

Frequently Asked Questions regarding ABAM Foundation accreditation for Addiction Medicine fellowship programs

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 is seeking 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.

The **Program Accreditation Application Form (PAAF)** is available at:

<http://www.abamfoundation.org/>

Q. What are the key elements necessary for establishing an accredited fellowship?

A. Details are contained in the ABAM Foundation **Program Requirements** and **Compendium of Educational Objectives**, available at <http://www.abamfoundation.org/>, but basically you need:

- 1) A sponsoring institution that is recognized by the Accreditation Council for Graduate Medical Education. Sponsoring institutions are usually medical schools or hospitals. If you don't already know what your sponsoring institution would be, you can find a listing for your state at: <http://www.acgme.org/ads/Public/Sponsors/Search>. Canadian fellowships should follow the rules of the Royal College of Physicians and Surgeons of Canada, which requires sponsorship by a medical school in a Canadian university (http://www.royalcollege.ca/portal/page/portal/rc/credentials/accreditation/arps/arp_introduction).
- 2) A program director certified by the American Board of Addiction Medicine (alternative addiction qualifications may be considered). The program director usually has some existing relationship with the sponsoring institution (eg, faculty, medical staff), but sometimes the relationship can be developed as part of the fellowship-development process. The program director must devote at least 0.25 FTE (350 hours per year) to the fellowship (administration, teaching, precepting, attending [with fellow present]).
- 3) Addiction faculty certified by ABAM or in addiction psychiatry.
- 4) Inpatient and outpatient training sites.
- 5) Curriculum consistent with ABAM Foundation standards.

Q. When should I contact my sponsoring institution?

A. Contact the Graduate Medical Education office of your sponsoring institution as soon as possible to advise them of your plans and be sure you're able to meet their requirements. The Designated Institutional Official of your sponsoring institution must sign your PAAF (the accreditation application to ABAMF), so they must have adequate time to review your

application before submission. Many fellowships find the personnel in their GME office to be very helpful during the planning process and beyond.

Q. Can the sponsoring institution be in a different state than the fellowship?

A. ABAMF prefers that the sponsoring institution be geographically proximate to the fellowship, but if necessary out-of-state sponsoring institutions will be considered. Fellowships should be aware that once addiction medicine is recognized by ABMS and ACGME, such out-of-state relationships may no longer be allowed.

Q. Are programs required to have funding in place for fellow stipends and benefits before accreditation will be granted?

A. Your sponsoring institution may require this, but ABAMF does not. Some programs opt to get all the necessary components in place, including accreditation, so they can begin training as soon as they secure funding. Always consult your sponsoring institution early in the process to be sure you are following its requirements.

Q. How are addiction medicine fellowships funded?

A. Various funding strategies are used, often involving a combination of clinical revenue and institutional support. Some programs have also been successful in finding local philanthropic support. Also, ABAMF offers the Next Generation Award for Adolescent Substance Use Prevention to support training of fellows with a particular interest in prevention and early intervention for youth. The Award, funded by the Conrad N. Hilton Foundation, provides \$25,000 for a tailored training experience in an accredited fellowship (<http://www.abamfoundation.org/next-generation-award-adolescent-substance-use-prevention/>)

Q. How much are fellows paid?

A. Check with your sponsoring institution's GME office for their policy, which may require that fellow stipends be based on the institution's residency program salaries.

Q. The Program Requirements say the Program Director and physician faculty must be ABAM-certified or have alternative qualifications acceptable to the Training and Accreditation Committee — 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. How many faculty are needed?

A. At least 0.25 FTE addiction medicine faculty physicians for each fellow. For example, a program with 3 ADM physician faculty who are .25 FTE each, plus the program director, could have a maximum of 4 fellows (all years combined). A full-time commitment is at least 1,400 hours per year (27 hours per week).

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

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. 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),
- 480 hours of program-specific rotations,
- 480 hours of electives, and
- 160 hours of vacation/CME.

Programs are given flexibility in how they structure their rotations to meet these requirements. Two of many possible examples are shown below. In Scenario 1, 12 block rotations are offered, while in Scenario 2, the hourly requirements are met by a mix of 10 block and longitudinal rotations.

