

**AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
Bylaws Amendment**

RESOLUTION: 11(07)

SUBMITTED BY: Section of Certification Process and Implications for Emergency Medicine

SUBJECT: Fellowship

**PURPOSE: 1) Creates an additional pathway to obtain fellowship which, among other things, does not have an emergency medicine board certification requirement.
2) Removes the requirement for recertification after election as a Fellow from the current fellowship pathway.
3) Deletes sections of the Bylaws that would become moot if these changes were adopted.**

1 WHEREAS, The American College of Emergency Physicians restricted membership to physicians who
2 complete a residency in emergency medicine accredited by the Accreditation Council on Graduate Medical
3 Education (ACGME) or the American Osteopathic Association or certification by an emergency medicine
4 certifying body recognized by ACEP; and
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6 WHEREAS, Membership eligibility was changed as of December 31, 1999 by an amendment to the
7 Bylaws with broad based support from all segments of the College; and
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9 WHEREAS, Over 2,500 longtime physician members have continued to be active in College activities
10 and the support of emergency medicine as a specialty; and
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12 WHEREAS, These members support the concept of residency training for entry into the specialty in the
13 twenty-first century; and
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15 WHEREAS, These physicians have continued to show a dedication to the College through membership;
16 and
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18 WHEREAS, The College Board of Directors appointed a task force to study the effect of offering Fellow
19 status to those members who are not certified by ABEM or AOBEM; and
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21 WHEREAS, The task force found that potential employers do not use Fellow status to determine
22 employment eligibility; therefore, Fellow status for non-ABEM/AOBEM members is not a threat to the
23 employment opportunities of ABEM/AOBEM certified physicians; and
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25 WHEREAS, The task force could not identify any actions or consequences of opening Fellow status to
26 non-ABEM/AOBEM certified members that would directly diminish the value of Fellowship for others; and
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28 WHEREAS, the task force report further suggested that the College needs to recognize publicly that it has
29 multiple, sometimes conflicting constituencies, that it is trying to please and decide if it is time to separate the
30 issues of certification boards from Fellow status in the College; and
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32 WHEREAS, This resolution restores FACEP to those members from whom it has been removed in the
33 past when members have chosen not to recertify.
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35

36 RESOLVED, That the ACEP Bylaws Article V – Fellowship, Section 1 – Fellow Status be amended as
37 follows:

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39 Fellows of the College shall meet one of the following two sets of criteria:

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41 I. Be active, life, honorary, or international members for three continuous years immediately prior to
42 election and ~~shall both be currently~~ must have been certified in emergency medicine at the time of
43 election by the American Board of Emergency Medicine, the American Osteopathic Board of
44 Emergency Medicine, or in pediatric emergency medicine by the American Board of Pediatrics, ~~and~~
45 ~~be and remain current members of the College.~~ Maintenance of Fellow status requires continued
46 membership in the College. ~~Current Fellows who develop a disability precluding recertification will~~
47 ~~be deemed to maintain the certification criteria.~~ In addition, the following requirements demonstrating
48 evidence of high professional standing must be met by candidates sometime during their professional
49 career prior to application.

50
51 ~~1.A.~~ A. At least three years of active involvement in emergency medicine as the physician's chief
52 professional activity, exclusive of training, and;

53
54 ~~2.B.~~ B. Satisfaction of at least three of the following individual criteria during their professional career:
55 ~~A.1.~~ A.1. active involvement, beyond holding membership, in voluntary health organizations,
56 organized medical societies, or voluntary community health planning activities or service
57 as an elected or appointed public official;
58 ~~B.2.~~ B.2. active involvement in hospital affairs, such as medical staff committees, as attested by the
59 emergency department director or chief of staff;
60 ~~C.3.~~ C.3. active involvement in the formal teaching of emergency medicine to physicians, nurses,
61 medical students, out-of-hospital care personnel, or the public;
62 ~~D.4.~~ D.4. active involvement in emergency medicine administration or departmental affairs;
63 ~~E.5.~~ E.5. active involvement in an emergency medical services system;
64 ~~F.6.~~ F.6. research in emergency medicine;
65 ~~G.7.~~ G.7. active involvement in ACEP chapter activities as attested by the chapter president or
66 chapter executive director;
67 ~~H.8.~~ H.8. member of a national ACEP committee, the ACEP Council, or national Board of
68 Directors;
69 ~~I.9.~~ I.9. examiner for, director of, or involvement in test development and/or administration for
70 the American Board of Emergency Medicine or the American Osteopathic Board of
71 Emergency Medicine;
72 ~~J.10.~~ J.10. reviewer for or editor or listed author of a published scientific article or reference
73 material in the field of emergency medicine in a recognized journal or book.

