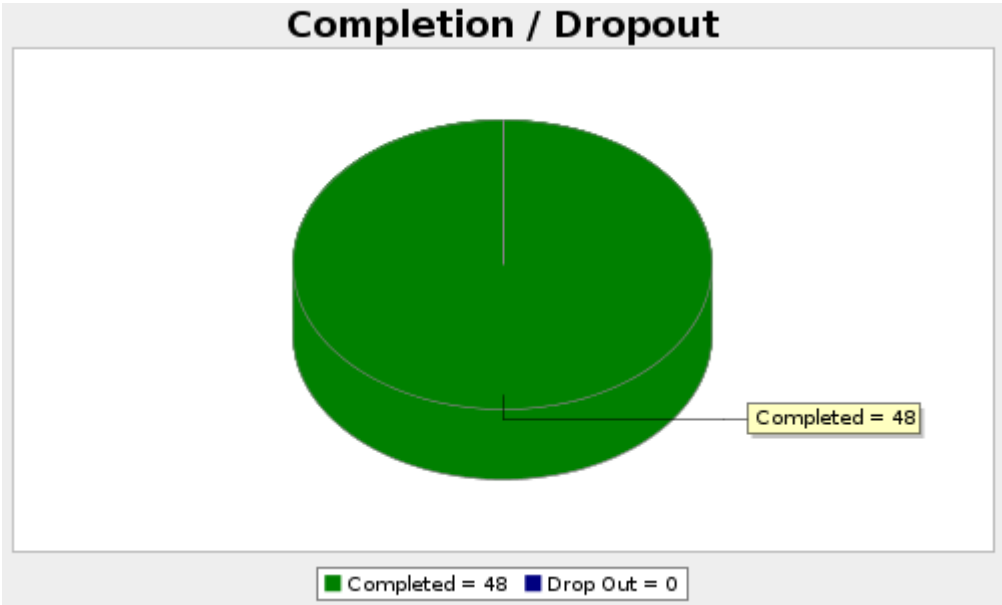


Curriculum content survey

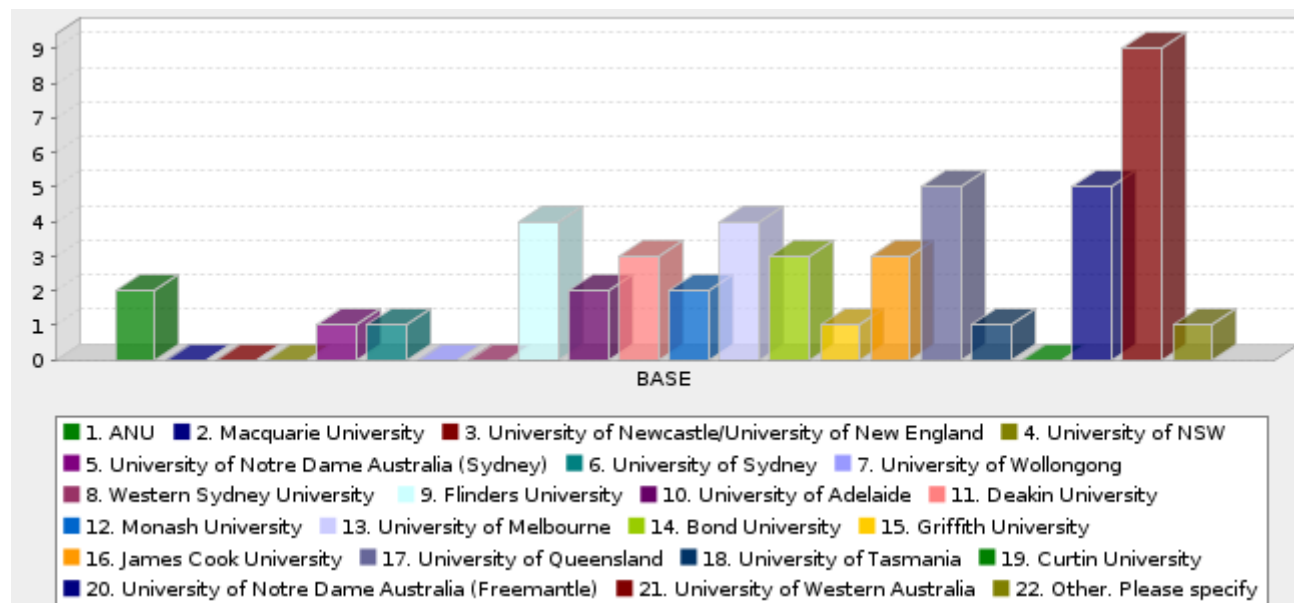
E.Millar@latrobe.edu.au

Survey Overview



Viewed	Started	Completed	Completion Rate	Drop Outs (After Starting)	Average Time to Complete Survey
286	48	48	100%	0	10 minutes

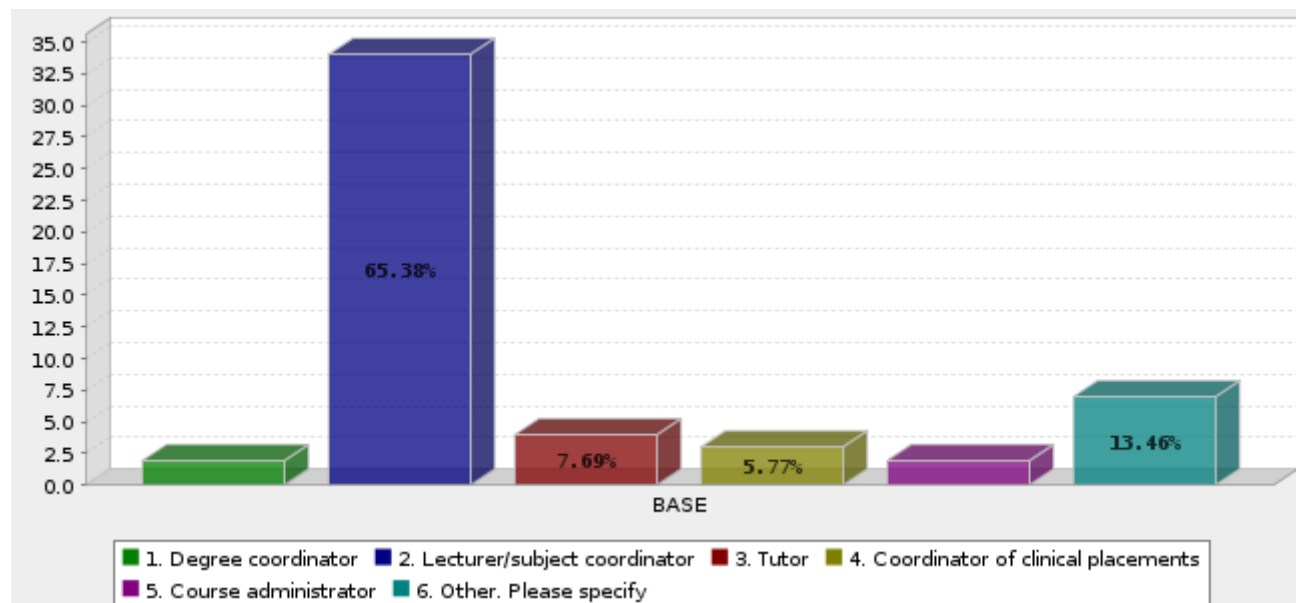
Q1. With which university are you primarily affiliated?



	Answer	Count	Percent
1.	ANU	2	4.26%
2.	Macquarie University	0	0.00%
3.	University of Newcastle/University of New England	0	0.00%
4.	University of NSW	0	0.00%
5.	University of Notre Dame Australia (Sydney)	1	2.13%
6.	University of Sydney	1	2.13%
7.	University of Wollongong	0	0.00%
8.	Western Sydney University	0	0.00%

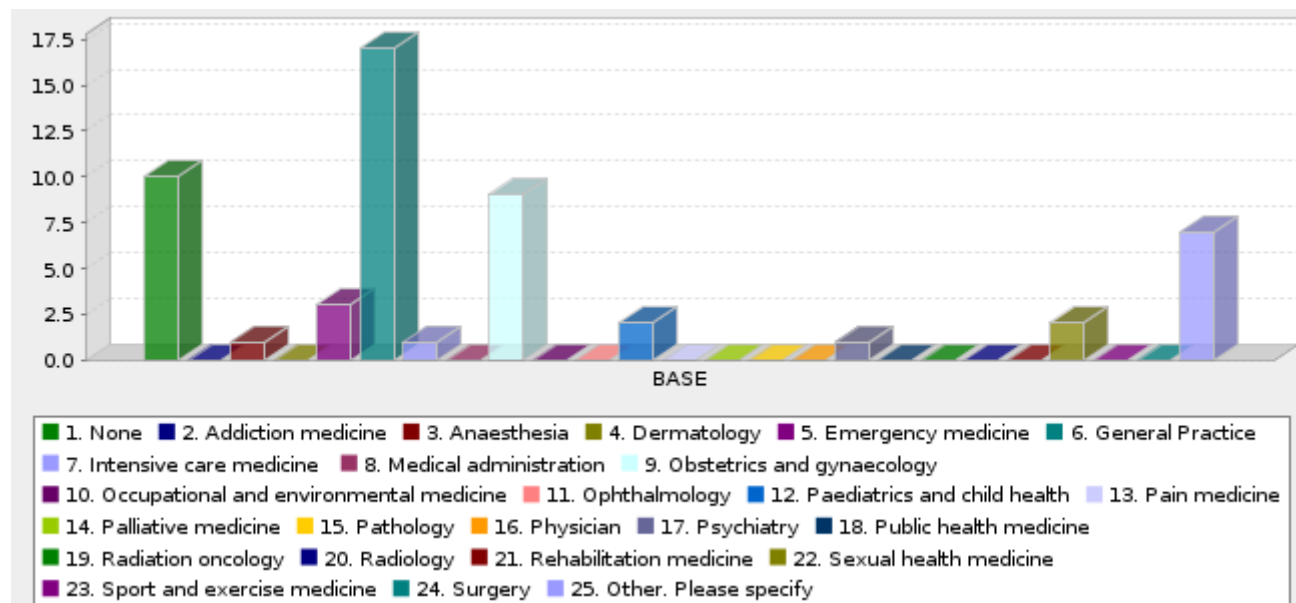
9.	Flinders University	4	8.51%
10.	University of Adelaide	2	4.26%
11.	Deakin University	3	6.38%
12.	Monash University	2	4.26%
13.	University of Melbourne	4	8.51%
14.	Bond University	3	6.38%
15.	Griffith University	1	2.13%
16.	James Cook University	3	6.38%
17.	University of Queensland	5	10.64%
18.	University of Tasmania	1	2.13%
19.	Curtin University	0	0.00%
20.	University of Notre Dame Australia (Freemantle)	5	10.64%
21.	University of Western Australia	9	19.15%
22.	Other. Please specify	1	2.13%
	Total	47	100%
Mean : 14.830 Confidence Interval @ 95% : [13.264 - 16.396] Standard Deviation : 5.478 Standard Error : 0.799			

Q28. What position/s do you hold at this university?



