RANZCOG Advanced Training Module

Sexual and Reproductive Health:

Contraception and Abortion

Component 1: Contraception

Curriculum Objective:

To provide a framework on which to base expert training in the knowledge, clinical skills and professional attitudes required to provide comprehensive high level contraception services.

Learning Outcomes:

By the end of the ATM the trainee should have demonstrable knowledge and clinical and professional skills relevant to comprehensive contraceptive consultation and service delivery to evidence-based standards, in the context of broader sexual and reproductive healthcare.

The trainee is expected to be able to:

- Conduct contraceptive consultations taking account of the broader social and medical needs of each patient, to jointly make and implement an appropriate contraceptive management plan, acceptable to the patient.
- Demonstrate skills in prescribing and administering the full range of reversible contraceptives including insertion and removal of contraceptive implants and intrauterine contraceptive devices (IUCDs) at a level which supports supervision and training of others as well as problem solving for difficult cases including referral where necessary:
    - Insertion of contraceptive implants
    - Removal of contraceptive implants
    - Insertion of intrauterine contraceptive devices
    - Removal of intrauterine devices including unusual devices and those without (visible) threads

Estimated length of time for completion of this ATM:

Trainees may expect to complete training and assessment requirements for this ATM (based on 1 day per week of training dedicated to this ATM) within 12 months or the fractional equivalent. Training should involve:

- 1 consulting session per week

Appropriate training sites suitable to undertake this module:

As a minimum, suitable training sites must provide the facilities and support outlined in the *Accreditation/Re-accreditation of Hospitals in the FRANZCOG Training Program: Standards and Process* document available on the RANZCOG website. Potential sites include (but are not limited to):

- public hospitals and specialised facilities,
- specialised contraception services including family planning clinics and/or public hospitals

Sites that are not accredited for FRANZCOG training may/must require formal accreditation in order to offer training in this ATM. Training sites electing to offer training for this ATM should be able to provide trainees with the necessary resources and clinical material to complete relevant training and assessment requirements, including:

1. Direct supervision by a senior clinician (sexual health physician or senior sexual health/family planning clinician eg. medical educator, medical director/consultant, senior medical officer) with experience in comprehensive contraceptive consultation and service delivery, and monthly meetings with appointed the Training Supervisor.
2. The equivalent of at least 1 supervised contraception clinic per week over 12 months
3. The resources available to undertake the assessments as outlined in the ATM
4. Access to a minimal number of services including:
    - 15 contraception consultations for women with medical comorbidities or medical risk factors including congenital cardiac conditions, immunosuppression, epilepsy, malignancy, post-transplant complications, obesity and diabetes.
    - 20 contraception consultations for adolescent girls < 16 years
    - 20 consultations for each of peri-menopausal, postnatal and postabortal contraception
    - 30 contraceptive consultations for vulnerable women including drug and alcohol affected women, women with disability
    - 50 IUCD insertions in outpatient setting including 10 nullipara insertions
    - 6 complicated IUCD removals (eg threads not visible)
    - 20 implant insertions and 10 removals

Some services may be approved for training; applicants may train in other facilities subject to the support of lead clinicians in such facilities and prospective approval of the individual training program and sites.

All participating training sites must provide direct supervision by consultant obstetricians and gynaecologists and/or specialist practitioners in the field with high level experience in contraception service delivery. Sites must agree to provide the assessments as outlined in the ATM.

Where training is principally undertaken in a centre led by non-FRANZCOG clinicians, arrangements must be made for some procedural supervision to be undertaken by a suitably experienced clinician with FRANZCOG.

There is scope to individualise the program content and in particular the minimum caseload requirements depending on the supervised and recorded experience of the trainee earlier in their training.

Workplace-based Assessment Requirements

Assessment name	Details	Number
Logbook	Contraception consultations for women with medical comorbidities or medical risk factors including congenital cardiac conditions, immunosuppression, epilepsy, malignancy, post-transplant complications, obesity and diabetes.	15
	Contraception consultations for adolescent girls < 16 years (includes consultations for termination)	20
	Consultations for each of peri-menopausal, postnatal and postabortal contraception	20
	Contraceptive consultations for vulnerable women including drug and alcohol affected women, women with disability	30
	Insertion of intrauterine contraceptive devices - copper	40
	Insertion of intrauterine contraceptive devices - IUS	
	Insertion of intrauterine contraceptive devices – mirena - in nulliparous woman	10
	Demonstrate management of complicated IUD removal eg removal of unusual devices and those without (visible) threads	6
	Insertion of implants	20

Note: Female sterilisation, although recognised as contraception, is not included in this ATM as it is covered in the core component of the FRANZCOG training program.

