

Early Medical Abortion - Education and Training Experiences

E. McAuliffe¹, D. O Keeffe¹, E. Treacy¹, P. Lambe², M. Favier¹, P. Horgan¹

1. Irish College of General Practitioners (ICGP), Ireland.
2. University College Cork, College Rd., Co. Cork, Ireland.

Abstract

Aims

Currently, Irish general practitioners (GPs) can provide Early Medical Abortion (EMA) in pregnancies less than 10 weeks gestation. There is no published data regarding education for community EMA amongst undergraduate medical students and GPs in Ireland. This study examines the education experience of Irish undergraduate medical students, GP trainees and trainers, regarding EMA, and assesses their knowledge and attitudes to this topic.

Methods

A survey was sent to undergraduate students, GP trainees and trainers examining attitudes towards EMA education and what education was received.

Results

There were 261 responses. 157 (60%) had received EMA education. 212 (81%) believed that EMA training should be mandatory – 108 (92%) of medical students, 92 (75%) of trainees and 12 (54%) of trainers. 21 (18%) of undergraduates and 36 (29%) of trainees had sat in on an EMA consultation; of these 19 (90.5%) of undergraduates, 35 (97.2%) of trainees and 2 (100%) of trainers, reported that attending a consultation made them think about their involvement in EMA.

Discussion

EMA is now part of GP services and medical curriculum has not been universally updated to reflect this. This study highlights that many doctors believe EMA education should be part of the curriculum irrespective of intention to provide and shows there are knowledge gaps when it comes to EMA care.

Introduction

Prior to 2018, termination of pregnancy could only be carried out in the case of a real and substantial risk to the life of the pregnant person¹. In May 2018, the Referendum on the 36th Amendment of the Constitution was passed by a majority and subsequently the Health (Termination of Pregnancy) Act was passed and came into effect on 1 January 2019. This study refers to section 12 of the Act where abortion is permitted up to 12 weeks of pregnancy without restriction¹. The Health Service Executive (HSE) model of care allows for community provision of Early Medical Abortion (EMA) by general practitioners (GPs) up to 10 weeks gestation¹. The Act also includes a mandatory three-day wait for service users. The three-day wait begins on the day that a doctor certifies that in their reasonable opinion formed in good faith, the pregnancy does not exceed 12 weeks gestation. This certification can be carried out by any medical practitioner. The number of GPs on the Specialist Division of the Irish Medical Council Register in General Practice is 4,319 as of 26 January 2022 with over 2500 GPs contracted by the HSE under the GMS scheme². Recent data from the Southern Task-Force On Abortion & Reproductive Topics (START) conference suggests that there are over 400 GPs in Ireland contracted to provide EMA.

In the UK, where abortions have been legally provided since 1967³, one in three women will have an abortion by the age of 45⁴. This makes abortion a routine part of reproductive healthcare. A recent UK-based study explored the opinions of medical students on their education surrounding abortion, their personal beliefs and their intention to provide abortion care in the future⁴. This study concluded that efforts to make teaching on abortion practical, sensitive, engaging, and patient-focused were appreciated by students and contribute towards them understanding abortion as an important aspect of women's healthcare⁴.

A qualitative analysis of medical students' attitudes to abortion education by two UK medical schools was carried out in 2022 in which interviews were conducted with students from five UK medical schools. Dedicated abortion teaching was regarded as crucial by interviewees. Participants in this study felt that abortion education should prepare students to be competent practitioners, with clinical placements where practical experience can be gained⁵. Most participants felt that the perceived sensitive nature of abortion should act as an incentive to comprehensive teaching and that teaching should be inclusive for all, including those with a conscientious objection to abortion⁵.

Information regarding abortion teaching in medical schools in Ireland is notably lacking. Little to no research has been carried out on the satisfaction of medical students and doctors in the GP Training Schemes toward their level of education on abortion care. A 2011 study of Irish GPs and GP registrars' attitude toward abortion found that 75% of GPs supported the provision of abortion⁶ and there are two similar studies surveying Irish medical students on their attitudes toward abortion prior to the change in legislation in 2018^{4,7}. These studies had

an ethical focus, as abortion was illegal in almost all cases. They showed that religious adherence, country of origin, age, and mode of entry into medicine, were the primary determinants of whether a respondent was likely to be willing to provide abortions in the future⁷.

While these studies, which explored the moral and religious beliefs of medical students, provide interesting comparisons for this current study, our aim is to focus primarily on the clinical education and level of preparedness of practitioners in providing safe and effective EMA care. More recent Irish studies on this topic have explored the experiences of patients availing of abortion services, and of the medical professionals providing EMA care⁹.

