

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

Question	Answer
<b>Oversight</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 Requirements: 1.3. - 1.3.b.]</i></p>	<p>There must be a 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>
<p>What is an example of a type of setting outside of the traditional medical care setting?</p> <p><i>[Program Requirement: 1.7.a.]</i></p>	<p>Access to pre-hospital transports is one example of a non-traditional medical care setting.</p>

Question	Answer
<p>Does every participating site need to have all resource amenities listed?</p> <p><i>[Program Requirements: 1.8.a. - 1.8.e.]</i></p>	<p>The Review Committee expects all participating sites to demonstrate all site resources listed in the requirements to ensure healthy and safe learning and working environments that promote fellow well-being. However, if the site is a non-clinical rotation outside of a university or hospital setting (e.g., high school, sports training facility) the Review Committee will not expect all areas delineated in the requirements to be permanently on-site (e.g., lactation facilities, refrigeration for human milk storage, sleep/rest facilities), but there should be a provision that accommodations will be made if/when needed.</p>
<b>Personnel</b>	
<p>Does the Review Committee accept any qualifications other than board certification in EMS for the program director?</p> <p><i>[Program Requirements: 2.4.b. and 2.4.a.]</i></p>	<p>No; the Review Committee expects American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) EMS certification for all EMS fellowship program directors. The Review Committee currently does not accept any other subspecialty qualifications in lieu of board certification for program directors.</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 ABEM, are there any considerations that the program should be aware of?</p> <p><i>[Program Requirement: 3.2.b. – 3.2.b.2.]</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 3.2.b., 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>	

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<p>Can regional or national EMS courses count toward the required planned didactic curriculum?</p> <p><i>[Program Requirements: 4.11.b. – 4.11.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 continuing medical education (CME) does not equate to core content conference time, and thus does not count.</p>

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<p>What are some examples of scholarly activity for faculty members?</p> <p><i>[Program Requirements: 4.14. – 4.14.a.2.]</i></p>	<p>Examples of faculty scholarly activity may include the following:</p> <ol style="list-style-type: none"> <li>1. <b>Peer-Reviewed Publications:</b> This includes original contributions of knowledge that were published in journals indexed in PubMed or MEDLINE®. Submissions to peer-reviewed online venues and MedEdPORTAL also count. Submissions to non-peer-reviewed online venues, abstracts, editorials, or letters to the editor do not qualify.</li> <li>2. <b>Non-Peer-Reviewed Publications:</b> This includes all submissions to journals or online venues that do not fulfill peer review criteria. This also includes 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, social media, podcasts, etc.</li> <li>3. <b>Textbooks/Chapters:</b> This includes submissions for which the faculty member served as editor, section editor, or chapter author.</li> <li>4. <b>Presentations at Local/Regional/National Organizations:</b> This includes invited presentations, such as abstracts (posters), expert panel discussions, serving as a forum leader, grand rounds presentations, or interdisciplinary grand rounds presentations within the Sponsoring Institution. Grand rounds or other didactic presentations do not qualify unless presented at a department other than emergency medicine. The expectation is that this presentation is of original work. Instruction of or participation in certification courses, such as Advanced Cardiovascular Life Support (ACLS), Advanced Trauma Life Support (ATLS), or Pediatric Advanced Life Support (PALS), does not qualify.</li> <li>5. <b>Committee Membership/Leadership:</b> This includes elected or appointed positions in regionally or nationally recognized organizations. Membership alone does not qualify.</li> <li>6. <b>Editorial Services:</b> This includes services as an editor, editorial board member, peer journal reviewer, or content expert. Serving as an abstract reviewer or grant reviewer also qualifies.</li> <li>7. <b>Grants:</b> The awarding of a grant or participation in grants for which the faculty member had a leadership role such as the principal investigator (PI), co-PI, or site director.</li> </ol>

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<b>Educational Program</b>	
<p>What are the Review Committee's expectations surrounding peer-reviewed publications by core faculty members?</p> <p><i>[Program Requirements: 4.14.b. and 4.14.c.1.]</i></p>	<p>The Review Committee expects one peer-reviewed publication for every two core faculty members (including the program director) per year, averaged over the most recent five-year period. Round up to the next whole number, if necessary. For example, if a program has a program director plus two other core faculty members, it is expected that collectively they demonstrate at least eight peer-reviewed publications over the previous five-year period.</p> <p>Peer-reviewed publications must have a PubMed ID to fulfill this requirement.</p>
<p>If multiple core faculty members co-author a peer-reviewed publication, how would the Review Committee consider this?</p> <p><i>[Program Requirements: 4.14.a.2.; 4.14.c.; 4.14.c.1.]</i></p>	<p>The program's core faculty members must demonstrate significant contributions in the subspecialty through scholarly activity, including peer-reviewed publications. If multiple core faculty members were involved as co-authors on the same peer-reviewed publication, the Review Committee will count the PubMed ID number entered in the Accreditation Data System (ADS) toward each participating faculty member's annual scholarly activity contribution, but will count the publication only once for the program.</p>
<b>Evaluation</b>	
<p>What types of evaluators should the program utilize?</p> <p><i>[Program Requirement: 5.1.b.1.]</i></p>	<p>The Review Committee expects the program to obtain fellow evaluations from ALL of the following:</p> <ol style="list-style-type: none"> <li>1. Fellow self-evaluations</li> <li>2. Faculty members</li> <li>3. Peers (if applicable), and</li> <li>4. Other professional staff, such as pre-hospital providers (e.g., paramedics).</li> </ol> <p>Pre-hospital patient evaluations are encouraged, but not required.</p>
<p>What verbiage is needed on the final evaluation to demonstrate that a fellow is competent to graduate?</p> <p><i>[Program Requirement: 5.2.c.]</i></p>	<p>The Review Committee expects the final evaluation to explicitly state that the fellow has "demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice," as stated in the requirement.</p>

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<b>Evaluation</b>	
<p>How can programs ensure the confidentiality of evaluations of faculty members by the fellows?</p> <p><i>[Program Requirement: 5.4.b.]</i></p>	<p>Fellows' evaluations of faculty members should be collected in such a manner that neither the program nor the individual faculty member are able to identify the source. Aggregating the fellow evaluations with the resident evaluations of the faculty is one potential way to achieve confidentiality in small programs. Forms used to facilitate these evaluations should not include areas to indicate the evaluator's name.</p>
<b>The Learning and Working Environment</b>	
<p>Are there any specific considerations EMS programs should be aware of when developing supervision policies?</p> <p><i>[Program Requirements: 6.5-6.11.]</i></p>	<p>The Review Committee suggests that EMS programs consider the following recommendations when creating the program's supervision policies:</p> <ul style="list-style-type: none"> <li>• The supervision policy should correctly use the three types of supervision defined in Section 6: direct, indirect, and oversight.</li> <li>• The supervision policy should describe how the fellow progresses from direct to indirect supervision, to include instances in which communication is mandatory. The Review Committee recognizes that the physical presence of a supervisor once the fellow has progressed in competence past the need for direct supervision may be infrequent or not at all. The Review Committee recognizes there may be differences in when the "physical presence of supervisor" is required for each EMS program.</li> <li>• The supervision policy should explicitly state the procedures/circumstances in which the fellow must communicate with the supervising physician.</li> </ul>
<p>Can residents and fellows be supervised by licensed independent practitioners?</p> <p><i>[Program Requirement: 6.5.]</i></p>	<p>The Review Committee will accept licensed or certified individuals on occasion to supervise fellows 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>Other clinicians, such as paramedics and firefighters, may supervise fellows in non-clinical activities such as emergency vehicle operations.</p>

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<b>The Learning and Working Environment</b>	
<p>Who should be included in pre-hospital interprofessional teams?</p> <p><i>[Program Requirement: 6.18.]</i></p>	<p>Examples of pre-hospital professional personnel who may be part of interprofessional teams, all members of which must participate in the education of fellows, include dispatchers, firefighters, emergency medical technicians, and paramedics.</p>