

ABAM Foundation

Frequently Asked Questions regarding ABAM Foundation accreditation for graduate medical education programs in Addiction Medicine

Q. What are the benefits of ABAM Foundation accreditation?

A. One immediate benefit is that graduates of accredited programs will automatically be eligible to sit for the ABAM certification examination. Coupled with the increased visibility accorded by program listing on the ABAM Foundation website and in other forums, this will help assure a larger pool of highly qualified program applicants. But perhaps most importantly, the ABAM Foundation will soon seek recognition for addiction medicine from the American Board of Medical Specialties and the Accreditation Council for Graduate Medical Education (ACGME). Programs with ABAM Foundation accreditation will not only enjoy enhanced standing within their host institutions but they will also be at the vanguard of addiction medicine's emergence as a fully recognized specialty.

Q. What is the duration of an ABAM Foundation-accredited residency?

A. Programs may be one year or two years. They also may offer both options, allowing trainees to choose. Year 1 includes clinical rotations as well as didactic and scholarly activities, while the optional Year 2 is for a practicum-style experience that may involve research, clinical, administrative and/or academic activities. Programs may be part-time, allowing up to 2 years for completion of Year 1 and up to 5 years for Year 2.

Q. How many residents may train in a program?

A. No more than 1 for each .25 FTE faculty member who is an addiction medicine physician (including the program director). For example, a program with 3 ADM physician faculty who are .25 FTE each, plus the program director, could have a maximum of 4 residents (all years combined). A full-time commitment is at least 1,400 hours per year (27 hours per week).

Q. The ABAM Foundation Program Requirements say addiction medicine training programs must be sponsored by an "educational institution" (Intro B.3). Does that mean the sponsoring institution must be a medical school?

A. It must be an entity capable of assuming the academic and financial responsibility for graduate medical education, but it does not have to be a medical school. For more information on sponsoring institution responsibilities, see the ABAM Foundation Program Requirements, Section I.A (<http://www.abam.net/wp-content/uploads/2011/04/ABAM-Foundation-Program-Requirements-for-Graduate-Medical-Education-in-Addiction-Medicine-March-25-2011.pdf>) and the ACGME Institutional Requirements: http://acgme.org/acWebsite/irc/irc_IRCpr07012007.pdf. For some examples of organizations that serve as sponsoring institutions, see the "sponsoring institution" entry in the ACGME Glossary: http://www.acgme.org/acWebsite/about/ab_ACGMEglossary.pdf.

Q. If a sponsoring institution is not a medical school, does it have to have an affiliation with a medical school?

A. Affiliation with a medical school is not required, but it is desirable. A formal affiliation with a medical school should exist if the sponsoring institution or program represents an important part of the medical school's teaching program (e.g., more than occasional rotations).¹ Programs with such relationships should have their medical school affiliation agreements available if requested as part of the accreditation review process.

Q. Is it required that sponsoring institutions be already approved by the ACGME to offer graduate medical education?

A. Yes, this is mandatory under ABAM Foundation Program Requirement I.A.1. For a list of ACGME sponsoring institutions, see <http://www.acgme.org/adspublic/>

Q. If an institution is listed by ACGME as a "Single Program Institution," can it be the sponsoring institution for a program seeking ABAM Foundation accreditation?

A. ACGME-listed Single Program Institutions (i.e., those sponsoring only one current ACGME-accredited specialty training program or one program and its subspecialty program) are eligible to be considered as the sponsoring institution for an addiction medicine program. Such institutions are considered ACGME approved because they have been evaluated by the residency review committee for the single program they offer. Institutions wishing to sponsor more than one specialty program, however, must undergo a separate ACGME institutional review to be approved as a multiple-program institution. Programs applying for ABAM Foundation accreditation with a single-program sponsoring institution, therefore, may be asked for additional information as part of the ABAM Foundation accreditation review process. Also, such programs should be aware that before they can be considered for ACGME accreditation in the future, their sponsoring institution will have to first successfully complete an ACGME institutional review. For more information on Single Program Institutions, see ACGME Policies and Procedures: http://www.acgme.org/acWebsite/about/ab_ACGMEPoliciesProcedures.pdf

Q. The Program Requirements say the Program Director must be ABAM-certified or have acceptable specialty qualifications — what are some examples of the latter?

A. Examples include having met the eligibility requirements to sit for the ABAM certification exam, or holding certification from the American Society of Addiction Medicine or the American Board of Psychiatry and Neurology (for Addiction Psychiatry). In all cases, those without current ABAM certification are encouraged to obtain it.

Q. The Program Requirements say Year 1 must include structured blocks of 12 clinical rotations (IV.A.3.a)(1). Does that mean there must be 12 distinct rotations offered consecutively, or are other formats permissible?

A. For planning purposes, the Program Requirements were written with a four-week block system in mind (yielding 12 rotation blocks plus 1 vacation/CME block), but that format is not mandatory. What is required is that programs offer a total of 2,080 hours, composed of:

- 960 hours of core rotations (480 hours of that must be in outpatient chemical dependency, 320 hours in inpatient chemical dependency, and 160 hours in a general inpatient medical facility),

Programs may also use a calendar-month system, if they wish, so long as they meet the hourly requirements.

Strictly speaking, the minimum number of rotations is five: 1) outpatient chemical dependency, 2) inpatient chemical dependency, 3) inpatient general medical facility, 4) program-specific, and 5) elective. A program with a limited number of rotations, of course, would have to be carefully designed to provide the trainee with the competencies described in the ABAM Foundation's Compendium of Educational Objectives (<http://www.abam.net/wp-content/uploads/2011/04/ABAM-Foundation-Compendium-of-Educational-Objectives-March-25-2011.pdf>) and Core Content of Addiction Medicine (http://www.abam.net/wp-content/uploads/2011/06/Addiction_Medicine_Core_Content_Version-2-1-26-2010-2.pdf).

- Q. In the Program Accreditation Application Form (PAAF), the instructions describe the Inpatient General Medical Facility rotation as a consultation service. Is it required that this be consultation, or could other types of inpatient experiences be offered?
- A. There is some flexibility, but the requirement is that the resident must obtain 160 hours of experience involving the evaluation of inpatients (who are under the care of another physician for a primary medical, surgical, obstetrical or psychiatric condition) regarding a secondary problem related to substance abuse. For example, this experience could be through participating with a medical/psychiatric liaison service or a general medical consult service. Another way to accomplish this would be to have the addiction medicine resident "embedded" with a general medical or trauma surgery service.