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THE NEWSLETTER OF THE AMERICAN ACADEMY OF EMERGENCY MEDICINE



PRESIDENT'S MESSAGE

Discrimination Against ABEM Diplomats

Larry D. Weiss, MD JD FAAEM

The article by Tony Scialdone, MD FAAEM, in this issue of *Common Sense*, "About Going Quietly into the Night," describes repeated job discrimination experienced by a diplomat of the American Board of Emergency Medicine (ABEM). Dr. Scialdone became board certified through the ABEM practice track. He chronicled a long career during which he experienced discrimination by prospective employers who limited their job offers to residency trained emergency physicians.

Similar to other medical specialties in their early years, the "grandfather track" allowed physicians to take the board examinations after practicing a certain number of hours or years. In the case of emergency medicine, ABEM offered a seat at the written board examination to emergency physicians who practiced 8,000 hours in emergency departments by the end of 1988. Even though AAEM always believed in strong advocacy for residency training in emergency medicine, we consistently honored the founders of our specialty and always recognized the equal value of ABEM board eligibility, whether by residency training or the initial practice track.

Indeed, in 2001 our board of directors issued a position statement titled "AAEM Non-Discrimination Position Statement on Practice Track vs. Residency Trained EM Physicians." In this statement, our board unequivocally stated "that board certification through ABEM or AOBEM is recognized as the standard that establishes competence in . . . emergency medicine." Furthermore, the statement continues, "restriction of employment . . . based upon a requirement of prior emergency medicine residency training is improper." The statement concludes by adding "currently and for the future, residency training is the only acceptable pathway to ABEM/AOBEM certification." You may easily locate the entire text of this position statement on our website.

This position statement serves as a foundation for our job bank policies. We do not publish advertisements that limit physician opportunities to residency trained emergency physicians. We prefer to only list job opportunities for ABEM certified or eligible physicians. Please inform our home office if you notice an improper offer in our job bank. I imagine our screening procedures are not perfect.

Of course, there are at least two sides to any issue. I recently spoke with leaders of some emergency medicine contract groups and hospital administrators who prefer residency trained emergency physicians. These individuals feel they have a more academically sound position than AAEM. One CEO of a large group mentioned the BCEM physicians who aggressively assert their "board certification." Of course, this has caused some confusion of terms. Therefore, some people in our specialty

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About Going Quietly into the Night

Tony Scialdone, MD FAAEM

I just finished reading Mr. Caleb Trent's article entitled "Career Opportunities in Emergency Medicine" in the January/February edition of *Common Sense*. His article begins with the words "So you want to be an emergency physician?" Well, Mr. Trent, yes! I want to be an emergency physician.

I began practice in 1981. At that time, residency programs in emergency medicine were quite rare, and many medical students and residents were not aware that these programs existed. The first EM resident began a training program in 1970, and the first academic departments in EM were established the following year. In 1973, a provisional sectional council was established in the AMA House of Delegates and became permanent in 1975. The American Board of Emergency Medicine (ABEM) was established in 1976, and emergency medicine was recognized by the American Board of Medical Specialties (ABMS) in 1979, although it was given only conjoint status at that time. The first board exam was administered by ABEM in 1980. In 1988, the practice track for certification was closed. Emergency medicine would not exist as a primary board recognized by the ABMS until 1989.

After having graduated from the University of Maryland School of Medicine in 1979 and then completing 2+ years of a general surgery residency in Pittsburgh, PA, I was still unaware there were institutions offering postgraduate training in emergency medicine. I performed 10,000 hours of emergency medicine practice between 1982 and 1987, loving every moment (well, a great majority of the moments anyway). I sat for my written and oral boards in 1988, the last year access to board certification was allowed via the practice track. I have been ABEM certified for twenty years. This year marks my twenty-sixth year of practice, and I have fifteen years experience as an ED director and department chair. I was cofounder of an AOA approved emergency medicine residency in 1991 and was integrally involved with the day to day education of residents for close to ten years. I found those years to be the richest and most gratifying of my career.

And herein lies the rub. As residency programs have proliferated and practice based board certified physi-

cians leave our specialty, opportunities for practice track physicians are rapidly dwindling. Despite my qualifications, experience, ABEM certification and the fact that I am nine months away from a Masters degree in Medical Management from Carnegie Mellon University, I cannot compete for employment commensurate with my skills, experience and board certification.

Check the classified ads. Many employers are requiring residency training as a condition of employment. EM residency graduates without certification or experience are eligible for employment, but ABEM and AOBEM certified physicians with over twenty years of experience are not. This position is taken by academic institutions down to low volume community hospitals. Thousands of residents trained by practice track physicians can obtain employment in places where their mentors are not considered.

I am fifty-four years of age. I am not ready to go quietly into the night. I am a highly skilled, motivated, literature-current EM physician with excellent teaching skills. I still have many goals I would like to accomplish, including contributions to patient care and medical education. Am I, and those with whom I share this bond, to be disenfranchised because, by accident of birth, our careers predate the recognition of emergency medicine as a primary specialty? Do I and my kindred EM physicians really have nothing of value to contribute to our chosen specialty?

An entire generation of EM physicians is being driven to the sidelines. ABEM has not tracked which boarded physicians are residency trained versus practice track prior to 1995. AOBEM has never tracked this information. Conversations with the executive director of ABEM indicate that a "significant" number of ABEM boarded physicians achieved their status via the practice track. I urge the Academy and this specialty to support these physicians. The Academy did take a stance with the AAEM Non-Discrimination Position Statement of 2001. More is needed. Do not allow the skill, wisdom and passion of these physicians to pass away prematurely.

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place a higher value on residency training than the now vague designation of "board certification in emergency medicine." We cannot expect hospital administrators to understand the nuances of our professional issues. Often, hospitals feel they take the high road when they insist on residency trained emergency physicians.

Unfortunately, the laws of our country only prohibit certain types of discrimination. Hospitals and physician groups do not break any laws when they advertise for residency trained emergency physicians. This issue will disappear over the next 10-15 years as the original

practice track physicians retire. In the meantime, AAEM will continue its current policies and advocate for all ABEM and AOBEM eligible and certified emergency physicians. I believe that those who prefer to hire only residency trained emergency physicians have good intentions and believe they are doing the right thing. However, they should have the ability to recognize the equivalent credentials of ABEM practice track diplomats and find a place for them in their emergency departments.