



2021 Emergency Medicine Workforce Task Force Findings and Response SEMPA Talking Points

SEMPA is providing its members with the following information in the form of questions and answers in response to comments and inquiries that we received following the announcement by ACEP of their workforce study findings and proposed action considerations. We hope that this clarifies our positions, and current and future involvement in representing the interests of EMPAs.

Introduction

The American College of Emergency Physicians (ACEP) publicized its findings from the [Emergency Medicine Physician Workforce: Projections for 2030](#) study during a webinar held on April 9, 2021. The findings project that there will be an oversupply of approximately 8,000 emergency physicians by 2030.

ACEP's previous workforce studies were performed in 1998, 2002 and 2009. Each of these projected a substantial workforce shortage due to the growing number of annual emergency department visits. To address this shortage, ACEP recommended increasing the size of emergency medicine physician residency training programs. At the time, ACEP recognized the utility of the increasing employment of physician assistants (PAs) and nurse practitioners (NPs) in emergency medicine to help meet the demand for emergency care.

In the last decade, there has been a notable shift in health care economics and practice models with the growth in emergency departments management by regional and national contract groups. In addition, there has been an increase of emergency medicine physician residency programs, all of which have contributed to the projected surplus of emergency medicine clinicians.

ACEP and the partnering emergency medicine physician representative organizations are now seeking a "solution to address market-driven industry instability"¹ and have proposed eight potential considerations to "stabilize and strengthen emergency medicine".

Soon after the announcement by ACEP of the Emergency Medicine Physician Workforce Projections for 2030, the American Academy of Physician Assistants (AAPA) announced the results of the vote to change our profession's title to "physician associate". ACEP and other physician representative organizations quickly announced opposition to the title change based on what we think are unfounded assumptions as outlined in our response statement. How this

opposition and announced public relations campaign by ACEP will impact any attempts for us to work together on emergency medicine workforce initiatives remains to be seen.

FAQs

1. Which emergency medicine representative organizations participated in the workforce taskforce?
 - The eight physician organizational stakeholders include:
 - The Association of Academic Chairs of Emergency Medicine (AACEM)
 - The American Board of Emergency Medicine (ABEM)
 - The American College of Osteopathic Emergency Physicians (ACOEP)
 - The American Osteopathic Board of Emergency Medicine (AOBEM)
 - The American College of Emergency Physicians (ACEP)
 - The Council of Residency Directors in Emergency Medicine (CORD)
 - The Emergency Medicine Residency Association (EMRA)
 - The Society of Academic Emergency Medicine (SAEM)
2. Was there any prior indication that a surplus of emergency medicine physicians was on the horizon?
 - The number of emergency medicine residencies and increased utilization of “emergency medicine specialists”² did not go unnoticed. In a study performed by the former president of the American Academy of Emergency Medicine (AAEM), Mark Reiter and colleagues in 2016, it was projected that the shortage of board-certified emergency medicine physicians would meet the demand within the next five to 10 years, with the caveat that “low-volume rural EDs will continue to have difficulty attracting emergency medicine specialists without significant incentives”.²
3. What are the eight key considerations that the stakeholders are proposing to address the oversupply of EM board-certified physicians?
 1. Stem the growth of emergency medicine residents and residency programs
 2. Raise the bar and ensure consistency across emergency medicine residency training
 3. Ensure business interests are not superseding the needs of educating the workforce
 4. Support practicing physicians to encourage rewarding practice in all communities
 5. Ensure appropriate use of NPs and PAs to protect the unique role of emergency physicians
 6. Set the standards for emergency medicine so every patient has access to a board-certified emergency physician
 7. Broaden the umbrella to expand emergency medicine physician scope of practice
 8. Expand the reach of emergency medicine to ensure that no community is left behind

4. Two of the eight proposed actions directly affect EMPA practice. What is SEMPA's stance on the proposed considerations?
 - SEMPA does not dispute that board-certified emergency medicine physicians are the most highly trained providers of emergency medical care and endorses the physician led team model.
 - SEMPA advocates for emergency medicine physician assistants to practice at the top of their license, training and experience capabilities.
 - SEMPA advocates for collaborative practice guidelines with PA input to be in place with emergency medicine board-certified physicians regardless of practice setting.

5. Why didn't SEMPA respond to the AAEM/RSA statement? Why didn't SEMPA make a formal statement about the EM Workforce Task Force findings and summit response?
 - SEMPA has responded to a number of statements published by AAEM and by the American Academy of Emergency Medicine Resident and Student Association (AAEM/RSA) commenting on PA and NP practice in emergency medicine. In these responses SEMPA has respectfully stated our stance and our desire to communicate and collaborate with our physician colleagues. Unfortunately, AAEM and AAEM/RSA have never responded to our requests. Of note, SEMPA has made another attempt to seek a dialogue with these organizations.
 - In 2018, SEMPA was asked to and participated on ACEP's workforce taskforce. This Taskforce was examining the collaboration with Advance Practice Providers (APPs). SEMPA representatives were able to advocate for the best practices regarding EMPA utilization and dispel some misconceptions.
 - SEMPA has been invited by the current physician workforce taskforce participants to collaborate as one of the lead organizations in evaluating the proposed actions which involve PA emergency medicine practice. SEMPA will keep its membership informed as the developments occur.

6. What are the best ways that EMPAs can communicate with emergency medicine physicians and their employers about the findings?
 - EMPAs continue to desire to be a part of the team providing emergency care for our communities.
 - EMPAs seek collaborative practice models with clear practice standards and communication guidelines.
 - EMPAs seek to maintain life-long learning practices and ongoing continuing medical education and training.
 - EMPAs desire to practice at the top of their license and experience capabilities while maintaining a physician-led practice model.
 - EMPAs desire a seat at the table and avenues for leadership and representation within their practice sites and employment organizations.

7. What are the best ways to communicate about the findings with medical students and resident physicians?
 - PAs are seeking to be a part of the team of emergency medicine providers and are not seeking to replace any clinician.
 - PAs seek to collaborate and increase the quality and efficiency of care for our patients.

8. What, if anything, does SEMPA plan to do regarding the task force proposed solutions that relate to EMPAs?
 - SEMPA will represent EMPAs in future meetings, taskforces, and forums relating to workforce discussions.
 - SEMPA will continue to advocate for the team-based model of emergency medicine care.
 - SEMPA will represent EMPAs interests in discussions regarding the proposed pursuit of a standardized credentialing and certification process for PAs practicing emergency medicine.

If you have additional questions or concerns that you would like to be addressed, or if you are interested in joining the SEMPA Advocacy and Representation Committee, please contact us at sempa@sempa.org.

References

- 1 ACEP Board of Directors. 2021, April 21. Workforce Considerations: ACEP's Commitment to You and Emergency Medicine. ACEP Now. <https://www.acepnow.com/article/workforce-considerations-aceps-commitment-to-you-and-emergency-medicine>
- 2 Reiter M et al. 2016, Jan 25. The Emergency Medicine Workforce: Profile and Projections. The Journal of Emergency Medicine. [https://www.jem-journal.com/article/S0736-4679\(15\)00952-X/pdf](https://www.jem-journal.com/article/S0736-4679(15)00952-X/pdf)