

SES014: Emergency Medicine Specialty Update

Linda Regan, MD, MEd – Review Committee Chair

Tiffany Murano, MD – Review Committee Vice Chair

Felicia Davis, MHA – Review Committee Executive Director

Conflict of Interest Disclosure

Speaker(s): *Linda Regan, MD, MEd*
Tiffany Murano, MD
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Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Topics for Today...

- ✓ The Review Committee
- ✓ Review Committee Discussions
- ✓ Proposed Emergency Medicine Program Requirements
- ✓ Common Program Requirement Revision
- ✓ Combined Program Update
- ✓ Accreditation Data System (ADS)/Cloud

The Review Committee



Review Committee for Emergency Medicine

- 13 voting members
- Four nominating organizations – American Board of Emergency Medicine (ABEM) (three), American Medical Association (AMA) (three), American Osteopathic Association (AOA) (two), American College of Emergency Physicians (ACEP) (three)
- Open call for nominations - includes one resident and one public member
- Six-year terms – except resident (two years)
- Composed of program directors, chairs, faculty members
- Ex-officious from ABEM, ACEP, AOA (non-voting)

Review Committee Composition

Three members nominated by ABEM

Three members nominated by ACEP

Three members nominated by AMA

Two members nominated by AOA

One public member – open call for nominations

One resident member – open call for nominations

*All members selected by the Review Committee from nominated candidates

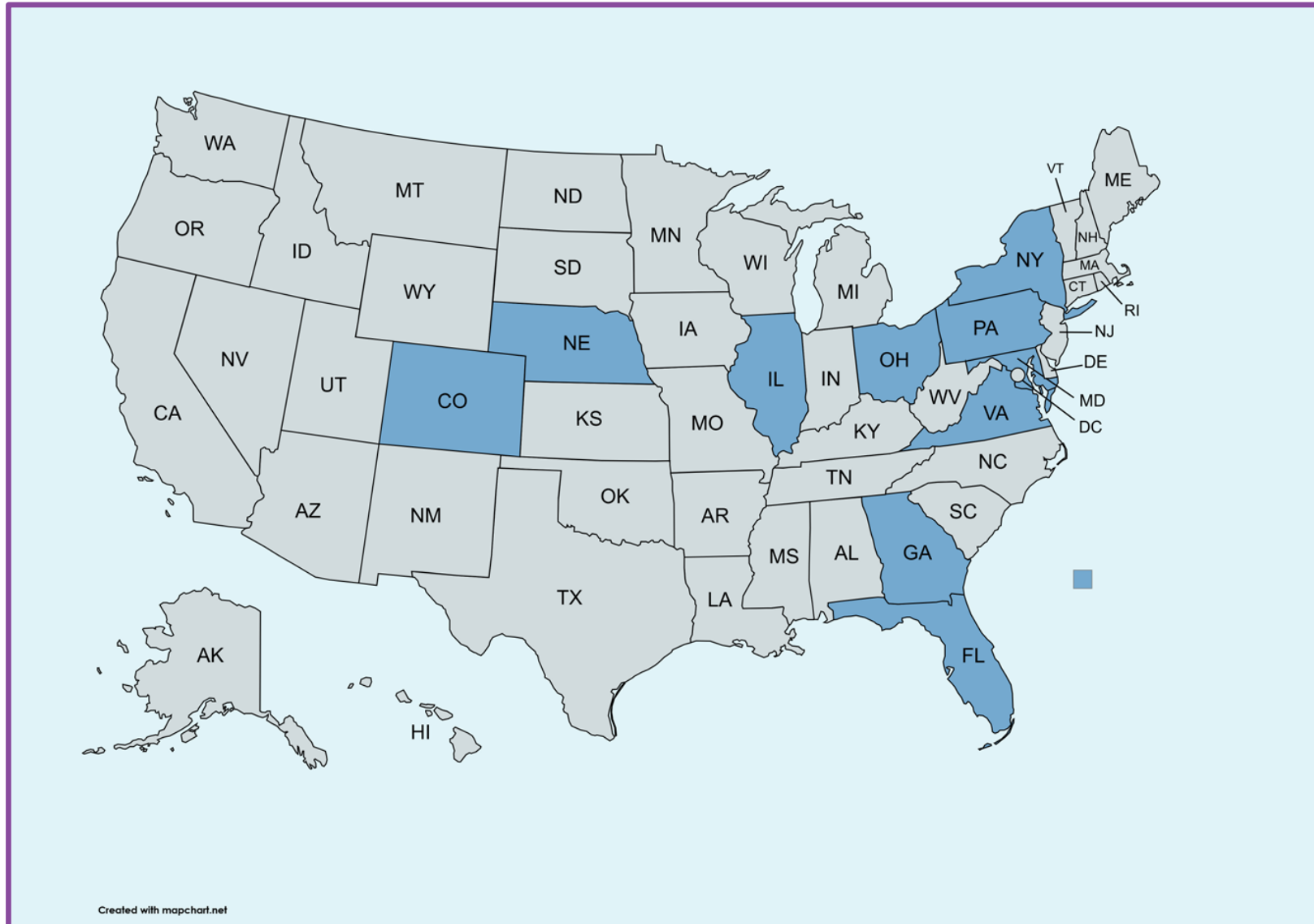
Emergency Medicine Review Committee 2025-2026

