The Royal College of Obstetricians and Gynaecologists submission to the APPG on Population, Development and Reproductive Health

Call for evidence on Abortion in the Developing World and UK

RCOG UK Submission
The Royal College of Obstetricians and Gynaecologists (RCOG) works to improve health care for women everywhere, by setting standards for clinical practice, providing doctors with training and lifelong learning, and advocating for women’s health care worldwide.

The RCOG supports the rights of women and girls across the world to access safe, high-quality family planning, contraception, abortion and post-abortion services, always working within the local legal framework and respecting the diversity of personal opinion among our members and society. Abortion care is an essential aspect of women’s health.

We welcome the opportunity to submit our views to the APPG on Population, Development and Reproductive Health. This submission focusses on the issues surrounding the healthcare provider workforce in the UK.

The healthcare provider workforce in the UK

Workforce factors:

1. Before the 1967 Abortion Act, unsafe abortion was a leading cause of maternal mortality, responsible for 14% of maternal deaths. The RCOG has identified as a key priority the need to ensure today’s abortion services are sustainable into the future. Changes to the commissioning and delivery of abortion services have had a significant impact in recent years. The shift towards provision of abortion services by the independent sector has directly led to a reduction in the training opportunities and placements available to doctors working within the NHS. This has resulted in a smaller number of doctors with the requisite skills to deliver abortion care to women across the UK. The low prestige and stigma that can be associated with abortion care are also affecting morale within the profession.

2. In England and Wales in 2016, 30% of abortions were performed in NHS hospitals and 68% in approved independent sector places under NHS contract. With over two-thirds of NHS-funded abortions being delivered by the independent sector, junior doctors are finding it increasingly difficult to access training and experience of abortion care as there are now fewer NHS based consultants working in abortion care and therefore fewer opportunities available.
3. The future of sexual healthcare services requires careful workforce planning in order for abortion services to be available to the women who need it most. In the RCOG’s 2016 workforce survey of UK consultants and equivalent, only 5.2% of the 1736 consultants who responded (roughly 60% of the obstetrics and gynaecology workforce) stated that sexual health and abortion care formed part of their work. In the specialty training programme, abortion care is covered in two modules of the core curriculum in obstetrics and gynaecology, and there is an Advanced Training Skills Module (ATSM) in abortion care. The ATSM covers everything from the legal and ethical aspects of abortion, the medical and surgical procedures, as well as aftercare. Since 2007, only 33 junior doctors have completed the abortion care ATSM, with an additional 13 currently registered. This is out of a total of 5284 doctors who have registered for one of the 20 ATSMs since their introduction in 2007, with 3614 successfully completing an ATSM. With the current generation of doctors providing this service nearing retirement, there is a risk that the future workforce will not be trained to provide this essential care.

4. Anecdotally it appears the lack of role models and career pathways within abortion care partly explains the low take-up of ATSM training in this area. There is also an overall feeling that abortion care has low prestige in the NHS and as a result staff working in this field report feeling undervalued and isolated, rather than feeling as though their work is regarded as an essential part of delivering improvements to women’s health.
5. This sense of low prestige for the workforce is also exacerbated by negative press coverage around abortion and the intimidating tactics of anti-abortion groups outside of clinics. Furthermore, consistent political activity, such as Private Members’ Bills in the Houses of Commons and Lords looking to further restrict abortion services and regular Parliamentary questions on abortion, means that the feeling of low prestige for abortion care services is continuous.

6. There is a similar picture within the Faculty of Sexual and Reproductive Healthcare (FSRH) training programme, with only 20 people having successfully completed the FSRH Special Skills Module in abortion care.

System factors:

7. There are also particular concerns around services for women with complex comorbidities or who are seeking abortions at later gestations. In the UK, there are dwindling numbers of consultants providing this service, with few doctors in training who will be in position to carry out these procedures in the future. Due to commissioning patterns in England and Wales, independent sector providers now provide the majority of abortion procedures. However, they do not have the necessary facilities or licenses to carry out more complex procedures or late stage abortions.

8. Clinical Commissioning Groups (CCGs) often lack the specialist knowledge needed to commission abortion services appropriately. The tariff used by CCGs is similar for medical, surgical and complex cases. However, costs are greater for abortions taking place at a later gestation and/or where there are additional complexities. Commissioning must not be based on a single tariff, but instead based on the complexity of the procedure, which is determined by each woman’s individual needs. In addition, CCGs should commission the training of doctors in abortion services.

9. To help overcome the challenges with the healthcare provider workforce, the RCOG has established an Abortion Task Force, led by the College President, Professor Lesley Regan. The Taskforce works collaboratively with the main independent-sector providers to develop system-wide solutions to ensure that women have access to safe, sustainable, high-quality care. The Abortion Taskforce is exploring models for obstetrics and gynaecology trainees to gain training and experience in the independent sector, following successful models already established in some parts of the country. Furthermore, the Abortion Taskforce is working closely with NHS England, which has provided welcome support to develop models for specialist abortion services for complex and late stage abortion services for women.

10. The National Guideline Alliance (NGA), hosted by the RCOG, has been commissioned by the National Institute for Health and Care Excellence (NICE) to update the current clinical guideline on the care of women seeking abortion, which was published in 2011. The guideline will be co-branded by NICE and the RCOG – the first time NICE has published a co-branded guideline. As abortion services are now varying based on local commissioning, and with services increasingly shifting from the NHS to the independent sector, the guidance will look at the best available evidence to ensure that services provide safe and appropriate access to women who require an abortion. The draft scope highlights that the guideline will
examine inequalities relating to: living in remote areas, complex pre-existing medical conditions, coexisting mental health problems, learning disabilities, vulnerable women (including sex workers and women who are homeless), girls and younger women and women who have communication difficulties. The guideline is expected to be published in September 2019.

11. The RCOG respects that individual views on abortion amongst its members, and indeed across wider society, will differ on the topic of abortion. However, as an organisation whose core purpose is to improve women’s health, the College supports the rights of women and girls across the world to access safe, high-quality family planning, contraception, abortion and post-abortion services, working within the local legal framework.

For more information on this submission, please contact Karina Russell at krussell@rcog.org.uk or on 020 7772 6332.