### Requirement #: I.E.3.

**Requirement Revision (significant change only):**

Fellows should collaborate with addiction medicine program fellows when present at the same institution/clinical site. *(Detail)*

1. **Describe the Review Committee’s rationale for this revision:**
   This requirement was added to provide addiction psychiatry fellows with exposure to addiction medicine training as well as to effectively collaborating with addiction medicine faculty members and fellows.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   *This will not affect resident/fellow education, patient safety, and/or patient care quality.*

3. **How will the proposed requirement or revision impact continuity of patient care?**
   *This will not affect continuity of patient care.*

4. **Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?**
   *This will not necessitate additional institutional resources.*

5. **How will the proposed revision impact other accredited programs?**
   *This will not affect other accredited programs.*

### Requirement #: II.A.3.c) and II.A.3.d)

**Requirement Revision (significant change only):**

[Qualifications of the program director:]

II.A.3.c) must include current medical licensure and appropriate medical staff appointment; and, *(Core)*

II.A.3.d) must include ongoing clinical activity. *(Core)*

1. **Describe the Review Committee’s rationale for this revision:**
   This requirement was added to ensure that program directors maintain appropriate licensure and continue ongoing clinical activity in order to provide fellows with clinical guidance regarding patient care, as well as to serve in a supervisory role when caring for patients.

2. **How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?**
   *This will not affect resident/fellow education, patient safety, and/or patient care quality.*
3. How will the proposed requirement or revision impact continuity of patient care?
   This will not affect continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources
   (e.g., facilities, organization of other services, addition of faculty members, financial
   support; volume and variety of patients), if so, how?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

Requirement #: II.B.4.c

Requirement Revision (significant change only):
In addition to the program director, there must be at least one core faculty member certified in the subspecialty by the ABPN. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The requirement was added to specify the minimum number of faculty members who must have subspecialty certification within a program.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will not affect resident/fellow education, patient safety, and/or patient care quality.

3. How will the proposed requirement or revision impact continuity of patient care?
   This will not affect continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources
   (e.g., facilities, organization of other services, addition of faculty members, financial
   support; volume and variety of patients), if so, how?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

Requirement #: II.C.1.b

Requirement Revision (significant change only):
Program coordinator support must increase relative to the size and complexity (e.g. number of clinical sites, diversity of disciplines required) of the program. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The requirement was added to ensure that programs have adequate administrative support while still allowing flexibility for programs of all sizes.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This will not affect resident/fellow education, patient safety, and/or patient care quality.
3. How will the proposed requirement or revision impact continuity of patient care?
   This will not impact continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.

Requirement #: IV.C.1.a) and IV.C.1.b)

Requirement Revision (significant change only):
IV.C.1.a) Curriculum design must be consistent with the program’s aims (IV.A.1.) and must demonstrate a systematic approach, with attention to evidence-based principles and scientific literature, standards of the profession, and the developmental appropriateness for learners. (Core)

IV.C.1.b) The assignment of rotations must be structured to minimize the frequency of rotational transitions. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The requirements reflect the need for programs to consider the impact of frequent rotational transitions, such as occurs when residents are scheduled for a series of short rotations, and the resulting disruption in supervisory continuity, on patient care and fellow education. They are also intended to address the negative impact of assigning supervising faculty members for very brief assignments.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The intent of the requirements is to ensure that programs consider the impact of frequent rotational changes and the accompanying lack of supervisory continuity on patient care when creating resident and faculty member schedules. This new requirement prioritizes patient safety and education in curriculum planning.

3. How will the proposed requirement or revision impact continuity of patient care?
   The requirements are intended to minimize the frequency of rotational transitions and emphasize the importance of supervisory continuity. It is expected that this will have a positive impact on continuity, quality, and safety of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   This will not necessitate additional institutional resources.

5. How will the proposed revision impact other accredited programs?
   This will not affect other accredited programs.