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Dr Benjamin Bopp, President

Royal Australian and New Zealand College
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To Dr Bopp,

Re: draft Clinical Guideline for Abortion Care

The Royal Australasian College of Medical Administrators (RACMA) thanks the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) for the opportunity to provide feedback on the draft *Clinical Guideline for Abortion Care.*

RACMA commends RANZCOG for developing an evidence-based guideline to support the delivery of safe, quality care across Australia and Aotearoa New Zealand.

Central to delivering safe, quality healthcare is clinical governance, and it is RACMA Members who play a key role in upholding clinical governance principles, as we continually drive patient safety, promote quality care, manage risks, ensure regulatory compliance, manage resources, support quality improvement initiatives, and strive for equitable access. Within this responsibility, we recognise it is necessary that healthcare leaders and providers are mindful of cultural diversity, age, geographic isolation, socioeconomic disadvantage, unconscious bias and cultural safety when delivering healthcare and ensuring equitable access to healthcare.

The draft Guideline contains references to inclusive practice and approaches acknowledging various diversity domains and a recognition that there are equity factors to consider as well. However, we believe the references to these areas are brief in the draft Guideline.

While we acknowledge this is a clinical guideline, RACMA believes there is scope to enhance the references to inclusive practice and approaches, and equity, highlighting the significant impact of cultural diversity on access, decision making, service provision, safety and quality of care and healthcare provider bias. Areas which are just as important as clinical care when delivering healthcare.

Different cultural backgrounds, beliefs, and values can influence how individuals perceive and experience abortion, as well as how healthcare providers deliver services. Healthcare providers need to be sensitive to the diverse cultural backgrounds, beliefs, and values of patients to ensure that care is respectful, patient-centred, and effective.

Equity factors play a crucial role in ensuring that quality abortion care is accessible, inclusive, and effective for all individuals, regardless of their socioeconomic status, background, or identity. Addressing equity factors is essential for promoting social justice and eliminating disparities in healthcare.

To properly address the need for inclusive practice and approaches, and equity as well as the impact of cultural diversity on abortion care, RACMA recommends the draft Guideline suggests healthcare services consider the following factors:

- Racial and Ethnic Disparities: Communities of colour may face disparities in access to abortion care due to systemic inequalities. Addressing these disparities requires tailored outreach and support efforts.
- Religious and Spiritual Beliefs: Different religions hold varying views on abortion. Providers should understand how a patient's religious beliefs might influence their decision-making and emotions regarding abortion.
- Cultural Norms and Stigma: Cultural norms related to sexuality, reproductive health, and gender roles can contribute to stigma around abortion. Providers need to address and mitigate stigma to create a safe and supportive environment.
- Cultural Safety Training: Training healthcare providers in cultural safety can help them better understand and address the unique needs and concerns of patients from diverse backgrounds. This could include the provision of resources clinicians and other team members could consider using to learn more and upskill.
- Language and Communication: Language barriers can hinder effective communication between patients and providers. Ensure that information and access to interpretation services are available to helps patients fully understand their options and make informed decisions.
- Traditional Practices and Beliefs: Traditional practices related to pregnancy and abortion may differ among cultures. Providers should be aware of these practices and discuss potential risks and benefits with patients. Patients from certain cultures might also consult traditional healers or use traditional remedies. Providers should inquire about any concurrent treatments and provide information on potential interactions or risks.
- Privacy and Modesty: Some cultures prioritize privacy and modesty. Providers should adapt the care environment to respect patients' cultural preferences, such as offering gender-specific providers or allowing a chaperone.
- LGBTQ+ Inclusivity: LGBTQ+ individuals may face discrimination or lack of understanding when seeking abortion care. Providing LGBTQ+-inclusive services and addressing stigma is crucial.
- Reproductive Justice and Intersectionality: Recognising the intersection of various identities, such as race, gender, and sexuality, is essential for providing care that respects individual autonomy and addresses unique needs.
- Youth Access: Minors may face additional barriers to accessing abortion care due to parental consent requirements or lack of information. Ensuring confidential and accessible services for minors promotes equity.
- Inclusive Spaces: Design healthcare environments that respect diverse cultures, backgrounds and practices, making patients feel welcome and understood.
- Education: Promote open discussions about sexual and reproductive health within culturally diverse and marginalised communities to reduce stigma and misinformation. Again, this should include access to culturally appropriate resources to help community members understand more about the process. Providers should ensure that patients understand their options and are empowered to make informed decisions.
- Community Engagement: Collaborate with community leaders, organisations, and advocacy groups to increase awareness and understanding of abortion care within diverse communities.
- Trauma-Informed Care: Recognising and addressing trauma histories, such as experiences of violence or abuse, is important for providing sensitive and equitable care.

- Financial Accessibility: High costs of abortion care can create barriers, especially for individuals with lower income. Ensuring affordable abortion services and providing financial assistance can promote equity in access.
- Geographic Accessibility: Uneven distribution of abortion providers and clinics can lead to challenges for individuals in rural or underserved areas. Ensuring accessible locations and transportation options promotes equity.

Ultimately, recognising and addressing equity factors and the impact of cultural diversity on abortion care is essential to ensuring that all individuals have access to safe, respectful, and patient-centred reproductive health services. This leads to improved patient satisfaction, better health outcomes, and greater trust between patients and healthcare providers.

In upholding good clinical governance principles, RACMA also believes the following areas have not been fully addressed by the Guideline and need to be further explored:

- The standards for credentialing in feticide - whilst there are two RANZCOG subspecialties where this is explicitly included in training, general Obstetrician and Gynaecology, sexual health physicians and General Practitioners (GPs) undertake this in some jurisdictions- most of the late termination of pregnancy (TOP) in South Australia is performed by GPs, for instance, but without clear credentialing standards.
- Clear guidance on Key Performance Indicators (KPIs) - currently the guideline provides for a range of possible KPIs but it would be good to have clear guidance on what should be measured in a TOP service and how this relates to quality. For instance, timely access to care means something different in this context and the usual clinical prioritisation categories across Australia and New Zealand don't account for timeliness in an appropriate way.
- Arbitrary barriers - Now that almost every jurisdiction has reformed their abortion laws, there is less barrier to access than previously. That said, there still remain arbitrary barriers. That medical practitioners were only able to prescribe MS 2-Step is a good example. After removing this unnecessary regulation, it will take many years to build capacity amongst nursing and midwifery prescribers, and so state/national and commonwealth programs to support non-medical prescriber pathways are necessary, particularly to improve equity amongst non-metropolitan and first nation's consumers.

If RACMA and/or its Members can be of assistance in progressing this important work, please do not hesitate to contact me. Thank you once again for the opportunity to comment.

Yours sincerely

Dr Helen Parsons CSC FRACMA
RACMA President

About RACMA
RACMA is the only specialist medical college that trains doctors to become specialist medical leaders and managers. Our education programs, including our accredited flagship Fellowship Training Program, are aimed at equipping doctors with the leadership and management skills needed to influence and lead the Australasian health care systems with the clear aim of improving health outcomes of Australians and New Zealanders. RACMA Members fill diverse roles, including Chief Executives, Chief Medical Officers, Director of Medical Services, Heads of Departments, as well as working in the university and defence sectors.