



# AMERICAN ACADEMY OF EMERGENCY PHYSICIANS (AAEP)

## EMERGENCY MEDICINE FELLOWSHIP RECOGNITION PROGRAM

## American Academy of Emergency Physicians (AAEP) Fellowship Recognition Program Requirements

The American Academy of Emergency Physicians (AAEP), which is an academy with the American Association of Physician Specialists (AAPS), strongly encourages Emergency Medicine board certification through the American Board of Physician Specialties, Inc. (ABPS) for Family Medicine, Internal Medicine and other qualified physicians currently practicing, or desiring to practice Emergency Medicine (EM). AAPS strongly encourages resident graduates to participate in the AAEP Fellowship Recognition Program.

This document has been created in the attempt to create minimum standard guidelines for the recognition of these Emergency Medicine Graduate Training Programs (EMGTP), with a goal of training qualified Emergency Medicine physicians who would become eligible to apply for board certification with the Board of Certification in Emergency Medicine (BCEM). This includes documentation of adequate EM-specific clinical experience and passing both a written and oral EM-board exam developed and delivered by ABPS EM Board of Certification. Programs may use other terms, but for the purposes of this document, the physicians in these recognized programs will be referred to as "Fellow".

- I. The high-level guidelines for the recognized programs include:
  - A. Utilize a curriculum that prepares the physician to manage critical, emergent, and lower acuity patients in the emergency department setting.
  - B. Appoint a BCEM, ABEM, or ABOEM board-certified emergency physician as program director. The program director should actively maintain EM board certification.
    - I. A grace period can be offered at the programs request if the program director is not yet certified in Emergency Medicine but has the intent to become certified upon meeting the eligibility requirements set forth by the BCEM, ABEM, or ABOEM.
  - C. The program will offer procedural training and clinical experiences that would meet the standards established within this document.
  - D. The program duration should be a minimum of 12-months.
  - E. The program will provide (where appropriate and valuable) clinical rotations into specialty areas to gain specific procedural or clinical experiences important for emergency medicine training but not necessarily obtained during the Fellow's previous residency or within the emergency department setting. An example of this is anesthesia training for additional intubation experience if the emergency medicine airway opportunities in the program are insufficient to adequately prepare the Fellow for independent EM clinical practice after graduation from the program.
  - F. Completion of a post-graduate training program should prepare the Fellow to sit for the BCEM written and oral examinations.
  - G. Work collaboratively to share resources and curricula with other hospitals or hospital systems providing postgraduate specialty training in emergency medicine and commit to assisting new and start-up programs. This commitment will lead to the creation of a network of programs that can create and share best practices for EM graduate training and improve the quality of emergency care provided in the United States of America and beyond.
  - H. Support and encourage membership and active participation by physicians in AAEP.

## AAEP Fellowship Recognition Program Curriculum Requirements

1. Provide a minimum 1400 hours in 12 months of direct-patient care in an emergency department, supervised by an experienced emergency physician. To ensure your program has adequate volume, each Fellow should average (1-1.5 patients/hour) over the Fellow's training, for a minimum of 1500 emergency department patients seen during the Fellow's year of training.
2. Provide a minimum of 16 hours per month on average of didactic component that prepares the Fellow to manage critical, emergent and lower-acuity patients. The didactic content should be:
  - Structured, supervised learning defined by the fellowship.
  - Internal or external to home institution.
  - Inclusive of a variety of didactics including lectures, simulation, workshops and conferences.
  - Inclusive of ATLS and at least one ultrasound course and one advanced airway course.
  - Not inclusive of self-study.
3. Provide broad experience in managing the conditions presenting to the emergency department. A log should be kept of the following conditions with the required number of cases listed.
  - Cardiac arrest – 5
  - Respiratory arrest – 10
  - Shock – 10
  - Major trauma – 10
  - Unresponsive patients – 10
  - Overdose patients – 5
  - Diabetic ketoacidosis – 5
  - Agitated psychiatric patients – 5
  - Obstetric and gynecologic emergencies – 10
  - Pediatric emergencies (ESI 1 or 2) – 3
  - Hazardous material exposure, disaster, or mass casualty events – 1 is encouraged, but not required.
    - Management skills should primarily be obtained through direct patient care but may be augmented when insufficient volume through simulation laboratory experiences.
4. Provide broad experience in emergency procedures. A log should be kept of the following procedures with the required number of cases listed.
  - Intubation (ED/ICU, OR, Cadaver) – 25
  - Rapid sequence sedation (ED/ICU with RSI drugs) - 10
  - Emergency Cricothyroidotomy– 2
  - Chest tube insertion – 5
  - Procedural sedation– 10
  - Fracture and dislocation reduction – 10
  - Slit lamp and tonometry – 5
  - Intra-osseous line placement– 2
  - Central line placement – 10
  - Simple and advanced wound closure – 20
  - Cardiac resuscitation (to include cardioversion, defibrillation and cardiac pacing) – 5
  - Lumbar puncture – 5
  - Point-of-care ultrasound – 30
  - Arthrocentesis – 3

- Paracentesis – 2
- Thoracentesis – 2
- Incision and Drainage – 10
  - Procedures should primarily be obtained through direct patient care but may be augmented when insufficient volume through cadaver or simulation laboratory teaching.
- Note that any procedures or skills documented during primary care residency may be counted towards these fellowship requirements if a letter is included from the fellowship director attesting to the competence of the Fellow in the areas credited from previous residency experience.

II. AAPS and AAEP recommends that new residency graduate physicians without emergency medicine experience beyond residency do the following:

- A. Seek recognized program opportunities to expand their EM experience and skill.
- B. If recognized program admissions are unavailable:
  - I. These physicians are advised to seek EM practice opportunities that allow for on- the- job training from experienced board-certified EM physicians, while developing their EM experience, knowledge, and skill.
  - II. They should document this experience while working towards their own BCEM board certification ([ABPS board-certification eligibility requirements](#)).

III. AAPS recommends that all ABPS Diplomates in emergency medicine:

- A. Pursue continuing education in emergency medicine, minimally 50 hours Category I Continuing Medical Education annually.
- B. Complete ABPS approved medical ethics course(s) totaling 5 hours of CME every 8 years.
- C. Document maintenance of skill competency specific to their emergency medicine practice.
- D. Actively participate in the specialty through membership in AAPS.
- E. Volunteer as preceptors for medical students and resident physicians' rotations in emergency medicine and pursue opportunities to teach, mentor and support physicians seeking postgraduate training in emergency medicine.