#ACGME2026

Linda Regan, MD (Chair) Johns Hopkins University	Eric Lavonas, MD Denver Health/ University of Colorado	Michael Wadman, MD University of Nebraska Medical Center
Tiffany Murano, MD (Vice Chair) NY Presbyterian Hospital - Columbia	Joel Moll, MD Virginia Commonwealth University	Jill Stefanucci-Uberti, DO Mercy St. Elizabeth Boardman
Brittany Botticelli, MD (Resident) Mass General Brigham	Brittany Murray, MD Emory University	
David Caro, MD University of Florida Jacksonville	Deborah Pierce, DO, MS Albert Einstein Medical Center	
Brian Clemency, DO University at Buffalo	Kimberly Richardson, MA (Public Member) University of Illinois Cancer Center	

Geographic Distribution of Review Committee Members

#ACGME2026





Tiffany Murano, MD
New Committee Chair
July 1, 2026



David Caro, MD
New Committee Vice Chair
July 1, 2026



Effective July 1, 2026

- Dr. Bentley Woods Curry (EMS) – University of Cincinnati
- Dr. Laura Hopson – University of Michigan
- Dr. Harsh Sule – Rutgers New Jersey Med. School

Thank You and Farewell!

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Linda Regan

Brian Clemency
(EMS)

Melissa Platt

Emergency Medicine Accreditation



Emergency Medicine 2025-2026

(as of February 2026)

Specialty	Number of Programs	Approved Positions	Filled Positions
Emergency Medicine	298	10,814	9979
Emergency Medical Services	91	188	123
Medical Toxicology	33	127	109
Pediatric Emergency Medicine (Under EM)	30	182	142
Sports Medicine (Under EM)	11	23	22
Undersea and Hyperbaric Medicine	8	19	11

Emergency Medicine Accreditation Status 2025-2026

Accreditation Status	Number of Pgms
Initial Accreditation	16
Initial Accreditation w/Warning	0
Continued Accreditation w/o Outcomes	1
Continued Accreditation	272
Continued Accreditation w/Warning	9
Probation	0
Withdrawn	0

New Programs 2025-2026

Emergency Medicine	
UAMS Regional Centers Joel Mosley, MD	Arkansas
HCA Florida Healthcare Lawnwood Carmen Martinez, MD	Florida
AdventHealth Florida John McManus, MD, MBA, MCR	Florida
Florida State University Andrea Austin, MD	Florida
HCA Healthcare/Mercer University Becky Abell, MD	Florida
Indiana University Aloysius Humbert, MD	Indiana

