Requirements for ED applicants in various pathways

1. Surgical Critical Care (effective July, 2012)

Prior to appointment in the program, fellows must have completed at least three clinical years in an ACGME-accredited graduate educational program in emergency medicine and Must also complete one preliminary year of education in the surgery program at the institution where they will enroll in the surgical critical care fellowship.


ABS announcement: http://www.absurgery.org/default.jsp?certsccce_abem

Requirements:

At a minimum the preliminary year of education must include supervised clinical experience in:

- pre-operative evaluation, including respiratory, cardiovascular, and nutritional evaluation;
- pre-operative and post-operative care of surgical patients, including outpatient follow-up care;
- care of injured patients;
- care of patients requiring abdominal, breast, head and neck, endocrine, thoracic, and vascular operations;
- management of complex wounds; and,
- minor operative procedures related to critical care, such as venous access, tube thoracostomy, and tracheostomy.

2. Anesthesia Critical Care (effective July 2013)

Certification in the subspecialty of Anesthesiology Critical Care Medicine (ACCM) is available to American Board of Emergency Medicine (ABEM)–certified physicians (diplomates) who fulfill the eligibility criteria and pass the ACCM subspecialty examination. ABEM co-sponsors this subspecialty with the American Board of Anesthesiology (ABA).

ABEM diplomates starting ACCM fellowship training on or after July 1, 2014, for the purpose of seeking subspecialty certification in ACCM, must enter an ACCM fellowship program that includes the ACGME-accredited ACCM fellowship program and an additional 12 months of ACCM training. The program and its training design must have the prospective approval of the ABA prior to the entry of the emergency physician into that program.

Requirements:

• The physician must have successfully completed an Accreditation Council for Graduate Medical Education (ACGME)–accredited EM residency program (36 or 48 months in length)

• The physician must be an ABEM diplomate

• The physician must be meeting the requirements of the ABEM MOC program at the time of application and throughout the certification process

• Prior to entering an ACCM fellowship program, and during the ACGME-accredited EM residency, emergency physicians must have completed four months (or 16 weeks) of critical care training

• Emergency physicians must successfully complete an ACGME-accredited ACCM fellowship program; and Complete an additional 12 months of ACCM training that have been prospectively approved by the ABA. This additional 12 months of training must occur at the same site as the ACCM fellowship program

3. Internal Medicine (Effective February 2012)

Certification in the subspecialty of Internal Medicine-Critical Care Medicine (IM-CCM) is available to diplomates of the American Board of Emergency Medicine (ABEM) who fulfill the eligibility criteria and pass the IM-CCM certification examination. ABEM co-sponsors this subspecialty with the American Board of Internal Medicine (ABIM).


Requirements:

• The diplomat must be meeting the requirements of the ABEM Maintenance of Certification program.

• Medical licensure must be in compliance with the ABEM Policy on Medical Licensure.
• ABEM must be able to obtain independent verification of clinical competence in Critical Care Medicine; successful completion of IM-CCM fellowship training; and, if the physician applies via the practice pathway, the physician’s practice of CCM. ABEM will independently verify, with the fellowship program director, the applicant’s successful completion of that training and the applicant’s clinical competence in CCM.

• The applicant must have successfully completed an ACGME-accredited IM-CCM fellowship on or after September 21, 2011, that is a minimum of 24 months duration.


Requirements (written component):

• Fully registered Medical Doctor (i.e. internship completed). Candidates must be in good standing with their national medical registration authorities.

• Entry into a national training program in a primary specialty. This may include Anesthesiology, General/Internal Medicine (and other medical specialities), General Surgery (and other surgical specialities), Accident & Emergency Medicine, Pediatrics, or Intensive Care Medicine if a primary speciality.

• Entry into a national training program in intensive care medicine or satisfactory completion of 12 months training/experience in ICM**, of which not more than six months may include complementary training. Complementary training entails training in the acute and emergency medical care of patients other than in the trainee’s primary speciality. ** Intensive Care Medicine training/experience should be undertaken in modules of dedicated, full-time, supervised training / experience in Intensive Care Medicine

• Specialists (Consultants/Attending) may take the EDIC if they have a regular, substantive day-time and emergency call commitment to intensive/critical care medicine.

Requirements (oral/clinical component):

• Successful completion of EDIC Part I

• 24 months of training/experience in ICM**, of which not more than 6 months may include ‘complementary training’ (see above). ** Intensive Care Medicine training/experience should be undertaken in modules of dedicated, full-time, supervised training / experience in Intensive Care Medicine

• To minimize the failure rate and to accommodate requests for candidates from outside Europe, it is recommended that candidates should acquire a thorough understanding of European ICM practice. It is recommended that this is best facilitated by working in an academic European ICU for a period of at least six months. If your application form does not specify training within a European ICU, you may be requested to provide documentation confirming such training / experience.