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EMERGENCY MEDICINE/FAMILY MEDICINE COMBINED TRAINING PROGRAM GUIDELINES ANNOUNCED SPRING 2006

The American Board of Emergency Medicine (ABEM) and the American Board of Family Medicine (ABFM) have approved guidelines for a five-year combined training program that, upon completion, will provide graduates the opportunity to seek certification in both Emergency Medicine (EM) and Family Medicine (FM).

In 2005, ABEM and ABFM initiated discussions that focused on the interface between EM and FM. The boards recognized that as the practice of medicine is rapidly changing there may exist the opportunity to develop new training options for individual physicians and improve care for patients.

Both boards identified six months of redundancy in the EM and FM training requirements while assuring that EM and FM requirements would be met. Combined programs will include components of categorical EM and FM residencies that are accredited respectively by the Residency Review Committee (RRC) for EM and the RRC for FM, both of which function under the auspices of the Accreditation Council for Graduate Medical Education (ACGME). Combined programs will be approved by ABEM and ABFM, with each categorical program being accredited by their respective RRC.

The objectives of this combined training include preparing physicians for practice or academic careers that address the spectrum of patient illness and injury from emergency situations through the total health care of the individual and the family. Graduates of the combined training program may function as generalists, practice either or both disciplines, enter subspecialty training programs approved by either Board, or undertake research. Within an institution, their perspectives derived by spanning the two specialties have the potential to increase communication and understanding.

ACGME-accredited EM and FM residencies interested in developing an Emergency Medicine/Family Medicine combined training program should contact either ABEM or ABFM for an application packet. The completed application material must be submitted to both boards for review, and both boards must approve the program before the program enrolls residents.

Upon successful completion of the combined training program, a resident must submit the appropriate applications to ABEM and ABFM to enter the certification process.

It is the position of ABEM and ABFM that combined training in EM/FM is the sole recognized pathway for EM residents to train in FM and the sole recognized pathway for FM residents to train in EM, other than completion of both categorical EM and FM residency programs accredited by the ACGME.

The *Guidelines for Combined Residency Training for Emergency Medicine/Family Medicine* are attached to this announcement.

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Guidelines for Combined Residency Training in Emergency Medicine and Family Medicine

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In 2005 the American Board of Emergency Medicine and the American Board of Family Medicine announced that they would offer dual certification for candidates (eligible for certification by each Board) who enter and successfully complete the curriculum of the five-year program. These guidelines are applicable to residents entering training on and after July 1, 2006.

Combined training in Emergency Medicine/Family Medicine is the sole recognized pathway for Emergency Medicine (EM) residents to train in Family Medicine (FM) and the sole recognized pathway for Family Medicine residents to train in Emergency Medicine, other than completion of both categorical EM and FM residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Objectives

Combined training in Emergency Medicine and Family Medicine (EM/FM) should develop physicians who are fully qualified in both specialties. The strengths of the two residencies should complement each other to provide the optimal educational experience.

The objectives of the combined training in EM/FM include the training of physicians for practice or academic careers that address the spectrum of patient illness and injury from the emergent through the total health care of the individual and the family. Graduates of the combined training program may function as generalists, practice either or both disciplines, enter subspecialty training programs approved by either Board, or undertake research. Within an institution, their perspective spanning two specialties has the potential to increase communication and understanding.

Combined programs include components of categorical EM/FM residencies that are accredited respectively by the Residency Review Committee for Emergency Medicine (RRC-EM) and by the Residency Review Committee for Family Medicine (RRC-FM), both of which function under the auspices of the ACGME. The combined programs will be approved by the American Board of Emergency Medicine and the American Board of Family Medicine with each categorical program being accredited by their respective Residency Review Committee.

After completion of a combined EM/FM residency program, the graduate will be eligible to sit for certification in each specialty. The Boards will not accept training in a combined program if the accreditation status of the residency in either primary discipline is probationary. If the residency in either discipline receives probationary accreditation after initiation of the combined training program, new residents may not be appointed to the combined training program until such time as the residency in the primary discipline is restored to full accreditation.

