SITM: Safe Practice in Abortion Care (SPAC)

SECTION 1: CAPABILITIES IN PRACTICE

SPAC CiP 1: The doctor communicates and manages effectively to provide safe abortion care.	
Key Skills	**Descriptors**
Provides accurate information, without judgement, on the appropriate methods for termination of pregnancy for the gestational age	• Counsels on all options and associated health issues should termination of pregnancy be chosen, including: ○ support for continuation of the pregnancy ○ adoption ○ medical and surgical methods for termination of pregnancy • Demonstrates understanding of the benefits, risks and alternatives for surgical and medical methods including manual vacuum aspiration (MVA) outside of a theatre setting. • Clearly explains treatment regimes, potential side effects of drugs and complications of procedures.
Communicates and constructs an appropriate management plan, taking into account the woman's preferences and the urgency required	• Identifies reason for consultation and allows the woman to elaborate, presenting problem fully. • Deals sensitively with embarrassing and/or disturbing topics. • Phrases questions simply and clearly. • Structures interviews in logical sequence. • Involves others as appropriate, respects and observes confidentiality, displays tact, empathy, respect and concern for the patient. • Discusses potential consequences of not completing treatment regime.
Plans management for high risk and protected groups appropriately	• Ascertains social support, encouraging parental involvement where patient under 16 years' old. • Respects religious and cultural diversity and beliefs. • Is aware of women under coercive control of partner or family and the need for privacy in interviews. • Shows appreciation of the range of human sexuality, lifestyles and culture, and how this may reflect in their presentation and impact on their management. • Checks patient/carer is aware of procedure, analgesia requirements, support, and expected course of recovery. • Ensures everyone knows what constitutes abnormal signs and symptoms after abortion including whom to contact in an emergency.

	• Works effectively as part of a multidisciplinary team in high-risk situations.
Ensures STI screening, post abortion contraception and appropriate follow-up care.	• Discusses and documents a plan for STI screening, post-abortion contraception, indications for and availability of a post-abortion follow-up care. • Prescribes contraception and provides sexual health advice appropriate to the circumstances.

Evidence to inform decision

• Mini-CEX • CbD • Reflective practice • NOTSS	• Local and Deanery Teaching • RCOG Learning • TO2 (including SO)

Knowledge criteria

- The UK legal and regulatory aspects of abortion care – the Abortion Act 1967 and Statutory Instrument 2002 No. 887. The Abortion (Amendment) (England) Regulations 2002
- The role of the doctor in completion of the necessary forms for authorisation and notification of abortion
- Understand the benefits, risks and alternatives for surgical and medical methods including manual vacuum aspiration (MVA) outside of a theatre setting, for appropriate to the gestational age, medical and social history
- Understand how these options change after 12 weeks and after approximately 19 weeks, depending on local policies.
- Familiarity with local and national guidelines.
- Local care pathways for high risk and protected groups, including any safeguarding issues.
- Department of Health's *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health* (2004)

SPAC CiP 2: The doctor has the required ultrasound skills to provide safe abortion care.

Key Skills	Descriptors
Performs ultrasound	• Is able to date the pregnancy. • Recognises normal and abnormal uterine anatomy.
Uses ultrasound to guide and confirm completion of evacuation of the uterus.	• Identifies the endocervical canal and its instrumentation during dilatation of the cervix. • Directs others to provide effective ultrasound guidance during uterine evacuation. • Recognises successful completion of the procedure.

Evidence to inform decision

• OSATS
  ○ Dating pregnancy by ultrasound
  ○ Ultrasound assisted guidance of termination of pregnancy
• Mini-CEX
• Reflective practice
	• NOTSS
	• TO2 (including SO)
	• Local and Deanery Teaching RCOG e-learning

Knowledge criteria

- Cervical, uterine and placental anatomy
- The use of ultrasound dating based upon CRL or from 14 weeks HC, AC and FL
- The ultrasound features of normal and abnormal uterine anatomy and implantation (e.g. cervical or scar pregnancy)
- The ultrasound appearances during termination and on successful completion of the procedure

SPAC CiP 3: The doctor has the procedural skills required to provide safe abortion care.

Key Skills	Descriptors

Manages safe abortion procedural skills	• Prescribes appropriately for medical abortion, including abortifacients and analgesia.
	• Prescribes appropriately for cervical priming before surgical abortion.
	• Prescribes appropriately to minimise the risk of complications (eg. infection, haemorrhage, alloimmunisation).
	• Performs cervical preparation and is able to appropriately identify indications for and demonstrate ability to safely insert and remove osmotic cervical dilators.
	• Safely performs mechanical dilatation of the cervix.
	• Performs completion of procedure and investigations by:
	  ○ Confirming complete evacuation of products on inspection of the products
	  ○ Safely and sensitively disposing of fetal tissue
	  ○ Arranging investigations as indicated in case of fetal or placental anomaly or forensic examination as identified
	  ○ Correct placing of intrauterine contraceptive if chosen
	  ○ Producing a suitable report of the procedure

