

May 5, 2021

Current ACEP Framework of Workforce Considerations

Graphics to be updated as new ideas evolve and next steps are identified

Ensure comprehensive and consistent EM residency training

SUGGESTED ACTION OR ISSUE TO ADDRESS

Develop new standards that could result in:

- Patient procedure requirements updated
- EM residents prioritized for critical care encounters and procedures
- Core faculty required to meet minimum qualifications and be located at primary sites
- Residencies potentially needing 4 years to address educational and wellness needs, while maintaining total complement of residents

Enforce new standards to sustain the highest quality, comprehensive training for all EM residencies

NEXT STEP

Establish ACEP policy, with multi-org support, by ACEP21

NEXT STEP

Convene stakeholders regularly to examine feedback on all considerations and recommend appropriate program requirement changes to ACGME by fall

Protect the unique role of emergency physicians

SUGGESTED ACTION OR ISSUE TO ADDRESS

Promote policies and fight for regulations that ensure EDs are led and staffed by a board-certified EP

NEXT STEP

Reinforce in ACEP's public education messaging, now

Highlight value of EM advanced education, training, orientation, credentials, continuing education, and certification

Spotlight differences in training, competencies, scope of practice, and outcomes among physicians, and between physicians and non-physicians

Strengthen state and national advocacy efforts **against independent practice** of NPs and PAs in emergency care

NEXT STEP

Publicize ACEP and AMA Scope of Practice state legislative trackers and template legislation, now

NEXT STEP

Begin exploring avenues for ED accreditation, now

Develop a "gold standard" that patients should expect from their emergency department and from those who are providing the care

NEXT STEP

Meet with all EM stakeholders (hospitals, for-profit and non-profit physician staffing organizations, academic healthcare centers) by ACEP21

Broaden emergency physician practice to meet evolving community needs

SUGGESTED ACTION OR ISSUE TO ADDRESS

Research EM practices (observation, acute psych, EMS, telehealth, etc.) to confirm improvement in care when provided and/or led by board-certified EP

NEXT STEP

Meet with EMF, SAEM and others by June 30

Evolve or create additional EM subspecialties—disaster medicine, community health/public health, health care administration, informatics, pain management and addiction, telehealth, emergency psychiatry, and others

NEXT STEP

Meet with ABEM, AOBEM, and ACGME by June 30

Evolve the practice of EM beyond the traditional "bricks and mortar" of hospital-based EDs, with EPs treating all patients with acute, undifferentiated illness or injury in any setting

NEXT STEP

Examine feedback and commit to multi-org roadmap and actions by fall

Explore opportunities for EM in ED-based ICUs, free-standing EDs, hospital satellite departments, and physician-owned hospitals

Ensure business interests do not supersede needs of educating the workforce

SUGGESTED ACTION OR ISSUE TO ADDRESS

Consult with experts about the legality, ethics and oversight needs of any organization funding EM residencies

NEXT STEP

Coordinate legal consultation by June 30

Support emergency physicians and encourage rewarding practice in all communities

SUGGESTED ACTION OR ISSUE TO ADDRESS

Engage with federal government or others to create rural, Indian Health Service, and public health scholarships with debt forgiveness and salary support

NEXT STEP

ACEP to publicize current opportunities and identify possible scholarship providers, now

NEXT STEP

Publicize and leverage ideas from ACEP's 2019-2020 Rural EM Taskforce, now

Review ACEP's 2019-2020 Rural Emergency Medicine Taskforce report for ways to advance opportunities

Research if low resident salaries contribute to program expansion and/or limit opportunity in EM for low-income students

NEXT STEP

Examine feedback and commit to multi-org roadmap and actions by fall

Develop collaborative practice models between academic and rural/community sites

Develop blended practice models to meet the needs of the emergency physician, the community, and the hospital