Irish College of General Practitioners

Opening Statement by the Irish College of General Practitioners to the Oireachtas Joint Committee on Health relating to the Provision of Termination of Pregnancy Clinical Care Pathway Guidelines

17 September 2018

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Opening Statement

The Irish College General Practitioners (ICGP) is the professional body for general practice in Ireland. The College's primary aim is to serve the patient and the general practitioner by encouraging and maintaining the highest standards of general medical practice. It is the representative organisation on education, training and standards in general practice.

The College is the recognised body for the accreditation of specialist training in general practice in Ireland and is recognised by the Medical Council as the representative academic body for the specialty of general practice.

There are 4,156 members and associates in the College, comprising over 85% of practising GPs in the Republic of Ireland. There are 205 members in Northern Ireland, the United Kingdom, Canada and other overseas locations, and 690 GP trainees.

The ICGP would like to thank the chair and members of the Joint Committee on Health for the invitation to discuss "the matter of 'clinical guidelines' being prepared in light of the impending introduction of abortion services in Ireland".

The ICGP representatives include:

Dr John O'Brien, President, ICGP

Dr Mary Favier, Vice President, ICGP

Dr Tony Cox, Medical Director, ICGP

Provision of a Termination of Pregnancy Clinical Care Pathway

The ICGP acknowledges the changes that will be required by the outcome of the May 2018 referendum on the repeal of the 8th amendment to the Constitution. As a result of the referendum outcome, a patient-centred clinical care pathway for termination of pregnancy as part of a comprehensive reproductive and sexual health service that is appropriately resourced will be required in Ireland. The proposed legislation on this matter (2018) needs to be accompanied by measures and policies which aim to reduce the incidence of crisis pregnancy and provide support for those who experience it, including comprehensive contraceptive services and sexual health education programmes.

A New Reality

The result of this referendum has created a new reality. What has principally changed is that terminations of pregnancy, which were previously undertaken in another jurisdiction, will now be carried out in Ireland. How this is done, the standards and quality of care, the legal implications and the supports given to women at a difficult time is of concern to all of us. As healthcare professionals, it is imperative that we engage to ensure a safe and workable outcome. Our College needs to be part of designing a service which meets the needs of our patients by reducing the incidence of crisis pregnancy and providing support for those who experience it.

Interconnected Elements

More detailed information is needed to inform legislators, and to enable the Department of Health, together with the postgraduate training bodies and the representative bodies, to comprehensively draw up the detail and resourcing of services for those with unwanted pregnancies. Whichever model of care is developed, the patient must be front and centre in the required clinical care pathway. To ensure the delivery of safe, high quality and timely provision to our patients, a series of critically interconnected elements to the provision of a termination of pregnancy clinical care pathway all need to be clearly in place.

These include the following:

- Legislation
- Clinical guidelines and clinical care pathways
- Licensing and availability of the medications required for medical termination of pregnancy
- 24-hour helpline that includes:
    - A clear referral pathway to a known community provider
    - Referral to in-person counselling, if required
    - Expert advice to pre and post termination expectations of care and complications
    - Triage out-of-hours advice to address patient concerns and side effects post procedure with onward referral to medical follow up, if indicated
- Secondary referral pathway, clearly delineated and resourced
- Community based opt in service provision
- Clarification regarding impact on medical indemnity if any
- Medical Council guidance

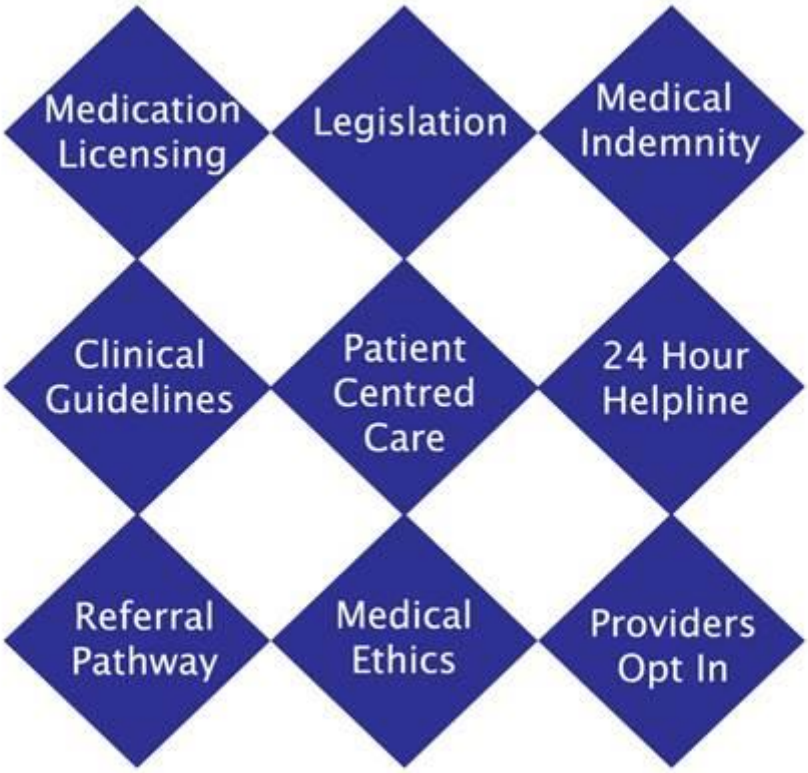

Figure 1 Diagrammatic representation of the interconnected elements required in a termination of pregnancy clinical care pathway