	Answer	Count	Percent
1.	Degree coordinator	2	3.85%
2.	Lecturer/subject coordinator	34	65.38%
3.	Tutor	4	7.69%
4.	Coordinator of clinical placements	3	5.77%
5.	Course administrator	2	3.85%
6.	Other. Please specify	7	13.46%
	Total	52	100%
Mean : 2.808		Confidence Interval @ 95% : [2.401 - 3.214]	Standard Deviation : 1.496
		Standard Error : 0.207	

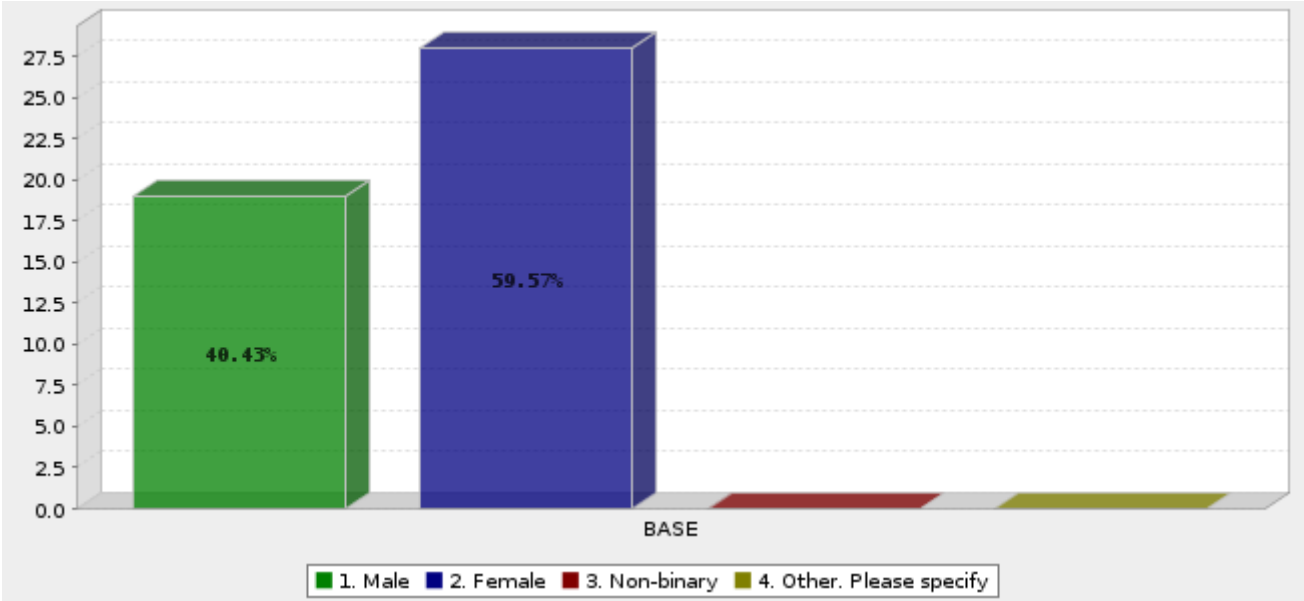
Q2. Please indicate your medical specialty



	Answer	Count	Percent
1.	None	10	18.87%
2.	Addiction medicine	0	0.00%
3.	Anaesthesia	1	1.89%
4.	Dermatology	0	0.00%
5.	Emergency medicine	3	5.66%
6.	General Practice	17	32.08%
7.	Intensive care medicine	1	1.89%
8.	Medical administration	0	0.00%

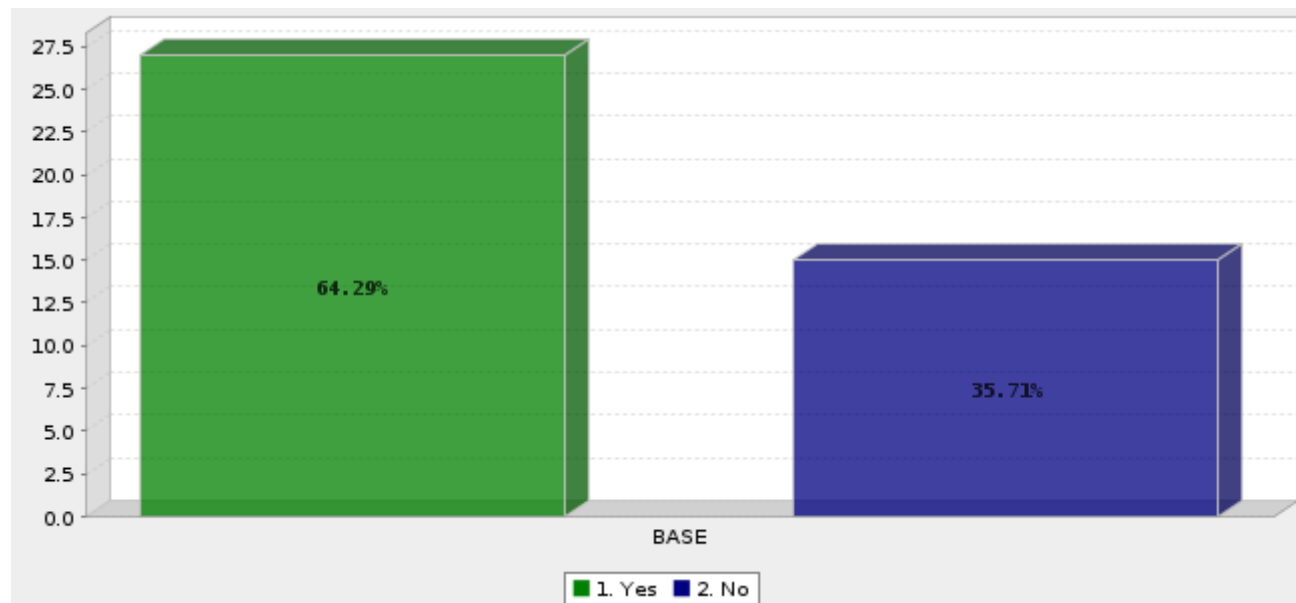
9.	Obstetrics and gynaecology	9	16.98%	
10.	Occupational and environmental medicine	0	0.00%	
11.	Ophthalmology	0	0.00%	
12.	Paediatrics and child health	2	3.77%	
13.	Pain medicine	0	0.00%	
14.	Palliative medicine	0	0.00%	
15.	Pathology	0	0.00%	
16.	Physician	0	0.00%	
17.	Psychiatry	1	1.89%	
18.	Public health medicine	0	0.00%	
19.	Radiation oncology	0	0.00%	
20.	Radiology	0	0.00%	
21.	Rehabilitation medicine	0	0.00%	
22.	Sexual health medicine	2	3.77%	
23.	Sport and exercise medicine	0	0.00%	
24.	Surgery	0	0.00%	
25.	Other. Please specify	7	13.21%	
	Total	53	100%	
Mean : 9.019		Confidence Interval @ 95% : [6.942 - 11.095]	Standard Deviation : 7.712	Standard Error : 1.059

Q3. What is your gender identity?



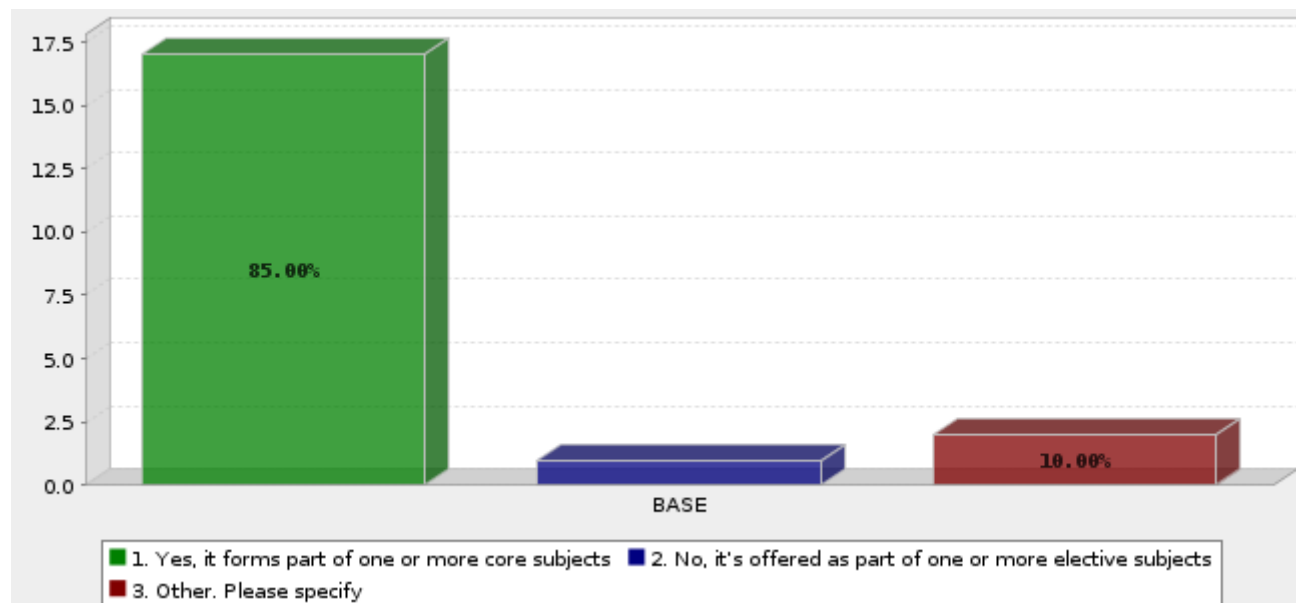
	Answer	Count	Percent
1.	Male	19	40.43%
2.	Female	28	59.57%
3.	Non-binary	0	0.00%
4.	Other. Please specify	0	0.00%
	Total	47	100%
Mean : 1.596		Confidence Interval @ 95% : [1.454 - 1.738]	Standard Deviation : 0.496
		Standard Error : 0.072	

Q28. Do you include content on abortion in any of the subjects that you teach?



