

February 6, 2006

James Reimer, DO, President  
Gary Clark, Executive Director  
Oklahoma Board of Osteopathic Examiners

Dear Dr. Reimer and Mr. Clark,

On behalf of the 5,000 members of the American Academy of Emergency Medicine (AAEM), a professional society committed to the advancement of emergency medicine, we are writing to urge the Oklahoma Board of Osteopathic Examiners (OBOE) to modify your decision with regard to the American Association of Physician Specialists (AAPS), and in particular, to the emergency medicine certification certificates it provides.

AAPS administers a Board Certification in Emergency Medicine (BCEM). The OBOE considers BCEM board certification equal status to board certification by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM), which are sponsored respectively by the American Board of Medical Specialties (ABMS) and the American Osteopathic Association (AOA).

The OBOE decision to consider physicians holding AAPS certificates to be as board certified was based on flawed testimony that omitted critical information about the AAPS requirements in the field of Emergency Medicine. In addition, principal stakeholders, particularly large emergency medicine organizations that recognize the value of the emergency medicine residency training process, were not invited to provide testimony, and were not aware of these hearings until after the fact.

AAEM strongly believes that the practice of emergency medicine is best conducted by a specialist in emergency medicine, which we define as a physician who has achieved, through personal dedication and sacrifice, certification by either ABEM or AOBEM. Since 1988, ABEM and AOBEM have required a minimum three years of residency training in emergency medicine as well as passing rigorous written and oral examinations to become respectively ABEM- or AOBEM-certified. In fact, this plan was announced in 1978. ABEM has recently mandated Emergency Medicine Continuous Certification, where diplomates must pass annual written examinations in addition to the more comprehensive 10-year re-examination in order to maintain ABEM certification. Since 1980, specialty-specific residency training in emergency medicine has been the gold standard in our field. Both the AAEM and the American College of Emergency Physicians (ACEP) require emergency medicine-specific residency training in order to become a Fellow and full voting member within each organization.

Residency programs offer the richest learning environment most emergency physicians will ever experience, providing immediate access to the latest academic

knowledge from experts dedicated to guiding and counseling young emergency physicians. The Emergency Medicine Residency Review Committee (RRC) and the AOA impose, monitor and enforce very strict requirements on emergency medicine residency programs, ensuring that residents are exposed to high patient volume and acuity, substantial pediatric and critical care experience, gain proficiency with a multitude of emergency procedures, and are exposed to topics such as professionalism, research, teaching, administration, and emergency medical services. The RRC accreditation monitors this process to ensure that credentialed faculty (ABEM- or AOBEM-certified emergency physicians) supervise the emergency medical care provided by residents while they are training in emergency medicine.

**BCEM does not require training in an emergency medicine residency program.** One can become BCEM certified after completing (1) an anesthesia or primary care residency and (2) five years (7000 hours) of clinical practice or a one-year unaccredited emergency training program at the University of Tennessee followed by one year of clinical practice (or two years of this program). Prior to the year 2000, BCEM did not require the completion of ANY residency training for physicians holding its emergency medicine certificates. This key fact was not discussed during the OBOE hearings. In addition, there was no mention that the AAPS-BCEM emergency medicine practice track is the source of an estimated 69-76% of all AAPS certificates. In other words, this BCEM practice track has been and remains the sole source of about three-quarters of the AAPS activity for the last 8 years, while the 13 other AAPS boards are currently graduating an estimated average of 2 graduates per year in the whole USA. We feel that the AAPS initiative was not done on behalf of a group of Oklahoma physicians as a whole, but rather simply for the benefit of a group of Oklahoma physicians practicing in emergency departments who lack the appropriate credentials for ABEM or AOBEM-certification. AAEM believes the aforementioned omissions in testimony and the failure to disclose substantial differences between BCEM/AAPS and ABMS led to a flawed decision by the OBOE about the comparability of AAPS boards to the ones certified by ABMS and the AOA.

We are gravely concerned that physicians with no standardized, supervised, substantial training in emergency medicine could claim proficiency in performing pediatric intubations, emergency vaginal deliveries, administration of thrombolytics, multiple-victim trauma resuscitations, orthopedic reductions, and hundreds of other skills needed to simultaneously manage multiple patients with diverse problems in a busy emergency department.

Allowing BCEM physicians to claim certification in emergency medicine that is equal or comparable in status and value to ABEM or AOBEM after acquiring variable unsupervised exposure critically undermines the value of emergency medicine residency training in protecting unsuspecting emergency patients from the unnecessary risk of inadequately trained physicians, who practice emergency medicine unsupervised and learn through trial and error. If you can learn unsupervised on the job, why have residencies in any medical or surgical specialty?

AAEM recognizes the OBOE's duty and commitment to protect the patients of Oklahoma, and to ensure that patients are treated only by physicians who are legitimately credentialed and are performing within their scope of practice. AAEM urges the OBOE to reevaluate its previous decision regarding AAPS and its Board Certification in Emergency Medicine (BCEM) and to support ABEM or AOBEM certification and their requirement for ACGME- or AOA-accredited emergency medicine residency training as the standard in emergency medicine. Please feel free to contact us with any questions.

Sincerely,

A. Antoine Kazzi, MD, FAAEM  
President, the American Academy of Emergency Medicine

Mark Reiter, MD MBA  
President, the American Academy of Emergency Medicine Resident and Student Association