

GUIDELINES FOR COMBINED TRAINING IN ADDICTION MEDICINE AND MEDICAL TOXICOLOGY

EFFECTIVE DATE: August 12, 2019

INTRODUCTION

In February 2019, the American Board of Emergency Medicine (ABEM) and American Board of Preventive Medicine (ABPM) (individually as a “Board” and collectively as the “Boards”) announced that they will offer dual subspecialty certification in Addiction Medicine (AddMed) and Medical Toxicology (MedTox) for candidates (eligible for certification by each Board) who have completed at least two-and-one-half years of suitable accredited training. These guidelines are applicable to fellows entering training on and after August 12, 2019.

These Guidelines are intended to assist the Boards in determining whether to approve a combined program request in AddMed/MedTox. However, while these Guidelines set out a framework for consideration by the Boards, each combined program request must be considered individually, and no prior approval or denial will be precedential as to any future approval/denial.

OBJECTIVES

The objectives of combined training in AddMed/MedTox address the spectrum of toxicologic and substance use-related disorders. The objectives include the pathophysiology, recognition, treatment and management of patients exposed to pharmaceutical, natural, environmental, biological, and radiological toxins, and of patients using psychoactive drugs including opioids, stimulants, sedatives, hallucinogens, novel drugs, and alcohol.

Physicians who seek certification in both subspecialties will advance education, research, and the clinical environment longitudinally across the health care system from the emergency department encounter to outpatient management.

Combined programs include components of categorical Addiction Medicine and Medical Toxicology fellowships, which are accredited by their respective Residency Review Committee (e.g., Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, and Psychiatry). The Residency Review Committees (RRCs) function under the auspices of the Accreditation Council for Graduate Medical Education (ACGME). While combined programs will not be independently accredited by the ACGME, their accreditation status is determined by that of the sponsoring fellowship programs.

Every institution that seeks to offer this combined training must be approved by both ABEM and ABPM *before* fellows are recruited. Additionally, both Boards, and RRCs when applicable, will review these training requirements periodically and update as necessary and appropriate. Both Boards must adhere to these Guidelines in administering combined programs and may not alter the Guidelines without the written consent of both Boards.

To be eligible for dual certification, the fellow must satisfactorily complete thirty (30) months of combined education, which must be verified by the Program Director if board certified in each

subspecialty or by both the Program Director and Associate Program Director when applicable. Proposals for combined fellowship training programs must be submitted to, and approved by, ABEM and ABPM before fellows are recruited.

GENERAL REQUIREMENTS

A combined AddMed/MedTox fellowship consists of thirty (30) months of balanced training in the two disciplines, which meet the program requirements for accreditation by the Residency Review Committee for Emergency Medicine or the Residency Review Committee for Preventive Medicine and the Residency Review Committee for Addiction Medicine. The core Addiction Medicine and Medical Toxicology fellowships must both be ACGME-accredited and in good standing when the application for a combined program is submitted for approval by the Boards.

It is strongly recommended that the participating fellowships be in the same academic health center, and documentation of hospital and university commitment, where applicable, to the combined program must be available in signed agreements. Such agreements must include institutional goals for the combined program. Participating institutions must be located close enough to facilitate cohesion among the combined program's fellows and associated residencies, attendance at any offered continuity clinics and integrated conferences, and faculty exchanges over curriculum, evaluations, administration, and related matters. At the conclusion of thirty (30) months of training in Addiction Medicine and Medical Toxicology, the fellows must have had experience and instruction in the prevention, detection, treatment, and management of substance use disorders, overdose, intoxication, and longitudinal care of patients, as well as in the socioeconomics of illness, the ethical care of patients, and in the team approach to the provision of medical care.

The training of fellows while on Medical Toxicology rotations is the responsibility of the faculty of the Medical Toxicology fellowship. Likewise, the training of fellows while on Addiction Medicine rotations is the responsibility of the Addiction Medicine faculty. Prior to the completion of training, each fellow must demonstrate some form of acceptable scholarly activity. Scholarly activity may include, but is not limited to, original research, comprehensive case reports, or review of assigned clinical and research topics.

Vacations, sick leave, and leave for meetings must be shared proportionally by both subspecialties. Absences from the combined program (vacation, maternity/paternity leave, sick leave) exceeding ten (10) weeks in the thirty (30) month training period must be made up.

