

Frequently Asked Questions: Addiction Medicine

Review Committees for Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, and Psychiatry ACGME

Question	Answer
Program Personnel and Resources	
<p>What are the expectations for certification if the program director does not yet have American Board of Preventive Medicine (ABPM) certification in addiction medicine?</p> <p><i>[Program Requirement: 2.4.a.]</i></p>	<p>The Review Committees recognize that program directors may not have had the opportunity to obtain certification in addiction medicine from the ABPM during the initial application phase. Therefore, any of the following are acceptable through June 30, 2022:</p> <ul style="list-style-type: none"> • Certification by the American Board of Addiction Medicine (ABAM); or, • Subspecialty American Board of Medical Specialties (ABMS) certification in addiction psychiatry, medical toxicology, or pain medicine; or, • Subspecialty American Osteopathic Association (AOA) certification in addiction medicine, medical toxicology, pain management, or pain medicine. <p>After July 1, 2022, the program director must be certified in addiction medicine by the ABPM.</p> <p>Note: Certification in addiction medicine by a certifying board of the American Osteopathic Association also does and will continue to meet this certification requirement.</p>

Educational Program

How can programs minimize rotational transitions?

[Program Requirement: 4.10.b.]

Difficulties as a consequence of transitions occur for a variety of reasons, the most common being conflicting demands across multiple services, specialties, and treatment settings, the distance between training sites, travel time, parking delays, and multiple work shifts. The Review Committee encourages programs to be innovative in balancing the inherent conflicts created by these circumstances. Some methods for doing this may include scheduling rotations at a specific location in blocks to minimize commuting, scheduling hospital-based and more distant site rotations to occur separately from the outpatient clinic (particularly the continuity clinic) to minimize disruption of the clinic schedule, and limiting the number of work shifts.