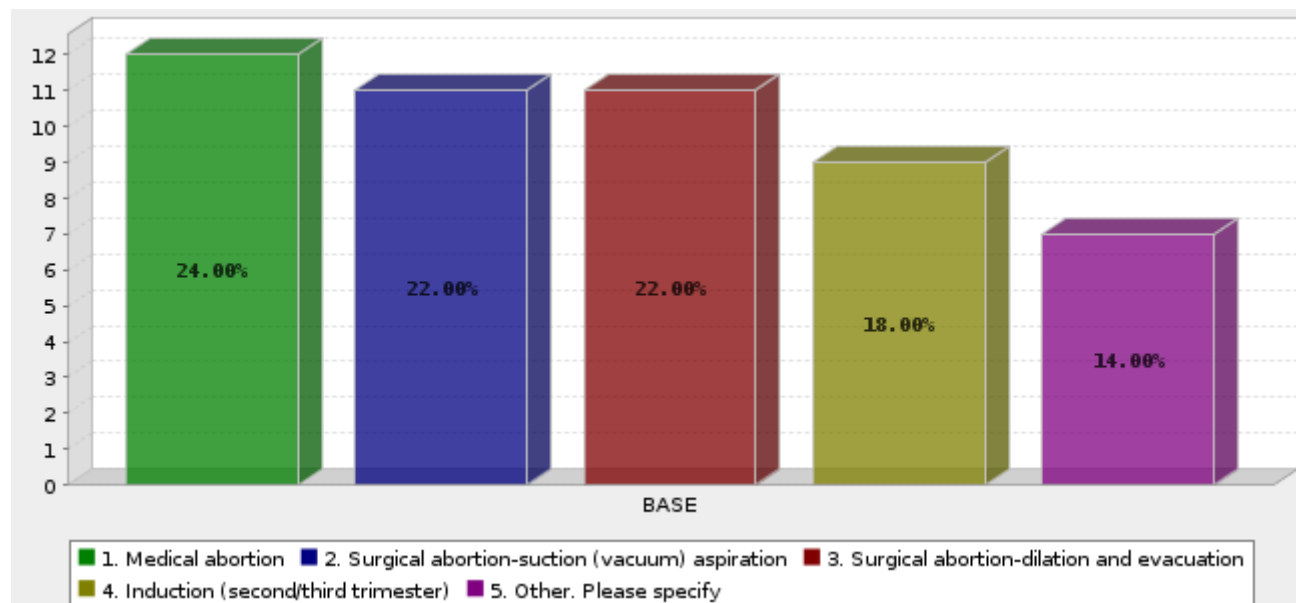
	Answer	Count	Percent
1.	Yes	27	64.29%
2.	No	15	35.71%
	Total	42	100%
Mean : 1.357 Confidence Interval @ 95% : [1.210 - 1.504] Standard Deviation : 0.485 Standard Error : 0.075			

Q7. Does this training form part of the core curriculum?



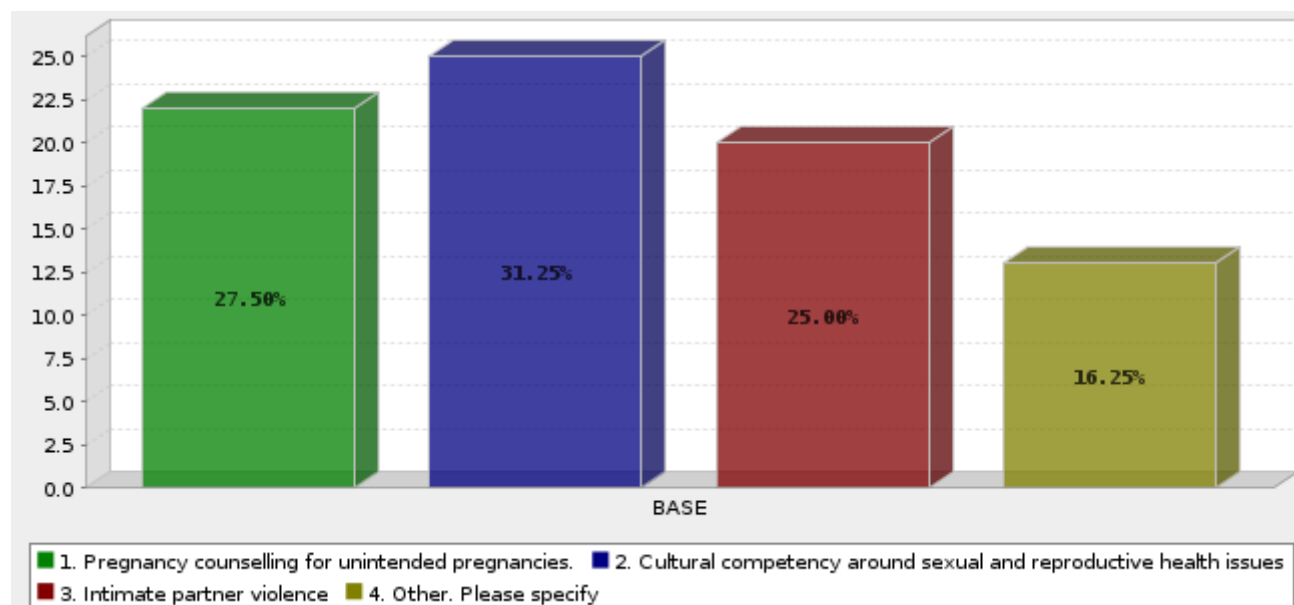
	Answer	Count	Percent
1.	Yes, it forms part of one or more core subjects	17	85.00%
2.	No, it's offered as part of one or more elective subjects	1	5.00%
3.	Other. Please specify	2	10.00%
	Total	20	100%
Mean : 1.250		Confidence Interval @ 95% : [0.970 - 1.530]	Standard Deviation : 0.639
		Standard Error : 0.143	

Q9. Which abortion method/s are taught in your medical school?



	Answer	Count	Percent
1.	Medical abortion	12	24.00%
2.	Surgical abortion-suction (vacuum) aspiration	11	22.00%
3.	Surgical abortion-dilation and evacuation	11	22.00%
4.	Induction (second/third trimester)	9	18.00%
5.	Other. Please specify	7	14.00%
	Total	50	100%
Mean : 2.760		Confidence Interval @ 95% : [2.378 - 3.142]	Standard Deviation : 1.379
		Standard Error : 0.195	

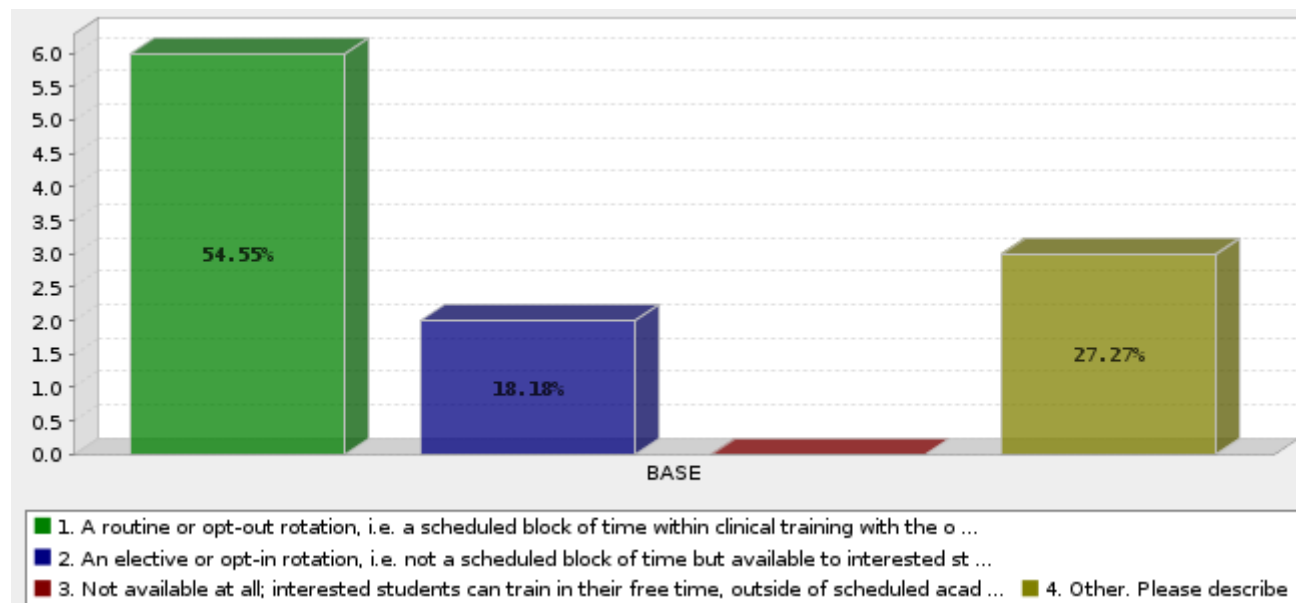
Q18. Please specify which sexual or reproductive health topics are covered in the core curriculum at your institution (please select all relevant options)



