



Dame Sara Thornton DBE QPM  
Independent Anti-Slavery Commissioner  
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3 March 2020

The Royal College of Obstetricians and Gynaecologists  
10-18 Union Street  
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Dear Mr Edward Morris MD FRCOG,

I am writing to you about the lack of adequate provision of training for doctors in the area of Modern Slavery Human Trafficking (MSHT).

MSHT is an egregious violation of men, women and children for the purposes of forced labour, sexual exploitation, forced marriage, domestic servitude, organ harvesting and forced criminal activities, including county lines.

There is no accurate way of estimating how many people are living and experiencing MSHT within the UK. However, the National Crime Agency suggest “tens of thousands”<sup>1</sup>, the Home Office estimated “10,000-13,000”<sup>2</sup> in 2012 and the Global Slavery Index estimate 136,000<sup>3</sup>. That would mean 2 per 1000 individuals.

There is an increasing amount of research which documents the severe impact of MSHT on the physical and mental health of victims and survivors, but we also know this is not limited to an individual. MSHT is a public health issue<sup>4</sup>, stemming from poverty and inequality, whilst self-perpetuating and contributing to detrimental social determinants of health. This country needs to address MSHT from a public health and healthcare perspective in order to tackle this crime in a person-centered, holistic and effective way.

Our health service needs an effective and coordinated response to MSHT. Some studies suggest as many as 68% of victims present to healthcare settings when they are experiencing exploitation, with

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<sup>1</sup> The Guardian, 2017 Tens of thousands of modern slavery victims in UK, NCA says.

<https://www.theguardian.com/world/2017/aug/10/modern-slavery-uk-nca-human-trafficking-prostitution>

<sup>2</sup>HM Government. *Modern Slavery Strategy*. [online] London, 2014: Open Government Licence v3.0. Available at:[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/383764/Modern\\_Slavery\\_Strategy\\_FINAL\\_DEC2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/383764/Modern_Slavery_Strategy_FINAL_DEC2015.pdf) [Accessed 30 Jun. 2019]

<sup>3</sup> Global Slavery Index. *Country Data | Global Slavery Index*. [online] 2018. Available at:

<https://www.globalslaveryindex.org/2018/data/country-data/united-kingdom/> [Accessed 23 Jan. 2019].

<sup>4</sup> Such E, Laurent C, Salway S. 2017. Modern Slavery and Public Health, Public Health England.

<https://www.gov.uk/government/publications/modern-slavery-and-public-health/modern-slavery-and-public-health> (last accessed 1 February 2018).

just over half of those being seen by emergency/urgent care practitioners<sup>5</sup>.

Despite this, healthcare professionals don't feel they have the knowledge and confidence to know what to do when they encounter someone who may be trafficked. In 2015, a survey of 782 NHS healthcare professionals found that 95.3% percent were unaware of the scale or extent of MSHT in the UK. One in eight healthcare professionals said they know or strongly suspect they have come in to contact with a victim (one in five in maternity services), yet 78.3% reported that they had insufficient training to assist trafficked people. Importantly, 86.8% reported lacking knowledge of the questions to ask to identify potential victims<sup>6</sup>. This research highlights a serious knowledge and confidence gap amongst frontline clinicians, who may be the only individuals encountering trafficked victims at their most vulnerable. Crucial opportunities to intervene and offer safety and choice are being missed.

“Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff”, an intercollegiate document, established that “forced marriage, modern slavery and grooming and exploitation”, “county lines” and “child trafficking (internal and external)” are considered core competencies for all levels of safeguarding, expected of all healthcare staff<sup>7</sup>.

Whilst it is positive to see that your existing curriculum does mention MSHT, it is presently coupled with FGM as a “cultural practice” which does not accurately reflect the broad range of exploitation types that are encompassed by the term MSHT. The inclusion of MSHT in your curriculum in this context therefore has the potential to restrict the ability of training bodies to train and equip their healthcare professionals to identify and safely respond to MSHT. As such, responsibility rests solely on individual prioritisation within safeguarding teams, NHS Trusts and other healthcare organisations.

