ACGME Program Requirements for Graduate Medical Education
in Addiction Medicine
Summary and Impact of Focused Requirement Revisions

<table>
<thead>
<tr>
<th>Requirement #: I.D.1.a) and I.D.1.a).(1)</th>
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</thead>
<tbody>
<tr>
<td>Requirement Revision (significant change only):</td>
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<td>I.D.1.a) Programs must have access to an inpatient care facility. <em>(Core)</em></td>
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<tr>
<td>I.D.1.a).(1) There should be at least one acute care general hospital with a full range of services, including medical and surgical services, intensive care units, emergency services, a diagnostic laboratory, and imaging services. <em>(Core)</em></td>
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<tr>
<td>1. Describe the Review Committee’s rationale for this revision: This requirement was added to ensure that addiction medicine fellows have access to a range of hospital services.</td>
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<tr>
<td>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.</td>
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<tr>
<td>3. How will the proposed requirement or revision impact continuity of patient care? This will not affect continuity of patient care.</td>
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<tr>
<td>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.</td>
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<tr>
<td>5. How will the proposed revision impact other accredited programs? This will not affect other accredited programs.</td>
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<tr>
<th>Requirement #: II.A.3.c) and II.A.3.d)</th>
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<td>Requirement Revision (significant change only):</td>
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<td>[Qualifications of the program director:]</td>
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<td>II.A.3.c) must include current medical licensure and appropriate medical staff appointment; and, <em>(Core)</em></td>
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<tr>
<td>II.A.3.d) must include ongoing clinical activity. <em>(Core)</em></td>
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<tr>
<td>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 clinical guidance regarding patient care, as well as service in a supervisory role when caring for patients.</td>
</tr>
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<td>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.</td>
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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.

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**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. (Core)

1. Describe the Review Committee’s rationale for this revision: 
   The requirement was added to ensure a sufficient number of core faculty members are dedicated to fellow education.

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.

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**Requirement #: II.C.1.a)**

Requirement Revision (significant change only):
Program coordinator support must increase relative to the size and complexity 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.

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

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

**IV.C.1.a)** The curriculum must be designed 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 developmental appropriateness for

learners. *(Core)*

**IV.C.1.b)** The assignment of rotations must be structured to minimize the frequency of

rotational transitions. *(Core)*

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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.