1. Conduct contraceptive consultations Minimum of 50 half day clinics or equivalent	Teaching and Learning Support	Assessment
Clinical Knowledge:		
Demonstrate knowledge and understanding of: • Anatomy, physiology and endocrinology of conception and the male and female genital tracts • The full range of available reversible and permanent contraceptive and post-coital methods, including mechanisms of action, pharmacology, efficacy, advantages and disadvantages, risks and benefits • The medical, personal, relationship and social factors which influence choice and efficacy of contraception including special and complex contraceptive needs such as: - medical conditions - social factors affecting contraceptive choices such as social disadvantage - drug and alcohol affected women, sex workers, prisoners - women with a disability - particular circumstances such as postpartum and perimenopause • Relevant local and international evidence-based guidelines The relationship between fertility, contraception and specific risks and benefits associated with coincident medical conditions	6/12 (min) attachment to an established provider of Contraception Services	Logbook 3/12 assessments
Clinical Skills		
Be able to: • Conduct comprehensive consultations for women of all reproductive ages including: - history and examination - risk assessment - information provision regarding relevant methods - provision of contraceptive counselling - management and follow up planning with the patient • Recognise and respond to special and complex contraceptive needs including: - medical conditions - social factors affecting contraceptive choices such as social disadvantage - drug and alcohol affected women, sex workers, prisoners - women with a disability - particular circumstances such as postpartum and perimenopause • Conduct consultations addressing the specific needs of young people including medicolegal and child protection issues • Include consideration of risk of sexually transmitted infections and relevant counselling within consultation framework • Negotiate referral pathways for any contraceptive procedures not to be undertaken personally by the trainee *Jointly make and implement an appropriate contraceptive management plan, acceptable to the patient.*	6/12 (min) attachment to an established provider of Contraception Services	APSS Logbook 3/12 Assessment

Professional Skills		
Be able to: • Demonstrate high level communication skills • Demonstrate a non-judgmental approach including respect for privacy, confidentiality and social and cultural diversity • Work effectively within a multidisciplinary team and support the roles of colleagues from other disciplines • Demonstrate a capacity to supervise and teach junior colleagues		

2. Prescribe and Administer Contraceptives	Teaching and Learning Support	Assessment
Clinical Knowledge:		
Demonstrate knowledge and understanding of: • Knowledge of techniques and relevant evidence-based guidelines	Minimum of x procedures	Logbook 3/12 assessments
Clinical Skills		
Be able to: • Safely and competently perform the following procedures; - Prescribe and administer injectable contraception - Insertion of contraceptive implants (Sign off) - Removal of contraceptive implants (Sign off) - Manage deep or impalpable implants - Insertion of intrauterine contraceptive devices (APSS) - Insert intrauterine contraceptive devices when cervical dilatation is needed (in outpatient setting) (APSS) - Remove intrauterine devices including those with lost threads, in the outpatient setting, including ultrasound (APSS) • Manage vasovagal episodes and anaphylaxis associated with contraception provision/removal • Demonstrate ultrasound localisation of IUCD, impalpable contraceptive implants • Manage contraceptive complications including contraceptive failure • Demonstrate clinical competence in the review and follow up of individual cases and undertake regular audits of cases and outcomes. • Manage symptoms and complications associated with contraceptive use such as abnormal vaginal bleeding, expulsion and malpositioning of implants and IUCDs.	6/12 (min) attachment to an established provider of Contraception Services	APSS Logbook 3/12 Assessment

Professional Skills		
• Willingness and capacity to teach these procedures to trainees in relevant disciplines and supervise them • Demonstrate capacity to supervise and problem solve for trainees and colleagues in areas such as complex medical cases and difficult IUCD insertions. • Willingness to assist colleagues and problem solve with difficult cases • Recognise own competence and limitations through self-reflection and audit of practice during training, with report to be presented for assessment. • Demonstrate an understanding of contraceptive service-related issues in relation to the development of standards and enhanced provision of high quality services through a quality-based project. • Demonstrate a systems approach, for instance awareness of opportunities to integrate contraceptive counselling and service provision with care provided for other reasons (eg childbirth, miscarriage, other gynaecological conditions), with a view to increasing access to contraception.		

Component 2: Abortion

Curriculum Objective:

To provide a framework on which to base expert training in the knowledge, clinical skills and professional attitudes required to provide comprehensive high level abortion services.