	Answer	Count	Percent
	1. Pregnancy counselling for unintended pregnancies.	22	27.50%
	2. Cultural competency around sexual and reproductive health issues	25	31.25%
	3. Intimate partner violence	20	25.00%
	4. Other. Please specify	13	16.25%
	Total	80	100%

Mean : 2.300	Confidence Interval @ 95% : [2.070 - 2.530]	Standard Deviation : 1.048	Standard Error : 0.117
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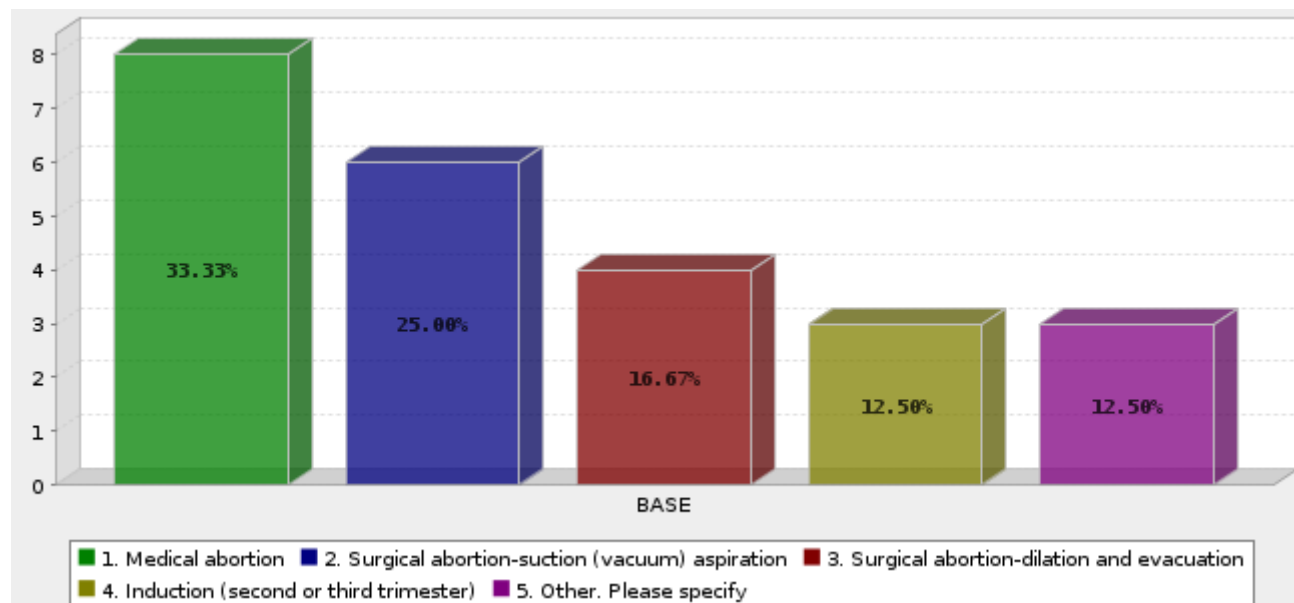
Q20. Is this training part of:



	Answer	Count	Percent
1.	A routine or opt-out rotation, i.e. a scheduled block of time within clinical training with the option to not participate	6	54.55%
2.	An elective or opt-in rotation, i.e. not a scheduled block of time but available to interested students during elective rotations	2	18.18%
3.	Not available at all; interested students can train in their free time, outside of scheduled academic training	0	0.00%
4.	Other. Please describe	3	27.27%
	Total	11	100%

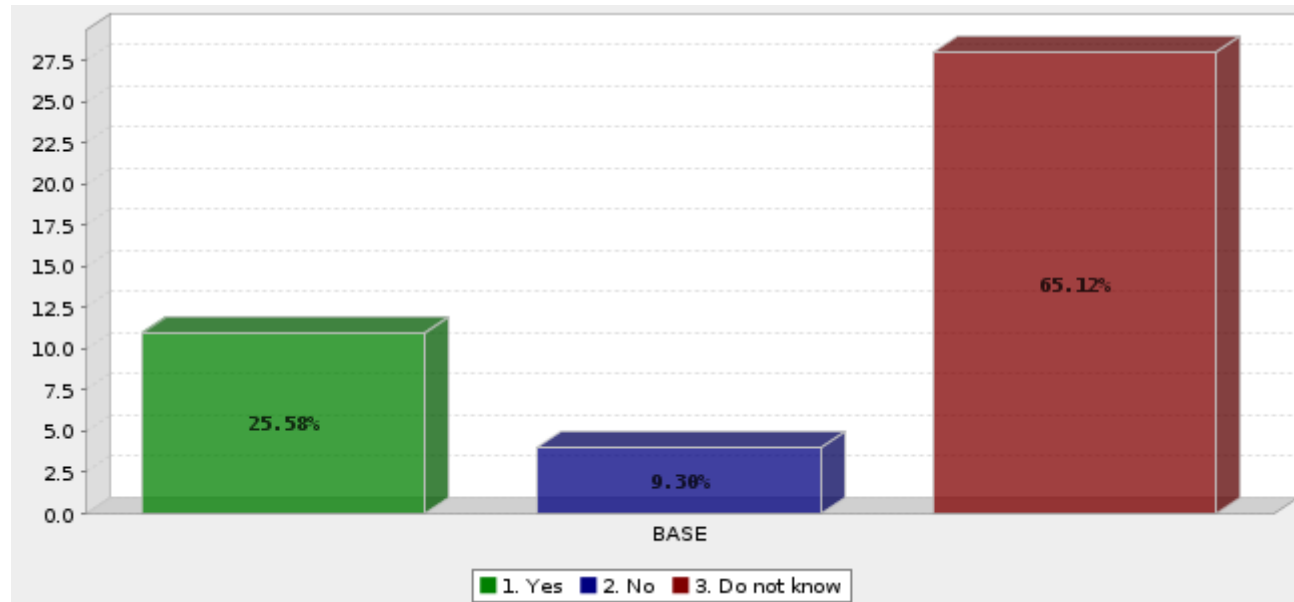
Mean : 2.000	Confidence Interval @ 95% : [1.207 - 2.793]	Standard Deviation : 1.342	Standard Error : 0.405
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Q21. Which method/s were they able to assist with or perform?



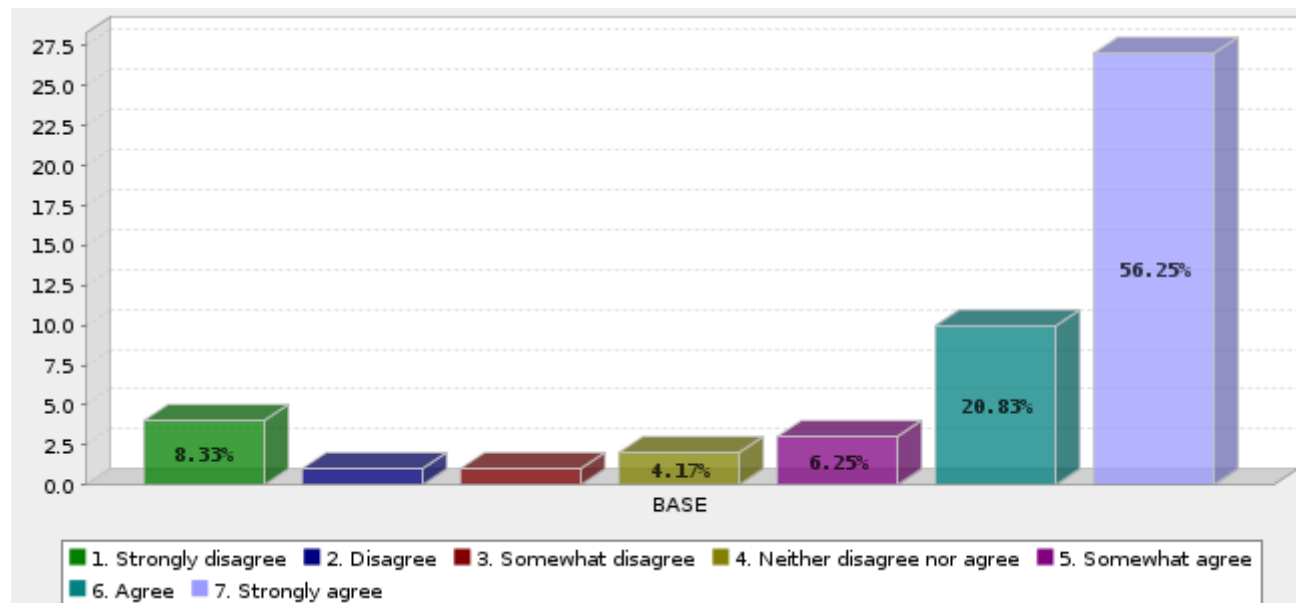
	Answer	Count	Percent
1.	Medical abortion	8	33.33%
2.	Surgical abortion-suction (vacuum) aspiration	6	25.00%
3.	Surgical abortion-dilation and evacuation	4	16.67%
4.	Induction (second or third trimester)	3	12.50%
5.	Other. Please specify	3	12.50%
	Total	24	100%
Mean : 2.458		Confidence Interval @ 95% : [1.893 - 3.024]	Standard Deviation : 1.414
		Standard Error : 0.289	

Q23. During their clinical training, are students provided with an opportunity to be involved with a sexual or reproductive health issue related to abortion?



	Answer	Count	Percent
1.	Yes	11	25.58%
2.	No	4	9.30%
3.	Do not know	28	65.12%
	Total	43	100%
Mean : 2.395		Confidence Interval @ 95% : [2.133 - 2.657]	Standard Deviation : 0.877
		Standard Error : 0.134	

Q24. Abortion provision should be part of medical education in Australia



	Answer	Count	Percent
1.	Strongly disagree	4	8.33%
2.	Disagree	1	2.08%
3.	Somewhat disagree	1	2.08%
4.	Neither disagree nor agree	2	4.17%
5.	Somewhat agree	3	6.25%
6.	Agree	10	20.83%

7. Strongly agree	27	56.25%
Total	48	100%
Mean : 5.854 Confidence Interval @ 95% : [5.329 - 6.379] Standard Deviation : 1.856		Standard Error : 0.268

Q1. With which university are you primarily affiliated?

