TO: CAFP CONGRESS OF DELEGATES

Date: January 9, 2005 (Passed CAFP in March 2005, but not AAFP)

TITLE: Promotion of Residency Training in Full Spectrum Women’s Health Care

Introduced By: Penina Segall-Gutierrez, M.D.

WHEREAS, Family Practice Physicians are expected to have an evidence-based knowledge with regards to all contraception and pregnancy options, and should be able to discuss this with patients in a non-judgmental manner; and

WHEREAS, Updates in contraceptive methods and pregnancy termination techniques are such that residents require continuing education; and

WHEREAS, Without safe, legal, and accessible pregnancy termination options and without accurate information on these and other contraceptive services, women suffered considerable morbidity and mortality prior to the passage of Roe vs. Wade in 1973,

WHEREAS, Half of all pregnancies in the United States are unintended and of those half result in elective termination, making abortion one of the most common procedures for women; and

WHEREAS, The number of abortion providers has declined since 1982, in part due to lack of training; and

WHEREAS, The ACGME has required OB/GYN Programs to offer abortion training since 1996 and the AAFP includes elective pregnancy termination up to 10 weeks in the Recommended Core Education Guidelines for Family Practice Residents; and

WHEREAS, When abortion training is only offered as part of an “opt in” policy, residents are (1) not likely to pursue this option because of time constraints, and (2) not likely to perform enough procedures to attain privileges to perform abortions without supervision upon graduation;

RESOLVED, That the California Academy of Family Physicians recommend that Family Medicine Residency Programs provide residents with annual up-to-date lectures in evidence-based contraception and pregnancy options counseling.

RESOLVED, That the California Academy of Family Physicians recommend that Family Medicine Residencies adopt an “opt out” policy on abortion. Training in medical and surgical abortion would be included in residency curriculum, but residents may chose not to participate if they are opposed to performing abortions.
Fiscal Note: The only financial burden of this resolution is that a copy of this resolution would be sent to each Family Medicine Residency Program. The above-mentioned annual lectures could be given by the Residency Attending Staff or by the Fellowship in Family Planning, an organization that sends speakers to give grand round presentations at no cost to residencies (grandrounds@familyplanningfellowship.org). Residencies wishing to establish a training program could be referred to the Residencies wishing to establish a training program could be referred to The Center for Reproductive Health Education in Family Medicine, National Abortion Federation, or the Ryan Foundation. When adding abortion training would be impossible within the construct of the residency for any reason or where adding this would place a financial burden on the residency, residents would be referred to the local Planned Parenthood or Family Planning Associates for training. Thus the financial burden to the CAFP and to residency training programs would be minimal.