Combined Emergency Medicine-Family Medicine Curricular Requirements

This document enumerates the **minimum** curricular requirements for combined ACGME-accredited programs in emergency medicine and family medicine, as approved by the American Board of Emergency Medicine (ABEM), American Board of Family Medicine (ABFM), American Osteopathic Board of Emergency Medicine (AOBEM), and American Osteopathic Board of Family Physicians (AOBFP). This information was collated from the certifying boards on October 31, 2026 and will be updated as needed.

1. Total duration:
    a) 60 months (72 months if the participating emergency medicine or family medicine programs are in a four-year format).
    b) Additional time outside of the minimum requirements must be customized per the mission of the program and the individual needs of each resident.
    c) This time must be equitably allocated between the participating specialties such that the resident acquires the knowledge, skills, and behaviors necessary to enter autonomous practice in each of the participating specialties.

Emergency medicine curricular components must be 30 months, including the following:

2. Emergency medicine:
    a) 22 months caring for patients in an emergency department (including experiences dedicated to the care of pediatric patients in the pediatric emergency department) if the participating emergency medicine program is in a three-year format, or 29 months if the participating emergency medicine program is in a four-year format.
    b) Residents must be supervised by ABEM- or AOBEM-certified physicians.

3. Critical care:
    a) At least three percent of the patient population in the emergency department must present with critical illness or injury.
    b) Four months of dedicated critical care experiences, including critical care of infants and children (neonatal-only critical care is not sufficient).
    c) Two months of these experiences must be at the PGY-2 level or above.

4. Pediatrics:
    a) Five full-time equivalent months, or 20 percent of all emergency department encounters.
    b) At least 50 percent of the five months should be in an emergency setting.
    c) This is inclusive of the family medicine requirements around care of acutely ill children (family medicine program requirement 4.11.g.).

5. Emergency medical services (EMS):
    a) Residents must have experience in EMS, emergency preparedness, and disaster management.
    b) EMS experiences must include ground unit runs and direct medical command.
    c) This should also include participation in multi-casualty incident drills.
    d) Residents should have experience teaching out-of-hospital emergency personnel.

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Family medicine curricular components must be 30 months, including the following:

6. Family medicine:
    a) At least 30 months of rotations, with rotations identical to the participating family medicine program and associated structured didactic sessions as defined in the Program Requirements for Graduate Medical Education in Family Medicine.
    b) Each year of the combined residency must have at least three months of family medicine curriculum.
    c) A family medicine practice (FMP) compliant with the Program Requirements for Graduate Medical Education in Family Medicine:
        i. Residents must have a minimum of 1,000 hours of scheduled patient time with continuity patients and at least 40 weeks over two consecutive years of the program, with no more than eight weeks away from continuity patients each of these years and no more than one month away from continuity practice at a time. This clinical continuity experience should meet the requirements for patient age distribution, scope of practice, procedures, empanelment, continuity, review of referrals, and review of quality and other dimensions of care.

Additional Considerations

- In order for graduates of the program to be eligible for ABFM certification, the program director must attest to competence for each of the 15 core outcomes specified by the ABFM. ABFM expects these judgements to be supported by the program's Clinical Competency Committee (CCC) and based on evidence of competence reviewed by the CCC. Residents must complete at least 30 months of rotations in family medicine.
- In order for graduates of the program to be eligible for AOBFP certification, the program director must attest to completion of the family medicine curriculum and verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. AOBFP expects these judgements to be supported by the CCC and based on evidence of competence reviewed by the CCC.
- ABEM may deny board eligibility to a resident who enters a combined program in which the participating emergency medicine program is on probationary accreditation when that resident was recruited for (or potentially enters) the program.
- Residents may not enter a combined program beyond the PGY-1 level or transfer between combined programs in different institutions without prior approval from ABEM.
- Physicians cannot take the ABEM certifying examination until they have successfully completed all five or six years of the program.
- ABEM may choose not to recognize board eligibility for graduates of combined programs that have had no residents for a period of five years or more.

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