



December 5, 2018

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Accreditation Council for Graduate Medical Education
401 North Michigan Avenue, Suite 2000
Chicago, IL 60611

Dear Dr. Nasca,

The majority of ACGME-designated core faculty in emergency medicine residencies are members of the nearly 7,000-member Society for Academic Emergency Medicine (SAEM). In response to proposed changes from the Residency Review Committee for Emergency Medicine (RRC-EM), SAEM conducted a brief survey of those core faculty.

SAEM feels that the elimination of mandated core faculty protected time (whereby core faculty may not work more than 1,344 clinical hours per academic year) will negatively impact core faculty productivity and well-being. While SAEM does not know precisely how many of our members are ACGME-designated core faculty, we sent a survey to all SAEM members who are not medical students, residents, or fellows. In just four days, we accumulated a total of 865 individual responses to our survey.

We took painstaking efforts to adequately and appropriately identify and clarify for core faculty the definition of “protected time” and asked them to consider only protected time which was a direct and sole result of their designation as core faculty. To our concern, when asked, “If the ACGME RRC were to eliminate mandatory protected time for core faculty, to what degree would that impact your job satisfaction?”, 865 core faculty responded on a Likert scale of 0 (no impact) to 10 (major impact) with a mean score of 8.8.

Physician burnout is increasing, and emergency medicine has the misfortune of being the specialty with the highest degree of burnout; therefore, we feel that satisfaction with one’s job and career are important. To that end, when asked, “If the ACGME RRC were to eliminate mandatory protected time for core faculty, to what degree would that impact your personal well-being?”, the response was a mean of 8.6, suggesting significant negative impact. Furthermore, when asked, “If the ACGME core faculty protected time were eliminated, how likely are you to change in a meaningful way, your current academic activities?” (from 0, indicating no change, to 10, indicating leave academic medicine), a remarkable mean score of 7.3 was returned. Lastly, when asked, “Do you think the loss of this core faculty protected time would impact your

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ability to perform your current academic duties for the residency?”, 865 core faculty responded with a mean score of 8.8, suggesting significant negative impact.

Clearly core faculty have significant concerns about the proposed changes. We do not feel that it is hyperbolic to surmise that the proposed RRC-EM changes represent a threat to emergency medicine residency training, faculty well-being, and job satisfaction.

We urge the ACGME and RRC-EM to reconsider plans to (among others) eliminate the requirement that ACGME-designated core faculty work no more than 1,344 clinical hours per academic year. Likewise, neither do chairs of emergency medicine want these changes to take effect. In addition to their sentiment, we can now also demonstrate the remarkable degree to which core faculty fear these changes as a threat to their well-being and their ability to find meaning in the service of academic emergency medicine.

Thank you for your time and consideration.

Sincerely,



Steven B. Bird, MD
President, Society for Academic Emergency Medicine

Cc:

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