



**Abortion Rights  
Coalition of Canada**

*Your  
Voice for Choice*

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

*Canada's only national political pro-choice advocacy group*

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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. Several causes may be to blame. Past violence and ongoing intimidation tactics perpetuated by the anti-choice movement have led doctors and hospitals to shy away from offering training in abortion services. These same anti-choice tactics have deterred students and residents from seeking the training on their own time. Finally, abortion is still stigmatized, which may discourage students and doctors from taking up abortion care, especially if they feel that abortion provision does not have sufficient social support, or they are unable to obtain training. Stigma and logistical barriers may also prevent new doctors from providing abortions.<sup>1</sup>

ARCC supports opportunities for medical students and residents to learn how to provide the full range of reproductive health options to their patients, and to be encouraged to do once they begin practicing. The number of providers in Canada has been declining,<sup>2</sup> which contributes to Canada's abortion access problems<sup>3</sup> and may be a result of insufficient training opportunities.

#### **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.<sup>4</sup> MSFC recognizes that one of the greatest obstacles to safe and legal abortion is the absence of trained providers.

As of 2018, chapters exist at 212 medical schools in 25 countries, and the organization's membership has increased to over 15,000 medical students and residents. MSFC is constantly looking for interested students at schools without chapters to assist in curriculum reform and student organizing.

#### **MSFC in Canada**

Since 2000, Canadian medical schools have played an increasing role within the organization. At that time, Canada became a distinct region within MSFC 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 21 medical schools in Canada, 19 have MSFC chapters. Some schools have several different campuses; therefore, the chapters operate independently from each other. MSFC chapters across Canada focus their efforts on recruiting interested students, effecting curriculum change, and increasing awareness of reproductive choice within their campuses and communities. Canadian students have gained recognition for 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 safeguarding against an abortion provider shortage.

### **Medical School Curricula**

While the existence of MSFC chapters across Canada is encouraging for the protection of reproductive options, the medical school curriculum is cause for concern. A 2004 survey<sup>5</sup> of Canadian residency programs in obstetrics and gynecology found that all programs provided either mandatory or elective opportunities to obtain training in abortion. However, medical schools were spending an average of less than one hour teaching about abortion throughout the four-year curriculum. Of the 10 schools with MSFC chapters in 2004, three dedicated fewer than 20 minutes to all aspects of abortion combined. First-trimester surgical abortion techniques were discussed in only half of Canada's medical schools.

This survey was repeated in 2016,<sup>6</sup> but there was only a slight increase in reported discussion of first trimester abortion techniques. Abortion training in Canada remains inadequate and inconsistent, with an ongoing unmet need for this training.

MSFC now offers a plan for curriculum reform,<sup>7</sup> which relies on participation from medical students and outlines a step-by-step process for beginning the process of curriculum evaluation.

### **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, students have opportunities to pursue clinical education in specific areas that may be outside the normal scope of the specialty. An example 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 Gynecology (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. The number of OB/Gyn residents who go on to provide abortions after residency is not known, but it is estimated at about 20%. Currently, both Dalhousie University and University of British Columbia have guaranteed rotations for medical students to learn abortion provision.

In Family Medicine, many interested residents receive training through independent abortion clinics, including the Morgentaler Clinic in Toronto, the Everywoman's Health Centre and

Elizabeth Bagshaw Women's Clinic in Vancouver, and others. Also, many independent family physicians who provide medication abortion services also train students and residents.

MSFC's new Abortion Training Institute<sup>8</sup> was piloted in 2013 in the U.S. and in Canada in 2014. The initiative is a fully-funded weekend of educational seminars and training for medical students. It is application based and allows 30-40 students to learn together. MSFC now provides several Abortion Training Institutes a year, usually in the U.S., but Canadian students are encouraged to attend.

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 alleviating any shortage of abortion providers in Canada.

## **Canadian Medical Schools**

Only two Canadian medical schools currently do **not** have MSFC chapters:

- Université Laval
- Université de Montreal

Those with MSFC chapters include:

- Dalhousie University
- McGill University
- McMaster University
- Memorial University of Newfoundland
- Northern Ontario School of Medicine – East
- Northern Ontario School of Medicine – West
- Queen's University
- University of Alberta
- University of British Columbia – Kelowna
- University of British Columbia – Vancouver
- University of British Columbia – Victoria
- University of BC- Prince George
- University of Calgary
- University of Manitoba
- University of Ottawa
- University of Saskatchewan
- University of Sherbrooke
- University of Toronto
- University of Western Ontario

## Sources

Personal communications with MSFC representatives, January 2018.

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- <sup>1</sup> Myran DT, Carew CL, Tang J, Whyte H, and Fisher WA. Medical Students' Intentions to Seek Abortion Training and to Provide Abortion Services in Future Practice. *J Obstet Gynaecol Can.* March 2015. 37:3; 236–244. [http://www.jogc.com/article/S1701-2163\(15\)30309-1/fulltext](http://www.jogc.com/article/S1701-2163(15)30309-1/fulltext)
- <sup>2</sup> Sabourin JN, Burnett M. A review of therapeutic abortions and related areas of concern in Canada. *J Obstet Gynaecol Can.* 2012. 34:532–42.
- <sup>3</sup> MSFC. *26 Years After the Morgentaler Decision, Abortion is Not as Available as You Think.* 2013. <https://www.msfc.org/wp-content/uploads/2014/01/Morgentaler-facts-14-bw.pdf>
- <sup>4</sup> Medical Students for Choice. *Our Work.* 2018. <https://www.msfc.org/our-work/>
- <sup>5</sup> Roy G., Parvataneni R., Friedman B., Eastwood K., Darney PD, and Steinauer J. Abortion training in Canadian obstetrics and gynecology residency programs. *Obstet Gynecol.* 2006; 108: 309-314. <https://www.ncbi.nlm.nih.gov/pubmed/16880300>
- <sup>6</sup> Liauw J, Dineley 2, Gerster K, Hill N, Costescu D. Abortion training in Canadian obstetrics and gynecology residency programs. *Contraception.* Nov 2016. 94:5; 478-482. <https://www.ncbi.nlm.nih.gov/pubmed/27452315>
- <sup>7</sup> MSFC. *Strategies: A Plan for Curriculum Reform.* 2018. <https://www.msfc.org/medical-students/curriculum-reform/strategies/>
- <sup>8</sup> MSFC. *Canada's Abortion Training Institute* (conference). 2014. <https://www.msfc.org/canadas-abortion-training-institute/>