

Guidance for those undertaking or recertifying FSRH qualifications whose personal beliefs conflict with the provision of abortion or any method of contraception

April 2017

Contents

| | |
|---|---|
| 1. Introduction | 3 |
| 2. Scope of this document..... | 3 |
| 3. Legal aspects..... | 4 |
| 3.1 Conscientious objection as defined in law..... | 4 |
| 3.2 The law and objection to the provision of care on the basis of personal or religious beliefs..... | 4 |
| 4. Personal beliefs..... | 5 |
| 5. FSRH principles of care..... | 5 |
| 6. FSRH training..... | 6 |
| 6.1 Diploma of the Faculty of Sexual & Reproductive Healthcare (DFSRH and NDFSRH) | 6 |
| 6.2 Letters of Competence in Intrauterine Techniques or Subdermal Implants (LoC IUT, LoC SDI) | 6 |
| 6.3 Membership exam (MFSRH) | 7 |
| 6.4 Specialty Training Programme in Community Sexual & Reproductive Health..... | 7 |
| 7. Reading and other resources..... | 7 |
| References..... | 9 |

1. Introduction

The Faculty of Sexual and Reproductive Healthcare (FSRH) is a faculty of the Royal College of Obstetricians and Gynaecologists (RCOG) and an independent charity whose aims include advancing the education and training of healthcare professionals in the field of sexual and reproductive healthcare (SRH). The FSRH welcomes and values having a diverse membership, representing a wide range of personal, religious and non-religious views and beliefs. In its teaching and training, the FSRH expects its trainees to demonstrate a positive commitment to the provision of high-quality healthcare that places the patient at the centre of care and prioritises their welfare.

This guidance replaces the former '*Guidelines for FSRH trainees who express conscientious or other objections to abortion or any form of contraception*'. It is for all healthcare professionals (HCPs) considering or recertifying any of the FSRH qualifications, the FSRH Membership exam or the Specialty Training Programme of Community Sexual and Reproductive Health (CSRH).

2. Scope of this document

This guidance particularly addresses the position of healthcare professionals (HCP) who wish to pursue training or a qualification governed by the FSRH and who might wish to opt out of any aspects of sexual and reproductive healthcare as a result of religious and/or personal beliefs. These guidelines are designed only to apply to those undertaking or recertifying FSRH training and not to any contractual arrangements between HCPs and their employers.

This guidance applies to FSRH qualifications and training. This currently (at June 2017) includes:

- ▶ Diploma in Sexual and Reproductive Healthcare – open to doctors (DFSRH) and nurses (NDFSRH);
- ▶ Letter of Competence in Intrauterine Techniques (LoC IUT);
- ▶ Letter of Competence in Subdermal Contraceptive Implant Techniques (LoC SDI);
- ▶ Membership examination of the Faculty of Sexual & Reproductive Healthcare (MFSRH);
- ▶ Special Skills Modules.

The FSRH also has responsibility for the specialty of Community Sexual and Reproductive Health, a General Medical Council (GMC) approved specialty which has a six-year run-through training programme – or equivalence route – for doctors wanting to gain entry to the Specialist Register in CSRH.

3. Legal aspects

This guidance recognises that there are two main ways in which a HCP may object to the provision of certain aspects of healthcare: the first being an objection to carrying out abortion which is defined in law as conscientious objection; the second being objections to the provision of other aspects of care due to personal or religious beliefs.

3.1 Conscientious objection as defined in law

There are currently two specific statutory protections for HCPs who have a conscientious objection 1) to participating in abortion (Abortion Act 1967, s.4)ⁱ 2) to technological procedures to achieve conception and pregnancy (Human Fertilisation and Embryology Act 1990, s.38)ⁱⁱ. In the case of abortion the provision is qualified in that it does not “*affect any duty to participate in treatment which is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman*” (Abortion Act 1967, s.4).

The legal frameworks within which HCPs operate vary across between the four UK countries. For the purpose of this guidance the key difference is that the Abortion Act of 1967 does not apply in Northern Irelandⁱⁱⁱ. However, in all parts of the UK the provision of treatment to *save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman* overrides any other legal or ethical consideration (Abortion Act 1967, s.1).

