ACGME Program Requirements for Graduate Medical Education in Emergency Medicine
Summary and Impact of Focused Requirement Revisions

Requirement #: II.A.2)

Requirement Revision (significant change only):

II.A.2) At a minimum, the program director must be provided with the salary support required to devote 20-50 percent FTE of non-clinical time to the administration of the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   To conform with the new format for the support requirements, the Review Committee translated this requirement using the ACGME Committee on Requirements/Board standard template language for FTE for the program director. In doing so, the Committee analyzed its previous support requirement and determined that 50 percent FTE is most equivalent to what has historically been required for the past 13 years.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   No impact

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Although the proposed 50 percent is higher than the common requirement of 20 percent, it is equivalent to the previous long standing specialty requirement for program director effort, so no financial impact is expected.

5. How will the proposed revision impact other accredited programs?
   No impact

<table>
<thead>
<tr>
<th>Number of approved resident positions</th>
<th>Minimum number of APDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-35</td>
<td>1</td>
</tr>
<tr>
<td>36-53</td>
<td>2</td>
</tr>
<tr>
<td>54 or more</td>
<td>3</td>
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</tbody>
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Requirement #: II.A.2.a)

Requirement Revision (significant change only):
At a minimum, the program director must be provided with the salary support required to devote 20-50 percent FTE of non-clinical time to the administration of the program. Additional salary support must be provided for an associate program directors(s) to devote non-clinical time to the administration of the program as follows: (Core)
II.A.2.a) Each appointed associate program director must be provided with salary support required to devote a minimum of 35 percent FTE of non-clinical time to the administration of the program. APDs must not work clinically more than 24 hours per week on average, or 1152 hours per year, whichever is less. (Core)

<table>
<thead>
<tr>
<th>Requirement #: II.B.4.d)-II.B.4.d).(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
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</table>

II.B.4.d) At a minimum, core faculty members must be provided with the necessary salary support to fulfill the non-clinical training program requirements. (Core)

II.B.4.d).(1) The total core faculty non-clinical support must be equivalent to the total number of appointed core faculty members multiplied by a minimum of 25 percent FTE, all of which must be distributed. (Core)

II.B.4.d).(2) This support should be distributed equally to each core faculty member or distributed to core faculty members in a manner determined by the program leadership; however, in doing so, each core faculty member must be provided at least 10 percent FTE support. (Core)

1. Describe the Review Committee’s rationale for this revision:
   To conform with the new format for the support requirements, the Review Committee translated this requirement using the ACGME Committee on Requirements/Board standard template language for FTE for the associate program director. In doing so, the Committee analyzed its previous support requirement and determined that 35 percent FTE is most equivalent to what has historically been required. The minimum associate program director requirements are now in a new section and in a new table to align with the Committee on Requirements/Board template. This relocation and insertion of a table does not represent a change in the requirements, but solely reformatting.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   No impact

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   The concepts in these requirements are not new, as the community has always had requirements for associate program director support. This is equivalent to the previous, accepted specialty requirement for associate program director effort, so no financial impact is expected.

5. How will the proposed revision impact other accredited programs?
   No impact
1. Describe the Review Committee’s rationale for this revision:

The Review Committee appreciates the opportunity to re-insert requirements for core faculty member support as universally supported by public comment. In doing so, the Committee translated the previous core faculty requirements based on clinical hour restriction to conform with the new FTE language standard. Based on available data, the Committee calculated reasonable denominators considering the range of suggestions that were provided, and developed a “bank hour” concept in determining the total time commitment needed for the core faculty as a whole, while also requiring a minimum FTE per core faculty member. This allows each program some flexibility in determining this support based on the commitment and responsibilities of each core faculty member locally.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Core faculty members, by definition, should be the most significant and committed educators in the program, and this requirement solidifies that commitment.

3. How will the proposed requirement or revision impact continuity of patient care?

No impact

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

The time commitment for core faculty members in these requirements are not new, as the community has always had requirements for this support, so no financial impact is expected.

5. How will the proposed revision impact other accredited programs?

No impact

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**Requirement #: VI.A.2.c).(1).(b).(i) and VI.A.2.c).(1).(b).(ii)**

**Requirement Revision (significant change only):**

VI.A.2.c).(1).(b).(i) The program must have clear guidelines that delineate which Competencies must be met to determine when a PGY-1 resident can progress to be supervised indirectly. (Core)

VI.A.2.c).(1).(b).(ii) The program director must ensure that clear expectations exist and are communicated to the residents, and that these expectations outline specific situations in which a resident would still require direct supervision. (Core)

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1. Describe the Review Committee’s rationale for this revision:

In adopting the new supervision requirement language as relates to telecommunications, the Review Committee felt each program will need to determine the best local guidelines. The Review Committee will expect to see these guidelines documented in the supervision policy at the time of the next program/application review.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   The Review Committee expects the program-defined guidelines will ensure patient safety as a priority in patient care cases involving telecommunications and indirect supervision.

3. How will the proposed requirement or revision impact continuity of patient care?

   No impact

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

   Potentially, depending on how each program defines its guidelines for safe patient care, there may be some additional resource or financial needs.

5. How will the proposed revision impact other accredited programs?

   No impact