



# *Scope of Practice and Workforce Update*



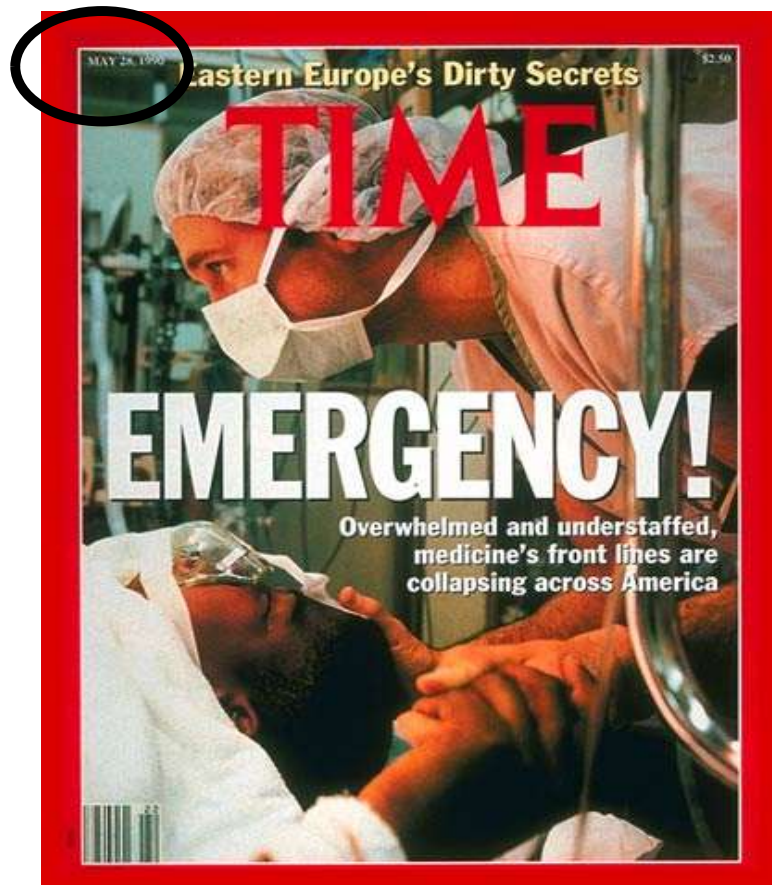
**Maine ACEP**

**EM Summit**

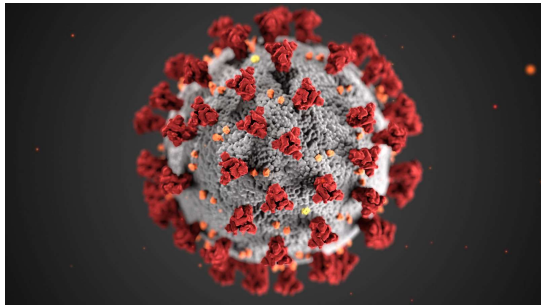
**March 11, 2022**



**Tony Cirillo, MD, FACEP**  
**National ACEP Board of Directors**



## Scope of Practice and Workforce Update



## Ongoing Questions

- How can ACEP and the other EM organizations work toward the goal of having the “right” amount of emergency physicians?
- What is the appropriate role for NPs and PAs in the delivery of “emergency” care?
- How do we ensure a rewarding and fulfilling career in emergency medicine for generations to come?
- How do we ensure patients in all geographic settings have access to the emergency physician care?

THE PRACTICE OF EMERGENCY MEDICINE/ORIGINAL RESEARCH

## The Emergency Medicine Physician Workforce: Projections for 2030



Catherine A. Marco, MD\*; D. Mark Courtney, MD, MSc; Louis J. Ling, MD; Edward Salsberg, MPA; Earl J. Reisdorff, MD;  
Fiona E. Gallahue, MD; Robert E. Suter, DO, MHA; Robert Muelleman, MD; Bradley Chappell, DO, MHA;  
Dian Dowling Evans, PhD, ENP-C; Nathan Vafaie, MD, MBA; Chelsea Richwine, PhD, MA

\*Corresponding Author. E-mail: [catherine.marco@wright.edu](mailto:catherine.marco@wright.edu).

**Study objective:** The goals of this study were to determine the current and projected supply in 2030 of contributors to emergency care, including emergency residency-trained and board-certified physicians, other physicians, nurse practitioners, and physician assistants. In addition, this study was designed to determine the current and projected demand for residency-trained, board-certified emergency physicians.

