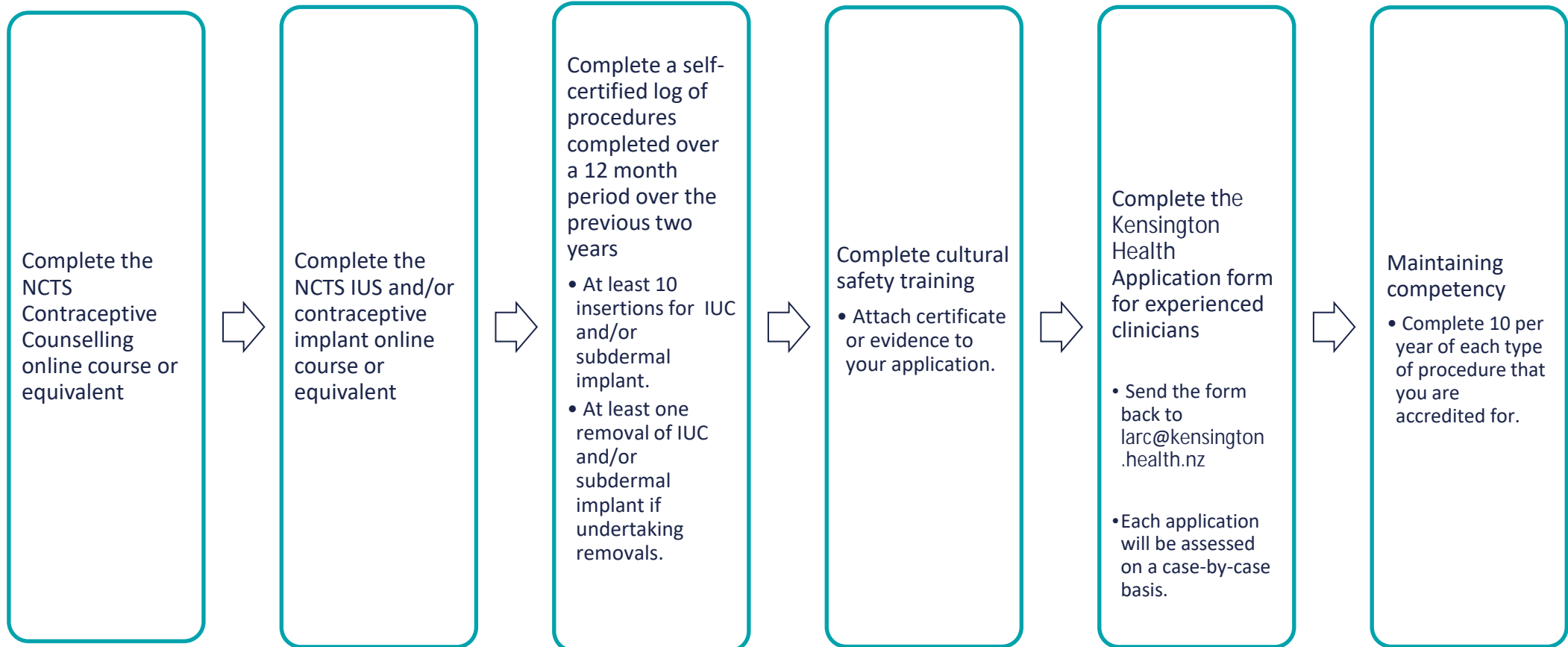
Maintaining competency

- Complete 10 per year of each type of procedure that you are accredited for.

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Option 4: For health practitioners who were experienced performing LARC procedures **before June 2022.**

Please note: Clinical competency will need to be observed if you want to apply to be a trainer.





Appendix 1: Application form for clinicians with minimal experience

Application for LARC training to access funded procedures through Kensington Health

Objective: To ensure women in the Te Whatu Ora - Te Tai Tokerau region have access to a consistent standard and quality of culturally safe workforce providing LARC insertions and removals.

Personal details:	
Name	
Name of workplace	
Work address	
Designation/role	
Ethnicity	
Registration number	
Personal contact number	

I am applying to be certified for (please tick all relevant):	
<input type="checkbox"/> IUCD insertions	<input type="checkbox"/> IUCD removals
<input type="checkbox"/> Jadelle insertions	<input type="checkbox"/> Jadelle removals

Current practicing certificate

I hold a current practising certificate.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Assessment of need in my workplace

I have assessed the need in my workplace, and I will be able to meet the requirements for a minimum of 10 procedures of each type annually (on average, over the two years prior).	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Cultural safety training

I have completed cultural safety training in accordance with my scope of practice.	
Name of course completed:	Date completed:
Certificate or evidence attached <input type="checkbox"/>	

For example [eCALD](#) Module 1: Culture and Cultural Competency or webinars through [The Royal New Zealand College of General Practitioners](#) or other relevant training.

