British Society of Abortion Care Providers Inaugural Meeting, Royal College of Obstetricians and Gynaecologists, London, UK, 29 October 2015

Over 80 health professionals and others involved in abortion care from a wide range of backgrounds and organisations, including the National Health Service and independent sector, attended this inaugural meeting of the recently formed British Society for Abortion Care Providers (BSACP).

In her opening remarks, Tracey Masters (SRH Consultant and BSACP founder member) spoke about her personal and professional experience of being an abortion care provider in the UK. She then outlined the important role of this new – and many would say long overdue and eagerly anticipated – multi-professional organisation in promoting best practice, education, training and research in abortion care. Dr Masters mentioned two of the BSACP's stated objectives, namely that it will grow into a community of practitioners *across* disciplines and will provide a forum for discussion.

The Presidents of the Royal College of Obstetricians and Gynaecologists (RCOG), David Richmond, and the Faculty of Sexual and Reproductive Healthcare (FSRH), Chris Wilkinson, emphasised the importance that both organisations place on improving abortion care provision, both in the UK and worldwide, and stressed the importance of developing links with the BSACP.

James Drife's entertaining and informative keynote address entitled 'Looking Back, Looking Forward' highlighted the part played by the 1967 Abortion Act in eliminating abortion as a cause of maternal death in the UK. Professor Drife concluded his talk by expressing his belief that the BSACP will make a difference to the future abortion debate by being "uniquely qualified to be the voice of reason".

There followed an illuminating session on 'Providers and the Law', with authoritative presentations by Barbara Hewson (Barrister) and Sam Rowlands (SRH Lead) on 'The Law and Regulation' and 'The Impact of the Law on Providers', respectively. Both speakers referred to the lack of clarity surrounding abortion provision in Northern Ireland, where case law (and not the 1967 Abortion Act) applies. Changes are afoot, however, as many believe that the Irish 'establishment'

is increasingly out of touch with public opinion, as evidenced by the recent legalisation of gay marriage.

Subsequent speakers in the session on 'Nurses and Midwives in Abortion Care' made an eloquent case for enhanced nurse roles in hospital-based abortion services (Joanne Fletcher, Consultant Nurse), community-based services (Jeannette Flower, Nurse Practitioner) and midwifery and abortion care (Kaye Crawley, Deputy Nurse Manager). Indeed, one tangible outcome of the increasing importance that the FSRH is placing on nurse training may be a greater number of nurses seeking employment in this specialty.

The penultimate session focused on undergraduate/postgraduate education and training, with Jayne Kavanagh (Principal Clinical Teaching Fellow) describing how abortion and related subjects (including conscientious objection) are taught to undergraduate medical students at University College London (UCL). While the UCL course strives to be both comprehensive and balanced, unfortunately it transpires that this topic is not taught consistently in UK medical schools. Furthermore, the salutary experiences related by the next two speakers, who reflected on the difficulties they had experienced in obtaining postgraduate medical training in their chosen field of abortion care, clearly demonstrated that much still needs to be done to improve standards of undergraduate/postgraduate education. The ensuing discussion indicated that the BSACP, in conjunction with the RCOG and FSRH, could play a vital role in defining and promoting best practice in undergraduate/postgraduate abortion care training.

The final presentation by Jonathan Lord (O&G Consultant) on 'Measuring and Monitoring Quality in Abortion Services' highlighted an important future role for the BSACP in taking the lead in defining and measuring standards and in establishing a quality assurance programme in UK abortion care.

Recurring themes throughout the day included the stigma attached to working in abortion care, accompanied by an often overwhelming sense of isolation that all the speakers almost without exception reported having felt at various stages of their professional careers. What all the speakers clearly conveyed though was their dedication and commitment to working in this important area of women's health care, and their passionate belief that they are genuinely able to make a positive difference to women's lives.

Following the conclusion of the formal presentations, many attendees

remained behind to participate in a lively open discussion about the BSACP's organisational structure and future aims/activities. With the BSACP's draft constitution still to be ratified and further Council members to be appointed, it is likely that another joint scientific/business meeting will be convened in the relatively near future. One topic that will definitely feature on the agenda of a future BSACP meeting is a thoughtful exploration of conscientious objection.

The BSACP aims to serve its members by providing a forum for professional development and networking and by raising the profile of the specialty and improving understanding amongst those responsible for abortion-related policy, guidance, commissioning, regulation and training. The BSACP intends fulfilling its objectives by organising scientific meetings at both national and regional levels to address clinical and other advances in abortion care; providing opportunities for continuing professional development; administering a confidential, closed web-based forum for discussion between members; providing advice to the UK government, commissioners and other national bodies on developing and improving abortion care; and raising and setting standards of training in abortion care at both undergraduate and postgraduate levels by providing a network of support through discussion, study, communication and exposure to the services and women who require them.

Further information is available on the BSACP website (<http://www.bsacp.org.uk>). BSACP welcomes membership applications from professionals involved in abortion care. This includes (but is not limited to) doctors, nurses, midwives, counsellors, clinical support workers and managers. Membership is also available to trainees and medical, nursing or midwifery students, and to academics and other individuals whose work is related to the support of abortion services and care.

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Provenance and peer review

Commissioned; internally peer reviewed.