ADDICTION MEDICINE FELLOWSHIP PROGRAM DIRECTORS' GUIDE

A RESOURCE GUIDE FOR STARTING AND RUNNING AN ADDICTION MEDICINE FELLOWSHIP PROGRAM

DEVELOPED IN PARTNERSHIP WITH

MICARES

Contents

Preparation of this material was supported by the Michigan Opioid Healing and Recovery Fund through a grant from the Michigan Department of Health and Human Services.

Starting a New Addiction Medicine Fellowship

This guide aims to outline the essential steps, requirements, and best practices for creating a successful, sustainable and accredited addiction medicine fellowship program. It provides detailed instructions, practical tips, and resources to help institutions navigate the complexities of fellowship planning and implementation. This guide is intended for program directors, academic institutions, healthcare administrators, and other stakeholders involved in the development and management of addiction medicine fellowship programs. It is designed to support those who are new to the process as well as those seeking to enhance their existing fellowship programs.

Making the Case for an Addiction Medicine Fellowship at Your Institution

Graduate Medical Education leaders at your institution may be entirely unfamiliar with the field of addiction medicine or the myriad touchpoints between addiction medicine and other medical specialties. When you are making the case for a new fellowship, it may be helpful to structure your pitch around the clinical, educational, research and workforce needs.

- **The Clinical Need:** Substance use disorders (SUDs) remain a leading cause of preventable death and disability in the United States, with over 80,000 drug overdose deaths in 2024. Despite this, access to evidence-based addiction treatment remains limited, particularly in underserved and rural areas. Addiction medicine fellowship-trained physicians are uniquely equipped to manage the complex intersection of medical, psychiatric, and social factors that characterize SUDs. These physician specialists are trained to deliver care across a range of settings, including inpatient addiction consult services, outpatient addiction clinics, and community-based addiction and primary care programs[1]. The Accreditation Council for Graduate Medical Education (ACGME) emphasizes that addiction medicine fellows must be proficient in managing detoxification, pharmacotherapy, harm reduction, and co-occurring disorders[2]. Establishing an addiction medicine fellowship program would directly enhance the institution's ability to meet the growing clinical demand for comprehensive addiction care.

- **The Educational Need:** There is a significant gap in addiction-related education across undergraduate and graduate medical training. Most physicians receive minimal formal instruction in the diagnosis and treatment of SUDs, despite encountering these conditions frequently in practice. Addiction medicine fellowships fill this void by offering structured, competency-based training that prepares physicians to become clinical experts, educators, and advocates[3]. The ACGME outlines rigorous educational standards for addiction medicine fellowships, including training in interdisciplinary care, longitudinal patient management, and systems-based practice[2]. By hosting a fellowship, academic institutions can cultivate a new generation of physician leaders who will disseminate best practices throughout the institution, reduce stigma, and improve care delivery across departments.

- **The Research Need:** Addiction medicine research is vital to addressing the evolving landscape of SUDs, which continue to impose a significant burden on individuals, families, and healthcare systems. Despite the scale of the crisis, research into effective treatments, prevention strategies, and health system integration remains underfunded and underdeveloped. The National Institute on Drug Abuse emphasizes the importance of translational and implementation research to bridge the gap between scientific discovery and clinical practice, particularly in areas such as medication development, behavioral interventions, and overdose prevention[4]. Academic institutions play a critical role in this effort by training clinician-scientists through addiction medicine fellowships, which often include protected time for research, mentorship, and opportunities to contribute to national studies[5]. Programs like those at Yale, the University of Pennsylvania, and Oregon Health & Science University have demonstrated how embedding research into clinical training can accelerate innovation and improve clinical outcomes[6]. Supporting addiction medicine research not only enhances institutional prestige and funding opportunities but also ensures that care remains grounded in the most current and effective practices.

- **The Workforce Need:** The United States faces a critical shortage of addiction medicine specialists at a time when SUDs are contributing to record levels of morbidity and mortality. According to the American Society of Addiction Medicine, there are fewer than 7,000 board-certified addiction medicine physicians nationwide, a number that falls far short of meeting the needs of over 46 million Americans with SUDs[7]. The Association of American Medical Colleges projects a shortage of up to 124,000 physicians by 2034, with behavioral health and addiction medicine among the most impacted specialties[8]. This shortage is especially acute in rural and underserved areas, where access to evidence-based addiction care is often limited or nonexistent[9]. The Health Resources and Services Administration (HRSA) has also identified addiction medicine as a high-need specialty and has supported the expansion of fellowship training programs to address this gap[9]. Without a significant increase in the number of fellowship-trained addiction medicine physicians, the healthcare system will remain ill-equipped to respond to the ongoing addiction crisis. Specialty-trained addiction medicine physicians are uniquely positioned to bridge this gap by delivering comprehensive, longitudinal care across inpatient, outpatient, and community settings. They also play a vital role in educating other healthcare providers, reducing stigma, and leading quality improvement initiatives. Without a significant expansion of this workforce, millions of Americans will remain without access to life-saving addiction treatment. As of 2025, addiction medicine fellowship training is the only pathway to building the much-needed supply of American Board of Medical Specialties (ABMS) board certified addiction medicine experts.