New Programs 2025-2026

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Emergency Medicine	
University of Kansas Wichita Sarah Malka, MD, MPH	Kansas
McLaren Health Care Flint Nikhil Mohan, DO	Michigan
McLaren Health Care Lansing Samantha Iannuzzi, DO	Michigan
Valley Health Patrick Olivieri, MD	Nevada
University of South Dakota Abigail Polzin, MD	South Dakota
HCA Houston Healthcare Bryan Kharbanda, MD	Texas

New Programs 2025-2026

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Emergency Medical Services	
Louisiana State University David Rayburn, MD	Louisiana
Mass General Brigham Scott Goldberg, MD, MPH	Massachusetts
Baylor All Saints Fort Worth Angela Cornelius, MD	Texas
West Virginia University Peter Martin, MD	West Virginia
Medical Toxicology	
Hackensack Meridian Daria Falkowitz, DO	New Jersey

Review Committee Discussions



ABMS and AOA Pass Rate Data

5.6. Board Certification For specialties in which the ABMS [American Board of Medical Specialties] member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that specialty. (Outcome)

ABMS and AOA Pass Rate Data

- Several programs flagged for non-compliant board pass rate
- Why? Accreditation data evaluates the scores separately
- For programs with data for both boards, Review Committee will consider both scores in aggregate
- The aggregated board score will be evaluated based on an 80 percent threshold
- ACGME is aware of this issue

Program Support in ADS

Reminder: When completing the Program Resources section in the Accreditation Data System (ADS), program director/associate program director leadership should not be double-counted in the section for core faculty

Reporting Program Director/Associate Program Director Support

Program Resources

What percent of full-time equivalent (FTE) support is allocated to the program director for non-clinical time devoted to the administration of this program?



In aggregate, what percent of FTE support is allocated to the associate program director(s) for non-clinical time devoted to the administration of the program? If not applicable, enter "0" in the response.



If you have more than one associate program director, use the text box below to further explain.

We have three assistant and associate program directors (APDs). Each individual APD is allocated 40% FTE support for non-clinical teaching and time devoted to the administration of the program, totaling 1.2 FTE.

Core Faculty Support

Program Resources and Curriculum Questions

✕ Cancel

In aggregate, what percent of FTE support is allocated to core faculty members for time dedicated to educational and administrative responsibilities that do not involve direct patient care?

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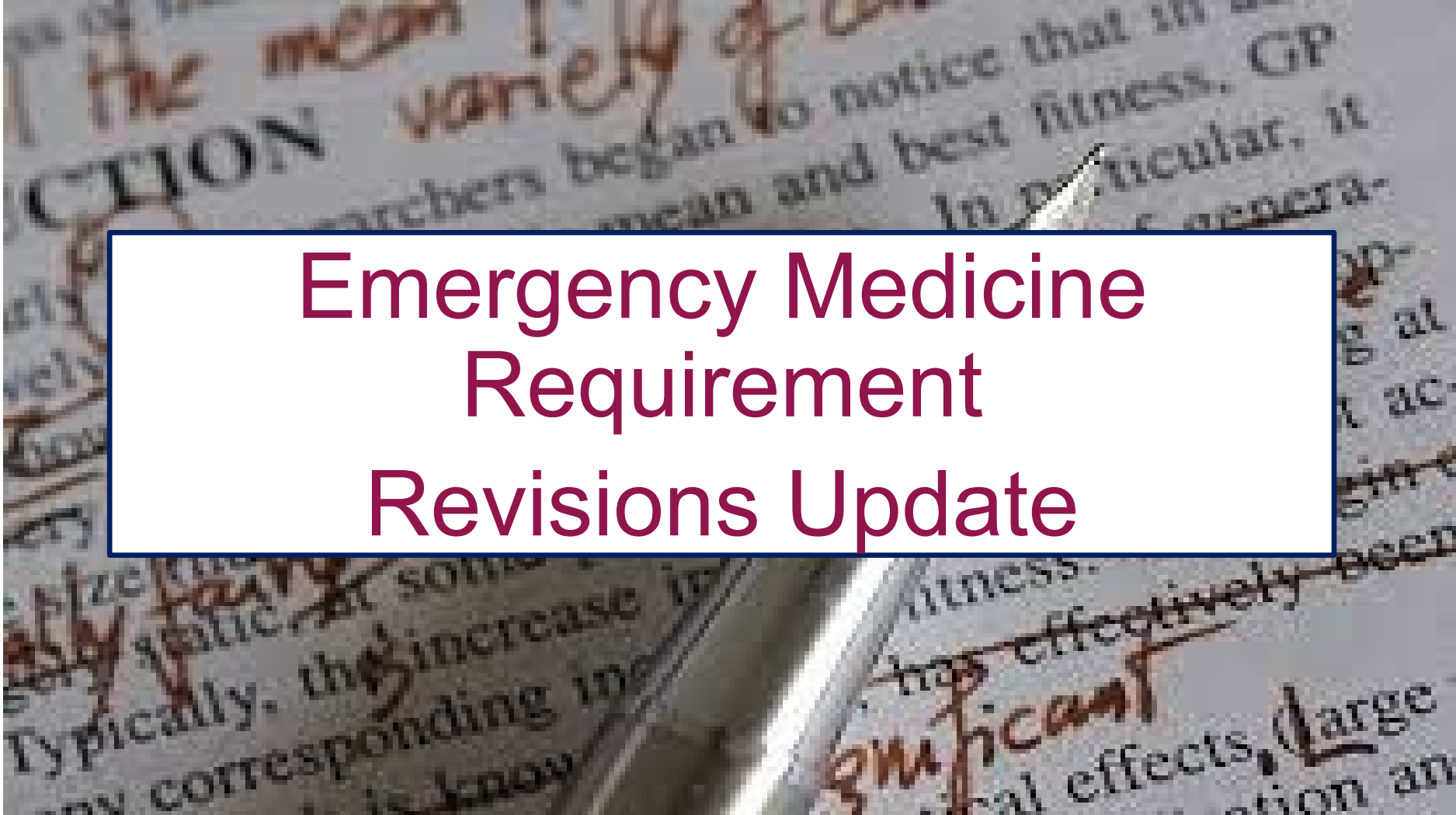
Do not include PD/APD

Use the text box below to provide individual core faculty member dedicated FTE.

- g- 10% FTE
- 10% FTE
- 15% FTE
- Walton- 20% FTE
- 10% FTE
- 45% FTE
- 20% FTE
- r- 25% FTE (15% administrative, 10% education)
- 10% FTE
- 30% FTE (25% administrative, 5% education)
- 12%