Learning Outcomes:

By the end of the ATM the trainee should have demonstrable knowledge and clinical and professional skills relevant to comprehensive abortion consultation and service delivery to evidence-based standards, in the context of broader sexual and reproductive healthcare.

Estimated length of time for completion of this ATM:

Trainees may expect to complete training and assessment requirements for this ATM (based on 1 day per week of training dedicated to this ATM) within 12 months or the fractional equivalent. Training should involve:

- 1 half-day theatre session per week
- 1 consulting session per week

Appropriate training sites suitable to undertake this module:

As a minimum, suitable training sites must provide the facilities and support outlined in the *Accreditation/Re-accreditation of Hospitals in the FRANZCOG Training Program: Standards and Process* document available on the RANZCOG website. Potential sites include (but are not limited to):

- public hospitals and specialised abortion facilities,
- Sites that are not accredited for FRANZCOG training may/must require formal accreditation in order to offer training in this ATM. Training sites electing to offer training for this ATM should be able to provide trainees with the necessary resources and clinical material to complete relevant training and assessment requirements, including:

1. Direct supervision by doctor in charge of service
2. Access to at least 2 supervised operative sessions per week
3. The resources available to undertake the assessments as outlined in the ATM
4. Access to a minimal number of services:
    - Pre-Abortion assessment
    - Ultrasound assessment of gestation
    - 100 Abortion under 14 weeks
    - Post Abortion assessment and management of complications (including ultrasound)
    - Provision and follow up of medical abortion
    - Access to procedures after 14 weeks (optional)
    - Desirable: Complex – eg retroverted uterus

Some services may be approved for training; applicants may train in other facilities subject to the support of lead clinicians in such facilities and prospective approval of the individual training program and sites.

All participating training sites must provide direct supervision by consultant obstetricians and gynaecologists and/or specialist practitioners in the field with high level experience in abortion service delivery. Sites must agree to provide the assessments as outlined in the ATM.

Where training is principally undertaken in a centre led by non-FRANZCOG clinicians, arrangements must be made for some procedural supervision to be undertaken by a suitably experienced clinician with FRANZCOG.

There is scope to individualise the program content and in particular the minimum caseload requirements depending on the supervised and recorded experience of the trainee earlier in their training.

Workplace-based Assessment requirements and volume of cases and/or procedures

Assessment name	Details	Number
Logbook	Surgical Abortion SC	50
	Surgical Abortion MVA (optional)	50
	Dilatation and Evacuation (14+ weeks)	Involvement in 5 cases
	Dilatation and Evacuation (16+ weeks)	Involvement in 5 cases
	Early Medical Abortion <9 weeks	30 cases from provision to follow up
	Ultrasound - Post abortion	
Presentation	Audit investigation and research	

1. Pre and post medical and surgical abortion care (Minimum of 100 procedures including pre-and post-abortion care)	Teaching and Learning Support	Assessment
Clinical Knowledge:		
Demonstrate knowledge and understanding of: • Legal and ethical aspects of abortion care as specified in local guidelines, including Privacy Acts, the legal status of the fetus, documentation of adverse outcomes • The impact of social and cultural issues on the delivery of abortion care and outcomes • Development of the embryo and fetus, including ultrasound appearance • Assessment of ectopic pregnancy • Organisation of clinical and support services, including local care pathways • Appropriate communication with women and their accompanying persons • Pre-abortion management • Abortion procedures, including effectiveness, indications, contraindications and complications • Aftercare • Indications for abortion other than psychosocial	6/12 (min) attachment to an established provider of Abortion Services	CBD 3/12 Assessment

Clinical Skills		
Be able to independently: Pre-procedure clinic: • Undertake history taking, with consideration of the following: 1. Medical history 2. Psychological assessment 3. Social history 4. Child protection/ vulnerable adult issues 5. Contraception needs 6. Sexually transmitted infection risk • Perform appropriate clinical examination, including assessment of gestation • Arrange routine laboratory and ultrasound investigations, and specific investigations as prompted by history and examination • Arrange/ perform sexual health screen and arrange management and partner notification as appropriate • Arrange procedures locally or through another agency, including cervical priming as necessary, via appropriate care pathways • Obtain informed consent • Prescribe drugs required for procedure/ antibiotic prophylaxis/ contraception, as per local care pathways Post-procedure clinic: • Clinically assess women's: 1. Physical state 2. Emotional state, including feelings of regret, and review counselling and support needs 3. Contraceptive and sexual health needs 4. Child protection/ vulnerable adult issues • Manage delayed complications: -Bleeding -Infection -Retained products of conception -Ongoing pregnancy -Emotional distress • Manage spontaneous fetal death before and after 20 weeks	6/12 (min) attachment to an established provider of Abortion Services	Logbook 3/12 Assessment