Refer to Appendix One for concise talking points to reference as you meet with your institutional GME leaders.

Finding Funding and Supported Time

- **Fellowship Funding Guide**
  One of the first steps in fellowship planning is creating a budget. Beyond fellow salary and benefits, budgets should include operating costs such as administrative fees (eg, ACGME, National Resident Matching Program [NRMP], ERAS, etc.), recruitment costs, books and software licensing equipment, and other educational experiences.

  Every addiction medicine fellowship is funded differently and the ACAAM Fellowship Funding Guide is a resource that includes practical tips to find sources of funding, outside of federal grants, for your fellowship program.

- **Supported Time**
  Establishing paid, dedicated time for the fellowship director and coordinator is closely linked to program funding and requires financial commitment from involved institutions. Depending on the number of fellows, the ACGME requires that the program director must be provided with .20 – .35 FTE dedicated time. This time is separate from clinical supervision of fellows and may include teaching, curriculum development, faculty development, budgeting, recruitment, and day-to-day administration.

Planning for a Fellowship

Fellowship programs must be ACGME-accredited for their graduates to be eligible to take the addiction medicine board examination. Here are some of the key steps to take before applying for ACGME accreditation:

- Review the ACGME Common Program Requirements (One-Year Fellowship), which describe the key features required for effective clinical learning environments.

- Review the ACGME Guide to the Common Program Requirements (Fellowship and One-Year Fellowship) for a resource providing content to serve as helpful guidance and not to be interpreted as additional requirements.

- Review the ACGME Program Requirements for Graduate Medical Education in Addiction Medicine and ensure your program can meet these. Many programs exceed the requirements in several areas, though total compliance is not necessary to earn accreditation.

- Review the Frequently Asked Questions: Addiction Medicine, ACGME.

- Review the Specialty-Specific Application, ACGME.

- Generate a brief proposal for your program, including a draft clinical rotation schedule.

- Meet with your institution's Designated Institutional Official (DIO – person who oversees all graduate medical education [GME]) to present your proposal and learn about next steps. Your GME office may have an internal application process to obtain approval from your institution's Graduate Medical Education Committee (GMEC). Your program must be approved by your institution's GMEC prior to applying to ACGME.

- Identify a program coordinator early in the process, ideally someone with prior experience coordinating other GME programs who can help shepherd your program through the various steps. Be sure to negotiate dedicated protected time for your program coordinator.

- Plan your program leadership structure. Ensure at least one faculty member in addition to the program director is certified in addiction medicine by the American Board of Preventive Medicine. At least one faculty member must be certified in psychiatry by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, and there must be at least one physician faculty member certified by ABMS or American Osteopathic Association in at least one of the following specialties: anesthesiology, emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, preventive medicine, or surgery. Larger programs may also have an associate program director. Other program personnel may include clinicians with expertise in pain, psychiatry, or non-physician interdisciplinary professionals from adolescent health, women's health, psychology, and addiction counseling. There may also be more complicated leadership structures for programs with added components, such as separate tracks, combined programs, or interprofessional programs.

- Identify and build partnerships for the major fellowship requirements, listed below as of 2025. The curriculum must include at least nine months of clinical experience that includes:
  - Structured Inpatient rotations (minimum 3 months),
  - Outpatient experience (minimum 3 months),
  - Continuity outpatient (minimum of ½ day per week), and
  - Fellow electives or scholarly activities (maximum 3 months), ½ day per week longitudinal learning.

Obtaining ACGME Program Accreditation

The initial application for ACGME accreditation involves submitting a detailed program application through the Accreditation Data System (ADS), including a common application, specialty-specific documents, and required attachments. The process typically takes 6–12 months to prepare and another 4–12 months for review. After review, the ACGME Review Committee may grant Initial Accreditation for one or two years or withhold accreditation. If accreditation is withheld, the program may reapply but must pay the application fee again. A site visit is not required for the initial application. However, if a program reapplies after a denial, a site visit will be required before reconsideration. If reapplying within two years of a denial, the program must address all previously cited deficiencies in the

new application. The ACGME approves the number of fellows (complement) based on the strength of the curriculum, clinical experiences, and faculty resources. Programs may request a complement larger than their current funding allows, as they are not required to fill all approved positions. Programs cannot increase their complement during the initial accreditation period. Therefore, it is strategic to apply for the maximum number of fellows anticipated during the early years of the program.