Do not include PD/APD

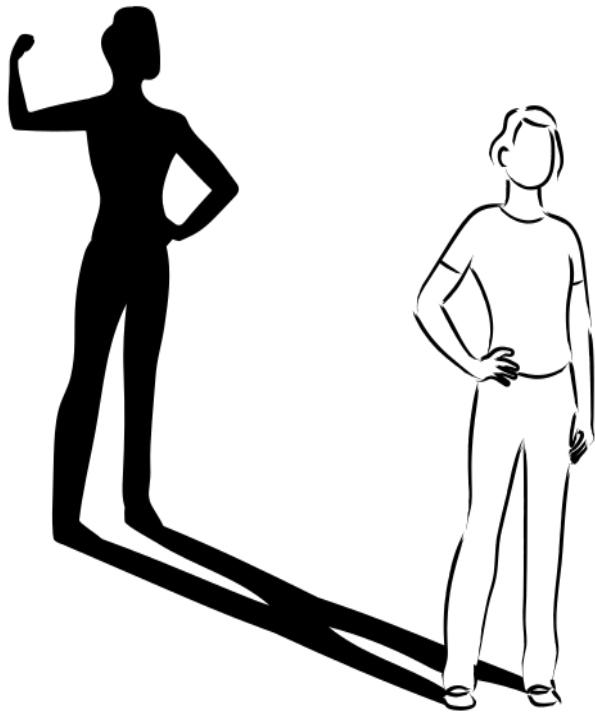


Emergency Medicine Requirement Revisions Update



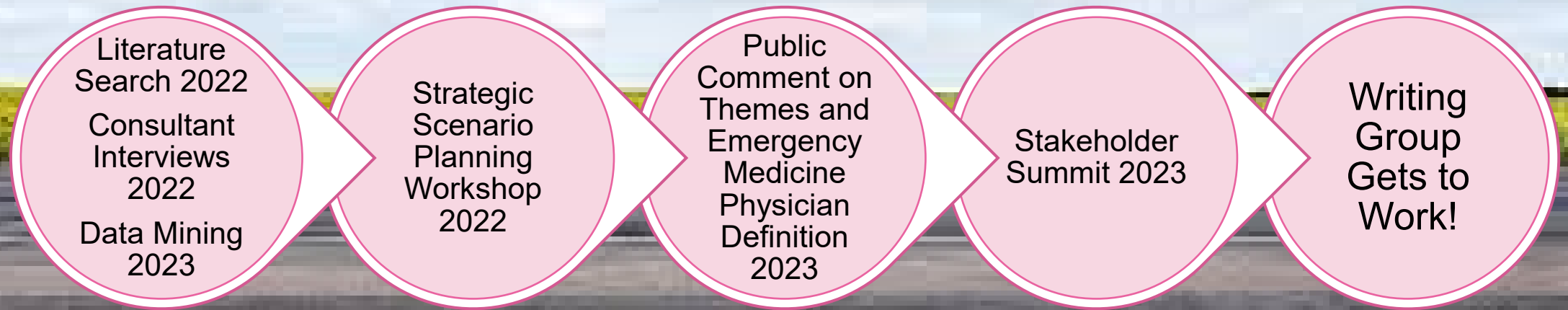
Where are we?

Shaping GME: Emergency Medicine Requirement Revision Process



- **Program Requirements for Emergency Medicine** scheduled for revision to reflect training for emergency medicine residents who will be practicing from **2025-2050**
- Goal: To think rigorously and creatively about what the specialty will look like in the future, recognizing that the future is marked with significant uncertainty.

The Road to Requirement Revisions...



The Road to Requirement Revisions...

We are here!



Writing Group completes Program Requirements draft and accompanying FAQs

Draft Requirements and Impact Statement posted for public review and comment

Draft, comments, and FAQs go before Committee on Requirements for review

Requirements approved by Board and posted for one year

Requirements go into effect!

Dear Members of the Emergency Medicine Community,

The ACGME thanks you for your engagement, thoughtful comments, and patience throughout the revision process for the proposed Program Requirements for Graduate Medicine in Emergency Medicine.

The ACGME would also like to recognize and thank the members of the Review Committee for Emergency Medicine and Emergency Medicine Writing Group for all their time and hard work throughout this process.

The Board of Directors has decided to defer a decision regarding the proposed Requirements, including consideration of the move to a four-year program format.

A process is being identified to collect additional information and continue this review. A timeline has not yet been established, but as details are finalized, they will be shared through direct communication with emergency medicine program directors, coordinators, and designated institutional officials.

We deeply appreciate your continued partnership, patience, and commitment to the specialty.

Major Revisions: Emergency Medical Services (EMS) Program Requirements



Major Revision – EMS Requirements

- Revision process began Summer 2025
- Seven-member Writing Group
 - Two Review Committee members
 - Three former EMS Milestones Workgroup members
 - Most are EMS program directors and/or members of (National Association of EMS Physicians) NAEMSP
- Revisions presented at NAEMSP 2026 Annual Meeting in January
- Requirement revisions currently posted for review and comment through March 6, 2026 on the ACGME website
- Revisions planned for Committee on Requirements review in September 2026, earliest implementation could be July 2027

EMS Proposed Requirement Revision Highlights

NEW!