41633179	Griffith University
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Q28. What position/s do you hold at this university?

45498655	Head of a Clinical School
41633179	Professor
39417842	Senior Lecturer and Program Director
39384014	Head of Rural Clinical School
39380236	Teaching Program Director
39335268	Management of a Centre

Q2. Please indicate your medical specialty

43461743	Bioethics
43458095	Health Ethics
39904993	bioethics
39697471	`Bioethics, medical ethics
39335990	Aboriginal Health
39335268	Aboriginal Health
39333946	Health Ethics

Q3. What is your gender identity?

Q28. Do you include content on abortion in any of the subjects that you teach?

[No] I do not believe in abortion except on medical grounds for the safety of the mother or severe disability that is linked to high mortality of the foetus
[Yes] I am a maternal fetal medicine subspecialist and my work involves termination for maternal or fetal concerns
[No] We only have 6 weeks to cover the whole content of general practice, and assume that the ethics of abortion law will be covered in second year, and hopefully the O&G term in 4th year will cover abortion (unfortunately one of the 2 major maternity hospitals in Brisbane is actually a Catholic hospital, so the student placed here may miss out on learning about abortion and contraception.
[Yes] The Medical curriculum which is based upon the Junior doctors Clinical Framework identifies abortion and unplanned pregnancy as knowledge that is required of junior doctors. I am also an abortion provider and aim to help change views around abortion and unplanned pregnancy by exposing students to this area of medicine. Given my students will ultimately work with women of reproductive years who may be faced with an unplanned pregnancy i want them to have both knowledge of services available and to be able to approach these women with empathy and respect
[No] I am not directly teaching
[No] Don't know
[Yes] This content is included because our students need to know and understand the reproductive rights of women. Having shared an office with [REDACTED] for the last ten years I was inspired to ensure our students are aware of the history of women's reproductive rights.
[Yes] Laws, ethics, technical, procedure, counseling, complications, follow up, consent,
[No] I don't teach Women's Health. Abortion is not relevant to any subjects that I teach.

[Yes] applicable to women's health and to professionalism teaching

[Yes] There is a couple of angles to respond to this. I work at one of three clinical schools in [REDACTED], and can only speak for what is done here. Unplanned pregnancy is included in our curriculum, but probably for year 4 the extent of core knowledge that is expected is expected of students in the area is the ability to conduct a consultation with someone with an unplanned pregnancy and provide non-directional counselling, including knowing what the options are for termination. Anything taught outside this is not core curriculum and therefore not examinable. My clinical role is at [REDACTED] and i conduct medical terminations and are very well aware of access to TOP issues in [REDACTED]. I have recently implemented a session in year 4 which covers the approach to unplanned pregnancy, but because of my clinical experience I do also talk about access and cover the basics of Medical termination. I do believe that students should be aware of the issues around access to TOP, and be capable of providing women with accurate information in a timely manner as interns.

[No] We teach rural emergency medicine

[No] not relevant to my field

[Yes] I teach ethics and professionalism. I identified a gap several years ago and added sessions on both abortion and conscientious objection to fill it.

[Yes] To discuss ethical arguments surrounding abortion and ethical analysis of related issues.

[Yes] As part of the wider health ethics and professionalism curriculum, it is important that our medical students learn about and reason through ethical, legal and professional issues that arise in relation to termination of pregnancy, reproductive autonomy and reproductive ethics.

[Yes] I teach health law, ethics and professional practice. We personally teach students about the Queensland legislation and discuss the legal requirements (including conscientious objection) and the ethical duties and professional responsibilities of doctors in this space.

[No] I teach paediatrics and child health.

[Yes] Because students need to know about it!

[Yes] I teach the pre-clinical reproductive biology section of our course. This includes discussion of abortion as it is related to our pregnancy and embryology content.

[Yes] I teach O&G component for the penultimate year students
[Yes] Because it is an important part of women's health care.
[No] Not directly related to the content I am primarily responsible for
[No] not part of my portfolio of teaching
[Yes] I teach the Reproductive Medicine and Sexual Health module within Year 2 Clinical Science. We have a week of 'Fertility, Conception, Pregnancy and Puerperium'. Two related aspects are covered - emergency contraception (pharmacology perspective), and understanding of the terms miscarriage/spontaneous abortion, termination of pregnancy, etc. The main focus is on normal pregnancy and puerperium, and normal fetal development. I understand that abortion is captured to some degree in our Ethics and Professional Practice course, Health Society and Research course, and in the Obstetrics and/or Paediatric rotations in the clinical years (Year 3 and 4)
[Yes] Bioethics course covers the topic of abortion, in discussing what entities might have rights, fetus vs mother rights. Also in relation to prenatal screening and abortion decisions based on such screening. And with relation to doctors' conscious objection
[Yes] Essential part of all reproductive medicine
[Yes] I am the lead for Professionalism and Leadership. I teach medical ethics and health law. I have a session on ethical issues in reproductive medicine and a separate session on Conscientious objection.
[Yes] 1. Part of Australian medical practice: legal and safe. 2. Raises ethical and emotional issues for women and health practitioners: Medical students are better placed to address these if previous discussion. Some issues overlap with other life and death, sex and bereavement issues which affect health in a holistic way.
[Yes] It's important for healthcare access
[Yes] When talking about contraceptives and STI's I include unplanned pregnancy and the outcomes. It is important for students to understand they have a legal obligation to deal with abortion - directly or by referral- and then contraception options is imperative to discuss within all these topics
[No] Abortion contravenes the Catholic Health Care Code of Ethical Standards
[Yes] Because it is a key component of women's health care

[No] Not part of subject curriculum catholic university

[No] Has not come up in any of our discussions around content of curriculum in relation to Aboriginal women's health

[No] I teach and coordinate in the foundational years of our program and the focus in my area is normal anatomy and physiology

[Yes] It is an important aspect of womens' health

[Yes] I believe that access to abortion is a central and important issue for women's health. All prospective doctors need to understand about it whether they agree with it or not. It is essential that any healthcare worker understand what abortion is, and the arguments surrounding it.

[Yes] Included as an important aspect of healthcare in perinatal and women's health specialty block but not covered in detail in the child and adolescent health block that I coordinate

Q6. Please list the subject/s that include content on abortion and the year level/s (include subjects that you do and do not teach yourself in this list)

A professional and personal development elective is offered in year 2 entitled "abortion stories".
Years 1 & 2. I am unsure of which subjects this is covered formally. It also may be opportunistically covered in their General Practice teaching.
Year [REDACTED]: ethics and cell biology Year 2 [REDACTED]: human biology Year 4 [REDACTED]: family studies/early paediatrics Year 5 [REDACTED]: general practice, reproductive and neonatal health
O+G - third year
O&G year 3 Preparation for internship year 4
One direct session in year 3, along with the supporting conscientious objection session. Whether it is taught elsewhere in the program I do not know.
In year two, we discuss the ethical, legal and professional dimensions to termination of pregnancy, reproductive decision making and the legal aspects of termination of pregnancy.
Medicine 1-4 (dispersed over all four years of the degree). Most likely encountered in Medicine 1 (in law and ethics) and Medicine 3 (on students' Women's Health rotation).
[REDACTED] course - NB whole year integrated PBL program with various domains. both these domains have learning outcomes related to abortion, as outlined PPD domain PPH domain PBL It's Just The Two Of Us Beginning of life Outline the range of perspectives as to when life begins. [REDACTED] Identify the contested moral and legal status of the fetus. [REDACTED] Morality of Abortion Discuss range of perspectives concerning the morality of abortion. [REDACTED]
Year 2 MD (pre-clinical year 2) Year 3 MD (Obstetrics and gynaecology rotation)

Year 5 - miscarriage and termination of pregnancy
O&G curriculum core topic includes Unwanted pregnancy and TOP
There may be places where the issue is touched on about which I am unaware. I teach ethics and have a session on reproductive medicine. They also encounter abortion on clinical rotation in years 3/4 (obs/ gynae). Inevitable that will primarily concern surgical/ late(r) term abortions. I do not know how much info they are given regarding medical abortion. I do know that to prescribe M-Step 2 GPs have to do a course offered by Marie Stopes (who took it over from the TGA). You cannot do this unless you are a doctor and so medical students cannot take it. This is a problem as many simply do not bother to do it.
PCP3 Women's Health rotation MD 3 Professional practice PCP3 General practice
In GP: - Core conditions - Students will also see on clinical placement Presumably also covered in Women's Health
Year level 5 - Reproductive and Neonatal Health
years 3, 4 in O&G
O&G, Ethics
Our curriculum is integrated, hence not subject based. However, I teach a session for our year three students on abortion, along with a related session on conscientious objection. I cannot comment on whether it is taught by the clinicians in our program.
Perinatal and Womens Health but not sure exact content as this isnt my area

Q7. Does this training form part of the core curriculum?

We run an integrated curriculum, so, in a sense, it is all core.

As an integrated curriculum, it is part of the year 3 subject. The distinction between core and elective only works for us at years 4 and 5 when students have access to selectives/electives.

Q9. Which abortion method/s are taught in your medical school?

I am uncertain of the detail that is taught

We are an undergraduate program and do not teach methods. My sense is that students may encounter this in their women's health block, but that the primary teaching of method is in advanced obstetrics and gynaecology for registrars.

I am not part of the medical science/clinical practice team, so I am unfamiliar with what they teach specifically.

My session concern ethics (see prev. text re above)

taught ABOUT, not taught procedurally

I am uncertain, although I mention the different methods in my own session.