IV. Hospitals and emergency physician groups should have policies and practices in place that minimally:

1. Permit physician to practice to their full scope of knowledge and experience.
2. Recognize both ABPS (BCEM) and ABMS (ABEM) emergency medicine board certification.
3. Support and encourage membership and active participation by emergency physicians in AAPS, ACEP or other emergency medicine professional organization to improve their knowledge and clinical practice.

## Resources

1. AAPS Site Review Agenda
2. AAPS Site Review Evaluation Standards
3. AAPS Standards Completion Checklist

Use term "Fellowships" instead of "Residencies" to maintain compliance with Centers for Medicare and Medicaid Services (CMS) and the Accreditation Council for Graduate Medical Education (ACGME).

### **AAPS Standards for AAEP Fellowship Recognition Program**

This manual is provided as an informational resource for EM Fellowship program faculty and staff. Adherence to any suggestions is completely voluntary and does not assure a successful review. The suggestions provided should not be considered inclusive of all proper methods and procedures needed to obtain a successful recognition from AAPS. The program director and faculty should apply their own professional skills and experience to determine the applicability to their program of any specific suggestion.

***Please note the following: It is best practice and in the best interest of both applicants and training programs to only offer positions at the conclusion of the interview season. After a careful survey of existing program timelines, we recommend that offers begin to be extended to applicants after October 1st, the year prior to matriculation. This gives both candidates and programs a fair opportunity to survey the field and make an informed decision based on geography, program/candidate preferences, and other external factors.***

***\*\* Please be advised these standards are subject to change\*\****

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## **Preface**

The AAEP curricula is designed to build upon the knowledge and experience acquired during the physician's residency program and this can and should be taken into account by the program director when determining appropriate didactic and clinical curriculum.

## **Introduction**

The AAPS is engaged in the review of programs interested in the AAEP's Fellowship Recognition Program for the benefit of the Fellows engaged in the programs, the hospitals supporting the programs, and the patients seen by these Fellows. It is the belief of AAPS that standardization of recognized programs will improve the quality of fellowship graduates and improve care provided to emergency department patients seen by the program graduates.

AAPS reviews qualified EM programs offered by and located within the United States.

The goal of AAPS is to improve emergency medical care within the United States, especially underserved rural emergency departments which are often the employment locations of recognized program graduates.

## **Process and Requirements for Recognition**

The AAEP recognition process is voluntary and initiated only at the invitation of the emergency medicine postgraduate training program and sponsoring institution. The process involves both program self- assessment and review by AAPS site reviewers.

A critical component of the recognition process is that of continuous program self-assessment. Continuous self-assessment is a comprehensive, regular, and analytical process conducted within the context of the mission and goals of both the sponsoring institution and the program, whereby a program regularly and systematically reviews the quality and effectiveness of its educational practices and policies.

Using the Standards promulgated within this document as a guideline will assist the program in this self- assessment process. The Standards are designed to assist in identification of both strengths and opportunities for improvement within the program. It should also assist in the development of plans for corrective intervention.

The recognition process requires a program to complete a Self-Assessment Report (SAR) as part of the detailed application in advance of an on-site evaluation (site visit) by AAPS site surveyors.

The purpose of the site visit is to allow the site visit team to verify, validate, and clarify the information supplied by the program in its application materials. The team evaluates the program based on the Standards described herein and conveys its evaluation to the AAPS Site Review Committee (SRC). Additional data to clarify information submitted with the application may be requested at the time of the site visit.

The team's observations about the program, in reference to the program's compliance with the Standards, will be sent to the program within 1 month of the completion of the site visit.

Within a specified time period after the site visit, programs are given an opportunity to respond to any of the observations contained in the site visit summary in order to eliminate errors of fact or challenge perceived ambiguities and misperceptions. The response should not be used to provide new information regarding changes made since the visit or plans for changes in response to the observations contained in the report.

Final recognition decisions are based on the SRC's review of information contained in the program's application, SAR, the report of the site visit by the evaluation team, any additional requested reports or documents submitted to the AAPS by the program and the program's response to the site visit report.

### **Types of Site Visits**

#### **Initial Visit**

Comprehensive visits are conducted to programs entering the AAEP recognition. An application is required for all initial visits. Site visit teams are assigned to each initial visit. A report of the visit is written for consideration and action by AAPS SRC.

#### **Re-Visits**

Re-visits will be conducted every three (3) years from the initial visit to re-evaluate the program. Details about requirements for the re-visit are conveyed to the program in writing prior to the visits. A report of the re-visit is written for consideration and action by AAPS SRC.

#### **Focused Visits**

Focused visits may be conducted at any time to evaluate a specific problem(s) identified by the site visit team or the AAPS or if a program is in a probationary period requiring specific actions be addressed to continue receiving a full AAEP recognition. Details about requirements for the focused visit are conveyed to the program in writing prior to the visit. A report of the visit is written for consideration and action by AAPS SRC.

### **Recognition Status and Review Cycle**

#### **Recognition Status**

The AAEP will recognize Emergency Medicine Fellowships that meet the Standards defined here-in. It may also choose to conditionally recognize a program that meets the majority of the standards but has a plan for accommodation or correction in areas where it does not meet the Standards. This decision will be based upon review with AAPS leadership and Site Review Committee (SRC).

#### **Review Cycle**

The normal review cycle will be 3 years for program recognition. Programs with conditional recognition may have a reduced review cycle, depending upon the decision of AAPS SRC, which will be based on the details of the plan of correction for Standards not met.

#### **Recognition Actions Subject to Appeal and Appeal Procedures**

Any appeal on the recognition decision should be sent to AAPS. Descriptions of program changes made since that time will not be considered unless agreed upon at the time of the initial recognition decision. Data not presented at the site review may be considered.

#### **Appeal Procedure**

The program will be asked to complete an appeal request form which will gather information regarding the nature of the appeal. Any appeal will be reviewed by AAPS leadership, who will review all surveyor documentation and the program appeal request form. An answer to the appeal will be given to the program within 30 days.

## **Confidentiality of Review Documents**

AAPS is sensitive to the need both for maintaining the confidentiality of, and for disclosing certain information and documents acquired during the recognition process and in the course of conducting the site review.

The following documents and information contained therein are considered privileged and confidential in order to ensure candid disclosure and, thereby protect the integrity of the recognition process.