- 2.6.a. Programs approved for four or more fellow positions must appoint an assistant or associate program director who is clinically active in emergency medical services. (Core)
- Rotations vs. structured experiences concept has been adopted

EMS Proposed Requirement Revision Highlights

Increase in Core Faculty

	1-3 Positions	4-6 Positions	7+ Positions
Existing	3		
Proposed	3	4	5

EMS Proposed Requirement Revision Highlights

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Faculty/Consultants

2.6.c.1. There should be faculty members or consultants available to the program from within the department or institution with background and focused experience in: ~~Consultants and/or program faculty members should include those with special expertise in air medical services, epidemiology, biostatistics, cardiology, critical care, disaster medicine, hazardous materials, mass casualty incident management, forensics, and mass exposure to toxins, mass gatherings, neurology, pediatrics, pharmacology, psychiatry, public health, and research. pulmonary medicine, resuscitation, toxicology, and trauma surgery.~~ (Detail)

EMS Proposed Requirement Revision Highlights

Faculty Scholarship

4.14.c. At a 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 a 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)

	Scholarship For Each Core Faculty Per Year	Publications for 3 Core Faculty / 5 Years
Existing	1	8
Proposed	1	5

Coming Soon! Nutrition PRs

- Continuing from the ACGME's Nutrition Summit of 2023
- All Review Committees asked to consider nutrition program requirements
 - Competencies and/or curriculum experience(s)
- Review Committee for Emergency Medicine considered seven competency statements focused on Medical Knowledge and Patient Care, generally referring to:
 - Breastfeeding
 - Public health nutrition
 - Social determinants of health
 - Identifying/referring patients with eating disorders
- All final nutrition decisions across specialties will be publicly posted soon
- Next ACGME Nutrition Summit planned for fall 2026



ACGME UPDATE



Update: Projected Common Program Requirement Major Revision Timeline



Update: Projected Common Program Requirement Major Revision Timeline - Fellowships



Burden Reduction – Common Program Requirements Task Force

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- In service to ongoing burden reduction, the Common Program Requirements Task Force identified 10 requirements that are slated for deletion when the full set of new Common Program Requirements is posted for public comment in late 2026
- Until the new Common Program Requirements are effective (likely in 2028), these 10 requirements are suspended, effective February 7, 2026 (date of Board decision)
- Of the 10 deletions, please note the following...

Burden Reduction

PROGRAM LETTER OF AGREEMENT (Early suspension of 1.3.a)

1.3. There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)

~~**1.3.a. The PLA must be renewed at least every 10 years. (Core)**~~

1.3.b. The PLA must be approved by the designated institutional official (DIO). (Core)

Burden Reduction

PROGRAM DIRECTOR APPROVAL (Early suspension of 2.2.a)

2.1. Program Director

There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)

2.2. The Sponsoring Institution's GMEC must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)

~~**2.2.a. Final approval of the program director resides with the Review Committee. (Core)**~~

Coming in July 2026!

FAQ integration into Requirements documents

- As part of the ACGME's Digital Transformation and following the reformatting of all Requirements documents, FAQs will be integrated into the Requirements documents.
- All common FAQs and specialty/subspecialty-specific FAQs will be available linked directly to specific requirements, where applicable.
- Except for FAQs already undergoing revision, **the content of the FAQs is not changing**, just their integration into requirements documents for ease of access.

FAQs integration into Requirements documents

Section 6: The Learning and Working Environment	42
Culture of Safety	42
Quality Metrics	43
Supervision and Accountability	43
Professionalism	45
Well-Being	47
Fatigue Mitigation	50
Clinical Responsibilities	50
Teamwork	51
Transitions of Care	51
Clinical Experience and Education	51
Frequently Asked Questions: Anesthesiology	56

Anesthesiology with FAQs

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Frequently Asked Questions: Anesthesiology 56

Anesthesiology with FAQs
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FAQ integration into Requirements documents

1.2. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)

1.2.a. The Sponsoring Institution must also sponsor or be affiliated with ACGME-accredited residencies in at least the specialties of general surgery and internal medicine. (Core)

