PRESS RELEASE
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At a regularly scheduled meeting on February 14, 1995, the Accreditation Council for Graduate Medical Education (ACGME) approved a revision of the Program Requirements for Residency Education in Obstetrics and Gynecology with an effective date of January 1, 1996. Following that date, the document will be used in evaluating and accrediting residency programs in that specialty.

The most important reason for the revision of the standards was to address the need for enhanced education in the provision of primary and preventive health care for women by obstetrician/gynecologists.

The requirements now contain expanded language about resident education in primary and preventive care, such as treating common infections and screening for various health risk factors in women.

The revised document also includes language pertaining to the educational requirements in family planning. The following paragraphs were approved as part of Section III, paragraph 2:

III.A.2.d.: “The program must provide a structured didactic and clinical training experience in all methods of family planning. Topics must include all reversible methods of contraception, including natural methods, as well as sterilization. This must include experience in management of complications as well as training in the performance of these procedures. This education can be provided outside the institution, in an appropriate facility, under the supervision of appropriately trained faculty.”

III.A.2.e.: “Experience with induced abortion must be part of residency training, except for residents with moral or religious objections. This education can be provided outside the institution. Experience with management of complications of abortion must be provided to all residents. If a residency program has a religious, moral or legal restriction which prohibits the residents from performing abortions within the institution, the program must
ensure that the residents receive a satisfactory education and experience managing the complications of abortion. Furthermore, such residency programs must have mechanisms which ensure that residents in their program who do not have a religious or moral objection receive education and experience in performing abortion at another institution.”

ACGME Executive Director John C Gienapp, Ph.D., emphasized that this language does not coerce any individual or institution to perform abortions, if its moral or religious beliefs oppose abortion. However, an institution which chooses to train residents in obstetrics and gynecology must assure that those physicians who desire to develop the appropriate medical skills to do so are provided the opportunity.

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