

## Board Certification Myth vs Truth

***Myth # 1:** The Board Certification bill currently under consideration would cause physicians who are not residency trained to lose their jobs*

**Truth:** That's simply not the case. It is the decision of the individual hospital to choose what credentials are required for the physicians that provide emergency care in their facility. There are many physicians around the state who currently have practice track careers in emergency medicine and have secure jobs. It is the opinion of FCEP that as this group retires, they should be replaced with Emergency Medicine residency trained physicians. In the absence of more stringent certification standards, a perpetual 'backdoor' will be available to any physician to become board certified in emergency medicine regardless of their training. As emergency medicine training curriculum becomes more rigorous and well defined, so should the qualifications to be considered Board Certified in Emergency Medicine.

***Myth #2:** If this bill passes, those physicians now considered board certified would lose that status*

**Truth:** Those physicians currently considered board certified would hold that status. This legislation would only apply to physicians attempting to attain board certification in emergency medicine once it passed.

***Myth #3:** Residents in Family Practice, Internal Medicine, General Pediatrics and Anesthesia have the same training as Emergency Medicine residents, and therefore they can function equally well in any Emergency Department today.*

**Truth:** Emergency medicine has become increasingly complex over the years. Residency trained Emergency Physicians have successfully completed a rigorous program enabling them to function in this complex environment. Their training not only prepares them to be ready to handle any medical emergency from cardiac arrest to multi-system trauma, but also to be able to handle multiple critically ill patients at the same time, quickly, safely and efficiently. Physicians recently graduated in other specialties have not had the training necessary to develop the complete skill set that is essential to treating patients in a busy emergency department.

***Myth #4:** We don't have enough emergency physicians to fill every emergency department now, so why do we want to make the problem worse by closing the door to board certification in emergency medicine for physicians trained in other specialties?*

**Truth:** The motivation behind this legislation is to ensure that physicians applying for board certification in emergency medicine are as highly trained in this specialty as possible. This has nothing to do with reducing the pool of physicians available to staff emergency departments. Historically, rural areas and small hospitals have trouble recruiting physicians to staff their emergency departments. As need catches up with demand for specialty trained emergency physicians, the use of non-emergency trained physicians in these settings will most likely continue. Due to the lower volume and less critical nature of the patients seen in these settings, however, the special training of an emergency trained physician is not necessarily required. That fact can then be reflected in the criteria that the administrators of these smaller facilities use when determining the qualifications required of the physicians who staff their emergency department. It is their choice to determine what type of certification, if any, is required.