POLICY BRIEF

Pandemic Disruption in Residency Did Not Alter Trends in Intended Scope of Practice

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We found the intended scope of practice remained unchanged in graduating family medicine residents between pre-pandemic and pandemic period. Tracking these trends with later cohorts will fully assess the pandemics' impact on training so that residencies can adjust their education accordingly. (J Am Board Fam Med 2022;35:1191–1193.)

Keywords: **Career Choice, Comprehensive Health Care, COVID-19, Family Medicine, Family Physicians, Pandemics, Residency, Scope of Practice**

The COVID-19 pandemic has disrupted both the health care system and medical education. In response to the pandemic, family medicine residency (FMR) programs had to adjust rotations, didactic lectures, and decrease the availability of office-based procedures.[1–3] A 2020 national survey of FMR program directors showed that curricula in geriatrics, gynecology, surgery, musculoskeletal medicine, pediatrics, and continuity practice were most disrupted by the pandemic.[1] Family physicians with a broader scope of practice reduce costs for patients and are less likely to experience burnout.[4,5] The 2021 cohort was the first graduating residents whose medical education was disrupted because COVID-19 lockdown began at the end of the 2020 cohort's program training. Our objective was to investigate whether the pandemic affected the intended scope of practice of graduating family medicine residents.

We used 2017 through 2021 data from the American Board of Family Medicine (ABFM) Family Medicine Certification Examination Registration Questionnaire.[6] The examination is administered twice per year, spring and fall, and the questionnaire is completed 3 to 4 months before the examination date. Most graduating residents take the spring examination, with registration complete before March, for example, in the 2021 cohort, 98.0% (3,983/4,066) completed the questionnaire before March 2021. The questionnaire is a required component of registration, which has a 100% response rate. The respondents are asked if they plan to provide a series of services and procedures after residency. The American Academy of Family Physicians Institutional Review Board approved this study.

Our sample included 18,479 graduating residents. We selected 16 items from the full list of intended scope of practice as the representatives of core disciplines in Family Medicine (see Figure 1). Full list of intended scope of practice data are available in the appendix. The overall patterns and trends in intended scope of practice in these services and procedures remained unchanged among 2021 graduating residents, compared with the prepandemic residents from 2017 to 2020.

We did not detect a change in the intended scope of practice between prepandemic and pandemic period residency graduates despite the disruption of their medical education and higher burnout rates among family physicians.[7] Our findings suggest that FMR flexibly adjusted their

This article was externally peer reviewed.
Submitted 25 February 2022; revised 23 April 2022; accepted 27 April 2022.
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Funding: Dr. Sonoda received financial support from the American Board of Family Medicine Foundation.
Conflicts of interest: Dr. Peterson and Mr. Morgan are employees of the American Board of Family Medicine.
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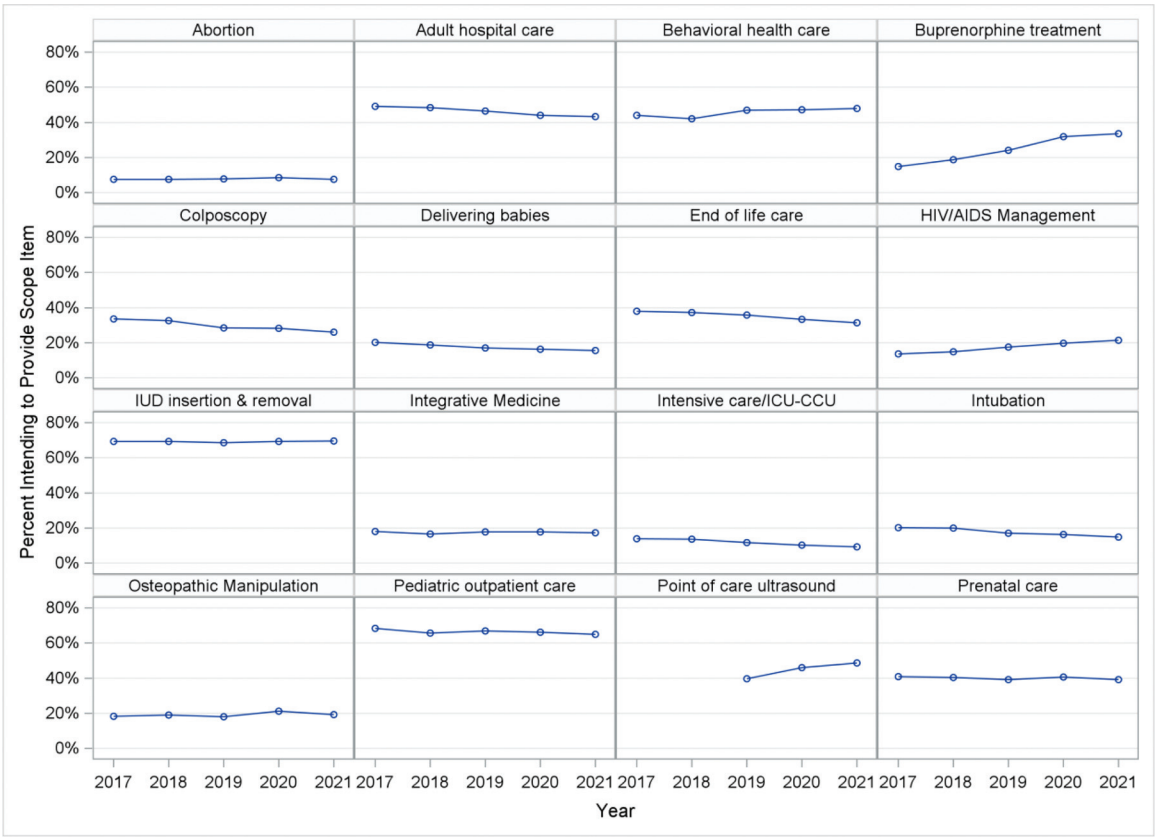
Figure 1. Intended scope of practice of graduating family medicine residents, 2017 to 2021 (n = 18,479). Abbreviations: IUD, intrauterine device; ICU, intensive care unit; CCU, critical care unit.