The following documents and the information must not be copied, discussed, published or otherwise disclosed, in whole or in part, except as required for AAEP Recognition procedures, with the consent of the affected EM program:

- Program recognition files
- Program completed recognition materials Completed site visit reports
- AAPS required reports submitted by programs
- Correspondence related to the recognition decisions/process between the AAPS, EM programs and site surveyors
- Minutes of regular or special meetings of the AAPS SRC
- Information and correspondence relating to concerns about program quality
- Information and correspondence relating to requests for reconsideration of an adverse accreditation action.
- Any other documents deemed confidential

In regard to patient records that may be considered during the recognition process, programs are advised NOT to send data containing Patient Health Information (PHI) to AAPS. For example, any reports with patient names, social security numbers or other patient specific data should not be emailed, faxed or mailed to AAPS. AAPS site review teams may review PHI while on site, if it is necessary for them to verify care provided by EM program Fellows, but this will not be copied or be part of any of their reports to protect patient privacy.

## **Concerns About a Site Visit**

If a program has complaints relating to the conduct of a site review or any of the surveyors, those concerns should be shared with AAPS CEO. Concerns will be reviewed by AAPS and may be discussed with the site reviewers.

## **Recommendation on When to Extend offers to Fellow(s)**

It is best practice and in the best interest of both applicants and training programs to only offer positions at the conclusion of the interview season. After a careful survey of existing program timelines, we recommend that offers begin to be extended to applicants **after October 1st**, the year prior to matriculation. This gives both candidates and programs a fair opportunity to survey the field and make an informed decision based on geography, program/candidate preferences, and other external factors.



## Introduction to the *Standards*

The AAPS and ABPS are national organizations committed to developing and applying board certification standards for emergency medicine physicians that did not complete an emergency medicine residency such as family medicine. A family medicine residency is an outstanding foundation for emergency medicine practice but generally does not deliver enough focused emergency medicine and critical care knowledge, skills or practical training to allow most new family medicine graduates to comfortably practice the full spectrum of emergency medicine.

AAPS supports the development of AAEP Fellowship Recognition Program to fill in the gaps in emergency medicine knowledge and skills for family practice residency program graduates who hope to practice full time emergency medicine in areas that often are in desperate need of quality physician staffing.

The Standards developed in this document are an attempt to develop guidelines for programs to use as they develop these needed programs. It is also a guideline for AAPS program surveyors to use as they assess the readiness of programs to provide the necessary training for their Fellows. The goal of AAPS is to have Fellow graduates be prepared at the completion of their fellowship to start the process of BCEM certification.

The AAPS believes that the development and adherence to a set of minimum standards for programs is in the best interest of programs, Fellows, ABPS and the public.

The recognition process conducted by AAEP is a voluntary one entered into by institutions and programs that sponsor a structured educational experience. The process gives applicant programs the opportunity to demonstrate compliance with the approved recognition standards. While the process is voluntary, it provides programs an external validation of their educational offering. Additionally, the process offers prospective physician Fellows one means by which they can judge the quality of the educational experience offered by the program or institution. It also allows Fellow graduates of recognized programs an opportunity to apply for board certification with the Board of Certification in Emergency Medicine (BCEM) and sit for the exam after successful completion of their program. Fellows are able and encouraged to start their application during their fellowship.

The Standards will apply to all programs recognized by the AAEP.

### Eligibility

Recognized programs must be established in:

- a) Schools of allopathic or osteopathic medicine,
- b) Colleges and universities affiliated with appropriate clinical teaching facilities,
- c) Medical education facilities of the federal government, or
- d) Hospitals or medical centers.

The sponsoring institution *should* either be accredited as an institution of higher education by a recognized regional or specialized and professional accrediting agency, or by the Joint Commission or equivalent as a hospital/medical center. Eligible programs must follow the process of and use the forms provided by AAPS.

Eligible programs must have their curriculum content and required clinical experiences reviewed by a panel of AAPS site surveyors who make up the SRC.

Eligible programs must be operational with at least one enrolled Physician Fellow at the time of the site inspection.

### Standards Format

This version of the Standards includes annotations for some individual standards. Annotations are considered an integral component of the standards to which they refer. They clarify the operational meaning of the standards to which they refer and may be changed over time to reflect current educational

or clinical practices. Annotations are suggestions for compliance with the standards.

## **Demonstrating Compliance with the *Standards***

The purpose of this section of the Recognition Manual is to assist programs in understanding various ways of demonstrating compliance with the Standards. The suggestions provided as evidence of compliance and performance indicators are not mandatory or inclusive lists, but examples of various means and materials that programs can use to demonstrate their compliance with individual standards. Programs may have documentation in addition to or instead of the suggested evidence that also demonstrates compliance.

### **Format of Evidence Suggestions**

Before each general section of the Standards is a paragraph that explains the intent of the section and provides some examples of materials that would be useful in demonstrating compliance for several of the individual standards within the section. Listing such materials and documents in the introductory section paragraph simplifies the table and eliminates the need to repeat the same content areas for multiple individual standards.

AAPS recognizes that sponsoring institutions and programs vary greatly in administrative and curricular design and format. Therefore, suggestions have been provided for most of the standards. Revisions will be made as needed to provide clarification about specific standards.

## **STANDARDS**

### **SECTION A: ADMINISTRATION**

Section A addresses issues related to sponsorship and institutional responsibility, personnel, and operations. Much of the evidence related to this section is found in institution and program documents such as policy and procedure manuals, Fellow orientation materials and/or handbooks, web sites, program files, and records addressing the content areas identified in the *Standards*. AAPS site reviewers will look for accuracy of current policies and procedures as well as consistency in materials that address the same content areas.

During discussions with administrators, faculty, preceptors, and Fellows, site reviewers will verify that the processes described, and information submitted by the program or reviewed on site reflect the reality of the program.

**Programs should have the required documents well organized, readily available, and marked or flagged for convenience in locating information. Documents should include those needed by site reviewers to verify the program's response to application questions submitted to the AAPS.**

### **STANDARDS SECTION A INTRODUCTION**

The administrative operation of an EM Fellowship program involves collaboration between the faculty and administrative staff of the program and the sponsoring institution. As such, the sponsoring institution is explicitly committed to the success of the program. The program provides an environment that fosters intellectual challenge and a spirit of inquiry. Well-defined policies reflect the missions and goals of the program and sponsoring institution. Program documents *accurately* reflect lines of institutional and programmatic responsibility as well as individual responsibilities. Resources support the program in accomplishing its mission.

