Society for Academic Emergency Medicine

Comment on the ACGME Proposed Major Revisions to the Common Program Requirements (Residency)

October 14, 2026

Dear ACGME Leadership and Members of the Common Program Requirements Review Committee:

On behalf of the Society for Academic Emergency Medicine (SAEM) and its Board of Directors, thank you for the opportunity to comment on the proposed major revisions to the Common Program Requirements. We appreciate ACGME's work to simplify the requirements, reduce duplicated effort and give programs more flexibility in how they meet educational outcomes. However, these efforts must also preserve the specialty-specific standards necessary to ensure patient safety, educational quality, and readiness for independent practice.

SAEM represents more than 10,000 academic emergency physicians, educators, researchers, residents and medical students, and our members lead and teach in emergency medicine residency programs across the country. SAEM's comments reflect input from its ACGME Task Force and representatives from across the emergency medicine community, including the coalition of Emergency Medicine Resident Organizations and Students (AEROS), and the Association of Academic Chairs of Emergency Medicine(AACEM). Our review focused on proposed changes that could undermine emergency medicine's recently approved 2028 Program Requirements or limit the Emergency Medicine Review Committee's authority to establish specialty-specific standards necessary for high-quality residency training and patient safety.

Our central request is that the Common Program Requirements establish a consistent foundation across graduate medical education while preserving each Review Committee's authority to establish and maintain more rigorous specialty-specific standards when warranted by clinical practice, educational needs, and patient safety considerations. Emergency medicine is practiced around the clock, with residents directly supervised on every shift while caring for a high volume of undifferentiated, time-critical patients. The Emergency Medicine Review Committee finalized its 2028 Program Requirements in June 2026 with that environment in mind, and SAEM requests that ACGME preserve these recently approved standards and ensure they are not inadvertently weakened or eliminated through revisions to the Common Program Requirements.

Where SAEM supports the proposal

Programs required at the primary clinical site (1.2). SAEM supports this change as proposed. Access to the relevant clinical service is the right standard for a primary clinical site, and it allows rural and under-resourced emergency departments to host residency training.

Technology and artificial intelligence (4.3, 4.9). SAEM supports adding the use of technology, including artificial intelligence, to professionalism and to systems-based practice. Residents already work with AI-enabled tools, and programs should teach and assess their ethical and professional use so residents are trained to use emerging digital tools for optimal patient care.

Review Committee authority over specialty-specific standards

Patient care, procedural skills and medical knowledge (4.4, 4.5, 4.6). ACGME states that existing specialty-specific requirements in these sections will be removed when the new Common Program Requirements take effect. For emergency medicine, that includes the key index procedures, point-of-care ultrasound competence, resuscitation team leadership and the competencies the specialty adopted for 2028. These requirements reflect essential competencies necessary for emergency physicians to safely and effectively care for patients across a broad range of clinical emergencies. SAEM asks ACGME to carry existing specialty-specific requirements forward automatically on implementation, with a review window afterward. This approach would prevent unintended gaps in training standards while allowing for subsequent review and modification through the appropriate Review Committee process.

Clinical work hours (6.29, 6.32, 6.33). Emergency medicine's existing requirements limit scheduled emergency department shifts to 12 hours, set weekly limits of 60 clinical hours and 72 total hours, cap consecutive days at six, and protect one full day off every seven days without averaging. These limits reflect the sustained attention and rapid decision-making emergency department work requires and are important safeguards for both resident well-being and patient safety. SAEM asks ACGME to restore the Review Committee's ability to further specify work hours, including the authority to establish more restrictive standards when justified by specialty-specific clinical demands.

Program director and faculty certification (2.12, 2.24). Board certification in the specialty is the qualification to lead and teach in an emergency medicine residency. SAEM asks ACGME to preserve the Review Committee's authority to require ABEM or AOBEM certification for program directors, and its authority to decide which physician faculty qualifications are acceptable, so faculty standards remain under the oversight of the Review Committee best positioned to evaluate the expertise necessary to train future emergency physicians.

Supervision by faculty in other specialties (2.22). Emergency medicine's 2028 Program Requirements already allow supervision by qualified faculty in other specialties in low-resource and low-acuity settings. SAEM asks ACGME to change "should include flexibility" to "may include flexibility," so the judgment rests with each Review Committee to determine when such supervision is appropriate and consistent with specialty-specific educational objectives.

Core faculty and protected time

Core faculty ratio (2.25). Emergency medicine's 2028 standard is one core faculty member for every three residents. Core faculty supervise residents directly on every shift, serve on the Clinical Competency Committee, lead didactics, mentor residents and write the letters that carry them into practice and fellowship. The 1:3 standard is also how department chairs secure institutional support for faculty time and protected educational time. Weakening this standard could reduce the faculty resources available for supervision, mentorship, assessment, and educational leadership. SAEM asks ACGME to allow a Review Committee to set a ratio stricter than 1:5 when it documents the rationale, so emergency medicine keeps 1:3 while other specialties set the ratio that fits their training and clinical environments.

Scholarship and the academic mission

Faculty and resident scholarly activity (4.18). Scholarly activity and peer-reviewed publication sustain the research and education that move emergency medicine forward, and they are how departments protect time for that work. These expectations also help ensure that residents develop the skills necessary to critically evaluate evidence and contribute to the advancement of medical knowledge. SAEM asks ACGME to allow the Emergency Medicine Review Committee to require both dissemination standards under 4.18.c, and to restore its authority to specify resident scholarly activity requirements appropriate to the specialty.

Resident participation in patient safety and quality improvement (6.5). Participation in patient safety and quality improvement is a key component of medical education and physician practice. SAEM asks ACGME to keep the requirement that residents actively participate in these activities, and agrees that programs should facilitate and support that participation.

Program stability and resident well-being

Program director continuity and experience (2.9, 2.11, 2.11.a). Directing a residency takes time to learn, and residents rely on an experienced program director for their evaluations, their references and the judgment that they are ready to practice. SAEM asks ACGME to keep the continuity requirement, or convert it to a documented succession plan for program leadership, and to keep the requirement that a program director have specialty expertise and at least three years of documented educational and/or administrative experience, or qualifications acceptable to the Review Committee.

Fatigue education and rest (6.24, 6.30, 6.31, 6.37, 6.38). Emergency medicine residents work days, nights, weekends and holidays, and rest and alertness are essential to resident well-being and patient safety. SAEM asks ACGME to keep fatigue, sleep deprivation and alertness management as required education topics for residents and faculty; to keep eight hours off between scheduled clinical work and education periods as the “should” it is today, or move it into the program’s required scheduling and supervision policy; to keep 14 hours free of clinical work and education after 24 hours of in-house call, or allow 12 only where the Review Committee permits it; and to keep the every-third-night limit on in-house call along with the Review Committee’s ability to limit consecutive weeks and months of night float.

SAEM members and the specialty

SAEM has encouraged every member to submit their own comment through ACGME’s form, whether they are a medical student, resident, fellow, faculty member, program director, chair or program administrator. SAEM also joins CORD and the emergency medicine organizations signing its joint letter to ACGME.

We appreciate ACGME’s commitment to graduate medical education and its invitation for public comment. We respectfully urge ACGME to pursue its goals of simplification and flexibility while preserving the authority of specialty Review Committees to maintain higher standards when justified by patient safety, clinical practice, and educational needs. SAEM’s ACGME Task Force and Board of Directors

welcome continued dialogue with ACGME and the Emergency Medicine Review Committee as these requirements are finalized.

Respectfully,

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On behalf of the SAEM Board of Directors