3.2 The law and objection to the provision of care on the basis of personal or religious beliefs

The Human Rights Act 1998 incorporates the European Convention on Human Rights (ECHR) into UK law. Article 9 of the ECHR protects “*the freedom of thought, conscience and religion; this right includes ... to manifest his religion or belief, in worship, teaching, practice and observance*”^{iv}. The decision in *Eweida v United Kingdom* recognises refusal to perform aspects of a job as a form of manifestation of belief.^v Article 9 is a qualified right and may be subject to “*such limitations as are prescribed by law and necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others*” (Article 9, ECHR). Therefore, whether refusal of care is protected or whether infringement of Article 9 is justified will depend on the specific circumstances of the situation.

Part 5 of the Equality Act 2010 sets out provisions for non-discrimination in employment. Specifically, s.39 prohibits employers from discriminating against individuals on the basis of ‘protected characteristics’ (of which religious belief is one) and places an obligation on employers to make ‘*reasonable adjustments*’ to accommodate religious beliefs.^{vi} An exception to this general rule of non-discrimination exists in situations where there is an incompatibility between the protected characteristic and the ability “*to carry out a function that is intrinsic to the work*” (ibid.). What this means in practice will again depend on the specific circumstances of the situation.

4. Personal beliefs

The FSRH recognises that within a diverse body of trainees some may experience a conflict between their personal beliefs and one or more aspects of SRH-related curricula in theory and/or in practice.

HCPs are able to obtain a FSRH qualification providing they demonstrate *their commitment to the principles of care* outlined in this guidance and *can meet the standards* – theory and practical – required to pass the relevant assessment and any subsequent recertification cycles.

Candidates should discuss concerns with the local FSRH General Training Programme Director or the Specialty Training Programme Director before embarking on a training programme. Where issues arise once training has already commenced, trainees are strongly encouraged to discuss them with their Primary Trainer or Educational Supervisor at the earliest opportunity for support to find a solution.

The FSRH recognises that the personal beliefs of individual HCPs may change during the course of their studies or career. It is recommended that HCPs review their personal beliefs and the impact they may have on patient care at their work-based annual appraisal or equivalent.

5. FSRH principles of care

Trainees undertaking a FSRH training programme, qualification, or recertification of a FSRH qualification will be expected to *abide by the following standards* in their ongoing personal practice:

1. To be willing and able to discuss and provide information on pregnancy options and all forms of contraception, including emergency contraception, based on evidence and best practice as defined in FSRH guidelines;
2. To be prepared to take personal responsibility for ensuring the patient is provided with appropriate care and treatment, including a prescription if appropriate, without delay;
3. To treat the patient with kindness and to demonstrate non-judgemental and non-discriminatory attitudes and communication;
4. To keep the patient fully informed of their options and never to compromise their care or outcomes;
5. To be open with colleagues and employers about any personal beliefs which could compromise care or outcomes in order that service provision and planning can accommodate this;
6. To remain up to date in SRH theory and practice as indicated in the relevant syllabus and to maintain and demonstrate competence for recertification purposes.

6. FSRH training

The FSRH encourages all HCPs with an interest in sexual and reproductive healthcare to consider undertaking FSRH training which enhances knowledge, skills and attitudes in the area. Individual trainees who have reservations about any of the FSRH syllabi should:

- ▶ Carefully consider whether they can demonstrate commitment in their practice to the FSRH principles of care outlined in section 5 of this document;
- ▶ Discuss their concerns with the General Training Programme Director or the Specialty Training Programme Director before embarking on the training programme.

6.1 Diploma of the Faculty of Sexual & Reproductive Healthcare (DFSRH and NDFSRH)

The FSRH Diploma is designed to signify that the holder of the qualification is competent and willing to advise on all forms of contraception and manage SRH consultations, including providing evidence-based information on the options for unplanned pregnancy.

HCPs will be expected to demonstrate this through theory and practical assessments and the whole syllabus must be completed for the Diploma to be awarded. The FSRH requires all Diplomates to provide patients with the full range of contraception choices, including emergency contraception and support of a woman with an unplanned pregnancy and appropriate onward referral.

HCPs who plan to opt out of providing aspects of care because of their personal beliefs may still be awarded the Diploma, or recertified, if they can demonstrate commitment in their practice to the principles of care in section 5 of this document. For example, if a HCP chooses not to prescribe emergency contraception because of their personal beliefs, she/he has a personal responsibility to ensure that arrangements are made for a prescription to be issued by a colleague without delay, ensuring that the care and outcomes of the patient are never compromised or delayed.