It is vital to understand whether there have been relevant changes in the curricula of medical education to reflect the changes in the constitution. As indicated by the prior mentioned UK and US studies^{5, 7, 8}, thorough practical and holistic teaching on abortion care is essential to producing practitioners who are confident and competent in their provision of care. It is also suggested that this may help to de-stigmatise abortion care at the primary care level and increase the number of GPs providing abortion services.

This cohort of Irish educated students and trainee GPs is the first to be undertaking their education in a healthcare system where abortion is legal at the community level. This is the first study exploring the preparedness of medical students and medical professionals in providing abortion services since the new law came into effect.

Methods

The research methodology chosen for the project was primarily that of a cross-sectional quantitative study in the form of a survey using Microsoft forms with a small qualitative component by means of comment boxes.

Questions were used to gather information on baseline characteristics of the respondents, such as age, gender, level of medical education and affiliated educational institute. Following on from this the questionnaire consisted of close-ended questions, binary and multiple response options, and both mandatory and optional questions. There are nineteen questions on the survey, one of which contains thirteen sub-parts as a Likert-type scale. This question (Q13) aims to ascertain the participants level of knowledge of EMA legislation and care-related topics. Other questions aim to understand in what format (if any) formal EMA teaching has been provided to date, the nature of the teaching (ethico-legal, clinical etc), exposure to EMA in clinic teaching and whether that has influenced intention to provide, with similar questions related to EMA medical education.

We sought to gather information from current medical students in their clinical years, recent medical school graduates, doctors who are on the general practice training scheme and GPs who qualified since 2019 as well as registered GP trainers. Exclusion criteria included

undergraduate medical students outside of their final and penultimate years, doctors who trained outside of the Republic of Ireland, GPs who qualified prior to the legislation change in 2019 (other than registered trainers) and those under age 18 years.

Participants were contacted via e-mail and provided with a link to the study. This was coordinated by the 6 medical schools in Ireland whose administrators were contacted by the investigators and requested to forward the e-mail to the relevant students. Similarly, GP trainees, recent graduates, and current trainers of all 13 ICGP GP training schemes in Ireland were contacted via the individual scheme administrators. The survey was GDPR compliant, and responses were anonymous, all participants were required to give consent prior to completing the survey.

Ethical approval was applied for with the Social Research Ethics Committee (SREC) of UCC on 2nd February 2023 and granted on 2nd May 2023. This study does not involve medical intervention or patient involvement.

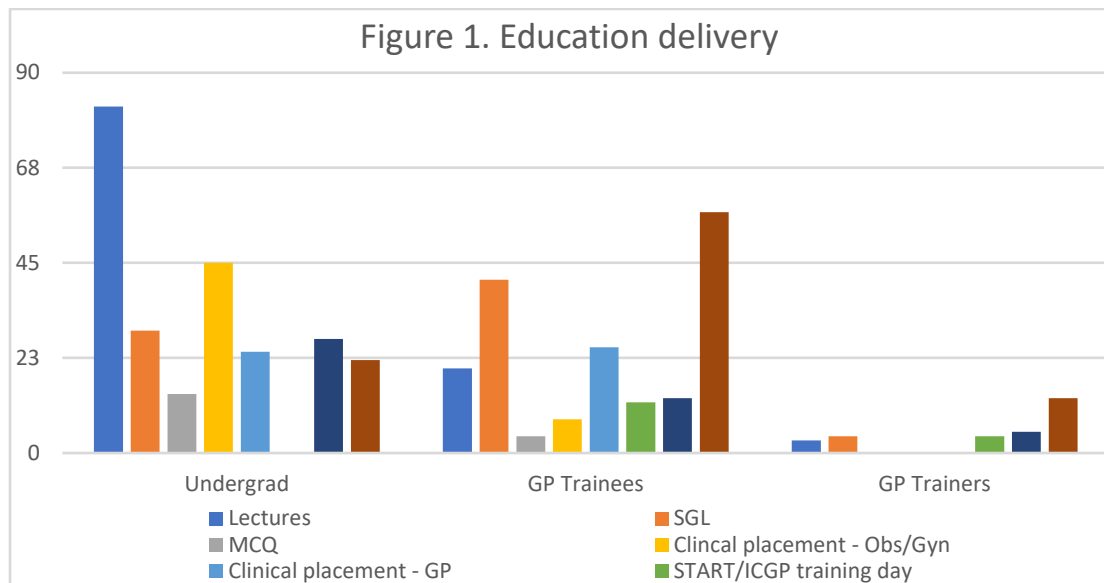
Data from the surveys is stored on UCC OneDrive student account. Data was transcribed from the Microsoft Form, using UCC Student Account into SPSS. Quantitative and descriptive data analysis was carried out. All data is anonymous and contains no participant identifiers ensuring GDPR compliance. Access to the results is limited to the researchers undertaking the project.

