

## **FSRH submission to the GMC's consultation on *Developing the UK Medical Register***

FSRH welcomes the opportunity to respond to this consultation on developing the UK Medical Register.

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the representative body for over 15,000 doctors and nurses working in sexual and reproductive healthcare, supporting healthcare professionals to deliver high quality care. We provide national qualifications in sexual and reproductive healthcare, clinical standards and evidence-based clinical guidance to improve sexual and reproductive healthcare for the whole of the UK in whatever setting it is delivered.

Overall FSRH agrees with the principles that the GMC sets out in favour of the development of the UK Medical register and the voluntary inclusion of additional information. However, as many of our members are abortion care providers and prescribers of emergency contraception, we would like to emphasise that the GMC must strike a balance between transparency of information and ensuring the privacy and safety of registered medical professionals, especially that of medical professionals whose scope of practice divides public opinion.

### **For more information please contact:**

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**Question 3: Do you agree that these are the right principles to guide the inclusion of additional information on the register?**

Yes. FSRH believes that the principles that the GMC sets out to guide the development of the register are the right principles to guide the inclusion of additional information on the register.

However, FSRH would like to emphasise that it is paramount for the GMC to prioritise striking a balance between ensuring transparency of information that meets public expectation, usefully reflecting the up-to-date practice of medical professionals, whilst safeguarding the privacy and safety of doctors.

**Question 5: Do you agree that we should develop a tiered approach to information on the register along the lines described. Why?**

Yes. Whilst a tiered approach to information collection may result in inconsistency in the information available for those using the register, FSRH believes that making the provision of some categories of registration voluntary is necessary to ensure that doctors whose scope of practice divides public opinion, for example abortion care, cannot be identified or located and their safety and privacy are protected.

If the GMC were to develop a single tier approach in which medical professionals are expected to declare their scope of practice, FSRH would strongly recommend that abortion care providers are not required to stipulate their specific area of practice or disclose their practice location. Instead, FSRH believes that they should be able to declare their wider medical specialty, for example sexual and reproductive healthcare or obstetrics and gynaecology.

**Question 6: Do you agree that making the provision of some categories of registration information voluntary would help mitigate some of the possible disadvantages of our proposed two tier model?**

Yes. FSRH believes this is particularly important in regards to abortion care providers and whether or not they choose to declare their scope of practice, as doing so for such a polemic practice area may put their safety and privacy at risk.

**Question 7: Are there particular groups who would be helped or disadvantaged by our approach to providing more information on the register? If so, which groups and why?**

Due to the polemic nature of abortion care, the identification of abortion care providers risks leaving these medical professionals open to intimidation and abuse from those who are fundamentally opposed to the practice of abortion. In Northern Ireland, there have been several instances of counsellors for the Family Planning Association in Northern Ireland being identified and accosted in public spaces and followed down the street after leaving their office by anti-abortion activists.<sup>1</sup> These instances exemplify how disclosure of information regarding scope of practice and practice location risks leaving abortion care providers open to direct targeting by anti-abortion activists.

If the safety and privacy of abortion care providers are put at risk, this could act as a deterrent for those wishing to enter the abortion care workforce (already depleted), as well

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<sup>1</sup> <https://www.theguardian.com/world/2016/jan/06/belfast-family-planning-advisers-hounded-and-followed-by-anti-abortion-activists>

as women wishing to access confidential and safe abortion care services. Ultimately, this may negatively affect the provision of abortion care, which is the most common gynaecological procedure in the UK, service users' ability to access abortions, and their right to exercise informed choice over their reproductive health. The organising principle of many anti-abortion activist groups is to reach women at the sites where abortion care is delivered.<sup>2</sup> Consequently, if the practice location of abortion care providers is openly accessible this may facilitate a more targeted approach to protesting outside abortion care services and a more coordinated approach towards the intimidation of the women trying to access abortion care.

***Question 10: If there are categories of information listed above that we shouldn't attempt to collect, please explain why.***

As referenced in the above responses, FSRH believes the GMC should not attempt to collect mandatory information regarding doctors' scope of practice or their practice location as this leaves doctors', as well as service users', safety and privacy at risk.

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<sup>2</sup> Dispatches (Channel 4) *Undercover: Britain's abortion extremists* Available to watch at: <http://www.channel4.com/programmes/dispatches/on-demand/62890-001>