Dont know details

Q10. Please detail any other abortion-related content (i.e. other than method) that is taught to students

I also ensure extensive teaching is given in contraception prescribing and laws surrounding/governing termination of pregnancy are taught in the law and ethics component of the course
History of abortion
All aspects. Law, consent, counsel, follow up, complications
As noted, we teach about the ethical, legal and professional dimensions to termination of pregnancy.
Legal and ethical issues related to abortion. This is actually the focus of our teaching, rather than the method but the previous question didn't include an option for comment.
Legalities How to handle ethical dilemmas
Legal framework
My session concern ethics and law.
Fetal anomaly screening. Management of perinatal loss. Contraceptive counselling. Teratogen exposure. Maternal medical diseases in pregnancy. Obstetric complications managed by pregnancy interruption. Adolescent health. Sexual health.
- Abortion law - Reasons for abortion - Pre-termination assessment - Reproductive coercion - Post-abortion contraception - Birth registration and requirements for abortion >20 weeks, memory creation/funerals if applicable
shared decision making

Q13. Please list any texts (textbooks, book chapters, journal articles, etc.) that you or others use when teaching abortion-related material to your students (if not included in attachments provided in previous question)

"Never, ever again... Why Australian abortion law needs reform" by Caroline de Costa "Just the facts - an A-Z for abortion" by Caroline de Costa "RU486" by Caroline de Costa

We refer to current and evolving legislation about the legality of termination of pregnancy (through an in-house made e-module by a legal scholar), we talk about personhood, how we ascribe moral status to entities, we use Judith Jarvis Thompsons "A defence of abortion" and the "Abortion" chapter in Kerridge et al (2013) Ethics and the Law for Health Professionals. 4th edition, chapter 21. It would be difficult to provide you with curriculum materials, as our curriculum is integrated and draws upon many concepts that relate to different parts of the curriculum across all four year levels.

South Australia perinatal practice guidelines Essential obstetrics and gynaecology text book

Queensland clinical guidelines - Termination of Pregnancy MS 2 Step training

Q15. What do you think accounts for the level of curriculum content pertaining to abortion at your institution?

In my opinion should be only limited to the above points mentioned.
Public hospital system is not that involved with TOP
The ethics course was provided with less resources and small footprint in the first two years, and as stated above, one of the main teaching maternity hospitals is Catholic.
I have a vested interest in providing education surrounding unplanned pregnancy and termination care and i have the backing of the Medical Program director to teach this content. It is outlined in our curriculum that knowledge of abortion is required graduate level knowledge and it fits with the wider university policies of providing socially accountable healthcare in the future
Packed curriculum.
My institution is catholic and inhibits learning on abortion on placement
Having [REDACTED] on staff at the College of Medicine and Dentistry has been the primary reason for inclusion in the curriculum
Covers all areas
The curriculum is very crowded. We focus on content that will be relevant to generalist doctors (rather than specialists). We also focus on preparing students for the next stage of their career journey - ie internship. Specialist training is where I imagine knowledge and skill re abortion would be more timely - eg GPs (who refer) and gynaecologists, who perform the procedure.
I believe that the teaching is variable and depends on the personal experiences and beliefs of academic and clinical supervisors. this is obviously unfortunate because it means that there is variability in the way it is taught. There are access issues within the hospital where my students are placed, which also relate to personnel in

positions of power within the hospital. It is therefore unlikely that my students are receiving any exposure to termination during their clinical attachments. This may differ in different settings.

Can't answer as I am unsure about the level of content

hard to answer. don't think it's an area that needs a lot of essential education. Teaching about a dilatation and curettage procedure and an induction of labour at different gestations covers abortion surgery anyway. Obviously discussion of abortion would need to include a balanced account of ethical arguments in the area, a knowledge of the legislation and a respect of the opinions of all, whether pro or con. This takes time and effort

I haven't spoken with many colleagues about this, so I am unsure. I teach the abortion content and am supportive of women's choice to have an abortion. I made the decisions by myself to include the relevant sessions. But it may be that clinical colleagues believe that method is too advanced for an undergraduate medical curriculum. That is anecdotal though, so I am speculating.

I'm sure the basics are taught (clinically speaking) beyond what we cover in ethics. The degree of time dedicated to it will be part of the constant struggle to cover all necessary content as new things are constantly added.

As I am based within a dedicated ethics, law and professionalism team, we have dedicated curriculum space to teach these concepts and apply them to this issue.

It is relevant Women's Health and students obtain exposure to abortion in various contexts on their placements when those opportunities arise, and it is an important aspect of Queensland law that doctors must be familiar with.

Ethical position of the University

I don't know.

Our curriculum is out-dated and undergoing a review. Students need to know the law, ethical principles, procedures, counselling, contraception and follow up re TOP. What accounts for the level of content will be determined a bit by advocacy and relevance. Given surgical TOP is the commonest surgical procedure performed on women in Australia, it is certainly relevant

Individual decisions by tutors

Unsure - but I never hear it mentioned during talk of assessment, teaching and learning

Don't understand question
unsure if it is included so cannot comment
lack of time to present this information
In the areas I teach (Yr 1 and 2), we focus on fundamental concepts and normal processes, whereas pathology/clinical decision making/ethical tensions etc develop as students go further in the Program. Having a sufficient level of clinical communication skills and patient safety is also important to understand how to best support a patient seeking abortion.
Only have knowledge of first couple of years with regards to this, other teaching may occur in later years. Think abortion still seen as a controversial topic when discussing with students with a range of beliefs on the subject.
People feel awkward about abortion; rather than realising it is a necessity
Historically, Australia sought to stymie the provision of Mifi/ miso prestone. The result is teaching medical abortion it has been taken out of the hand of medical schools and it is a kind of specialist add one can do as a GP. Thus I think info about medical abortion is absent from [REDACTED] and, I expect, other Australian medical schools. Students encounter surgical abortion on rotation. I do not know if they can opt out of this. Personally, I do not think they should be able to. Equally I don't think private hospitals that provide obs/ gynea services should be able to. I would strongly limit CO rights. That they are drawn fairly widely in Australia encourages avoidance of Abortion. It would be interesting to know how Victorian medical schools teach VAD, I expect they do not.
Balanced with other curriculum content volume.
Competing time in a crowded curriculum Possibly less visible in course depending on who oversees curriculum and gender biases etc...but I hope it's not the case
Sexual health is a side topic for most as it makes people uncomfortable. Students, lecturers and health professionals need to learn about SH and to go further with uncomfortable topics. The way that people think about sex in our society is often that they think they should not do it all. It is difficult to know it all coming into medicine as these students/lecturers/health professionals had the same poor sex ed in high school as the rest of us. this is a barrier which needs to be overcome to have better outcomes for the health professionals and their patients in the long run

Abortion contravenes the Code of Ethical Standards for Catholic Health and Aged Care Services in Australia
The current and immediate past academic co-ordinators for the medical students' women's health rotation (Reproductive and Neonatal Health) both share an interest in abortion and have done significant work in this field of women's health. The university and teaching hospital support this as an important aspect of women's health that should form part of the core curriculum for medical students.
Not looked at yet by myself
Catholic university
Not sure, I have not been involved in any discussions relating to abortion in the development of curriculum content. As the curriculum is already crowded this may not be seen as a priority.
Difficult to comment, but I'm interested in exploring what our students think
diverse staff/academics and diverse student body
I am not sure
Cognitive overload and limited time to cover everything!

Q17. Please provide an example/s of this work:

A year 4 student is currently undertaking a research project in missed opportunities for provision of long acting contraception in the year immediately preceding a termination of pregnancy as well as the impact of COVID 19 on access to contraception and abortion services. Other student who have attended clinic have also noted the large number of international students attending for terminations of pregnancy and have undertaken initial collaborations with the international students society and university health to provide some digital media materials to provide some basic sexual health education

Downing Sandra G., Cashman Colette, Russell Darren B. (2017) Ten years on: a review of medical terminations of pregnancy performed in a sexual health clinic. Sexual Health 14, 208-212. <https://doi.org/10.1071/SH16177>

I currently have three students and three ex-students working on research projects with me relating to abortion. I always have interest by students undertaking research in sexual and reproductive health, and they generally are also very interested in the area of abortion because they are aware of the challenges.

Med students at [REDACTED] do a research project in Yrs3/4, I have personally supervised students and have marked the work of students who looked at termination access in rural areas, and termination access due to conscientious objection.

They are works in progress and are not available for public circulation, as they are assessment related.

I am currently undertaking a research project on women's experiences of access to abortion in rural SA; one of our prior rural 5th year students started doing this with me in her final year. She has just started as an intern.

I have a student looking at CO and sunset clauses.

I cannot give a specific example.

Yes - having worked in SH for years I have supervised projects of the this nature- Does no LARCs post abortion increase rates of follow unplanned pregnancies, access the health knowledge reducing STIs and unplanned pregnancy, etc.

some students chose an elective in this area

Q18. Please specify which sexual or reproductive health topics are covered in the core curriculum at your institution (please select all relevant options)

As said prteviously
contraceptive options
[Pregnancy counselling for unintended pregnancies.] yes
[Intimate partner violence] yes
contraceptive prescribing, consent laws regarding sexual intercourse and provision of medical treatment to minors, mandatory reporting in regards to STI and child protection.
[Intimate partner violence] Uncertain to what depth this is taught
[Pregnancy counselling for unintended pregnancies.] Yes

[

Intimate partner violence

] Yes

[

Pregnancy counselling for unintended pregnancies.

] Yes

[

Intimate partner violence

] Yes

[

Pregnancy counselling for unintended pregnancies.

] Yes - but perhaps not reliably

[

Intimate partner violence

] Not specifically

[

Intimate partner violence

] Not that I'm aware of, but a great idea.

I'm not entirely sure, we do in ethics cover issues around cultural competency around sexual and repro health and we discuss pregnancy counselling in that context, but I'm not sure how these are integrated into clinical practice teaching.

[

Intimate partner violence

] We focus on reproductive autonomy, so there is scope for these discussions to be framed in a wider context and discussed from a patient-centered approach. We do also discuss conscientious objection, what it means and how it might apply in a given scenario. The concept of reproductive coercion would be discussed in relation to how systemic and institutional approaches might then prevent an individual from exercising their reproductive autonomy.

[

Intimate partner violence

] Yes. This is taught as part of our 'domestic and family violence' module that is also part of the law, ethics and professional practice theme that students in Medicine 1-2 get taught. It falls under our discussion about what is coercive control and how this might manifest, and an example of reproductive coercion is discussed in workshops/tutorials.