Results

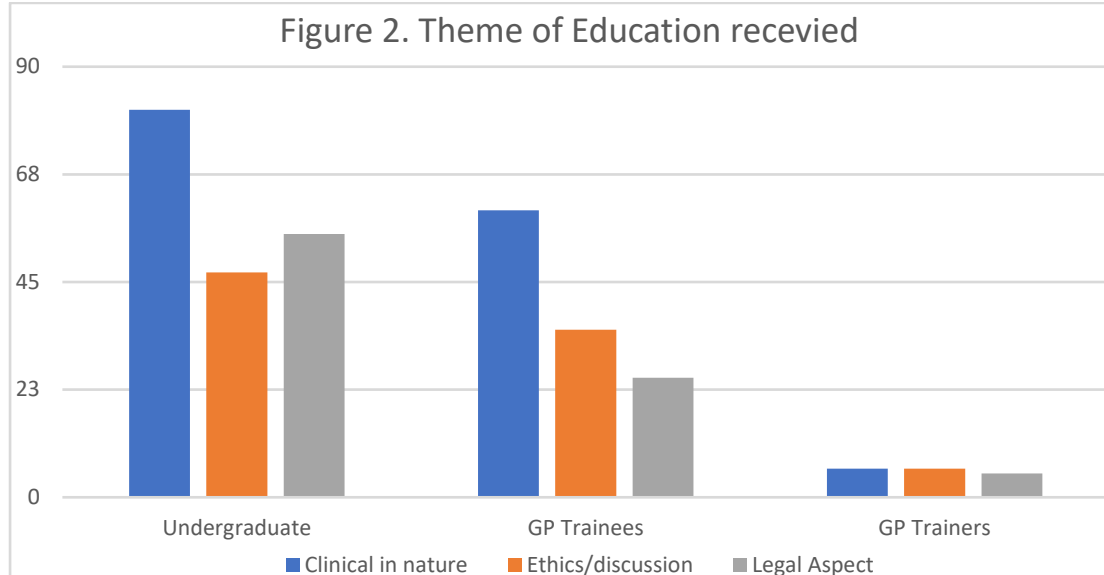
261 responses were included for analysis. 115 (44%) were medical students, 124 (48%) were GP trainees and 22 (8%) were GP trainers. 182 (69%) of the responses were from female participants and over 75% (200) of participants were aged 18-34.

157 (60%) respondents had received some form of EMA education to date.

The breakdown of this was 86 (74%) undergraduate medical students, 64 (51%) GP trainees and just 7 (31%) GP trainers. Most GP trainees received their education during formal training (n=45, 70%), 7 (11%) received education during undergraduate training, 7 (11%) via an ICGP course (not part of formal training), 3 (4%) received it during their postgraduate obstetrics training and 2 (3%) completed the START (Southern Task-Force on Abortion & Reproductive Topics) course. Most GP trainers who received training accessed it via ICGP or START courses. (Figure 1.)



The education received was mostly clinical in nature (n= 147,93%) with most people also partaking in either ethics based (n=88, 56%) or legal discussion around EMA (n=85, 54%). Education was mostly delivered via lectures (n=105, 67%) or small group learning (SGL) (n=74, 47%). Other sources of education included clinical placement, self-directed learning or participation in courses. (Figure 2.)



212 (81%) participants believed that some form of EMA training should be mandatory at undergraduate level – 108 (92%) medical students, 92 (75%) GP trainees and 12 (54%) GP trainers.

163 (62%) participants believed that it was very important for medical students to learn about EMA care, 237 (91%) of all participants believed it very important for GP trainees to learn

about EMA care, and 239 (92%) reported that it was very important for GP trainers to learn about EMA care.

It was found that only 21 (18%) undergraduates and 36 (29%) GP trainees had sat in on an EMA consultation and 19 (90.5%) undergraduates, 35 (97.2%) GP trainees and 2 (100%) GP trainers of this group reported that attending an EMA consultation made them think about their own involvement in EMA care. Furthermore, 38 (33%) undergraduates, 45 (36%) GP trainees and 4 (18%) GP trainers reported that exposure to EMA education influenced their intention to provide.

