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

Requirement #: II.A.2.a) - c) and II.B.4.b) - c)
Requirement Revision (significant change only):

II.A.2.a) At a minimum, the program director must be provided with ~~Program leadership, in aggregate, must be provided with support equal to a~~ the dedicated ~~minimum~~ time and support specified below for administration of the program. ~~This may be time spent by the program director only or divided between the program director and one or more associate (or assistant) program directors.~~ (Core)

Number of Approved Fellow Positions	Minimum Support Required (FTE)
~~1-6~~<7	0.20
7-~~8~~9	0.~~36~~25
~~9-10~~10-12	0.30
>12	0.35

II.A.2.b) Programs must appoint at least one of the subspecialty-certified core faculty members to be associate program director(s). (Core)

II.A.2.c) The associate program directors(s) must be provided with support equal to a dedicated minimum time for administration of the program as follows: (Core)

Number of Approved Fellow Positions	Minimum Aggregate Support Required (FTE)
<7	Refer to PR II.B.4.c)
7-9	0.13
10-12	0.14
>12	0.15

Subspecialty-Specific Background and Intent: For programs with fewer than seven fellows, there is no separate minimum associate program director FTE support beyond what is specified for core faculty members. Programs will need to use the minimum aggregate FTE for core faculty members to support the associate program director, who is also a core faculty member. See the Subspecialty-Specific Background and Intent box in the core faculty section (II.B.4.c)) for clarification of expectations for associate program director FTE support for programs with approved complements of fewer than seven fellows.

II.B.4.b) In addition to the program director, programs must have the minimum number of core faculty members who are ~~there must be at least one core faculty member~~ certified in addiction medicine by the ABPM, AOBFP, AOBIM, or AOBNP based on the number of approved fellow positions, as follows: (Core)

Number of Approved Positions	Minimum Number of Certified Core Faculty
1-3	1
4-6	3

7-9	4
10-12	6
13-15	8
16-18	10

II.B.4.c) ~~At a minimum, each~~ The required core faculty members, excluding members of the program's leadership, must be provided with support equal to an aggregate ~~dedicated~~ minimum of ~~0.1 FTE~~ 10 percent/FTE for educational and administrative responsibilities that do not involve direct patient care. Support must be provided based on the program size as follows: (Core)

Number of Approved Positions	Minimum Aggregate Support Required (FTE)
<7	0.10
7-9	0.15
10-12	0.15
>12	0.20

Subspecialty-Specific Background and Intent: The Review Committee created the table below to summarize the total minimum FTE for program director, associate program director(s), and core faculty members needed based on approved complement. The table also clarifies the minimum number of core faculty members necessary based on program size. Two examples are provided.

• A two-fellow program needs a program director and a minimum of one core faculty member certified in addiction medicine by the ABPM, AOBFP, AOBIM, or AOBNP (who is also the associate program director) and a total minimum FTE of 30 percent. This total minimum FTE is a sum of the minimum of 20 percent for the program director and an aggregate of 10 percent for the associate program director/other core faculty member.

• An eight-fellow program needs a program director and a minimum of four core faculty members certified in addiction medicine by the ABPM, AOBFP, AOBIM, or AOBNP (at least one being the associate program director) and a total minimum FTE of 58 percent. The total minimum FTE is a sum of the minimum of 25 percent/FTE for the program director, an aggregate of 13 percent/FTE for the associate program director(s), and an aggregate of 20 percent/FTE for the remaining core faculty members.

As long as the program meets the requirements for the minimum FTE for the program director, the minimum number of ABPM, AOBFP, AOBIM, or AOBNP certified core faculty members, and the aggregate FTE for core faculty members and associate program director(s), programs may exercise flexibility in how the aggregate FTE for core faculty members and associate program director(s) is distributed. For instance, in the two-fellow program example, the program can allocate the aggregate 10 percent/FTE in whatever manner the program and institutional leadership feel works best.

Number of Approved Fellow Positions	Minimum Number of Subspecialty Certified Core Faculty	Minimum Support Required (FTE)	Minimum Aggregate FTE for APD(s)	Minimum Aggregate FTE for Core Faculty	Total Minimum FTE for PD, APD and Core Faculty

	(one being the APD)	for Program Director			
1-3	1	0.20	0.10		0.30
4-6	3	0.20	0.20		0.40
7-9	4	0.25	0.13	0.20	0.58
10-12	6	0.30	0.14	0.20	0.64
13-15	8	0.35	0.15	0.20	0.70
16-18	10	0.40	0.16	0.20	0.76

Background and Intent: Provision of support for the time required for the core faculty members' responsibilities related to resident education and/or administration of the program, as well as flexibility regarding how this support is provided, are important. Programs, in partnership with their Sponsoring Institutions, may provide support for this time in a variety of ways. Examples of support may include, but are not limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties.