[

Intimate partner violence

] uncertain

I don't know.

[

Pregnancy counselling for unintended pregnancies.

] Yes

[

Intimate partner violence

] Only in a broader discussion about reproductive rights

[

Pregnancy counselling for unintended pregnancies.

] yes

[

Intimate partner violence

] yes

[

Pregnancy counselling for unintended pregnancies.

] Yes

[

Intimate partner violence

] Yes

[

Pregnancy counselling for unintended pregnancies.

] Yes

[

Pregnancy counselling for unintended pregnancies.

] Yes

I am not familiar with the sexual and reproductive health issues taught specifically

[

Pregnancy counselling for unintended pregnancies.

<p>] I'm not sure, but would assume it's a consideration for holistic care of any patient considering options for unintentional/unwanted pregnancy.</p>
<p>We teach a comprehensive reproductive and sexual health module, with increasing focus on LGBTQIA+ cultural safety and sensitive care.</p>
<p>No real knowledge of this</p>
<p>[</p> <p>Pregnancy counselling for unintended pregnancies.</p> <p>] yes</p>
<p>Ethics</p>
<p>[</p> <p>Pregnancy counselling for unintended pregnancies.</p> <p>] Yes.</p>
<p>[</p> <p>Intimate partner violence</p> <p>] Yes.</p>
<p>contraception and unplanned pregnancy</p>
<p>[</p> <p>Pregnancy counselling for unintended pregnancies.</p> <p>] No</p>
<p>[</p> <p>Intimate partner violence</p> <p>] What is reproductive coercion?</p>

<p>[</p> <p>Pregnancy counselling for unintended pregnancies.</p> <p>] Yes</p>
<p>[</p> <p>Intimate partner violence</p> <p>] Yes</p>
Just normal healthy pregnancies
unsure
<p>[</p> <p>Pregnancy counselling for unintended pregnancies.</p> <p>] I assume so - though this is in years later than those I contribute to</p>
<p>[</p> <p>Intimate partner violence</p> <p>] I am uncertain of this.</p>
Not sure

Q20. Is this training part of:

I teach them all during my one to one placements
An ordinary rotation, but they may be able to opt out of abortion per se.
most students will be exposed on GP clinical placement, but not all

Q21. Which method/s were they able to assist with or perform?

contraceptive device insertion (implanon and mirena), point of care ultrasound
observe MTOP prescription and follow up
uncertain

Q22. What do you think accounts for the level of clinical training in abortion provision that is provided to students at your medical school?

Basic human rights apart from the previous statments
Tertiary maternal fetal medicine service exposure
N/A
There are several clinicians who provide abortion care in the clinical institutions associated with the Flinders University who are all dedicated to teaching abortion care and trying to decrease the stigma associated with abortion care and increase the knowledge of our students around abortion care
Limited access to facilities that provide abortions. No abortion clinics in rural areas.
curriculum does not evolve regularly and is not current
Previous advocacy for the importance of clinical training in abortion thanks to [REDACTED] and [REDACTED] who both willingly involved students from the beginning
They are exposed to it, so have required level of knowledge
It's not a priority at the med student level given the volume of topics that need to be covered just to get students up to the point of being capable and competent interns.
There is variability of access to TOP in [REDACTED] hospitals. I have recently introduced a half day placement at [REDACTED] for one cohort of students, they may see medical terminations in this context, but not all students will have that opportunity.
Am not sure about the current level across other disciplines

relevance to the entire course of medicine, paucity of practice to compared to other procedures, patient privacy not wanting students to be involved at their abortion (eg. Marie stopes)
As mentioned earlier, I suspect it is beliefs about the level of training. I do not sense any strong opposition to abortion, if indeed there is any at all.
No idea - if I had to hazard a guess, I would assume a mixture of stigma and access (placements are generally hard to get placements that include termination procedures I would assume are even harder).
This will be determined by AMC accreditation, Good Medical Practice and how they are then introduced within the medical curriculum. Depending on the school, this is realised by those responsible for designing and delivering the curriculum.
It depends on whether suitable cases present while students are on their Women's Health rotation. This could differ between students and rotations and over various cohorts over time. It may also depend on the nature of those cases and whether the supervising clinicians feel student involvement is appropriate, but they should offer some degree of discussion around the cases even if students cannot observe or assist. Comments by one of the clinical sub-deans include: The 3rd years get exposure to these patients, us in the context of midtrimester TOP. Their involvement is limited, for obvious reasons, but they know about the cases and what we do to terminate the pregnancy. We talk about TOP in other discussions eg women with medical problems precluding pregnancy , selective reduction of multiple gestations etc We also touch on reproductive rights/assault etc. They might get exposure in GP land, eg if GPs do medical TOP using My2step
I don't know, you should ask the general practice or obstetrics/gynaecology course coordinators.
Its overall relevance and the fact that it happens as part of day to day practice
Adequate
██████████ receives penultimate medical students. They have their rotations in regional and rural setting. Termination of pregnancy and observing the procedure is NOT listed in the curriculum hand book, it's not a requirement. They may be exposed to medical termination through general practice, but it's not listed as a core condition in the GP section of the handbook either
Not applicable

unable to comment, but it may be linked to the principle of 'do no harm' encompassed by the Hippocratic oath that applies to the foetus but not the woman.
unsure
lack of access - most done privately
Some of our training hospitals prohibit abortion for religious reasons. It's a crowded curriculum already with limited placement time due to large student numbers. Depending on the nature of abortion 'training', this may or may not occur opportunistically on rural, GP, obstetric or medical terms. I'd also anticipate that for some students, they would have an objection to mandatory training in this space, and would reserve the right to decline performing such procedures in a similar way that clinicians may.
access; limitation by other practitioners not undertaking the service; conscientious objectors
See previous comments.
Clinical management of abortion usually requires some postgraduate training. This can be as simple as online training for mifepristone, misoprostol or more complex such as courses through family planning services.
practice demographics and GP special interests of students clinical placement
Students want to understand more and be involved so they are prepared when they are health professionals
See answers above
Students are all rostered to a rotation at the Sexual Health clinic and are likely to observe a medical abortion as part of their time here. Surgical abortions at our teaching hospital are performed at the private hospital and the med students do not attend this as part of their rotation, however occasionally surgical abortions are performed in the public teaching hospital (eg. patients with anaesthetic risks) in which case students would be allowed to attend and observe procedure.
No idea
unsure
I cannot answer this question

it is a higher level skill to actually perform it, so the main focus at medical school level is awareness of the reasons women seek abortion, how to assist with shared decision making, how to support regardless of the choice they make. Focussing on how to actually perform the procedure is beyond the scope of undergraduate training.

I do not know

Q23. During their clinical training, are students provided with an opportunity to be involved with a sexual or reproductive health issue related to abortion?

[Yes] contraceptive prescribing and contraceptive implant insertion
[Yes] Fertility issues post abortion Psychological/psychiatric impacts of abortion
[Yes] Selective reduction of multiple pregnancy
[Yes] Attend my practice which provides MS2step
[Yes] both STI and contraception
[Yes] Research projects. Clinical attachments.
[Yes] Case discussion in lectures and communication tutorials
[Yes] - Contraception - Sexually transmitted infections
[Yes] domestic violence

Q24. Abortion provision should be part of medical education in Australia

[Strongly disagree] Abortion should only be in the previous two provisions as it is taking life of an innocent human being
[Strongly agree] Recognised care in Australia
[Somewhat agree] I think that this topic (apart from the ethics and medicolegal aspects - which should be included), can best fit into clinical training after graduation, especially in the GP training program.
[Strongly agree] Despite adequate contraception unplanned pregnancy is a reality of life. Women experiencing an unplanned pregnancy need to be provided with non-judgemental care and referred in a timely fashion to the appropriate services. The only exposure many students will have to this area of medicine will be in medical school yet when they are working clinicians may will be dealing with women of reproductive years so they need to have knowledge of what services are available to provide care to women.
[Strongly agree] Abortion is a medical procedure and process that occurs and doctors need to understand the clinical process but more importantly the ethical and psychological issues around the decision for a woman to have an abortion, as well as provision of after care, be that psychological or medical.
[Strongly agree] there is a definite need for it in our lives for various reasons
[Strongly agree] We are not living in the 19th century anymore. All women deserve to have access to reproductive choices
[Agree] Human right
[Disagree] As I have answered in earlier questions. It is not a priority at such a junior level. Training continues post graduation. Best to target the doctors who will work in the disciplines that perform abortion and/or refer
[Neither disagree nor agree] At an undergraduate level, i think students should be made aware of all of the options available to women and be able to provide accurate information, however i don't think that it is feasible

to train them in abortion provision at this stage of their training. We also need to respect that there are conscientious objectors in our student cohorts.

[Strongly agree] Because it is part of medical practice

[Strongly disagree] doctors should not kill. It is medically irrefutable that an unborn foetus is a human being (it is not a cat, a dog or not alive). It is irrefutable that the human being is innocent of any crime. Doctors take a Hippocratic oath to not kill (please re-read Oath and realise what it says) and medicine has never been about the killing of human beings and never should be. We are not veterinarians, bikie gang members or murderers. When we violate the life of one human being we change the question from "is it right to kill?" to "whom is it right to kill" and killing expands over time to more and more groups : late term abortion, partial birth abortion, post-birth abortion, VAD etc.

[Agree] It is a core issue of justice for women that they be able to choose what happens with their bodies. doctors and other healthcare workers are uniquely prepared to support women in this issue. If they are not at least provided with the opportunity to learn about this, then as a society we undermine the ability of women to access a crucial medical intervention.

[Strongly agree] Because it's part of healthcare, we wouldn't be asking whether prostrate exams should be a part of medical education, why are we asking whether terminations should be?

[Strongly agree] Termination of pregnancy is a core element to health care for women. To deny or not teach about it means you are denying care (which may be clinically indicated) to an individual requiring it. This does not mean that a medical student or clinician who holds moral objections based on an ongoing held belief they have made known should provide this care against their beliefs, but they should be aware of the options and know how to provide care (or refer their patients) to a provider who can support the patients needs.

