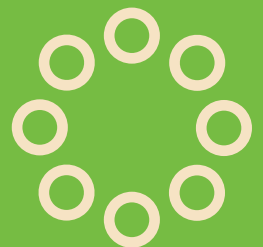
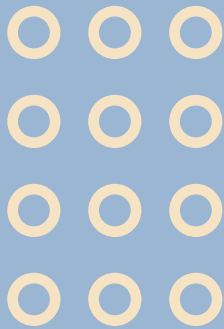


# Leading Today, Protecting Tomorrow

2024 Impact Report





# Dear Colleagues:

In 2024, we confronted extraordinary challenges while delivering high-quality care. What I heard directly from you throughout my term was unmistakable.

**"The status quo is untenable in so many ways."**

The American College of Emergency Physicians (ACEP) is rising to meet the challenges that threaten your livelihood and your patients' lives. Together, we ushered in a new era of fierce advocacy and emergency physician leadership.

ACEP championed the patient-physician relationship by directly engaging the Federal Trade Commission (FTC) and the Department of Justice (DOJ) to raise your concerns about harm from **consolidation and corporatization in health care**.

We created the momentum necessary for the Agency for Healthcare Research and Quality (AHRQ) to convene a landmark **national stakeholder summit on boarding**, which continues to trigger accountability and action throughout the health care system.

Standing with the American Hospital Association (AHA), the Emergency Nurses Association (ENA) and the American Nurses Association (ANA), ACEP is pushing the key legislation to **prevent violence against the health care workers**.

Together we stood up for **diversity** in health care by bravely leading civil discourse at LAC24 and modeling relationship-building, the essence of effective, long-term advocacy success.

The ACEP Emergency Department Accreditation Program pilot is nearing its launch, which will elevate emergency medicine, create equitable standardization, and repair broken workplace environments nationwide.

With an eye to the future and our responsibility to manage and maintain a strong health care safety net, we will continue to connect through communication, rebuild through resilience, and lead with influence and impact.



With gratitude for your unwavering commitment, focus and resolve,  
**Aisha T. Terry, MD, MPH, FACEP**  
ACEP Immediate Past President



# Your Career is Our Priority

ACEP's Board, volunteer leaders, and staff are committed to helping you build a long and fulfilling career in emergency medicine and provide the best possible patient care.

In 2024, we celebrated key wins that brought immediate relief and shone a light on your biggest challenges, while laying the groundwork for a stronger future.

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[Read about ACEP's Values,  
Mission, Vision and Strategic Plan.](#)



# Tackling the Boarding Crisis

ACEP is leading the national call for accountability, data and transparency.

ACEP is creating the systemic momentum necessary to solve this crisis. We are using our **reach and expertise** to bring stakeholders together from across health care to advance policy change and improve your working conditions.

In 2024, **ACEP developed and informed five bills** in Congress specific to the boarding crisis, which will strengthen hospital reporting requirements and allocate resources that bring everyone closer to solutions to ease your burden on shift.

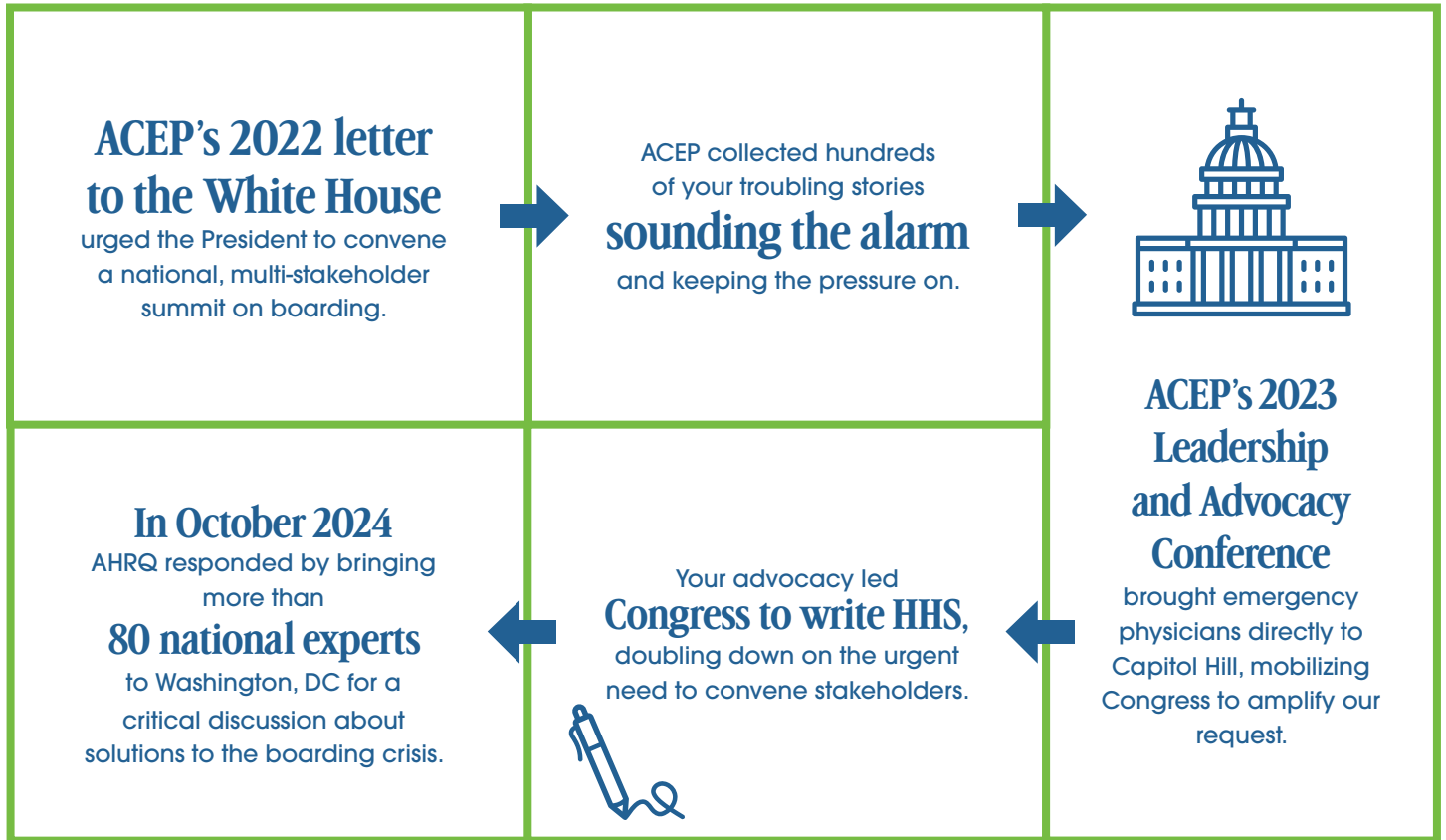
ACEP called on the Centers for Medicare and Medicaid Services (CMS) to link boarding-related attestations to performance measures and **create new requirements for hospitals** to limit overcrowding.

