



Virginia College of Emergency Physicians

Summary from VACEP Town Hall and related VACEP Leadership Conversations

- VACEP President, Cameron Olderog, MD, FACEP provided a general summary for our members of the information we've received to date about the EM Workforce Study
- Things we stressed regarding the data: it's pre-COVID, it assumes that we make no intervention moving forward, and it does not account for students or established practitioners moving out of the specialty due to oversupply
- One area of concern is that any restrictions placed on large, multi-state companies regarding creating residencies may hurt local health systems or small groups from creating residencies to meet need.
- The role of private equity is an ongoing concern and the workforce study present an excellent opportunity to come to consensus on the future of emergency medicine.
- We are already facing an oversupply of emergency physicians in Virginia in urban areas and do not know what else can be done to encourage EPs to work in rural and other underserved areas.
- The scope of practice issues we're facing (particularly with independent practice of APPs) will only be exacerbated by an oversupply of emergency physicians. The Study also presents an opportunity to address these issues at a national scale. Our biggest hurdle to date has been sufficient quantitative data to support our positions.
- These are big problems and, in some cases, conversations between national organizations may be more effective than those at the chapter level. For example, our chapter does not have warm relationship with nursing organizations, but we do with our hospital association. For effective work at the chapter level, it will be helpful to understand the types and strength of relationships with different organizations in each state.
- Some members are concerned about how an oversupply will affect compensation as well.
- Olderog reiterated from the Workforce Webinar that EM should be looking to other skills we can develop to solve problems within our communities and thus expand the practice of EM.
- We also stressed that it will take time and that the best thing we can do right now is to get involved and stay involved with VACEP and ACEP.
- Additionally, we believe that consistent, clear communication with our members combined with increased education on the business of emergency medicine will aid our work in future.