



# To Board or Not to Board... That Is the Question!



With the announcement of the Board of Certification in Urgent Care Medicine (BCUCM), an American Board of Physician Specialists (ABPS) member board, the urgent care community is abuzz about its meaning, value, and importance for specialty recognition of the discipline and professional identity for its physician practitioners. Some believe the American Board of Medical Specialties (ABMS) is the only body with the authority to anoint specialty certification and provide board examination. Others feel ABMS is an autocracy of self-protecting interests intent on limiting outsiders from identifying and defining specialties of medicine without their permission. Who is right? Here is my perspective.

### How Is “Certification” Defined?

According to the Accreditation Council for Graduate Medical Education (ACGME), “certification” is “a process to provide assurance to the public that a certified medical specialist has successfully completed an approved educational program and an evaluation, including an examination process, designed to assess the knowledge, experience, and skills requisite to the provision of high-quality care in a particular specialty.”

### Who Are These Certifying Bodies?

State medical boards determine recognition of certification and regulate the ability of practitioners to advertise themselves as “board certified.” ABMS has long represented the gold standard of certifying bodies, but it is not the only recognized one. The American Osteopathic Association (AOA) Board of Specialties and the American Board of Physician Specialists (ABPS) are both nationally recognized. The only states to explicitly exclude some or all ABPS diplomates from advertising themselves as “board certified” are California, Kentucky, Oklahoma, Oregon, South Carolina, Texas, Utah, and Washington.

### “Primary Specialty” vs “Subspecialty”

All the nationally recognized certifying boards make important distinctions between the two. Primary specialties require a unique scientific body of knowledge not present in other primary specialties. “Urgent care medicine” does not meet the criteria established for

primary specialties, though most agree that the discipline meets most subspecialty criteria. It is, however, important to note that even if subspecialty recognition is achieved, a nationally recognized primary board certification will always be a prerequisite. It is, therefore, critical to understand that any board certification in urgent care medicine will not be a pathway for those not certified by a recognized national body for primary specialties.

### Is BCUCM Certification Legitimate?

As a member board of ABPS, BCUCM has developed a board certification process for eligible candidates in accordance with the training and examination requirements laid out by ACGME (though not officially approved by this body). Training and prior certification requirements are detailed on their website ([www.abpsus.org](http://www.abpsus.org)) and are notably similar to ABMS requirements.

To make BCUCM a credible certifying body, the examination development process closely reflects the core competencies developed for fellowships in urgent care medicine (a critical criterion). While not ABMS-recognized, BCUCM is part of a nationally recognized certifying body. Prerequisites for eligibility closely resemble those of both ABMS and ACGME. These are key distinctions that set BCUCM apart from other urgent care certifying bodies.

In my opinion, BCUCM is currently the only legitimate certifying body in urgent care medicine. It is important to ensure that a candidate should understand the meaning, value, and relevance of our certification process. It is by no means a pathway for recognizing non-board-certified physicians, nor does it replace certification by a recognized primary specialty board.

For those seeking to reflect their commitment to and competence in the discipline of urgent care medicine, BCUCM represents a credible step. ■

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