- **Submission Cycles**
  Applications will be accepted from programs for which the Sponsoring Institution also sponsors an ACGME-accredited program in at least one of the following specialties: anesthesiology, emergency medicine, family medicine, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, or psychiatry. Applications for accreditation of addiction medicine fellowship programs will be accepted by the Review Committees for Family Medicine, Internal Medicine, and Psychiatry. There are different submission cycle dates depending on which Review Committee you are applying to (internal medicine, family medicine, or psychiatry). If the program is not affiliated with an ACGME-accredited program in family medicine, internal medicine, or psychiatry, the program may apply as a residency-independent fellowship (see the ACGME Manual of Policies and Procedures Subject 16.b.(2).(b)). In this circumstance, email ads@acgme.org for instructions prior to initiating the application.

  The Review Committees meet a few times each year to review new program applications. Of note, if you want to enter the Match in a given year, you need to obtain ACGME approval before the Electronic Residency Application Service (ERAS) and the Match open that year.

  Applications for accreditation are available on the Program Requirements and FAQs and Applications page of each specialty section of the website.

  ACGME submission dates are at the bottom of each webpage:
  - Family Medicine Review Committee: Typically, materials are due in February, August, and November. Visit ACGME Family Medicine for application submission deadlines.
  - Internal Medicine Review Committee: Typically, materials are due in February, June, and November. Visit ACGME Internal Medicine for application submission deadlines.
  - Psychiatry Review Committee: Typically, materials are due in January and November. Visit ACGME Psychiatry for application submission deadlines.

- **New Program Accreditation Process**
  The ACGME Program Applications Overview details the process for the accreditation of new programs. Some of the major components are listed here:
  - New Application: Addiction Medicine, ACGME Application. This is where you build the case for your program, including providing information about designated faculty, educational program for settings and activities, as well as the assessment methods that you will use for meeting ACGME Competencies. You will specify your curriculum organization and fellow experiences.

You should ask to see a few examples of these from other addiction medicine programs (see networking and peer mentorship below).
    - The application requires you to upload the blank evaluation forms that you will use for the program (see evaluation below for more details).
    - The application requires you to provide specific policies (eg, duty hours, supervision, moonlighting). Ask your GME office for a copy of these policies so that you don't have to create them.

Program Director Networking and Peer Mentorship

ACAAM can serve as a networking catalyst for you to build connections in the field. Here are some ways that ACAAM members can connect with colleagues:

- Join the discussion on the online ACAAM Community, Program Directors and Associate/Assistant Program Directors Group.

- Participate in the quarterly ACAAM Member Program Director and Associate/Assistant Program Director Virtual Convenings to network and learn from your peers. These convenings offer open networking time and the discussion is always robust.

Suggested Timeline for Planning and Accreditation

Phase 1: Initial Planning and Feasibility (Months 1–3)

- **Assess institutional readiness**: Ensure your Sponsoring Institution is ACGME-accredited in at least one of the following: family medicine, internal medicine, psychiatry, etc. If not, you may apply as a residency-independent fellowship under ACGME Manual 16.b.(2).(b) by contacting ads@acgme.org.
- **Identify core faculty**: At least one faculty member (in addition to the program director) must be board-certified in addiction medicine.
- **Secure institutional support**: Budget, space, administrative staff, and leadership buy-in.

Phase 2: Program Design and Documentation (Months 4–9)

- **Review ACGME Program Requirements**: Use the Addiction Medicine Program Requirements and Program Director Guide.
- **Develop curriculum**: Include clinical rotations, didactics, scholarly activity, and evaluation methods.
- **Draft policies**: Fellow eligibility, supervision, duty hours, grievance procedures, etc.
- **Complete the Specialty-Specific Application**: Download by clicking here.

Phase 3: Application Submission (Months 10–12)

- **Enter data into ADS (Accreditation Data System)**.
- **Submit application** by the agenda closing date for the relevant Review Committee (eg, Family Medicine, Internal Medicine, or Psychiatry).
- **Prepare for a site visit** (if required).

Phase 4: Review and Accreditation Decision (Months 13–18)

- **Respond to ACGME inquiries** or requests for clarification.
- **Site visit** may occur depending on the application type.
- **Await accreditation decision** at the next Review Committee meeting.

Phase 5: Program Launch (Months 18–24)

- **Recruit and match fellows** (typically via NRMP).
- **Finalize onboarding, orientation, and faculty development**.
- **Begin training** with full compliance with ACGME standards.

Running a Fellowship

This section covers various aspects of running a fellowship, including recruitment of prospective fellows, participation in the National Resident Matching Program (NRMP), the Electronic Residency Application Service (ERAS), onboarding new fellows, and evaluating both fellows and the program itself.

Fellow Recruitment and the NRMP Match

Addiction medicine fellowships receive applications via ERAS and participate in the NRMP Medicine and Pediatric Specialties Match which takes place on an annual basis in the late fall/early winter. All addiction medicine fellowship programs are strongly encouraged to participate in the Match with 100% of their funded positions. The ACAAM Addiction Medicine Fellowship Match webpage includes links to NRMP and ERAS resources and registration materials.