### ***Standards (Administrative: Section A)***

A1.01 One sponsor must be clearly identified as being ultimately responsible for the program.

A1.02 If more than one institution is involved in the provision of didactic and clinical education,

responsibilities of the respective institutions for instruction and supervision *must* be clearly described and documented in a manner signifying agreement by the involved institutions.

- a) For “away rotations” that deliver a portion of the clinical or didactic education not available at the main clinical site, all supervision and quality educational standards laid out in this document should be maintained.
- b) For programs that have multiple emergency departments where Fellows gain clinical experience, ALL of the emergency departments will need to be inspected by AAPS surveyors during their inspection cycle, UNLESS the Fellow is at the site for one month (144 hours) or less per twelve months of fellowship training time.
- c) For programs using free standing EDs, the Fellow(s) must have on-site supervision.

A1.03 The sponsoring institution, together with its affiliates, must be capable of providing didactic and clinical instruction and experience requisite to Fellow education.

A1.04 There must be written and signed agreements between the program and/or sponsoring institution and the clinical affiliates used for supervised clinical practice experiences that define the responsibilities of each party related to the educational program for Fellows.

ANNOTATION: Agreements typically specify whose policies govern and document Fellow access to educational resources and clinical experiences. While one agreement between the sponsoring institution and clinical entity to cover multiple professional disciplines is acceptable, these agreements should include specific notations acknowledging the terms of participation between the program and clinical entity.

A1.05 The program must have a defined mission statement which is consistent with the mission of the sponsoring institution.

A1.06 The sponsoring institution assumes primary responsibility for:

- a) Supporting curriculum planning and course selection by program personnel
- b) Coordination of classroom teaching and supervised clinical practice
- c) Appointment of program personnel
- d) Granting the credential documenting satisfactory completion of the EM *program*
- e) Permanent maintenance of grades or credits for all components of the program
- f) Assuring that *Fellows* are provided with a written agreement detailing the terms and conditions of their appointment or contract
- g) Monitoring the implementation of the terms and conditions of the written agreement or appointment or contract by the program directors
- h) Assuring that *Fellows* are provided with professional liability coverage for the duration of the program including a summary of pertinent information about this coverage during and after fellowship is completed.
- i) Assuring that *Fellows* are provided with employee and health insurance benefits.
- j) Assuring that *Fellows* have access to insurance for disabilities resulting from activities that are part of the educational program.
- k) Assuring that appropriate security and personal safety measures are addressed for *Fellows* and personnel in all locations where instruction occurs.
- l) Measures to ensure Fellow and program personnel safety, such as program and institutional policies or manuals, instruction on occupational health and safety, incident-reporting processes for didactic instruction and supervised clinical practice sites, harassment prevention policies and procedures and conflict resolution processes.

A1.07 The sponsoring institution must provide the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled Fellows. Budget should indicate that resources are assured for program educational activities, even in the event of program closure.

A1.08 The sponsoring institution must provide the program with the human resources necessary to

operate the educational program and to fulfill obligations to matriculating and enrolled Fellows. Specifically, the program or human resources should have policies on Fellow wellness and moonlighting.

A1.09 The sponsoring institution must provide the program with the academic resources needed by the program, staff and Fellows to operate the educational program and to fulfill obligations to matriculating and enrolled Fellows.

A1.10 The sponsoring institution must assure that the program has the following physical resources:

- a) Adequate classrooms, labs, clinical practice sites for Fellows.
- b) Sleeping rooms and food facilities available if needed
- c) Secure, confidential storage for Fellow files and records.

A1.11 The sponsoring institution must assure that clinical support services, to include pharmacy, clinical laboratory and diagnostic imaging:

- a) Are readily available to Fellows.
- b) Must be available in numbers sufficient such that Fellows are not expected to serve as replacement for clinical support staff.

A1.12 Program faculty and staff must possess the necessary qualifications to perform the functions identified in documented job descriptions.

A1.13 The program must have a designated program director and administrative staff.

A1.14 Program faculty must be responsible for the administration and coordination of didactic and clinical portions of the curriculum. The program needs to have a policy on Fellow supervision and progressive Fellow responsibility during the program.

A1.15 Program faculty must be sufficient in number to meet the academic needs of enrolled Fellows.

A1.16 Program faculty is responsible for:

- a) Developing the mission statement of the program
- b) Selecting applications for entry into the program
- c) Providing instruction
- d) Evaluating Fellow performance
- e) Academic counseling
- f) Assuring the availability of remedial instruction
- g) Designing, implementing, coordinating and evaluating curriculum
- h) Administering and evaluating the program
- i) Serving as advocates for the program within the sponsoring institution and the medical and academic communities.

A1.17 The program director must be knowledgeable about and responsible for the recognition process. Completeness and accuracy of application submitted, including appendices, self-assessment report (SAR). Arrangements should be made for site visit, including schedule and materials prepared for site reviewers.

A1.18 The program director must provide effective leadership and management.

A1.19 The program director must be knowledgeable about and responsible for the program's:

- a) Organization
- b) Administration
- c) Fiscal management
- d) Continuous review and analysis
- e) Planning
- f) Development.

A1.20 The program director must assure and document that adequate clinical supervision of Fellows.

A1.21 The program director must:

- a) Hold a current, valid, unrestricted, and unqualified license to practice medicine in the state in which the program exists
- b) Be board certified in Emergency Medicine by BCEM, ABEM, or ABOEM.
  - A grace period can be offered at the programs request if the program director is not yet certified in Emergency Medicine but has the intent to become certified upon meeting the eligibility requirements set forth by the BCEM, ABEM, or ABOEM.

A1.22 If the position of program director is shared, each individual must have defined roles and responsibilities.

A1.23 The program must provide the opportunity for continuing professional development of the program faculty by supporting the development of the clinical, teaching, scholarly, and administrative skills/abilities required for their role in the program.

A1.24 The program should support the Fellows assigned to work in the program in obtaining or maintaining board certification, including preparing them for emergency medicine board certification status.

A1.25 In addition to the program and medical director, there must be sufficient additional instructional faculty to provide Fellows with the attention, instruction, and supervised practice experiences necessary to acquire the knowledge and competencies required to meet the objectives of the program.

A1.26 Program and instructional faculty must be:

- a) Qualified through academic preparation and experience to teach assigned content.
- b) Knowledgeable in course content and effective in teaching assigned topics.