ACEP developed the **Age-Friendly Hospital Measure** in partnership with the American College of Surgeons and the Institute for Healthcare Improvement to incorporate the ACEP Geriatric Emergency Department Accreditation (GEDA) framework into care delivery. **CMS now will include attestations to reduce boarding and screen for risk factors related to social determinants of health, among others.**



# Convening Key Decision Makers

Due to ACEP's persistence and leadership, the Agency for Healthcare Research and Quality (AHRQ) held a national summit to discuss boarding solutions with all key stakeholders.



[See how ACEP is helping to improve your daily practice conditions by working to solve the national boarding crisis.](#)



## State Spotlight: Connecticut

The Connecticut College of Emergency Physicians worked with the Leapfrog Group, a national nonprofit health care watchdog organization, to update their national annual hospital survey to include questions that assess boarding times for patients seen in the ED. This effort will provide critical data to policymakers and health leaders on the importance of addressing this crisis.

**"If it's a priority, it can be done. We know that boarding is a solvable problem if it is given sufficient attention as a patient safety issue."**

- Christopher L. Moore, MD, FACEP  
Connecticut College of Emergency Physicians

# Representing You in Every Room

## From the statehouse...

ACEP's advocacy footprint covers the issues that impact your practice at the federal, state and local level. You and your chapter leaders can advocate for the specialty and your patients by using ACEP's resources, including the State Legislative Dashboard, ACEP-developed model legislation, and more.

## ...to the courthouse and the halls of Congress...



Analyzed more than **7,450 pages** of federal regulations to determine their impact on emergency medicine and inform our advocacy priorities.



Filed **four amicus briefs** in court cases that could reshape the practice of emergency medicine about EMTALA violations, abortion, and correct the flawed implementation of the surprise billing law.



Participated in **nearly 500 events** with legislators through NEMPAC, building critical relationships and discussing key issues from the emergency physician perspective.

[Read the NEMPAC election report.](#)



Wrote **more than 165 pages of comments** in letters to federal regulators and authored **more than 60 pages of comment letters and statements** for congressional committee records to take a formal stand on what matters most to you and your patients.



[See a breakdown of activity by state or by issue online.](#)



# Protecting You from ED Violence

ED violence is dangerous, increasing and unacceptable.

## Emphasizing the shocking frequency of assaults

- A January 2024 ACEP poll found **91% of emergency physicians or a colleague were threatened or attacked within the prior year.**
- More than two-thirds (68%) of those physicians did not feel their employer's response was appropriate. In fact, 50% said nothing was done.

## Gathering your stories and raising awareness

We made sure your deeply troubling stories made headlines and were taken straight to Congress.

**James Philips MD, FACEP**, shares his story with Congress during a July 2024 briefing that ACEP co-hosted with the American Hospital Association.



Steady support from ACEP has been vital to introducing the bipartisan Safety from Violence for Healthcare Employees (SAVE) Act, which would make violence against health care workers a federal crime.

- In 2024, ACEP organized and led three standing room only Congressional briefings on ED violence with the American Hospital Association, the Emergency Nurses Association, and American Nurses Association.



Dr. Terry advocating for you in front of Congress alongside leaders from the Emergency Nurses Association and American Nurses Association

**“We can’t be the safety net without feeling safe ourselves. This is not a one-off. This is a daily situation in emergency departments across the country.”**

**- Aisha T. Terry, MD, MPH, FACEP  
ACEP Immediate Past President**

**[Learn more about ACEP's ongoing efforts to prevent ED violence.](#)**



## State Spotlight: North Carolina



The North Carolina College of Emergency Physicians helped pass the Protect Health Care Worker's from Violence Act with three requirements: hospitals must conduct a security risk assessment and develop and implement a security plan, at least one law enforcement officer must be present, and the hospital must provide law enforcement training for officers and staff.

# Empowering You as the ED Leader

ACEP strongly supports state and national efforts to prioritize physician leadership. There is simply no substitute for a licensed, trained, and board certified emergency physician.