It is important to remember that the dedicated time and support requirement 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 core faculty members, is also addressed in Institutional Requirement II.B.2. 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 in the applicable specialty-/ subspecialty-specific Program Requirements.

1. Describe the Review Committee's rationale for this revision:

The Review Committees are proposing revisions to the program director, associate program director, and core faculty full-time equivalent (FTE) requirements to address (1) feedback received regarding the 2022 requirement related to FTE support in the subspecialties, and (2) to establish symmetry between the multidisciplinary subspecialties and the recently approved revisions to the internal medicine subspecialty Program Requirements.

The Review Committee for Internal Medicine received much input from thought leaders and organizations within the internal medicine subspecialty communities with concerns regarding potential unintended consequences resulting from the 2022 FTE faculty requirements. The input raised important questions that hadn't surfaced during the review and comment period when this program requirement was vetted in 2021. As a result, the Review Committee revisited the FTE requirements for core faculty and included Background and Intent language with an example to clarify expectations with the revised language. Despite some dissent, there was general agreement and support for the revised requirement and support for the Review Committee to

consider increasing the minimum aggregate FTE for smaller-sized programs, particularly from the subspecialty societies/communities.

In addition, the Review Committee included a summary table in the Background and Intent that contains the total minimum FTE required for program director, associate program director, and core faculty to clearly stipulate FTE expectations for multiple program personnel in one central table within the Program Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   The ultimate outcome of graduate medical education is excellence in resident/fellow education and patient care. The Common and specialty-specific Program Requirements related to non-clinical teaching and administrative time and support are intended to ensure that the required core faculty members are able to devote a sufficient portion of their professional effort to didactics and administration of the program to ensure an effective and high-quality educational program.

3. How will the proposed requirement or revision impact continuity of patient care?

   N/A

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?

   It is important to highlight that these requirements define the required minimum dedicated time for program director, associate program director, and core faculty members' non-clinical teaching and administrative responsibilities. Programs for which the requirements for non-clinical teaching administrative time and support have increased will need, in partnership with their Sponsoring Institution, to provide additional support for administrative time as specified in the requirements.

   Both provision of support for the time required for administrative responsibilities and flexibility regarding how this support is provided are important. Programs, in partnership with their Sponsoring Institution, may provide support for this time in a variety of ways. Examples of support may include, but are not limited to, salary support, supplemental compensation, educational value units, or relief of time from other professional duties. Those who are new to their role may need to devote additional time to program administrative responsibilities initially as they learn and become proficient in that role.

5. How will the proposed revision impact other accredited programs?

   N/A

Requirement #: IV.E. – IV.E.1.
Requirement Revision (significant change only):

IV.E. **Independent Practice**

Fellowship programs may assign fellows to engage in the independent practice of their core specialty during their fellowship program.

IV.E.1. **If programs permit their fellows to utilize the independent practice option, it must not exceed 20 percent of their time per week or 10 weeks of an academic year.** (Core)

Background and Intent: Fellows who have previously completed residency programs have demonstrated sufficient competence to enter autonomous practice within their core specialty. This option is designed to enhance fellows' maturation and competence in their core specialty. This enables fellows to occupy a dual role in the health system: as learners in their subspecialty, and as credentialed practitioners in their core specialty. Hours worked in independent practice during fellowship still fall under the clinical and educational work hour limits. See Guide to the Common Program Requirements for more details.

1. Describe the Review Committee's rationale for this revision:

   The Review Committee is including this Common Program Requirement at the request of the American College of Academic Addiction Medicine. The rationale for the request is to provide more flexibility for fellows from specialties such as obstetrics and gynecology that need to meet certain clinical case requirements to sit for the primary certification exams. This change was supported by the majority of addiction medicine program directors and by the other Review Committees—Family Medicine and Psychiatry—which accredit these multidisciplinary fellowship programs.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

   N/A

3. How will the proposed requirement or revision impact continuity of patient care?

   N/A

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?

   N/A

5. How will the proposed revision impact other accredited programs?

   N/A