

AMERICAN COLLEGE OF OSTEOPATHIC EMERGENCY PHYSICIANS

DRAFT POLICY STATEMENT

Advanced Practice Provider Utilization in Emergency Medicine: The Physician-Led Team Model

Adopted by the ACOEP Board of Directors | Effective Date: pending Expiring Date: pending +3yr

PREAMBLE

The American College of Osteopathic Emergency Physicians (ACOEP) is the definitive professional home and advocacy organization for Doctors of Osteopathic Medicine (DO) who dedicate their careers to the specialty of emergency medicine. ACOEP exists to advance the art, science, and practice of osteopathic emergency medicine — and above all, to protect the patients who depend on us in their most vulnerable moments.

The growth of Advanced Practice Providers (APPs) — including Physician Assistants (PAs) and Nurse Practitioners (NPs) — across all healthcare settings is a matter of significant importance to our membership, our specialty, and the patients we are entrusted to serve. This policy statement establishes ACOEP's formal, unambiguous position on the appropriate role of APPs in emergency medicine and the non-negotiable requirement for board-certified emergency physician leadership in that care environment.

This is not simply an organizational policy. It is a declaration of our commitment to patient safety, clinical excellence, and the osteopathic principles of whole-person care that define our profession.

ACOEP CORE POSITION

ACOEP POSITION STATEMENT — SUMMARY

The American College of Osteopathic Emergency Physicians firmly supports a Physician-Led Team Model of emergency care in which board-certified emergency physicians direct, supervise, and are accountable for all clinical decision-making in the emergency department.

ACOEP does not support the unsupervised, independent practice of medicine by Advanced

Practice Providers — including Physician Assistants and Nurse Practitioners — in the

emergency medicine setting.

APPs are valued, skilled members of the emergency care team. Their optimal contribution to patient outcomes is realized within — not apart from — a structured, physician-led framework.

DEFINITIONS

For the purposes of this policy statement, the following definitions apply:

- **Advanced Practice Providers (APPs):** A collective term referring to Physician Assistants (PAs) and Nurse Practitioners (NPs) who provide clinical services in the emergency department setting.
- **Physician-Led Team Model:** A model of clinical care in which a board-certified or board-eligible emergency physician is the accountable team leader responsible for oversight of all patient care decisions, including those rendered by APPs.
- **Unsupervised Practice:** Clinical practice by an APP in which there is no emergency physician immediately available for direct consultation, no formalized supervisory structure, and no physician accountability for care outcomes.
- **Board-Certified Emergency Physician:** A physician who has completed a residency in emergency medicine and holds current certification from the American Osteopathic Board of Emergency Medicine (AOBEM) or the American Board of Emergency Medicine (ABEM).

SECTION I: THE CASE FOR PHYSICIAN-LED EMERGENCY CARE

Emergency medicine is among the most cognitively demanding, procedurally intensive, and time-critical disciplines in all of medicine. Patients arrive undifferentiated, often critically ill or injured, frequently unable to provide their own history, and requiring immediate, high-stakes clinical judgment. The margin for diagnostic error in this environment is razor-thin — and the consequences of that error are often irreversible.

Board-certified emergency physicians bring a depth of training that is unparalleled in this context. Emergency medicine residency programs require a minimum of three years of intensive, supervised clinical training across the full spectrum of acute illness and injury, with robust exposure to critical care, procedural skills, resuscitation science, toxicology, and systems-based care. This foundation of training is not replicated by any other healthcare credential.^{1,2}

The data on this point is clear. Studies consistently demonstrate that physician-led care in the emergency department is associated with lower rates of diagnostic error, more appropriate utilization of resources, reduced rates of preventable hospital admissions, and superior patient outcomes — particularly in high-acuity and complex presentations.^{3,4} ACOEP calls on

policymakers, hospital administrators, and health systems to recognize this evidence and structure their emergency departments accordingly.

The Osteopathic Difference

ACOEP is proud to represent Doctors of Osteopathic Medicine in emergency care. Our training is built upon the foundational principle that the human body is an integrated whole — that structure and function are interrelated, that the body has an inherent capacity for self-healing, and that treating the patient means treating the person, not merely the disease. These osteopathic principles shape how our members approach every patient encounter — from the undifferentiated chest pain in bay one to the polytrauma in the resuscitation bay. Physician-led care anchors these principles in the emergency department.

