

Conclusions

Implanon is a highly effective method of contraception.¹¹ Although in the GSRH the average continuation use was less than that predicted by NICE, 37% of patients continued the method to 36 months. The side effects of Implanon may be managed medically at low cost. Sexual health services offer good use of resources by providing LARC at lower than predicted cost. However, even with an actual average annual cost price 25% lower than the NICE Guideline calculated cost, the financial burden of LARC provision on services is considerable. Further work needs to be done comparing the actual costs of LARC methods with those of oral contraception.

Acknowledgement

The authors thank Hayley Jones for data collection.

Statements on funding and competing interests

Funding None identified.

Competing interests Clare Lipetz has received honoraria from Bayer Schering Pharma for teaching engagements.

References

- 1 National Institute for Health and Clinical Excellence. *Long-Acting Reversible Contraception* (Clinical Guideline CG30). October 2005. <http://www.nice.org.uk/Guidance/CG30/Guidance/pdf/English> [Accessed 5 July 2008].
- 2 Department of Health Statistical Bulletin. *Abortion Statistics, England and Wales*: 2006. http://www.statistics.gov.uk/downloads/theme_health/Conceptions2006/annual_conceptions_2006.xls [Accessed 5 July 2008].
- 3 National Institute for Health and Clinical Excellence (NICE).

National Cost Impact Report: Implementing the NICE Guideline on Long-Acting Reversible Contraception. December 2005. <http://www.nice.org.uk/nicemedia/pdf/CG030costing.pdf> [Accessed 5 July 2008].

- 4 *Mapping the Patient Pathway* (unpublished departmental data). Gwent, UK: Gwent Sexual and Reproductive Health, 2006.
- 5 Faculty of Sexual and Reproductive Health Workforce Planning Committee. *The Ninth and Tenth Census of the Family Planning Workforce in the United Kingdom 2005 and 2006*. January 2007. www.ffprhc.org.uk/admin/uploads/CENSUS0506.pdf [Accessed 5 July 2008].
- 6 Curtis L, Netten A. *Unit Costs of Health and Social Care 2004*. Canterbury, UK: Personal Social Services Research Unit, University of Kent at Canterbury, 2004.
- 7 Department of Health. Sexual health general information: contraception. 2009. http://www.dh.gov.uk/en/PublicHealth/HealthImprovement/SexualHealth/SexualHealthGeneralInformation/DH_4001998 [Accessed 5 July 2008].
- 8 Rai K, Gupta S, Cotter S. Experience with Implanon® in a north-east London family planning clinic. *Eur J Contracept Reprod Health Care* 2004; **9**: 39–46.
- 9 Varney S, Guest J. Relative cost effectiveness of DepoProvera injection, Implanon and Mirena in reversible long term hormonal contraception in the UK. *Pharmacoeconomics* 2004; **22**: 1141–1151.
- 10 Lakha F, Glasier A. Continuation rates of Implanon® in the UK: data from an observational study in a clinical setting. *Contraception* 2006; **74**: 287–289.
- 11 French RS, Cowan FM, Mansour DJ, Morris S, Procter T, Hughes D, *et al*. Implantable contraceptives (subdermal implants and hormonally impregnated intrauterine systems) versus other forms of reversible contraceptives: two systematic reviews to assess relative effectiveness, acceptability, tolerability and cost-effectiveness. *Health Technol Assess* 2000; **4**(7): 1–107.
- 12 Armstrong N, Cavey C, Donaldson C. *The Economics of Sexual Health*. London, UK: fpa, 2005.

FACULTY OF SEXUAL & REPRODUCTIVE HEALTHCARE MEMBERSHIP EXAMINATION

The Membership Examination (MFSRH) consists of:

□ Part 1 Multiple Choice Question paper (MCQ)

This 1½-hour paper consists of 60 clinical science and applied science questions.

The London based examination will be on **Friday 16 October 2009** (the Faculty must receive applications by **1 July 2009**). The application form and information on the Part 1 can be obtained from the Faculty of Sexual and Reproductive Healthcare (FSRH) website (www.fsrh.org).

□ Evidence Based Commentary (EBC)

The Evidence Based Commentary replaces the case reports/dissertation component of the Membership examination and candidates can now view the first annually released topic on the Faculty website. Candidates have an absolute deadline of **31 August 2009** to submit the Commentary on this topic. The Commentary must be a minimum of 1000 words and a maximum of 2000 words, excluding references, tables and appendices, and the format must follow the guidance notes. Candidates can find detailed information in the Candidate Guidance Notes for Evidence Based Commentary and the Membership Examination Regulations (September 2008) on the Faculty website.

□ Part 2 Examination (CRQ, SAQ, OSCE)

This all-day examination consists of:

- Critical Reading Question examination paper (CRQ)
- Short Answer Question examination paper (SAQ)
- Objective Structured Clinical Examination (OSCE)

The Faculty must receive applications for the **MFSRH Part 2** held in **June 2010** by **3 January 2010**. Information on the Part 2 examination, the Examination Regulations and the application form appear on the Faculty website.

The qualification is subject to re-certification every 5 years.

For the current MFSRH Examination Regulations (September 2008), information on all components of the MFSRH examination and application forms, please visit the FSRH website: www.fsrh.org (see **Training & Exams**, Membership Exam) or e-mail Denise Pickford at denise@fsrh.org.

JOIN THE PANEL OF MFSRH EXAMINERS

The Faculty Examination Committee invites applications to join the panel of MFSRH Examiners for the Membership Examination. Further information and the examiner CV application form are available on the FSRH website: www.fsrh.org (see **Training & Exams**, **Membership Exam**, **MFSRH Examiners**). The closing date for applications is **Friday 15 May 2009** and the form should be sent to the Examination Secretary, Examinations, Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, Regent's Park, London NW1 4RG, UK. Tel: +44 (0) 20 7724 5629. Fax: +44 (0) 20 7723 5333.