ACAAM serves as the NRMP Addiction Medicine Sponsoring Organization. For addiction medicine fellowship programs to continue to participate in the Match, ACAAM must enter into an annual "NRMP Participation Agreement," affirming that at least 75% of the programs have agreed to participate in the Match and that the program directors will register at least 75% of the available fellowship positions for the Match in any given year. ACAAM reaches out to all addiction medicine fellowship program directors in late winter requesting completion of a Match participation form. As the Match Sponsoring Organization, ACAAM does not provide application services to the programs or have any responsibility for individual fellowship agreements.

- **Electronic Residency Application Service (ERAS)**
  Addiction medicine fellowship programs use ERAS, offered by the Association of American Medical Colleges (AAMC) to streamline the application process. Programs can register with ERAS in April and must complete their registration to receive ERAS news and updates as well as to indicate their participation status for the upcoming season. Beginning in mid-July, fellowship programs start receiving applications within ERAS and recruitment season continues through October. Visit ACAAM NRMP-Match for links to ERAS Policies and FAQs.

- **NRMP Medicine and Pediatric Specialties Match**
  Visit ACAAM NRMP-Match for the Participation Timeline and links to Match processes and policies. All programs new to the Match are asked to complete the New Program Form. Visit NRMP Programs & Institutions for more information regarding preparation for the Match and managing programs. Even if your program or institution has previously registered, visit Manage Programs to learn more about registering and activating institutions and programs.

- **Reviewing Fellowship Applications and Interviewing**
  By signing the NRMP Match Participation Agreement, DIOs and programs directors are responsible for ensuring that all staff involved in the interview and matching processes adhere to the NRMP

policies and code of conduct. NRMP offers resources that highlight policies, procedures, and tips relating to reviewing applications and interviewing. In addition, based on guidance from AAMC, ACAAM recommends that addiction medicine fellowship programs utilize a virtual format for all their fellowship interviews. Please refer to the ACAAM Fellow Interview Guidance Statement.

Programs have found that standardizing their interview process has enabled more objective and reliable approaches to the Match. Using a consistent group from year to year provides more reliable evaluations of applicants.

Each program should consider which qualities are most valued in fellows and incorporate these questions into the interview process. "Behavioral Interviewing" is a practice of crafting questions to assess how an applicant might behave in certain situations. Consider asking applicants how they would handle situations that involve disagreement, feedback, discouragement, or working as a team member. A standard weighting can be added to these questions to allow for more objective comparison between applicants.

Programs need to be mindful of avoiding discrimination and bias. Questions about age, gender, religion, family status, race, pregnancy, veteran status, disability, national origin, and sexual orientation do not have a place in the interview process and can be illegal. Programs can help foster awareness of unconscious bias by providing opportunities for professional development for interviewers and by encouraging reflection and feedback throughout the interview process. One resource is Project Implicit at Harvard, a research and education initiative that provides free online assessment of unconscious bias.

However, efforts to address unconscious bias are not meant to erase differences between applicants. The AAMC recommends holistic review, which "is a flexible, individualized way of assessing an applicant's capabilities by which balanced consideration is given to experiences, attributes, and academic metrics and, when considered in combination, how the individual might contribute value as a medical student and physician."[10]

After interviews are completed, the program leadership should meet to create a rank list. When considering candidates near the bottom of the rank list, consider whether the program would prefer to train the applicant or have an unfilled spot. For more information on ranking applicants, visit NRMP Rank Applicants.

Programs should be compliant with the NRMP regulations when communicating with applicants. Programs should not make promises of spots to candidates or give applicants their specific rank, even if the applicant will be ranked highly. This type of communication is considered coercive by NRMP and carries consequences. For example, programs should not tell applicants, "We are ranking you to match in our program," or, "You are our first choice for this position." Instead, a program could tell an applicant, "We feel that you would fit in well with our program," or, "We hope we have

the opportunity to work with you in the coming academic year." Programs should not imply that a second look or post-interview communications are expected or required.

- **Match Day**
  Prior to Match Day, all programs should review and update program contact information in the NRMP Registration, Ranking, and Results (R3) system to ensure unmatched applicants can contact the program in the event that there are unfilled positions after the matching algorithm is processed. At 12:00 pm ET on Match Day, fellowship program directors learn the match results for their programs. Programs with unfilled positions can access the R3 system to view the *List of Unmatched Applicants* made available by NRMP. At the same time, unmatched applicants are provided a *List of Unfilled Programs*. Programs and applicants can contact each other directly about applying for open positions.

  - Unfilled Programs
    - Unofficial Scramble
      Programs with unfilled positions can view the *List of Unmatched Applicants* upon accessing the R3 system and begin contacting them about a position. As positions are filled or if the program chooses not to fill them, update the 'Current Unfilled' positions for the program via the R3 system so applicants can see how many positions are available in the program. For instructions, review NRMP Helpful Support Guides.
    - Reach out to your colleagues on the ACAAM Community Fellowship Program Directors and Associate/Assistant Program Director Group asking for referrals.
    - ACAAM Career Center: ACAAM offers complimentary fellowship posting for ACAAM members on the Career Center following Match Day to ensure the maximum number of fellowship slots are filled each year. This complimentary offering is available through April. To qualify for a posting at no cost during this period you must use the discount code emailed to you by ACAAM staff.

