Centers of Experience Standards and Qualifications

About the COE

The Society of Family Planning is the home of the Contraceptive Implant Removal Centers of Experience (COE). COEs are clinicians who specialize in the removal of complex and difficult contraceptive implants, including deep or nonpalpable contraceptive implants. The Society establishes standards and qualifications for becoming a COE and maintains a directory of all COEs in the US.

Becoming a COE

Becoming a COE requires meeting criteria at both the clinician and facility levels. The standards and qualifications detailed below outline requirements across the following domains:

Experience and competencies

1. Completed the FDA-required Nexplanon® Clinical Training Program and listed in the Trained Clinician Database
2. Experience in localizing and successfully removing palpable contraceptive implants
3. Familiarity with arm anatomy
4. Completed training in localizing and removing difficult, deeply inserted, and nonpalpable contraceptive implants.
    a. For example, formal training (eg, via Complex Family Planning Fellowship training), experience with multiple difficult, deeply inserted, and nonpalpable contraceptive implant localizations and removals, or multiple proctored difficult, deeply inserted, and nonpalpable contraceptive implant localizations and removals
5. Experience localizing difficult, deeply inserted, and nonpalpable contraceptive implants with ultrasonography and the ability to visualize surrounding blood vessels, nerves, and muscle fasciae
6. Experience removing difficult, deeply inserted, and nonpalpable contraceptive implants using marking or real-time ultrasonographic guidance

Equipment, services, and staffing

1. Availability of ultrasonography (or equivalent equipment) and personnel to operate it; equipment has an appropriate transducer and setup to visualize contraceptive implants, superficial tissue planes, and blood vessels
    a. This typically requires an ultrasound with a linear array, frequency greater than 10 MHz, and superficial depth settings with color flow to identify blood vessels
2. An established relationship with a radiology department or practice, with access to X-ray imaging
    a. Additional imaging modalities may include CT and MRI
3. Established protocols or willingness to adopt protocols for visualization (with or without radiology involvement)
    a. Protocols should address:
        i. Sonographic localization and marking of the contraceptive implant location, depth, and optimal site for the skin incision with the arm positioned for the removal
        ii. Real-time sonographic-guided removal of contraceptive implants
        iii. Other imaging modalities (eg, X-ray, CT, MRI) or referral to specialists if removal using sonography is not feasible

Referral network

1. The facility and clinician(s) are well-situated to serve potential referral needs in a certain geographic area
2. Ability to refer to appropriate specialists if removal is not feasible by the clinician at that facility, such as a:
    a. Surgeon experienced in upper arm dissection
    b. Appropriate specialists (eg, neurologist, neurosurgeon) if there is a suggestion of nerve injury before, during, or following attempted removal or in any medical emergency
    c. Appropriate specialists (eg, thoracic radiologist) if the contraceptive implant cannot be localized in the arm and there is confirmed or high clinical suspicion of a migrated contraceptive implant (eg, a positive ENG serum assay test)
    d. Specialist for imaging with other modalities (eg, X-ray, CT, MRI) if removal using sonography is not feasible

Community standards and reporting requirements

1. Society of Family Planning membership is not a requirement to become a COE; however, clinicians must meet the Society's membership eligibility criteria, including a commitment to adhere to the Society's community standards and support of the Society's mission and vision
2. Commitment to regularly updating clinician information to the Society