**Methods:** To forecast future workforce supply and demand, sources of existing data were used, assumptions based on past and potential future trends were determined, and a sensitivity analysis was conducted to determine how the final forecast would be subject to variance in the baseline inputs and assumptions. Methods included: (1) estimates of the baseline workforce supply of physicians, nurse practitioners, and physician assistants; (2) estimates of future changes in the raw numbers of persons entering and leaving that workforce; (3) estimates of the productivity of the workforce; and (4) estimates of the demand for emergency care services. The methodology assumes supply equals demand in the base year and estimates the change between the base year and 2030; it then compares supply and demand in 2030 under different scenarios.

**Results:** The task force consensus was that the most likely future scenario is described by: 2% annual graduate medical education growth, 3% annual emergency physician attrition, 20% encounters seen by a nurse practitioner or physician assistant, and 11% increase in emergency department visits relative to 2018. This scenario would result in a surplus of 7,845 emergency physicians in 2030.

**Conclusion:** The specialty of emergency medicine is facing the likely oversupply of emergency physicians in 2030. The factors leading to this include the increasing supply of and changing demand for emergency physicians. An organized, collective approach to a balanced workforce by the specialty of emergency medicine is imperative. [Ann Emerg Med. 2021;78:726-737.]

Please see page 727 for the Editor's Capsule Summary of this article.

Readers: click on the link to go directly to a survey in which you can provide [feedback](#) to Annals on this particular article.

A [podcast](#) for this article is available at [www.annemergmed.com](http://www.annemergmed.com).

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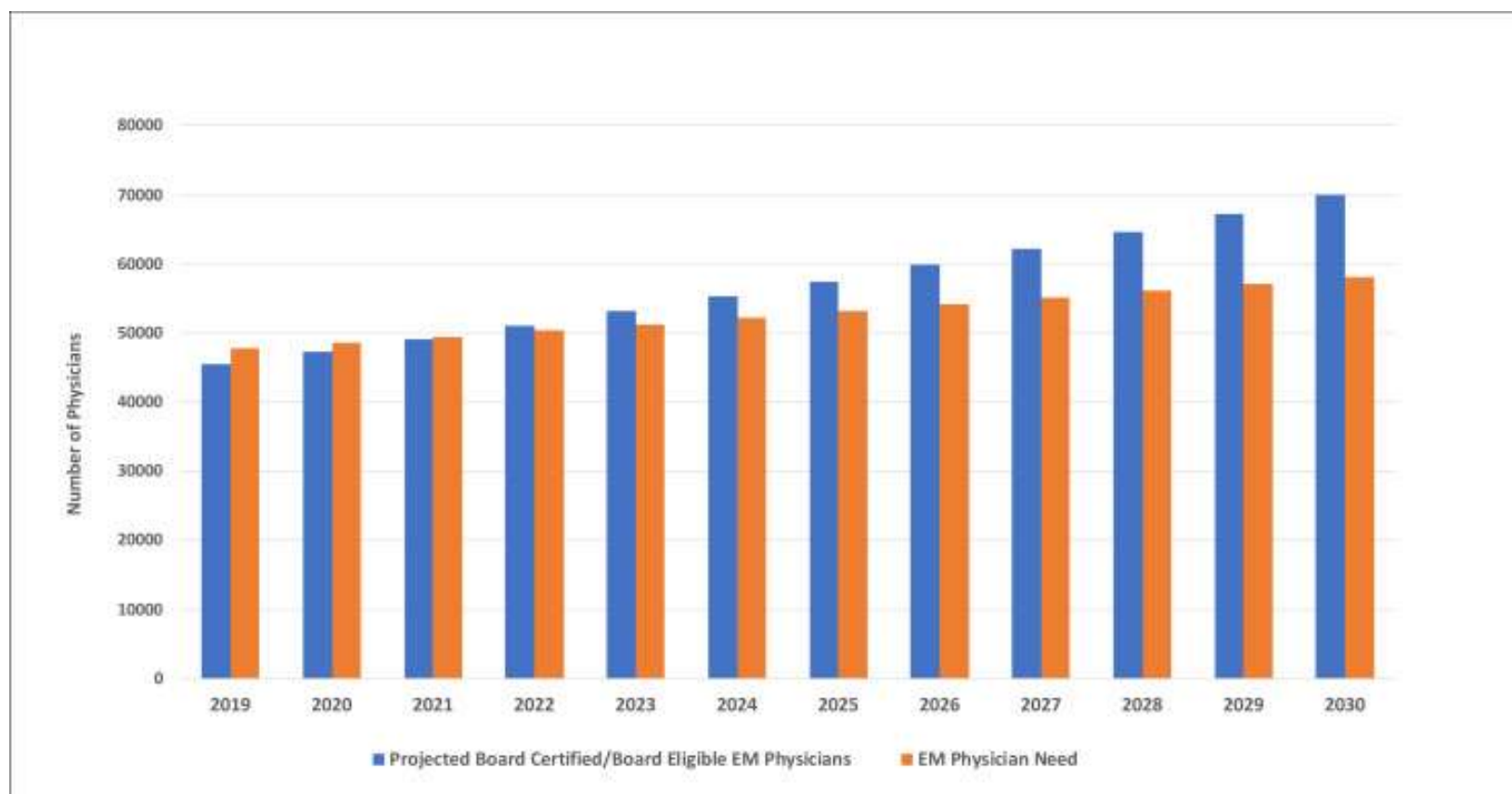
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<https://doi.org/10.1016/j.annemergmed.2021.05.029>



