

## Program Requirements for Combined Programs

### Introduction

The Requirements for Combined Programs are an addendum to the specialty-subspecialty-specific Program Requirements for each participating specialty/subspecialty.

There are two types of combined programs.

Shortened program length combined programs provide residents/fellows with education in two or more specialties/subspecialties, with a shorter length of training than completion of each program independently. Completion of a shortened program length combined program should result in eligibility to take the certification examinations in each relevant specialty/subspecialty offered by member boards of the American Board of Medical Specialties (ABMS) and/or certifying boards of the American Osteopathic Association (AOA).

Standard program length combined programs provide residents/fellows with education in two or more specialties/subspecialties, with no reduction in overall length of training. Completion of a standard program length combined program should result in eligibility to take the certification examinations in each relevant specialty/subspecialty offered by member boards of the ABMS and/or certifying boards of the AOA.

The resident/fellow positions for the combined program will be included within the approved complement numbers for the combined program and will not be counted in the respective participating specialty/subspecialty programs.

### Section 1: Length of Educational Program

- 1.1. The length of training and educational format of the combined program must meet the requirements for eligibility for certification in the relevant specialties/subspecialties by ABMS member boards and/or AOA certifying boards. <sup>(Core)</sup>

### Section 2: Oversight

- 2.1. All training must occur in ACGME-accredited residencies and/or fellowships. <sup>(Core)</sup>
- 2.2. The combined program must comply with the Program Requirements for each participating specialty/subspecialty, except for modifications to the curriculum where permitted by the applicable ABMS member boards and/or AOA certifying boards. <sup>(Core)</sup>

Background and Intent: It is the responsibility of the combined program director to ensure that all curricular experiences required for eligibility by the applicable certifying boards are included in the combined program's curriculum.

- 2.3. The Sponsoring Institution of the combined program must also sponsor ACGME-accredited programs in each of the program's participating specialties/subspecialties. <sup>(Core)</sup>

- 2.3.a. Exceptions require Review Committee approval and will be considered on a case-by-case basis. <sup>(Core)</sup>

Background and Intent: Close collaboration and shared resources between participating specialty/subspecialty programs is essential in achieving appropriate coordination of the combined program, and therefore oversight of all participating programs by a single Sponsoring Institution is required. Exceptions may be approved at the discretion of the Review Committee. For example, a Review Committee may grant an exception if one of the participating programs is sponsored by a children’s hospital that does not offer programs in the other specialties participating in the combined program.

2.4. The participating specialty/subspecialty programs must be in close geographic proximity. (Core)

2.4.a. The program directors of the related specialty/subspecialty programs and the program director of the combined program must demonstrate regular collaboration and coordination of curriculum and rotations. (Core)

### Section 3: Program Leadership

Background and Intent: It is recognized that an individual may serve as program director of a combined program while also serving as program director of one of the participating residency/fellowship programs.

3.1. The program director and, as applicable, the leadership team of the combined program must be provided with support adequate for administration of the program based upon its size and configuration. (Core)

3.1.a. At a minimum, the program director must be provided with the dedicated time and support specified below for administration of the program: (Core)

Number of Approved Resident/Fellow Positions	Minimum Support Required (FTE)
<7	0.2
7-10	0.4
>10	0.5

3.2. The program director should possess the qualifications specified in the Program Requirements for each participating specialty/subspecialty or possess qualifications acceptable to the Review Committee. (Core)

Background and Intent: The Review Committee recognizes that a combined program director may possess ABMS member board and/or AOA certifying board certification in each of the specialties/subspecialties that participate in the combined program. It is also understood that a program director may have certification in only one of the participating specialties/subspecialties. In those instances, it is expected that the program director will meet the program director qualification requirements specified in the Program Requirements for the specialty/subspecialty in which the combined program director is certified.

3.3. For each specialty/subspecialty participating in the program, there must be at least one member of the program's leadership (program director, associate program director(s)) with current certification by the applicable ABMS member board and/or AOA certifying board. <sup>(Core)</sup>

Background and Intent: The requirement above can be satisfied in one of the following ways:

- (1) The combined program director possesses ABMS member board and/or AOA certifying board certification in each of the specialties/subspecialties that participates in the combined program.
- (2) The combined program director possesses ABMS member board and/or AOA certifying board certification in one or more, but not all, specialties/subspecialties participating in the program, and there is at least one associate program director who possesses ABMS member board and/or AOA certifying board certification in each of the remaining specialties/subspecialties.