SECTION II: THE VALUED ROLE OF ADVANCED PRACTICE PROVIDERS

ACOEP unequivocally recognizes the important contributions that Physician Assistants and Nurse Practitioners make to emergency care when functioning within an appropriate, physician-led team structure. APPs extend the capacity of emergency departments, improve throughput, and can deliver excellent care for a defined scope of lower-acuity presentations under proper physician oversight. They are partners in the shared mission of emergency medicine, and ACOEP is committed to ensuring they are supported, respected, and positioned to succeed.⁵

What ACOEP Supports

- APPs functioning as integral members of the emergency care team under the direct supervision of a board-certified emergency physician.
- Clear, written supervisory agreements that define scope of practice, escalation pathways, and physician accountability for APP-delivered care.
- APPs practicing at the full extent of their competency within a physician-supervised framework, with access to immediate physician consultation for complex, high-acuity, or deteriorating patients.
- Robust orientation, credentialing, and ongoing competency assessment processes for all APPs in the emergency department.
- Collaborative, respectful working relationships between emergency physicians and APPs, grounded in mutual professional respect and a shared commitment to patient outcomes.
- Appropriate compensation and professional development opportunities for APPs working within physician-led teams.
- Health systems and emergency group practices that invest in the infrastructure necessary to maintain meaningful physician supervision — including appropriate staffing ratios, communication systems, and accountability structures.

SECTION III: OPPOSITION TO UNSUPERVISED APP PRACTICE

ACOEP takes a firm and unequivocal stance: we do not support the unsupervised, independent practice of medicine by Advanced Practice Providers in the emergency medicine setting. This position is not a reflection of any judgment about the character, dedication, or competence of individual APPs. It is a reflection of the irreducible complexity of emergency medicine, the inherent limitations of any training pathway shorter than physician residency, and our unwavering obligation to patient safety.^{6,7}

Why This Matters

Proponents of independent APP practice frequently argue that scope-of-practice expansion increases access to care, reduces costs, and does not compromise outcomes — particularly in primary care settings. ACOEP acknowledges these arguments and the settings in which limited supporting data exist. We also note, clearly and without equivocation, that the emergency department is not a primary care setting.

The emergency department receives every patient who walks through its doors — regardless of acuity, complexity, or the degree to which any presentation may mask a life-threatening condition beneath a benign chief complaint. The headache that is a subarachnoid hemorrhage. The back pain that is a dissecting aortic aneurysm. The young athlete's fatigue that is myocarditis. Emergency medicine is defined by the relentless need to identify the serious and life-threatening among the undifferentiated. This requires the full breadth of physician-level training. Anything less places patients at unacceptable risk.^{8,9}

Specific Concerns

- **Patient Safety:** Unsupervised APP practice in emergency settings increases the risk of diagnostic error, delays in recognition of high-acuity presentations, and inadequate management of critical and complex patients.^{3,4}
- **Scope Creep:** Without robust physician oversight, there is a well-documented tendency for APP practice to expand beyond the boundaries for which training and competency have been established — often in response to operational pressures rather than clinical appropriateness.¹⁰
- **Accountability Gaps:** Physician-led models create clear lines of clinical and legal accountability. Unsupervised APP practice often creates ambiguity about who bears ultimate responsibility for patient outcomes.
- **Workforce Substitution:** ACOEP is deeply concerned about trends in which health systems replace board-certified emergency physicians with APPs as a cost-containment strategy. This approach trades patient safety for margin. ACOEP opposes it without reservation.¹¹
- **Rural and Underserved Settings:** While we recognize the genuine access-to-care challenges in rural and underserved communities, ACOEP does not accept that the solution is to provide those communities with a lower standard of care. We advocate for innovative physician staffing models — including telemedicine-assisted supervision, regional collaborative practice agreements, and expanded residency training programs — as sustainable, safety-preserving alternatives.¹²

SECTION IV: LEGISLATIVE AND REGULATORY ADVOCACY

ACOEP actively monitors and engages in legislative and regulatory processes at the federal and state level that affect APP scope of practice, supervision requirements, and independent prescriptive authority in the emergency medicine context. Our positions are grounded in the evidence, informed by the expertise of our membership, and guided by one immovable principle: patient safety is not a bargaining chip.