## Limited Data Set







EM PHYSICIAN

# Workforce of the Future

**Mark Rosenberg, DO, MBA, FACEP**

March 9, 2021



## **ACEP Activities in Response to the Workforce Study**

**Define EM  
Residency  
Standards for the  
Future**

**Protect Unique Role  
of the Emergency  
Physician and Fight  
Independent  
Practice**

**Ensure Business  
Interests Do Not  
Supersede  
Education and  
Patient Care**

**Increase Demand  
and Meet Evolving  
Needs of Our  
Communities**

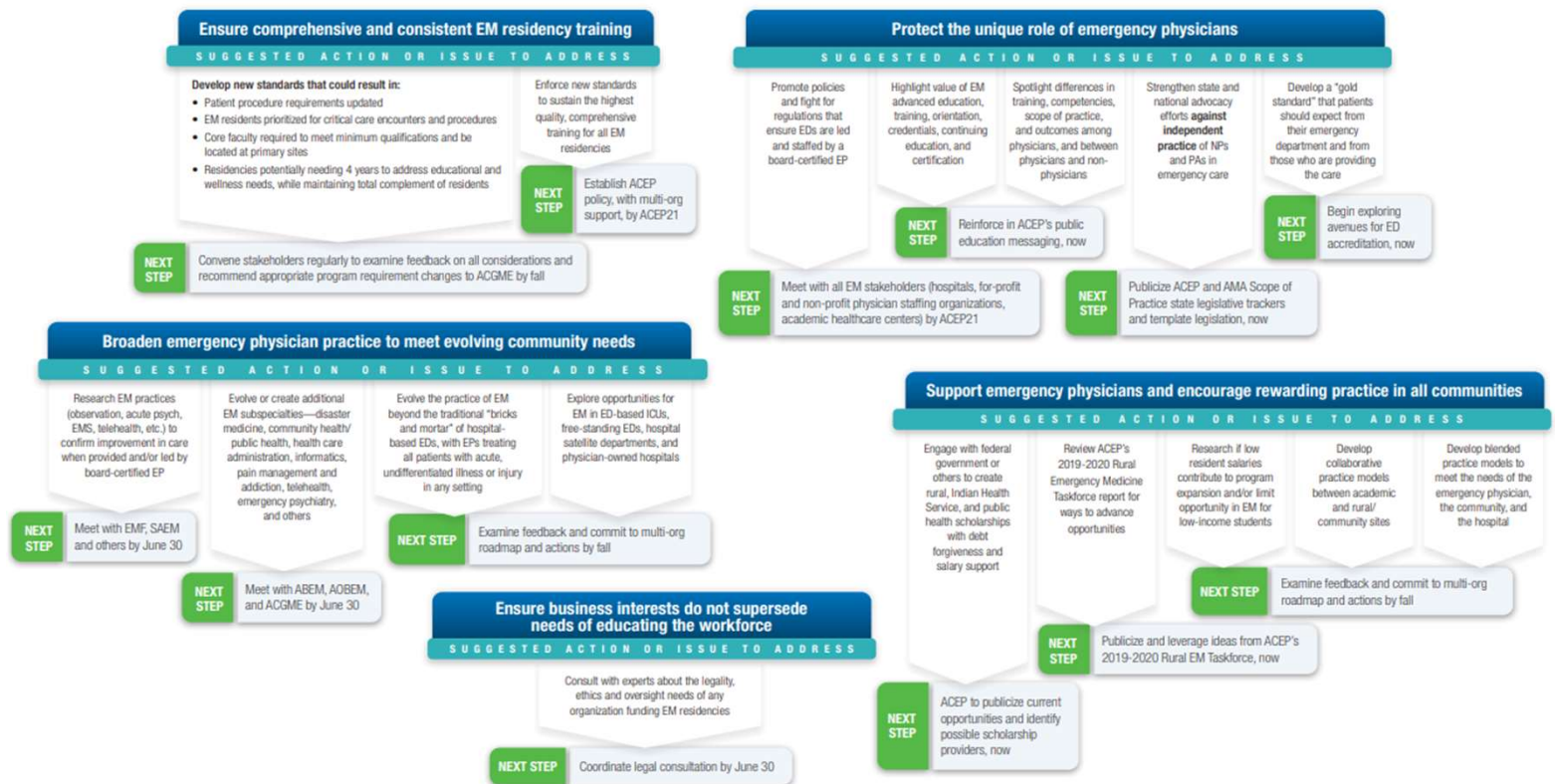
**Support Emergency  
Physician in All  
Communities,  
Especially Rural**