#### **Section 4: Core Faculty**

4.1. The core faculty members for the combined program must include core faculty members from each participating specialty/subspecialty program. <sup>(Core)</sup>

#### **Section 5: Program Coordinator**

5.1. The program coordinator must be provided with support equal to a dedicated minimum of 20 percent FTE for administration of the program. Additional administrative support must be provided as needed, based on the program's size. <sup>(Core)</sup>

Background and Intent: It is recognized that the program coordinator for the combined program may also serve as coordinator to one or more of the participating programs and/or other specialty programs. In this circumstance, the support required for the coordinator is equal to the total support for all of the programs supported by the coordinator as defined in the applicable specialty-/subspecialty-specific Program Requirements.

In addition, it is important to remember that the dedicated time and support requirement for ACGME activities is a minimum, recognizing that, depending on the unique needs of the program, additional support may be warranted. The need to ensure adequate resources, including adequate support and dedicated time for the program coordinator, is also addressed in Institutional Requirement II.B.4. The amount of support and dedicated time needed for individual programs will vary based on a number of factors and may exceed the minimum specified above. It is expected that the Sponsoring Institution, in partnership with its accredited programs, will ensure support for program coordinators to fulfill their program responsibilities effectively.

#### **Section 6: Curriculum**

6.1. The curriculum for a participating specialty-subspecialty may be truncated and must comply with the combined program curriculum provided by the applicable ABMS member board and/or AOA certifying board. <sup>(Core)</sup>

6.2. The curriculum must provide a cohesive planned educational experience, and not simply be a series of rotations between the participating specialties/subspecialties. The majority of the educational experiences should be derived from the educational experiences and training provided in the participating programs. <sup>(Core)</sup>

Background and Intent: While the majority of the educational experiences are to be derived from the participating programs, the Review Committees recognize the need to provide flexibility that allows some experiences to be unique to the combined program.

## Section 7: Resident/Fellow Scholarly Activity

7.1. Residents/fellows in the combined program must meet the specialty-/subspecialty-specific scholarly activity requirements specified by the Review Committee that accredits the combined program, as detailed in the Program Requirements for the applicable specialty/subspecialty. If a combined program includes a specialty and one or more subspecialty programs accredited by a single Review Committee, the residents/fellows must meet the scholarly activity requirements specified in the applicable subspecialty-specific Program Requirements. <sup>(Core)</sup>

Background and Intent: It is recognized that the specialty-/subspecialty-specific Program Requirements for the specialties/subspecialties that participate in the combined program may vary in terms of resident/fellow scholarly activity. It is not expected that residents/fellows meet all scholarly activity requirements for all participating specialties/subspecialties.

## Section 8: Evaluation

### Resident/Fellow Evaluation

8.1. The Clinical Competency Committee for the combined program must include faculty members from each participating program. <sup>(Core)</sup>

8.2. The Clinical Competency Committee must determine each resident's/fellow's progress on achievement of the Milestones for each participating specialty/subspecialty. <sup>(Core)</sup>

8.3. The Clinical Competency Committee must advise the program director on each resident's/fellow's progress. <sup>(Core)</sup>

8.4. The program directors of the participating programs must provide input to the program director of the combined program regarding the required semi-annual evaluations and the final evaluation for residents/fellows in the combined program. <sup>(Core)</sup>

Background and Intent: The Review Committee understands that the trajectory of Milestones progression for combined residents will likely be different than for residents/fellows in the participating specialties/subspecialties and will be impacted by the sequencing of curricular experiences, which require alternating between specialties/subspecialties throughout the program. By completion of the combined program, it is expected that residents'/fellows' Milestones assessments will be comparable to those of residents/fellows upon completion of a participating program.

8.5. The final evaluation must verify that the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice in each of the participating specialties/subspecialties. <sup>(Core)</sup>

### **Program Evaluation**

8.6. Residents/fellows must provide annual, written evaluations of the combined program and each of the participating specialty/subspecialty programs. <sup>(Core)</sup>

Background and Intent: Residents in the combined program will take the ACGME Resident/Fellow Survey for the combined program only.
------------------------------------------------------------------------------------------------------------------------------------

8.7. The combined program director must appoint a Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the combined program's continuous improvement process. <sup>(Core)</sup>

8.8. In assessing the combined program's compliance with Common Program Requirements V.C.3.a)-V.C.3.f), the Review Committee will consider the three-year aggregate pass rate of program graduates on each applicable specialty/subspecialty certification exam.