

Sub-specialization in Emergency Medicine in the U.S.



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A Reality in Emergency Medicine: Subspecialization

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1933

Founding Members:

American Board of Dermatology
American Board of Obstetrics and Gynecology
American Board of Ophthalmology
American Board of Otolaryngology

1935

American Board of Orthopaedic Surgery
American Board of Pediatrics
American Board of Psychiatry and Neurology
American Board of Radiology
American Board of Urology

1936

American Board of Internal Medicine
American Board of Pathology

1937

American Board of Surgery

1940

American Board of Neurological Surgery



American Board
of Medical Specialties

Higher standards. Better care.®

1940

American Board of Neurological Surgery

1941

American Board of Anesthesiology
American Board of Plastic Surgery

1947

American Board of Physical Medicine and Rehabilitation

1949

American Board of Colon and Rectal Surgery
American Board of Preventive Medicine

1969

American Board of Family Medicine

1971

American Board of Allergy and Immunology
American Board of Nuclear Medicine
American Board of Thoracic Surgery

1979

American Board of Emergency Medicine

1991

American Board of Medical Genetics and Genomics



**American Board of
Emergency Medicine**

**BECOME
CERTIFIED**

**STAY
CERTIFIED**

Welcome to ABEM's new website!

We hope you find it easier to locate the information you need. If you have any questions, comments, or suggestions please send them to communications@abem.org.



ABEM offers subspecialty certification in these areas:

- Anesthesiology Critical Care Medicine
- Emergency Medical Services
- Hospice and Palliative Medicine
- Internal Medicine – Critical Care Medicine
- Medical Toxicology
- Pain Medicine
- Pediatric Emergency Medicine
- Sports Medicine
- Undersea and Hyperbaric Medicine

Other subspecialties

ABEM–certified physicians can obtain subspecialty certification offered by other ABMS Member Boards in the following categories:

- [Addiction Medicine](#)
- [Brain Injury Medicine](#)
- [Clinical Informatics](#)
- [Surgical Critical Care](#)

Subspecialty Certification

CONSIDERATIONS*

	Subspecialty Certification	Designation of Focused Practice (DFP) in CU
Likelihood that the ABMS would approve ABEM offering this type of recognition	Uncertain	Likely
Standards of practice	Promotes the highest possible standards	Promotes high standards
Reimbursement for physicians with the certification or designation	Very likely	Likely
Reimbursement during fellowship training	Unlikely; training would be ACGME accredited	Likely if training is not ACGME accredited

*Data listed in the table are based on current standards and historical information from the ABMS and ABEM.

Designation of Focused Practice

FEATURES*

	Subspecialty Certification in CU	Designation of Focused Practice (DFP) in CU
ACGME-accredited training requirement	Yes	No
Minimum duration of training	To be determined by ACGME - probably 1 year	To be determined by ABEM – probably 1 year
Physicians must be certified by ABEM to be eligible	No; could be certified by another ABMS specialty board	Yes
Certification examination or other assessment required	Yes	Yes
MOC Program Required	Yes	Yes

*Data listed in the table are based on current standards and historical information from the ABMS and ABEM.

Other areas of fellowship

- Administration
- Research
- International
- Geriatric
- Psychiatric emergency
- Disaster
- Informatics
- Health Policy
- Forensic
- Wilderness
- Independent
- Future?
 - Rural Acute Medicine

Certifications for Emergency Departments

- Trauma
- Pediatric
- STEMI
- Stroke
- Geriatric



ACEP Geriatric
Emergency Department Accreditation

Developed by leaders in emergency medicine to ensure that our older patients receive well-coordinated, encounter.

The Geriatric Emergency Department Accreditation (GEDA) program is an ACEP-governed national accreditation system for older adults presenting to the ED. This accreditation system promotes the goals of quality care for older adults through geriatric-focused policies and protocols including transitions of care; quality improvement and outcomes; and patient safety.

The program offers three levels of accreditation with increasing requirements. Level 3 is designed to be the highest level of accreditation, reflecting an increasing commitment to senior-specific care in the ED. We encourage hospitals to pursue accreditation given current resources and strive to reach higher levels of accreditation over time.

If you wish to let ACEP know of your interest and receive further information as it is available, [email us](#).



AMERICAN COLLEGE
OF EMERGENCY PHYSICIANS
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GERIATRIC
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LEVEL 1

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