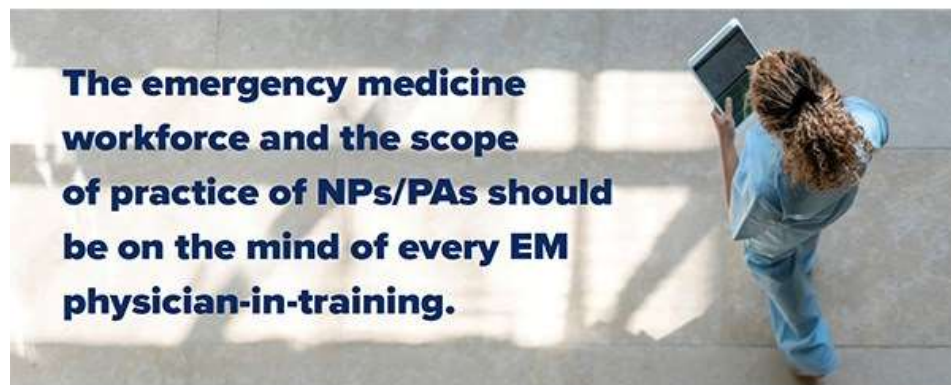


May 5, 2021

## Current ACEP Framework of Workforce Considerations

Graphics to be updated as new ideas evolve and next steps are identified





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should be carefully considered once the risk of thromboembolic events outweighs the risk of acute bleeding. Both fatal and nonfatal arterial and venous thromboembolic complications have been reported in clinical trials and postmarketing surveillance. Monitor patients receiving Kcentra, and

## Emergency Physicians Explore the Future of the Emergency Medicine Workforce

By Cedric Dark, MD, MPH, FACEP | on October 25, 2021 | 1 Comment

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Note: Watch a video of the complete Workforce Roundtable [here](#).

### You Might Also Like

[Workforce Roundtable: The  
Future of Work in](#)

I recently met with four emergency physicians—Jesse Pines, MD, MBA, FACEP, national director of clinical innovation at US Acute Care Solutions (USACS) and professor of emergency medicine at Drexel University; Viktoria Koskenoja, MD, chair-elect of the Rural Section of ACEP, who practices in the Upper

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- 28-minute test turnaround time
- Improve patient satisfaction scores
- Avoid follow-up













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 Hello, Dr. Cirillo 

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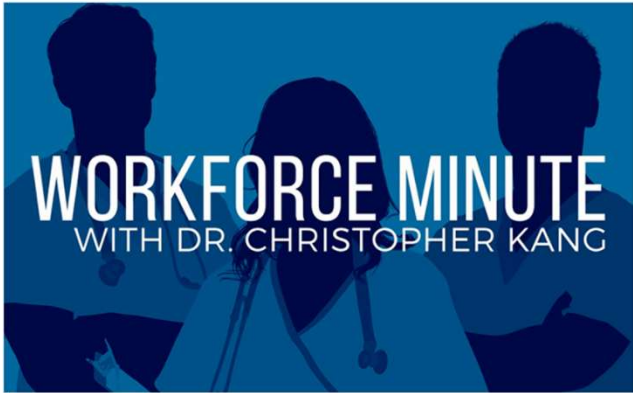
[Home](#) / [EM Physician Workforce of the Future](#)

## EM Physician Workforce of the Future

### Get an Update of ACEP's Workforce Progress

ACEP is committed to leading the charge that calls on all of us within emergency medicine to work together to evolve our profession so we can provide the best possible care for our patients.

