

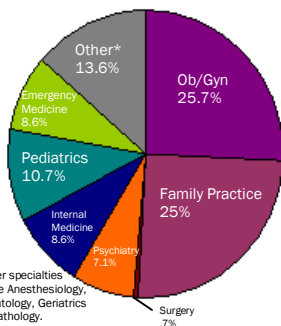
2009 Alumni Physician Report

How to define MSFC Alumni

The survey was sent to medical school graduates who attended an MSFC Annual Meeting as a medical student member, participated in the RHE as a student, or participated actively in one of MSFC's campus groups.

MSFC alumni finished their medical school education from 1999 through 2005, and currently practice medicine.

MSFC Alumni by Specialty



* Other specialties include Anesthesiology, Dermatology, Geriatrics and Pathology.

At a Glance

- Total number of completed surveys: 143
- 30.5% of the respondents currently provide abortion care.

Abortion Providers by Specialty

- Ob/Gyn N = 28
- Family Practice N = 13
- Internal Medicine N = 1
- Pediatrics N = 1

Background

In the winter of 2009-2010, Medical Students for Choice (MSFC) surveyed thousands of our alumni for the first time to gain a better understanding of how our programs have helped to create the next generation of abortion providers and pro-choice physicians.

The main objectives for this survey were for internal evaluation purposes for Medical Students for Choice.

We wanted to collect evidence to measure MSFC's long-term mission impact and success, to re-engage with

alumni, and to assess the range of reproductive health services MSFC alumni provide. MSFC also collected data on challenges and barriers to abortion training and provision so MSFC can address new challenges our alumni face on their path to abortion provision.

Abortion Provision by MSFC Alumni

Of the 143 completed received surveys, 43 of the respondents identified as providing abortion care to their patients (30.5%).

Broken down by specialty, 28 of the abortion providers are Ob/Gyn physicians, 13 are Family Practice physicians, one was an Internist, and another one was a Pediatrician.

Geography:

Of the forty-three physicians who identified as abortion providers, twenty-nine provided information regarding where they are currently practicing.

Here are the states with numbers of providers from our survey in each:

- California - 7
- Oregon, Washington - 6
- New York, New Jersey - 5
- Rhode Island, Massachusetts - 3
- Missouri, South Carolina, Texas, Florida - 5
- Illinois, Wisconsin, Colorado - 3

Highlights:

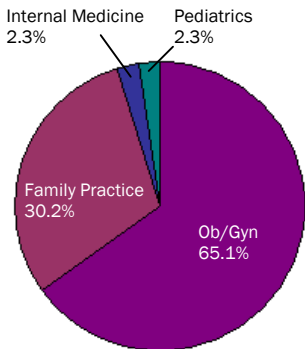
- 63% of providing alumni perform 2nd trimester abortions (79% Ob/Gyn and 8% Family Practice).
- 44% of providing alumni perform later abortions, defined as 20 weeks or later (95% Ob/Gyn, 5% Internal Medicine).
- 16% of alumni providers are performing abortions in rural areas.
- A majority of MSFC alumni providers perform abortions in multiple settings: 67% provide in clinics, 49% provide in a primary and/or gynecologic practice, and 47% provide in hospitals.
- 54% of providers perform between 1-10 abortions per month, 37% perform between 11-50 per month, and 9% perform over 50 per month.

Abortion Providers by State



When I trained to do abortions, I imagined I would be doing them as part of a continuum of care in a Family Practice setting. In reality, I work full-time in Primary Care, then moonlight as a provider at a women's health center.
 - Family Practice Provider, NJ

