

Newly trained family physicians want to provide broader scope of practice

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Graduating family medicine residents have indicated they intend to provide a broader scope of practice than that reported by current family physicians, including for prenatal care, inpatient care, nursing home care, home visits, and women's health procedures, according to a study in the December 8 issue of *JAMA*, a theme issue on medical education.

Family physicians are trained broadly to provide comprehensive continuing health care, yet despite its known benefits, research has documented narrowing in the scope of practice of family physicians. Proposed reasons include changing practice patterns as physicians age, employer restrictions, or generational choices. Determining components of care that remain integral to the practice of [family medicine](#) may be informed by assessing gaps between the intended scope of practice of residents and actual scope of practice of family physicians, according to background information in the article.

Lars E. Peterson, M.D., Ph.D., of the American Board of Family Medicine, Lexington, Ky., and colleagues collected data from a practice demographic questionnaire completed by all individuals applying to take the American Board of Family Medicine (ABFM) Maintenance of Certification for Family Physicians examination. Initial board certifiers reported intentions for scope of practice and recertifying family physicians reported actual provision of specific clinical activities. All physicians who registered for the 2014 ABFM Maintenance of Certification for Family Physicians examination were included: 3,038 initial certifiers and 10,846 recertifiers. The Scope of Practice for Primary Care score (scope score) was calculated for each physician and ranged from 0 to 30, with higher numbers equating to broader scope of practice.

The final sample included 13,884 family physicians. The researchers found that the

average scope score was significantly higher for initial certifier intended practice compared with recertifying physicians' reported actual practices (18 vs 16). Compared with recertifiers, initial certifiers were more likely to report intending to provide all clinical services asked except pain management; this included obstetric care (24 percent vs 8 percent), inpatient care (55 percent vs 34 percent), and prenatal care (50 percent vs 10 percent). Similar differences from initial certifiers were present when comparisons were limited to recertifiers in practice for only 1 to 10 years.

The authors write that the pattern found in these results suggests that these differences are not generational, but whether they are due to limited practice support, employer constraints, or other causes remains to be determined.

"The benefits of family physicians providing a broader scope of practice may include lower overall health care costs and reduced hospitalizations, as well as increased availability of services in physician shortage areas. These findings suggest that graduating family medicine residents intend to provide a broad array of care commensurate with their training."

The researchers note that further research should continue to examine subsequent years of initial certifiers to determine whether intentions to have a broader scope of practice remain. "Tracking these intentions may make it possible to correlate them with health system reforms or alterations in family medicine residency training requirements. It will be important to follow these new [family physicians'](#) practice patterns to determine whether their intentions were realized and, if not, why. Strengthening relationships between practicing physicians and certifying boards offers the opportunity to monitor training outcomes and individual practice activities over time."

More information: *JAMA*, [DOI:](#)

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