[WATCH THE LATEST](#) [READ THE LATEST](#)



## Current Updates

[\[ FEEDBACK — \]](#)

## Current Updates



### Commenting on the Congressional Record

ACEP partnered with EMRA to submit a statement for the record for a Senate HELP Committee hearing on workforce shortages

- [Health Systems Affiliated with 3+ New EM Residency Programs](#)
- [ACEP Now: EPs Explore the Future of the Emergency Medicine Workforce](#)
- [CAL-ACEP Workforce Report Town Hall - August 20, 2021](#)
- [Young Physicians Section: Working for our Workforce - July 28, 2021](#)
- [Texas College of Emergency Physicians Town Hall - May 5, 2021](#)
- [Illinois Chapter of Emergency Physicians Town Hall - May 4, 2021](#)
- [ACEPNow: Workforce Considerations - ACEP's Commitment to You and Emergency Medicine - April 21, 2021](#)
- [EPs Explore the Future of the Emergency Medicine Workforce](#)
- [EM Workforce Report - Session from LAC21](#)
- [Workforce Videos](#)
- [Workforce Progress - Aug. 5, 2021](#)
- [Infographic: Current ACEP Framework of Workforce Considerations - May 5, 2021](#)
- [Virginia College of Emergency Physicians Town Hall - May 4, 2021](#)
- [EMRA: Designing the Workforce of the Future - April 9, 2021](#)

## The Research



**Read the full report  
in Annals**



**Watch the  
Taskforce's Webinar  
About the Data**



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**Read ACEP's Brief  
Summary of the  
Research**



**See the Taskforce  
History and  
Overview**

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Efforts on Workforce**



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# Public Opinion on the Value of Emergency Physicians

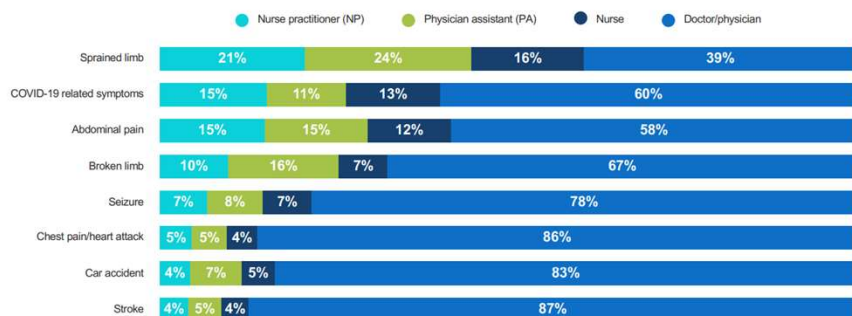
August 2021

**Methodology:** These results are the product of a series of polls conducted by Morning Consult on behalf of the American College of Emergency Physicians between June 23-July 7, 2021, among a sample of 2200 adults. The interviews were conducted online, and the data were weighted to approximate a target sample of adults based on gender, educational attainment, age, race, and region. Results from the full survey have a margin of error of plus or minus 2 percentage points.

#### QUALITY OF EMERGENCY CARE

The majority of adults would *prefer to be treated by a physician as their ailment or injury becomes more severe*, with more than 80 percent preferring a physician if they have chest pains, a car accident or a stroke.

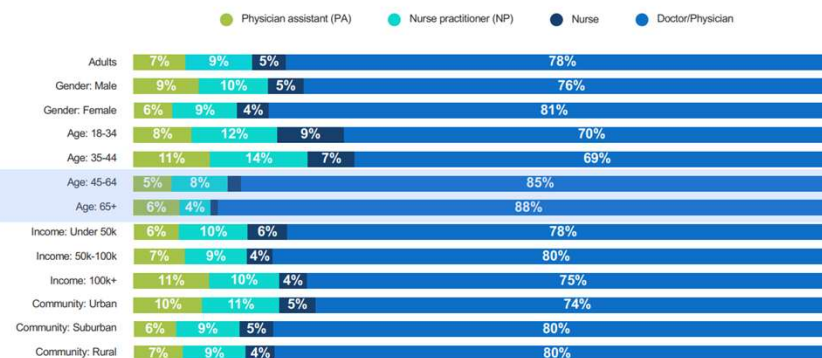
In the event of an emergency which of the following would you prefer to treat you for each of the following conditions in the emergency department?