  - Post-Match Assessment
    Many programs find it useful to follow up with applicants after the Match, including applicants who did not match in their programs. Consider creating a questionnaire asking applicants about any combination of the following: impressions of the program before the interview day, impressions during the interview day, connections after the interview day, reasons for concern or hesitation about the program, opportunities to improve the program, or reasons for selecting the program that they matched with.

Onboarding New Fellows

The onboarding process can set the tone for the year and build your relationship with the fellows. Make sure to collaborate with your GME office to follow their processes. Creating a document that enables the process to progress smoothly can be helpful (for a sample, see Appendix Two: Sample Onboarding

Checklist and Timeline). Usually, the process starts with a welcome phone call or email from the program director. At larger programs, the GME office may handle many of the tasks associated with the initial steps to get the fellows connected to the appropriate departments for credentialing, human resources, etc. Appendix Two spells out the process for smaller programs in case a more hands-on approach is required. In addition to this list, programs should make sure that fellows are entered into whichever residency management software is in use as their institution (exNew Innovations, Advanced informatics, MedHub, etc.) The program coordinator should check in with the new fellows regularly during the onboarding process to make sure they are on track, especially in obtaining a medical license and Drug Enforcement Administration (DEA) certificate. GME offices also may provide relocation resources, such as connections to low-cost housing. Many programs also host a formal welcome social event so that fellows can meet faculty and staff.

Evaluation

The ACGME sets criteria for evaluations of fellows, faculty, and the program itself.

- **Fellow Evaluation**
  Per the addiction medicine fellowship program requirements there must be formative and summative evaluations performed throughout the fellowship year. Refer to Appendix Three for a sample quarterly advisor meeting checklist of items to review.

  - The formative evaluation process requires the following:
    - objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on specialty-specific milestones.
    - multiple evaluators (eg, faculty, peers, patients, self, and other professional staff)
    - documentation of discussion of the semiannual evaluation of performance with feedback with each fellow.

  - The summative evaluation process requires the following:
    - use of specialty-specific milestones to ensure the fellow can practice core professional activities without supervision
    - documentation of the fellow's performance throughout their education and verification that the fellow has demonstrated sufficient competence to enter practice without direct supervision
    - documentation that is included in the fellow's permanent record maintained by the institution, accessible for review by the fellow in accordance with institutional policy.

  - Clinical Competency Committee: To oversee fellows' development, a Clinical Competency Committee (CCC) must be created to review the fellows' performance and make decisions about their progress and areas for improvement. This includes the preparation and submission of the specialty-specific milestones to the ACGME. Be sure to review the ACGME Clinical Competency

Committees: A Guidebook for Programs (3rd Edition) and ACGME Frequently Asked Questions: Milestones.

- Designing and selecting assessment instruments: It can be helpful to review Designing and Selecting Assessment Instruments: Focusing on Competencies by Stanley J. Hamstra, PhD to learn more about different criteria used to select assessment instruments, how to identify instruments for summative and formative purposes, and what approach to use in drafting a new instrument. Please see the section on Educational Resources below for more information about assessment tools. Before you spend time designing your own tool, make sure to ask your GME leadership if they already have standardized templates that you can adjust to your specific program.

- **Program Evaluation**
  The ACGME requires programs to have a program review committee that meets at least annually to review the curriculum, formally evaluate the program and provide feedback via a formal program evaluation document. Refer to the ACGME Frequently Asking Questions: Milestones for specific requirements.

- **Faculty Evaluation**
  Evaluation of faculty is required at least annually. This should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

Preparation for the End of the Fellowship Year

- **Board Eligibility**
  Visit the American Board of Preventive Medicine to learn about the requirements for verification of training and certification. Share this information with your fellows.

- **Certifying for Graduation**
  Complete and submit the end-of-year summative milestone evaluation and make sure the fellow has completed all the requirements required for graduation. Ensure that the final summative evaluations include the language documenting the fellow's performance during their education and verifies that the fellow "has demonstrated sufficient competence to enter practice without direct supervision." Programs can be cited by ACGME if this specific language is not utilized in the summative evaluation. Most programs hold a formal graduation ceremony where graduates receive a diploma for completion of the fellowship program. ACAAM holds an annual Addiction Medicine Fellow Virtual Graduation during the first week of June.

- **Career and Job Counseling**
  Career and job counseling should begin early and continue throughout the year as fellows better define their interests and potential career avenues. Collaborate with your GME office and other programs to incorporate this content into the curriculum of the program. Topics include salary and benefit negotiations, creating a curriculum vitae, contracts review, and differences between academic and community settings.

Special Considerations

- **Fellows Re-Entering Training or with Limited Inpatient Medicine Experience**
  The field of addiction medicine has a long tradition of welcoming providers from diverse fields and backgrounds. Although this inclusive approach has made the field stronger, there are certain considerations that program directors should keep in mind when trying to provide the best educational experience possible to a diverse group.

