ACGME Program Requirements for Graduate Medical Education
in Addiction Psychiatry
Summary and Impact of Major Requirement Revisions

Requirement #: **IV.B.1.b).(1).(a) and IV.B.1.b).(1).(b)**

Requirement Revision (significant change only):

IV.B.1.b).(1).(a)	Fellows must demonstrate competence in ~~evaluating and treating:~~ providing comprehensive assessment, diagnosis, and treatment of patients with substance-related and addictive disorders in a continuum of care that includes substance-related inpatient, intermediate levels of care, residential outpatient, outpatient, and community-based interventions, as well as medical settings, such as the emergency department, hospital, and outpatient care. (Core)
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in assessment and diagnosis, to include appropriate interview and data gathering; measurement-based care; lab and imaging studies; physical examinations; mental status examinations; consultative reports; and collateral information, such as prescription monitoring programs, family and caregiver input, environmental and community assessments, risk-benefit analysis of therapeutic options, and biopsychosocial formulation. (Core)

1. Describe the Review Committee's rationale for this revision:
   The Program Requirements were reorganized to better align with the ACGME Program Requirement structure and the Core Competencies. Some content was moved from the section on "Didactics" to the Competency section for "Medical Knowledge," and some was moved from the section on "Clinical Experiences" to the Competency section for "Patient Care." Where there are shared competencies or clinical experiences, some of the language from the Addiction Medicine Requirements has been adopted, given that competencies for addiction psychiatry were written prior to implementation of the ACGME Core Competencies. Previous revisions attempted to adjust to the Competency requirement structure by adding language in the Competency sections, rather than moving relevant content from other sections to the appropriate place in the Requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   These changes should improve fellow education, patient safety, and patient care quality by allowing the fellows to appreciate the differences between the care provided in different settings and more appropriately triage patients.

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

No impact is expected.

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?
   No impact is expected.

5. How will the proposed revision impact other accredited programs?
   The proposed revisions will not impact other accredited programs.

Requirement #: **IV.B.1.b).(1).(a).(i), IV.B.1.b).(1).(a).(i).(a)-(h), IV.B.1.b).(1).(b).(i)**

Requirement Revision (significant change only):

IV.B.1.b).(1).(a).(i) Competence in treatment includes:

IV.B.1.b).(1).(a).(i).(a) developing a treatment plan in collaboration with the patient and patient's family, shared decision-making with the patient; and forging therapeutic alliances with patients and patients' families from diverse backgrounds and a variety of ethnic, racial, sociocultural, and economic groups; (Core)

IV.B.1.b).(1).(a).(i).(b) use of harm reduction strategies; (Core)

IV.B.1.b).(1).(a).(i).(c) management of comorbid acute and chronic pain; (Core)

IV.B.1.b).(1).(a).(i).(d) treatment of intoxication and withdrawal, substance-related and addictive disorders, and comorbid psychiatric conditions; (Core)

IV.B.1.b).(1).(a).(i).(e) prevention of substance-related and addictive disorders, to include non-opioid pain management; safe prescribing and monitoring of controlled medications; screening for alcohol, tobacco, opioid, and other substance use; and brief interventions to reduce unhealthy substance use; (Core)

IV.B.1.b).(1).(a).(i).(f) management of opioid analgesia and patients with co-occurring conditions; strategies and use of

evidence-based approaches to mitigate risk, such as co-prescribing naloxone, use of toxicology, and prescription drug monitoring programs; and diversion control; (Core)

IV.B.1.b).(1).(a).(i).(g) use of evidence-based psychosocial treatments for substance-related and addictive disorders, ~~including~~ to include cognitive-behavioral therapy, medical management, motivational interviewing/motivational enhancement therapy, 12-step facilitation, and contingency management in both individual and group therapy formats; and, (Core)

IV.B.1.b).(1).(a).(i).(h) working with patients involved in mutual-help organizations. (Core)

IV.B.1.b).(1).(b).(i) Fellows must effectively integrate telehealth and EHR into patient assessment and treatment, including communication with other healthcare providers. **(Core)**

1. Describe the Review Committee's rationale for this revision:
   Telehealth is now more commonly used within and outside of health care settings and electronic health records provide a documentation of patient visits, as well as an avenue for care and of communication regarding care with other health care practitioners.