#### QUALITY OF EMERGENCY CARE

Nearly 80 percent of adults, across key demographic groups, report that they *most trust a physician to lead their medical care while in the emergency department* as compared to a physician assistant, nurse practitioner or nurse. Older adults in particular trust a physician to their care.

In the event of an emergency, which of the following do you most trust to lead your medical care while in the emergency department?







## AMA Protect access to physician-led care

Patients are concerned about the cost and quality of health care. While there is certainly room for improvement in the health care system, allowing non-physicians, including nurse practitioners, to diagnose and treat patients without any physician oversight is a step in the wrong direction. The best way to support high-quality care and lower costs is to keep physicians as the leader of the health care team.

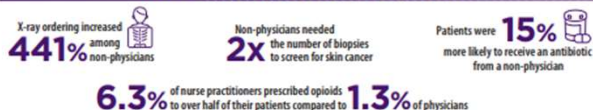
### PHYSICIANS ARE TRAINED TO LEAD

With the highest level of education and **20X** the clinical training

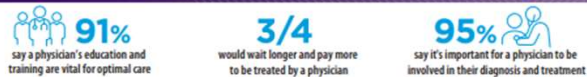


All physicians get vital hands-on instruction, but **60%** of nurse practitioner programs in 2019 were mostly or completely online.

### SCOPE EXPANSION INCREASES COSTS



### PATIENTS PREFER PHYSICIAN-LED CARE



Health care teams working together—with physicians in the lead—is critical to having the best and safest outcomes for patients.

#### MYTH

Allowing non-physicians to practice without physician involvement will increase access to care in rural and underserved areas.

#### FACT

States with laws allowing nurse practitioners to practice without physician supervision or collaboration has not guaranteed increased access in rural and underserved areas.

**All patients, regardless of ZIP code, deserve care led by a physician.**

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## AMA Physicians are trained to lead

With the highest level of education and **20X** the clinical training



### Physician education

#### Physician education is ...

**Comprehensive:** Studying all aspects of the human condition—biological, chemical, pharmacological and behavioral—in the classroom, laboratory and through direct patient care

**Hands-on:** Rotating through different specialties during medical school, assisting licensed physicians

**Established and proven:** Developing clinical judgment and medical decision-making skills through direct experience managing patients in all aspects of medicine

#### Physician residency is ...

**Selective and specialized:** Newly graduated physicians match into residency programs for 3–7 years of training in a select surgical or medical specialty

**Reinforcing:** Newly graduated physicians move from direct supervision to progressively increased responsibility in guided preparation for independently practicing medicine

**Accredited:** All residency programs are highly standardized and must be accredited by ACGME, with graded and progressive responsibility at the core of American graduate medical education

#### Physician assessment and certification are ...

**Thorough:** Students must pass a series of exams during and following graduation from medical school, with MDs taking the USMLE and DOs taking the COMLEX

**Validating:** After completing an accredited residency and establishing licensed practice, physicians may obtain board certification in various specialties to further demonstrate their mastery of knowledge in a specific field of medicine

### Nurse practitioner education

#### Nurse practitioner education is ...

**Abbreviated:** NPs can complete a master's (MSN) or doctorate degree (DNP), with the majority completing a master's degree in 2–3 years

**Limited hands-on training:** 60% of NP programs are completely or partially online

**Not standardized:** Unlike physician education and training there is no standardization for obtaining practical experience in patient care

#### Nurse practitioner residency is ...

**Not required** for graduation or licensure

#### Nurse practitioner assessment and certification are ...

**Inconsistent:** NPs must pass a national certifying exam in a specific area of focus (based on the type of program from which the NP graduated) but they are not required to practice in that area—meaning an NP certified in primary care can practice in cardiology, dermatology, neurology, orthopedics, and other specialties without any additional formal education or training

Every health care professional has an important role to play in the high-stakes field of medicine. But these high stakes demand education, experience, acumen, coordination and the robust management of care found only with physician-led teams.

