

# One-Year Fellowships Leading to Board Certification in Emergency Medicine

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For many years the American Board of Physician Specialists has certified graduate training programs (GTPs) in emergency medicine (EM). While programs self-described as “fellowships in emergency medicine” have appeared sporadically since the late 1980s, only a handful have met the rigorous criteria set forth by the American Board of Physician Specialties (ABPS). This body has created a standard for training in emergency medicine that, when followed, allows a successful candidate to complete a 12- to 24-month track of supervised exposure to emergency medicine that can lead to board certification (see [www.abpsus.org](http://www.abpsus.org) for Board of Certification criteria).

Incorporated into the programs are didactics, board review sessions, and journal clubs as well as mentoring and conferencing. Postings to designated emergency departments as well as rotations at tertiary sites (especially for trauma and pediatrics) and to specialty and/or elective areas (ICU, anesthesia, toxicology, orthopedics) are all potentially available as needed at the particular GTP sites.

In 2000 a University of Tennessee-Memphis (UTM) site was approved as the first AAPS-certified GTP. The location had been established by faculty as a rural training experience for family physicians with a specific goal of improved skills in maternity care and emergency medicine.<sup>1</sup> In response to the declining accountability in US graduate medical education, it was clear that rural and underserved communities would require a different approach.<sup>2</sup> Academic center-trained primary care physicians have been gradually abandoning hospital care in favor of lifestyle offices with no night call. Academic medical centers continue to promote this model of limited generalism.<sup>3,4</sup>

Rural areas suffered due to the demise of aging doctors and from the lack of re-supply by recent graduates. As a result, much of the country relies upon graduates of non-EM resi-

dency programs who must have expertise in emergency care.<sup>5,6</sup> Emergency Department coverage at the UT site initially was provided by faculty family physicians. They trained students, residents, and recent graduates hoping to acquire skills for delivering emergency medicine services to underserved areas. The program gradually evolved into the prototype for the post-graduate models based on three years of family medicine residency followed by a year of fellowship.<sup>7</sup> Three of these programs are described here, and they are consistent with a recently published call for training by the Society of Teachers of Family Medicine.<sup>8</sup>

It is important to note that these fellowship programs paid for themselves. There was no extra government money involved in producing these educational programs. Literally they paid for themselves. In addition to the negative financial impact of the limited generalist, the model is inadequate for developing countries where needs are similar to rural USA.<sup>9</sup>

Currently, there are three sites in Tennessee offering such programs: UT-Knoxville, UT-Jackson, and Methodist-North Hospital ([http://gsm.utmck.edu/family\\_medicine/emergencymed.cfm](http://gsm.utmck.edu/family_medicine/emergencymed.cfm), <http://www.utmck.edu/UTFamJac/erfellowship.php>, [www.emfellowship.com](http://www.emfellowship.com)). Others exist in California, Texas, and Ohio. Due to enormous lobbying and political pressure by ABEM and ACEP, two of the earlier sites have eliminated the family medicine fellowships and started emergency medicine residencies (Duke and John Peter Smith in Fort Worth).

The high standards of the three current programs are monitored by a review panel that inspects each site prior to designation as a GTP training site. Furthermore, the sites are reviewed on a periodic basis. More importantly, graduates of these programs are accepting committee appointments and serving in positions of academy and board leadership.

The establishment and maintenance of these programs provide evidence supporting these fellowships as an idea whose time has come.<sup>10-12</sup> Given the massive opposition of the current ACGME system, which is invested in maintaining its training cartel, our continued growth is gratifying. The support of the ABPS and BCEM is appreciated. We look forward to training many more graduates as well as approving additional programs in the future. Please check our website in order to obtain information on becoming designated as a GTP in emergency medicine (www.abspus.org for program certification).

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