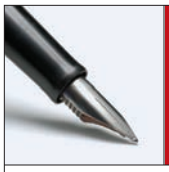

LETTER FROM THE EDITOR-IN-CHIEF

The Road to Recognition

The recent announcement that the American Board of Medical Specialties approved Hospice and Palliative Care as a new subspecialty appears to ring in a new era of subspecialty acceptance.

It was once thought that subspecialties found their homes with one sponsor; Cardiology, Gastroenterology, and Pulmonology were all within the realm of Internal Medicine. Pediatrics followed suit with its own versions of these subspecialties.

There was no con-joint sponsorship from multiple boards until Nuclear Medicine, with Sports Medicine and Pain Medicine being more recent examples. This con-joint sponsorship has opened the door for physicians of multiple specialties to be boarded in one subspecialty.

To be clear, there is a big difference between "specialty" and "subspecialty" recognition. There has not been recognition of a new specialty since Emergency Medicine in 1979 and Medical Genetics in 1991. Several applications for specialty recognition have been rejected since then, most recently Vascular Surgery.

Specialty designation for Urgent Care Medicine is highly unlikely. Subspecialty designation is easier to obtain, however, and con-joint sponsorship has ensured that no one specialty board can control the identity of the new board. This is the model that worked for Sports Medicine, Pain Medicine, and Palliative Care.

Furthermore, the Accreditation Council for Graduate Medical Education (ACGME) has been playing a more critical role in recognizing developing subspecialties and lays out clear criteria for provisional approval. These criteria were presented at the UCAOA Annual Convention this month in Daytona.

According to these criteria, the establishment of qualified training programs and peer-reviewed journals is essential to recognition. UCAOA prides itself on its accomplishments in these fundamental areas, and continues to explore ways to improve the quality of care delivered by those practicing urgent care medicine

Peer-reviewed journals like *JUCM* represent a pivotal step toward official recognition. Publishing some of the first original research in our field (Emergencies in the Office: Why Are 911 Calls Placed from Family Medicine and Urgent Care Offices?, *JUCM*, January 2007) was a defining moment for our discipline, and a source of great pride at *JUCM*.

"By following in the footsteps of other successful organizations, UCAOA is well positioned for success."

Furthermore, the strength of our training programs is highlighted by the recent announcement that UCAOA has launched its second Fellowship in Urgent Care Medicine, at the University of Illinois, Rockford College of Medicine, Department of Family Medicine in collaboration with Physicians Immediate Care, Inc.

The U of I program follows the same model developed for the Department of Family Medicine, Case Western Reserve University and mirrors the model established by ACGME. Candidates are being interviewed for the 2007-2008 Fellowship year.

It remains UCAOA's highest priority to lay the groundwork for successful specialty recognition through proven means and established criteria. By following in the footsteps of other successful organizations that came before, UCAOA is well positioned for success.

I welcome your comments and encourage your participation in this journal and in the continuing growth of urgent care medicine. Feel free to share your thoughts in an e-mail to me at *editor@jucm.com*. ■

Lee A. Resnick, MD
Editor-in-Chief
JUCM, The Journal of Urgent Care Medicine