

**ACGME Program Requirements for Graduate Medical Education  
in Obstetrics and Gynecology  
Summary and Impact of Interim Requirement Revisions**

Requirement #: <b>IV.C.7.- IV.C.7.e).(3)</b>	
Requirement Revision (significant change only):	
IV.C.7.	Family Planning
IV.C.7.a)	<del>Programs must provide training or access to training in the provision of abortions, and this must be part of the planned curriculum. Programs must provide didactic activities and clinical experience in comprehensive family planning.</del> <sup>(Core)</sup>
IV.C.7.b)	<del>Residents must have didactic activities and clinical experience in all forms of contraception. Residents who have a religious or moral objection may opt out and must not be required to participate in training in or performing induced abortions.</del> <sup>(Core)</sup> [Moved to IV.C.7.e).(1)]
IV.C.7.c)	<del>Programs must ensure residents' clinical experience includes involvement. Residents must be involved in educating patients on the surgical and medical therapeutic options methods related to the provision of abortions.</del> <sup>(Core)</sup>
IV.C.7.d)	Residents must participate in the management of complications of abortions. <sup>(Core)</sup>
IV.C.7.e)	<del>Programs must provide clinical experience or access to clinical experience in the provision of abortions as part of the planned curriculum. If a program is within a jurisdiction that legally restricts this clinical experience, the program must provide access to this clinical experience in a jurisdiction where no such legal restriction is present. Residents must have training in all forms of contraception.</del> <sup>(Core)</sup> [Moved to IV.C.7.b)]
IV.C.7.e).(1)	<u>Residents who have a religious or moral objection may opt out and must not be required to participate in training in or performing induced abortions.</u> <sup>(Core)</sup> [Moved from IV.C.7.b)]
IV.C.7.e).(2)	<u>For programs that must provide residents with a structured clinical experience in a different jurisdiction due to legal restrictions on induced abortions in the jurisdiction of the program, program support must be provided for that experience.</u> <sup>(Core)</sup>
IV.C.7.e).(3)	<u>For programs in jurisdictions where legal restrictions on induced abortions prevent satisfaction there of the requirement for clinical experience in induced abortions, if</u>

a resident is unable to travel to another jurisdiction for such a structured clinical experience, the program must provide that resident with a combination of didactic activities, including simulation, and assessment on performing a uterine evacuation (surgical and medical) and communicating pregnancy options. <sup>(Core)</sup>

Specialty-Specific Background and Intent: The requirements reflect the practice of medicine and resources necessary to educate physicians in the specialty of obstetrics and gynecology in the United States, without resulting in any resident, physician educator, or residency program violating the law, including any legal restrictions regarding induced abortions in the jurisdiction in which the residency program is located.

Comprehensive family planning is an essential part of obstetrics and gynecology. For decades, obstetrics and gynecology residency program requirements have included the requirement that programs must provide access to induced abortion training as part of the planned curriculum. This requirement is accompanied by a related requirement that programs must allow residents with moral or religious objections to opt out of the experience.

This requirement is based on the knowledge, skills, and abilities necessary for an obstetrician/gynecologist to practice comprehensive reproductive health care in the United States. Such training is directly relevant to preserving the life and health of pregnant patients in some instances and equips residents with the skills and knowledge necessary for providing care in other reproductive healthcare contexts, including but not limited to, the ability to safely evacuate the uterus in the first and second trimesters in various clinical scenarios, such as spontaneous abortion (miscarriage) and its complications. Training in abortion also addresses many generally applicable skills, including managing pain for obstetrics and gynecology procedures; providing pregnant patients evidence-based, time-sensitive care and education related to preventing severe maternal morbidity and mortality; and care for complications arising from unlicensed procedures involving pregnancies.

Programs must have a curriculum that includes experience in induced abortions. Programs must be structured such that residents may “opt out” rather than needing to “opt in” to this experience. Programs must allow those residents who do not desire to participate in the provision of induced abortions to “opt out” of the induced abortion clinical experience. Even if no residents have participated in the induced abortion experience, the Committee would consider a program with an “opt out” curriculum to be in substantial compliance with the requirements. If a program does not have a specific family planning curriculum that includes experience in induced abortions unless it is requested by a resident, a program would be considered to have an “opt in” curriculum, and the Committee would find this program to be non-compliant with these requirements.

The continued allowance for a resident to opt out from induced abortion training based on a religious or moral objection remains flexible to allow residents to train in related areas for which the opt out does not apply. The opt out from induced abortion training by an individual resident is premised in part on a likelihood that a resident who opted out of the training based on a religious or moral objection is unlikely to include induced abortion in their post-residency practice. This rationale does not apply to individual residents who do not opt out, and who may later practice in other jurisdictions where induced abortions are legal.

Obstetrics and gynecology residency programs may be located in jurisdictions where there are legal restrictions on induced abortions. Requirements have been added for programs in jurisdictions where there are such restrictions. These requirements preserve the goal of training competent obstetrician/gynecologists to be able to provide comprehensive reproductive health care.

1. Describe the Review Committee's rationale for this revision:  
**After the Supreme Court decision in *Dobbs v. Jackson Women's Health*, there are jurisdictions in the United States with legal restrictions on induced abortions. The proposed revisions help ensure obstetrics and gynecology residency programs provide residents with the knowledge, skills, and abilities necessary to practice comprehensive reproductive health care in the United States. The proposed revisions will achieve this goal without resulting in any resident, physician educator, or residency program violating the law, including any legal restrictions regarding induced abortions in the jurisdiction in which a residency program is located.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The proposed revisions help ensure obstetrics and gynecology residency program graduates are able to safely evacuate a uterus, which directly impacts the care and safety of pregnant patients in the United States.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**No impact is anticipated.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
**Programs located in jurisdictions where there are legal restrictions on induced abortions will need to (1) make arrangements and provide support for this clinical experience to take place in another jurisdiction where induced abortions are legal, and (2) provide a comprehensive and legal curriculum on induced abortion for those residents who are unable to travel to another jurisdiction for clinical experience in induced abortion. The curriculum must include didactic activities, including simulation, and assessment on performing a uterine evacuation (surgical and medical) and communicating pregnancy options.**
5. How will the proposed revision impact other accredited programs?  
**Obstetrics and gynecology programs located in jurisdictions where induced abortion is legal may find the site (or sites) that provide their residents with clinical experience in induced abortion has (have) additional learners from programs located in jurisdictions where there are legal restrictions on induced abortions. Programs may need to collaborate with the host site to establish a scheduling process for this experience that maximizes availability of cases for resident education.**

Requirement #: **IV.C.8.**

Requirement Revision (significant change only):

IV.C.8. Residents must participate in the comprehensive management of spontaneous abortion and pregnancy loss. (Core)

1. Describe the Review Committee's rationale for this revision:  
**Given that there are jurisdictions in the United States where induced abortion is illegal, the Review Committee wants to ensure that all obstetrics and gynecology residents have the experiences necessary to learn to safely evacuate a uterus using both medical and surgical approaches.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**The proposed requirement helps ensure graduates are able to safely evacuate a uterus, which will directly impact the care and safety of pregnant patients.**
3. How will the proposed requirement or revision impact continuity of patient care?  
**No impact is anticipated.**
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?  
**It is not anticipated that additional resources will be necessary.**
5. How will the proposed revision impact other accredited programs?  
**No impact is anticipated.**