Providers by Specialty

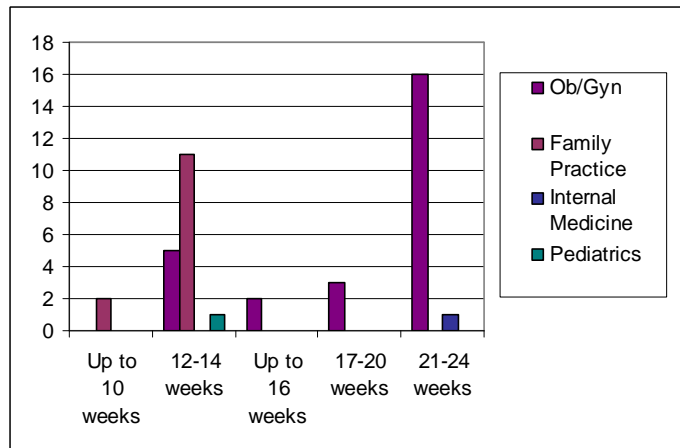


I am proud to work part time for Planned Parenthood to provide abortions. I cannot provide them at my primary employment - a federally funded community health center - because of our funding source. I wish I could.
 - Family Practice Provider, CO

The Path to Provision

- Although 100% of Ob/Gyn physicians providing abortions received abortion training in their residency program, a significant portion (64%) pursued additional abortion training such as an elective during residency or training post-residency.
- 54% of Family Practice providers received abortion training in their residency programs while a substantial portion (77%) of Family Practice providers pursued additional training through an elective or post-residency.
- Of the physician alumni respondents who participated in MSFC's Reproductive Health Externship program, 87% are providing abortions. This demonstrates the importance of developing an intention to provide in medical school.
- In addition to a strong commitment to obtaining training, MSFC alumni demonstrate an equally strong commitment to integrating abortion into their primary and/or gynecologic practice. 54% of Ob/Gyn and 46% of Family Practice report they provide in a primary and/or gynecologic practice.
- A majority of MSFC alumni providers report providing in clinics in addition to the primary and/or gynecologic practice setting. A number of alumni providers talked about obstacles they are facing integrating abortion into their primary practice such as insurance, funding sources, and geographic location.

Gestational Age Limits



Ob/Gyn:
 12-14 weeks: 17.9%
 Up to 16 weeks: 7.1%
 17-20 weeks: 10.7%
 21-24 weeks: 57.1%

Family Practice:
 Up to 10 weeks: 15.4%
 12-14 weeks: 84.6%

Internal Medicine:
 21-24 weeks: 100%

Pediatrics:
 12-14 weeks: 100%

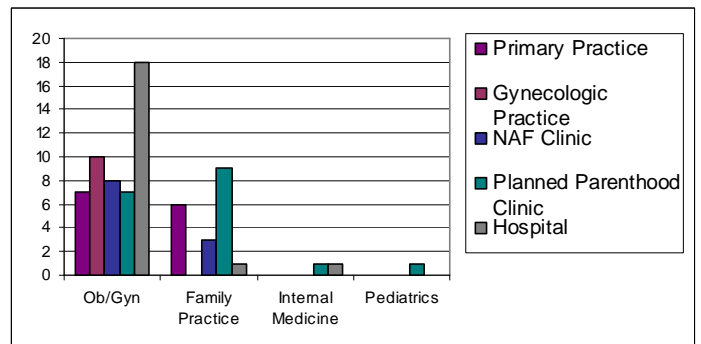
Provision Settings

Ob/Gyn:
 Primary Practice: 25%
 Gynecologic Practice: 35.7%
 NAF Clinic: 28.6%
 Planned Parenthood Clinic: 25%
 Hospital: 64.3%

Family Practice:
 Primary Practice: 46.2%
 NAF Clinic: 23.1%
 Planned Parenthood Clinic: 69.2%
 Hospital: 7.7%

Internal Medicine:
 Planned Parenthood Clinic: 100%
 Hospital: 100%

Pediatrics:
 Planned Parenthood Clinic: 100%



From our alumni survey, we learned some interesting facts about the challenges and barriers physicians face on the path to provision, and how our alumni are finding ways to improve women's access to abortion within their own specialties.

Barriers to Provision

Specialty:

The majority of non-providing physicians (60%) cited specialties such as internal medicine, pediatrics, emergency medicine, and psychiatry as a barrier to providing abortion care.