## State Spotlight: Virginia



Starting in July, emergency departments in Virginia will be required to have a physician onsite thanks to the Virginia College of Emergency Physicians, which created and fought for the passage of this law in 2024.

The Virginia law is based on language developed by Indiana ACEP that ACEP chapters are using as a model to introduce state legislation across the country.

**“Virginia ACEP is proud that we will be one of the first states to require a physician onsite, on duty, and dedicated to the ED, 24/7. Our patients deserve physician-led care at all times.”**

- Todd Parker, MD, FACEP

Virginia College of Emergency Physicians Past President

Virginia College of Emergency Physicians  
Apr 18, 2024 · 🌐

ABOVE THE FOLD: The bill VACEP introduced and championed to require a physician be on-site and on-premises in every Virginia emergency departm... See more

EMERGENCY MEDICINE TODAY  
The Latest Curated News Exclusively for ACEP Members



Keep up with  
Virginia's efforts

WRIC  
**Virginia to Require a Doctor Onsite at All Hospitals with Emergency Depts....**  
In a significant win for physician leadership and ACEP-supported legislation, Virginia hospitals with an emergency department will be required to have at least one doctor onsite at all times instead of on-call, starting in July 2025.

READ MORE

Virginia College of Emergency Physicians

INDEPENDENT PRACTICE  
**For nurse practitioners and physician assistants**

In Virginia, we must ensure stringently regulated clinical training for Nurse Practitioners, Physician Assistants, and other advanced practice providers. Advanced practice providers such as NPs and PAs often introduce "scope of practice" bills in the Virginia General Assembly that seek greater autonomy.

A physician is required to complete four years of med school and, at a minimum, three years of residency training, even in primary care. Many physicians take additional years to build a specialty, such as in neurosurgery, orthopedics, and, of course, emergency medicine.

NPs, PAs and other advanced healthcare professionals are important members of an ER care team and should, in some cases, be able to practice independent of physician oversight. However, their requests for minimal post-graduate education and clinical training is unacceptable and will lead to a drop in quality of care. **The standard of training should be nothing less than the highest possible level.**

## State Spotlight: Vermont



As Vermont officials evaluated whether to convert multiple hospitals' emergency departments into standalone facilities managed by non-physicians, the Vermont ACEP leaders voiced strong opposition. Members outlined concerns about care quality and patient safety, emphasizing that nurse practitioners and physician assistants are indispensable members of the care team. However, they simply do not have the training or education of an emergency physician.

**“There should be no ambiguity about the importance of a physician-led care team in emergency settings.”**

- Matthew S. Siket, MD, FACEP  
Vermont ACEP President-Elect



# Helping You Safely Speak Out

ACEP helps emergency physicians advocate for their patients and for their practice without fear of retaliation or retribution from hospitals or employers.

**The Physician and Patient Safety Act**, an ACEP-developed bill under consideration in the U.S. House of Representatives and Senate, will **protect emergency physician due process rights**. This legislation calls for regulations to ensure any physician would have a fair hearing and appellate review before any termination or reduction of work.

## Supporting Physicians Impacted by Turmoil at NES Health

It is unacceptable for employer groups to jeopardize physicians' careers and families during contract transitions. As NES Health experienced turmoil, ACEP curated and communicated their key legal and insurance resources and convened a virtual town hall to assist physicians impacted by this disruption.



**Regardless of the employer model, emergency physicians need to be fairly paid and appropriately protected in alignment with ACEP's policy.**



**Get answers about insurance, contracts, legal issues and more during employer transitions.**

# Protecting Your Autonomy

ACEP is working to make sure every physician can be empowered to make decisions best for their careers and patients.

When **reproductive health care laws were upended**, ACEP's legal team made sure that Congress, the U.S. Supreme Court, and anyone impacted by the uncertainty of the new landscape could see **emergency physicians taking a stand because of concern about their ability to treat patients, not politics.**

ACEP **filed an amicus brief with the U.S. Supreme Court** in the landmark Idaho case in March 2024, taking the lead alongside the American College of Obstetricians and Gynecologists and the AMA, with support from 23 medical societies united on the importance of **protecting the physician-patient relationship** and ensuring that all patients receive care consistent with EMTALA obligations.

In April 2024, ACEP cosigned a statement **with more than 20 other physician and health care organizations** urging the Supreme Court not to weaken EMTALA protections.

Using your stories & our influence, ACEP helped **ensure the FTC saw the impact of non-competive clauses.** In April, the FTC voted to ban these predatory clauses – a move that ACEP strongly supported. While a federal court in Texas blocked the rule from taking effect in September 2024, the fight is far from finished. ACEP will continue to lead the change to **allow you to practice EM freely.**



[Learn more about ACEP's work to protect emergency physicians from the risks of corporatization in health care.](#)



# Enforcing Employer Accountability

Tools like the **ACEP Open Book** are changing the way emergency physicians approach career decisions by consolidating and sharing key employer information.

For those who want to take their careers into their own hands, ACEP offers the **Independent EM Group Master Class**. A number of entrepreneurial emergency physicians find that creating or joining an independent, physician-owned group is the best choice for them – ACEP is an indispensable resource through the entire process.

## Notice something different at ACEP24?

**ACEP heard you!** In a re-imagined Exhibit Hall, career resources were consolidated together to better align with our corporate practice of medicine policy statement that **the physician-patient relationship is the moral center of medicine and must never be compromised** by corporate, government or financial influence.

