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The American Academy of Family Physicians Establishes a Forum for Family Physicians in Emergency Medicine

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Family Physicians remain critical to the system of emergency care in this country. This conclusion is supported by the Institute of Medicine report on the state of emergency care in the United States.¹ The data collected by Dr. Camargo^{2,7,8} further support this. In most rural or suburban emergency departments in this country, patients will find Family Physicians doing what they have always done, stepping up to meet the needs of their communities in whatever capacity is necessary. Most of us have dedicated large portions of our careers to providing high quality and readily accessible emergency care to our communities.^{5,6} Many of us have undergone the rigorous process of achieving additional certification through the BCEM. Many of us remain active members of ACEP, but we have seen the support once afforded us by organized emergency medicine erode rapidly over the last two decades.

The AAFP, however, remains strongly supportive of the well trained Family Physician's right to practice the full spectrum of emergency medicine according to his/her documented training, experience, and/or proven ability. With this background, the AAFP created the Special Interest Group in Emergency Medicine (SIG-EM), which held its inaugural meeting at the 2010 AAFP national meeting. The meeting was well attended and membership of the SIG-EM stated their desire to make real and positive changes in the status of FPs who provide emergency care in this country. In eight months of existence the SIG-EM has established an Emergency Medicine/Urgent Care online community through AAFP, amended the AAFP workforce statement³ to include clear language about the necessity of Family Physicians in Emergency Medicine, and established a yearly presence at the AAFP scientific assembly.

The importance of a forum for communication between Family Physicians in Emergency Medicine cannot be overstated.^{9,10} For a long time FPs in EM have felt isolated and without a mechanism for professional support. The EM/UC online community helps meet this need, and I encourage any eligible member of AAFP to sign up and become active on this valuable resource. The SIG-EM will continue to bring concerns and policy initiatives to the AAFP's leadership in keeping with our mission. We also hope to help facilitate communication/collaboration between interested parties (AAFP, ACEP, ABFM, ABEM) to continue to strengthen the support network for those FPs who chose to provide emergency care.

We are at a tipping point in the evolution of emergency care in this country with one group that clearly wants the exclusive right to work in the nation's emergency departments, regardless of their inability to staff them and another, much larger, group that recognizes the harm that would come to patients who would be unable to access emergency care due to a shortage of providers, if those who advocate exclusivity were to prevail. Interdisciplinary discussion and collaboration is the only way to address the persistent shortage of EPs if we are to keep the health care needs of the public as our primary focus.

Potential ways to address the problem are many. In the longer term dual training and certification in both EM and FP may help address the shortage; a few of these programs already exist, but it has yet to become a popular choice for medical students. The Canadian model of different pathways to certification is also something that may be on the table. In the Canadian system, a physician may achieve certification either through an EM resi-

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dency or through an FM residency with additional experience in EM. This has been a very successful model for adequately staffing emergency departments across Canada. Even if we cannot exactly mirror this approach, we can certainly learn a great deal from their successes. Many continue to fight for official recognition of BCEM, which has seen some limited success. As we approach these issues, it is important that we work together and across disciplines, giving us a much stronger voice. We already have the high ground in that our focus is for all Americans to have access to quality emergency care. This model was supported by the conclusions of the Institute of Medicine's report on the state of emergency care in the United States.

We have seen recent positive moves from ACEP regarding support for FPs in EM, including recognition of anyone in ACEP as an Emergency Physician regardless of specialty training. While it leaves a large number of non-ABEM boarded physicians out, this recognition may represent an opportunity for further interface with ACEP with a view toward achieving common goals. In fact AAFP and ACEP leadership have recently met to discuss this and various other topics. It is precisely this type of cross disciplinary communication that will allow us to move forward as partners rather than antagonists as we see health care reform posing one of the greatest challenges to the emergency care system we have seen in our lifetimes. Both ACEP and AAFP have endorsed health care reform, but both are also acutely aware of stresses it will place on an already inadequately staffed emergency care system. Surely we can achieve a mutually acceptable solution if we work with, instead of against, each other.

The recently approved AAFP workforce statement incorporates much of the AAFP position paper on FPs in EM⁴ into a document that establishes a framework for a rational approach to the workforce issues we face. As I have outlined, we now have several large professional organizations willing to be at the table with us. We have reached this point because it is no longer intellectually honest to deny the need for FPs in our nation's emergency departments, but we are also here, in no small measure, due to the tireless efforts of those of you in BCEM, AAFP, ACEP, and IOM who have continued to look for a way forward when many had given up. The hope of the SIG-EM is that we have now reached a time and an environment where real recognition can be achieved for the sake of our fellow FPs in the ED trenches and, most importantly, for the health and well-being of the communities we serve.

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