Under the terms of the Modern Slavery Act of 2015, I am charged with encouraging good practice in the prevention, detection, and investigation of slavery offences, and the identification of victims<sup>8</sup>. My first [strategic plan](#) was laid before Parliament in October 2019 and I have prioritised the care and support of victims. Herein lies a crucial opportunity to do so. It is a stated goal of NHS England to support staff in accessing training on how to identify and safeguard victims of MSHT<sup>9</sup>. Indeed, the duty to safeguard all adults and children is enshrined in the General Medical Council's statutory guidance, “Good Medical Practice”, upon which all medical education in the United Kingdom is based<sup>10</sup>.

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<sup>5</sup> [J Health Care Poor Underserved](#). 2016;27(3):1220-33. doi: 10.1353/hpu.2016.0131

<sup>6</sup> Oram S, Hemmings S, Abas M et al. Provider Responses Treatment and Care for Trafficked People. Department of Health, 2016. <https://www.kcl.ac.uk/ioppn/depts/hspr/research/CEPH/wmh/assets/PROTECTReport.pdf>. (last accessed 5 February 2018).

<sup>7</sup> The Royal College of Nursing. (2019). *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff* | Royal College of Nursing. [online] Available at: <https://www.rcn.org.uk/professional-development/publications/pub-007366> [Accessed 18 Oct. 2019].

<sup>8</sup> Legislation.gov.uk. (2019). Modern Slavery Act 2015. Charter 30, Part 4, Independent Anti-Slavery Commissioner. [online] Available at: <http://www.legislation.gov.uk/ukpga/2015/30/part/4/enacted> [Accessed 18 Oct. 2019]

<sup>9</sup> NHS England (2019). *NHS England » NHS England slavery and human trafficking statement*. [online] England.nhs.uk. Available at: <https://www.england.nhs.uk/safeguarding/slavery-human-trafficking-statement/> [Accessed 18 Oct. 2019]

<sup>10</sup> General Medical Council (2019). *Good Medical Practice. Domain 2: Safety and quality*. [online] Available at: <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-2----safety-and-quality#paragraph-24> [Accessed 18 Oct. 2019].

Following consultation with NHS safeguarding leads and experts in the field, both clinical and within academia, this office has identified a key opportunity for the Royal Colleges to take the lead in the efforts to safeguard patients against MSHT with all its deleterious consequences. We propose that the inclusion of reference to MSHT within your curriculum would equip trainee doctors to safeguard this vulnerable patient population.

I am therefore writing to urge you in the strongest possible terms to include appropriate reference to Modern Slavery Human Trafficking (MSHT) and exploitation as a category of abuse within your curriculum for trainees in obstetrics and gynaecology.

I look forward to receiving your response. In the interests of transparency, I request that you respond in a way that enables me to publish your letter on my website.

Sincerely,

A handwritten signature in black ink, appearing to read "Sanjiv". The signature is fluid and cursive, written in a professional style.

**Independent Anti-Slavery Commissioner**



Dame Sara Thornton DBE QPM  
Independent Anti-Slavery Commissioner  
5th Floor, Globe House  
89 Eccleston Square  
London  
SW1V 1PN  
Sent by email

23<sup>rd</sup> July 2020

Dear Dame Sara,

Thank you for your letter of 3<sup>rd</sup> March regarding the inclusion of modern slavery and human trafficking (MSHT) in the training curriculum for obstetrics and gynaecology (O&G). May I firstly express my sincere apologies for the delay responding to you; shortly after receipt of your letter, the need for the College to focus on supporting the national COVID-19 effort became somewhat all-encompassing, and we are only now beginning to return to some of our previous work. I can assure you that this delay in no way reflects the seriousness with which the Royal College of Obstetricians and Gynaecologists (RCOG) considers the topic of MSHT.

