

**Frequently Asked Questions: Emergency Medical Services**  
**Review Committee for Emergency Medicine**  
**ACGME**

Question	Answer
<b>Institutions</b>	
<p>When is it necessary for a program to obtain a Program Letter of Agreement (PLA) with an emergency medical services (EMS) agency?</p> <p><i>[Program Requirement: I.B.2.]</i></p>	<p>There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. A fellow may interact with a number of EMS agencies in different capacities.</p> <p>The Review Committee guidelines on PLAs specify:</p> <ul style="list-style-type: none"> <li>• If the Sponsoring Institution owns the company, no PLA is needed.</li> <li>• If the participating site is an independent company, agency, or municipality, a PLA is still needed for liability reasons, even if the program director or a faculty member of the EMS program is the medical director at the participating site/independent company (and is signing the document on behalf of both the program and the participating site).</li> </ul> <p>Clarifying examples for when a PLA is needed:</p> <ul style="list-style-type: none"> <li>• If a fellow from the ABC Medical Center’s EMS program goes out to respond to an incident in a Main City Fire Department vehicle, the EMS program needs a PLA with the Main City Fire Department.</li> <li>• If a fellow responds to an incident in an ABC Medical Center response vehicle and directs Main City Fire at the scene, no PLA is needed.</li> <li>• If a fellow from the ABC Medical Center’s EMS program responds to an incident in a third-party vehicle and directs Main City Fire, the EMS program needs a PLA with the third party.</li> </ul> <p>FAQs related to PLAs can be found in the <a href="#">Common Program Requirements FAQs</a> on the ACGME website.</p>

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<b>Program Personnel and Resources</b>	
<p>What would the Review Committee consider acceptable for board certification for the program director in the absence of certification in EMS?</p> <p><i>[Program Requirements: II.A.3.]</i></p>	<p>Qualifications of the program director must include post-residency experience in the subspecialty area, including fellowship education, or at least three years of practice experience in EMS when no certification is offered.</p> <p>Faculty members who are board-prepared are acceptable to the Review Committee if no certification is offered.</p> <p>The Review Committee expects all program directors and faculty members to obtain board certification within five years of the initial board certification offering.</p>
<p>What is an example of a type of setting outside of the traditional medical care setting?</p> <p><i>[Program Requirement: I.D.1.a)]</i></p>	<p>Access to pre-hospital transports is one example of an untraditional medical care setting.</p>
<b>Fellow Appointments</b>	
<p>If a fellowship program exercises the “exceptionally qualified applicant” eligibility option in recruiting a fellow, and the fellow intends to seek board certification through the American Board of Emergency Medicine (ABEM), are there any considerations that should be taken under advisement?</p> <p><i>[Program Requirement: III.A.1.c)]</i></p>	<p>When recruiting a new fellow, if programs determine that an applicant has not completed an ACGME-accredited residency program and does not meet the eligibility criteria in requirement III.A.2., they may exercise the fellow eligibility exception option for exceptionally qualified applicants. When exercising this option for fellows seeking certification through the ABEM, programs must be aware that completing an ACGME-accredited fellowship program is not by itself sufficient to meet the ABEM eligibility requirements for subspecialty certification. Programs must contact the ABEM directly to determine an applicant’s eligibility for certification.</p>
<b>Educational Program</b>	
<p>Are there any minimum requirements for key index procedure numbers?</p> <p><i>[Program Requirements: IV.B.1.b).(2).(a)-IV.B.1.b).(2).(a).(ii).(m)]</i></p>	<p>The following procedure minimums are required to be logged by fellows using program resources:</p> <ul style="list-style-type: none"> <li>▪ participation in a mass casualty/disaster triage at an actual event or drill (1)</li> <li>▪ participation in a sentinel event investigation (1)</li> <li>▪ conduction of a quality management audit (1)</li> <li>▪ development of a mass gathering medical plan and participation in its</li> </ul>

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	<ul style="list-style-type: none"> <li>implementation (1)</li> <li>▪ emergency medical services protocol development or revision (1)</li> <li>▪ immobilization of the spine (5)</li> <li>▪ immobilization of an injured extremity (5)</li> <li>▪ management of a cardiac arrest in the pre-hospital setting (5)</li> <li>▪ management of a compromised airway in the pre-hospital setting (5)</li> <li>▪ provision of direct medical oversight on-scene, or by radio or phone (100)</li> </ul> <p>Note: the primary responsibility for the determination of procedural competency rests with the program director and faculty members. The Review Committee accredits programs, and does not certify or credential individuals.</p>
<b>Curriculum Organization and Fellow Experiences</b>	
<p>Can regional or national EMS courses count toward the required planned didactic curriculum?</p> <p><i>[Program Requirements: IV.C.3.b)</i></p>	<p>Fellowships in EMS are required to provide an average of at least three hours per week of planned didactic experiences developed by the program faculty. The Review Committee considers this a 48-week or 144-hour annual commitment. Additionally, all planned didactic experiences must have an evaluative component to measure fellow participation and educational effectiveness, including faculty-fellow interaction. Fellow attendance at scientific or academic assemblies does <b>not</b> fulfill this requirement.</p> <p>The Review Committee recognizes that there may be value to fellows in participating in certificate curriculums (e.g., a medical director's course), and will accept credit for this participation when the following criteria are met:</p> <ul style="list-style-type: none"> <li>▪ Fellow participation in the certificate course must be pre-approved by the program director.</li> <li>▪ The course content must include elements of the core knowledge content of EMS and be consistent with the required outcomes specified for medical knowledge in the Program Requirements.</li> <li>▪ Participation in such courses may count for up to 10 percent (15 hours) of the total annual didactic requirement.</li> </ul> <p>Note: Participation in CME does not equate to core content conference time, and thus does not count.</p>

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<p>What are examples of scholarly activity for faculty members?</p> <p><i>[Program Requirement: IV.D.2]</i></p>	<p>Examples of scholarly activity may include the following:</p> <ol style="list-style-type: none"> <li>1. PEER REVIEW-These include original contributions of knowledge that were published in journals listed in Thomson Reuters (formerly ISI) Web of Knowledge or MEDLINE®. Abstracts, editorials, or letters to the editor would not qualify. Submissions to online venues, with the exception of Med Ed PORTAL, would not qualify.</li> <li>2. NON-PEER REVIEW-These include all submissions to journals or online venues that do not fulfill peer review criteria. These would also include abstracts, editorials, and letters to the editor submitted to peer-reviewed journals which have not undergone the rigorous blinded multiple peer review process. This category also includes educational videos, DVDs, podcasts, etc.</li> <li>3. TEXTBOOKS/CHAPTERS-These include submissions for which the faculty member served as editor, section editor, or chapter author.</li> <li>4. PRESENTATION AT LOCAL/REGIONAL/NATIONAL ORGANIZATIONS-These include invited presentations at meetings, such as abstracts (posters), expert panel discussions, leading forum, or grand rounds presentations. Grand rounds presentations at the home institution, unless at an outside department, do not qualify.</li> <li>5. COMMITTEE MEMBERSHIP/LEADERSHIP-These include elected or appointed positions in nationally-recognized organizations. Membership alone does not qualify.</li> <li>6. EDITORIAL SERVICES-This includes services as an editor, editorial board member, reviewer, or content expert. Serving as an abstract reviewer or grant reviewer also qualifies.</li> </ol> <p>GRANTS- The awarding of a grant or participation in grants for which the faculty had a leadership role such as the PI, Co-PI, or site director.</p>

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<b>The Learning and Working Environment</b>	
<p>Can residents be supervised by licensed independent practitioners?</p> <p><i>[Program Requirement: VI.A.2.a).(2)]</i></p>	<p>The Review Committee will accept licensed or certified individuals on occasion to supervise residents in unique educational settings within the scope of their licensure or certification. Examples may include physician assistants, nurse practitioners, clinical psychologists, licensed clinical social workers, certified nurse midwives, certified registered nurse anesthetists, and doctors of pharmacy. Oversight by a faculty physician during these situations is required.</p>
<p>What does the Review Committee consider an optimal clinical workload for fellows?</p> <p><i>[Program Requirement: VI.E.1.]</i></p>	<p>Each program must adhere to its graduated responsibility policy. This may vary by area of service, may vary based upon each individual's level of achieved competence (knowledge, skills, and attitudes), and may vary based upon patient acuity. The Milestones must be used to assess each fellow's competency. A fellow at the very beginning of a program in emergency medical services should have a smaller workload than a fellow at the same level in the same rotation at the end of the academic year.</p> <p>Both insufficient patient experiences and excessive patient loads may jeopardize the quality of fellow education.</p>
<p>Who should be included in the interprofessional teams?</p> <p><i>[Program Requirement: VI.E.2.]</i></p>	<p>Examples of professional personnel who may be part of interprofessional teams, all members of which must participate in the education of residents, include advanced practice providers, case managers, child-life specialists, emergency medical technicians, nurses, pain management specialists, pastoral care specialists, pharmacists, physician assistants, physicians, psychiatrists, psychologists, rehabilitative therapists, respiratory therapists, social workers, and emergency medical technicians.</p>