

Memorandum

To: 2007 Council

From: George Molzen, MD, FACEP
Chair, Resolution 24 (05) Task Force

Date: January 20, 2007

Subj: Resolution 24(05) Task Force Final Report

The 2005 Council adopted Resolution 24(05) Fellowship and its Implications:

RESOLVED, That a task force be established by the president and the Board of Directors to study the political, economic, and personal implications of opening ACEP fellowship eligibility to all active members of the College, and that a report be presented to the president and the Board of Directors and College membership by April 1, 2006.

The formation of the task force was not completed in time for a report to be developed by the April 1 deadline. Once formed, the task force attempted to meet the spirit of the resolution by developing a report by June 1; however, there was difficulty in holding meetings of the task force. An interim report was submitted to the Board in June 2006 and the task force was given an extension until January 2007 to submit a final report.

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Resolution 24(05) Task Force Final Report

During the early years of the College, it seemed important to recognize those members who contributed to the specialty of emergency medicine. To accomplish this, the fellow status was established. Initially, the two criteria established for fellow status were membership in the College and board certification by ABEM. As the specialty matured, in 1992, additional criteria were added as requirements for fellow status. AOBEM certification and certification in pediatric emergency medicine by ABP were also included later. These changes were made before the College was closed to new members who were not board certified by ABEM, AOBEM, or ABP (hereafter referred to as “board certified”) or residency trained in emergency medicine.

Now that the College is closed, perhaps it is time to separate the issue of Board Certification (which should be done by an appropriate Board) from membership in a professional society. In other words, perhaps it is time for the College to recognize publicly that the Board Certification Entities more appropriately handle the issues of board certification. This would mean membership and fellowship issues should be separated from the board certification. It is recognized that a competing emergency medicine professional society has made board certification and/or residency training an issue in determining eligibility for membership or fellowship and this competition between ACEP and other societies influences College policy. The College needs to recognize publicly that it has multiple, sometimes conflicting, constituencies that it is trying to please. ACEP also needs to consider whether the original purpose of fellowship (i.e. recognizing contributions to the specialty) is appropriate if board certification continues to be a requirement.

Current ACEP Bylaws allow only those members who are board certified by the American Board of Emergency Medicine (ABEM), the American Osteopathic Board of Emergency Medicine (AOBEM), or the American Board of Pediatrics (ABP) in pediatric emergency medicine to be recognized by the College through fellow status. As a result of the board certification requirement, over ten percent of College members can never be eligible for fellowship status. This group is comprised of non-emergency medicine trained physician members who, because of personal circumstances, timing, or choice did not take the ABEM exam prior to ABEM’s dissolution of the practice track.

Many of these legacy emergency physicians (see attached policy for definition and clarification of term) have chosen to take the only emergency medicine board exam that is now available to them to demonstrate their commitment to their chosen specialty. This is, of course, the BCEM. While they prepare for and undertake this board exam, they do so knowing that ACEP has undertaken a focused effort to specifically undermine the credibility or value of that exam. Many of these legacy physicians believe this effort by ACEP has, by inference, marginalized those physicians who have taken it as their only option.

Most new College members (there may be a few who join because they met eligibility requirements in place prior to January 1, 2000) must now either be board certified by ABEM, AOBEM, or ABP or residency trained in emergency medicine or have completed a fellowship in pediatric emergency medicine. As such, almost all of these new members have the potential to become fellows. The issue addressed in Resolution 24(05), however, does not center on membership eligibility but on those who are already members and are currently not eligible for fellowship. This resolution supposes that, because ACEP now has more stringent criteria for active membership, the College should re-evaluate the current requirements for fellow status to determine whether or not board certification should still be a prerequisite.

Political Implications

Failure of the College to allow non-board certified members to become fellows will continue to cause many of these legacy physician members to feel resentment toward the College. Some members have resigned their membership in ACEP. Others are waiting to see what action ACEP will take on issues important to this group, which consists of about 2400 ACEP members, many who have held active membership for over a decade. Members of this group desire meaningful recognition from ACEP, and it is their belief that previous attempts at recognition have been insufficient.

The task force believes that the main issue is that of recognition. The task force questions whether allowing non-certified members to apply for fellow status would alleviate these members' concerns. No matter what the College may do in the future, supportive language showing ACEP's willingness to acknowledge publicly the value of non-certified members needs to be highlighted. Any future Council resolutions regarding this issue will need to note this recognition need. An example might be taken from the recent IOM report. The Institute of Medicine report offers language that is much more supportive of legacy emergency physicians than many ACEP policies and actions. The IOM report noted the importance of residency training in Emergency Medicine. However the essential role of emergency physicians who trained in other specialties is described in detail, and their high level of competence "acquired through a combination of post-residency education, directed skills training, and on the job experience" is lauded. These physicians are described as an essential part of the emergency medicine work force. The need for improved cooperation between these physicians and academic emergency medicine is emphasized, and 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 assessedregardless of board certification status."