A1.27 All program and instructional faculty assigned to teach Fellows should be responsible for evaluating Fellow's performance and identifying Fellows who are not meeting expected competencies.

A1.28 In each location to which a Fellow is assigned for instruction, there must be an individual designated to facilitate the supervision and assessment of the Fellow's progress in achieving program requirements.

A1.29 There must be sufficient administrative and technical support staff so that program faculty can accomplish the tasks required of them.

A1.30 The program must develop a schedule of Fellow educational activities that facilitates learning, performance and achievement of program competencies goals and allowing for safe and high-quality patient care.

A1.31 Announcements and advertising must accurately reflect the program.

A1.32 All personnel and program policies must be consistent with federal and state statutes, rules and regulations. Institution and program written, and electronic policies reviewed by institutional administrators or legal counsel with this standard in mind.

A1.33 Admission of Fellows must be made in accordance with clearly defined and published practices of the institution and EM program.

A1.34 The following must be defined, published, and readily available to prospective and enrolled Fellows:

- a) Policies and practices that favor specific groups of applicants
- b) Program eligibility requirements
- c) Policies related to required duty hours
- d) Policies related to physician supervision of patient care

- e) Required academic standards
- f) Required technical standards
- g) All required curricular components
- a) Estimates of all costs related to the program which may be incurred by the Fellow
- b) AAEP recognition status
- c) Policies and procedures for Fellow withdrawal
- d) Policies and procedures for Fellow dismissal
- e) Policies and procedures for refunds of tuition and fees, if applicable
- f) Policies regarding Fellows' moonlighting or otherwise working outside the program
- g) Policies and procedures for processing Fellow grievances
- h) Policies describing how Fellow impairment, including substance abuse, will be handled
- i) Policies covering sexual and other forms of harassment
- j) Policies related to remuneration and benefits
- k) Policies addressing reduction in size or closure of the program and how Fellows would be assisted in completing their program requirements

A1.35 Grievance and due process policies and procedures should address:

- a) Academic or other disciplinary actions taken against Fellows that could result in dismissal, nonrenewal of a Fellow's agreement or other actions that could significantly threaten a Fellow's intended career development
- b) Adjudication of Fellow complaints and grievances related to the work environment or issues related to the program or program faculty.

A1.36 Applicants being considered for acceptance into the program must be informed in writing or by electronic means of the terms, conditions and benefits of appointment, to include:

- a) Fellow responsibilities
- b) Duration of appointment
- c) Financial support
- d) Vacations
- e) Parental, sick or other leaves of absence
- f) Professional liability
- g) Hospitalization, health, disability and other insurance provided for Fellow and their families
- h) Other benefits such as living quarters, meals or laundry services
- i) Conditions for reappointment.

A1.37 Fellows must not be required to perform non-patient related clerical or administrative work for the program that is not a component of the educational requirements of the program.

A1.38 Fellows must not have access to the records or other confidential information of other Fellows or program faculty.

A1.39 Fellow files kept by the program must include documentation:

- a) That all Fellows met published admission criteria
- b) Of the evaluation of Fellow performance while enrolled
- c) Of remediation
- d) Of disciplinary action
- e) That the Fellow has met institution health screening and immunization requirements.

### **Performance Indicators (Section A: Administrative)**

The following materials should be available for review to determine if these Standards are in place:

- 1) Minutes of any curriculum and planning meetings
- 2) Program mission statement
- 3) Letters of support from the institution for EM program (Letter of Support must be current within the past 12 months)

- 4) Copies of appointment letters from the sponsoring institution in faculty files, policies regarding hiring and firing, documentation about how searches are conducted, timeline for these processes
- 5) Credentials awarded to Fellows
- 6) Copies of Fellow transcripts
- 7) Copies of agreements with any services provided clinical instruction for Fellows
- 8) Documentation of insurance coverage
- 9) Copies of personnel benefits policies
- 10) Copies of disability insurance coverage
- 11) Documentation of sufficient patient population to provide adequate clinical experiences
- 12) Documentation of adequate computer/audio visual equipment, instructional materials, technological resources, textbooks and other reference material required to support curriculum
- 13) Demonstration of adequate faculty and staff positions to support the program
- 14) Copies of CVs of all program faculty
- 15) Discussion with current Fellows, and graduate Fellows if available
- 16) Document any educational/faculty development activities
- 17) Copies of Fellow educational schedule, including clinical rotations and didactics
- 18) Access to specific HR policies relating to Fellows, as needed

## SECTION B: CURRICULUM

Section B addresses the curriculum, including the didactic and supervised clinical practice components.

Much of the evidence related to this section is found in program documents, such as catalogues, handbooks or manuals, Web sites, course syllabi, Fellow files, and records describing the content areas addressed in the Standards.

AAPS site reviewers will be looking for accuracy and currency of content, as well as consistency. In reviewing course-related materials, they look at course syllabi, which should include the course name, course description, course goals, outline of topics to be covered, instructional objectives, specific expected learning outcomes, faculty instructor of record, methods of Fellow assessment and/or evaluation and plan for grading. They will review blank as well as completed course and Fellow evaluation instruments.

During discussion with administrators, faculty, preceptors and Fellows, site visitors verify that the processes described, and information submitted by the program or reviewed on site reflects the reality of the program.

**Programs are expected to have the required documents well organized, readily available, and marked or flagged for convenience in locating information. Documents should include those needed by site reviewers to verify the program's response to application questions submitted to AAPS.**

### STANDARDS SECTION B INTRODUCTION

The program curriculum enhances Fellows' abilities to provide high quality emergency medical care. The curriculum supports the use of health information technology and evidence-based medicine and emphasizes the importance of remaining current with the changing nature of emergency medicine.

Section B addresses all aspects of the curriculum. The standards in section B apply to the entire curriculum of the program and have application to all curricular components.

### **Standards (Administrative: Section B)**

B1.01 The curriculum must include didactic content as well as clinical skills and practice experiences applicable to emergency medicine. See *Emergency Medicine Graduate Training Program Requirement* document for detailed minimum procedural and skills requirements for Emergency Medicine Graduate Training Programs.

B1.02 The curriculum must be of sufficient breadth and depth to prepare the Fellow for clinical practice in emergency medicine.

B1.03 The curriculum design must reflect sequencing that enables Fellows to meet defined program expectations.

B1.04 The program must provide Fellows with direct experience in progressive responsibilities for patient management.

