NORTH CAROLINA B

Oppose Urgent Care Medicine as a Separate Specialty or Subspecialty

WHEREAS, family physicians receive comprehensive residency training in the diagnosis and management of acute illnesses and injuries across the lifespan, including many of the same conditions commonly treated in urgent care settings; and

WHEREAS, the Accreditation Council for Graduate Medical Education (ACGME) Program Requirements for Graduate Medical Education in Family Medicine require residents to demonstrate competence in the evaluation and management of acute illnesses and injuries; and

WHEREAS, urgent care centers were developed as a care delivery model designed to improve access to unscheduled acute care rather than as a distinct body of medical knowledge requiring separate specialty training; and

WHEREAS, family physicians have historically provided and continue to provide a substantial portion of urgent care services throughout the United States; and

WHEREAS, the creation of a separate specialty in Urgent Care Medicine could create unnecessary barriers to practice for qualified family physicians and reduce workforce flexibility needed to meet community healthcare needs; and

WHEREAS, continuity of care is associated with improved health outcomes, increased patient satisfaction, and lower healthcare costs, and further separation of acute care from primary care may contribute to increased fragmentation of healthcare delivery; and

WHEREAS, the clinical knowledge and skills required to provide urgent care services are already substantially incorporated within family medicine residency training and practice; and

WHEREAS, creating an additional specialty pathway for the treatment of common acute illnesses and injuries would duplicate existing educational infrastructure and training already provided within Family Medicine; therefore, be it

RESOLVED, that the American Academy of Family Physicians actively oppose actions by accrediting organizations, specialty boards, professional societies, or other entities seeking recognition of Urgent Care Medicine as a separate specialty or subspecialty; and be it further

RESOLVED, that the AAFP educate policymakers, accreditation bodies, certifying organizations, employers, and the public regarding the extensive training family physicians receive in the diagnosis and treatment of acute illnesses and injuries across all age groups; and be it further

RESOLVED, that the AAFP continue to collaborate with urgent care organizations and other stakeholders to promote recognition of family physicians as highly qualified providers of urgent care services and to advocate against the need for a separate specialty designation in Urgent Care Medicine.