

AAEM Response to the ACGME Proposed Changes

The American Academy of Emergency Medicine (AAEM) strongly believes that every patient seeking emergency medical services should be cared for by a board-certified emergency medicine physician; and as such, believes all emergency medicine residents must be adequately prepared to become board certified in our specialty.

ACGME has recently proposed several changes for emergency medicine training programs to begin in 2027. The AAEM has performed a thorough review of the proposed changes and received input from AAEM members at a recent Town Hall discussion on this topic.

AAEM supports the following:

- The requirement of a minimum of 3000 patient encounters per resident during training. This number is anticipated to provide each resident with an adequate number of patients to ensure exposure to a wide range of pathologies and acuity.
- A minimum of 4 weeks experience in low-resource, critical access, and or rural emergency departments. As many as 1 in 13 Emergency Departments lack physician coverage and healthcare disparities will continue to grow without intervention. A vast majority of these departments are in rural and critical access settings.
- Increased time spent in pediatric training including increased pediatric critical care exposure to improve residents' understanding and skills in this area. The change in the definition of a pediatric patient to one 12 years of age or younger, however, is anticipated to create difficulty in meeting the proposed pediatric requirements. AAEM recommends adjusting the age definition of a pediatric patient to one 15 years of age or younger.
- The requirement of 120 critical care patient encounters per approved residency position. Emergency physicians are tasked with caring for sick, undifferentiated patients and all trainees must be facile in the management of critically ill patients to practice independently.
- The new procedural and resuscitative team leader requirements. This specifically includes tracking procedures by the individual rather than a program in its entirety and additional ultrasound procedural requirement. Again, AAEM is concerned that the requirement for being a team leader of pediatric resuscitations (both medical and trauma) will be challenging to meet if a child is defined as a patient at or less than 12 years old.

The addition of structured experiences such as telemedicine and administration/quality assurance to ensure residents are prepared to meet present and future challenges in our specialty.

To accommodate all the suggested program requirement revisions, ACGME has proposed that the length of training for all programs must be 48 months. While AAEM does not specifically endorse this change, we believe that individual program directors should have discretion in determining the most effective way of implementing the ACGME EM curriculum requirements. We support that the length of training should be based on accomplishing these requirements and ensuring that residents achieve competency to become board certified in emergency medicine, as defined by ABEM or ABOEM.