All exhibiting employers chose from two booth sizes, creating a more balanced approach to display opportunities for job seekers. Exhibiting employers are now required to have an ACEP Open Book profile, encouraging greater transparency of group structure and policies.



[We hope you will join us in Salt Lake City to explore for yourself!](#)



# Maximizing Your Paycheck

ACEP holds insurers accountable for bad behavior, advocates for fair and transparent reimbursement, and helps you navigate historic changes to the physician compensation landscape.



[See ACEP's comprehensive insight to navigating changes in reimbursement.](#)



## State Spotlight: California

### Emergency Physicians Put a Stop to Insurer Bad Behavior

A July 2024 letter from ACEP, CalACEP and the California Medical Association alerted state legislators about the need to **end Aetna's strategy to "downcode,"** or lower the severity of physician and facility claims for emergency services.

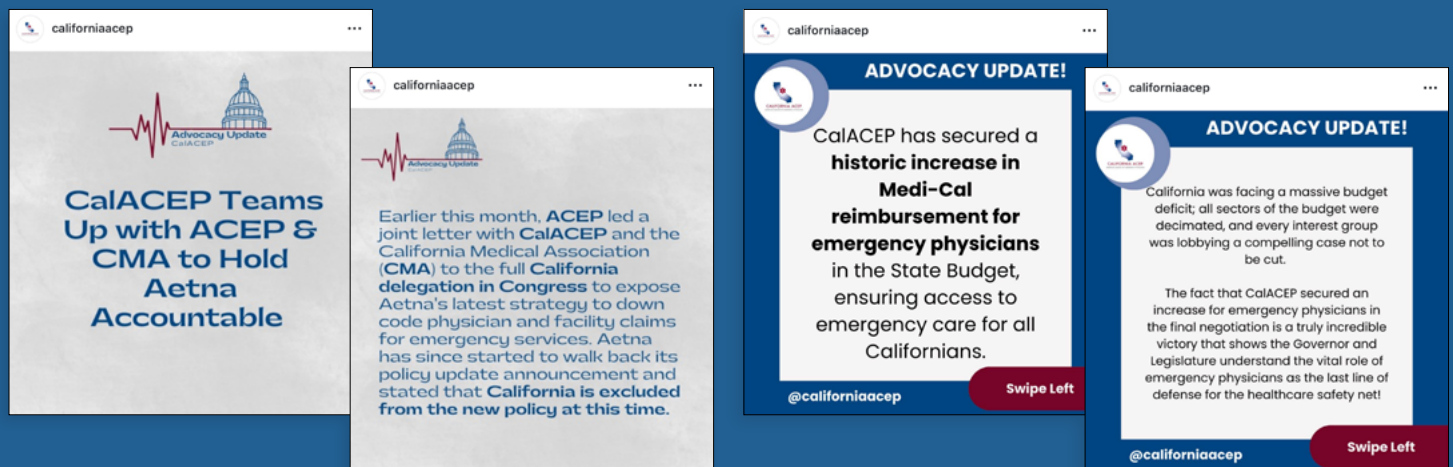
The public pressure was more heat than the insurance giant could handle. Only weeks later, Aetna announced it would stop its misguided policy in California.

### CalACEP Secures Historic Reimbursement Boost

CalACEP launched an advocacy campaign, including more than 9000 messages to state legislators, and secured the first Medicaid rate increase for emergency physicians in over 20 years.

**"This was an uphill battle. California was facing a massive budget deficit; all sectors of the budget were decimated. We were the only physician specialty to receive an increase—this is a proud victory and testament to the valuable care our members provide every day."**

**- Elena Lopez-Gusman**  
CalACEP Executive Director



# Defending Reimbursement

## Expanding Telehealth in Emergency Medicine

ACEP worked with CMS to create new reimbursement codes for telehealth services during the pandemic. With our input and strong support, CMS extended the telehealth reimbursement framework for years to come, making it easier for emergency physicians to deliver care not just anytime, but anywhere.

## Giving You a Seat at the Table

ACEP is the only EM organization with a seat on the RVS Update Committee (RUC), the influential group that recommends to the federal government how physicians are paid.

**ACEP works tirelessly to promote your value and protect your reimbursement. In 2024, this included:**



Collecting actionable evidence of bad private payer behavior



Continuing the call for fair, timely and transparent reform to the No Surprises Act implementation



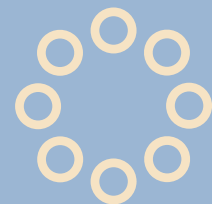
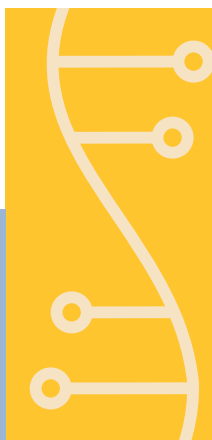
Advocating for better reimbursement relative values



Analyzing the Medicare payment policy environment



Developing and updating education materials to help medical students, early-career physicians, and others understand billing and coding



# Advancing Evidence-Based Care

ACEP supports and promotes the use of research and data to improve care and define policy.

## EM Data Institute - EMDI

EMDI currently includes a roster of more than 100 groups that represent 2.9 million patient visits, and **enabled a \$600,000+ Medicare reimbursement bonus to physicians for 2025.**

EMDI research support has led to more than 20 papers, abstracts and poster presentations at major conferences nationwide, and **developed** three new regulatory measures that give EMDI participants an advantage in MIPS scoring and bonus opportunities.