Contraceptive training

I have completed the following contraception training modules.	
NCTS Contraceptive Counselling online course certificate attached <input type="checkbox"/>	
Date completed: _____	
Or equivalent (name of course completed): _____	
Certificate attached <input type="checkbox"/>	
Date completed: _____	

NCTS IUC and/or contraceptive implant online course certificate attached <input type="checkbox"/>	
Date completed: _____	
Or equivalent (name of course completed): _____	
Certificate attached <input type="checkbox"/>	
Date completed: _____	

Prescribing of non-LARC contraception

I can prescribe non-LARC contraception or am able to refer to another health practitioner who has prescribing authority.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Competence in contraceptive counselling

I am competent providing contraceptive counselling	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Competence at bimanual examination and insertion of speculum (for IUC only)

I am competent at bimanual examination and insertion of speculum		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable

Maintaining competency

I am aware I need to keep a logbook of all insertions and removals performed and any complications that have occurred for the first 12 months.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree to complete further training if gaps in knowledge are identified or major complications occur.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Training timeframe

I agree to complete my practical training within 6-12 months of undertaking the NCTS IUC/contraceptive implant online courses (or equivalent).	
<input type="checkbox"/> Yes	<input type="checkbox"/> No



Referrals:

I am willing to accept referrals from outside of my practice (this will not affect your access to training).	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email address for referrals	
Phone number for referrals	

Declaration

The information in this application is correct	My Practice Manager / PHO Clinical Lead approval
Name:	Practice Manager/PHO Clinical Lead:
Date:	Date:
Signature:	Signature:

Please submit your application form to larc@kensington.health.nz

OFFICE USE ONLY:

Date application received	
Date approved	



Appendix 2: Experienced clinician application form

Application to provide funded LARC procedures through Kensington Health for clinicians with experience in the provision of LARC

This process is aligned with the national *Long-acting Reversible Contraception – Health practitioner training principles and standards 2022*. Practitioners must have been performing LARC procedures independently for at least 12 months. Each application will be assessed on a case-by-case basis.

Personal details:	
Name	
Name of workplace	
Work address	
Designation/role	
Ethnicity	
Registration number	
Personal contact number	

I am applying to be certified for (please tick all relevant):	
<input type="checkbox"/> IUCD insertions	<input type="checkbox"/> IUCD removals
<input type="checkbox"/> Jadelle insertions	<input type="checkbox"/> Jadelle removals

Cultural safety training	
I have completed cultural safety training in accordance with my scope of practice	
Name of course:	Date completed:
Certificate attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No

For example [eCALD Module 1: Culture and Cultural Competency](#) or webinars through [The Royal New Zealand College of General Practitioners](#) or other relevant training.

Evidence 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.

<p>1. Complete one of the following LARC training programmes: <i>Please tick the option that applies and attach relevant certificates or evidence:</i></p>	
<input type="checkbox"/>	Fellowship training for the Fellow of the New Zealand College of Sexual and Reproductive Health (FNZCSRH) programme
<input type="checkbox"/>	Fellow of the Royal Australia and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) training for IUC and implant insertion and removal
<input type="checkbox"/>	New Zealand Family Planning staff training for IUC and implant insertion and removal
<input type="checkbox"/>	Internationally recognised training such as Faculty of Sexual and Reproductive Health UK (FSRH) certificates for IUC or other equivalent training (implant training must be for systems used in Aotearoa New Zealand)

OR

<p>2. Provide details and dates of previous relevant training and experience aligned with the Aotearoa New Zealand Guidance on Contraception</p>	
Name of course completed:	Date completed:
Please explain your previous experience with completing LARC procedures:	
I agree to be observed by a NZCSRH accredited LARC trainer demonstrating competency by completing one of each type of procedure you are applying for.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

OR

<p>3. Complete a self-certified log of procedures completed over a consecutive 12-month period during the two years before competency assessment (See Appendix 1)</p>	
Please ensure your log contains the following:	
<input type="checkbox"/>	At least 10 insertions for each IUS, IUD and/or subdermal implant insertion procedure
AND	
<input type="checkbox"/>	If undertaking removals - at least one removal for each relevant IUS, IUD and/or subdermal implant
AND	
I agree to be observed by a NZCSRH accredited LARC trainer demonstrating competency by completing one of each type of procedure you are applying for.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

OR

4. For health practitioners who inserted or removed LARC before June 2022, competence can be recognised by:	
NCTS Contraceptive Counselling online course certificate attached <input type="checkbox"/>	
Date completed: _____	
Or equivalent (name of course completed): _____ Certificate attached <input type="checkbox"/> Date completed: _____	
NCTS IUC and/or contraceptive implant online course certificate attached <input type="checkbox"/>	
Date completed: _____	
Or equivalent (name of course completed): _____ Certificate attached <input type="checkbox"/> Date completed: _____	
AND	
<input type="checkbox"/> Complete a self-certified log of procedures completed over a consecutive 12-month period during the two years before competency assessment (See <i>Appendix 3</i>). <i>Please ensure your log contains the following:</i>	
<input type="checkbox"/> At least 10 insertions of each type of procedure you are applying for.	
AND	
<input type="checkbox"/> If undertaking removals - at least one removal for each type of procedure you are applying for.	

Referrals

I am willing to accept referrals from outside of my practice (this will not affect your access to training).	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Email address for referrals	
Phone number for referrals	

My Practice Manager / PHO Clinical Lead supports my application	
Date:	Date:
Applicant Name:	Practice Manager/PHO Clinical Lead name:
Signature:	Signature:

Please submit form to larc@kensington.health.nz

OFFICE USE ONLY:

Date application received	
Date approved	



Appendix 3: Logbook

Name: _____

Please ensure you include details for at least 10 of each type of procedure you are wanting to be signed-off for.

	Date XX/XX/XXXX	Procedure e.g. Jadelle insertion	Complications (Yes/No) If yes please specify what occurred and the outcome
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

	Date XX/XX/XXXX	Procedure e.g. Jadelle insertion	Complications (Yes/No) If yes please specify what occurred and the outcome
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			

Declaration

I declare that the information contained within this logbook is true and correct.

Signature _____

Date: