

**ACGME Program Requirements for Graduate Medical Education
in Emergency Medical Services
Summary and Impact of Major Requirement Revisions**

Requirement #: **2.6.b., 2.10.b., and 2.10.c.**

Requirement Revision (significant change only):

~~2.6.b. There must be at least two subspecialty physician faculty members, in addition to the program director, who devote a minimum of five hours per week of their time to supervision of the fellows. (Core)~~

~~2.10.b. In addition to the program director, there must be two core physician faculty members with EMS board certification whose practice makes them available for consultation by the fellows. (Core)~~

2.10.c. Including the program director and assistant/associate program director, the program must have at least the number of physician core faculty members specified below with qualifications that meet requirement 2.9., whose practice makes them available for consultation by the fellows, and who devote a minimum of five hours per week to the program. (Core)

<u>Number of Approved Fellow Positions</u>	<u>Minimum Physician Core Faculty Members</u>
<u>0-3</u>	<u>3</u>
<u>4-6</u>	<u>4</u>
<u>7 +</u>	<u>5</u>

- Describe the Review Committee's rationale for this revision:
The current Program Requirements include separate requirements for core faculty criteria and dedicated faculty time supervising the fellows. The proposed revisions merge these two concepts into a single requirement, which clarifies that all core faculty members must dedicate time to the supervision of fellows. In addition, the new requirement includes additional core faculty members for programs with four or more fellows.
- How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This requirement improves fellows' education and patient safety by ensuring fellows have adequate supervision by core faculty members.
- How will the proposed requirement or revision impact continuity of patient care?
Not Applicable
- 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?

For programs with three or fewer residents, there is no change in the number of required core faculty members (three, including the program director). There are currently 91 accredited EMS fellowships, of which only four programs have four or more approved positions. Programs with more than four approved positions would need to ensure they have enough core faculty members to support their number of approved positions.

5. How will the proposed revision impact other accredited programs?
Not Applicable

Requirement #: **4.14.b.- 4.14.c.1.**

Requirement Revision (significant change only):

~~4.14.b. All core faculty members must demonstrate significant contributions to the subspecialty of emergency medical services through scholarly activity. (Core)~~

4.14.c. At minimum, each individual core physician faculty member must demonstrate at least one piece of scholarly activity per year, averaged over the past five years. (Core)

4.14.c.1 At minimum, this must include one scientific peer-reviewed publication for every ~~two~~ three core physician faculty members, inclusive of the program director, per year, averaged over the previous five-year period. (Core)

1. Describe the Review Committee's rationale for this revision:
The Committee believes that this reduction in the requirement for peer-reviewed publication will reduce the burden on programs, while still ensuring an overall environment of scholarship for the fellows.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Not Applicable
3. How will the proposed requirement or revision impact continuity of patient care?
Not Applicable
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?
Not Applicable
5. How will the proposed revision impact other accredited programs?
Not Applicable

Requirement #: **4.11.e.-4.11.f.**

Requirement Revision (significant change only):

4.11.e. Rotations

4.11.f. Structured Experiences

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

The revised draft EMS requirements utilize the new concept, similar to the structure adopted in emergency medicine, of categorizing educational experiences as either rotations or structured experiences. Rotations are discrete, identifiable periods of time when fellows are engaged in learning experiences depicted on the block diagram. Rotations can be described in weeks, calendar months, or longitudinal experiences that, when summed, equal the required rotation time. Structured experiences can be either a rotation or another identifiable experience, such as a didactic series, real or simulated time caring for patients, or the completion of focused educational materials, such as readings or modules.

Some non-procedural experiences, which are included as key index procedures in the current version of the Program Requirements, have now been moved to structured experiences in this revision.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
These proposed requirements will improve fellow education by allowing more flexibility in meeting the required clinical experiences and ensure adequate exposure to key components of EMS medicine for all fellows.
3. How will the proposed requirement or revision impact continuity of patient care?
Not Applicable
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?
Not Applicable
5. How will the proposed revision impact other accredited programs?
Not Applicable

Requirement #: **4.11.e.1.**

Requirement Revision (significant change only):

4.11.e.1. At least 10 weeks of each fellow's clinical experience must be dedicated to direct patient care in the out-of-hospital setting. (Core)

1. Describe the Review Committee's rationale for this revision:
EMS experience with direct patient care in the out-of-hospital setting is already a component of the current curriculum. The goal of this program requirement revision is to set a minimum standard for time in the educational curriculum dedicated to patient care, as EMS medicine is a clinical subspecialty. Based on feedback received and the Review Committee's experience, there appears to be significant variation in the time dedicated to this critical component of the fellows' education.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This standardization will ensure all fellows are receiving a minimum experience.

3. How will the proposed requirement or revision impact continuity of patient care?
Not Applicable
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?
Not Applicable
5. How will the proposed revision impact other accredited programs?
Not Applicable

Requirement #: **4.11.e.2.**

Requirement Revision (significant change only):

4.11.e.2. At least 4 weeks of each fellow's clinical experience must be dedicated to patient care in air medical systems, medical direction of air medical transport, or supervision of air medical crews during medical transports. (Core)

1. Describe the Review Committee's rationale for this revision:
Air medical is a key clinical practice setting for EMS medicine. Experience and/or exposure with air medical systems and medical direction are already components of the EMS curriculum. The goal of this program requirement is to set a minimum standard for the amount of time dedicated to air medical services. Based on feedback received and the Review Committee's experience, there appears to be significant variation in the time dedicated to air medical experiences.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This standardization will ensure all fellows are receiving a minimum experience.
3. How will the proposed requirement or revision impact continuity of patient care?
Not Applicable
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?
All programs must have access to an air medical services provider under the current Program Requirements. Some programs may need to enhance their existing relationship or seek to partner with another air medical provider if their current air medical partner is unable to support them in fulfilling this requirement.
5. How will the proposed revision impact other accredited programs?
Not Applicable