74
75 II. Be active, life, honorary, or international members for six continuous years immediately prior
76 to election and eligible for membership at the close of business on December 31, 1999. In
77 addition, the following requirements demonstrating evidence of high professional standing must
78 be met by candidates sometime during their professional career prior to application:

79
80 A. At least six years of active involvement in emergency medicine as the physician's chief
81 professional activity, exclusive of training, and;

82
83 B. Satisfaction of at least three of the following individual criteria during their professional
84 career:

85 1. active involvement, beyond holding membership, in voluntary health organizations,
86 organized medical societies, or voluntary community health planning activities or
87 service as an elected or appointed public official;

- 88 2. active involvement in hospital affairs, such as medical staff committees, as attested by
 89 the emergency department director or chief of staff;
 90 3. active involvement in the formal teaching of emergency medicine to physicians, nurses,
 91 medical students, out-of-hospital care personnel, or the public;
 92 4. active involvement in emergency medicine administration or departmental affairs;
 93 5. active involvement in an emergency medical services system;
 94 6. research in emergency medicine;
 95 7. active involvement in ACEP chapter activities as attested by the chapter president or
 96 chapter executive director;
 97 8. member of a national ACEP committee, the ACEP Council, or national Board of
 98 Directors;
 99 9. examiner for, director of, or involvement in test development and/or administration for
 100 the American Board of Emergency Medicine or the American Osteopathic Board of
 101 Emergency Medicine;
 102 10. reviewer for or editor or listed author of a published scientific article or reference
 103 material in the field of emergency medicine in a recognized journal or book.

104
 105 In addition, the candidate must provide a written letter of recommendation from their chapter, as
 106 attested by the chapter president or chapter executive director, or two letters of recommendation
 107 from current Fellows of the College.
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109 Provision of documentation of the satisfaction of the above criteria is the responsibility of the candidate,
 110 and determination of the satisfaction of these criteria shall be by the Board of Directors of ACEP or its designee.
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112 ~~Fellows or former Fellows having demonstrated by application that they meet the criteria for Fellow~~
 113 ~~status will retain their Fellow status as long as they maintain certification in emergency medicine by the American~~
 114 ~~Board of Emergency Medicine, the American Osteopathic Board of Emergency Medicine, or in pediatric~~
 115 ~~emergency medicine by the American Board of Pediatrics, and be and remain current members of the College.~~
 116 ~~Current Fellows, who develop a disability precluding recertification in emergency medicine, may retain their title~~
 117 ~~of Fellow by providing evidence of that disability to the College.~~
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119 Fellows shall be authorized to use the letters FACEP in conjunction with professional activities. Fees,
 120 procedures for election, and reasons for termination of Fellows shall be determined by the Board of Directors.
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122 Section 2—Life Fellow

123
 124 ~~A Fellow of the American College of Emergency Physicians will be called a Life Fellow when that~~
 125 ~~member either: (a) has been certified in emergency medicine by the American Board of Emergency Medicine~~
 126 ~~(ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) or in pediatric emergency~~
 127 ~~medicine by the American Board of Pediatrics (ABP) and maintains status as a Fellow for a period of not less~~
 128 ~~than 21 years; or (b) has been certified by ABEM or AOBEM or ABP for a period of not less than 11 years and~~
 129 ~~meets the criteria for life membership in ACEP; or (c) currently holds that status.~~

Background

This Bylaws amendment continues most of the current fellowship requirements in the first set of criteria for fellowship status but removes the requirement for board RE-certification after election as a Fellow. It also introduces a second fellowship pathway that omits the board certification requirement entirely and expands other criteria. The differences between the current fellowship requirements and the proposed additional fellowship pathway are identified below.

The proposed new second fellowship pathway:

- Omits the requirement for board certification by ABEM, AOBEM or ABP
- Requires six, instead of three, continuous years of active, life, honorary or international membership immediately prior to election.
- Requires that the candidate be eligible for membership at the close of business on December 31, 1999.
- Requires the candidate provide a written letter of recommendation from their chapter or two letters of recommendation from current Fellows of the College.

In addition, if these new sets of criteria are approved by the Council, or ongoing board certification is no longer required for Fellow status, Life Fellow becomes a moot membership category. This sections is therefore deleted. The Fellow Emeritus category may also be considered to be moot, but may perhaps carry some additional recognition. Nevertheless, the authors did not choose to delete Article V – Fellowship Section 3 – Fellow Emeritus.

The proposed second set of fellowship criteria would primarily affect ACEP members – be they EM residency trained or not – who are not eligible for, did not take, or have not passed a recognized emergency medicine board examination and who were “eligible” for ACEP membership prior to January 1, 2000. This amendment would also allow emergency medicine-trained physicians who never successfully passed their respective emergency medicine boards to be eligible for Fellowship after 6 years of membership as long as they were “eligible” for membership prior to January 1, 2000.

ACEP Strategic Plan Reference

None

Fiscal Impact

If approved, initially the College could expect an influx of fellowship applications from members who would be eligible to apply who had not previously been eligible. However, the application fee charged basically covers the expenses of the application process and the estimated costs of tickets to the President’s reception. Expenses and costs are estimated to offset each other.

Prior Council Action

Resolution 15(04) Simplification of Requirements to Retain Fellow Status defeated. Called for a Bylaws amendment simplifying the requirements for fellow status by allowing those members who are elected to fellow status to maintain their status whether or not they remain diplomates of their respective Boards as long as they maintain membership in ACEP.