2. Surgical Abortion (<14 weeks), (14-18 weeks)	Teaching and Learning Support	Assessment
Clinical Knowledge:		
Demonstrate knowledge and understanding of: • <14 weeks: MVA and SC procedures • 14-18 weeks: D & E procedure • Cervical priming methods • Antibiotic prophylaxis regimes • Anaesthesia methods • Analgesia • Appearance of POC at different gestations •	6/12 (min) attachment to an established provider of Abortion Services	CBD 3/12 Assessment
Clinical Skills:		
Be able to: • Check equipment/ analgesia • Perform the following clinical procedures: -Position patient -Bimanual examination (empty bladder) -Speculum examination -Stabilisation of cervix -Application of local anaesthetic -Safe evacuation of uterine contents -Identification of products of conception and disposal of same with due regard to respect and dignity, and according to patient's wishes -Manage if inadequate products seen • Manage immediate complications- perforation, haemorrhage • Manage recovery and discharge • Confirm/ supply contraceptive provision/ condoms for sexual health and where to access further care/ supplies • Give discharge instructions	6/12 (min) attachment to an established provider of Abortion Services	Logbook 3/12 Assessment

3. Medical Abortion Early (<9 weeks): Minimum of 30 from provision to follow up	Teaching and Learning Support	Assessment
Clinical Knowledge:		
Demonstrate knowledge and understanding of: • Knowledge of medication and regimen • Contraindication, precautions and warning • Effects and side effects • Knowledge of antibiotic prophylaxis regimes • Analgesia • Management of immediate complications • Aftercare	6/12 (min) attachment to an established provider of Abortion Services	Logbook 3/12 Assessment
Clinical Skills:		
Be able to: On 1st visit; to initiate abortion • Check gestation • Review suitability for procedure method. Double check no contraindication to medications • Seek/ check consent, including off-label use of drugs • Check all medication required for procedure and sexual health, including contraceptive needs, are prescribed and available • Check medication administered according to prescription • Provide information about warning signs for complications • Discuss management of pain • Provide 24 hour contact numbers • Provide follow-up assessment information • Give discharge instructions • Explain what is normal and abnormal (signs and symptoms) in next few weeks On follow-up visit after taking prostaglandins • Review events since 1st visit • Assess completion of abortion • Assess for infection and other complications • Manage incomplete abortion • Confirm/ supply contraceptive provision/ condoms for sexual health and where to access further care/ supplies • Give discharge instructions	6/12 (min) attachment to an established provider of Abortion Services	Logbook 3/12 Assessment

4. First Trimester Ultrasound	Teaching and Learning Support	Assessment
Clinical Knowledge:		
Demonstrate knowledge and understanding of: **Principles of ultrasound examination (*RPL)** • Physics of ultrasound • Machine set-up and operation • Infection control • Patient care • Principles of report writing • Consent • Cultural Diversity **Normal ultrasound findings** • Understand morphological features of normal early pregnancy 5-14 weeks. • Understand physiology of cardiac activity in first trimester. • Understand principles of gestational sac diameter, crown-rump length and bi-parietal diameter measurements • Understand the principles of differences between normal intrauterine gestation sac and a pseudosac • Understand ultrasound findings of Pregnancy of unknown location and ectopic pregnancy • Understand diagnostic problems which may occur e.g. empty bladder, obese women and those with large uterine fibroids • Understand the principles of conducting a safe and appropriate ultrasound examination • Know limits of own ability and when to refer for further opinion	Attendance at an approved Ultrasound Workshop On-site clinical training Revise Clinical Imaging module	Workshop attendance
Clinical Skills		
Be able to: • Perform abdominal and transvaginal ultrasound post abortion • Identify the features of a normal gestational sac and confirm its intrauterine location • Measure gestational sac size, crown-rump length and BPD • Identify early cardiac activity using B-mode • Identify fetal number • Demonstrate appropriate care of the patient during examination		

