

# Appreciating the LoTP Study: Further Refining Scope-of-Practice Analysis

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## TO THE EDITOR:

The article “Impact of Training Length on Scope of Practice Among Residency Graduates: A Report From the Length of Training Pilot Study in Family Medicine” has demonstrated potential value in extending the length of training for family medicine.<sup>1</sup> Its findings align with anecdotal experience of increased length of training leading to increased scope of practice, particularly relating to inpatient care, maternity care, and procedural care.<sup>2</sup> These findings, however, may be understated because all forms of additional training were compared to graduates from 3-year programs.

An extension of the length of training may be suitable and attractive for residents based on community needs and personal interests.<sup>3</sup> It would be expected for those with additional training in sports medicine or obesity medicine to have a broader, but different, scope of practice compared to those with additional training in maternal care.<sup>4</sup> Comparing, for example, the number of vaginal deliveries or cesarean sections performed by all 4-year graduates is, therefore, not the optimal way to assess true scope of practice. Matching scope-of-practice outcomes with track-specific training might reveal an even greater significance in the expanded fourth year than already demonstrated in this publication.<sup>5</sup> This analysis would demonstrate the true potential of expanding the length of training within family medicine: the ability to go beyond the standard 3-year training to meet our community’s needs.<sup>6,7</sup>

Additional training may be essential in many communities to ensure that family physicians can deliver the full breadth of care they are trained to provide. Future analyses that match scope-of-practice outcomes to track-specific training, rather than grouping all extended-training graduates together, may reveal an even greater impact than currently recognized. Such

insights not only would strengthen the case for expanding training length in family medicine but also would guide programs in tailoring that training to the unique needs of the populations they serve. The impact of residency length will be best understood when scope-of-practice outcomes are evaluated in the context of the specific pathways that shape them.

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