Evidence to inform decision

• OSATS:
  ○ Performing termination MVA
  ○ Performing termination EVA
  ○ Performing termination D&E (only required if taken up to 18+6 or 23+6 weeks gestation)
	• Mini-CEX
	• CbD
	• Reflective practice
	• NOTSS
	• Local and Deanery Teaching
	• RCOG Learning

Knowledge criteria

- The pain management options for MVA:
    - local cervical anaesthesia
    - oral analgesia
    - mild-moderate (conscious) sedation
- The environmental, staffing, supplies and set-up required to safely and effectively provide:
    - office-based uterine evacuation
    - theatre-based uterine EVA
    - theatre-based dilation and evacuation, including theatre set up, patient positioning and necessary equipment
- The indications, contra-indications and cautions for the use of mifepristone and/or misoprostol or other prostaglandin analogue (e.g., Gemeprost)
- The evidence-based recommendations for the prescribing of antibiotics, uterotonics and Rhesus anti-D immunoglobulin
- The indications, contra-indications and cautions for the use of osmotic cervical dilators [not required for Surgical skills to 13+6 weeks]
- Familiarity with the Human Tissue Authority Guidance on the disposal of pregnancy remains following pregnancy loss or termination (2015)
- The indications for post mortem examination and karyotyping in the context of termination for fetal anomaly. Understand documentation and follow up for gestational trophoblastic disease.
- Best practice including:
    - *Pain control in first trimester surgical abortion,* Cochrane Database Syst Rev 2009;(2): CD006712;
    - *Immediate postabortal insertion of intrauterine devices*, Cochrane Database Syst Rev 2010;(6): CD001777
    - Department of Health's *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health* (2004)

SPAC CiP 4: The doctor is able to safely manage the complications associated with abortion care.	
Key Skills	**Descriptors**
Manages cervical trauma	• Recognises when to call for assistance. • Communicates and works effectively with a multidisciplinary team.
Manages uterine trauma	• Recognises when to call for assistance. • Communicates and works effectively with a multidisciplinary team.
Manages post-abortion haemorrhage and collapse	• Recognises and manages immediate complications of surgical abortion (eg. cervical laceration, uterine perforation, acute haemorrhage, vasovagal episode) and medical abortion (eg. retained placenta, acute haemorrhage, uterine rupture). • Recognises and manages delayed complications of medical and surgical abortion (eg. endometritis, incomplete

	abortion/retained products of conception, emotional difficulties).
Manages complex cases requiring medical or surgical abortion	• Recognises when a transcervical approach is not feasible and appropriately refers for hysterectomy or hysterotomy, for example, women with medical comorbidities, uterine or placental anomalies. • Identifies and manages immediate complications with insertion of osmotic cervical dilators (e.g. vasovagal, false passage) or removal (e.g. 'hourglassing').

Evidence to inform decision

- OSATS:
  - Acute complications relating to termination of pregnancy
  - Late complications relating to termination of pregnancy
- Mini-CEX
- CbD
- Reflective practice
- Local and Deanery Teaching
- TO2 (including SO)
- NOTSS
- RCOG Learning
- Confirmed participation in multidisciplinary team-based simulation training
- Leads critical incident review

Knowledge criteria

- How to recognise and manage the complications of surgical abortion (eg. cervical laceration, uterine perforation, acute haemorrhage, vasovagal episode) and medical abortion (eg. retained placenta, acute haemorrhage, uterine rupture)
- How to recognise and manage delayed complications of medical and surgical abortion (eg. endometritis, incomplete abortion/retained products of conception, emotional difficulties)

SECTION 2: PROCEDURES

Procedures marked with * require three summative competent OSATS

Procedures	*Level by end of training*	*CIP 1*	*CIP 2*	*CIP 3*	*CIP 4*
Ultrasound*	5		X		
Manual vacuum aspiration (MVA)*	5			X	
Electric vacuum aspiration (EVA)*	5			X	
Dilation and evacuation for 18+6 and above*	5			X	
Acute complications relating to termination of pregnancy (includes: Basic life support, managing major haemorrhage, EUA, repairing uterine or	5				X

Procedures	*Level by end of training*	*CIP 1*	*CIP 2*	*CIP 3*	*CIP 4*
cervical tear, Hysterotomy, Hysterectomy)*					
Late complications relating to termination of pregnancy (including: Basic life support, managing major haemorrhage, EUA, repairing uterine or cervical tear, Hysterotomy, Hysterectomy)*	5				X

SECTION 3: GMC GENERIC PROFESSIONAL CAPABILITIES

Mapping to GPCs
Domain 1: Professional values and behaviours Domain 2: Professional skills • Practical skills • Communication and interpersonal skills • Dealing with complexity and uncertainty • Clinical skills *(history taking, diagnosis and management, consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable diseases)* Domain 3: Professional knowledge • Professional requirements • National legislative requirements • The health service and healthcare systems in the four countries Domain 4: Capabilities in health promotion and illness prevention Domain 5: Capabilities in leadership and teamworking Domain 6: Capabilities in patient safety and quality improvement • Patient safety • Quality improvement Domain 7: Capabilities in safeguarding vulnerable groups

