



**Abortion Rights
Coalition of Canada**

**Coalition pour le droit à
l'avortement au Canada**

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Position Paper # 6

Training of Abortion Providers / Medical Students for Choice

In many medical schools across Canada, future physicians do not receive comprehensive training in abortion care, either in the classroom or on the wards. The reasons for this are two-fold: Violence and intimidation tactics perpetuated by the anti-choice movement have led doctors and hospitals to shy away from offering training in abortion services. Secondly, these same anti-choice tactics have deterred students and residents from seeking the training on their own time. The looming shortage of trained professionals threatens to make the 1988 Morgentaler decision irrelevant.

ARCC recognizes the need alongside other pro-choice organizations to ensure that medical students and residents have an opportunity to learn how to provide the full range of reproductive health options to their patients.

Medical Students for Choice (MSFC)

In 1993, in the face of increasing violence against abortion providers in Canada and the United States, Medical Students for Choice (MSFC) was founded in the United States with the mission of ensuring that complete, comprehensive reproductive health care training, including abortion, is available to all medical students in the USA and Canada. MSFC recognizes that one of the greatest obstacles to safe and legal abortion is the absence of trained providers.

Over the past 5 years, Canadian medical schools have played an increasing role within the organization. In 2000, Canada became a distinct region within the organization to reflect the specific needs of Canadian women and medical trainees. Canadian medical students hold positions on the MSFC Board of Directors, as well as the Student Advisory Committee, which helps direct programming at the grassroots level.

Of the 17 medical schools in Canada, there are MSFC chapters at 10. MSFC chapters across Canada are focusing their efforts in recruiting interested students, effecting curriculum change, and increasing awareness of reproductive choice within their campuses and communities. Canadian students are gaining recognition for their contributions toward alleviating barriers to abortion access and addressing the provider shortage. The development of mentoring relationships between future and current providers is an integral part of alleviating the abortion

provider shortage. ARCC will make a concerted effort to help make these relationships possible, fostering connections between interested students and providers who are also ARCC members.

As of this year, chapters exist at 125 medical schools in the US and Canada, and the organization's membership has increased to over 10'000 medical students and residents. MSFC is constantly looking for interested students at schools where chapters do not exist to assist in curriculum reform and student organizing.

Medical School Curricula

While the existence of MSFC chapters across Canada is encouraging for the protection of women's reproductive options, the current medical school curriculum is cause for concern. A recent study conducted by MSFC found that Canadian medical schools spend an average of less than 1 hour teaching about abortion throughout the four-year curriculum. Of the 10 schools with MSFC chapters, 3 dedicate fewer than 20 minutes to all aspects of abortion combined. First-trimester surgical abortion techniques are discussed in only half of Canada's medical schools.

The shortage of trained providers directly affects women's access to abortion across Canada. Nationally, an average of only 17.8% of hospitals provide abortion services. Women in Nunavut and Prince Edward Island do not have access to abortion, while women in Newfoundland, New Brunswick, Manitoba, Nova Scotia, Saskatchewan, the Northwest Territories, and the Yukon have extremely limited access: between 1 and 3 hospitals in each of these provinces provide abortions. Moreover, a survey of family planning clinics (operated by Canadian Federation for Sexual Health, formerly Planned Parenthood) shows that travel is the biggest barrier to abortion services. Thousands of women are forced to travel outside their communities to obtain abortions, a process that is time-consuming, expensive, and conflicts with work and childcare. Also, women in rural areas do not have access to follow-up care.

Canadian Medical Schools with MSFC Chapters

Dalhousie University	University of Calgary
McGill University	University of Alberta
McMaster University	University of Manitoba
Queen's University	University of Toronto
University of BC	University of Western Ontario

Canadian Medical Schools without MSFC Chapters

Memorial University of Newfoundland	University of Ottawa
Université Laval	University of Saskatchewan
Université de Montreal	Northern Ontario Medical School
Université de Sherbrooke	

Canadian Federation for Sexual Health (formerly Planned Parenthood Federation of Canada)

In 2004, the (former) Planned Parenthood Federation of Canada (PPFC) introduced a series of scholarships to support medical students seeking clinical training in abortions and abortion-care. The Dr Henry Morgentaler Future Choice Award offers five \$1000 scholarships to medical

students in years 2, 3, or 4 who spend time training in an abortion clinic. These scholarships help to offset the costs of an M.D. degree, which has grown exponentially since the deregulation of professional school tuitions. In effect, scholarships such as these make abortion training more accessible to all medical students.

Residency and Post-Residency Training.

A Resident is a junior doctor who holds an MD degree, but who is still training to receive certification in the specialty of choice. Residency programs vary in length from 2 to 10 years. During this time, in most specialties, there are opportunities for students to pursue clinical education in specific areas which may be outside the normal scope of the specialty. An example of this is Family Medicine, where residents often spend an additional 6 months to 1 year to focus on a specific area of practice.

In Obstetrics and Gynaecology (OB/Gyn) in Canada, every resident is given the opportunity to seek training in providing abortions, either as part of their residency curriculum, or as an elective portion of their training. Many of these programs provide training through university-affiliated hospitals. It is unclear as to the number of OB/Gyn residents who go on to provide abortions after residency, but it is estimated at about 20%.

In Family Medicine, many interested residents receive training through independent abortion clinics, including the Morgentaler Clinic in Toronto, the Everywoman's Health Centre, and the Elizabeth Bagshaw clinics in Vancouver. Also, many independent family physicians who provide medication abortion services also train students and residents in this area.

ARCC supports hospital-, clinic- and practice-based training of residents and physicians who are interested in providing surgical or medication abortion services as a means of averting the impending shortage of abortion providers in Canada.

Sources

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