



SEMPA Statement Regarding AAEM's Policy on APPs February 8, 2019

The Society of Emergency Medicine Physician Assistants (SEMPA) recently became aware of the American Academy of Emergency Medicine (AAEM) recently updated position statement on advanced practice providers (APPs), which includes emergency medicine physician assistants (EMPAs).

As the national organization representing EMPAs who practice in emergency departments across the country, SEMPA is disappointed that AAEM chose not to reach out to or involve SEMPA in any way for input when updating its position statement. Had they done so, SEMPA could have helped provide valuable information about EMPA practice patterns across the country that could have better informed their policy.

AAEM also missed an opportunity for collegiality and collaboration. The announcement on social media, "AAEM Takes a Stand on the Use of APPs in ED", was divisive. As the largest subgroup of emergency medicine APPs, EMPAs provide care to millions of patients across the country alongside emergency physicians. SEMPA has always been and continues to be proud of the team-based approach in emergency medicine and feels that rhetoric such as "taking a stand" does not encourage team dynamics or advance system issues that, ultimately, improve patient care.

SEMPA believes that the EMPA scope of practice, physician collaboration and overall operational issues should be determined at the site level. SEMPA has always and continues to stand for working alongside our emergency physician partners. There are also various models of supervision, which should be customized for each individual emergency department's setting and agreed upon by all stakeholders. SEMPA also believes that the role of the emergency physician is important in delivering the highest in-patient care and in developing the skills and experience of the less experienced EMPA. Most, if not all, state delegation agreements allow and encourage physicians to be involved in an EMPAs' work as we are not categorized as independent practitioners.

We disagree with the notion that EMPAs must only be supervised by a physician who is board certified in emergency medicine. While ideal, some areas of the country have tremendous difficulty recruiting board-certified emergency physicians. While the issue is beyond the scope of this response, hopefully everyone can agree that these rural areas face significant workforce challenges.

In academic institutions, faculty physicians are ultimately responsible and supervise residents. However, EMPAs do play a role in graduate medical education as some have many years of experience in emergency medicine and sometimes other specialties (e.g. critical care, orthopedics, surgery, etc.). To not utilize this resource is a disservice to learners. To prevent interference with any learner's education or clinical opportunities, each institution should ensure that they have an

environment that can support all learners while maximizing the educational mission. Also, working alongside EMPAs during residency may aid them in their transition to working with EMPAs post-residency.

SEMPA agrees that emergency physicians should not be required to co-sign charts unless he or she has been involved in that patient's care. However, individual provider groups must have a process in place that complies with state and hospital co-signature requirements without placing EMPAs at an employment disadvantage. We strongly advocate that advanced practice providers should be hired based on their education, experience, and qualifications; not because of less restrictive laws and regulations required for practice.

SEMPA supports EMPAs who obtain advanced degrees for career advancement in research, education, administration or for personal learning. We do not support use of the "doctor" title in the clinical setting. Also, the list of provider types is not entirely correct as Doctor of Medical Science and Doctor of Science refer to degrees and not providers. While "physician's assistant" was quickly corrected to "physician assistant", the fact that AAEM would make such a blatant error is disheartening.

EMPAs are not looking to replace emergency physicians, but rather to augment the practice to provide accessible, safe, high-quality emergency care to our patients.

SEMPA desires collaborative efforts both within the emergency department and between our organizations where the contributions of all members are respected and valued. We welcome an open dialogue with AAEM.