

4 May 2021

The Health Committee Clerk
Room 419
Parliament Buildings
Ballymiscaw, Stormont
Belfast, BT4 3XX

To whom it may concern,

Northern Ireland Assembly Committee for Health Call for Evidence: The Severe Fetal Impairment Abortion (Amendment) Bill

- 1 Thank you for asking us to respond to the Northern Ireland Assembly Committee for Health's call for evidence on the Severe Fetal Impairment Abortion (Amendment) Bill.
- 2 We note that the committee has asked that submissions be structured to address the specific clause of the bill and to include any proposed amendments to it. Although we are monitoring developments in this area, the GMC does not take a view on what the law on termination of pregnancy should be in Northern Ireland (or elsewhere). We consider this to be the role of relevant legislatures to determine and for other bodies and interested parties to comment on. For this reason, we are unable to address the specific request from the committee.
- 3 However, we would like to take this opportunity to clarify the GMC's role and remit in the context of this particular area of public policy.
- 4 Therefore, for the purpose of this submission, our comments will set out:
 - Background information on the role and remit of the GMC;
 - The role and purpose of our professional guidance;
 - Our expectations of doctors in the context of this area of practice, as set out in our professional guidance.

The GMC's role and remit

- 5 The General Medical Council (GMC) is the independent regulator for doctors in the UK. Our role is to protect patients and improve medical education and practice across the UK. As part of this role we:
 - decide which doctors are qualified to work in the UK.
 - oversee UK medical education and training.
 - set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
 - take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.
- 6 Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers, and patients to make sure that the trust patients have in their doctors is fully justified. We expect doctors to be familiar with and follow our ethical guidance and be willing and able to justify any departure from it.

GMC guidance

- 7 Our core ethical guidance Good medical practice (GMP) and our explanatory guidance set out the principles of good practice and the standards expected of doctors in the course of their work.
- 8 Our guidance applies to all doctors, at every stage of training and in every specialty. It is therefore necessarily high level, in order to be widely applicable. We expect doctors to use their professional judgment in applying the principles in practice. This guidance applies to all four countries of the UK, whatever the legal position is in Northern Ireland.
- 9 We do not provide specific guidance on pregnancy or abortion, but our guidance makes clear that doctors are expected to follow laws relevant to their practice and to be familiar with professional guidance from other relevant bodies. In the context of termination of pregnancy in Northern Ireland, the latter would include clinical guidance by, for example, the Royal Colleges.
- 10 We also support doctors' rights to practice in line with their personal beliefs and we have detailed guidance on conscientious objection in our [Personal beliefs and medical practice](#) guidance. This includes the steps a doctor must take if he or she chooses to exercise that right.

- 11** Our guidance is clear that doctors can practice in line with their personal beliefs, as long as this does not result in discrimination against or harassment of patients and as long as those patients are provided with access to necessary information and timely care.
- 12** Doctors must make the care of patients their first concern, ensuring they are not abandoned or obstructed from accessing treatments and services. They must explain to patients if they have a conscientious objection to termination of pregnancy and tell patients about their right to see another doctor and make sure they have enough information to exercise that right.
- 13** Our guidance also makes clear that doctors should be open with employers, partners at their surgeries or colleagues about their conscientious objection and should explore with them how they can practise in accordance with their beliefs without compromising patient care and without overburdening colleagues.
- 14** We hope these comments are helpful. We are happy to explore or clarify any aspect of our response with you further.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Colin Melville', with a stylized flourish at the end.

Professor Colin Melville,
Medical Director and Director, Education and Standards