

Position statement on destigmatising abortion care education and training

Background

The [British Society of Abortion Care Providers \(BSACP\)](#) and [Abortion Talk](#) acknowledge the compelling evidence that psychological safety is paramount for success in training and professional practice (Appelbaum et al., 2016; Hardie et al., 2022; McClintock et al., 2022).

The pervasive stigma surrounding abortion, can affect patient care (Calloway et al., 2021), and should be avoided as outlined in the National Institute for Health and Care Excellence (NICE) guidance on abortion care in points 1.1.17 and 1.1.18 (NICE, 2024)

Stigma can also cast a shadow over education and training environments, potentially rendering them unsafe for aspiring and current healthcare professionals. Furthermore, existing barriers to abortion care training exacerbate this stigma, leading some to perceive abortion care as distinct from mainstream medical, nursing, and midwifery care thereby deterring involvement in this critical area of practice.

As the professional specialist society dedicated to providers aspiring to and working in abortion care, BSACP recognizes the importance of combatting stigma within education and training environments. Abortion Talk encourages individuals and communities to have conversations about abortion to end abortion stigma. Our shared mission is rooted in ensuring the highest standards of care for individuals seeking abortion services, and we understand that fostering supportive and stigma-free education and training is paramount to achieving this goal.

By addressing stigma head-on and integrating abortion care into mainstream healthcare curricula, we not only empower healthcare professionals to deliver compassionate and comprehensive care but also uphold the rights and dignity of patients. Moreover, by championing inclusivity and professional development within education and training settings, we strengthen the foundation of our profession and cultivate a community of providers committed to excellence in abortion care (Maxwell et al., 2021).

There is evidence that stigma can be combatted through different training methods such as the Partial Participation Protocol in the United States. The protocol focuses on allowing healthcare providers to opt out of providing abortion care for personal or religious conflicts, while still facilitating their participation up to their comfort level in order to support the other members of the team and learn essential and transferable skills in the provision of sexual and reproductive healthcare and gynaecology (*All Materials: Abortion Training for Partially Participating Residents*, 2024). There is evidence from multiple studies which have found that learners who object to abortion but partially participate in training gain important clinical and professional skills and appreciate the training (Steinauer & Turk, 2021).

Combating stigma within education and training environments aligns closely with our values, driving us to strongly advocate for the creation of environments where all providers feel valued, supported, and empowered to fulfil their vital role in abortion care provision.

Key Organisations

We urgently call upon key organisations within the healthcare sector, including the General Medical Council (GMC), Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), Royal College of Nursing (RCN), Royal College of Midwives (RCM), Royal College of Obstetricians and Gynaecologists (RCOG), Faculty of Sexual and Reproductive Healthcare (FSRH), Royal College of General Practitioners (RCGP), Royal College of Emergency Medicine (RCEM), College of Paramedics, and others, to unite in addressing these systemic challenges.

We must collectively dismantle the barriers that perpetuate stigma surrounding abortion care and integrate it into mainstream healthcare curricula. This requires a concerted effort to foster inclusive and supportive education and training environments that prioritise psychological safety and encourage undergraduate knowledge of abortion care and postgraduate participation in abortion care training as an integral part of broader reproductive healthcare.

Actions

We urge partners to collaborate with us on implementing the following strategies:

Education and Awareness

Develop educational programs and materials to raise awareness about the importance of abortion care within the broader context of reproductive healthcare. Promote understanding of the ethical, legal, and professional obligations associated with abortion care.

Inclusive Curricula

Integrate abortion care teaching into the core curriculum for medical, nursing, midwifery, and paramedic science students and integrate abortion care into obstetrics and gynaecology, sexual and reproductive health, general practice and emergency medicine postgraduate training.

Ensure that undergraduate teaching includes the clinical aspects of abortion, and that postgraduate training includes comprehensive instruction on abortion care and that both treat it as an essential aspect of healthcare provision, thereby destigmatising it.

Mentorship and Support

Establish mentorship programs that pair any interested learners with experienced healthcare professionals in abortion care.

Provide ongoing support and guidance to learners, fostering a supportive learning environment where individuals feel empowered to engage with abortion care without fear of judgment or discrimination.

Peer Education and Advocacy

Empower learners to become advocates for abortion care within their respective fields.

Encourage open dialogue and peer-led initiatives to challenge stigma and promote acceptance of abortion care as an integral component of healthcare practice.

Policy Development

Collaborate with regulatory bodies and professional organisations to develop and implement policies that protect the rights of healthcare professionals to provide abortion care without prejudice or discrimination.

Advocate for the inclusion of anti-stigma measures within organisational policies and guidelines.

Research and Evaluation

Support research initiatives aimed at understanding the root causes of stigma surrounding abortion and evaluating the effectiveness of interventions designed to combat it.

Use evidence-based approaches to inform the development of targeted interventions and best practices.

By working together, we can break down the silos that isolate abortion care and ensure that healthcare professionals are equipped with the necessary skills and confidence to provide comprehensive care to all patients. Let us reaffirm our commitment to a healthcare landscape where all individuals receive dignified, respectful, and accessible care, regardless of the area of practice.

References

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