  - The transition from teacher to learner or expert to novice is a difficult transition for many mid- or late-career fellows. Fellowship directors can help in these transitions by establishing clear expectations, following best practices for feedback, and giving fellows opportunities to function as both learner and teacher.

  - Transition from a field with a culture different from addiction medicine can be difficult. Consider additional coaching for those who come from fields where communication and teamwork are less emphasized in favor of individual performance.

  - The transition to inpatient practice can be difficult for applicants who have been practicing medicine in ambulatory settings for some time. A thorough orientation followed by frequent check-ins during the first inpatient month may have significant benefit in helping the fellow establish a comfortable workflow.

- **Fellow Illness and Inability to Work**
  Programs should reach out to their GME office for assistance with navigating absences related to illness. Fellows should be connected with the Employee Assistance Program (EAP) and other resources for wellness and resilience as they navigate their specific situations. If a matched fellow cannot begin the program, the program should reach out to the NRMP so that they can release the institution from the contract and allow them to recruit a new fellow.

- **Fellows Needing Remediation**
  In some circumstances, fellows may need remediation. The driving motivation in this process must be for programs to 1) help all trainees achieve their potential and 2) graduate competent addiction medicine physicians. This process can be sensitive and time-intensive, so programs are urged to involve their GME office early on in this process as they create a remediation plan. Program directors should approach a struggling learner with remediation — and not punishment — as a

clearly stated goal, and programs should always offer resources such as the EAP for extra support. Often, the need for remediation is identified first by faculty rather than the program director; to the extent possible, full information from these parties should be collected in writing. Program directors should also ensure that the original faculty member gives feedback about the concerns to the fellow whenever possible. When a remediation plan is put into place, it should outline clear expectations, timelines, metrics, and contingency plans. Remediation is often a stressful process for all involved, and clear communication and documentation are critically important. Of note, if a fellow is not showing progress on a remediation plan, or refuses to engage in the plan, documentation is crucial for proceeding with termination of a fellow.

- **Interprofessional Fellowships**
  There is growing recognition of the importance of interprofessional education in health care, and especially in fields like addiction medicine. As a result, increasing numbers of addiction medicine fellowships are integrating training for several disciplines, including medicine, nursing, social work, and pharmacy. Unsurprisingly, the logistical and pedagogical considerations can be complicated. Before embarking on building an interprofessional fellowship program or adding trainees from other disciplines to a physician fellowship, it is advisable to consult with other program directors who have done so already.

  - **Specific Issues Relating to Fellowship Size:**

    - Small Fellowships
      - Learning: The important role that weekly didactics play in fellow education may need to be adjusted for smaller fellowships. Individual attention for learners is important, but it can also be inefficient to have only 1:1 teaching with faculty. Programs should look to participate in the ACAAM National Addiction Medicine Didactic Curriculum, a weekly fellowship-run didactic experience for addiction medicine fellows and faculty. Programs should also explore collaborating with other programs (eg, residency programs, other fellowships) for didactics where appropriate. The GMEC can help to identify potential partners. ACAAM membership includes access to the National Addiction Medicine Didactic Curriculum.
      - Camaraderie: Exposure to other fellows and their work can help normalize the fellowship experience, provide emotional support to learners, and instruct co-fellows in a way that interaction with faculty does not. If a program is small, it may consider fostering a sense of community with other fellowship programs within addiction medicine through video conferencing, contact with other local programs, or in-person conferences.
      - Group dynamics: Working with a small faculty guarantees that the fellows will know their faculty well. It also heightens the need for good communication and feedback. If discord develops in a small program, it can have an outsized effect of the faculty's and fellows' experience.

- Large Fellowships
  - Learning: As programs grow and the number of sites for learners expands, arranging education time that works for all rotations can become a challenge. The program leadership will need to closely examine schedules and respectfully communicate with those who are providing the clinical experience to find a schedule that works. Programs should also look to participate in the ACAAM National Addiction Medicine Didactic Curriculum, a regularly scheduled weekly fellowship-run didactic experience for addiction medicine fellows and faculty.
  - Rotations/workload: Cultivating enough rotations to support all learners can be a challenge in a large program. Having an open dialogue with the various rotations and the fellows who rotate will help fellowships continuously improve. Ask site directors how many learners should be assigned at any one time. Ask learners if they feel their workload is appropriate and if the experience provides valuable learning.
  - Mentorship: Providing individual attention and mentorship is one of the most important and highly valued parts of fellowship training. Larger programs should take extra care to help fellows find formal and informal mentors.

Educational Resources

One of the most rewarding — and daunting — aspects of building or strengthening an addiction medicine fellowship program is developing educational content: creating curricula, implementing evaluation processes, and fostering faculty development. Fortunately, there are abundant resources available to aid addiction medicine fellowship directors in these tasks.

