PLEASE NOTE: THIS RESOLUTION WILL BE DEBATED AT THE 2020 COUNCIL MEETING. RESOLUTIONS ARE NOT OFFICIAL UNTIL ADOPTED BY THE COUNCIL AND THE BOARD OF DIRECTORS (AS APPLICABLE).

RESOLUTION: 27(20)

SUBMITTED BY: Emergency Medicine Residents' Association

SUBJECT: Attributing the Unqualified Term "Resident" to Physicians

PURPOSE: 1)Advocate for the use of the unqualified terms "resident" and "residency" and "fellow" and "fellowship" when used in the emergency medicine clinical setting to connote a physician with acceptance, enrollment, and participation in an approved allopathic, osteopathic, dentistry, or podiatry residency (or fellowship) program. 2) Recognize the gold standard for emergency medicine training is, and must remain, the completion of an ABEM or AOBEM accredited physician residency program.

FISCAL IMPACT: Budgeted resources to convey ACEP's position to federal Executive and Legislative branch officials.

WHEREAS, The term "resident" or "residency" in reference to physician training and accreditation was first introduced over 125 years ago[1]; and

WHEREAS, The Centers for Medicare & Medicaid Services (CMS) defines the term resident as "an intern, resident, or fellow who is formally accepted, enrolled, and participating in an approved medical residency program including programs in osteopathy, dentistry, and podiatry as required to become certified by the appropriate specialty board"[2]; and

WHEREAS, "EMRA believes that the only pathway to the independent practice of emergency medicine in the 21st century is completion of an Accreditation Council for Graduate Medical Education/American Osteopathic Association (ACGME/AOA) accredited emergency medicine residency training program and board certification by ABEM/AOBEM"[3]; and

WHEREAS, The Society for Emergency Medicine Physician Assistants (SEMPA) guidelines on Emergency Medicine Physician Assistant Postgraduate Training discourages the use of "residencies" to describe postgraduate emergency medicine training programs for physician assistants[4]; and

WHEREAS, A consensus on terminology for emergency medicine physician assistant postgraduate training has not been reached, as evidenced by a cursory search engine inquiry which results both "fellowship" and "residency" in the top ten auto-complete suggestions; and

WHEREAS, Half of patients surveyed by the American Medical Association for the campaign "Truth in Advertising" believed it was difficult to identify who is a physician by reading their title[5]; and

WHEREAS, The same campaign suggested nearly 90% of patients believe "only a medical doctor or doctor of osteopathic medicine should be able to use the title 'physician"[5]; and

WHEREAS, The SEMPA standard for postgraduate physician assistant training in emergency medicine is "a minimum of 3,000 hours or 18 months of direct-patient care in an emergency department, preceptored by an experienced emergency physician"[4]; and

WHEREAS, The average board certified emergency physician will complete an average of 14,272 to 18,772 hours of postgraduate training prior to sitting for ABEM/AOBEM board certification exams[6]; and

WHEREAS, There is widely held belief that the terms "resident" and "fellow" connote "physician"; and

WHEREAS, A reasonable patient may be led to draw a conclusion about the clinical experience of their provider that may misrepresent the provider's clinical expertise based on the use of the terms "resident" or "fellow," potentially to the patient's detriment; therefore be it

RESOLVED, That ACEP advocate for the use of the unqualified terms "resident" and "residency" and "fellow" and "fellowship" when used in the emergency medicine clinical setting to connote a physician with acceptance, enrollment, and participation in an approved allopathic, osteopathic, dentistry, or podiatry residency (or fellowship) program; and be it further

RESOLVED, That ACEP recognizes the gold standard for emergency medicine training is, and must remain, the completion of an American Board of Emergency Medicine or American Osteopathic Board of Emergency Medicine accredited physician residency program.

References:

1. https://www.ama-assn.org/education/improve-gme/history-residency-and-what-lies-ahead
2. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf
3. https://www.emra.org/globalassets/emra/about-emra/governing-docs/policycompendium.pdf
4. https://www.sempa.org/Static/360/uploadedFiles/SEMPA/PostGraduate_Programs/NS%20-%20SEMPA%20Training%20and%20EMPA%20Practice%20Guidelines%20-%20FINAL%20No%20Letterhead.pdf
5. https://www.ama-assn.org/system/files/2018-10/truth-in-advertising-campaign-booklet.pdf
6. Emergency PA/NP Utilization Task Force Final Report

Background

This resolution requests ACEP to: 1)Advocate for the use of the unqualified terms "resident" and "residency" and "fellow" and "fellowship" when used in the emergency medicine clinical setting to connote a physician with acceptance, enrollment, and participation in an approved allopathic, osteopathic, dentistry, or podiatry residency (or fellowship) program; and 2) Recognize the gold standard for emergency medicine training is, and must remain, the completion of an ABEM or AOBEM accredited physician residency program

For several years, ACEP has worked with the AMA to promote federal legislation that would require appropriate representation about a clinician's license and training. The current bill, the "Truth in Healthcare Marketing Act" (H.R. 6663), would make it unlawful for any person to make a deceptive or misleading statement, or engage in a deceptive or misleading act, that misrepresents whether they hold a state health care license or misrepresents their education, training, degree, license, or clinical expertise. It further requires that any person who is advertising health care services disclose the applicable license under which they are authorized to provide those services.