SECTION 4: MAPPING OF ASSESSMENTS TO SPAC CiPs

SPAC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
1: The doctor communicates and manages effectively to provide safe abortion care.		X	X	X	X	X

SPAC CIP	OSATS	Mini-CEX	CbD	NOTSS	TO1/ TO2	Reflective practice
2: The doctor has the required ultrasound skills to provide safe abortion care.	X	X		X	X	X
3: The doctor has the procedural skills required to provide safe abortion care.	X	X	X	X	X	X
4: The doctor is able to safely manage the complications associated with abortion care.	X	X	X	X	X	X

SECTION 5: RESOURCES (OPTIONAL)

1. Abortion Act 1967. London: HMSO. www.legislation.gov.uk/ukpga/1967/87/contents
2. Statutory Instrument 2002 No. 887. The Abortion (Amendment) (England) Regulations 2002. London: HMSO (2002) www.legislation.gov.uk/uksi/2002/887/made
3. Department of Health. Abortion Notification Forms www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4063863
4. Termination of Pregnancy for Fetal Abnormality in England, Scotland & Wales. Report of a Working Party. RCOG (2010) www.rcog.org.uk/termination-pregnancy-fetal-abnormality-england-scotland-and-wales
5. General Medical Council. Consent guidance: patients and doctors making decisions together. (2008)
6. RCOG Presenting Information on risk. Clinical Governance Advice No. 7. (2008)
7. RCOG: Patient leaflet: Information about abortion care (2012)
8. Medical versus surgical methods for first trimester termination of pregnancy. Cochrane Database Syst Rev 2005;(1):CD003037
9. Rowlands S, ed. Abortion Care. Cambridge: Cambridge University Press, 2014
10. Paul M, Lichtenberg S, Borgatta L, et al. eds. Management of Unintended and Abnormal Pregnancy: Comprehensive Abortion Care. 2nd ed. Chichester: WIley-Blackwell, 2009.
11. Kelly T, Suddes J, Howel D, Hewison J, Robson S. Comparing medical versus surgical termination of pregnancy at 13-20 weeks of gestation: a randomised controlled trial. BJOG. 2010 Nov;117(12):1512-20.
12. Grimes DA. The choice of second trimester abortion method: evolution, evidence and ethics. Reprod Health Matters. 2008 May;16(31 Suppl):183-8.
13. Harris LH. Second trimester abortion provision: breaking the silence and changing the discourse. Reprod Health Matters. 2008 May;16(31 Suppl):74-81.

14. Kerns J, Steinauer J. Management of postabortion hemorrhage: release date November 2012 SFP Guideline #20131. Contraception. 2013 Mar;87(3):331-42.
15. Fox MC, Krajewski CM. Cervical preparation for second-trimester surgical abortion prior to 20 weeks' gestation: SFP Guideline #2013-4. Contraception. 2014;89:75-84.
16. Newmann S, Dalve-Endres A, Drey EA; Society of Family Planning. Clinical guidelines. Cervical preparation for surgical abortion from 20 to 24 weeks' gestation. Contraception. 2008;77:308-14.
17. Goldberg AB, Fortin JA, Drey EA, Dean G, Lichtenberg ES, Bednarek PH, Chen BA, Dutton C, McKetta S, Maurer R, Winikoff B, Fitzmaurice GM. Cervical Preparation Before Dilation and Evacuation Using Adjunctive Misoprostol or Mifepristone Compared With Overnight Osmotic Dilators Alone: A Randomized Controlled Trial. Obstet Gynecol. 2015 Sep;126(3):599-609.
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19. Darney PD, Sweet RL. Routine intraoperative ultrasonography for second trimester abortion reduces incidence of uterine perforation. J Ultrasound Med. 1989 Feb;8(2):71-5.
20. Kerns J, Steinauer J. Management of postabortion hemorrhage: November 2012 SFP Guideline #20131. Contraception. 2013 Mar;87(3):331-42.
21. Department of Health. Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health. (2004)
22. Faculty of Sexual and Reproductive Healthcare. Clinical Effectiveness Unit. Clinical Guidance. Intrauterine contraception. (2007) www.fsrh.org/news/new-fsrh-guideline--contraception-after-pregnancy/
23. Goldberg AB, Fortin JA, Drey EA, Dean G, Lichtenberg ES, Bednarek PH, Chen BA, Dutton C, McKetta S, Maurer R, Winikoff B, Fitzmaurice GM. Cervical Preparation Before Dilation and Evacuation Using Adjunctive Misoprostol or Mifepristone Compared With Overnight Osmotic Dilators Alone: A Randomized Controlled Trial. Obstet Gynecol. 2015 Sep;126(3):599-609.
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