Scenario 1: 12 Block Rotations

	Block (Weeks)													Hours
	1 1-4	2 5-8	3 9-12	4 13-16	5 17-20	6 21-24	7 25-28	8 29-32	9 33-36	10 37-40	11 41-44	12 45-48	13 49-52	
Outpatient Chemical Dependency (Core: 480 hours)														
Rotation 1	160													160
Rotation 2		160												160
Rotation 3			160											160
Inpatient Chemical Dependency (Core: 320 hours)														
Rotation 4				160										160
Rotation 5					160									160
Inpatient General Medical Facility (Core: 160 hours)														
Rotation 6						160								160
Program-Specific (480 hours)														
Rotation 7							160							160
Rotation 8								160						160
Rotation 9									160					160
Elective (480 hours)														
Rotation 10										160				160
Rotation 11											160			160
Rotation 12												160		160
Vacation/CME (160 hours)														
													160	160
Total														2080

Scenario 2: Mixed Block and Longitudinal Rotations

	Block (Weeks)													Hours
	1 1-4	2 5-8	3 9-12	4 13-16	5 17-20	6 21-24	7 25-28	8 29-32	9 33-36	10 37-40	11 41-44	12 45-48	13 49-52	
Outpatient Chemical Dependency (Core: 480 hours)														
Rotation 1	80	80	80	80										320
Rotation 2					80	80								160
Inpatient Chemical Dependency (Core: 320 hours)														
Rotation 3							160							160
Rotation 4								160						160
Inpatient General Medical Facility (Core: 160 hours)														
Rotation 5									80	80				160
Program-Specific (480 hours)														
Rotation 6	80	80												160
Rotation 7			40	40	40	40								160
Rotation 8									80	80				160
Elective (480 hours)														
Rotation 9			40	40	40	40						80	80	320
Rotation 10											160			160
Vacation/CME (160 hours)														
												80	80	160
Total	160	160	160	160	160	160	160	160	160	160	160	160	160	2080

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 (see ABAM Foundation web page: <http://www.abamfoundation.org/>) and Core Content of Addiction Medicine (<http://www.abam.net/become-certified/core-content/>).

- 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 fellow 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 fellow “embedded” with a general medical or trauma surgery service in a general hospital, or in an inpatient service of a specialty hospital (such as a children’s, women’s or psychiatric hospital).
- Q. What are “Program-Specific” rotations? The Program Requirements call for “480 hours (12 weeks or 3 months) of program-specific requirements...”
- A. These are required experiences beyond the core inpatient and outpatient rotations. Ideally, they should reflect strengths of your program, such as exposure to particular populations or treatment settings, but they do not have to be unique to your program (or even necessarily unusual). The key is that they offer something beyond the experience of the core rotations (like electives) and that all trainees must take them (unlike electives).

- Q. Can the Longitudinal Outpatient Continuity Care Experience be part of a clinical Outpatient Chemical Dependency rotation (i.e., can the required half-day per week be counted toward meeting the 480-hour requirement for clinical Outpatient rotations)? Or is the half-day per week of Longitudinal Outpatient Continuity experience in addition to the 480 hours in clinical Outpatient rotations?
- A. The longitudinal experiences (Longitudinal Outpatient Continuity, Longitudinal Learning, and Scholarly Activities) are part of the clinical rotations, not in addition to them. For example, the average half-day per week for Continuity Care could be part of the required 480 hours of outpatient clinical rotations.
- Q. The Program Requirements state there must be a Program Letter of Agreement for sites used in required assignments (I.B1). Does this mean PLAs are not required for sites where electives are offered?
- A. ABAMF does not require PLAs for sites that offer only elective rotations. This, however, may be superseded by the policies of your sponsoring institution, so check with your office of graduate medical education to see if they require PLAs for elective sites.

The ABAM Foundation National Center for Physician Training in Addiction Medicine stands ready to help you through the accreditation process. For specific questions or to schedule a call for a more in-depth discussion with Center personnel, please contact:

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