

American Board of Emergency Medicine Report on Residency Training Information (2015-2016)

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The American Board of Emergency Medicine (ABEM) gathers extensive background information on emergency medicine residency programs and the residents training in those programs. We present the 2016 annual report on the status of US emergency medicine training programs. [Ann Emerg Med. 2016;67:654-666.]

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INTRODUCTION

The American Board of Emergency Medicine (ABEM) gathers extensive background information on emergency medicine residency programs and the residents training in those programs. Survey data are collected annually from all emergency medicine programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). Selected parts of the data are reported in this article.* Also included in this report is information on accredited emergency medicine–sponsored fellowship programs reported by the ACGME.

ABEM has several reasons for collecting and disseminating information on emergency medicine programs, residents, and fellows. As the evaluating and certifying arm of the specialty, ABEM seeks to meet the following goals:

- Collect accurate and comprehensive information pertaining to residents and residency programs
- Disseminate information that will aid policymakers and educators in establishing guidelines to improve the quality of graduate medical education in emergency medicine
- Provide data to policymakers and the public that will identify potential workforce needs
- Gather background information on residents and fellows to aid our understanding of diversity in training programs and among residents
- Facilitate hypothesis generation and support research related to emergency medicine training

*This report reflects the status of data contained in the ABEM Residency Training Information Survey as of February 3, 2016. Data accuracy is contingent on survey compliance of participating 2015-2016 programs.

- Support the interface between residents and ABEM to facilitate applicants' and candidates' certification activities

This annual publication serves the specialty of emergency medicine and the medical community at large by documenting the progress of training in emergency medicine. It is intended to serve as a reference tool for evaluating the status and growth of emergency medicine residency training and informing decisions to enhance the quality of training for emergency physicians.

METHODOLOGY

ABEM annually surveys all ACGME-accredited US categorical residency programs, ABEM-approved combined residency programs, and ACGME-accredited emergency medicine–sponsored fellowship programs. Categorical programs are residency programs in a single primary specialty such as emergency medicine. There are currently 2 types of emergency medicine categorical programs, based on the number of postgraduate years (PGY) that residents are enrolled in the program: PGY 1 to 3 and PGY 1 to 4. ABEM-approved combined programs consist of PGY 1 to 5 and PGY 1 to 6 program formats. The ACGME-accredited emergency medicine–sponsored fellowships range between 1 and 3 years in length. Information about new residents, fellows, and their respective programs is annually collected from July through October. Information about all enrolled residents and fellows is verified from December through January.

ABEM asks programs for the following information about each of their residents:

- Name
- Date of birth
- Sex

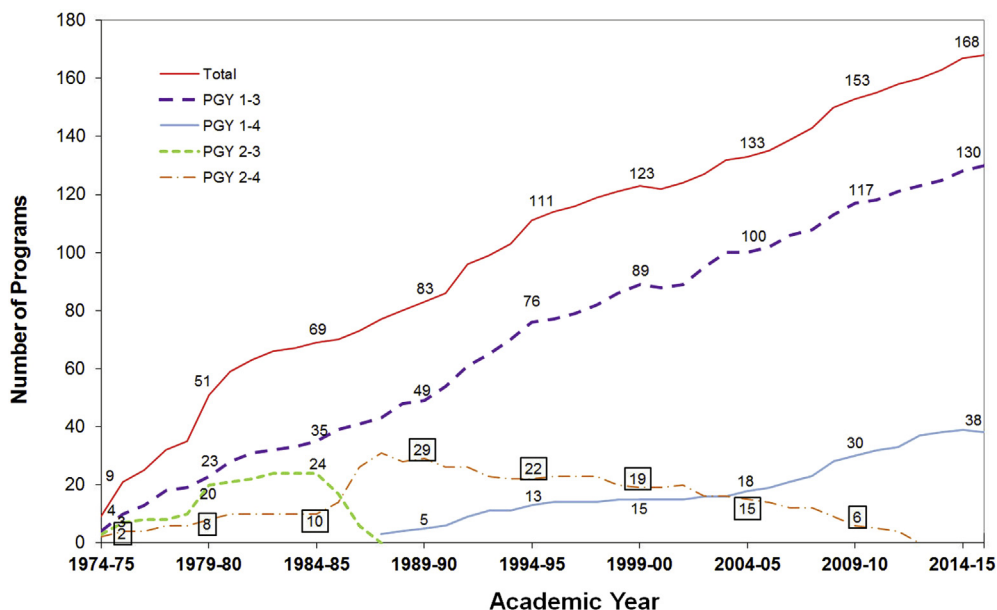


Figure 1. The growth and development of residency training programs in emergency medicine (academic years 1974-1975 to 2015-2016).

- Country of birth
- Medical degree
- Location of medical school (United States, international)
- Year of medical school graduation
- Dates of residency
- Citizenship
- Previous internships or specialty training
- Ethnicity (not required)

Residency programs are also asked for the following information:

- Number of applications
- Interviews conducted

ABEM also reports the following data provided by the ACGME:

- Approved positions
- Type of program
- Length of fellowship
- Date of accreditation

ABEM also tracks the number of first-year positions as reported in the National Resident Matching Program (NRMP).

Additional information on resident demographics is obtained from comparison data derived from the Graduate Medical Education report that is published annually in the *Journal of the American Medical Association (JAMA)*. Data are used with permission.

Analyses are performed using academic year and calendar year. For the most part, analyses related to a residency or a fellowship program are conducted using the academic year. Analyses related to residents or fellows are

performed using the calendar year. For clarity, the use of academic or calendar year is specified for each analysis throughout the article.

RESULTS

The ACGME reports that in academic year 2015-2016, there are 168 accredited US categorical emergency medicine residency programs. One hundred sixty-seven categorical programs were surveyed by ABEM in 2015; 1 program was not surveyed because they will not begin training residents until the 2016-2017 academic year. Twenty-three combined training programs were also surveyed. All surveyed programs, categorical and combined, submitted the requested program and resident information (100% response rate). The ACGME reports that there are 108 accredited emergency medicine–sponsored fellowship programs, with a total of 239 filled positions.

Emergency Medicine Residency Programs

Programs were first endorsed in the early 1970s by the Liaison Residency Endorsement Committee, and the ACGME began to accredit emergency medicine residency programs in 1981. A 36-month residency was first required in 1988. Of the 168 accredited US categorical emergency medicine programs, 130 (77%) have a PGY 1 to 3 program format and 38 (23%) have a PGY 1 to 4 program format. **Figure 1** illustrates the change in number of residency programs since the 1975-1976 academic year

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