Supply of board-certified emergency physicians unlikely to meet projected needs

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The number of physicians with board certification in emergency medicine is unlikely to meet the staffing needs of U.S. emergency departments in the foreseeable future, if ever; according to a study from a research team based at Massachusetts General Hospital (MGH). In the December issue of *Academic Emergency Medicine*, the investigators report finding that staffing every emergency department with board-certified emergency physicians does not appear to be feasible, given their projections for the field.

"Thousands of emergency departments are not currently staffed by physicians with this type of training," explains Carlos Camargo, MD, DrPH, of the MGH Department of Emergency Medicine, who led the study. "We questioned whether staffing every department with residency-trained, board-certified emergency physicians – which some individuals have advocated for decades – was a realistic goal. So we set out to estimate emergency physician workforce needs, taking into account the diversity of hospitals across the country and projections about the future physician supply and demand."

The researchers analyzed data from the 2005 National Emergency Department Inventories–USA database to determine the number of emergency departments in the country and their patient volumes. Based on the approximately 22,000 board-certified emergency physicians in practice and the 1,350 who became newly certified during 2005, the team developed three scenarios for physician supply, all of which assumed the same number of new board-certified physicians each year.

The best-case scenario, which was intentionally unrealistic, assumed that no board-certified emergency physician died or retired; the worst case assumed an annual attrition rate of 12 percent; and the intermediate scenario assumed 2.5 percent attrition each year.

Having at least one board-certified emergency physician present in all U.S. hospital emergency departments at all times would require 40,000 physicians with such training, indicating that only 55 percent of 2005 demand was being met. Under the intermediate-scenario projection, it would not be possible to meet the goal until 2038, and under the worst-case scenario, the goal could never be met. Even if no board-certified emergency physician ever died or retired, 100 percent staffing of all emergency departments with board-certified emergency physicians would not happen for more than a decade.

"The mismatch between the supply and demand for residency-trained, board-certified emergency physicians is a longstanding problem," Camargo says. "The need for emergency services is large and growing; and even if existing programs graduated more physicians, there is little reason to think more of those graduates would move to the rural areas that are particularly short on physicians with this specialized training. We probably should explore alternatives, such as giving the family physicians who currently staff many U.S. emergency departments extra training in key emergency procedures. We might also increase our reliance on nurse practitioners and physicians assistants, who can help emergency physicians of any training background better handle the continually rising number of patients." Camargo is an associate professor of Emergency Medicine at Harvard Medical School.

Source: Massachusetts General Hospital

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