Lack of Training:

A little more than a third of the Family Practice physicians (37.1%) surveyed, and almost two-thirds of the Pediatric physicians (60%) surveyed cited a training barrier to provision.

Employer Barrier:

Almost a quarter of Family Practice physicians (22.9%) surveyed cited a barrier from their employer that restricted their ability to provide.

"Having only recently started practicing I am working on setting up family practice but I am concerned about finding training once I am ready to start providing."

- Family Practice, non-provider, Ontario

"Lack of awareness and motivation in Pediatric culture to be abortion providers, though acceptance is high and referrals to other providers like Planned Parenthood are frequent."

- Pediatric, non-provider, California

Commitment to Being a Pro-Choice Physician

Even though some physicians are not providing abortion care, our alumni have certainly become pro-choice physicians who make sure their patients are aware of all of their options, including abortion care and methods of contraception.

"For almost two years I worked in southern Virginia doing inpatient and consult/liaison work. On several occasions I provided patients with information about our nearest abortion providers, a Planned Parenthood clinic, which was, unfortunately, an hour away, in North Carolina. The travel involved was a definite barrier but at least the women were grateful to at least know where to go."

- Psychiatry, non-provider, Minnesota

"My employer, a Catholic hospital network, bans abortion care. However, I will discuss all options with my patients (behind closed doors) and have helped those who desire abortions find the safest, best care in our area. I always follow up to make sure they are OK and help plan contraception afterward."

- Family Practice non-provider

"As a pediatrician working in an urgent care at a Catholic hospital, I consider it my responsibility to educate my patients and refer to a provider who will offer them all options."

- Pediatric, non-provider, Maryland

My residency program said they had an optional elective in abortion training... in a neighboring state and we didn't have full malpractice coverage there and so I could only shadow and not perform abortions.

- OB/GYN

Non-Provider, MO

... I am often viewed as the "morally flexible" anesthesiologist who will always step in and provide care for the patient undergoing an abortion.

- Anesthesiologist

Non-Provider, CA

About Medical Students for Choice®

Medical Students for Choice® (MSFC) stands up in the face of opposition, working to destigmatize abortion provision among medical students and residents, and to persuade medical schools and residency programs to include abortion as a part of the reproductive health services curriculum.

Today MSFC is an internationally known non-profit organization with a network of over 10,000 medical students and residents around the United States and Canada.

Medical Students for Choice is dedicated to ensuring that women receive the full range of reproductive healthcare choices. MSFC recognizes that one of the greatest obstacles to safe and legal abortion is the absence of trained providers. As medical students and residents, we work to make reproductive health care, including abortion, a part of standard medical education and residency training.

More specifically, these are our goals:

Éto bolster MSFC's grassroots network of support and activism

Éto reform medical school curricula and residency programs to include reproductive health and abortion care

Our Mission

Creating tomorrow's abortion providers and pro-choice physicians.

Considerations for MSFC

- MSFC understands that many of our alumni, on average, are just two to five years out of residency or training and thus our data is providing an early snapshot for many physicians as they navigate the path to abortion provision. It is important for MSFC to continue exploring ways to work with our partner organizations in order to build the next generation of abortion providers and pro-choice physicians.
- The qualitative feedback we received from alumni indicates a number of barriers physicians are facing in accessing training to competency and finding a practice setting that will allow them to provide abortions. Our goal is to address these barriers through strong collaborations with partner organizations, leveraging the expertise and experience of our peers who are better positioned to navigate such barriers as malpractice coverage and practice setting limitations.
- MSFC survey participants not only self identify as alumni, they are intentional in their efforts to stay connected to the organization; keeping us updated on how to stay in contact with them over their residency years. Due to this self-selection, we understand the data collected from this population is biased and inferences to the general population of practicing physicians and residents can not be made.

**MEDICAL
STUDENTS
FOR CHOICE**

*Creating tomorrow's abortion
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