



A Call for Physician Specialty Recognition and Improved Training Pathways in Urgent Care

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With more than 15,000 centers and 200 million visits a year, urgent care centers (UCCs) play a critical role in the U.S. healthcare ecosystem.¹ Despite its impact and rapid growth, urgent care (UC) remains a unique clinical field that has not yet been matched with a standardized training or certification pathway for physicians. This needs to change.

Practicing high-quality UC medicine requires a distinct skill set, including rapid clinical decision-making, procedural competence, and diagnosis and management of new-onset complex conditions as well as acute exacerbations of chronic conditions—all while ensuring the safe discharge of the patient or an appropriate escalation of care to the emergency department. These decisions are often made with limited diagnostic resources and under significant time pressure.

The lack of standardized training and the absence of a recognized certification pathway raise many challenges, including inconsistent clinical preparedness, scope degradation across specialties, variable quality of care and services provided, potential patient safety risks, and a lack of accountability. Addressing these gaps and challenges through formal recognition and structured pathways will lead to improved UC preparation and delivery of patient care for all who practice in the field.

Clinician Training

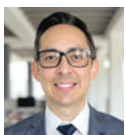
UC clinicians come from diverse backgrounds, creating variability in training and preparedness. Many clinicians enter UC with limited skill sets that are not tailored to the

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setting, leading to gaps in procedural confidence, performance, diagnosis and management, and disposition decision-making.²

It is estimated that more than 55,000 clinicians practice UC in the United States, though this figure is not confirmed. For decades, family physicians (FPs) have represented the largest physician workforce in UC. Previously accounting for more than 75% of physicians in the field, they now represent 40–45%, while emergency medicine (EM) physicians make up 33–35%.^{3,4} Notably, many FPs work alongside advanced practice clinicians, which means they are likely to be supervisors as well.⁵ These data suggest that family-medicine-trained physicians should be very confident practicing in UC settings, both clinically and procedurally.

In 2022, the College of Urgent Care Medicine (CUCM) surveyed clinicians about their confidence with procedures commonly performed in UC. While confidence levels varied by specialty and procedure, the results revealed that clinicians of all backgrounds reported reduced confidence in several core procedures. For



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instance, 20% of FPs lacked confidence in interpreting x-rays, while 13% of EM physicians were not confident managing IV lines. Similar gaps were identified across other backgrounds for procedures such as pelvic examinations, facial lacerations, anterior nasal packing, and fracture splinting. ECG interpretation represented another gap, as 13–29% of EM physicians and FPs said they do not feel confident interpreting ECGs. The survey authors found that a lack of training/knowledge is the most common reason for lack of confidence. Although the survey's response rate was only 7.9%, these eye-opening results underscore the need for structured, specialty-specific training.⁶

Increasing numbers of physicians are transitioning into UC. However, residency trainings remain variable, and many curricula have not been updated to reflect the needs of the field. As Green et al. note: “The need is clear. The design of today’s family medicine residencies follows a template that is decades old. The result is an imbalance between the structure and content of residency education and the competencies required to meet the ever-evolving, widely diverse needs of patients, families, communities, health care systems, and family physicians themselves.”⁷

A 2024 article reported a 33% decline in outpatient procedures among filed claims and a 36% decrease in the number of FPs submitting such claims from 2014 to 2021.⁸ Ambulatory procedures remain a core component of primary care, yet this aspect of practice is seldom examined. Additionally, the Council of Academic Family Medicine mentions that clinically active FPs perform a wide range of procedures, but there is significant variability in their training.⁸

Furthermore, a recent analysis found that new family medicine (FM) graduates have a much narrower scope of practice. The authors conclude: “Although FM training programs have succeeded in teaching a broad range of physician skills, these results suggest we may need to consider ways to adapt current training to a new generation of practice realities and physician preferences.”⁹ Physician training variability is real, and it highlights that the knowledge and skills required to successfully practice in UC are sufficiently distinct to justify a defined pathway to certification and training.

Urgent Care Credentialing Pathway

From September 2025 to February 2026, CUCM surveyed its members on the need for certification. More than 70% of FPs and EM physician respondents supported (“yes” or “maybe” responses) UC certification, reflecting a loud call for a solution to address the concerns and challenges

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of UC. The exclusive survey—which has not been published—has some limitations due to its response rate (5% participation out of 4,979 members), yet its findings clearly demonstrate support among clinicians to send a message to the American Board of Medical Specialties and its primary specialty boards to formally set standards for education, training, and certification. It’s a call for physician urgent care specialty recognition.

Over the years, CUCM has emphasized the importance of collaboration with other medical societies to advance specialty recognition, improve training, and enhance professional development. In 2025, the American College of Emergency Physicians created an urgent care task force, and one of its objectives was to explore credentialing opportunities for physicians practicing in UC, including a possible path through the American Board of Emergency Medicine.¹⁰ Similarly, members of the American Association of Family Physicians filed a resolution in late 2025 requesting the formation of an urgent care task force and encouraging the American Board of Family Medicine to investigate and consider instituting a credentialing pathway in urgent care. The resolution was referred to the Board of Directors and is currently under review.¹¹ As these efforts progress, other specialty entities should begin updating their training programs to better equip physicians for success in urgent care.

In 2024, the Urgent Care College of Physicians (UCCOP) was accepted into the American Medical Association (AMA) Specialty and Services Society—a significant milestone for the field of urgent care medicine. This achievement paves the way for UCCOP to apply for a seat in the AMA House of Delegates (HOD) in 2029. Participation in the AMA HOD provides specialty societies with significant benefits regarding recognition, influence, establishing professional standards, and advocacy.¹²

Many countries around the world are increasingly recognizing UC as a medical specialty. The Medical Council of New Zealand recognized UC as 1 of its 36 medical spe-

cialties. It ranks as the 12th largest specialty by number of fellows, who have been supporting the field’s structure and setting the standards for success since 2000. This demonstrates the value of specialty recognition in fostering clinical excellence and quality care standards, an example that other countries can learn from.^{13,14}

Conclusion

In the United States, although progress is being made toward physician UC specialty recognition, the work continues. Advocacy is crucial, not only for achieving formal recognition but also for elevating the standards of care across all UC settings. Ongoing efforts should focus on UC-specific training, certification options, collaboration between medical societies, and ensuring quality of care. By establishing a recognized physician specialty pathway or standardized certification, UC will have consistent, high standards of care from enhanced physician preparedness, thus strengthening urgent care’s role within the healthcare system. ■

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