   This requirement is already in place in the current ACGME Program Requirements for Graduate Medical Education in Psychiatry. The Review Committee determined that all psychiatry fellowships must have it included in their Requirements as well, to build upon the education and training in general psychiatry residency for providing patient-centered and equitable care.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   These changes should improve fellow education and patient care quality around specific interventions related to substance abuse disorders.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is expected.

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?
   No impact is expected.

5. How will the proposed revision impact other accredited programs?
   The proposed revisions will not impact other accredited programs.

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Requirement #: **IV.B.1.c).(2-3)**

Requirement Revision (significant change only):

IV.B.1.c).(1).(i) [Fellows must demonstrate competence in their knowledge of:] ~~American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the fellow and the patient including the dynamics of differences in cultural identity, values and preferences, and power; and, (Core)~~

IV.B.1.c).(2) Fellows must demonstrate a depth of understanding in their knowledge of US society and subcultures and a willingness to engage in a process of continuous learning and self-evaluation in this process. (Core)

> Subspecialty-Specific Background and Intent: Areas of socio-cultural and structural understanding should include that of immigrant populations; individuals from historically marginalized backgrounds by race, ethnicity, sexual orientation, gender identity, and ability status; individuals of low socioeconomic status; and those with English as a non-primary language. The identities, culture, and socio-economic positions of those found in the patient community associated with the educational program should be particularly emphasized, with specific focus on the elements of the relationship between fellow and patient, including the dynamics of differences in culture, identity, values, preferences, and power, as well as the patient's current perceived needs and expectations for help.

IV.B.1.c).(3) Fellows should apply principles of humility in the process of developing an understanding of their patients. (Core)

1. Describe the Review Committee's rationale for this revision:
   IV.B.1.c).(1).(i) was updated to address more current and descriptive language reflecting US society and subcultures.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   This change should improve fellow education; patient safety, and patient care quality because of the diversity of patients that are present in addiction psychiatry.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is expected.

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?
   No impact is expected.

5. How will the proposed revision impact other accredited programs?
   The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.c).(1); IV.B.1.c).(1).(a)-(g); and IV.B.1.c).(1).(j)**

Requirement Revision (significant change only):
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IV.B.1.c).(1). [Fellows must demonstrate competence in their knowledge of:]

IV.B.1.c).(1).(a) the pharmacology of major categories of addictive substances and the actions of pharmacological agents used to treat these conditions; (Core)

IV.B.1.c).(1).(b) ~~the use of all of the major categories of substances, as well as knowledge of the types of treatment required for each~~common behavioral addictions; (Core)

IV.B.1.c).(1).(c) the medical model of addiction, including knowledge of neurobiology and changes in brain structures associated with addiction; (Core)

IV.B.1.c).(1).(d) the signs and symptoms of withdrawal from the major categories of substances, the range of options for treatment of the withdrawal syndromes, and complications commonly associated with such withdrawal; (Core)

IV.B.1.c).(1).(d).(i) ~~Fellows must demonstrate knowledge of the signs of withdrawal from these major categories of substances, knowledge, and experience with the range of options for treatment of the withdrawal syndromes, and knowledge of the complications commonly associated with such withdrawal. (Core)~~

IV.B.1.c).(1).(e) the signs and symptoms of intoxication and overdose, including ~~the~~identification of medical and psychiatric sequelae and comorbidity, ~~of overdose,~~ medication and other treatments that can alter mental status behavior, and treatment of overdose; (Core)

IV.B.1.c).(1).(f) the social and psychological problems, and the medical and psychiatric disorders ~~which~~ that often accompany ~~the~~chronic use of the major categories of substances; (Core)

IV.B.1.c).(1).(g) the considerations, risks, and management of patients during pregnancy and following delivery, including management of ~~special problems of the pregnant woman with substance-related disorders and of the~~ babies born to ~~these women~~patients with substance-related disorders; (Core)

IV.B.1.c).(1).(h) family systems and dynamics relevant to the etiology, diagnosis, and treatment of substance-related disorders; and, (Core)

IV.B.1.c).(1).(j) the genetic vulnerabilities, risk and protective factors, epidemiology, and prevention of substance-related disorders in community and health care settings, including screening for unhealthy substance use and brief motivational techniques to reduce substance use. (Core)

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

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As noted previously, these revisions reflect the reorganization of the Program Requirements to better align existing requirements with the format for the Core Competencies.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   These changes should improve fellow education, patient safety, and patient care quality by allowing the fellows to appreciate the differences between the care provided in different settings and more appropriately triage patients.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is expected.

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?
   No impact is expected.

5. How will the proposed revision impact other accredited programs?
   The proposed revisions will not impact other accredited programs.

Requirement #: **IV.C.5.b) and IV.C.5.d)-g)**

Requirement Revision (significant change only):
IV.C.5. [Fellow experiences must include:]

IV.C.5.a) evaluating acute and chronic patients in inpatient, outpatient, and~~/or~~ residential settings;~~.~~ (Core)

IV.C.5.a).(1) ~~Fellows must treat a minimum of five outpatients with addictive disorders that include a variety of diagnoses requiring individual treatment for at least six months. (Core)~~

IV.C.5.b) longitudinal management of outpatients with addictive disorders, including a variety of diagnoses requiring individual treatment for at least six months; (Core)

IV.C.5.d) managing patients with FDA-approved medications to treat alcohol, opioid, and tobacco use disorders; ~~opiate replacement therapy;~~ (Core)

IV.C.5.e) using medications to treat patients with commonly co-occurring mental disorders; ~~psychoactive medications in the treatment of psychiatric disorders often accompanying the major categories of substance-related disorders;~~ (Core)

IV.C.5.f) using shared decision-making, motivational interviewing, and related techniques to engage patients in treatment based on their individual needs and preferences and to increase motivation for recovery; ~~techniques required for the intervention with chronic substance users, and dealing with the defense mechanisms that cause such patients to resist treatment;~~ (Core)

IV.C.5.g) using evidence-based psychosocial treatments, including cognitive-behavioral therapy for substance use disorders, motivational interviewing, motivation enhancement therapy, 12-step facilitation, and contingency management in both individual and group therapy formats; ~~the various psychotherapeutic modalities involved in the ongoing management of the chronic substance using patient, including individual psychotherapies, couples therapy, family therapy, group therapy, motivational enhancement therapy, and relapse prevention therapy;~~ (Core)

1. Describe the Review Committee's rationale for this revision:
   This section has been edited to modernize the competency requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   These changes should improve fellow education, patient safety, and patient care quality by allowing the fellows to appreciate the differences between the care provided in different settings and more appropriately triage patients.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is expected.

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?
   No impact is expected.

5. How will the proposed revision impact other accredited programs?
   The proposed revisions will not impact other accredited programs.

Requirement #: **IV.C.7.**

Requirement Revision (significant change only):

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IV.C.7 ~~Each fellow must maintain a patient log documenting all clinical experiences~~Each fellow must see patients with a full range of substance-related and addictive disorders and have opportunities for training in the range of therapeutics, including both medication and psychosocial interventions. (Detail)

1. Describe the Review Committee's rationale for this revision:
   This section has been edited to modernize the competency requirements.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   These changes should improve fellow education, patient safety, and patient care quality by allowing the fellows to appreciate the differences between the care provided in different settings and more appropriately triage patients.

3. How will the proposed requirement or revision impact continuity of patient care?
   No impact is expected.

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?
   No impact is expected.

5. How will the proposed revision impact other accredited programs?
   The proposed revision will not impact other accredited programs.