curriculum to ensure resident training on a broad number of services and procedures in response to the pandemic. As it is possible that 2021 graduates developed competencies before the pandemic, tracking these trends with later cohorts will be needed to fully assess the pandemics' impact on training.

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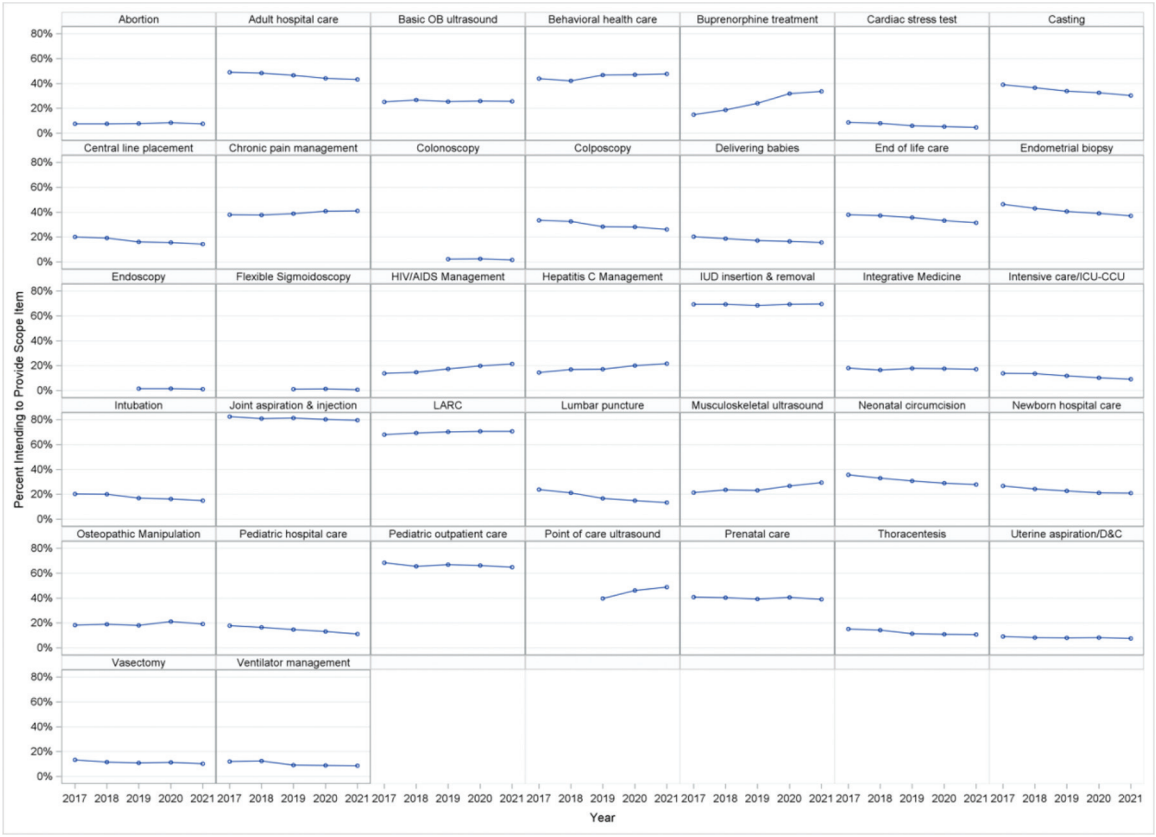
Appendix

Appendix Figure 1. Intended scope of practice of graduating family medicine residents, 2017-2021 (n = 18,479). Abbreviations: ICU, intensive care unit; CCU, critical care unit; D & C, dilation and curettage; IUD, intrauterine device; LARC, long-acting reversible contraception; OB, obstetric.



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