B1.05 The program must assure educational equivalency of course content, Fellow experience, and access to didactic and clinical resources when instruction is:

- a) Conducted at geographically separate locations
- b) Provided by different means for some Fellows

B1.06 Upon program entry, the program must provide each Fellow with written criteria for successful progression to and completion of each component of the curriculum and for completion of the program.

B1.07 For each didactic course and clinical rotation, the program must provide each Fellow with a written syllabus that includes instructional objectives to guide Fellow acquisition of required competencies. Instructional objectives should be clear and measurable.

B1.08 The program must orient instructional faculty and preceptors to the specific educational competencies expected of Fellows.

B1.09 The program must be responsible for the selection of clinical sites to which Fellows will be assigned for clinical rotations.

B1.10 The program must assure that the volume and variety of clinical experiences provide for a sufficient number and distribution of appropriate experiences/cases for each Fellow in the program to meet defined program expectations.

B1.11 The program must not require that Fellows provide or solicit their own clinical sites or preceptors for program- required clinical rotations. The program must coordinate clinical sites and preceptors for program- required rotations.

B1.12 The program is encouraged, but not required to provide training in:

- a) Hazardous material exposure
- b) Disaster or mass casualty events

### **Performance Indicators (Section B: Curriculum)**

The following materials should be available for review to determine if these Standards are in place:

- 1) Minutes of any curriculum and planning meetings
- 2) Detailed clinical rotation syllabi
- 3) Detailed descriptions of didactic portion of curriculum
- 4) Copies of Fellow transcripts
- 5) Copies of agreements with any services provided clinical instruction for Fellows
- 6) Documentation of sufficient patient population to provide adequate clinical experiences
- 7) Documentation of adequate computer/audio visual equipment, instructional materials, technological resources, textbooks and other reference material required to support curriculum
- 8) Demonstration of adequate faculty and staff positions to support the program
- 9) Copies of CVs of all program faculty
- 10) Discussion with current Fellows, and graduate Fellows if available
- 11) Document any educational/faculty development activities
- 12) Copies of Fellow educational schedule, including clinical rotations and didactics
- 13) Policies on Fellow clinical supervision



## SECTION C: EVALUATION

This section addresses evaluation across the program, including the Fellows and their clinical experiences. A major focus of this section is the program's ongoing self-assessment process and changes made as a result of analyzing the outcomes. Much of the evidence related to Section C is described in program documents, planning files and records, Fellow files and records, evaluation tools and surveys.

AAPS site surveyors review materials looking for the processes and outcomes of evaluation, as well as how changes are made to the program based on these findings. They look at the methods used by the program to collect and analyze data needed for ongoing self-assessment over time and how the program applies the results of data analysis to program improvement. The responses to the Self-Assessment Response (SAR) and the data supporting it are critical pieces of evidence for this section.

In reviewing Fellow evaluation materials, site reviewers will compare information described in course syllabi and instructional objectives with evaluation processes and outcomes. They need to review blank and completed evaluation instruments used to assess Fellow performance across the curriculum.

Documents related to identifying Fellow who need remediation and how the program assists those Fellows are important. In reviewing materials related to clinical site evaluation, site reviewers examine documents used in the evaluation of these sites. They look for information to verify the site's ability to offer an educational experience that not only provides necessary patient encounters, but also helps the Fellow develop expected skills and competencies. They also review evaluations of preceptors who supervise the Fellows during these clinical experiences.

During discussion with administrators, faculty, preceptors and Fellows, site visitors verify that the processes described and informed submitted by the program or reviewed on site reflect the reality of the program.

**Programs are expected to have the required documents well organized, readily available, and marked or flagged for convenience in locating information. Documents should include those needed by site visitors to verify the program's response to application questions submitted to the AAPS.**

### STANDARDS SECTION C INTRODUCTION

It is important for programs to have a robust and systematic process of ongoing self-assessment to review the quality and effectiveness of their educational practices, policies and outcomes. This process should be conducted within the context of the mission and goals of both the sponsoring institution and the program, using these Standards as a guide. A well-developed process occurs throughout the year and across all components of the program. It critically assesses all aspects of the program relating to sponsorship, resources, Fellows, operational policies, and didactic and clinical curriculum. The process is used to identify strengths and weaknesses and should lead to the development of plans for corrective intervention with subsequent evaluation of the effects of the interventions.

C1.01 The program must use objective evaluation methods that are administered equitably to all Fellows in the program.

C1.02 Objective evaluation methods must be related to expected Fellow competencies for all curriculum components.

C1.03 The program must conduct periodic, objective and documented formative evaluations of Fellows to assess their acquisition of knowledge, problem solving skills, and psychomotor and clinical competencies. The program should match Fellow evaluation instruments to expected competencies and schedule when formative evaluations occur.

C1.04 The program must assess and document Fellow demonstration of professional behavior

C1.05 The program must monitor the progress of each Fellow in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established, and store records of Fellow performance in each course or rotation. Fellow files indicating meetings with faculty and means of remediation employed should be available.

C1.06 The program must define and maintain consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for Fellows' clinical practice experiences.

C1.07 The program must assure and document that each clinical site provides the Fellow access to the physical facilities, patient populations, and supervision necessary to fulfill the program's expectations of the clinical experience.

C3.01 The program should implement an ongoing program self- assessment process to continually and systematically review and assess the effectiveness of the education it provides, foster program improvement and assess its compliance with the accreditation standards.

C3.02 The program must include information as part of the application for accreditation that accurately and succinctly documents the process and results of ongoing self-assessment. The format should follow the guidelines provided by the AAPS. Minimum documentation suggestions include:

- 1) The program's process of ongoing self-assessment
- 2) Outcome data and critical analysis of:
  - a) Program faculty attrition
  - b) Fellow attrition, deceleration and remediation
  - c) Fellow failure rates in individual courses and clinical rotations
  - d) Fellow evaluations of individual didactics, clinical rotations and program faculty
  - e) Faculty evaluation of the curricular and administrative aspects of the program
  - f) Graduate evaluations of curriculum and program effectiveness
  - g) Preceptor evaluations of Fellow performance
  - h) Preceptor suggestions for curriculum improvement
- 3) Self-identified program strengths and areas in need of improvement
- 4) Modifications that occurred as a result of self- assessment
- 5) Plans for addressing areas needing improvement.

C3.03 The program must apply the results of ongoing program assessment to the curriculum and other dimensions of the program.

