Lack of Physician Workforce Compromises Patient Care and Safety

1. We see 130 million ED visits per year, in 4,587 Hospital ED's.(1)
2. There are currently 42, 100 full time ED Physicians, with 28,000 ABEM Board Certified and EM Residency Trained Physicians (since 1980)(2)
3. Only 72% are EM Board Certified working in urban settings compared to only 13.5% working in rural settings.(3)
4. 12% of ED physicians are expected to retire in the next 5 years (3).
5. 1.3 Physicians per ED group leave an EM practice annually.(3)
6. There are 192 EM residency training programs in the country graduating approx. **1500 EM trained**, board eligible physicians **per year**. This will **never fill the calculated shortfall of 14,735 EM** Trained/Board Certified Physicians needed nationally(3).
7. Institute of Medicine (IOM): outlines the clear need for alternative staffing with **emergency physicians trained in other specialties and their competence "acquired through a combination of post-residency education, directed skills training, and on the job experience"**(4).
8. New credentialing standards that **emphasize universal core competencies rather than board certification** are stressed. "These national standards should ensure that core competencies for all disciplines working in the ED are assessed ... **regardless of board certification status**."(4)
9. The BCEM is objectively described as contributing to the quality of the workforce. ***"Non-ABEM and AOBEM certified emergency physicians are described as part of the essential component of the ED workforce at many hospitals, especially smaller facilities in suburban and rural settings"***(4, Special insert)
10. "Workforce issues in rural areas may never be solved by increasing the number of (residency trained) specialists in rural areas".(4)

Physicians practicing emergency medicine in the United States treat millions of patient's every year and save innumerable lives. To be successful, emergency care needs more resources and **more providers**. We need to ensure the appropriate training and continuing education of our workforce which may not always include board certification in many areas especially under served and rural communities. (5)

With an already under filled and under served specialty, especially in Michigan rural areas, Board Certification requirements severely hinders recruitment and

maintenance of ED providers to provide quality care to our communities. As the IOM report recommends we must adopt the cooperative approaches to the scope of practice issues...to fully embrace the 3 pillars of training, experience, and demonstrated competence." (4)

References:

1. American Hospital Association. Trend watch chart broke 2008, spring 2008, appendix 3, table 3.3 emergency department visits, emergency department visits per thousand, and number emergency departments, 1991-2006.
2. American Board of emergency medicine exam statistics. http://abem.org/public/portal/alias Rainbow/lang en-US/tabID 3373/Desk-topDefault.aspx.accessed 3/17/08.
3. Councelman FL, Marco CA, Patrick VC, et al. A Study of the Workforce in Emergency Medicine 2007. Am J Emerg Med 2009; 27:691-700.
4. Institute of Medicine Committee on the Future Emergency Care in the U.S. Health System. Hospital–based emergency care: At the breaking point. Washington, DC: National Academies Press; 2006.
5. Schneider SM, Gardner AF, Weiss LD, Wood JP, et al. The Future of Emergency Medicine. J of Emerg Med 2010;39,2:210-215

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