The study also looked at participants' perceived knowledge in various aspects of EMA care. Question 14 consisted of 13 sub-questions, using a Likert scale for each question. The respondents answered the question "How do you feel your knowledge of _____ is?". The response options ranged from "very good" to "very poor". All respondents (n=261) completed the question in full. The results of which are summarised in Table 1 and 2.

	Very good		Good		Neutral		Poor		Very Poor	
	MS	GP	MS	GP	MS	GP	MS	GP	MS	GP
	T	T	T	T	T	T	T	T	T	T
Q1 Irish law regarding abortion	11.3	11.3	47.0	45.2	26.0	28.2	11.3	14.5	4.3	0.8
Q2 Doctors legal and professional rights to opt out	10.4	14.5	40.0	48.4	27.0	18.5	20.0	17.0	2.6	1.6
Q3 Conducting a pregnancy options consultation	8.7	17.0	30.4	41.1	27.0	19.4	26.1	19.4	7.8	3.2
Q4 Referral to EMA provider	8.7	21.8	22.6	33.9	27.8	21.0	33.0	18.5	7.8	4.8
Q5 The 'my options' healthline	8.7	27.4	26.0	42.7	22.6	15.3	31.3	10.4	11.3	4.0
Q6 How to perform dating / calculate gestation	32.2	31.5	42.6	47.6	12.2	13.7	9.6	3.2	3.5	4.0
Q7 Awareness of up to what point abortion can be carried out in General Practice	25.2	25.0	44.3	44.4	13.0	11.3	14.0	16.1	3.5	3.2

Q8 Ability to certify	3.5	10.4	18.3	21.0	23.5	31.5	36.5	25.8	18.3	11.3
Q9 Medications involved in EMA	33.0	14.5	41.7	33.9	12.2	26.6	9.6	20.2	3.5	4.8
Q10 Complications of EMA	20.9	12.9	45.2	41.1	15.7	21.8	11.3	17.7	7.0	6.5
Q11 Why women seek abortion	43.5	28.2	38.3	50.8	11.3	13.7	4.3	5.6	2.6	1.6
Q12 The "3 day waiting period"	35.7	19.4	29.6	46.0	17.4	19.4	12.2	11.3	5.2	4.0
Q13 Who can certify a patient to begin the 3-day waiting period	9.6	12.4	20.9	30.6	23.5	21.8	30.4	25.8	15.7	9.7

Table 1. Responses of Medical Students (MS) and GP Trainees (GPT), as a percentage, to Question 14.

GP Trainers	Very Good	Good	Neutral	Poor	Very Poor
Q1 Irish law regarding abortion	39.1%	41.4%	14.6%	4.9%	0.0%
Q2 Doctors legal and professional rights to opt out	36.6%	48.8%	7.3%	7.3%	0.0%
Q3 Conducting a pregnancy options consultation	51.2%	39.0%	7.3%	2.4%	0.0%
Q4 Referral to EMA provider	46.3%	36.6%	14.6%	2.4%	0.0%
Q5 The 'MyOptions' telephone line	61.0%	31.7%	4.9%	2.4%	0.0%
Q6 How to perform dating / calculate gestation	63.4%	31.7%	4.9%	0.0%	0.0%
Q7 Awareness of up to what point abortion can be carried out in General Practice	51.2%	36.6%	7.3%	4.9%	0.0%

Q8 Ability to certify	34.1 %	22.0 %	29.3%	9.8%	4.9%
Q9 Medications involved in EMA	29.3 %	24.4 %	34.1%	9.8%	2.4%
Q10 Complications of EMA	39.0 %	29.3 %	24.4%	7.3%	0.0%
Q11 Why women seek abortion	48.8 %	36.6 %	12.2%	2.4%	0.0%
Q12 The "3 day waiting period"	46.3 %	34.1 %	17.1%	2.4%	0.0%
Q13 Who can certify a patient to begin the 3-day waiting period	26.8 %	31.7 %	24.4%	17.1 %	0.0%

Table 2. GP Trainers responses to Q14

Discussion

This study is the first of its kind in Ireland assessing undergraduate medical students, GP trainees and GP trainers' attitudes towards early medical abortion education. It intentionally does not analyse ethical considerations and instead focuses on attitudes toward education. The study shows that more education is being delivered at an undergraduate level than in previous years with GP trainers having received the least education in the area.