Combined programs must conform to the ACGME Program Requirements for accreditation of fellowships in Addiction Medicine and Medical Toxicology. If the fellowship in either discipline receives probationary accreditation after initiation of the combined training, new fellows should not be appointed to the combined program. And, for training that occurs during a period of probationary accreditation, the eligibility criteria that ABEM and ABPM have in place for fellows in categorical fellowship training will likewise apply to fellows in the combined program.

THE FELLOW

Fellows should optimally enter a combined program at the start of the combined fellowship program.

An Addiction Medicine fellow may enter a combined AddMed/MedTox fellowship program no later than six (6) months into their core Addiction Medicine fellowship only if the first six (6) months were served in an ACGME-accredited Addiction Medicine fellowship program. Pre-approval is required by both ABEM and ABPM prior to this type of transfer.

A Medical Toxicology fellow may enter a combined AddMed/MedTox fellowship program no later than twelve (12) months into their core Medical Toxicology fellowship only if the first twelve (12) months were served in an ACGME-accredited Medical Toxicology fellowship program. Pre-approval is required by both ABEM and ABPM prior to this type of transfer.

A fellow transferring from an AddMed/MedTox combined training program to either a categorical Addiction Medicine or Medical Toxicology fellowship program must have prior written approval from the Board whose categorical training program would accept the fellow.

Training in each discipline must incorporate graded responsibility throughout the training period.

THE TRAINING DIRECTOR(S)

The combined training must be coordinated by a designated Program Director or Co-Directors, who can devote substantial time and effort to the educational program. An overall Program Director may be appointed from either subspecialty, or Co-Directors may be appointed, one from each subspecialty. If a single Program Director is appointed, an Associate Program Director from the other subspecialty must be named to ensure both integration of the program and supervision of each discipline. An exception to the above requirements would be a single Program Director who is board certified in each discipline and has an appointment in each department.

TRAINING

The training requirements for credentialing for the certifying examination of each Board will be fulfilled in thirty (30) months of the combined program. A shortening of six (6) months training from that required for two separate fellowships is possible due to appropriate overlap of training requirements. Fellows should maintain their primary specialty skills during their fellowships. Fellows should not provide more than twelve (12) hours per week of clinical practice unrelated to Medical Toxicology or Addiction Medicine, averaged over a four (4) week period.

CURRICULAR REQUIREMENTS

A clearly described, written curriculum must be available for fellows, faculty, ABEM, ABPM, and both Residency Review Committees. There must be twenty (20) months of training in Medical Toxicology and ten (10) months of training in Addiction Medicine. The curriculum must assure a

cohesive, planned, educational experience, and not simply comprise a series of rotations between the two subspecialties. Duplication of clinical experiences between the two subspecialties should be avoided. The curricular components must conform to the ACGME Program Requirements for accreditation in Addiction Medicine and Medical Toxicology. This should must both the common and subspecialty-specific program requirements, addressing the six (6) ACGME general competencies, incorporation of the ACGME Milestones for each subspecialty, and the duty hour and supervision standards. Periodic review of the combined program's curriculum must be performed to make recommendations for improvement and evaluate ongoing educational activities. This review must include the Program Director(s) from both departments, as well as faculty and fellows.

A joint educational conference involving fellows from Addiction Medicine and Medical Toxicology is desirable. The joint conference should specifically include the participation of all fellows in the combined program.

REQUIREMENTS FOR MEDICAL TOXICOLOGY

Unless otherwise specified, all program and curricular requirements as described in the ACGME Program Requirements for Graduate Medical Education in Medical Toxicology must be met, including those related to the education and evaluation of fellows under the ACGME Milestones for Medical Toxicology. The MedTox experience must provide the fellow the opportunity to manage an adequate number of patients of all ages, and both sexes, with a wide variety of clinical problems.

Training in Medical Toxicology must include the following experiences:

- a) At least four (4) hours per week of planned educational experiences focused on medical toxicology during Medical Toxicology training.
- b) Each fellow must consult on an average of 480 calls from a referral population of poisoned patients under the supervision of a physician who is certified in medical toxicology over the course of their training.
- c) Each fellow must provide care for at least 200 acutely poisoned patients over the course of the combined fellowship.
 - i. At least ten percent (10%) of patients seen by the fellow should be children.
 - ii. The fellow must provide care for at least twenty-five (25) patients with acute workplace or chronic occupational and environmental toxic exposures.
- d) Fellows must have a minimum of twelve (12) months of clinical experience as the primary or consulting physician responsible for providing direct/bedside patient evaluation, management, screening, and preventive services.
- e) Fellows must have the opportunity to evaluate and manage intoxicated patients in both industrial and referral settings, including responsibility for providing bedside evaluation, management, screening, and preventive services for a minimum of twelve (12) months or its full-time equivalent.

