2026, Volume 58, Issue 1, 72-73, e-ISSN 1938-3800

Family Medicine

LETTER TO THE EDITOR

When Scope Meets System: Reflections 6 Years After Residency

Crystal Marquez, MD[a]; Melissa McDole, MD[b]; Yasir Saleem, DO[c]

AUTHOR AFFILIATIONS:

[a] Department of Family and Social Medicine, Montefiore/Albert Einstein, Bronx, NY

[b] Atrium Health, Charlotte, NC

[c] ReadyMed, Worcester, MA

CORRESPONDING AUTHOR:

Crystal Marquez, Department of Family and Social Medicine, Montefiore/Albert Einstein, Bronx, NY,
Crystalmmarquez@gmail.com

HOW TO CITE: Marquez C, McDole M, Saleem Y. When Scope Meets System: Reflections 6 Years After Residency. *Fam Med.* 2026;58(1):72-73.
doi: 10.22454/FamMed.2025.852180

FIRST PUBLISHED: January 12, 2026

TO THE EDITOR:

Six years after completing a 4-year family medicine residency, we find ourselves reflecting on how training length and scope of practice intersect with the realities of clinical care. Our training provided abundant exposure across inpatient and outpatient settings, prepared us to manage high patient volumes, and gave us confidence in procedures, continuity of care, and practice management such as billing. At graduation, we felt ready for the broad scope of family medicine.

However, as Carney and colleagues observe, training length is only one factor in shaping the scope of practice.[1] What residency could not fully prepare us for was the pervasive administrative burden and systemic inefficiencies of American health care. The disconnect between primary care and the broader system often prevents us from practicing at the top of our license, leaving both physician and patient time squandered.

One of us rediscovered joy in practice by working in an urgent care setting, where Y.S. once again performed sutures, acute cardiac workups, abdominal evaluations, and procedures that had become rare in continuity clinics. Y.S. feels like a physician again, back to doing procedures and managing acute problems without the constant weight of in-basket messages. For all of us, this kind of work not only restores our sense of purpose but also allows us to be more present with our families—an often-overlooked aspect of retaining doctors in the workforce.

Still, even with the skills and passion we carry from residency, the larger system often wears us down. We often find ourselves grumbling during our bimonthly Zoom support group meetings about the same problems—sitting through administrative meetings where nothing seems to change. It leaves us wondering whether our voices matter at all. We want to push for reform, yet the fear of burnout and the sense that no one is listening make that difficult.

What has never changed is our love for caring for patients. Whether it is a child or an older adult, the relationships we build keep us going. At the same time, the steady stream of patients seeking quick fixes, like requests for ADHD medications, highlights just how broken our system has become. We ask ourselves: *Is it acceptable to put our own well-being first, even if it means stepping into a different practice model?* The pull toward self-preservation often collides with the guilt of leaving behind a profession we fought so hard to enter.

Despite feeling unheard at times, we try to let go of the small frustrations and focus on what matters most. Our commitment to patients has not wavered, but we know we must also protect our values and our own health. Even when the odds feel long, we continue to speak up for change, because empathy and compassion remain at the heart of why we do this work. In the end, it is our steadfast belief in the power of empathy and compassion that fuels our resolve to continue striving for a better, more equitable health care system.

Carney et al highlight the impact of training on scope of practice. Still, our lived experience underscores that retention of skills and physician well-being are equally dependent on the practice environment. Our perspective underscores that while extending residency training may influence scope of practice, it cannot, on its own, sustain broad practice or physician well-being. Meaningful change also requires system-level reforms that reduce administrative burden, improve access, and allow family physicians to practice at the top of their training.

REFERENCE

1. Carney PA, Valenzuela S, Dinh DH, et al. Impact of training length on scope of practice among residency graduates: a report from the length of training pilot study in family medicine. *Fam Med*. 2025;57(8):550–563. doi:10.22454/FamMed.2025.224773