



Curriculum 2024 Guide for Special Interest Training Module (SITM): Safe Practice in Abortion Care (SPAC)

May 2024 V1.0



Version Control		
Version	Modifications	Date
1.0	Final version for publication	May 2024



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1. The Safe Practice in Abortion Care SITM

This SITM is aimed at learners with an interest in abortion care. This SITM provides training in the skills required for the medical and surgical methods of termination up to 23+6 weeks' gestation. However, the surgical skills may be undertaken to one of three thresholds: 13+6 weeks, 18+6 weeks or 23+6 weeks. Some of the surgical skills listed within this SITM will not be required for learners undertaking surgical termination to the earlier gestational limits agreed at the beginning of the SITM.

To plan the delivery and location of the SITM, learners must register at the outset the gestational age to which they are developing their surgical skills. If adequate training time remains (12 months), this threshold may be modified with Educational Supervisor support. The final RCOG certification will include the surgical threshold reached; for example, 'Safe Practice in Abortion Care (surgical skills to 23+6 weeks)'. Access to training in surgical termination to the higher gestational limits may only be achieved by working in partnership with private/charitable providers performing NHS funded work. This is being encouraged and facilitated in England, and all learners considering this SITM should speak with their local SITM Director, TPD or Head of School to determine what training opportunities are available to these three gestational limits, prior to registering for the SITM.

The Safe Practice in Abortion Care (SPAC) SITM can be undertaken concurrently with the Complex Early Pregnancy and Non-elective Gynaecology (CEPNG) SITM, or may be combined with any other non-contingent SITM, depending on the future career aspirations of the learner. Learners may have gained sufficient ultrasound skills before registering for this SITM. No additional ultrasound skills or competencies other than those acquired during core training are necessary for registering for this SITM. Learners undertaking this SITM will be expected to be able to access regular gynaecological ultrasound scanning lists, attend appropriate courses and collect evidence in the form of OSATS and other workplace-based assessments (WPBAs) to evidence their scanning capabilities by the completion of this SITM. Guidance on ultrasound training is available [here](#).

Learners will learn how to competently manage all aspects of care for women who opt for termination of pregnancy. After completing this SITM, learners will be able to provide a

comprehensive abortion care service, encompassing the care of women who are considering, and those who then elect, to terminate the pregnancy.

As the learner progresses through the SITM, they will obtain the knowledge and skills to manage a wide range of scenarios. Learners will also participate in educational events to further develop their training.

Throughout training, learners will need to reflect on whether a project has gone well, learn from positive and negative experiences, and use this to improve their own skills.

Before signing off on this SITM, the Educational Supervisor will decide the level of supervision required for each SPAC Capability in Practice (CiP), and whether this has been met. More detail is provided in Section 5 of the [Special Interest Training Definitive Document](#).

2. Design of the SITM

The Safe Practice in Abortion Care 2024 SITM is made up of four SPAC CiPs.

If undertaking the module full time, it is expected to take 12–18 months of training. However, this timeframe is indicative as training is entirely competency based.

Learners must complete a minimum of two SITMs to obtain a certificate of completion of training (CCT). They can undertake any obstetrics or gynaecology SITM as their second SITM, depending on whether they are aspiring to a combined obstetrics and gynaecology or gynaecology-only special interest post.

Here is the GMC-approved SPAC SITM:

3. Capabilities in Practice (CiPs)

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	<ul style="list-style-type: none"> • Can counsel a person on all options and the associated health issues should they choose to terminate their pregnancy, including explaining: <ul style="list-style-type: none"> ○ what support there is for continuing their pregnancy ○ adoption ○ the medical and surgical methods for terminating a pregnancy



	<ul style="list-style-type: none">• 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 puts together an appropriate management plan, taking into account the person's preferences and how urgent it is	<ul style="list-style-type: none">• Identifies the reason for a consultation and allows the person to fully explain why they are there.• Deals sensitively with embarrassing and/or disturbing topics.• Structures interviews with people in a logical sequence, and phrases questions simply and clearly.• Involves other specialists, as appropriate; respects and observes confidentiality; and displays tact, empathy, respect and concern for the patient.• Discusses the potential consequences of not completing a treatment regime.
Plans management for high risk and vulnerable groups appropriately	<ul style="list-style-type: none">• Ascertains whether a person under 16 has support from other people and encourages them to involve their parents or carers.• Respects religious and cultural diversity and beliefs.• Is aware of women experiencing coercive control from a partner or family member and the need for privacy in interviews.• Appreciates the range of sexuality, culture and lifestyle choices that patients might have, and the way these things can affect them and have an impact on how their abortion is managed.• Checks patient and carer is aware of the procedure, analgesia requirements, what support is available and the expected course of recovery.• Makes sure everyone knows what signs and symptoms after abortion are not normal, including who to contact in an emergency.• Works effectively as part of a multidisciplinary team (MDT) in high-risk situations.
Makes sure people receive screening for sexually transmitted infections (STI), post abortion contraception and appropriate follow-up care.	<ul style="list-style-type: none">• Discusses and documents a plan for STI screening, post-abortion contraception, and indications for and availability of post-abortion follow-up care.• Prescribes contraception and gives sexual health advice appropriate to the person's circumstances.



Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice • NOTSS 	<ul style="list-style-type: none"> • Local and deanery teaching • RCOG Learning • TO2 (including SO)
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • The UK legal and regulatory aspects of abortion care: the Abortion Act 1967 and The Abortion (Amendment) (England) Regulations 2002 (legislation.gov.uk) • Abortion (Northern Ireland) (No. 2) Regulations 2020 • The role of the doctor in completing necessary forms for authorising an abortion and notifying the Chief Medical Officer • Understand the benefits, risks and alternatives for surgical and medical methods, including MVA, outside of a theatre setting, depending on the gestational age, and the person’s 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. <i>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</i>. London: Department of Health; 2004. 	

SPAC CiP 2: The doctor has the ultrasound skills that are needed to provide safe abortion care.	
Key skills	Descriptors
Able to safely perform transabdominal and transvaginal scanning of the female genital tract.	<ul style="list-style-type: none"> • Is able to identify all key pelvic structures, recognises normality and deviations from normal. • Is able to optimise image quality. • Can store images securely and construct a clinically useful ultrasound examination report. • Recognises and adheres to infection control and chaperoning policies. • Is able to date the pregnancy across all trimesters. • Recognises normal and abnormal uterine anatomy. • Recognises the possibility of non-viable. intrauterine/ectopic/heterotopic/scar pregnancy and refers appropriately.



Uses ultrasound to guide and confirm that evacuation of the uterus.	<ul style="list-style-type: none"> • Identifies the endocervical canal and its instrumentation when the cervix is dilated. • Directs others to provide effective ultrasound guidance when the uterus is being evacuated. • Recognises successful completion of the procedure.
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> • Mini-CEX • Reflective practice 	<ul style="list-style-type: none"> • NOTSS • TO2 (including SO) • Local and deanery teaching • RCOG e-Learning
Mandatory requirements	
<ul style="list-style-type: none"> • OSATS <ul style="list-style-type: none"> ○ ultrasound examination of early pregnancy complications 	
Knowledge criteria	
<ul style="list-style-type: none"> • Cervical, uterine and placental anatomy • The use of ultrasound to date crown rump length (CRL) or from 14 weeks head circumference (HC), abdominal circumference (AC) and femur length (FL) • The ultrasound features of normal and abnormal uterine anatomy and implantation (e.g. cervical or scar pregnancy) • The ultrasound appearances during termination and after the procedure has been successfully completed 	

SPAC CiP 3: The doctor has the procedural skills that are needed to provide safe abortion care.	
Key skills	Descriptors
Manages safe abortion using their technical skills	<ul style="list-style-type: none"> • Prescribes appropriately for a medical abortion, including abortifacients and analgesia. • Prescribes appropriately for cervical priming before surgical abortion. • Prescribes appropriately to reduce the risk of complications (e.g. infection, haemorrhage and alloimmunisation). • Identifies indications for, performs cervical preparation and safely inserts and removes osmotic cervical dilators. • Safely performs mechanical dilatation of the cervix. • Completes the procedure and investigations by: <ul style="list-style-type: none"> ○ confirming complete evacuation of products on inspection of these



	<ul style="list-style-type: none"> ○ safely and sensitively disposing of the pregnancy remains ○ arranging investigations, as indicated in the case of a fetal or placental anomaly or forensic examination ○ correctly placing intrauterine contraceptive, if chosen ○ producing a suitable report of the procedure
Evidence to inform decision – examples of evidence (not mandatory requirements)	
<ul style="list-style-type: none"> ● Mini-CEX ● CbD ● Reflective practice 	<ul style="list-style-type: none"> ● NOTSS ● Local and deanery teaching ● RCOG Learning
Mandatory requirements	
<ul style="list-style-type: none"> ● OSATS: <ul style="list-style-type: none"> ○ performing termination with MVA ○ performing termination with electric vacuum aspiration (EVA) ○ performing termination with dilation and evacuation (D&E) (only required if the person is 13+6 or more weeks pregnant) 	
Knowledge criteria	
<ul style="list-style-type: none"> ● The pain management options for MVA: <ul style="list-style-type: none"> ○ local cervical anaesthesia ○ oral analgesia ○ mild-moderate (conscious) sedation ● The environment staffing, supplies and set-up required to safely and effectively provide: <ul style="list-style-type: none"> ○ office-based uterine evacuation ○ theatre-based uterine EVA ○ theatre-based D&E, including theatre set-up, positioning the patient and required equipment ● The indications and contra-indications to, and cautions for the, use of mifepristone and/or misoprostol or other prostaglandin analogue (e.g. gemeprost) ● The evidence-based recommendations for prescribing antibiotics, uterotonics and anti-D immunoglobulin ● The indications and contra-indications to, and cautions for, using osmotic cervical dilators [not required for surgical skills at 13+6 weeks] ● Familiarity with the Human Tissue Authority Guidance (2015) on disposing pregnancy remains following pregnancy loss or termination ● The indications for post-mortem examination and karyotyping when terminating for a fetal anomaly. Understand documentation and follow up for gestational trophoblastic disease (GTD). ● Best practice including: 	