## Emergency Medicine Foundation - EMF

Through EMF, ACEP is participating in multi-year FDA-funded projects investigating potential off-label applications for ketamine, as well as how the route and dose of naloxone administration may impact the outcomes for opioid overdose patients. Both studies could have major implications for care in the emergency department in the near future.

This year, EMF grants are funding more than \$1 million for **20 projects examining critical topics in emergency medicine**, including geriatric care, diagnostics, boarding and crowding, and physician employment arrangements.

## Emergency Medicine Policy Institute - EMPI


EMPI aligns stakeholders to address crucial regulatory issues, litigation, and policy changes to advance the specialty of emergency medicine.

EMPI will soon publish a new RAND Corporation study that will **evaluate impediments to maintaining ED resources and capacity** and share innovative funding strategies for emergency care.




# Guiding Your Daily Practice

Clinical Policies released or updated in 2024 include:












Seizures  
(June)



Thrombolytics for the  
Management of Acute  
Ischemic Stroke (September)

For quick reference on shift, point-of-care tools are available through the ACEP Mobile app.

 <p>Mild Traumatic Brain Injury/Concussion</p>	 <p>Atrial Fibrillation</p>	 <p>Tick-Borne Diseases</p>
 <p>Dizziness</p>	 <p>Buprenorphine</p>	 <p>Confusion/Agitation in the Elderly (ADEPT)</p>
 <p>Smart Phrases</p>	 <p>Migraine in the ED</p>	 <p>Low-Risk DVT</p>



# Raising the Bar for EM

## **NEW! ED Accreditation Program - EDAP**

Five pilot sites have advanced to the final stage of ACEP's new ED accreditation review process. This program will establish transparency and recognize hospitals with EDs that meet higher expectations for staffing, working conditions, capabilities, and patient care.

## **Geriatric Emergency Department Accreditation - GEDA**

GEDA accredited its 500th program in 2024, ensuring that older patients receive well-coordinated, quality care in the ED. The GEDA program now spans 47 states and 7 countries, and a facility in Basel, Switzerland, became the first international Level 1 GEDA site.

## **Clinical Ultrasound Accreditation Program - CUAP**

In 2024, the CUAP program grew by 27.5%, with 74 programs now accredited nationwide. Accredited programs are integrating evidence-based science, quality initiatives, clinical best practices, and the latest medical guidelines into their emergency ultrasound care — greatly improving outcomes for patients.

## **Pain and Addiction Care in the Emergency Department - PACED**

In 2024, the PACED program accredited its 50th site, ensuring alignment with best practices and adequate preparation to fight the opioid epidemic nationwide. At ACEP24, a PACED-organized course, "Ultrasound-Guided Regional and Joint Anesthesia for the EM Physician" taught many of the quality and patient safety initiatives championed in the PACED programs — it sold out months in advance, demonstrating a strong desire to help patients suffering from pain and addiction.





# Making Your Voice Heard

ACEP Council is the democratic, deliberative, transparent body that guides ACEP policies and initiatives. With checks and balances in place, the ACEP Council ensures we represent the consensus around best practices and best interests of our members. Emergency physician employers have no role in any of these deliberations, policies, or decisions.

Elected councilors represent ACEP's 53 chartered chapters (50 states, Puerto Rico, the District of Columbia and Government Services), its sections of membership, the Association of Academic Chairs in Emergency Medicine (AACEM), the Council of Emergency Medicine Residency Directors (CORD), the Emergency Medicine Residents' Association (EMRA) and the Society for Academic Emergency Medicine (SAEM).



## ACEP at AMA

ACEP is fiercely proud to serve as your voice at the American Medical Association's House of Delegates, and to lead efforts to activate the full physician community around the changes that you need and deserve.

There were six ACEP-led resolutions at the June 2024 AMA meeting around boarding, corporatization of medicine, support for a ban on non-competes, and more.



[Learn more about the ACEP-led initiatives at the AMA Meeting.](#)