[See FAQ in Appendix]

Anesthesiology with FAQs

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Accreditation of Combined Programs

- Existing combined programs listed in ADS were offered an opt-in
 - 130 of 133 were assigned Initial Accreditation, effective July 1, 2025
 - Review Committee review in 2027 (after site visit), for programs to achieve Continued Accreditation
- New program applications are open
- No format-specific Program Requirements
 - Programs expected to adhere to specialty-specific requirements, w/ conflicts addressed in (general, not format-specific) Combined Program Requirements
 - Block diagram should communicate adherence to posted certifying board curricula
- Residents in combined programs should only be listed in that program's ADS roster
- Feedback on this new process is welcome
- See [combined programs webpage](#) or contact accreditation@acgme.org



Q Enter your search

ADS



Combined Programs

ACGME HOME > PROGRAMS AND INSTITUTIONS > PROGRAMS > COMBINED PROGRAMS

Overview

Share This



Effective February 2024, the ACGME Board of Directors approved a plan to initiate accreditation of combined programs, which are GME programs designed to provide residents/fellows with education in two or more specialties/subspecialties. The ACGME Combined Program Requirements are a basic set of standards (requirements) that supplement/complement the existing specialty-/subspecialty-specific Program Requirements for education of resident and fellow physicians in a particular specialty or subspecialty.

Combined Program Requirements Documents

Program applications must be initiated in the Accreditation Data System (ADS). For more information on the process to submit a program application, visit the [Program Application Information](#) web page or review this three-part course [Applying for Program Accreditation](#), available in Learn at ACGME.

CONTACT AND SUPPORT

General questions: accreditation@acgme.org

Specialty-specific questions: contact the relevant Review Committee staff, as noted in the table on this page, or visit the [Specialties listing](#) to select the relevant specialty.

For additional information about combined programs, contact the member boards of the ABMS and/or certifying boards of the AOA offering combined educational experiences.



ACGME-Accredited Combined Programs and Accrediting Review Committees

The Curricular/Educational Experiences for Combined Programs column will be updated as documents for each combined program are developed and finalized. These documents will be posted as they become available and will be announced in the ACGME's weekly *e-Communication*.

Combined Program Specialties/ Subspecialties	Assigned Review Committee	Specialty/ Subspecialty Requirements	Curricular/ Educational Experiences for Combined Programs*
Aerospace Medicine-Emergency Medicine	Preventive Medicine	 Aerospace Medicine  Emergency Medicine	TBA
Aerospace Medicine-Internal Medicine	Preventive Medicine	 Aerospace Medicine  Internal Medicine	TBA
Anesthesiology-Emergency Medicine	Anesthesiology	 Anesthesiology  Emergency Medicine	 Anesthesiology-Emergency Medicine
Anesthesiology-Internal Medicine	Anesthesiology	 Anesthesiology  Internal Medicine	 Anesthesiology-Internal Medicine

<https://www.acgme.org/link/9d6bb13552894f768cf4976e4fd76875.aspx>

Accreditation of Combined Programs

Combined Program Specialty/Subspecialty	Assigned Review Committee	Number of Programs
Aerospace Medicine-Emergency Medicine	Preventive Medicine	1
Anesthesiology-Emergency Medicine	Anesthesiology	1
Emergency Medicine-Family Medicine	Emergency Medicine	3
Emergency Medicine-Internal Medicine	Emergency Medicine	12
Emergency Medicine-Internal Medicine-Critical Care Medicine	Emergency Medicine	7
Emergency Medicine-Pediatrics	Emergency Medicine	4

Programs on Continued Accreditation random sampling site visits

- The ACGME conducts site visits annually for programs with a Continued Accreditation status through a random sampling process.
- For the current academic year, 250 site visits were selected and will be scheduled between April and October 2026.