- Renner R, Jensen JTJ, Nichols MDN, Edelman A. Pain control in first trimester surgical abortion. *Cochrane Database of Systematic Reviews* 2009;(2): CD006712.
- Okusanya BO, Oduwole O, Effa EE. Immediate postabortal insertion of intrauterine devices. *Cochrane Database of Systematic Reviews* 2010;(6): CD001777.
- 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*. London: Department of Health; 2004.

SPAC CiP 4: The doctor can safely manage complications associated with abortion care.

Key skills	Descriptors
Manages cervical trauma	<ul style="list-style-type: none"> ● Recognises when to call for assistance for cervical trauma. ● Communicates and works effectively with the MDT when they are managing cervical trauma.
Manages uterine trauma	<ul style="list-style-type: none"> ● Recognises when to call for assistance for uterine trauma. ● Communicates and works effectively with the MDT when they are managing uterine trauma.
Manages post-abortion haemorrhage and collapse	<ul style="list-style-type: none"> ● Recognises and manages immediate complications of surgical abortion (e.g. cervical laceration, uterine perforation, acute haemorrhage and vasovagal episode) and medical abortion (e.g. retained placenta, acute haemorrhage and uterine rupture). ● Recognises and manages delayed complications of medical and surgical abortion (e.g. endometritis, incomplete abortion/retained products of conception and mental health problems).
Manages complex cases that require medical or surgical abortion	<ul style="list-style-type: none"> ● Recognises when a transcervical approach is not feasible and appropriately refers for hysterectomy or hysterotomy, in women with specific medical comorbidities, uterine or placental anomalies. ● Communicates and works effectively with the MDT. ● Identifies and manages immediate complications by inserting osmotic cervical dilators (e.g. vasovagal or false passage) or removal (e.g. hourglassing).
Manages post-abortion mental health	<ul style="list-style-type: none"> ● Manages emotional difficulties and refers to appropriate health professional.

Evidence to inform decision – examples of evidence (not mandatory requirements)



<ul style="list-style-type: none"> • Mini-CEX • CbD • Reflective practice 	<ul style="list-style-type: none"> • Local and deanery teaching • TO2 (including SO) • NOTSS • RCOG Learning • Participating in MDT simulation training • Leads critical incident review
Mandatory requirements	
No mandatory evidence	
Knowledge criteria	
<ul style="list-style-type: none"> • How to recognise and manage the complications of surgical abortion (e.g. cervical laceration, uterine perforation, acute haemorrhage and a vasovagal episode) and medical abortion (e.g. retained placenta, acute haemorrhage and uterine rupture) • How to recognise and manage delayed complications of medical and surgical abortion (e.g. endometritis, incomplete abortion/retained products of conception and mental health problems) 	

4. GMC Generic Professional Capabilities (GMCs)

The key skills in the SPAC CiPs also map to a variety of [generic professional capabilities](#) (GPCs). When providing evidence of their progress in this SITM, learners should make sure that it also displays progress/capability in the GMC GPCs, such as dealing with complexity, teamwork and leadership, and knowledge of patient safety issues.

Mapping to the GPCs
Domain 1: Professional values and behaviours
Domain 2: Professional skills
Domain 3: Professional knowledge
Domain 4: Capabilities in health promotion and illness prevention
Domain 5: Capabilities in leadership and team-working
Domain 6: Capabilities in patient safety and quality improvement
Domain 7: Capabilities in safeguarding vulnerable groups
Domain 8: Capabilities in education and training



Domain 9: Capabilities in research and scholarship

Learners can expect to be assessed on their wider skills as a medical professional, their skills in leadership and teamwork, and their level of clinical competence. Evidence showing progress in these areas will result in the learner progressing through the SITM.

To help learners and Educational Supervisors determine what acceptable progress looks like, there is a Statement of Expectations for each SPAC CiP.