6.2 Letters of Competence in Intrauterine Techniques or Subdermal Implants (LoC IUT, LoC SDI)

Letters of Competence are designed to signify that the holder of the qualification is competent to consult and to carry out procedures in the areas of practice outlined in the syllabus.

It will not be possible to gain Letters of Competence without demonstrating practical competence in the relevant live procedures, nor to recertify the qualification without submitting a log of procedures. Trainees undertaking or recertifying a Letter of Competence will need to indicate that they will abide by the principles of care set out in this guidance.

6.3 Membership exam (MFSRH)

Doctors will be expected to pass the theory and practical assessments of the membership examination for Membership of the FSRH to be awarded. Any part of the curriculum^{vii} may be assessed in the examination.

This may include knowledge and practical assessment of:

- ▶ the provision of contraception (all methods including emergency contraception).
- ▶ the provision of abortion care (but it will not include the demonstration of the skills to perform an abortion procedure if the candidate declares a conscientious objection).

Exam candidates may also be assessed on their understanding of the principles of leadership and delivery of SRH services, including leadership of abortion services.

6.4 Specialty Training Programme in Community Sexual & Reproductive Health

The Specialty Training Programme is designed to prepare trainees for the role of consultant and develop the skills required to lead and manage the community-based SRH services of the future and lead large multidisciplinary teams which may include staff working in abortion care. The MFSRH exam is a mandatory requirement of the Specialty Training Programme so candidates and trainees should also note section 6.3 above.

Doctors applying for the Specialty Training Programme in CSRH who hold objections to providing any form of contraception or undertaking abortion should study the curriculum^{vii}. There are a number of modules in the programme related to advising on, prescribing and administering contraception, including emergency contraception, pregnancy decision-making support, abortion referral and abortion care.

To fulfil the requirements for the Specialty Training Programme, a doctor must be willing to participate in the provision of all forms of care excepting that which is defined as conscientious objection in the Abortion Act 1967, as amended by the Human Fertilisation & Embryology Act 1990.

7. Reading and other resources

Trainees may find it helpful to read the following guidance when considering issues of personal belief:

- ▶ [BMA guidance on expression of doctors' beliefs](#)
 - ▶ [GMC guidance on personal beliefs](#)
 - ▶ [NMC code of professional standards of practice and behaviour for nurses and midwives](#)
 - ▶ The policies of their employer or prospective employer
- Date last reviewed April 2017**

References

ⁱ Abortion Act 1967, Section 4, available at: www.legislation.gov.uk/ukpga/1967/87/section/4

“Conscientious objection to participation in treatment.

(1) Subject to subsection (2) of this section, no person shall be under any duty, whether by contract or by any statutory or other legal requirement, to participate in any treatment authorised by this Act to which he has a conscientious objection:

Provided that in any legal proceedings the burden of proof of conscientious objection shall rest on the person claiming to rely on it.

(2) Nothing in subsection (1) of this section shall affect any duty to participate in treatment which is necessary to save the life or to prevent grave permanent injury to the physical or mental health of a pregnant woman.

(3) In any proceedings before a court in Scotland, a statement on oath by any person to the effect that he has a conscientious objection to participating in any treatment authorised by this Act shall be sufficient evidence for the purpose of discharging the burden of proof imposed upon him by subsection (1) of this section.”

ⁱⁱ Human Fertilisation and Embryology Act 1990, Section 38, Available at: www.legislation.gov.uk/ukpga/1990/37/section/38

ⁱⁱⁱ Department of Health, Social Services and Public Services *Guidance for Health and Social Care Professionals on Termination of Pregnancy in Northern Ireland*, see pp.11–15, available at: <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/guidance-termination-pregnancy.pdf>

^{iv} European Convention on Human Rights, Article 9, available at: http://www.echr.coe.int/Documents/Convention_ENG.pdf

^v *Eweida v United Kingdom* (2013) 57 EHRR 213

^{vi} Equality Act 2010, Section 39, available at: <http://www.legislation.gov.uk/ukpga/2010/15/section/39>

^{vii} FSRH *CSRH Curriculum*, available at: <https://www.fsrh.org/documents/csrh-curriculum/>