Resolution 1(03) Fellow Reapplication adopted. It called for a Bylaws amendment omitting the requirement that fellows must reapply for fellow status when they recertify with their respective Boards..

Resolution 4(03) ACEP Members with Disabilities adopted. It called for a Bylaws amendment establishing of a mechanism for a member who has attained fellow status within the College to maintain their fellow status indefinitely in the event that member is permanently disabled.

Resolution 1(00) Membership Requirement for Fellowship defeated. Called for a Bylaws amendment eliminating restrictions in the fellow criteria that keep new active members from applying for fellow status until after their third year in the active category of membership..

Resolution 1(99) Fellowship – AOBEM and ABP adopted. It called for a Bylaws amendment allowing board certification by the American Board of Osteopathic Emergency Medicine to be acceptable criteria for fellow status in ACEP.

Amended Resolution 2(98) American Osteopathic Board of Emergency Medicine Certification for Fellow Status adopted. It called for the recognition of the American Board of Osteopathic Emergency Medicine as an emergency medicine certifying body.

Amended Resolution 35(95) Fellow Status Extension adopted. Allowed the Board to grant an extension of fellow status for a period of up to one year past their certification expiration date for fellows who for reasons of illness or other significant personal obstacles are unable to take the board examination.

Resolution 14(95) Fellowship Criteria – Pediatric Subspecialty adopted. It called for a Bylaws amendment expanding fellowship criteria to include the subspecialty certification in pediatric emergency medicine by either the American Board of Pediatrics or the American Board of Emergency Medicine.

Substitute Resolution 31(94) Fellow Status adopted. It called for the College to establish fellow status eligibility for ACEP members certified in the joint ABEM/AAP subspecialty certification of pediatric emergency medicine.

Resolution 28(94) Fellow Status defeated. It called for a Bylaws amendment expanding fellowship criteria to include BCEM certification.

Resolution 5(92) Fellowship Status adopted. It called for a Bylaws amendment omitting the requirement that candidates for fellow status submit letters from two fellows of the College and allowed the Board of Directors to define the documentation required from a candidate.

Amended Resolution 6(90) Fellow Status adopted. It called for refinement of the requirements for fellow status including the addition of the requirement for active involvement in emergency medicine as the physician's chief professional activity exclusive of training.

Amended Resolution 7(90) Life Fellow adopted. It called for a Bylaws amendment creating the Life Fellow status.

Resolution 8(89) Fellowship Requirements adopted. It called for the implementation of a notice period of three years before the requirements for fellow status adopted in 1988 took affect.

Resolution 4(89) Fellow Requirements adopted. Instructed the College to review fellow criteria and revise old criteria or add new criteria as deemed appropriate and to report to the 1990 Council.

Amended Resolution 11(88) Fellowship Requirements adopted in lieu of resolutions 10(88) and 12(88). Called for a Bylaws amendment modifying fellow requirements to make them more stringent,

Resolution 6(87) Fellowship Requirements postponed to the 1988 Council meeting. Called for a Bylaws amendment tightening the requirements for fellow status.

Resolution 54(86) Fellow Status adopted. Directed the Board of Directors to augment the qualifications for fellow status and report to the 1987 Council.

Resolution 6(84) Fellow Status postponed to the 1985 Council meeting. Called for additional professional criteria for fellow status eligibility.

Amended Resolution 4(81) Fellow Status adopted. Called for a Bylaws amendment establishing fellow criteria.

Substitute Resolution 17(80) Fellow Status postponed to the 1981 Council meeting. Called for the establishment of criteria for fellow status.

Substitute Resolution 7(74) adopted. It directed the Board of Directors to establish a category of membership to be called fellow and establish its qualifications and requirements.

Prior Board Action

Resolution 1(03) Fellow Reapplication adopted.

Resolution 4(03) ACEP Members with Disabilities adopted.

March 2000 adopted a motion that former fellows who desire to regain membership have their ACEP fellow status immediately reinstated upon initiation of their new membership in ACEP, provided that the new membership in ACEP, provided that their board certification and previous fellow status is current.

Resolution 1(99) Fellowship – AOBEM and ABP adopted.

Amended Resolution 2(98) American Osteopathic Board of Emergency Medicine Certification for Fellow Status adopted the first resolved and contested the second resolve.

Amended Resolution 35(95) Fellow Status Extension adopted.

Resolution 14(95) Fellowship Criteria – Pediatric Subspecialty adopted.

Substitute Resolution 31(94) Fellow Status adopted and asked the Bylaws Committee to provide language for the 1995 Council.

March 1993 adopted a change to the deadline for reapplication for fellow status to May one of each year and allowed for members to reapply for fellow status as they recertify with ABEM.

January 1993 adopted a change to the deadline for new fellow applications to December 15.

Resolution 5(92) Fellowship Status adopted.

January 1992 adopted key elements of the process for handling recertification of fellows.

Endorsed Amended Resolution 7(90) Fellow Status. The Board did not adopt Bylaws amendments prior to 1993.

Endorsed Amended Resolution 6(90). The Board did not adopt Bylaws amendments prior to 1993.

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