Statement of Expectations for the SPAC SITM	
Meeting expectations for the SPAC CiP1	Learners are meeting expectations and can independently counsel all women on the most suitable options for their circumstances and stage of pregnancy, based on a clear understanding of the legal and regulatory aspects of the service. Learners are able to communicate and agree on a safe management plan tailored to the woman’s needs that mitigates risk and addresses future contraceptive needs.
Meeting expectations for the SPAC CiP2	Learners are meeting expectations and can independently use ultrasound to accurately identify all anatomical landmarks, and to confirm completion of the medical or surgical procedure.
Meeting expectations for the SPAC CiP3	Learners are meeting expectations and can safely select, prescribe and administer the appropriate abortifacients for the delivery of medical and assistance of surgical termination of pregnancy. Learners can independently perform the termination procedure and safely and sensitively dispose of fetal tissue. Learners can provide contraception and perform further investigations in accordance with the agreed management plan.
Meeting expectations for the SPAC CiP4	Learners are meeting expectations and can deliver safe practice for high-risk cases, and recognise and manage the full range of complications, using the MDT as appropriate. Learners may not have had direct experience of all potential complications of termination of pregnancy, but they can provide evidence of safe practice through multidisciplinary simulation training, alongside other methodologies.

The CiP knowledge criteria show the processes/frameworks a learner should understand and the clinical knowledge they must have if they want to work in abortion care. This is more in-depth than the knowledge base expected for the MRCOG. The key skills and descriptors outline the expected learning outcomes for the SITM. However, learners will not experience the entire range of possible scenarios during their training for this SITM; therefore, after completing the module they should continue their learning and skill development through their independent practice as an Abortion Care special interest doctor and at MDT meetings.



5. Procedures associated with the SPAC CiPs

The procedures required to complete this SITM are listed below. A learner can show progress in these procedures through OSATS, procedure logs and other forms of evidence.

If a procedure is marked with *, the learner will require three summative competent OSATS to demonstrate the level of competency needed to complete the SITM.

Procedures	Level by end of training	CiP1	CiP2	CiP3	CiP4
Ultrasound examination of early pregnancy complications*	5		X		
MVA*	5			X	
EVA*	5			X	
Dilation and evacuation for pregnancies for 13+6 and more weeks pregnant*	5			X	

The 'level by end of training' corresponds to the levels of entrustability defined in Section 5.4 of the [Special Interest Training Definitive Document](#). Level 5 indicates that a learner should be able to perform the procedure independently.

OSATS are not assigned a level of entrustability, rather they are assessed as being *competent* or *working toward competence*. The entrustability levels here are given to guide the assessor in judging whether the learner has reached the required degree of independence at the end of training.

6. Evidence required

As learners progress through SITM training they are expected to collect evidence which demonstrates development and acquisition of the key skills, procedures and knowledge. This evidence will be reviewed by the SITM Educational Supervisor when they are making their assessment for each CiP. Examples of types of evidence a learner may use to show progress in the SITM are given below. **Please note that this list shows possible, not mandatory, types of evidence** (see Section 5.6 in the [Special Interest Training Definitive Document](#) for more detail).

If workplace-based assessments are listed, then at least one must be presented as evidence. The emphasis should be firmly on the **quality** of evidence, not the quantity.

<ul style="list-style-type: none"> Objective Structured Assessment of Technical Skills (OSATS) (mandatory) 	<ul style="list-style-type: none"> Procedural log
<ul style="list-style-type: none"> Case-based discussions 	<ul style="list-style-type: none"> Case presentations



• Mini-Clinical Evaluation Exercise (Mini-CEX)	• Quality improvement activity
• Reflective practice	• Certification of training courses
• Team observation (TO2), including self-observation	• Attendance at relevant meetings
• Local, Deanery and National Teaching	• Participation at QA visits
• RCOG (and other) eLearning	• Relevant publications

The table below may be useful for learners to see whether a specific workplace-based assessment can be used as evidence of progress in a specific SPAC CiP:

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
2: The doctor has the ultrasound skills that are needed to provide safe abortion care.	X	X		X	X	X
3: The doctor has the procedural skills that are needed to provide safe abortion care.	X	X	X	X	X	X
4: The doctor can safely manage complications associated with abortion care.	X	X	X	X	X	X



7. Career guidance

Learners can only undertake two SITMs at any one time, and a minimum of two SITMs are required to obtain a CCT in obstetrics and gynaecology.

Learners can undertake any obstetrics or gynaecology SITM with the SPAC SITM. The choice of second SITM depends on whether a learner is aspiring to a combined obstetrics and gynaecology or gynaecology-only special interest career. However, this will also depend on the training opportunities available for their chosen SITMs.

For further career advice, learners should have a discussion with their SITM Director.

8. Further resources

The further resources listed below can be found on the [RCOG Curriculum 2024 webpages](#):

- [Essential Curriculum Guide](#)
- [Special Interest Training Definitive Document](#) (containing the 2024 curricula for SITMs and SIPMs)
- [British Society of Abortion Care Providers \(BSACP\)](#)

Find out more at
rcog.org.uk/curriculum2024



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