Resources Related to ACGME Requirements
ACAAM and ACAAM's predecessor (The ABAM Foundation) have been working since 2012 to develop educational materials for addiction medicine fellowship directors. ACAAM also partnered with ACGME for The Addiction Medicine Milestone Project to develop Addiction Medicine Reporting Milestones.

- **Addiction Medicine Reporting Milestones**
  In the late 2000's, the ACGME created the Next Accreditation System (NAS), which shifted the emphasis of training towards competency-based education. In response, ACAAM worked with ACGME to define addiction medicine-specific reporting milestones. The milestones can be used in various ways to inform curricula, help with trainee assessment, and design faculty development.

  1. ACGME: The Milestones Guidebook provides detailed information on the history and rationale of competency-based medicine education and the Milestones, as well as practical solutions on implementing and using milestones effectively, the importance of feedback, and early lessons learned.

  2. Addiction Medicine Reporting Milestones (effective January 2019) provide a reporting structure for fellowship programs to describe the progress of individual fellows to the ACGME.

3. Supplemental Guide: Addiction Medicine provides additional guidance and examples for the Addiction Medicine Milestones. As the program develops a shared mental model of the Milestones, consider creating an individualized guide (Supplemental Guide Template available).

4. Clinician Educator Milestones are a joint effort of the ACGME, the Accreditation Council for Continuing Medical Education, the Association of American Medical Colleges, and the American Association of Colleges of Osteopathic Medicine. This series of sub-competencies is designed to aid in the development and improvement of teaching and learning skills across the continuum of medical education.

- **ACAAM Educational Resources**
  ACAAM has developed a wide array of other educational resources, including the following:

  - ACAAM National Addiction Medicine Didactic Curriculum
    The live, two-hour sessions are mapped to the ABPM addiction medicine exam blueprint, as well as the ACGME medical competencies.

  - ADePT
    Reviewed and updated in 2025, this evidence-based, referenced, online Addiction Medicine e-Practice Test is a comprehensive evaluation and assessment tool for addiction medicine knowledge. It is designed to prepare physicians for certification or recertification in addiction medicine. The practice test includes 186 questions addressing all 17 core content areas of the American Board of Preventive Medicine Addiction Medicine examination.

  - Question Bank
    The Addiction Medicine Question Bank is an essential resource for both certification candidates and those looking to deepen their addiction medicine knowledge. Available in two formats—or as a bundled option—each version contains a referenced bank of 186 evidence-based questions with instant access to answers, references, and explanations.

  - Career Development Sessions
    The ACAAM Career Development Sessions are free educational offerings for all active ACAAM members. All sessions are available on-demand. Topics include decoding the ACGME alphabet soup of running a fellowship, advancing in academic medicine careers, contract and salary negotiation, driving transformative change as a change agent in the field, and a review of the ASAM Criteria.

- **Other Addiction Medicine Educational Resources**
  In addition to the tools developed by ACAAM, there are other educational resources that can be helpful to addiction medicine fellowship directors. At ACAAM, we are dedicated to forging meaningful partnerships that amplify our mission of advancing addiction medicine and improving patient outcomes. Our commitment to external collaborations enables us to drive innovation, share knowledge, and enhance the practice of addiction medicine across various domains.

  To that end, ACAAM is proud to promote educational offerings and to partner with organizations, publications, and trusted voices in the field who share our commitment to excellence. Learn more about ACAAM's partnerships by visiting acaam.org.

  Additionally, some academic institutions have put descriptions of addiction medicine curriculum online. You are encouraged to connect with your peers for more samples. Two examples include the following:

  - https://www.sutterhealth.org/education/gme/ssrrh-addiction-medicine/curriculum
  - https://www.brighamandwomens.org/psychiatry/fellowships/addiction-medicine-fellowship#curriculum.

Scholarship

Medicine is both an art and a science. Physicians are humanistic scientists who must think critically, evaluate evidence, and engage in lifelong learning. The addiction medicine fellowship training program must foster an environment that supports scholarly development. Scholarly activity should align with the program's mission, aims, and the needs of the community.

- Acceptable scholarly domains include:
  - discovery (eg, research)
  - integration (eg, synthesizing knowledge)
  - application (eg, QI projects)
  - teaching.

- Program faculty must participate in scholarly activities such as:
  - research, presentations, publications
  - involvement in specialty societies
  - regular participation in journal clubs, rounds, and conferences.

- Addiction medicine fellows must be provided with:
  - structured, supervised opportunities to explore emerging scientific evidence
  - didactic and experiential learning in teaching and leadership
  - opportunities to teach addiction medicine to other learners

- engagement in scientific inquiry, including research or scholarly projects using scientific methods.

- Examples of Scholarly Activity
  - quality improvement initiatives
  - population health projects
  - curriculum development and teaching
  - traditional biomedical research.

- The American Medical Association (AMA) Steps Forward program provides continuing medical education (CME) credit modules, instructions, and practical tips. The Quality Improvement Module provides information on the plan, do, study, and act cycle to test on a smaller scale the feasibility of a QI project and teach the fundamentals of scale-up for a project.