A Patient Centred Clinical Care Pathway

Wherever this community-based pathway is delivered, it needs to be patient centred providing women with holistic, comprehensive and continuing care. As the professional body representing general practitioners, the College needs to be part of designing a service, primarily in the provision of clinical guidelines, which meet the needs of our patients. To this end, the College has engaged with colleagues in the Institute of Obstetrics and Gynaecology (IOG) and the Department of Health (DoH) to ensure a safe and workable outcome.

This opening statement summarises the ongoing work which may change as new evidence arises, and seeks to address the pertinent concerns, for example ultrasound and blood typing. This statement summarises key elements of a clinical care pathway.

Community Based Model of Care

Termination of pregnancy will be legalised for the first time in Ireland; this means that there are very few clinicians who are trained to deliver this clinical care pathway, unless they received training outside this jurisdiction. Naturally, this leads to concerns about patient safety in community based provision of this new clinical care pathway. To address these concerns and to generate possible solutions in the design of a termination of pregnancy clinical care pathway, the College undertook an electronic member engagement process.

While this process remains open until Friday 21st September, there are several suggested solutions being offered by our members. These offer ways in which a model of care can be provided in the community while addressing some of the issues involved.

College Engagement Process – Key Findings

The following section summarises the key findings so far in the College engagement process. These findings coincide with the anticipated clinical requirements, based on the evidence from other jurisdictions that have introduced termination of pregnancy services and on the peer-reviewed literature.

- GPs representing the full range of views on termination of pregnancy provided input to this process.
- GPs would prefer an opt-in mechanism by which they choose to provide this clinical care pathway.
- Clinical guidelines need to capture the full clinical care pathway from initial appointment to follow up care post termination. Further, they should be prepared in a collaborative way with our colleagues in the Institute of Obstetrics and Gynaecology.
- Clinical guidelines would map to the legislation and would undergo the usual best practice rigorous review process.

- Clinical guidelines would be expected to address the totality of care provision required including:
    - Appropriate means of confirming and dating the pregnancy
    - Medical termination of pregnancy for those up to 9 weeks' gestation
    - Consideration of the additional complexities of providing medical termination of pregnancy for those up to 12 weeks' gestation
    - Secondary referral to hospital care where required in complex cases or cases where there is uncertainty about dates, known risk factors, etc.
- Following discussion of all the options available to her, the final decision about whether to undergo a medical or surgical termination of pregnancy should be the woman's own choice and the appropriate informed consent obtained.
- The evidence base on the need for administration of anti-D and the need for ultrasound scanning is becoming clearer and the guidelines would clarify these issues. If ultrasound is required, rapid access to this facility including the expert provision and interpretation of sonographs will be a critical element of the pathway.
- A 24-hour helpline, staffed by appropriately trained clinical staff will be required. This helpline will serve a dual purpose (1) providing immediate access to clinical information and care to those with a crisis pregnancy who are considering termination and (2) providing post termination assistance to answer specific questions and make onward referral for care as indicated.

Whether they wish to provide this clinical care pathway or not, College members have expressed the following concerns:

- Capacity and resourcing challenges (staffing, facilities, training)
- Potential lack of appropriate specialist support
- Possibility of medical complications for their patients
- Public reaction (both for those who choose to provide and those who do not choose to provide this clinical care pathway)
- Fear of litigation
- Acknowledgement of conscientious objection and how to accommodate this in the care pathway

- Acknowledgement of conscientious commitment and how to support this in the care pathway
- That an integrated and resourced contraceptive service is provided to reduce the incidence of crisis pregnancies.
- Cost to the taxpayer – this clinical care pathway should be free at the point of care for those who require it
- Clinical care pathways should always keep the patient who can become pregnant at the centre of care
- A commitment by the Department of Health to a timeline by which women can access a service
- Remuneration for service providers

Core Principles for Patient Centred Care

The above concerns require addressing in the design and development of a robust patient-centred clinical care pathway. This pathway should be underpinned by the following core clinical principles:

- Women, girls and people who can become pregnant who experience a crisis pregnancy require respect for their privacy and dignity
- Women require respect as decision makers on their own care
- Equitable access to a clinical assessment
- Discussion on all the elements that accompany a termination
- Timely arrangements for provision of termination of pregnancy including appropriate referral onwards to secondary care based on patient needs and preference
- A pathway to secondary care for patients with significant co-existing medical conditions or for those who develop medical complications
- Immediate referral to appropriate antenatal care for those who choose not to proceed to termination of pregnancy
- Clearly written patient information on all aspects of the care pathway that can be adapted to meet local requirements

Conclusion

This is a significant juncture in medical care in Ireland. We have an opportunity to ensure the provision of a safe, best practice, appropriately resourced, patient centred termination of pregnancy clinical care pathway. The ICGP looks forward to playing a significant role in this pathway.

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