Education was provided in different forms to the various subgroups with most undergraduates receiving education via lectures or obs/gynae placement while GP trainees cited SGL or GP placement as their main education source. GP trainers had a more varied education source, either via self-directed means or attending a START training course.

While 81% of respondents said EMA education should be mandatory at undergraduate level, this view was held least among GP trainers. This may suggest a generational gradient in the view that abortion is part of healthcare, mandating the provision of education in it. The main gap in knowledge highlighted was that many participants were unaware of who can certify, the three day wait, how to certify, and medications used.

Overall, this study highlights that EMA education is an important and necessary part of undergraduate and post graduate medical training and that most participants believe EMA education should be mandatory irrespective of intention to provide. Interestingly sitting in on

an EMA consultation was more likely to contribute to an intention to provide rather than formal teaching alone, however most agreed structured teaching was worthwhile.

The study found that the factor which most influenced the participants involvement in providing EMA was the opportunity to sit in on an EMA consultation. Further to this the study highlights a potential gap in GP EMA training with only 23% of GP trainers surveyed identifying themselves as EMA providers. The lack of GP trainers providing the service is mirrored in the result that only 29% of GP trainees had the opportunity to sit in on an EMA consultation. This has implications for the training of future providers and thus the future provision of the GP delivered community EMA service.

Addressing deficits in EMA education at both undergraduate and postgraduate level, as identified in this study, has the potential to significantly underpin and improve the continued and ongoing provision of the Irish Early Medical Abortion community-based service.

The authors do wish to acknowledge certain limitations and scope for improvement in future studies. While the potential reach of this study was large, there is no way of recording accurately how many intended participants received the survey, nonetheless, a higher response rate across the board would give more power to the study. Furthermore, all medical students were contacted simultaneously, regardless of rotation and information as to what rotations they had completed to date was not sought. The information gathered during the scope of the study may not reflect the full educational experience as students simply may have been due to receive EMA education at a later date, depending on their rotation.

Declarations of Conflicts of Interest:

None declared.

Corresponding Author:

Eimear Treacy,
Irish College of General Practitioners (ICGP),
Ireland.

E-Mail: Treacy.eimear@gmail.com

References:

1. Conlon C, Antosik-Parsons K. Unplanned Pregnancy and Abortion Care (UnPAC) Study.
2. General practitioners or family doctors [Internet]. HSE.ie. [cited 2023Feb27]. Available from:
<https://www.hse.ie/eng/services/list/2/gp/gp.html#:~:text=There%20are%20about%20%2C500%20General,and%20health%20centres%20around%20Ireland.>
3. Fitzgerald JM, Krause KE, Yermak D, Dunne S, Hannigan A, Cullen W, et al. The first survey of attitudes of medical students in Ireland towards termination of pregnancy. *Journal of Medical Ethics*. 2013;40(10):710–3 .
4. Cohen P, Mayhew J, Gishen F, Potts HW, Lohr PA, Kavanagh J. What should medical students be taught about abortion? an evaluation of student attitudes towards their abortion teaching and their future involvement in Abortion Care. *BMC Medical Education*. 2021;21
5. Horan C, Zadeh PG, Rennison C, Hoggart L, Kavanagh J. A qualitative analysis of medical students' attitudes to abortion education in UK Medical Schools. *BMJ Sexual & Reproductive Health*. 2022;48(3):205–9.
6. Mark Murphy, Akke Vellinga, Scott Walkin & Maeve MacDermott (2012) Termination of pregnancy: Attitudes and clinical experiences of Irish GPs and GPs-in-training, *European Journal of General Practice*, 18:3, 136-142, DOI: 10.3109/13814788.2012.704360
7. O'Grady K, Doran K, O'Tuathaigh CM. Attitudes towards abortion in graduate and non-graduate entrants to medical school in Ireland. *Journal of Family Planning and Reproductive Health Care*. 2015;42(3):201–7.8.
8. Hence C, Backus L. The impact on medical students' intention to provide abortion from exposure to first and second trimester abortion procedures in the Reproductive Health Externship program. *Contraception*. 2008;78(2):187.
9. Mishtal J, Reeves K, Chakravarty D, Grimes L, Stifani B, Chavkin W, Deirdre Duffy, Mary Favier, Patricia Horgan, Mark Murphy, Antonella F. LavelanetAbortion policy implementation in Ireland: Lessons from the Community Model of Care. *PLOS ONE*. 2022;17(5).