[Strongly agree] It is a significant women's health issue and all doctors should understand not just the medical procedures and how they work, but the underlying social and psychological impacts of abortion, for whatever reason that may be required. They also must follow the law in Australia. That includes knowing what the legal requirements are around conscientious objection, to minimise the risk of harming the patient because of how they are discussing or approaching the issue in conversation. It is important that they learn the law and start thinking about their position on these issues in medical school so that they are better prepared to be confronted by conversations with patients in future. It is also a very important aspect relevant to domestic and family

violence that they should be aware of, as one of the professions more likely to be in a position to identify risk factors and offer support.

[Somewhat agree] I think it should be an optional elective for those graduate clinicians who are wishing to participate in the provision of abortions. I agree that the capacity to know the law, to be able to articulate ones values concerning abortion should be part of the pre clinical components of training.

[Agree] Patients will present requesting an abortion or with medical complication following an abortion.

[Agree] For reasons outlined above

[Strongly agree] Many people will seek this procedure at some point in their life and it is important that medical professionals receive the required training to ensure safe and sensitive care.

[Strongly agree] Even if not comfortable with it the student should know about it

[Agree] I think it's an acceptable choice for women and couples to make about an unwanted pregnancy, and delivering good quality care is important for future health of the woman.

[Strongly agree] Because it is a woman's right to access safe abortion care and doctor need to understand a woman's options - plus know how to refer on requests if they feel uncomfortable in a supportive, non-judgemental way

[Strongly agree] Important for all doctors to be informed and competent in counselling,, even if not directly providing TOP

[Strongly agree] because unwanted pregnancies occur, from rape to failed contraception. When a birth might harm the woman or child/ren, an abortion by medically trained professionals is ethically responsible for the welfare of both. The harm minimisation principle is now applied in various health scenarios, compared to zero tolerance, and an unwanted pregnancy deserves to be treated with the same mindset as substance use. Otherwise, women will seek abortions from unqualified people, which might result in unfair consequences for her.

[Agree] There is emerging focus on strengthening the ability of general practitioners to provide this service to patients. Given the current arrangements available to patients it makes sense to break down barriers, have clinicians trained and confident in this area and allow women to have choice. There is great financial barriers associated with accessing abortion services - I think \$400 at marie stopes. and as a GP to get this waived there is

considerable hoops to jump through. It should be taught and become a more routine part of providing women with care
[Strongly agree] it's a vital area of obstetric care
[Neither disagree nor agree] Education is important, but participating in abortion procedures may or may not be appropriate for medical students. Certainly in postgraduate training this may have a stronger role.
[Strongly agree] Abortion is a legal treatment that should be available, and easily accessible, to all women. If the practice of abortion is not taught in medical schools then by default you will be restricting access to the service, via lack of skilled practitioners.
[Strongly agree] vital component of women's reproductive health. Not optional. 1 in 3 women will access services in their lifetime
[Strongly agree] Medical abortion is basic healthcare. Surgical abortion when the life of the pregnant woman is at risk is basic healthcare. Surgical abortion in cases of FFA or Severe life limiting disability is basic healthcare. All doctors working in the relevant area should be able to provide the above. If students are given experience in the relevant area, they should have experience of the above. (On that point I would argue that medical schools should provide the training currently provided by Marie Stopes to GPs, arguable as a condition of graduation) Surgical abortion for other reasons involves a value laden judgment that rightly belongs to the pregnant woman, given the necessity to provide the above this should where legal, also be provided without the introduction of additional constraint on the part of (well meaning) professionals.
[Strongly agree] It happens and is legal. Part of quite a few women's and doctors' lives.
[Strongly agree] It's important for providing holistic patient centred care
[Strongly agree] Septic abortions kill unplanned pregnancy can change lives Legal medical practitioners need to either refer on (if opposed to TOP) or deal with it. GPs see the great majority of SH&R and need to be trained BUT all aspects of medicine can in some way interact with patient and their sexual health and so all practitioners should be familiar. I ask my students to name a section of medicine that doesn't interact with sexual health and they are yet to find one for me. eg first case of septic arthritis I saw as a med student was due to gono- this patient was under Orthopedics etc.
[Strongly disagree] See answers above

[Agree] Medical doctors all need to be aware of circumstances and issues associated with the physical medical intervention of abortion as well as the understand the social and psychological ramifications which contribute to a person requesting and impacts post procedure.

[Strongly agree] It is part of women's health. All doctors will encounter women seeking abortion or presenting with complications of abortion, and it is expected that the clinician should have an understanding of how to appropriately assess and refer these women, even if the individual clinical decides not to participate in performing abortion. In teaching abortion as core women's health curriculum, it normalises what is a common request and procedure in Australia, and an important women's health issue on a global scale.

[Strongly agree] common procedure

[Agree] women have a right to choose

[Somewhat disagree] If the program is an undergraduate program I don't think the students are emotionally mature enough to manage this type of education If post-graduate, maturity may not be an issue. However I think along with the clinical training, there are other deep seated issues which would have to be included in any training and education around abortion. Issues to do with beliefs, culture, ethics, trauma etc.

[Agree] This will impact on all students during their career and they need to know how feel confident to know how to give appropriate care for their patients. This applies in particular ways to students who enter medical school with attitudes the raise specific barriers to their learning and ability to provide care, and could present risk for their patients

[Somewhat agree] Training about abortion in general, not specifically how to perform abortions as most students will not need to do this in their first years out. We need to focus on competence for junior doctor level.

[Strongly agree] It is a core element of women's health, as well as central to the ability of women to determine what happens to them.

[Strongly agree] Important part of healthcare for half the population

Q25. Are there any additional observations or comments you would like to make on the topic of abortion training in your medical school, or medical schools in Australia more generally?

We should train and teach what is medically and ethically acceptable. Only the two points of the mother's health as a physical disease as well as foetal abnormalities . Taking a life of an innocent human being in their mother's womb for any other reason in my opinion is a crime .

There is just so much that can be included and fitted into a 4 year course, with a primary aim being "intern readiness".

This topic should be no more taboo than teaching many other topics a small minority of students may fundamentally disagree with. Students are not forced to participate or recommend abortion as an option, but having an understanding of what is available and how women can access the options is important for all to be aware of

I'm not aware of what occurs at my uni as it is not my area. I do think it is important for students to be able to opt out of participating in abortion related work if they have a conscientious objection to it, and they should be told that it is ok to opt out and that they will not be penalised. Same with other controversial areas of healthcare - e.g. assisted dying, body modification of normal healthy bodies, unnecessary plastic surgery. Our commitment to diversity and inclusion should extend to individuals with such beliefs.

I am an academic at a catholic university in a time of GREAT job insecurity in the sector. [REDACTED]

[REDACTED] I don't know what the abortion training is at this university , students are certainly allowed to express their religious beliefs against abortion.

Nothing else.

the sooner we focus more on. the proper ethical arguments of this, the better. We need to stop with the post-modernist situational ethics and moral relativism and return to objective truth.

In general, I hope that recent research showing that medical abortions via telemedicine filters into medical school training in way that ensures a greater provision/access to abortion in Australia. This kind of service being available (and having practitioners trained to provide it is key here) would solve some of the issues of conscientious abortion affecting access in certain places, as a patient and practitioner wouldn't need to be geographically co-located.

Framing it as 'abortion' requires defining. This sets up the research and findings to be controversial. I know we have had to clarify with students (and staff) why we choose to use the term 'termination of pregnancy' - I would suggest thinking about this when reporting findings. For example, in the legal sense, it is referred to as abortion, but in health care terms, it may be more appropriate to frame it as termination of pregnancy. In addition, by only focusing on the clinical and medical science aspects of training, it misses the important point that reasoning and concern about this topic can often be grounded in ethical, legal and professional issues. I would encourage the research team to critically question why this is the focus and what may be missed by this framing.

No additional comments.

Should be mandatory to discuss even if student not comfortable with the subject

I feel like more is needed to normalise abortion and break down stigma around this.

I haven't given it much thought, I don't know

Aiming to cure is admirable BUT not all health conditions can be cured. Sometimes medical practitioners need to just be with their clients, actively, supporting them to live as well as possible. Conversely, dying and death are not the worst things that can happen. Medical practitioners need to embrace this reality as much as patients /clients /consumers do. Decisions about health care are the patient's right in western countries to make, and medical practitioners are skilled to enact those decisions. The power is with the consumer, not the medical practitioner. Medical practitioners providing an abortion service respects the decisions made by women when confronted with an unexpected pregnancy.

needs to be less taboo to allow more doctor training; need more discussion on legislation in GP registrar teaching also to increase uptake of prescribers of MS 2 step

There are historical reasons for why it is like it is. These reasons play out elsewhere, in medicare funding for example. The whole thing need to be rethought in an era of decriminalisation. This either means getting GPs to behave or simply passing the whole thing over to Marie Stopes, who could arrange a network of local GPs who act as micro clinics, and funding it properly. Piecemeal obstruction by non-compliant doctors and the anti-abortion public should be directly addressed.

Sexual health a subject (not a part of other subjects= often womens or family medicine) should be in all Medical curriculum and as such a proportion of the subject should be dedicated to Abortion

Our school does not approve of abortion under any circumstances

In my opinion, abortion should only be considered if it is life threatening (medical condition of the mother or a unhealthy baby that is proven medically) otherwise abortion is a crime killing an innocent life .

no

I think that if this was to be included in medical schools curriculum, it would need to be offered as a specialisation so that students could make the choice as to whether they want to learn about this or not. The other issue, is the legality of including this in Medical education and how this would sit with stakeholder groups who would have a conflict of interest and be opposed to this type of education being included. It is a political issue.

Would be helpful to be done by organisations without vested interests - ie we do not allow drug companies to teach about medications, we need unbiased clinicians to teach about abortion.

I would like to see training for medical students in the clinical aspects of abortion to be available at every medical school in the country. The challenge would be to ensure that one can manage the conscientious objections of students.