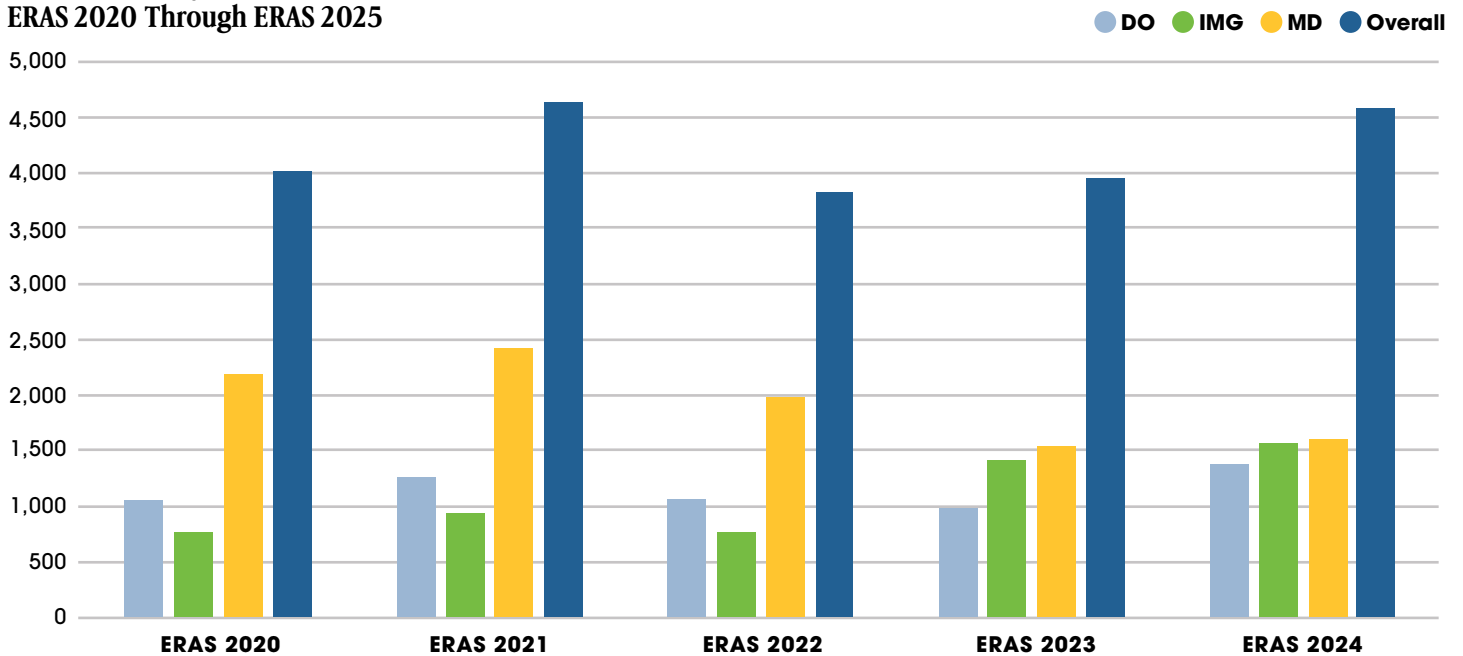
# Supporting the Next Generation

The 2024 Match hit a record high of accepted emergency medicine applications — a major rebound from past years. EM is not only alive and well, it’s one of the most sought-after specialties.

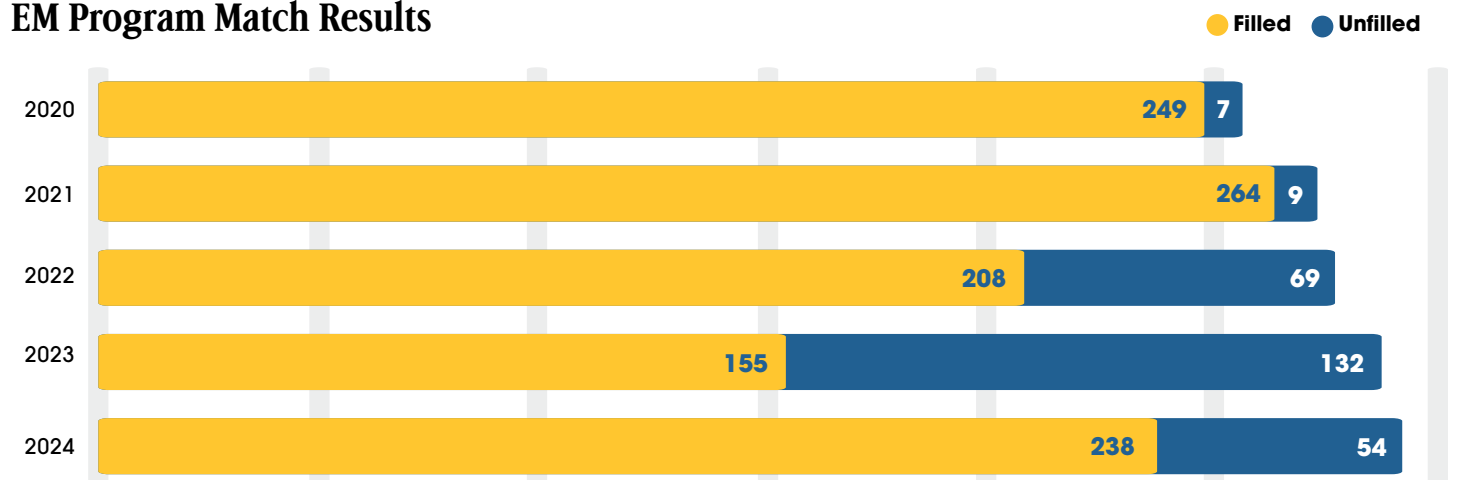
In 2024, there was marked increase of more than 1,200 EM applicants, totaling more than 4,400 submissions. 96% of EM residency spots were filled in the match as compared to 82% the year before, signaling encouraging news for the specialty.

## EM Specialty Trend of Applicants and Applications

ERAS 2020 Through ERAS 2025



## EM Program Match Results



Based on 2024 Preliminary Data from ERAS, the Electronic Residency Application Service, a tool developed by the Association of American Medical Colleges (AAMC).

# Developing Future Leaders

We are actively enhancing our leadership pipeline to **address future needs** in emergency medicine by focusing on **leadership development, diversity, and mentorship**.

As president, Dr. Aisha Terry traveled over 150 days to **connect with, and advocate for emergency physicians** from Maine to California, launching a new series of regular check-ins for ACEP chapter, committee, and section leaders. These town hall discussions and leadership development sessions ensure continuous conversation on timely and important topics and that elected leaders remain committed to **hear from you directly**.

## ACEP Celebrates EMRA's 50th Anniversary

ACEP was proud to help the Emergency Medicine Residents' Association (EMRA) celebrate its 50th anniversary in 2024! Both organizations remain committed to working together to make emergency medicine a top choice for medical students, help residents prepare for a fulfilling career, support successful transitions into practice, and develop future leaders in EM.