### **Performance Indicators (Section C: Evaluation)**

The following materials should be available for review to determine if these Standards are in place:

- 1) Fellow evaluation forms for all clinical rotations – completed by program faculty. This should include multiple evaluations from multiple individuals and have both formative and summative evaluations
- 2) Clinical site evaluation forms – completed by Fellows
- 3) Program faculty evaluation forms – completed by Fellows
- 4) Fellow patient encounter logs
- 5) Fellow procedure logs
- 6) Program meeting minutes, reflecting curriculum changes as result of Fellow evaluations
- 7) Curriculum committee minutes
- 8) Document consistency of evaluation across sites, if multiple clinical sites utilized

## **SECTION D: FELLOW SERVICES**

AAPS site surveyors review materials looking for accuracy of current policies and procedures as well as consistency in materials that address the same content areas. During discussions with administrators, faculty, preceptors, and Fellows, AAPS site surveyors verify that the processes described, and information submitted by the program or reviewed on site reflect the reality of the program.

**Programs are expected to have the required documents well organized, readily available, and marked or flagged for convenience in locating information. Documents should include those needed by site visitors to verify the program's response to application questions submitted to the AAPS.**

#### STANDARDS SECTION D INTRODUCTION

Fellows should be provided with the same types of health and supportive guidance services offered to other health professional learners providing patient care. Since the Fellows are functioning in an employee and learner capacity, their own confidential health information must be protected so as not to cause a potential bias or conflict on the part of the supervisors who also serve as program faculty and evaluators. Guidance and counseling should be provided to all Fellows, to assist in their understanding of program requirements and to assist in any academic concerns that may arise. Fellows must be identified as such so that patients and providers are clearly aware of their status in the provision of medical care.

D1.01 Health screening and immunization of Fellows must:

- a) Be based on current Centers for Disease Control recommendations for health professionals
- b) Be consistent with institutional policy
- c) Not be conducted by program faculty.

D1.02 Program faculty should not participate as health care providers for Fellows in the program, except in an emergency.

D1.03 The program must inform Fellows of, and provide access to, health care services equivalent to those that the sponsoring institution makes available to other health profession residents or employees.

D1.04 Program faculty and staff should not have access to or review the confidential health records of Fellow, except for immunization and tuberculosis screening results, which may be maintained and released with written permission from the Fellow.

D1.05 The program must assure that guidance is available to assist Fellows in understanding and abiding by program policies and practices.

D2.02 The program must assure that Fellows have timely access to program faculty for assistance and counseling regarding their academic concerns and academic problems.

D2.03 The program must provide referral for counseling of Fellows with personal problems that may interfere with their progress in the program.

D3.01 Fellows must be clearly identified as such to distinguish them from staff physicians and other health care professionals.

D 3.02 Fellows should have malpractice insurance coverage with tail coverage.

#### **Performance Indicators (Section D: Fellow Services)**

The following materials should be available for review to determine if these Standards are in place:

- 1) Policies on health screening and prevention services for Fellows. EM program may use the hosting institutional policies.
- 2) Policies on program assistance with Fellow remediation and leave of absence.
- 3) Demonstrate name tags worn by Fellows.

#### **SECTION E: RECOGNITION MAINTENANCE**

Section E addresses the responsibilities of programs and sponsoring institutions related to maintaining their AAEP recognition. Review of this section is important to programs and noncompliance with the standards included in this section can affect a program's recognition status. Much of the evidence for Section E is documented correspondence with AAPS.

During discussion with administrators, faculty, preceptors and Fellows, site visitors verify that the processes described and informed submitted by the program or reviewed on site reflect the reality of the program.

**Programs are expected to have the required documents well organized, readily available, and marked or flagged for convenience in locating information. Documents should include those needed by site reviewers to verify the program's response to application questions submitted to AAPS.**

E1.01 Failure of a program complying with the administrative requirements for maintaining AAEP recognition may result in the program losing that recognition.

E1.02 The program must inform the AAPS within 30 days of the date of notification of any adverse accreditation action (probation, withdrawal of accreditation) received from The Joint Commission or the sponsoring institution's regional or specialized and professional accrediting agency.

E1.03 The program must agree to periodic comprehensive reviews that may include a site visit as determined by AAPS.

E1.04 The program must submit surveys and reports as required by AAPS.

E1.05 The program must inform the AAPS in writing of changes in the program director, medical director or key program faculty within 30 days of the date of the effective change.

E1.06 The program must demonstrate active recruitment to fill vacated positions of the program director, or other key program faculty.

E1.07 If an interim program director (IPD) is appointed, they should meet the same qualifications as the program director.

E1.08 The appointment of an IPD should not exceed 12 months.

E1.09 The program must inform AAPS in writing, no less than three months prior to implementation, of changes in the following:

- a) Credential granted at program completion
- b) Requirements for program completion
- c) Program length
- d) Maximum class size
- e) A substantive decrease in program support

E1.10 The sponsoring institution must inform AAPS in writing of the intent to transfer the program sponsorship as soon as it begins considering transfer.

E1.11 The sponsoring institution must inform the AAPS in writing of the intent to close the program and the process it will use to assure that current Fellows complete the program or find placement in another qualified program.

## **Self-Assessment Report (SAR)**

### **Background**

Much of the information required by the AAPS site surveyors can be completed during the Self-Assessment Report completion process. Accurate completion of the SAR will greatly improve the efficiency of the AAPS site review team and your staff during the comprehensive site review.

The SAR will be reviewed by the AAPS site surveyors in advance of your comprehensive visit (it will need to be completed and returned at least one month in advance of the site review). If information changes

during this period between mailing in the SAR and the site review, please contact AAPS with this information.

### **AAEP Program Recognition Letter**

After the site review is complete, the surveyors will complete a report for the AAPS SRC. Once this committee meets, they will decide on recommending recognition of the program, identify areas of program strengths and opportunities for improvement. They will forward this final SRC report to AAPS executive staff, who will send a final result to the program on the decision regarding AAEP recognition and/or further actions required.

### **How to Submit Responses to Recognition Decisions**

The program should follow the directions included in the correspondence received from the AAPS.

#### **Contact Information:**

American Association of Physician Specialists  
5550 West Executive Drive, Suite 400  
Tampa, FL 33609  
(813) 433-2277

## Standards Glossary

### TERM DEFINITION

**Comprehensive Evaluation** A recognition evaluation of a program that includes the completion of an application with a self-study report, a site visit and a review of all material by the AAPS, resulting in the rendering of a recognition decision.

