

Local physicians in Oklahoma have brought your proposed amendment regarding board certification to the attention of our national organization, the Association of Emergency Physicians (AEP). AEP is a national emergency medicine organization established in 1993 that represents all emergency physicians regardless of board certification status. We OPPOSE this amendment as we feel it will have adverse consequences that may have been unforeseen.

435:10-7-2. Use of Board certification

Allopathic physicians in Oklahoma who may lawfully claim to be “Board Certified” or “Certified by” or a “Diplomat” or “Fellow” are only physicians who have presented to the Oklahoma State Board of Medical Licensure and Supervision evidence of successful completion of all requirements for certification by a member Board of the organization of American Board of Medical Specialties as listed by the American Medical Association, ~~or by any other organization whose program for the certification requested has been found by the Board to be equivalent thereto.~~

[**Source:** Amended at 11 Ok Reg 4535, eff 7-27-94 (emergency); Amended at 12 Ok Reg 1223, eff 5-11-95]

In order to properly understand the ramifications of the amendment, you need to appreciate how we arrived at this juncture.

History: Emergency medicine is a relatively young medical specialty with the first residency program established in 1970 and the first board certifying exam in 1980. Prior to residency programs, the emergency department coverage was staffed by physicians in other specialties including internal medicine, family practice and surgery. These physicians in other specialties were able to take the certification exam given by the American Board of Emergency Medicine (ABEM) until 1988. This arbitrary date didn't address the continuing need for non-ABEM, non-emergency medicine residency trained physicians, particularly in rural areas, nor did it anticipate the huge physician shortage that we are facing presently. The Association of American Medical Colleges (AAMC) expects a needed physician increase across the board of nearly 40% and likely higher numbers in states like

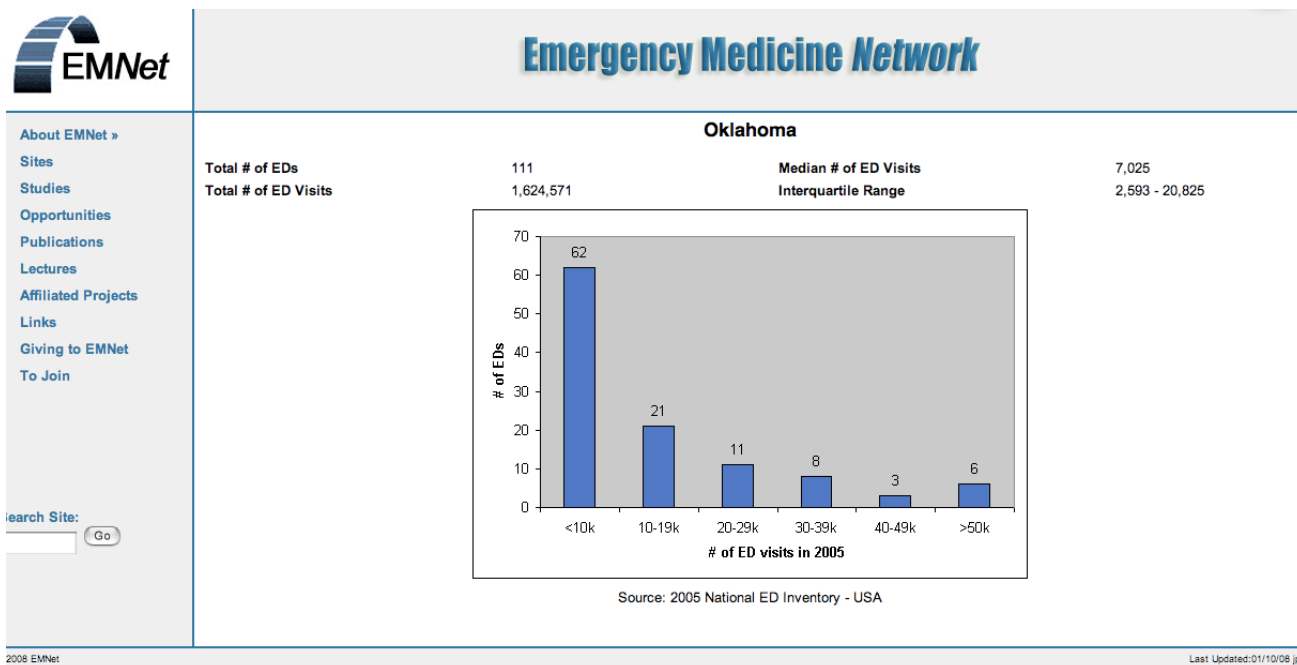
Florida and Texas. The AAMC has already called for a 30% increase in medical school enrollment and this has not happened.

