BSACP
BRITISH SOCIETY OF ABORTION CARE PROVIDERS

Position Statement: Training in Uterine Evacuation and Abortion Care

Skills Gap:

First trimester uterine evacuation is poorly taught and even more poorly assessed in core training. There are a number of factors which have led to this situation. Primarily, the loss of routine abortion services from most acute Trusts over the past 30 years has resulted in an almost complete lack of exposure to surgical abortion for most trainees. The loss of learning opportunity has been accentuated by the shift towards medical management of miscarriage, which became even more marked since the COVID-19 pandemic. Most trainees during core training have no formal teaching in surgical management of miscarriage (SMM) and the training and supervision which they do receive in the few procedures which they undertake is often from their peers who, in turn, have had no formal training or assessment of competence.

Very few O+G trainees acquire any skill in 2nd trimester uterine evacuation by dilatation and evacuation (D+E).

D+E is an essential, life-saving skill in the context of mid-trimester pregnancy complications: maternal deaths can and do occur because of failed medical management and lack of surgical skills (2017, 2022). Many more cases of severe, avoidable morbidity are likely to occur due to delay in evacuation in hospitals where clinicians lack the confidence and basic skills in D+E.

Most hospitals throughout the UK are unable to provide this service electively or in emergency situations, relying instead on medical management. Even more alarming is the prevalence of a belief that hysterotomy is the safest alternative management in the event of failed medical management. This suggests a fundamental failure in education and training of an entire generation of O+G clinicians.

NICE guidelines (2019) call for patients to be offered choice of method of abortion for any indication, including clause E. The guidelines also stipulate that training in abortion care should be supported.

It is therefore incumbent on all foetal medicine departments and maternity departments to work towards offering surgical abortion and not medical abortion alone for foetal anomaly patients. Steps therefore need to be taken without delay to improve the provision of abortion training for O+G trainees throughout the core years and beyond, in order to equip the future workforce with the skills to provide safe, patient-centred care.

With appropriate education and awareness of the issues, O+G trainees are enthusiastic and want to take up training in abortion care.

The RCOG ASM "Safe Practice in Abortion Care", was developed and introduced with the aim of widening access to abortion training – allowing consultants and other non-training grade doctors to access training. There has been mixed success, due to lack of training centres and (until recently) lack of opportunity to train in the independent sector because of issues around indemnity. Crown indemnity does now apply to abortions in the independent sector where this is funded by the NHS (which accounts for >98% of abortions in these clinics). This should therefore facilitate access to training within the independent sector services where the great majority of surgical abortions are now performed.

With any revision of the curriculum for training in O+G, it is vital that access to abortion training is kept as open as possible in order to encourage training for as wide a group of clinicians as possible.

Desired training outcomes:

Competency assessed 1st trimester uterine evacuation by end of ST2. Robust workplace based assessments required for evidence of completion of training.

Competency assessed D+E to 16+6/40 for all trainees by end of core training (as a requirement for CCT in O+G). Same level of assessment required. There is a precedent for this approach to training: in the USA, despite the recent challenges to abortion access, residency programme accreditation requires provision of comprehensive abortion and family planning training (with opt out provision) and in Australia abortion training and a requirement to demonstrate competence in uterine evacuation has recently been made a mandatory part of the curriculum.

Deaneries should have a plan in place to ensure that all trainees have access to abortion training during core training through placements in the independent sector.

The ASM should remain open to trainees who wish to participate alongside their other advanced training choices in ST5-7. This would be primarily to consolidate skills in D+E and to acquire skills in D+E 17-20 weeks or 17-24 weeks, as well as developing skills in managing complex abortion care within an MDT.

Clarification that conscientious objection does not allow trainees to avoid training in first and second trimester uterine evacuation as a necessary and life-saving procedure in Obstetrics and Gynaecology. The onus should be on the trainee to demonstrate their competence either through "partial participation" in abortion care or through assessment of SMM competence in missed miscarriage at a suitably advanced gestation for equivalence of training to be assured.

Development of a whole day simulation training course for first and second trimester uterine evacuation as part of the core training Matrix (similar to the ROBuST course in obstetric training), delivered by end of ST3. As with ROBuST, this course should aim to prepare trainees for participation in clinical training and is therefore not in any way an alternative to clinical training and assessment of competence.