The core curriculum for O&G was updated in 2019 and includes a requirement for all trainees in our specialty to have some knowledge of MSHT. O&G doctors must be able to champion the healthcare needs of people from all groups within society, as part of their role as champions of women's health more broadly. This section of the curriculum, available on the College website at <https://www.rcog.org.uk/en/careers-training/specialty-training-curriculum/core-curriculum/current/cip13/>, includes the following requirement:

*Aware of broader social and cultural determinants of health:*

- *Understands the impact of a patient's social, economic and environmental context on their health.*
- *Interacts with appropriate patient representatives and engages with colleagues from different professional and personal backgrounds when working in multidisciplinary teams to promote the health of patients and the public.*
- *Assesses the interaction between women's health and cultural beliefs and practices.*
- *Must be aware of and adhere to the legislation regarding certain cultural practices (e.g. FGM, modern slavery) within the UK.*

Our understanding is that most O&G trainees access learning materials related to MSHT via local safeguarding training programmes, as the RCOG's own eLearning platform does not currently include extensive material on this topic. We would be keen to explore the possibility of developing our own resources, but an alternative suggestion would be for the Independent Anti-Slavery Commissioner's office staff to collaborate with a number of medical royal colleges, perhaps through the Academy of Medical Royal Colleges, to develop learning materials which would be relevant across the medical specialties. Our recommendation would be that any learning materials should be aimed at both trainees and consultants, to ensure all career stages are supported to manage this issue appropriately and sensitively.



Finally, our Membership and Diploma examinations do not currently include questions on MSHT, and this is something for the relevant examination committees at the College to consider and address. We are grateful to you for bringing our attention to these issues.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Edward Morris', with a horizontal line underneath.

Mr Edward Morris FRCOG  
President, Royal College of Obstetricians and Gynaecologists

Mr Edward Morris MD FRCOG  
President of the Royal College of Obstetricians and Gynaecologists  
The Royal College of Obstetricians and Gynaecologists  
10-18 Union Street  
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SE1 1SZ

18 September 2020

Dear Mr Morris,

Thank you for taking the time to respond to my letter dated 3 March 2020, especially given the significant demand on the health sector over the past few months. I was encouraged to see your interest in this matter and your willingness to explore further opportunities to raise awareness of modern slavery and human trafficking (MSHT) within the health sector.

I note the requirement within your curriculum for trainees to *'be aware of and adhere to the legislation regarding certain cultural practices (e.g. FGM, modern slavery) within the UK'*. Whilst I welcome the specific reference to MSHT, I would advise against labelling it as a cultural practice. MSHT is a serious crime, considered a human rights violation and a global public health issue. I would suggest that FGM and MSHT are referenced as separate forms of abuse as linking the two directly may lead to an incorrect assumption that MSHT affects only women of certain ethnic groups. In 2019, 27% of all potential victims referred into the National Referral Mechanism (NRM) as the UK's framework for support were UK nationals<sup>1</sup>.

Your response also suggested that my office could collaborate with medical royal colleges to develop learning materials relevant across the medical specialities. I am pleased to inform you that this training and expertise is already being developed and rolled out to foundation programmes across London and the South East. Importantly, this training focuses on practical application of trauma-informed care and consultations skills. Obstetricians and gynaecologists have a unique opportunity to improve the health of victims and survivors of MSHT and I understand that you will be contacted directly with more information about this in due course.

Further to the delivery of training focusing on practical application of trauma informed care, I would also encourage you to include the concept of trauma-informed care and practice within your curriculum as a generic approach to the care of any vulnerable patient. Trauma-Informed Practice<sup>2</sup> is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma that emphasises physical, psychological, and emotional safety for everyone, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

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<sup>1</sup> Home Office (2020) [National Referral Mechanism statistics UK: End of Year Summary 2019](#)

<sup>2</sup> Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal*, 3(2), 80-100

I am also delighted to confirm that the new national training standards for MSHT training published by Skills for Care which I referred to in my previous correspondence will be launched on 22 September 2020. The standards outline the recommended levels of training and expertise appropriate for the identification, care and support of victims and survivors of MSHT and are relevant to a wide range of practitioners and organisations. Further details on the launch event, including how to register your attendance are available [here](#).

Sincerely,

A handwritten signature in black ink, appearing to read "San Yuen". The signature is fluid and cursive, with a large initial 'S' and 'Y'.

**Independent Anti-Slavery Commissioner**