

**ACGME Program Requirements for Graduate Medical Education
in Addiction Psychiatry
IMPACT STATEMENT**

Line Number(s): 101-113 PARTICIPATING SITES

Requirement Revision (major revisions only):

The number of and distance between participating sites ~~shall not impair training and allow for full participation in conferences and other all organized educational aspects of the program.~~

~~Presence of Other Programs~~

~~The addiction psychiatry program should provide peer interaction between its fellows and those of other medical/surgical specialties. To achieve this goal, an Within the participating site there should be an ACGME-accredited program in at least one of the following non-psychiatric specialties; such as family medicine, internal medicine, neurology, or physical medicine and rehabilitation should be present within the participating sites of the program.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **allows for interactions with more specialties involved in patient care**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 125-128 PROGRAM DIRECTOR TIME

Requirement Revision (major revisions only):

~~The program director must devote at least 15 hours per week to the program. This must include activities related to administration, didactic teaching and individual supervision outside of clinical activities⁸~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for amount of time program director must devote to program**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **218-225 PROGRAM DIRECTOR RESPONSIBILITIES**

Requirement Revision (major revisions only):

develop and implement a supervision policy that specifies lines of responsibility for program faculty and fellows that is consistent with the supervision policy in the general psychiatry program.

participate in scholarly activities appropriate to the subspecialty, including local, regional, and national specialty societies, research, presentations, or publication.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **ensures that everyone involved in patient care knows who is responsible at any given time**
- 2) improves the quality of resident education; **ensures that the program director is a role model for academic scholarship in the subspecialty**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **232-243 FACULTY NUMBER**

Requirement Revision (major revisions only):

In addition to the program director, there must be at least one other FTE of faculty member certified by the American Board of Psychiatry and Neurology (ABPN) in the subspecialty of addiction psychiatry.

~~Programs with large patient populations, multiple sites, and large fellow complements will be expected to have the number of physician faculty appropriate to the program's size and structure.~~

Each participating site must have a designated site director who is a member of the faculty and who is responsible for the day-to-day activities of the program at that site, with overall coordination by the program director.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **ensures that the program has sufficient faculty to supervise, teach and mentor fellows**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **may require additional faculty since one part time faculty will not comply with the requirement**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**

6) impacts residency education in other specialties. **N/A**

Line Number(s): **256-281 FACULTY RESPONSIBILITIES**

Requirement Revision (major revisions only):

~~The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included in each program.~~

~~Scholarship is defined as the following: All faculty must participate in scholarly activities appropriate to the subspecialty, including local, regional, and national specialty societies, research, presentations, or publications.~~

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

~~the scholarship of *dissemination*, as evidenced by review articles or chapters in textbooks; and,~~

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

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

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **ensures that fellows have appropriate faculty role models by clarifying expectations for scholarly activity and participation in didactic activities**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **289-306 OTHER PROGRAM PERSONNEL**

Requirement Revision (major revisions only):

~~Addiction psychiatry fellows must be provided with meaningful patient care experiences as part of an interdisciplinary care team. The fellow should work in settings that include representatives of clinical disciplines such as social work, psychology, psychiatric nursing, occupational therapy, pharmacy, and nutrition.~~

~~as well as There must be clinicians available to the program in anesthesia (including pain~~

management), emergency medicine, family medicine, geriatrics, internal medicine, neurology, obstetrics-gynecology, surgical specialties, and pediatrics/adolescent medicine as appropriate for the care of the patient.

In addition, fellows should work with other staff such as sSubstance abuse counselors and, where appropriate, with teachers should be available to the program.

There must be a designated program coordinator.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **specifies that each program should have a substance abuse counselor**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **institution must provide a designated program coordinator**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **403-426 FELLOW APPOINTMENTS**

Requirement Revision (major revisions only):

Prior to appointment in the program. The addiction psychiatry fellow fellows must have satisfactorily completed either an ACGME-accredited general psychiatry program or a general psychiatry program in Canada accredited by the Royal College of Physicians and Surgeons of Canada residency prior to entering the program.