General Requirements

A combined EM/FM residency consists of five years of balanced training in the two disciplines that meets the ACGME Common Program Requirements, the Program Requirements for Residency Education in Emergency Medicine, and the Program Requirements for Residency Education in Family Medicine.

It is strongly recommended that the participating residencies be in the same academic health center, and documentation of hospital and university commitment to the program, where applicable, must be available in signed agreements. Such agreements must include institutional goals for the combined program. Participating institutions must be located close enough to facilitate cohesion among the program's house staff, attendance at weekly conferences, continuity clinics and integrated conferences, and faculty exchanges over curriculum, evaluations, administration, and related matters.

Ideally, at least two residents should be enrolled in each year of the five-year program to ensure peer interaction. The total number of residents in combined programs may not exceed the number of residents in the categorical program of either specialty.

The training of residents while on Emergency Medicine rotations is the responsibility of the faculty of Emergency Medicine. Likewise, the training of residents while on Family Medicine rotations is the responsibility of the Family Medicine faculty. Prior to the completion of training, each resident must demonstrate some form of acceptable scholarly activity. Scholarly activity may include original research, comprehensive case reports, or review of assigned clinical and research topics.

Vacations, sick leave, and leave for meetings must be shared equally by both training programs. Absences from the training program exceeding five months in the 60 months must be made up.

Except for the following provisions, combined residencies must conform to the Program Requirements for accreditation of residencies in Emergency Medicine and Family Medicine.

The Resident

Residents should enter a combined program at the R-1 level. A resident may enter a combined program at the R-2 level *only* if the first residency year was served in an accredited categorical residency in either Emergency Medicine or Family Medicine. Residents *may not* enter combined training beyond the R-1 level or transfer between combined training programs in different institutions unless prospectively approved by both boards. If they transfer between combined training programs, residents must be offered and complete a fully integrated curriculum. A transitional year of training will provide *no credit* toward the requirements of either board.

A resident transferring from a combined training program to a categorical Emergency Medicine or Family Medicine program must have prior approval from the receiving board.

Training in each discipline must incorporate graded responsibility throughout the training period. Each resident must have supervisory responsibility for at least six months in each discipline.

The Training Director(s)

The combined training must be coordinated by a designated director or co-directors who can devote substantial time and effort to the educational program. An overall program director may be appointed from either specialty, or co-directors may be appointed from both specialties. If a single program director is appointed, an associate director from the other specialty must be named to ensure both integration of the program and supervision of each discipline. An exception to the above requirements would be a single director who is board certified in each discipline and has an academic appointment in each department. The two directors should embrace similar values and goals for their program.

The supervising directors from both specialties must document meetings with one another and the leadership of their respective departments at least twice a year to monitor the success of the program and the progress of each resident.

Length of Training

The training requirements for credentialing for the certifying examination of each Board will be fulfilled in 60 months of the combined program. A shortening of 12 months training from that required for two separate residencies is possible due to appropriate overlap of training requirements.

Core Curricular Requirements

A clearly described, written curriculum must be available for residents, faculty, and both Residency Review Committees. There must be 30 months of training under the direct supervision of each specialty. The curriculum must assure a cohesive, planned educational experience and not simply comprise a series of rotations between the two specialties. Duplication of clinical experiences between the two specialties should be avoided. Periodic review of the program curriculum must be performed. This review must include the program directors from the two departments, as well as faculty and residents.

Six months of training should be spent under the direction of each specialty in the first year. During the final 48 months, continuous assignments to one specialty or the other should be not less than three or more than six months in duration.

A joint educational conference involving residents from Emergency Medicine and Family Medicine is desirable. The joint conference should specifically include the participation of all residents in the combined training program.

Requirements for Family Medicine

All program and curricular requirements, as described in the ACGME *Program Requirements for Graduate Medical Education in Family Medicine* must be met.

