

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

State Restrictions of Medical Care and Resident Intentions for Scope of Practice in the United States

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Context: In the United States, there is a growing number of states who have passed restrictions on the provision of gender affirming care for minors and abortion care . These restrictions affect the clinical training opportunities for residents in US family medicine residency programs. Objective: Evaluate the correlation between state restrictions on the provision of abortion care and on the provision of gender affirming care (GAC) and family medicine resident intentions to provide this care after graduation in their practice. Study Design and Analysis: Cross-section survey of US PGY2 family medicine resident intentions for future scope of practice. Setting or Dataset: 2023 American Board of Family Medicine (ABFM) National Resident Survey (NRS) administered in October 2023 at the end of the ABFM In-Training Exam. State restrictions on GAC and Abortion Care was obtained from the Human Rights Campaign and the Guttmacher Institute , respectively. Population Studied: PGY2 Family Medicine Residents in US training programs. Intervention/Instrument: The NRS was administered to all family medicine residents who completed the In-Training Exam. PGY2 residents were asked about the intended scope of practice after completing residency. Outcome Measures: Self-reported intention to provide medication abortion, surgical abortion, and GAC. Results: 2584 PGY2 residents completed the scope of practice questions (response rate: 53.5%). Overall, 748 (29%) responded that they planned to include GAC in their future practice and 561 (24.1%) responded that they planned to provide medication abortions and 138 (5.9%) responded the planned to provide surgical abortions. Residents training in states with restrictions were significantly less likely to intend to include GAC and abortion care in their future practice ($p < 0.05$). For GAC 21.2% in states with restrictions versus 33.9% in states without restrictions. For Medical abortion 16.5% with states with Restrictions, 34.8% for states with protections. For surgical abortion, 3.7% with states with Restrictions and 9.2% for states with protections. Conclusions: State restrictions on medical practice are associated with family medicine residents training

in those states to be less likely to intend to provide those services in their future practices. Our findings suggest that governmental regulation is limiting training in full spectrum medical care.

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