REQUIREMENTS FOR ADDICTION MEDICINE

Unless otherwise specified, all program and curricular requirements as described in the ACGME Program Requirements for Graduate Medical Education in Addiction Medicine must be met, including those related to the education and evaluation of fellows under the ACGME Milestones for Addiction Medicine. The Addiction Medicine experience must provide the fellow the opportunity to manage an adequate number of patients of all ages, and both sexes, with a wide variety of clinical problems.

Training in Addiction Medicine must include the following experiences:

- a) At least nine (9) months of clinical experience that includes at least one half-day per week for at least 12 months, excluding vacation, devoted to providing continuity care to a panel of patients who have an addiction disorder, in which the fellow serves as either a specialty consultative physician with care focused on the addiction disorder or as a physician who provides comprehensive care for the patient panel, including diagnosis and treatment of substance-related problems and other addictions.
- b) At least three (3) months of outpatient experience, including intensive outpatient treatment or “day treatment” programs, addiction medicine consulting services in an ambulatory care setting, pharmacotherapy, and/or other medical services where the fellow is directly involved with patient assessment, counseling, treatment planning, and coordination with outpatient services.
- c) At least three (3) months of structured inpatient rotations, including inpatient addiction treatment programs, hospital-based rehabilitation programs, medically-managed residential programs where the fellow is directly involved with patient assessment and treatment planning, and/or general medical facilities or teaching hospitals where the fellow provides consultation services to other physicians.
- d) Fellows must demonstrate competence in providing care to patients in different settings, such as inpatient medically managed withdrawal programs, SUD treatment programs, consultation services, and integrated clinics.
- e) Fellows must demonstrate competence in working with an interdisciplinary team that includes other medical specialists, counselors, psychologists, family members, and providing continuity of care to patients.

EVALUATION

The faculty must evaluate a fellow’s performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment. The evaluations must be accessible for review by the fellow, as well as the RRC site visitors. Written evaluation of each fellow’s knowledge, skills, professional growth, and performance, using appropriate criteria and procedures, must be accomplished at least semi-annually, and must be communicated to, and discussed with, the fellow in a timely manner. Both ABEM and ABPM require documentation that candidates for certification are competent in (a) patient care and procedural skills, (b) medical knowledge, (c) practice-based learning and improvement, (d) interpersonal and communication skills, (e) professionalism, and (f) systems-based practice.

The Program Director must ensure the reporting of Milestones’ evaluations of each fellow semi-annually to the ACGME.

There must be a method of documenting any procedures that are performed by the fellows. Such documentation must be maintained by the Program Director and/or Associate Program Director, be available for review by the RRCs in Addiction Medicine, Medical Toxicology and the Boards, and may be used to provide documentation for application for hospital privileges by graduates of these training programs.

Fellows should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.

The training program must maintain a permanent record of evaluation for each fellow and have it accessible to the fellow and other authorized personnel. The Program Director of the AddMed/MedTox program is responsible for provision of a written, final evaluation for each fellow who completes the program. This evaluation must include subspecialty-specific Milestones as one of the tools to ensure that fellows are able to practice core professional activities without supervision upon completion of the program, and that they are prepared to apply for the certification processes of both ABEM and ABPM. This final evaluation must be part of the fellow's permanent record maintained by the institution.

ELIGIBILITY FOR CERTIFICATION

To meet eligibility for dual certification, the fellow must satisfactorily complete the specific requirements of both ABEM and ABPM, and this training must be verified by the Program Director or Co-Directors. Lacking verification in one or both subspecialties, the fellow must satisfactorily complete either (twelve) 12 months of training in Addiction Medicine or twenty-four (24) months of training in Medical Toxicology to meet the eligibility requirements of the respective subspecialty. The certifying examinations cannot be taken until all thirty (30) months of the combined training program are satisfactorily completed.

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