

LETTER TO THE EDITOR

Response to “Impact of Training Length on Scope of Practice Among Residency Graduates: A Report From the Length of Training Pilot Study in Family Medicine”

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TO THE EDITOR:

As program directors of 4-year family medicine residency programs in the Length of Training Pilot (LoTP), we find this study’s findings both validating and encouraging. The data confirm that 4-year graduates have a broader scope of practice, particularly in pediatric and adult inpatient care and procedural proficiency.¹ These findings highlight the benefits of extended training, even with regional differences in the scope of family medicine practice.

Our experience aligns with these findings: Extended training enhances technical skills, confidence, and readiness to manage complex cases. Despite diverse regions, structures, and funding models, LoTP programs consistently produce graduates who counter the national trend toward narrower practice.

Beyond the data, we observe that 4-year graduates demonstrate

- Greater comfort managing complexity,
- A broad scope of practice integration, and

- Readiness for leadership in clinical and organizational settings.

Simultaneously, our innovative residency redesign has enabled us to

- Challenge fundamental assumptions about family medicine training,
- Recruit applicants driven by a commitment to comprehensive scope of practice, and
- Engage faculty in advancing the learning environment through pioneering educational initiatives.

Previous analyses by this study group found that an additional year of residency does not negatively impact applicant interest or match outcomes.² In addition, previous papers have reported that there were no differences in student loan debt or income between 3- and 4-year graduates.³ Additionally, it has been previously established that scope of practice is the primary factor influencing practice setting choices among 4-year graduates.⁴

For 2 decades, family medicine has engaged in meaningful residency redesign, including reassessing training length. The

scope of practice outcomes for innovative programs in this pilot (both 3- and 4-year programs) stand in stark contrast to national trends. Clearly, participation in residency innovation influences training outcomes—a phenomenon that warrants further study to deepen our understanding.

Ultimately, these findings reinforce our belief in the value of a 4-year model, though we recognize the specialty is not yet ready to universally endorse it. While we disagree with this hesitancy, we acknowledge the complexities of system-wide change. As the Advancing Innovation in Residency Education program in family medicine grows, understanding how innovation impacts scope of practice, residency culture, and community health will be essential.

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