The only available option for non-ABEM, non-emergency residency trained physicians (“legacy physicians”) for testing of their competency and certification was and is from the AAPS Board of Certification in Emergency Medicine (BCEM). In order to be eligible for the exam, at least 7000 hours (a minimum of 5 years) of clinical emergency experience is needed (similar to the old practice track for ABEM prior to 1988) and board certification in another specialty. One must also maintain certification in Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Advanced Trauma Life Support (ATLS), which is more than is required by the ABEM certified emergency medicine residency trained physician. In addition, one must maintain continuing education (a minimum of 50 credits per year with at least 25 credits in emergency medicine) and re-certify every 8 years. ABEM is presently only re-certified every 10 years and does not ever require renewals in any of the advanced life support courses even though the standards are constantly evolving. This board exam has been validated and meets stringent eligibility criteria.

The issue of board certification status should not be the focus of the ability to practice emergency medicine in the state of Oklahoma or the country. As the only means for non-emergency medicine residency trained physicians to test and demonstrate their competence, BCEM needs to continue to be recognized. 33 states already recognize alternate boards of certification including AAPS sponsored board certifications such as BCEM. Doing away with this alternative pathway would lead to less stringent criteria for working in Oklahoma emergency rooms that this extra testing step offers. There are also no studies to support the view that American Board of Emergency Physicians (ABEM) or emergency residency trained physicians are more competent than non-ABEM or non-emergency residency trained physicians.

In addition, the reality of the healthcare environment is a shortage of emergency physicians and this shortfall is covered by the non-ABEM, non-emergency medicine residency trained physicians. More importantly, there are not

now, or will there ever expect to be, enough ABEM certified emergency residency trained physicians to solely meet the needs of all emergency departments in the country. Rural communities have enough trouble attracting emergency physicians without limiting the workforce further. Please see the links to a recent study by Dr. Carlos Camargo who teaches at the Massachusetts General Hospital ER and Harvard Medical School and has been extensively published. His interest is in public health and he published an objective, independent study on the emergency medicine workforce issue. His study confirms that there are not enough ABEM certified emergency residency trained physicians to cover all of the nation's emergency departments now or possibly ever. The data strengthens the belief that there is an ongoing need for non-emergency residency trained, non-ABEM certified physicians to help staff emergency departments for the foreseeable future. I suggest that your board members use the workforce calculator to see how the



different computations do not lead to the stated goal of covering all emergency departments for a minimum of 40 years or possibly never attained. AEP, using Dr. Camargo's data, has extrapolated that there are at least 560 physicians (assuming a minimum of 5 doctors per emergency rooms) covering the 111 emergency rooms in Oklahoma. Based on the rural nature of the makeup with 75% of the hospitals

with less than 20,000 visits per year, there is a high likelihood that at least 50% of these physicians are non-ABEM, non-Emergency Medicine Residency trained emergency physicians. This would be the group that would not be eligible to be licensed as board certified. Since the trend for hospitals has been leaning towards requiring board certification in the practicing specialty, this amendment would lead to an instant, artificial worsening of the present emergency physician shortage.

<http://www.emnet-usa.org/nedi/workforce.html>

http://www.ncbi.nlm.nih.gov/pubmed/18945242?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

<http://www.emnet-usa.org/nedi/OK.htm>

In 2006, the Institute of Medicine (IOM) released not one, but three reports on the state of emergency healthcare. This provides a relatively unbiased look into emergency care in the US. They note:

”Approximately 62 percent are board certified in emergency medicine. Approximately 20 percent of emergency physicians are board certified as emergency physicians but not residency trained in emergency medicine.” pg164-5
“Approximately 38 percent of practicing emergency department physicians are neither board certified nor residency-trained in emergency medicine.” pg 166
“The supply of board certified emergency physicians is not sufficient to staff all emergency departments physician positions, and in the absence of a large scale expansion of training positions, will not be sufficient for several decades. Although they lack board certification, these physicians represent an essential component of ED workforce.” pg166

“Although, ideally, all EDs would be staffed by residency trained board certified emergency physicians, this is highly unlikely to occur in the near to middle term, if ever.” pg 193

“These concerns are especially important now that the physician workforce is projected to be inadequate for the future needs of this country.” pg 185

The American College of Emergency Physicians (ACEP) has acknowledged the important role of the non-residency trained physician (legacy physician) as of June 2006. The most important determinant for all emergency physicians should be meeting standards of care rather than the issue of which board certification or residency training was completed. The college also recognizes that these legacy physicians play an important role in emergency healthcare. This organization had instituted a task force to explore separating board certification status from recognition for contributions to the field of emergency medicine for all of its members. The issue again is focusing on meeting standards and showing commitment to the field of emergency medicine rather than strictly training or board certification status.

