

Quick Fire and Timely Topics for Chairs

Robert E. O'Connor, M.D., MPH

Marcus L. Martin Distinguished Professor and Chair of Emergency Medicine

Professor of Public Health Sciences

University of Virginia School of Medicine



**Accreditation Council for
Graduate Medical Education**

ACGME Common Program Requirements (Residency)

ACGME approved major revision: June 10, 2018; effective: July 1, 2019



Full-screen Snip

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November 5, 2018

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, IL 60611

Dear Dr. Nasca,

On behalf of the Association of Academic Chairs of Emergency Medicine (AACEM), I am writing to share concerns our organization has for the upcoming changes to the Common Program Requirements (CPR) guiding residency certification and approval. As

AACEM

- Scholarly Activity
 - Publishing
 - Evaluating the Literature
- Academic Time
 - Protecte Time
 - Burnout
- Resident Wellness
 - Linked to health of faculty
 - Culture of the Program



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November 5, 2018

Thomas J. Nasca, MD, MACP
President and Chief Executive Officer
Accreditation Council for Graduate Medical Education
401 North Michigan Ave - Suite 2000
Chicago, IL 60611

Dear Dr. Nasca,

The American Academy for Emergency Medicine (AAEM) has over 8,000 members and was established in 1993 to represent board-certified emergency physicians whose goal is to promote fair and equitable practice environments necessary to allow emergency physicians to deliver the highest quality of patient

AAEM

- Applaud patient safety, resident well-being, and team-based care
- Object to elimination of specified protected time
- Need time away from the bedside to teach (simulation, didactics, etc.)
- Teaching requirement may infringe on personal time, or result in less teaching.



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AAEM RESIDENT & STUDENT ASSOCIATION

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Thomas J. Nasca, MD, MACP
President and Chief Executive Officer
Accreditation Council for Graduate Medical Education
401 North Michigan Ave - Suite 2000
Chicago, IL 60611

AAEM RSA

- Much of the core curriculum is taught outside of the clinical department.
- Loss of protected time poses a threat to education.
- Not all skills can be taught in the clinical arena.
- Effect of clinical pressures.



November 6, 2018

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, IL 60611

Dear Dr. Nasca,

The American College of Emergency Physicians (ACEP), which represents 38,000 emergency physicians, appreciates the opportunity to comment again on the proposed changes to the Common Program Requirements Section VI. In our previous letter sent on March 21, 2018, we outlined our concerns with these changes, specifically the threats to faculty protected time. While we would like to again express our appreciation for the time

ACEP

- Opportunities for learning in the ED are episodic.
- Unpredictable workload.
- Requires teaching outside of the clinical arena.
- Mitigate burnout.
- Lose time for administrative duties and scholarly activities.



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November 6, 2018

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, IL 60611

Dear Dr. Nasca,

We are writing this letter on behalf of the Council of Residency Directors in Emergency Medicine (CORD-EM). Our organization represents 100% of the 237 ACGME-accredited

CORD

- Common program requirements will limit the ability to specify requirements for core faculty.
- No limitations on clinical hours for core faculty.
- ED can be a difficult learning environment.
- Training in low-frequency, high-stakes clinical scenarios.
- Removal of protected time is career threatening.



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November 2, 2018

Thomas J. Nasca, MD, MACP

Chief Executive Officer

Accreditation Council for Graduate Medical Education

401 North Michigan Avenue, Suite 2000

Chicago, IL 60611

Dear Dr. Nasca and Distinguished Members of the ACGME,

We are writing to voice our unified and unwavering support for protected faculty time to be included within the ACGME Program Requirements for GME in Emergency Medicine. We are extremely concerned about the current Common Program Requirements (CPR) and its potential impact on **our 18,000 members**, spanning **over 230 emergency medicine programs** across the country and the clinical faculty who train them. While the previous

EMRA

- Protected time for program director, associate PD, and core faculty.
- Time needed for research, education, QA/QI, mentoring and administration.
- Impact on faculty and resident wellness.
- Current focus on clinical productivity and revenue generation requires that teaching be done outside the ED.



Society for Academic Emergency Medicine

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November 5, 2018

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Thomas J. Nasca, MD, MACP

Chief Executive Officer

Accreditation Council for Graduate Medical Education

401 North Michigan Avenue, Suite 2000

Chicago, IL 60611

Dear Dr. Nasca,

Thank you for the opportunity to respond to the Accreditation Council for Graduate Medical Education (ACGME) new Common Program Requirements (CPR) and upcoming Residency Review Committee for Emergency Medicine (RRC-EM) changes.

The Society for Academic Emergency Medicine (SAEM) is an organization representing nearly 7,000 members from the academic emergency medicine community. Our members almost exclusively come from academic departments, divisions, and community-based hospitals that have ACGME-accredited emergency medicine (EM) residency training programs. Potential changes to the RRC-EM

SAEM

- EM clinical hours take place outside of usual business hours.
- Broad content area requires training for low-frequency, high-stakes events.
- Ultrasound and simulation.
- Protected time can be a buffer against burn-out.
- Need for scholarly activity from all core faculty – not just one or a few.

**Accreditation Council for
Graduate Medical Education**

401 North Michigan Avenue
Suite 2000
Chicago, Illinois 60611

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

February 18, 2019

Andrew S. Nugent, MD
Megan Schagrin, MBA, CAE, CFRE
Association of Academic Chairs of Emergency Medicine
111 East Touhy Avenue Suite 540
Des Plaines, IL 60018



Dear Andrew and Megan,

Thank you for your November 6, 2018 letter to Dr. Nasca, which provided input on the New 2019 Common Program Requirements (CPR) as they relate to the clinical hour restrictions for Emergency Medicine core faculty members.

At its meeting on February 4, 2019, the ACGME Board of Directors (BOD) considered two requests to more precisely define the core faculty time for two specialties, including emergency medicine. Both requests would have been exceptions to the 2019 CPR and both were denied primarily to avoid setting a new precedent of exceptions.

ACGME Response

- Request for precise, specialty-specific definitions of core faculty time would have been an exception to the 2019 CPR, and was denied.
- The new 2019 CPR state that, “Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration... [II.B.4)].”
- The BOD [ACGME] intended for this new common requirement language to be general enough for all specialties and flexible for all programs; therefore, no provision was made to allow specialties to define time allocations for the core faculty in the new CPR framework.
- The Review Committee for Emergency Medicine will develop new language along with other revisions to accommodate the new CPR revision.

Discussion

- How will programs manage faculty protected time?
- How will faculty be encouraged to become or remain academically productive through scholarly activity?
- How can AACEM work with the RRC-EM to craft requirements that meet our needs as leaders of academic departments?
- How will the CPR be used to provide structure to time commitments of core faculty?
- Other points?