**Course Director** Individual primarily responsible for the organization, delivery and evaluation of a course or comparable unit of study.

**Curriculum** A planned educational experience. This definition encompasses breadth of educational experiences, from one or more sessions on a specific subject, to a clinical rotation, to the entire educational program.

**Deceleration** The loss of a Fellow from the entering cohort, who remains matriculated in the program.

**Didactic Course** Organized didactic content on a specific topic or general content area provided in a defined and pre-established format over an extended period of time, such as a series of lectures or seminars.

**Didactic Instruction** Seminars, discussions, lectures, formal presentations, grand rounds, case conferences, journal club discussions.

**Equivalent** Resulting in the same outcome or end result.

**Formative Evaluation** Intermediate or continuous evaluation that may include feedback to help in achieving goals.

**Frequent** Occurring regularly at brief intervals.

**Grades** Final evaluation(s) of performance for each component of the curriculum.

**Goals** The end toward which effort is directed.

**Health Record(s)** The primary legal record documenting the health care services provided to a person in any aspect of the health care system. (This term includes routine clinical or office records, records of care in any health-related setting, preventive care, lifestyle evaluation, research protocols, and various clinical databases.)

**Instructional Faculty** Individuals providing instruction or clinical supervision during the program, regardless of length of time of instruction or professional background of the instructor.

**Instructional Objectives** Statements that describe observable actions or behaviors the Fellow will be able to demonstrate after completing a unit of instruction.

**Learning Outcomes** The knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities that have been attained at the completion of a curricular component, course or program.

**Moonlighting** Professional and patient care activities that are external to the educational program.

**Must** A term used to designate requirements that are compelled or mandatory. "Must" indicates an absolute requirement.

**Preceptor** A licensed and appropriately credentialed physician (MD or DO) serving to supervise the patient care activities of the Fellow.

**Professional Behaviors** Professional behaviors include, at a minimum, demonstration of respect for self and others, adherence to legal and regulatory requirements for PA practice, commitment to ongoing professional development, commitment to professional and ethical principles related to patient care, sensitivity to issues of diversity.

**Program Faculty** Health care professionals assigned to work with the clinical postgraduate PA program as a major component of their work assignment. This includes the program director and medical director at a minimum.

**Prospective Fellows** Any individuals who have requested information about the program or submitted information to the program.

**Published** Presented in written or electronic (Web) format.

**Readily Available** Made accessible to others in a timely fashion via defined program or institution procedures.

**Recognition Level:**

1. Potential recognition – A program that has the potential to be recognized by AAEP. Programs with potential recognition cannot advertise AAEP recognition or have Fellow graduates sit for BCCEM examination.
2. Full Recognition – A program that meets the requirements to be recognized by AAEP.
3. Conditional Recognition (probation) – A program that has failed to meet all the necessary requirements to be fully recognized by AAEP but has been given a period of time to address these requirements in order to obtain full recognition.
4. Lapsed Recognition – A program that had either full recognition or provisional recognition but has failed to meet the requirements for recognition and/or not progressed on completion of the terms of a probationary status. Programs with lapsed recognition are considered unrecognized by AAEP and cannot advertise AAEP recognition or have Fellow graduates sit for the BCCEM examination.

**Recognized regional or specialized and professional accrediting agencies**

- Accreditation Association for Ambulatory Health Care (AAAHC)
- American Osteopathic Association (AOA)
- Commission on Accreditation of Rehabilitative Facilities (CARF)
- The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations)
- Liaison Committee on Medical Education (LCME)

**Remediation** The program's defined process for addressing deficiencies in a Fellow's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.

**Should** The term used to designate requirements that are so important that their absence must be justified. (The onus of this justification rests with the program; it is the program's responsibility to provide a detailed justification why it is not able to comply with any standards including the term should).

**Succinctly** Marked by compact, precise expression without wasted words.

**Sufficient** Enough to meet the needs of a situation or proposed end.

**Syllabus** A document that includes the course/rotation name, description, goals; outline of topics to be covered; Instructional objectives/ specific expected learning outcomes; methods of Fellow assessment/evaluation; and plan for determining successful completion of expected competencies.

**Teaching Out** Allowing Fellows already in the program to complete their education or assisting them in enrolling in an AAEP recognized program, if one exists, in which they may continue their education.

**Technical Standards** Non-academic requirements for participation in an educational program or activity. They include physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum and for entry into the profession.

**Timely** Without undue delay; as soon as feasible after giving considered deliberation.

**Written** On paper or available in electronic format.

**United States** the Fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef and Johnston Island.

## FEES

**Application Fee:** The application fee for the American Academy of Emergency Physicians (AAEP) Emergency Medicine Fellowship Recognition Program is \$12,500 for each facility site program. The fee should be submitted with the signed and completed application made payable to AAEP/AAPS.

Please mail to:

AAPS

5550 West Executive Drive

Suite 400

Tampa, FL 33609

**Initial Inspection Fee:** There is a \$5,000 inspection fee. In addition, the facility will be inspected by emergency medicine Diplomates. The facility is expected to cover all the economy travel, and accommodations for each on-site evaluator. The facility is also expected to cover a \$500 stipend for each site inspection location for all on-site evaluators. The AAPS will invoice the facility for all expenses.

**Annual Facility Fee:** There is an annual facility maintenance fee of \$3,500 for each facility site program. The Annual Facility Maintenance Fee covers some of the continuing and recurring management and governance expenses incurred by AAPS to fully support the Fellowship sites. A team of highly skilled board- certified physicians devote a significant amount of time to the management of the programs. Time is expended maintaining tedious records about individual sites and personnel, managing inspection timelines and bi-annual inspection reports, and staying well-informed of changes in each medical specialty. The fee also covers staff support needed to sustain the program. This is payable to AAPS. Annually the approved facility site will submit a Facility Maintenance fee of \$3,500.

**Recurring Three Year Site Inspection Fees:** Every three years, after approval, the facility will be inspected by emergency medicine Diplomates. The facility is expected to cover all the economy travel, and accommodations for each on-site evaluator. The facility is also expected to cover a \$500 stipend for each site inspection location for all on-site evaluators. The AAPS will invoice the facility for all expenses. There is a \$5,000 inspection fee that will due and payable every three (3) years after first date of initial approval for each facility site program.