As part of the AMA's Truth in Advertising campaign, we have also sought a requirement that all health care professionals wear, during patient encounters, a name tag that clearly identifies the type of license they hold. The overall objective of the campaign is to ensure health care providers clearly and honestly state their level of training, education, and licensing. As the materials state: "Patients are confused about the qualifications of different health care professionals. Many non-physicians earn advanced degrees, and many of those degree programs now confer the title 'doctor.' As a result, patients often mistakenly believe they are meeting with physicians (medical doctors or doctors of osteopathic medicine) when they are not." A 2014 study by the AMA found that 35% of the general public believed that NPs with their doctorate of nursing practice were physicians.

According to Physicians for Patient Protection, nurse practitioners (NPs) and physician assistants (PAs) have recently developed programs that training institutions are referring to as "residencies" and "fellowships." These programs are normally one year and contain multiple "administrative half days." These programs are not necessarily standardized or accredited and many of these programs claim equivalence with physician training, although they are 1/3 or less of the residency training time for physicians.

ACEP's policy statement "Use of the Title 'Doctor' in the Clinical Setting" states "ACEP strongly opposes the use of the term 'doctor' by other professionals in the clinical setting…"

ACEP's policy statement "The Role of the Legacy Emergency Physician in the 21st Century" emphasizes that "physicians who begin the practice of emergency medicine in the 21st century must have completed an accredited emergency medicine residency training program and be eligible for certificationby ABEM or AOBEM."

ACEP's policy statement "Emergency Medicine Training, Competency, and Professional Practice Principles specifies that it is the "role and responsibility of ABEM and AOBEM to set and approve the training standards" fo remergency physicians.

Given the standard use of the term "resident" and "fellow" to denote physicians, mid-level providers who introduce themselves as a resident or fellow may be confusing to patients. As noted in the previously referenced study, patients are often perplexed about who is taking care of them, even without the use of confusing terminology.

Some medical organizations have already developed statements in opposition to NP and PA advanced training programs using the terms "residency" and "internship." In May 2019, the American Academy of Dermatology (AAD) approved the following statement: "Education of physicians and non-physician clinicians is entirely different. Physicians undergo rigorous training programs that have been accredited by various agencies. Historically the terms 'residency training' and 'fellowship training' have been used to indicate physician training. This lexicon has become standard across the medical profession . . . It is the position of the AAD that the term 'residency' in reference to training in dermatology apply only to allopathic and osteopathic physicians (MD's and DO's) trained in Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited residency training programs and that the term 'fellowship' in reference to clinical or research training in dermatology apply only to MD's and DO's so trained."

In February 2020, the American Academy of Emergency Medicine (AAEM) and AAEM/RSA approved a position statement that additional training programs for PAs and NPs: "Should be clear to the public by avoiding the use of the following terms: doctor, intern, internship, resident, residency program, fellow, fellowship . . . Should be structured, intended or advertised as to prepare its participants to practice only as members of a physician-led team."

ACEP and eight other emergency medicine organizations released a Joint Statement Regarding Post-Graduate Training of Nurse Practitioners and Physician Assistants on September 3. The statement conveyed unified support of physician-led patient care and training and that the terms "resident," "residency," "fellow," and "fellowship" in a medical setting must be limited to postgraduate clinical training of medical school physician graduates within ACGME accredited training programs.

The American Board of Emergency Medicine released a Statement on Advanced Practice Providers on September 10 affirming that "use of the terms 'residency' or 'fellowship' in conjunction with an advanced practice provider training program should be avoided as they are not equivalent to the training undertaken in an ACGME-accredited emergency medicine program."

ACEP's policy statement "Guidelines Regarding the Role of Physician Asistants and Nurse Practitioners in the Emergency Department" states "the gold standard for care in an ED is that performed or supervised by a board-certified/board eligible emergency physician."

ACEP Strategic Plan Reference

Goal 1 – Improve the Delivery System for Acute Care
Objective C – Promote the value of emergency medicine and emergency physicians as essential components of the health care system.

Fiscal Impact

Budgeted resources to convey ACEP’s position to federal Executive and Legislative branch officials.

Prior Council Action

Substitute Resoltuion 30(13) Use of the Title “Doctor” in the Clinical Setting adopted. Directed ACEP to affirm that a physician is an individual who has received a “Doctor of Medicine” or “Doctor of Osteopathic Medicine” degree or equivalent degree and that anyone in a hospital environment who has direct contact with a patient who presents himself or herself to the patient as a “doctor,” and who is not a “physician” according to the definition above, must specifically and simultaneously declare themselves a "non-physician" and define the nature of their doctorate degree.

Prior Board Action

June 2020, approved the revised policy statement “Guidelines Regarding the Role of Physician Asistants and Nurse Practitioners in the Emergency Department” with the current title; revised and approved June 2013 titled “Guidelines Regarding the Role of Physician Assistants and Advanced Practice Registered Nurses in the Emergency Department” replacing “Guidelines on the Role of Physician Assistants in Emergency Departments” (2002) and “Guidelines on the Role of Nurse Practitioners in the Emergency Department (2000).

February 2020, approved the revised policy statement “Use of the Title ‘Doctor’ in the Clinical Setting;” originally approved April 2014.

June 2018, reaffirmed the policy statement “Emergency Medicine Training, Competency, and Professional Practice Principles;” reaffirmed April 2012; revised and approved January 2006; originally approved November 2001.

February 2018, reaffirmed the policy statement “The Role of the Legacy Emergency Physician in the 21st Century;” reaffirmed April 2012; originally approved June 2006.

Substitute Resoltuion 30(13) Use of the Title “Doctor” in the Clinical Setting adopted.

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