It is clear to the members of the task force that previous attempts at recognition of these non-certified members have failed to provide the recognition that they feel they have earned. Some of the task force members believe that recognition of non-ABEM members and fellow status should be separate issues, while others feel that fellowship offers the only meaningful level of recognition. These members feel that nothing short of fellowship in some form is required for appropriate recognition. The task force believes that if resistance continues to be strong for dropping the requirement for board certification, then the College should, at a minimum, consider a separate class of fellowship for the non-certified members (such as an honorary classification).

Economic Implications

For the College:

A change could possibly reduce attrition from the group of members who do not currently qualify for fellow status, therefore, increasing dues revenue. Currently attrition for this segment of membership is running at four to five percent higher than any other segment. Conversely, a change could increase attrition from among the larger group of unaffected members who might be disgruntled with such a change, therefore also decreasing dues revenue. A change may also influence young graduates not to join the College. The task force was unable to come up with a good model to predict with any degree of accuracy the true economic impact of either scenario. Further, the task force did not believe a survey of the membership regarding this point would result in valid information or changes from previously gathered data. It became clear during the discussions that there could be consequences for the membership of the College no matter what action or inaction is taken, and that these consequences can not be measured easily or predicted in an accurate manner. Thus, the arguments on both sides continue to be emotionally based since it is difficult to obtain meaningful data.

For the member who cannot currently become a fellow:

The task force could not identify any circumstances where fellowship might impact an individual from an economic standpoint. Yet it is the perception of many legacy physicians that ACEP leadership has taken a very active role intervening in situations that have arisen the past few years, advocating on the side of legacy physicians whose jobs are threatened. Ironically, one of the reasons these situations arise is the policies and initiatives of ACEP that so emphasize and subsidize emergency medicine residency training at the expense of the legacy emergency physician. The task force believes that while board certification certainly has an impact, it is clear that employers do not use ACEP fellowship in the same way as they do board certification. The task force believes that the issue of opening fellowship to non-board certified physicians is less an economic issue and more of an issue of personal recognition for non-ABEM/AOBEM certified members. Again, the task force believed this is primarily an emotional issue, and good arguments exist on both sides.

Personal Implications

Current members who are not eligible for fellow status feel there is not enough recognition from ACEP. Proposals supporting some form of fellow status for non-ABEM/AOBEM certified members would allow for such recognition or honor. It was also noted that an earlier attempt by ACEP to recognize members not certified by ABEM included the Recognition of Service Award. This program has been ineffective in meeting the needs of these members. The task force noted that in many other medical societies, fellow is synonymous with membership and service, and that re-certification is not necessarily required to maintain membership.

While members of the task force did not believe fellowship or use of the designation FACEP were synonymous with board certification, others have raised this issue in the past. There may be concern among current fellows that the meaning of fellowship will be diminished if the College opens fellowship. Members of the task force could not identify any specific actions or consequences of opening fellowship to non-certified members that would directly diminish the value of fellowship for others.

Summary

The political fallout from opening up fellowship is difficult to measure. It is not possible to predict accurately whether members would leave the College if fellowship were opened to non-certified ACEP members, or whether members would leave the College if it were not opened to these members.

Opening up fellowship might keep some current members in the College. Creating some form of fellow status for non-ABEM certified members would allow for such recognition or honor of this group and could increase retention. However, these attempts might also cause some board certified members to leave or not renew. Remaining with the status quo might cause some current members to resign or not renew membership. This issue will resolve itself over the next 15 years as older members retire and new members must be residency trained to apply. A key question is whether a change to recognize the contributions of the current 2400 members who cannot qualify for fellow status is outweighed by the potential loss of a percentage of the 1200 potential members per year graduating from residency programs.

Opening up fellowship would allow for further recognition by ACEP of those members who are dedicated to the specialty and the College but are not ABEM or AOBEM certified in emergency medicine. However, some feel that it might somehow “diminish” the meaning of fellowship for those who are ABEM or AOBEM certified in emergency medicine, although the task force could not identify any specific actions or consequences of opening fellowship to non-certified members that would directly diminish the value of fellowship for others.

The task force believes that the ACEP Board and Council should consider the true underlying question which is “What is best for the members of the College overall” and “How does ACEP want to recognize its members?” Continuing to try to find some solution to this nagging question will need to be done by the College leadership. The leadership needs to keep in mind all of the ramifications of this issue as outlined above and realize they will need to make a decision without much objective data. The leadership needs to recognize this is a large issue for some of its members and consider whether we should continue to have what some perceive as two classes of membership or allow access by all members to all College honors. Leadership needs to keep in mind that perhaps it is time to separate the bodies that represent interest in emergency medicine from those bodies that provide certification. At the very least, the College needs to recognize publicly that it has multiple, sometimes conflicting, constituencies that it is trying to please and decide if it is time to separate the issues of certification boards from fellow status in the College.

Attachment: The Role of the Legacy Emergency Physician in the 21st Century

<http://www.acep.org/webportal/PracticeResources/PolicyStatements/certcred/legacyep.htm>

