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Title

Houston, we have a problem! A cross-sectional survey of academic family physicians' provision of gynecologic procedures.

Priority 1 (Research Category)

Women's health

Presenters

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Abstract

Purpose: Globally, women and individuals with female-assigned reproductive organs experience barriers in accessing office-based gynecologic procedures (OBGPs), an issue compounded by the COVID-19 pandemic. This study aimed to provide a cross-sectional snapshot of the practice patterns of academic family physicians (AFPs) and identify the barriers they encounter when providing OBGPs.

Methods: An anonymous survey was circulated to 17 family medicine departments across Canada. Eligible respondents were AFPs devoting >20% of their time to practicing family medicine. The survey included questions on demographics, practice patterns pre-post-pandemic, and barriers to performing OBGPs. Descriptive statistics and bivariate associations were computed.

Results: Eighteen of 71 (26.9%) total respondents reported having enhanced skills training with a certificate of added competence (CAC). Most participants (97.2%) performed >1 Pap smear per month, while provision dropped to 5.6-67.7% for all other OBGPs assessed. A higher percentage of CAC holders in women's health and low-risk obstetrics provided IUD insertions (100% vs. 67.3%) and endometrial biopsies (90.0% vs. 53.1%) than general AFPs. During the COVID-19 pandemic, respondents reported reducing or complete cessation of Pap Smears (44%) and all other OBGPs (20%). Barriers to offering OBGPs included lack of knowledge, procedural skills, and insufficient patient volumes to maintain competence.

Conclusions: This study's findings highlight the urgent need to integrate women's health and low-risk obstetrics CAC holders into a centralized referral system to improve access to OBGPs. Additional and innovative strategies are required to simultaneously tackle the persistent procedural skills educational gap for trainees, practicing and faculty family physicians.