5. Knowledge and understanding of Service Planning in Abortion Care	Teaching and Learning Support	Assessment
Access		
Develop an awareness of the following: • Provide documented information to consumers, external service providers and support agencies within the local area health services on the choices available within the service, and on routes of access to these services • Facilitate access to abortion services as early as possible in the pregnancy to reduce the likelihood of associated health risks • Ideally, offer an assessment appointment within 5 days of referral • Provide dedicated clinic time for the assessment appointment separate from antenatal clinics where feasible • Ideally, provide abortion within 2 weeks of the decision to proceed being agreed	6/12 (min) attachment to an established provider of Abortion Services	3/12 Assessment
Referral		
Develop an awareness of the following: • Document referral pathways within the area health service (e.g. between departments within a facility, between facilities and between a facility and external agencies and GPs) • Consider engagement with state-wide external service providers and agencies in the development of referral pathways and mechanisms • Provide documented referral pathways to external service providers, agencies and GPs • Inform health care professionals in contact with women seeking abortion (e.g. in emergency departments, GPs) about the referral pathways • Where the woman considers but does not proceed to abortion, provide information and access to appropriate referral pathways (e.g. access to a social worker, referral for antenatal care)	6/12 (min) attachment to an established provider of Abortion Services	3/12 Assessment
Care Setting		
Develop an awareness of the following: • A multidisciplinary and coordinated approach is required so as to avoid unnecessary delay in the provision of care • The most appropriate care setting for abortion is dependent on the: - Method of abortion chosen - Gestation of the pregnancy - Preferences of the woman and her care provider - The service capabilities of the facility • Ensure there are local arrangements for the safe and sensitive handling, storage and disposal of fetal tissue	6/12 (min) attachment to an established provider of Abortion Services	3/12 Assessment

Health Advocacy in Abortion Care		
Develop an awareness of the following: • Knowledge of national and global issues in abortion care • An ability to advocate within acceptable health professional norms • How to navigate issue of conscientious objectors and other challenges • Communicate with stakeholders (media training?) • Educate providers and referrers about the service, the pathways, any service limitations and their professional responsibilities • For health professionals involved in the provision of abortion services: - Provide ongoing training and education - Offer counselling and debriefing support • Ensure the workforce is sensitive to issues of cultural diversity, disability and language	Attendance at a relevant session at a National or International conference, ASM or relevant workshop	3/12 Assessment
Safety and Audit		
Develop an awareness of the following: • Quality measures of abortion provision in the context of safe and reasonable care • State/regional legislation	Attendance at a Relevant National or International Meeting	3/12 Assessment

6. Professional Skills	Teaching and Learning Support	Assessment
Be able to: • Demonstrate high level communication skills • Demonstrate ability to recognise high risk clinical situation and manage appropriately • Share discussion/ decision making with patient • Answer any questions from patient/ accompanying person • Non-directively counsel sensitively about options available and associated health issues • Respect right to confidentiality • Ascertain social support, encouraging parental involvement where patient under 16 • Explain clearly and openly treatment regimes, potential side effects of drugs and complications of procedures • Demonstrate ability to formulate and implement plan of management and modify it, if necessary • Respect religious and cultural diversity and beliefs	6/12 (min) attachment to an established provider of Abortion Services	CBD 3/12 Assessment

• Demonstrate awareness of AMA/MBA guidance for doctors with conscientious objection to abortion/ Medical Board of Australia's Good Medical Practice' duties of a doctor • Check patient/ carer aware of procedure/ support • Ensure patient/ carer knows who/ how to contact in an emergency • Demonstrate effectiveness in liaising with colleagues in other disciplines, clinical and non-clinical, through Care Pathways • Discuss potential consequences of not completing treatment regime with patient		

Component 3: Sexual Health

An online resource is currently under development.

Assessments – Glossary of terms

Formative

- DOPS Directly Observed Procedural Skills
- MSF Multi Source Feedback
- CBD Case-based discussion
- LB Logbook
- **In-training 3-monthly appraisal:** All ATMs are required to include a regular in-training appraisal, conducted 3 monthly, to be undertaken by the Training Supervisor. This should provide an opportunity to discuss aspects of the training and assessment that have been undertaken within the 12 week period of training

Summative

- DOPS Directly Observed Procedural Skills
- MSF Multi Source Feedback

Teaching and Learning Strategies:

- eLM eLearning module
- ST Supervised Training
- HEP Hospital Education Program (include here any hospital meetings, case reviews etc. that would be relevant)
- LB Logbook
- TSR Training Supervisor Reports
- RP Research Project

Version Register

Version	Date of Version	Pages revised / Brief Explanation of Revision
v1	May 2018	Sexual and Reproductive Health ATM available for trainees
v2	December 2021	New branding of document, version register added