**2025 Graduating Resident Checklist**

**MAY**

- REGISTER FOR YOUR WRITTEN EXAM  
Registration is May – October; Exam window is October – November  
NEW! March 2026: Certifying Exam in Raleigh, NC, replacing Oral Boards  
abem.org
- OBTAIN A DEA NUMBER  
Apply once you have your state license

**JUNE**

- RENEW YOUR ACEP MEMBERSHIP  
New Attending Membership Bundle is only \$25/month for 3 years  
acep.org/grades
- UPDATE YOUR MEMBER PROFILE  
ACEP  
ABEM/AOBEM  
AMA
- PREPARE FOR YOUR BOARD EXAMS  
Get PEERprep for Physicians free with the New Attending Membership Bundle  
acep.org/peerprep
- LEARN THE BUSINESS OF EM  
acep.org/practice-essentials

**GRADUATE**

Marion Opnel, MD

American College of Emergency Physicians  
ADVANCING EMERGENCY CARE

**2025 Graduating Resident Checklist**

**SEPTEMBER - JANUARY**

- START THE JOB SEARCH  
Make career decisions based on what matters most to you | acep.org/careers  
Find useful employer details with ACEP Open Book, powered by Ivy Clinicians | openbook.acep.org  
Search, apply and interview for validated and vetted jobs | emCareers.org
- RESEARCH DISABILITY INSURANCE  
Rates go up after graduation | acep.org/insurance

**FEBRUARY - MARCH**

- FOUND THE PERFECT JOB  
Before signing the contract, ensure you're protected | acep.org/contract-toolkit  
Find help with contract negotiations | acep.org/resolve
- APPLY FOR YOUR STATE MEDICAL LICENSE\*
- START THE CREDENTIALING PROCESS\*  
\*These can take up to 6 months

**APRIL**

- FILE YOUR LAST TAXES AS A RESIDENT
- BUILD YOUR FINANCIAL FUTURE  
Student loan deals, financial planning help and more with ACEP partners | acep.org/finances
- FIND A PLACE TO LIVE
- SECURE INSURANCE  
Medical Malpractice | Life | Health | Disability  
If your new employer doesn't provide it | acep.org/insurance
- APPLY FOR BOARD CERTIFICATION  
Registration is April – September | abem.org or aobem.org