The combined training program must include the following experiences:

- Eight months of adult medicine of which six are inpatient and include cardiovascular, neurologic, endocrinologic, pulmonary, gastrointestinal, rheumatologic, infectious, nephrologic, and hematologic diseases. Residents must receive a structured experience in non-obstetrical/gynecologic care of women; be able to manage the care of at least five inpatients, on average, at any one time; have managed a substantial portion of the care for at least 15 critically ill patients, and educational experiences in the common and complex clinical problems of older patients.
- Four months in the care of neonates, infants, children, and adolescents
- A two month structured experience in general surgery with additional adequately structured hands-on experiences in otorhinolaryngology, urology, and ophthalmology
- Two months of maternity care, with the opportunity for an elective in high-risk maternity care.
- Each resident must perform a minimum of 40 deliveries over the course of the program with 30 being vaginal deliveries. Each resident must have a minimum of ten continuity patient deliveries.
- 200 hours of Emergency Medicine training
- A one month structured experience in Gynecology
- Exposure to the diagnosis and management of common dermatologic conditions
- Two months experience in the care of patients with orthopedic and musculoskeletal problems, including experience in sports medicine
- A community medicine experience
- A structured experience in diagnostic imaging and nuclear medicine
- Behavioral science and psychiatry integrated with all disciplines throughout the total educational experience
- 100 hours of management of health systems
- Three electives minimum; six electives maximum
- A three-year family medicine center/continuity clinic experience in which each resident must have a documented total of at least 1650 patient visits, with at least 150 in the first year. Residents must be scheduled to see patients in the FMC a minimum of 40 weeks during each year of training and other assignments must not interrupt continuity for more than eight weeks at any give time or in any one year.

Requirements for Emergency Medicine

Unless otherwise specified, all program and curricular requirements as described in the *ACGME Program Requirements for Graduate Medical Education in Emergency Medicine* must be met, including those related to the education and evaluation of residents in the six core competencies.

Thirty months of training must be provided under the direction of Emergency Medicine faculty and must include at least 12 months of emergency department experience.

The emergency department experience must provide the resident the opportunity to manage an adequate number of patients of all ages and both sexes with a wide variety of clinical problems. At least three percent of the patient population must present with critical illness or injury.

A pediatric experience, defined as care of patients less than 18 years of age, must be provided consisting of 16% of all emergency department encounters or four months of full-time equivalent experience in the care of infants and children. The latter should include critical care and 50% of the experience should be in the emergency department.

There must be two months of inpatient critical care experience provided with documented decision-making authority.

Experience in performing invasive procedures, monitoring unstable patients, and directing major resuscitations of all types in all age groups must be provided.

A structured EMS experience must be provided.

Evaluation

There must be adequate, ongoing evaluation of the knowledge, skills, and performance of the residents. Entry evaluation assessment, interim testing and periodic reassessment, as well as other modalities for evaluation should be utilized. There must be a method of documenting the procedures that are performed by the residents. Such documentation must be maintained by the program, be available for review by the RRCs, ABEM, ABFM, and site visitor, and be used to provide documentation for future hospital privileges.

The faculty must provide a verbal and written evaluation of each resident after each rotation, and these must be available for review by the resident and site visitor. Written evaluation of each resident's knowledge, skills, professional growth, and performance, using appropriate criteria and procedures, must be accomplished at least semiannually and must be communicated to and discussed with the resident in a timely manner.

Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.

The training program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel. The training director of the EM/FM program is responsible for providing a written final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

Certification

To meet eligibility for dual certification the resident must satisfactorily complete 60 months of combined training and this must be verified by the director or co-directors of the combined program. The EM and FM certifying examinations cannot be taken until all five years of training in the combined EM/FM residency program are satisfactorily completed.

Lacking verification of successful completion of the combined residency program, the resident must satisfactorily complete 36 months of accredited training in either Emergency Medicine or Family Medicine to meet the eligibility requirements in the specialty.