ACOEP Calls Upon Policymakers and Regulators To:

- Require documented physician supervision as a condition of APP practice in any emergency department setting — including freestanding emergency departments, urgent care centers operating with emergency licensure, and hospital-based EDs.
- Reject legislative efforts to grant full independent practice authority to APPs in emergency medicine settings without demonstrated equivalency of training and outcomes evidence.
- Establish minimum staffing standards that ensure the physical presence or immediate availability of a board-certified emergency physician during all hours of emergency department operation.
- Fund workforce development programs that increase the supply of board-certified emergency physicians, particularly in underserved and rural communities.
- Support telemedicine frameworks that allow board-certified emergency physicians to provide meaningful real-time supervision of APPs in resource-limited settings — without sacrificing the substance of that supervision.

SECTION V: ALIGNMENT WITH ACEP

ACOEP is proud to align its position on APP scope of practice in emergency medicine with the American College of Emergency Physicians (ACEP). ACEP has likewise affirmed that the physician-led team model is the standard of care for emergency medicine, and that unsupervised independent APP practice in the emergency setting is not consistent with patient safety or clinical best practice.¹³

This alignment across the two premier emergency medicine professional organizations in the United States represents a unified, authoritative voice on this issue. ACOEP calls upon health systems, policymakers, accreditation bodies, and payors to heed that voice. We are committed to working collaboratively with ACEP, with APP professional organizations, and with all stakeholders to develop evidence-based frameworks that optimize the contributions of all members of the emergency care team within a physician-led structure.

SECTION VI: IMPLEMENTATION GUIDANCE FOR EMERGENCY DEPARTMENTS

ACOEP recommends that all emergency departments — regardless of size, setting, or patient volume — adopt the following structural commitments:

- **1.** A board-certified or board-eligible emergency physician shall serve as the supervising physician of record for all APPs practicing in the emergency department.
- **2.** Written supervisory agreements shall define: scope of practice; patient acuity limitations; specific procedures authorized; escalation and consultation protocols; documentation expectations; and physician availability requirements.
- **3.** All APPs shall undergo a formal, structured onboarding and credentialing process before practicing within the team framework, with competency reassessment no less than annually.
- **4.** Emergency departments shall maintain staffing models that ensure a board-certified emergency physician is physically present in — or immediately available to — the department at all times.
- **5.** Quality assurance and peer review processes shall include routine review of APP-delivered care, with findings reported to the supervising physician and department medical director.
- **6.** Any expansion of APP scope or reduction in physician supervision shall require review and approval by the department medical director and, where applicable, the medical staff credentials committee.

CONCLUSION

The patients who present to America's emergency departments do not have the luxury of choosing a safe moment for their emergency. They come to us in crisis — trusting that whoever walks through that door with a stethoscope around their neck is fully equipped to handle whatever they bring. That trust is sacred. It is the foundation of the physician-patient relationship, and it is the reason this policy exists.

ACOEP stands firm in the conviction that board-certified emergency physician leadership is not a luxury — it is a necessity. Advanced Practice Providers are vital members of the team we build around that leadership. Together, within the physician-led model, we deliver the level of emergency care our patients deserve.

We will not waver in that commitment — regardless of financial pressures, political headwinds, or the pace of change in the healthcare marketplace. Patient safety is our north star. The physician-led team is our standard.

PENDING Adopted by the ACOEP Board of Directors

American College of Osteopathic Emergency Physicians | acoep.org

This statement supersedes all prior ACOEP guidance on APP scope of practice in emergency medicine.

REFERENCES

The following peer-reviewed literature, policy documents, and organizational statements support the positions outlined in this policy statement:

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Note: The author acknowledges that the evidence base in this area continues to evolve. This policy statement will be reviewed and updated no less than every three (3) years, or sooner as significant new evidence emerges. Members wishing to submit evidence for review may contact the ACOEP Policy Committee at acoep.org.