



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

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CME Burden

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Continuing medical education (CME) course work is increasingly being mandated for licensure, certification, and privileging by states, regulatory agencies, and hospitals. Some examples include CME for stroke center certification, trauma center certification, and sedation privileges among many others. The American College of Emergency Physicians (ACEP) believes that continuous board certification by the American Board of Emergency Medicine (ABEM) and the American Osteopathic Board of Emergency Medicine (AOBEM) demonstrates comprehensive training, skills, and current understanding in the practice of emergency medicine regardless of any additional CME mandated or obtained.

Emergency physicians practice in a variety of emergency department settings and care for patients with a wide range of conditions. The aforementioned educational courses have value; but by requiring a significant and increasing number of these CME courses, physicians may have reduced education time to remain current in other clinical areas more relevant to their practice in emergency medicine. Therefore, ACEP, in supporting high-quality, safe, and efficient emergency care for all patients, believes that CME requirements as a part of maintenance of board certification should be self-determined by the specialty organization and by practicing emergency physicians to reflect their practice environments. Peer-identified educational opportunities may also supplement an individual practitioner's CME choices. This will have a greater benefit than the imposition of general CME requirements.