



I find it so sad that there are still people that think that someone does not need to be residency trained in emergency medicine in order to begin a career in emergency medicine in today's day and age. Not only do some physicians think that way, but they actively pursue legislation to always keep that door open and belittle what all of us have worked so hard to develop: a quality, well-trained emergency medicine specialist, who has been rigorously drilled and tested on a specific skill set that makes them capable of working extremely effectively in any emergency department, and ready for any emergency situation. Not only do these others continue to fight this, but they do it with half truths about what we are doing and what we are trying to accomplish.

As you all should know, this past year we submitted a bill in the state of Florida to require specialty-specific residency training in order to be recognized as Board Certified in the state of Florida *on a go-forward basis*, meaning that anyone who has already been recognized as board certified would still be so, but that from this point on we will close the door to those training in other fields to pursue an emergency medicine career. ABEM closed its doors 20 years ago. ACEP closed its doors eight years ago, and still, even with that, we decided in Florida that anyone recognized up to now, 2007 or when resubmitted next year in 2008, could still be recognized, but not past that. The bill specifically states that the Florida Board of Medicine could only recognize organizations that require emergency medicine residency train-

ing to enter the specialty as of this year, which means that all AAPS would really have to do to be recognized and end this entire ridiculous continued struggle, would be to shut the door for new diplomats to only those who have completed an accredited emergency medicine residency program. But instead of doing that, they choose to spend thousands and thousands of dollars to "defeat us" and to continue to push state-by-state to forever keep the door open to non-residency-trained physicians entering emergency medicine. Why?

Two sessions ago we attempted to submit this bill, and I met personally with certain key legislators who could pass the bill through, including one who had sponsored the AAPS bill that failed a few years before. Interestingly, when he heard what we were trying to do, he agreed completely and said he would support us on this. We met with him several times after and he still gave his support. Then a lobbyist for the "other side," who apparently had been away, and who had some sort of connection to this legislator, resurfaced and the next thing we knew, the legislator withdrew his support and we were blocked from filing the bill. Why?

Recently I was talking to a colleague I used to work with, who unbeknownst to me is BCEM certified, not ABEM certified. I knew that he was not EM trained by his practice style, but assumed he had grandfathered in to ABEM and he had never told me otherwise until recently. I had called him about something else and he told me how he heard about the bill I was pushing and that he had received correspondence from AAPS stating that they needed to fight this bill, because it would result in the loss of his job and the end of his career, etc. He told me he donated several thousand dollars to help them fight this "cause." Of course, I had a lot to say about that and was furious, especially because this was blatantly false and I was upset that as a personal friend he never came to me to inquire about what was really going on. I explained to him that the bill we submitted was not retroactive and that anyone recognized or already practicing would be able to continue to do so, that this is only about board certification and not employment, and that this was about the *future* workforce of emergency medicine, not the present, and that no one entering emergency medicine today should be residency trained in anything other than emergency medicine. His response: "Oh, well I agree with you about that. That's not what they

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said. Hmm, I will need to talk to them.” I told him he gave a huge amount of money - I wish we could foster that kind of contribution for any of our other issues - against something he didn’t even agree with, because he was given false information. He told me he was going to follow up with them, but I haven’t heard anything since.

So let’s look into this for a moment. Why would an organization rally up such support from their members based on inaccurate information? And why is it that they require specialty specific residency training for almost every other specialty except emergency medicine? What is it that is driving them so? Well, a few years ago I visited their website and found out some interesting information. The vast majority of the new diplomats, who sit for their boards, sit for the emergency medicine boards. It would seem that we may be their “cash cow” and we could easily surmise that if they close their doors to only EM residency-trained physicians, they may be losing significant money, so they potentially have a lot at stake financially. Sad, isn’t it, that it may not be about quality after all? Interestingly, I visited the site again, and you can no longer access this information. I guess they were afraid we might catch on. There is also another website bragging about their success at “defeating” the bill that we sponsored and announcing that they are suing the New York Board of Medicine, that thanks to that they can continue to be recognized and it states on there that this will “open the door for non-ER trained, non-ABEM certified ER physicians to continue their careers and maintain their livelihood.”

I still do not understand what they are talking about. The physicians who have been so vocal and intricately involved in their activism and responsible for getting the Florida Board of Medicine to recognize them are far from unemployed. In fact, some of them are leaders of the community and even directors of the ERs, own groups, etc. One I know of who is very vocal is retired, not even practicing anymore. I’m sorry that 20 years ago they missed the deadline for sitting for the ABEM boards or chose not to because they didn’t think it would matter, but there had to be a cut-off somewhere, and the natural attrition of these physicians needs to take place. The doctor who I know is in absolutely no danger of losing his job. There are non-EM-trained physicians all over the state that are working in emergency departments and have been for 10, 20, 30 years who have very secure jobs, but emergency medicine has become very complex, so it is

inappropriate for physicians currently training in other specialties to use these alternate routes to enter emergency medicine and call themselves board certified emergency physicians without doing the appropriate emergency medicine training. The learn-on-the-job approach with no formal supervision or training is not only antiquated, but in today’s day and age potentially harmful and definitely unfair to our patients. As the non-EM-trained physicians retire, they should naturally be replaced with residency-trained emergency physicians. The argument that we will never fill all emergency departments with EM-trained physicians is a ridiculous one. More and more programs are opening up and more and more EM-trained physicians are entering the field and several that I know personally have left the academic and urban world to go to some of the underserved and less-populated areas to live and practice. Even so, if a physician who is a family practice doctor chooses to work in these areas in the ED, that is fine, but s/he is still a family practice doctor, not an emergency physician and there is no shame in that. Just don’t misrepresent who you are. In the same way, when I do a pelvic exam, I do not tell the patient I am a gynecologist, and when I put in a chest tube, I do not say I am a cardiothoracic surgeon. I’m an emergency physician and I am proud of that. You should be proud of your specialty too.

This fight is not over and we will continue to pursue residency training in EM as the only appropriate pathway into emergency medicine today, but it is time for the emergency medicine residency-trained docs to stop sitting on the sidelines and join this fight. We need your support too. Don’t assume we’re going to fix the problem and that we will naturally prevail. We need to make our voices heard. Contribute to FLACPAC, write articles, come to EM Days and visit your legislators at home to push this issue. Feel free to contact me and I’ll put you on a list of people who want to help and let you know how you can get involved. We don’t expect you to give thousands of dollars, but every little bit helps. When you send your checks to FLACPAC, write residency training on the “for” line. We need to spark the same passion for the importance of residency training in emergency medicine board certification as these other physicians have in undermining our progress. Like it or not, residency training in emergency medicine is the future. It’s just a matter of time.