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PRACTITIONERS ▾

LEGISLATIVE DATABASE

RESOURCES

BLOG

## 50-STATE SCOPE OF PRACTICE LANDSCAPE

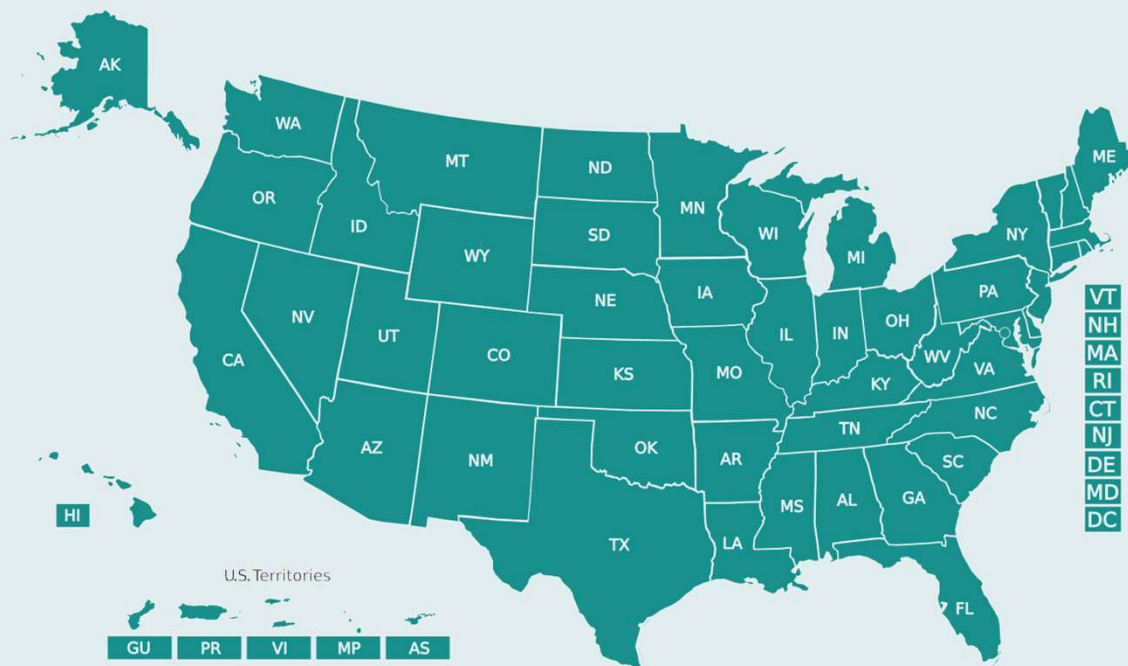
This site provides nonpartisan, unbiased and objective policy information about the scope of practice laws in the 50 states, District of Columbia and territories.

LEARN MORE



## STATE PROFILE PAGES

Select a state to view specific scope of practice policies.



## PRACTITIONER SCOPE OF PRACTICE

Behavioral Health  
Providers

Nurse Practitioners

Optometrists

Oral Health Providers

Pharmacists

Physician Assistants



PRACTITIONER:

## PHYSICIAN ASSISTANTS: SUPERVISION REQUIREMENTS

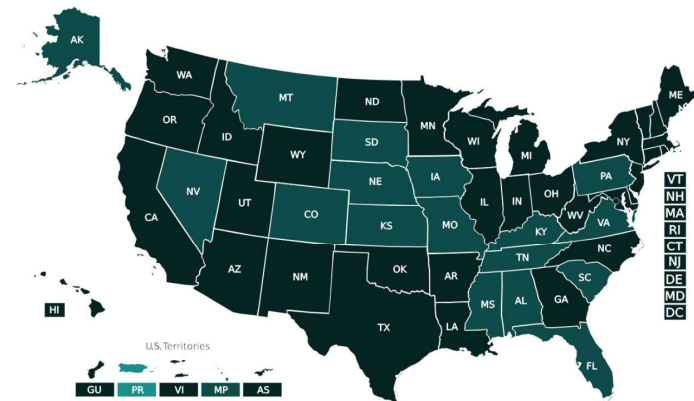
Physician assistants are nationally certified and state-licensed medical professionals, and practice on health care teams with physicians and other providers. They are formally trained to examine patients, diagnose injuries and illnesses and provide treatment.