ACEP has also sponsored and completed Emergency Medicine Report Cards for each state and Oklahoma received a failing grade for access to care due to a present shortage of emergency physicians and other specialties. Please see link at <http://www.emreportcard.org/uploadedFiles/States/Oklahoma/Oklahoma.pdf>. It does not make sense to further limit the availability of experienced physicians based primarily on board certification when there is already a shortfall.

In conclusion, please OPPOSE this amendment which is not based on the reality of today’s or tomorrow’s emergency healthcare environment and would restrain employment opportunities for the experienced, non-ABEM, non-emergency residency trained physician and lead to a worsening of the current workforce shortage. This issue has already been discussed and dismissed by the Florida Medical Board on several occasions since BCEM was recognized as a validated board certification exam in that state. This certification is also recognized by the Oklahoma State Board of Osteopathic Examiners. The issue of board certification and training should not be the focus but instead ensuring that all

practicing emergency physicians are competent and meet accepted standards of care. The focus should be shifted to maintain higher standards through obtainable and measurable means including re-certification in PALS, ATLS and ACLS. While we cannot speak for the other specialties, we suspect that these arguments would be applicable to all specialties. Please consider these points and feel free to contact the AEP Office and Board of Directors at 866-772-1818 or at aep@aep.org, if you have any further questions or need clarification. Thank you for your kind consideration in this matter.

Resources

Hospital -Based Emergency Care: At the Breaking Point (2006) : IOM report , Chapter 6 pages 163-200 http://books.nap.edu/openbook.php?record_id=11621&page=163

The Role of the Legacy Physician in the 21st Century
<http://www.acep.org/webportal/PracticeResources/PolicyStatements/certcred/legacyep.htm>

ACEP Resolution 24(05) Task Force Final Report
<http://www.acep.org/NR/rdonlyres/ED494E43-0CBF-48F4-AD93-ED66F9607C96/0/Res2405TFFinalReport.pdf>

Eligibility for BCEM exam <http://www.abpsga.org/certification/emergency/eligibility.html>

Association of American Medical Colleges (AAMC)
<http://www.AAMC.org>

AEP Board of Directors:

President

Jim Hayes, MD, FAAFP

Clinical Practice of EM 6 years

Diplomate American Board of Family Medicine for 29 years

Diplomate Board of Certification in Emergency Medicine

Chairman

Ellyn Meshel, MD

Clinical Practice of EM for 15 years

Diplomate American Board of Internal Medicine

Diplomate Board of Certification in Emergency Medicine

Vice President

Jeffrey C. Bates, MD, MS

Clinical Practice in EM for 6 years full-time; 10 years full and part-time

Board Eligible in Internal Medicine

Board Eligible in Pediatrics

Eligible for BCEM

Board Members

Luis Saldana MD, MBA, FACEP, FAEP

Clinical Practice of EM for 23 years

Diplomate Board of Certification in Emergency Medicine

Past Co-Chair, Section of Certification and Emergency Medicine Workforce

American College of Emergency Physicians

Steven R. Henson, MD

Clinical Practice of EM for 20 years

Clinical Experience in Air Medical Transport for 10 years

John Newcomb, MD, FAAFP, FACEP
Clinical Practice of EM for 20 years
Diplomate American Board of Family Medicine
Board Eligible for Board of Certification in Emergency Medicine
Chairman, Department of Emergency Medicine
Northport Medical Center-DCH
Past Co-Chair, Section of Certification and Emergency Medicine Workforce
American College of Emergency Physicians

Ramachandran Madhavan, MD, FAEP, EMDM
Clinical Practice of EM for 15 years
Fellow Royal Society of Medicine
Fellow Royal Society for Promotion for Health
Fellow European Master in Disaster Medicine

Darryll Barksdale, DO, FAEP, MS
Clinical Practice of EM for 21 years
Diplomate American Osteopathic Board of Family Medicine
Diplomate Board of Certification in Emergency Medicine
Diplomate Osteopathic Manipulative Therapy

Gregory Neyman, MD
Clinical Practice of EM for 6 years
Diplomate American Board of Family Medicine
Emergency Department Medical Director,
Henry County Health Center
Emergency Department Medical Director,
Regional Medical Center

James Meade MD BCEM, FAAEP
Fellow of the American Academy of Emergency Physicians
Board Certified in Emergency Medicine by the American Association of Physician
Specialists
Member American College of Emergency Physicians
Member AEP

Member USAEM

H Kyle Sheets MD

Clinical practice of EM for 8 years

Diplomate of the American Board of Family Practice for 8 years

President and CEO of the Concord Medical Group Inc.