Academic Year	Number of Randomly Selected Site Visits	Number of Completed Site Visits	Post-Site Visit Accreditation Decisions
2023-2024	150	148*	<ul style="list-style-type: none"> • 140 Continued Accreditation • 7 Continued Accreditation with Warning • 1 Probationary Accreditation
2024-2025	200	198*	Decisions in progress
2025-2026	250	In progress	Decisions in progress

**Several programs voluntarily withdrew their accreditation after selection or were pulled for other types of site visits.*

ACGME Cloud

Reducing Burden | Reimagining GME

ACGME to Launch Next Phase of ACGME Cloud with New Features in April including a Unified User Experience and ACGME Cloud | Analytics Additions and Enhancements!

Learn More and connect with the ACGME team at the conference:

- Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall
- Attend two key sessions on Friday, February 20
 - Featured Plenary SES003, Harnessing AI Agents in the GME Office: Innovations and Future Directions
 - SES022, ACGME Cloud: Progress, Next Steps, and Ways to Stay Engaged

Contact Cloud@acgme.org with questions.

ACGME Cloud

Reducing Burden | Reimagining GME

New ACGME Cloud features launching in April will offer:

- Unified User Experience – simplified, streamlined navigation across ACGME Cloud and ADS, including a user-friendly way to switch between products and an AI-powered smart search to find information in ADS and complete tasks.
- ACGME Cloud | Analytics Additions and Enhancements – additional dashboards for the annual Resident/Fellow and Faculty Surveys, operational dashboards, and Milestones dashboards.

Visit the ACGME Cloud team at the ACGME Hub in the Exhibit Hall to learn more!

Contact Cloud@acgme.org with questions.

Q Enter your search

- Programs and Institutions ▾
- Specialties ▾
- Residents and Fellows ▾
- Milestones ▾
- Improvement and Initiatives ▾
- Education and


- Accreditation Data System (ADS)
- ACGME Cloud**
- ACGME Surveys
- Case Log System
- Institution and Program Finder
- ADS Help Center



2026 ACGME ANNUAL
EDUCATIONAL CONFERENCE
Meaning in Medicine
FEBRUARY 19-21, 2026
SAN DIEGO, CALIFORNIA



In-Person Registration Available

 Learn more!

Attend #ACGME2026, the ACGME's signature learning event, and be part of the largest graduate medical education (GME) gathering in the world! The conference will be held February 19-21, 2026 in San Diego, California.

Example Analytic Resident Survey Results in ACGME Cloud

#ACGME2026

Survey Reports

Program

Survey Category and Content Area

All ▼

Survey Type

Resident

Faculty

Compare To

National

Specialty

By Year

Charts

Details

By Trends

Charts

Details

% Compliance Trends by Survey Category and Content Area

	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025
Resources	72.6%	97.8%	96.1%	97.4%	91.8%
Able to access confidential mental health counseling or treatment	73.3%	100.0%	100.0%	100.0%	94.7%
Able to attend personal appointments	80.0%	100.0%	100.0%	100.0%	94.7%
Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	40.0%	100.0%	88.2%	88.2%	78.9%
Education compromised by non-physician obligations	100.0%	100.0%	100.0%	100.0%	100.0%
Faculty members discuss cost awareness in patient care decisions	73.3%	93.3%	94.1%	100.0%	89.5%
Impact of other learners on education	80.0%	93.3%	100.0%	100.0%	89.5%
Protected time to participate in structured learning activities	46.7%	100.0%	100.0%	100.0%	100.0%
Satisfied with safety and health conditions	66.7%	100.0%	88.2%	88.2%	84.2%
Time to interact with patients	93.3%	93.3%	94.1%	100.0%	94.7%



 Listening  Information  News  Collaboration

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Your monthly connection to ACGME updates and collaboration

- ✓ Stay informed on important updates and initiatives
- ✓ Engage in interactive activities
- ✓ Provide feedback and share ideas
- ✓ Visit the page on [acgme.org](https://www.acgme.org/education-and-resources/acgme-linc/) to view upcoming sessions and register: <https://www.acgme.org/education-and-resources/acgme-linc/>



[Add to Calendar\(.ics\)](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)





QUESTIONS



Thank you!