The links to the right lead to maps showing a comparison of all states and territories for the following three policy areas:

- 1) supervision requirements
- 2) prescriptive authority
- 3) scope of practice determination

Choose a tab to explore different options. For more detailed information, please click on a state or territory.

### PHYSICIAN ASSISTANTS: SUPERVISION REQUIREMENTS



**LEGEND**

- Supervision determined at the practice level
- Supervision determined by the State Medical Board or law
- Information is not currently available

#### POLICY AREAS FOR PHYSICIAN ASSISTANTS

SUPERVISION  
REQUIREMENTS

SCOPE OF PRACTICE  
DETERMINATION

PREScriptive  
AUTHORITY FOR  
PHYSICIAN ASSISTANTS

#### PRACTITIONER SCOPE OF PRACTICE

Behavioral Health  
Providers

Nurse Practitioners

Optometrists

Oral Health Providers

Pharmacists

Physician Assistants

#### PHYSICIAN ASSISTANTS

PRACTITIONER:

## NURSE PRACTITIONERS: PRACTICE AUTHORITY

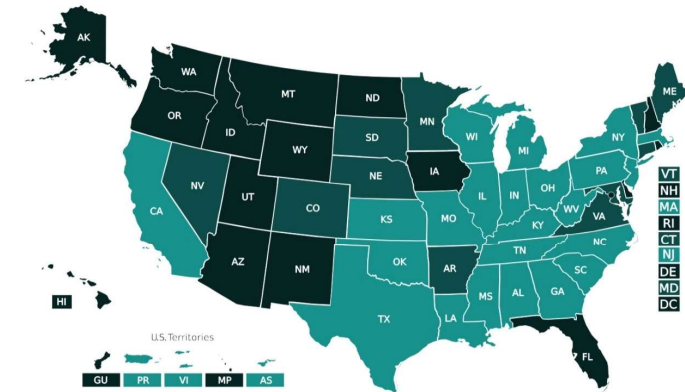
Nurse practitioners are advanced practice registered professional nurses who are prepared through advanced graduate education and clinical training to provide a range of health services, including the diagnosis and management of common as well as complex medical conditions to people of all ages.

The links to the right lead to maps showing a comparison of all states and territories for the following three policy areas:

- 1) practice authority
- 2) prescriptive authority
- 3) nurse practitioners identified as primary care providers

Choose a tab to explore different options. For more detailed information, please click on a state or territory.

### NURSE PRACTITIONERS: PRACTICE AUTHORITY



**LEGEND**

- Full independent practice authority
- Transition to independent practice period required
- Physician relationship required

#### POLICY AREAS FOR NURSE PRACTITIONERS

PREScriptive  
AUTHORITY

PRACTICE AUTHORITY

NURSE PRACTITIONER  
AS A PRIMARY CARE  
PROVIDER

#### PRACTITIONER SCOPE OF PRACTICE

Behavioral Health  
Providers

Nurse Practitioners

Optometrists

Oral Health Providers

Pharmacists

Physician Assistants

#### NURSE PRACTITIONERS OVERVIEW

***NEW ACEP Policy – Approved on Wednesday 3/9/22 .....OFFICIAL VERSION COMING SOON!!!***

**Guidelines Regarding the Role of Physician Assistants (PAs) and Nurse Practitioners (NPs) in the Emergency Department**

Physician Assistants (PAs) and Nurse Practitioners (NPs) serve as integral and valued members of the physician-led emergency department care team. They do not possess the training and expertise in emergency medicine that may only be acquired through successful completion of an ACGME-accredited emergency medicine residency training program – there are no exceptions. The American College of Emergency Physicians (ACEP) believes that regardless of where a patient lives, all patients who present to emergency departments (EDs) deserve to have access to high quality, patient-centric care delivered by emergency physician-led care teams. Accordingly, ACEP endorses the following principles for EDs that utilize PAs and/or NPs in the delivery of emergency department care.

**Emergency Department Physician-Led Care Teams**

- Because of the nature of emergency medicine, in which patients present with a broad spectrum of acute, undifferentiated illness and injury, including critical life-threatening conditions, the gold standard for emergency department care is that provided by an emergency physician who is certified (or eligible to be certified) by the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM) in Emergency Medicine or Pediatric Emergency Medicine or an equivalent international certifying body recognized by ABEM or AOBEM in Emergency Medicine or Pediatric Emergency Medicine.





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