Pertinent sections of the ACGME RRC-EM Program Requirements
Taken from the ACGME web site:
http://www.acgme.org/acWebsite/downloads/RRC_progReq/110pr905.pdf

The supervision of residents through explicit written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all members of the program staff. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.

B. Faculty
1. At each participating institution, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all residents in the program. Members of the faculty of the emergency medicine program must be able to devote sufficient time to meet their supervisory and teaching responsibilities. To ensure a sufficient number of faculty to provide adequate online 24-hour emergency department attending staff supervision and participation in ongoing scholarly activity and research in support of the emergency medicine residents, there must be a minimum of one core physician faculty member for every three residents in the program. When the total resident complement exceeds 30, the faculty-resident ratio of one core faculty member for every three residents may be altered with appropriate educational justification.

2. The faculty, furthermore, must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. They must demonstrate a strong interest in the education of residents, and must support the goals and objectives of the educational program of which they are a member. A core physician faculty member, a member of the program faculty, is one who provides clinical service and teaching, devotes the majority of his or her professional efforts to the program and has sufficient time protected from direct service responsibilities to meet the educational requirements of the program. To this end, core faculty should not average more than 28 clinical hours per week, or 1344 clinical hours per year.

3. Qualifications of the physician faculty are as follows:
   a) The physician faculty must possess the requisite specialty expertise and competence in clinical care and teaching abilities, as well as documented educational and administrative abilities and experience in their field.
   b) The physician faculty must be certified in the specialty by the American Board of Emergency Medicine or possess qualifications judged to be acceptable by the RRC. This standard applies to all core physician program faculty and to other attending staff hired to provide resident supervision in any emergency department where emergency medicine residents rotate.
   c) The physician faculty must be appointed in good standing to the staff of an institution participating in the program.
   d) The physician faculty for emergency medicine must show evidence of participation in a spectrum of professional activities within the institution, as well as within local, state, regional, and national associations.
   e) The physician faculty for emergency medicine must be engaged in research and have protected time and adequate support services to accomplish these tasks.
f) Offering of guidance and technical support (e.g., research design, statistical analysis) for residents involved in research.

4. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program. Graduate medical education must take place in an environment of inquiry and scholarship in which residents participate in the development of new knowledge, learn to evaluate research findings, and develop habits of inquiry as a continuing professional responsibility. Adequate resources for scholarly activities for faculty and residents must be available. The program as a whole must demonstrate broad involvement in scholarly activities. All core faculty must be involved in continuing scholarly activity. Scholarship is defined as the following:

a) the scholarship of discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;

b) the scholarship of dissemination, as evidenced by review articles or chapters in textbooks;

c) the scholarship of application, as evidenced by the publication or presentation of, for example, case reports or clinical series at local, regional, or national professional and scientific society meetings;

d) Active participation in regional or national professional and scientific societies;

e) Editorial review services, such as serving on editorial boards or serving as a reviewer for peer-reviewed publications;

f) Abstract or grant review services;

5. Qualifications of nonphysician faculty (e.g. PhD) are as follows:
   (a) Nonphysician faculty must be appropriately qualified in their field.
   (b) Nonphysician faculty must possess appropriate institutional appointments.

6. Core Faculty Development
   Each program should encourage the academic growth of its core faculty. Faculty development opportunities should be made available to each core faculty member.

Other Program Personnel
Additional necessary professional, technical, and clerical must be provided to support the program.

1. A member of the program faculty of each participating institution must be designated to assume responsibility for the day-to-day activities of the program at that institution, with overall coordination by the program director.

2. The program faculty must be organized and have regular documented meetings in order to review program goals and objectives as well as program effectiveness in achieving them. At least one resident representative should participate in these reviews.

3. The program faculty members should periodically evaluate the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support for the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and the quality of supervision of residents.

Complementary to the above scholarship is the regular participation of the teaching staff in clinical discussions, rounds, journal clubs, and research
conferences in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents’ participation, as appropriate, in scholarly activities.

Emergency medicine faculty are expected to attend and meaningfully participate in these planned educational experiences. Participation in resident conferences should be one component in the annual evaluation of the core emergency medicine faculty.

Formative Evaluation
The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

a) Assessment should include the use of methods that produce an accurate assessment of residents’ competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Faculty
The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include annual written confidential evaluations by the residents.

1. At least annually, individual faculty members must be formally evaluated by the chair/chief of emergency medicine, which should include information from the program director and the emergency medicine residents. A mechanism for preserving resident confidentiality in the evaluation process must be implemented.

2. Faculty evaluations should include documentation of teaching ability, clinical knowledge, administrative and interpersonal skills, participation and contributions to resident conferences, and scholarly contributions. A summary of the evaluations should be communicated in writing to each faculty member.