

## **FSRH Response: Ofsted - Education inspection framework 2019: inspecting the substance of education**

The Faculty of Sexual and Reproductive Healthcare (FSRH) welcomes the opportunity to respond to Ofsted's consultation on the updated "Education inspection framework 2019: inspecting the substance of education". FSRH is the largest UK multidisciplinary professional membership organisation representing the voices of more than 15,000 doctors and nurses working in women's healthcare across the UK. In the context of Relationships and Sex Education (RSE) becoming mandatory in 2020 we have produced the following medically informed and evidence-based recommendations to improve the framework.

Above all it is vital the framework takes into account the need for medically accurate information and resources in RSE. Within this context FSRH and the Royal College of Obstetricians and Gynaecologists (RCOG) have provided an [abortion care factsheet to support RSE lessons](#)<sup>1</sup>. This is a free resource for professionals in secondary schools to use in RSE lessons. It aims to ensure that professionals involved in educating young people have a factually accurate, unbiased and evidence-based source of information about abortion in the UK.

### **Feedback on specific areas of the framework**

FSRH welcome the shift in the framework towards rewarding schools that promote the personal development of children, and challenging schools that exclude children without good cause. In our response we focus on the following "judgement areas" of particular relevance to RSE.

#### *Area 1: Quality of Education*

We support measuring whether "learners study the full curriculum". We advise this be made more robust. Evidence shows how those delivering RSE can have subjective values which adversely affect how the curriculum is taught<sup>2</sup>. Given this a statement on content being delivered objectively and with medical accuracy would be useful.

FSRH advise that the measurement of leaders "adopting or constructing" a curriculum be amended to ensure the curriculum adopted does not minimise or omit potentially "sensitive" areas of RSE, such as medically accurate education on abortion care and contraception. To compliment this we recommend a measurement to assess learners objective and evidence-based understanding.

Under the sub heading "Implementation", we recommend bullet two be amended to ensure when identifying misconceptions, teachers do so with evidence-based accuracy. Likewise, bullet three should be amended to ensure teachers select resources which are medically accurate and evidence based – an example of such a resource can be found [here](#)<sup>3</sup>.

#### *Area 3: Personal development*

We welcome the [draft handbook's](#) inclusion of RSE as a significant aspect of personal development: "*developing an age-appropriate understanding of healthy relationships through appropriate relationship and sex education*". We recommend this point is amended to ensure students are equipped with timely, medically accurate and unbiased information about sex and relationships that allows them to make informed decisions to protect their health.

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<sup>1</sup> FSRH and RCOG Abortion care factsheet to support RSE in schools <https://www.fsrh.org/fsrh-rcog-abortion-care-factsheet-rse/>

<sup>2</sup> Education for Choice, 2013, <http://educationforchoice.blogspot.com/2013/11/>

<sup>3</sup> FSRH and RCOG Abortion care factsheet to support RSE in schools <https://www.fsrh.org/fsrh-rcog-abortion-care-factsheet-rse/>

Within the framework itself FSRH advise the statement on “helping [learners] to know how to keep physically and mentally healthy” be amended, to ensure help is based on medically accurate and evidence-based information and resources.

#### *Area 4: Leadership and Management*

FSRH welcome the frameworks attention to improving staff subject knowledge. We know there is a gap to bridge here, with an urgent need for RSE training for school staff<sup>4</sup>. Teacher competence must also be supported through training and resources. As many organisations, including FSRH have evidenced previously, such support must be coupled with both dedicated and designated time in the curriculum for RSE<sup>5</sup>.

In addition, FSRH advise the first point within this section be amended, to ensure leader’s “vision” does not divert from the necessity to teach medically accurate and evidence-based information, particularly in subjects prone to value judgements such as RSE.

Finally, FSRH recommend a statement defining “effective” engagement with parents be added to the framework or accompanying handbook. Evidence shows a light touch approach with parents is most beneficial. Parents should be notified of their rights and given access to the broad outlines of programmes of study/class resources<sup>6</sup>.

#### **Conclusion**

The topics focused on within Relationships and Sex Education (RSE), particularly concerning abortion and contraception, are at risk of being taught inaccurately. Misinformation would have serious consequences on the health and wellbeing of children and young people. The framework provides a valuable opportunity to both safeguard against this and enhance learning. FSRH recommends our proposals be acted upon as a means of meeting children and young people’s fundamental right to medically accurate and evidence-based education.

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<sup>4</sup> Teaching Times, Teachers Not Adequately Trained To Deliver Sex Education <https://www.teachingtimes.com/articles/teachers-trained-sex-education.htm> & Sex Education Forum, 2019, <https://www.sexeducationforum.org.uk/>

<sup>5</sup>FSRH, 2018, FSRH consultation response: FSRH and RCOG call on Government to provide high-quality evidence-based RSE: <https://www.fsrh.org/news/fsrh-rcog-consultation-response-dfe-rse-guidance-2018/>

<sup>6</sup> FSRH and RCOG FSRH consultation response: FSRH and RCOG call on Government to provide high-quality evidence-based RSE: <https://www.fsrh.org/news/fsrh-rcog-consultation-response-dfe-rse-guidance-2018/>