# ACEP By the Numbers

**39,272**  
Members

**22,490**  
Regular

**15,441**  
Candidate

**52**  
Honorary

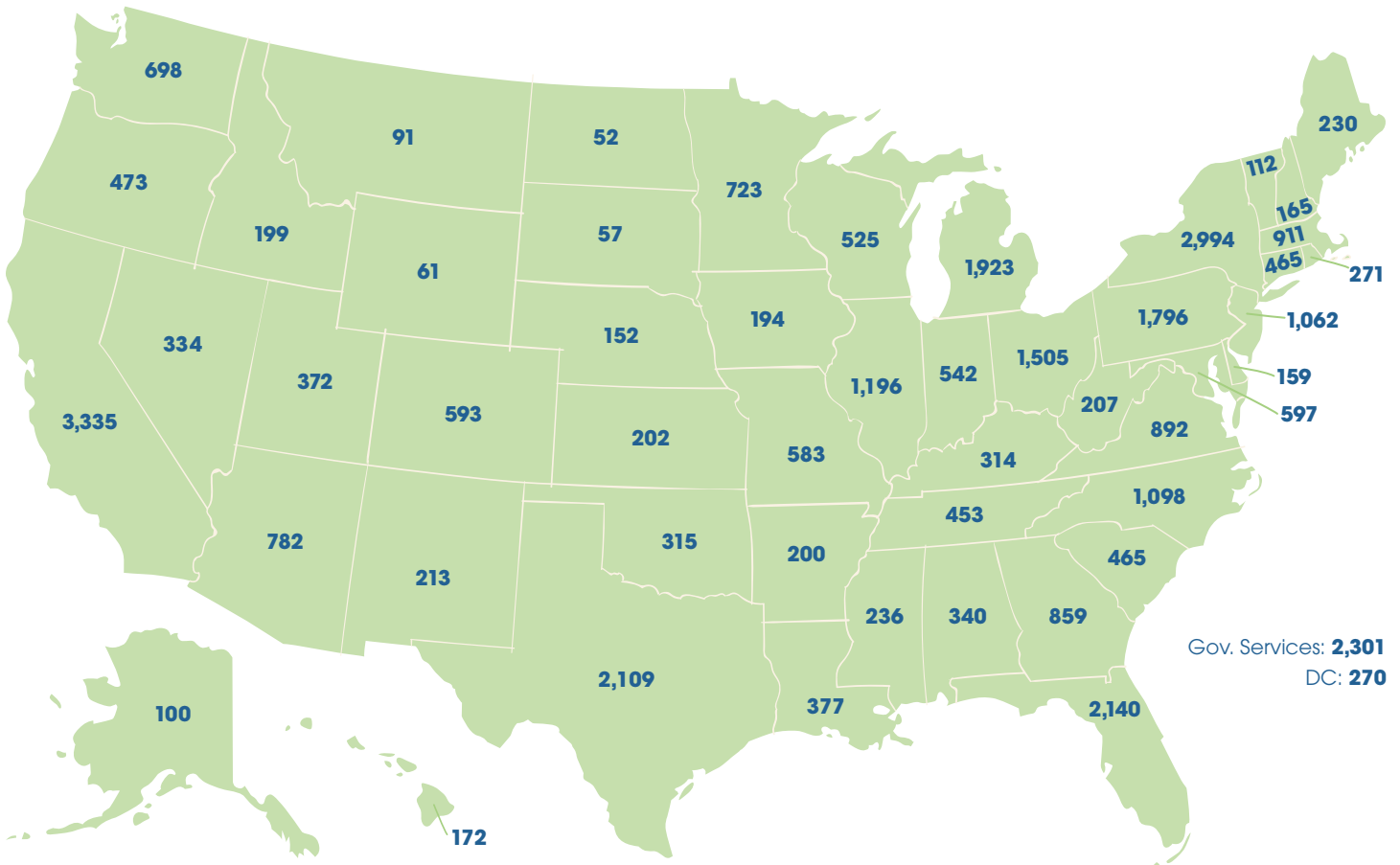
**1,289**  
International

**8,394** FACEPs in the ACEP membership



## ACEP Membership by Chapter

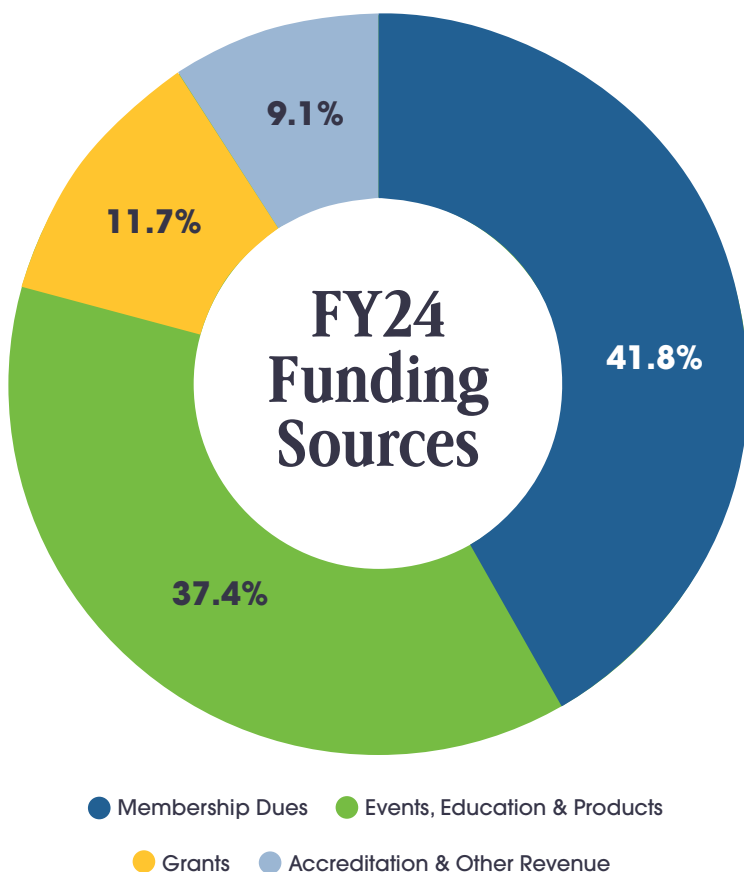
\*as of November 2024



Your peers in emergency medicine are working 24/7 to advance the work of the College and protect the specialty of emergency medicine. ACEP thanks the thousands of individuals who have given their time, talent and treasure to help advance our mission.



ACEP is funded by your contributions through membership dues, by creating products and education to support your practice, and through grants and other projects that advance the specialty and improve patient care.



**Why Do Members Join?**



# New from ACEP Education

## ACEP Anytime

In February 2024, we launched ACEP Anytime, an online medical education library curated for emergency physicians and care teams.

Subscribers receive access to more than 3,000 lectures, podcasts, webinars, and other items updated on a rolling basis through a “Netflix-style” library.

**Looking for *Critical Decisions*?** Three years’ worth of *Critical Decisions* monthly issues, podcasts, and special editions are now available in ACEP Anytime. Subscribers are automatically granted access to the full suite of materials that now live in ACEP Anytime.

## PEERprep for Programs and PEERprep for Physicians

PEERprep EM Learning Pathways has 350+ lectures from previous ACEP conferences as part of the Foundation of EM curriculum.

- The inaugural PEER Challenge, a bracket-style knowledge competition, had its semifinals and finals at ACEP24, with both Good Samaritan and University of Central Florida declared the winners in a tie.

## Practice Essentials of Emergency Medicine

- Developed by EMRA and ACEP and free for members, this online education curriculum focuses on several critical business of EM topics.
- 11 new course modules were launched in 2024





# Dear Colleagues:

Every day, we face challenges that make our jobs harder and threaten patient care. It's frustrating and exhausting—but **together, we can drive change.** Your participation in ACEP fuels progress as we shape our specialty's future and lead the charge for critical improvements.

ACEP is fighting for a better workplace—**demanding employer transparency, reclaiming our autonomy, and advancing policies that empower physicians** for professional fulfillment and better patient outcomes.

ACEP is committed to **your growth and leadership** because a stronger voice means greater impact. **Our resolve is unshakable.** Let's move forward with unity and purpose to keep our specialty rewarding and sustainable for generations to come.

**Thank you for your commitment to our specialty, to your patients, and to the communities that we serve. Together, we can improve health care for all.**

Warm regards,  
**Alison J. Haddock, MD, FACEP**  
ACEP President  
American College of Emergency Physicians