Prior to appointment in the program entry, each addiction psychiatry fellow must be notified in writing of the required length of education. for which the program is accredited. The required length of education may not be changed without mutual agreement unless there is a break in education or the fellow requires remedial education.

supervise the recruitment, selection, and appointment process for applicants, including compliance with appropriate credentialing policies and procedures in accordance with institutional and departmental policies and procedures. Prior to appointment to the program, the program director must receive documentation from the each fellow's prior general psychiatry program in order to verifying satisfactory completion of all educational and ethical requirements for graduation., before appointment to the program;

Agreements with applicants made prior to the completion of the general residency must be contingent on this requirement.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **may lead to more providers qualified in the subspecialty**
- 2) improves the quality of resident education; **allows graduates from Canadian**

psychiatry programs to enter fellowship

- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 473-498 PATIENT CARE COMPETENCY

Requirement Revision (major revisions only):

~~must, as part of their program's clinical components, demonstrate proficiency in evaluating and treating~~ evaluate, consult with, and treat the following patients:

patients with primary substance-related disorders, and their families;

medical and surgical patients in the emergency department, intensive care units, and general wards of the hospital with acute and chronic substance-related disorders, including acute intoxication and overdose;

psychiatric inpatients and outpatients with chemical dependencies and co-morbid psychopathology to include ~~a broad range of psychiatric diagnoses, such as~~ affective disorders, psychotic disorders, organic disorders, personality disorders, and anxiety disorders, as well as patients suffering from medical conditions commonly associated with substance-related disorders ~~such as~~ including hepatitis and HIV/AIDS; and,

medication-dependent patients with chronic medical disorders/conditions, (such as including patients with chronic pain);

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **adds patients with hepatitis to list of competencies**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **the patient population must include those suffering from substance abuse disorders plus hepatitis**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 561-577 PBLI COMPETENCY

Requirement Revision (major revisions only):

This must include ~~demonstrate familiarity with~~ the major medical journals and professional-scientific organizations dealing with research on the understanding and treatment of substance-

related disorders.

critically analyze research reports, as presented in journal clubs and seminars;

~~Fellows should develop~~ demonstrate administrative and teaching skills. ~~As the fellows progress through the program, they should have the opportunity to teach personnel such as othe,~~ including teaching and supervising residents, medical students, and other allied health professionals ~~Fellows must have experience in teaching and supervising clinical trainees in the care of patients with substance-related disorders.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **adds expectation for competence in administrative and teaching skills**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **620-629 SBP COMPETENCY**

Requirement Revision (major revisions only):

~~Fellows must demonstrate an understanding of the~~ must incorporate considerations of cost awareness and risk-benefit analysis in current economic aspects of providing psychiatric and other healthcare services to the addicted patients with substance use disorder.

~~Fellows must demonstrate knowledge of~~ must incorporate quality assurance measures and cost effectiveness of various treatment modalities for when treating substance-related disorders.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for competence in systems-based practice**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **648-650 FELLOW EXPERIENCES**

Requirement Revision (major revisions only):

~~Fellows must attend at least 70% of all required didactic components of the program. Regular~~ Attendance by fellows and faculty members should be documented.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for attendance at didactic conferences**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **783-784 FELLOW EXPERIENCES**

Requirement Revision (major revisions only):

Each fellow must maintain a patient log documenting all clinical experiences.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **fellows must keep a record of patient care experiences that will be part of the semiannual review**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **792-795 FELLOW SCHOLARLY ACTIVITY**

Requirement Revision (major revisions only):

~~Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate in such scholarly activities. Fellows must participate in developing new knowledge or evaluating research findings.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for fellow scholarly activity**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**

6) impacts residency education in other specialties. **N/A**

Line Number(s): **825-837 FELLOW FORMATIVE EVALUATION**

Requirement Revision (major revisions only):

~~The evaluation must include review and discussion with each fellow of his or her monitor the progress of each addiction psychiatry fellow, including the maintenance of an educational record that documents documenting completion of all required components of the program, as well as evaluations of fellows' his or her clinical and didactic work by supervisors and teachers. This record shall include a and his or her patient log which shall document for each addiction psychiatry fellow that he/she has completed documenting all clinical experiences, required by the Program Requirements and the educational objectives of the program.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for formative feedback and includes review of the patient log to ensure that fellows are getting all of the required experiences**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **862-863 FELLOW SUMMATIVE EVALUATION**

Requirement Revision (major revisions only):

~~The final evaluation of each fellow must document proficiency in all required competency-based outcomes.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **ensures that the competence of every graduate has been documented**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **884-888 PROGRAM EVALUATION**

Requirement Revision (major revisions only):

~~program goals and objectives as well as program effectiveness in achieving them.~~

At least one fellow representative as well as all faculty should participate in these

reviews.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for annual program review and ensures that there is input from the fellows and faculty**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **896-902 PROGRAM EVALUATION**

Requirement Revision (major revisions only):

At least 80% of the program's graduates from the preceding five years should have taken the ABPN certifying examination in addiction psychiatry.

At least 80% of the program's graduates from the preceding five years taking the ABPN examination for addiction psychiatry for the first time must pass.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **ensures a high level of program quality by requiring that graduates take and pass the certifying exam**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**