

**AMERICAN BOARD OF ANESTHESIOLOGY (ABA)
AMERICAN BOARD OF EMERGENCY MEDICINE (ABEM)**

**ANESTHESIOLOGY CRITICAL CARE MEDICINE (ACCM)
ELIGIBILITY CRITERIA FOR ABEM DIPLOMATES**

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).

The ABA is the administrative board for the ACCM subspecialty. The ABA develops and oversees the administration of the subspecialty examination. ABEM diplomates submit applications for certification in ACCM to ABEM. ABEM reviews the applicant’s credentials to determine eligibility, reports the results of the examination, and issues certificates to its candidates. All applicants are encouraged to review the [FAQs](#) for more details about the application process and eligibility criteria.

GENERAL ELIGIBILITY CRITERIA

The general criteria for emergency physicians seeking certification in ACCM are as follows:

- 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.

Additionally, the physician must fulfill the eligibility criteria of either the Fellowship Training Pathway or the Fellowship Training-plus-Practice Pathway.

APPLICATION PATHWAYS

Fellowship Training Pathway

These criteria pertain to ABEM diplomates who enter ACGME-accredited, ABA-approved, ACCM fellowship programs on or after **July 1, 2014**.

ABEM diplomates must meet all of the following requirements:

- 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.

The fellowship program and additional ACCM training requirements for emergency physicians are available from the [ABA](#).

Fellowship Training-Plus-Practice Pathway (Grandfathering Pathway)

There is an eligibility opportunity for some ABEM diplomates who have previously completed an ACGME-accredited ACCM fellowship program and have practiced critical care medicine. This pathway of application is time limited. Physicians seeking certification through the Fellowship Training-Plus-Practice Pathway must have completed both an ACGME-accredited ACCM fellowship program **and** the CCM practice component by the time they submit their certification application and no later than **June 30, 2018**. In addition, the physician must submit an application to ABEM no later than the final day of the application period that ends in calendar year 2018.

Fellowship Training Requirement

- The physician must have successfully completed an ACGME-accredited ACCM fellowship program.

Practice Requirement

- ABEM must be able to obtain independent verification of the physician's clinical competence in CCM.
- During the two years immediately preceding the submission of an application for certification in ACCM, the applicant must have completed one of the following:
 - 40% of their post-training clinical practice time in the practice of CCM (≥16 hours per week),* or
 - 25% of their total post-training professional time in the practice of CCM (≥10 hours per week).**

* *This calculation is based on an average work week of 40 hours. Physicians whose total practice exceeds 40 hours per week may still use the 40 hours number as the denominator of their 40% or 25% calculation.*

** *This approach specifically applies to academic program directors, administrators, or researchers, and provides them a pathway to qualification*

The "practice of CCM," is strictly defined for the purpose of meeting this requirement. An acceptable practice of CCM must occur in a designated critical care unit such as a surgical critical care unit, medical intensive care unit, or combined med-surg ICU. For purposes of ACCM eligibility, practices that occur in critical care areas in the emergency department do not count. The CCM practice must involve scheduled time in the critical care unit when the physician has no other clinical responsibility (e.g., seeing patients in the emergency department or elsewhere). Likewise, any other venue that is not specifically designated as a critical care or intensive care venue that is also not under the purview of a department of critical care medicine or similar authority does not count as a critical care unit for the purpose of meeting this practice

requirement. In addition, providing medical care to critically ill and injured patients in the emergency department does not, by itself, constitute practicing CCM. Although emergency physicians care for critical patients daily, this does not constitute the practice of CCM.

TIMING CONSIDERATIONS

For Physicians Completing ACGME-accredited ACCM Fellowship Training on or Before June 30, 2014

ABEM diplomates who successfully complete an ACGME-accredited ACCM fellowship program on or before June 30, 2014, will have completed the training requirement of the Fellowship Training-Plus-Practice Pathway of application. They must also complete two years of clinical practice in CCM as described above. This practice must have occurred in a designated CCM unit as defined above.

After July 1, 2014, completing only 12 months of training in ACCM will be insufficient to qualify for ACCM certification eligibility.

For Physicians Starting ACCM Fellowship Training on or after July 1, 2014

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. The program director must seek this approval from the ABA. Training completed in any program that does not have the prior approval of the ABA will not fulfill the training requirement.

VERIFICATION OF ACCM TRAINING, CCM PRACTICES, AND CLINICAL COMPETENCE

For physicians who apply through the Fellowship Training Pathway, ABEM will seek independent verification of the physician's successful completion of the ACCM fellowship program from the ACCM fellowship program director.

For physicians who apply through the Fellowship Training-Plus-Practice Pathway, ABEM will seek independent verification of the physician's successful completion of the ACCM fellowship program from the ACCM fellowship program director.

ABEM will also seek independent verification of the ACCM practice a physician submits to fulfill the CCM practice requirement and the physician's clinical competence in CCM. ABEM will accept this verification from the program director of the ACGME-accredited CCM fellowship program affiliated with the hospital where the physician spends the majority of CCM clinical time. If an ACGME-accredited CCM fellowship is not present at this hospital, ABEM will seek verification by the Chief of Critical Care Medicine in the hospital where the physician spends the majority of CCM clinical time. Should the physician who is applying be the Chief of Critical Care, verification will be accepted from the Chief of Staff, Vice-President of Medical Affairs, or someone in a similar position.

CERTIFICATION

ABEM diplomates who have met the ACCM eligibility criteria and who pass the ACCM subspecialty examination are recognized as being certified in the subspecialty of Anesthesiology Critical Care Medicine. Certification is for a period of ten years.

Certificates are dated from the date of the examination results letter and expire December 31, ten years thereafter. The diplomate's Emergency Medicine certification must be valid in order for the subspecialty certification to remain valid.