- **Infrastructure for Programs Emphasizing Research**
  It is challenging to engage in meaningful research work during a one-year clinical fellowship. As a result, many programs keep research requirements small or non-existent. For programs with an emphasis on research opportunities or for those that offer a second non-ACGME accredited year focused on research, the ACAAM webpage devoted to research career development opportunities can be helpful.

- **Other Scholarly Activities for Fellows**
  Fellows might engage in a variety of other defined, manageable scholarly activities during a fellowship year. Some possibilities include:
  - submitting an abstract for poster or oral presentation at a national conference
  - submitting a presentation for inclusion in the annual ACAAM Fellow Lightning Round event
  - co-presenting as part of the ACAAM National Addiction Medicine Didactic Curriculum series
  - writing an addiction medicine book review for medical and academic journals
  - developing addiction medicine curricula and publishing it on MedEd Portal
  - writing a narrative medicine piece for publication
  - developing a small group or large lecture teaching session for other graduate medical education trainees or medical students

ACGME Considerations

- **Annual Review**
  - Once a program achieves initial ACGME accreditation or successfully transitions to continued accreditation, the program must update their web-based ACGME Accreditation Data System (ADS) program description routinely. Significant changes to rotations/sites and faculty should be posted in a timely manner. Every academic year, a program must submit an annual update which is typically due the third week in August in ADS (note: there are some exceptions, be sure to check with ACGME). As part of the annual update, any citations must be responded to thoughtfully as programs with citations will be automatically reviewed by the appropriate

Review Committee each year until all citations are resolved. Programs without citations could be reviewed by their Review Committee if ACGME software detects a potential red flag within the annual update data in one of eight areas:

- program demographics (structure and resources)
- program changes/attrition (program director, core faculty, fellows)
- scholarly activity (faculty and fellows)
- board pass rate
- clinical experience
- fellow survey
- faculty survey
- any site visit information.

- Common omissions in the annual update include:
  - faculty credentials (degree, certification info, license info)
  - participating sites
  - complete scholarly activity
  - updated response to citation(s)
  - complete block diagram.

- Programs should also pay attention to the "major changes" section of the annual update. This is an opportunity for programs explain why they have made a significant change to a clinical site or their faculty. In addition, it is an opportunity to explain known or potential deficits in one of the areas noted above with an emphasis on how the program is addressing the issue(s).

- The ACGME offers several resources about the annual update. Be sure to review.

- **Preparing for a Site Visit**
  - After initial ACGME accreditation, programs will have a site visit after one or two years. The ACGME will provide at least 60 days' advance notice. It is important to update the program's application by the deadline provided by ACGME, though if an error or omission is noticed after submission, the program may provide that information to the site visitor at the beginning of the visit and it will be included in their report to the Review Committee. It is important to have all information readily available to the site visitor, which may mean printing documents that are generally stored electronically. Documents to have ready for a site visit will be made clear by ACGME.

  - If your program has achieved continued accreditation, an annual review may cause the Review Committee to request a site visit. Programs in continued accreditation should not need to prepare documents and are therefore provided a shorter announcement period. Generally, a program can expect 30 days of notice for an announced site visit.

  - Visit ACGME Site Visit for an overview of site visits.

- ACGME Site Visit FAQs outlines important details to prepare for a site visit.

- **Self-Study Visit**
  - While the ACGME no longer requires programs to undergo a full accreditation site visit every 10 years, preceded by a comprehensive Self-Study process, it is highly recommended that programs should still:
    - continue conducting annual program evaluations (APE)
    - use APEs to support longitudinal self-assessment, which forms the foundation of the Self-Study when it is eventually required
    - maintain readiness by assembling a Program Evaluation Committee (PEC) and documenting improvement efforts.

  - The Self-Study requirements for Sponsoring Institutions and programs are no longer being monitored. Accreditation Field Representatives and Review Committees will not ask for or review any information related to these requirements. This change is part of the ACGME's continued effort to strengthen accreditation processes while simplifying and reducing administrative burden.

- **CLER Visit**
  - Each sponsoring institution is required to undergo a Clinical Learning Environment Review (CLER) site visit approximately every 24 months to maintain institutional accreditation. The exact timing may vary depending on the institution's inclusion in the ACGME's sampling schedule. Your DIO will let you know how you might be able to help with this visit. At a minimum, the site visitors generally want to meet as a group with program directors to assess strengths and potential areas for improvement around GME training. CLER visits generally focus on quality and safety issues. The goal is to provide formative feedback – not punitive evaluation – to help institutions improve their clinical learning environments.

  - Visit ACGME Clinical Learning Environment Review (CLER) for more information.

- **ACGME Glossary of terms**

Appendix One
Making the Case for a Fellowship at Your Institution

Talking Points

1. **Rising Substance Use Disorders (SUDs)**: There has been a steady increase in the prevalence of substance use disorders, including opioids, alcohol, stimulants, and other substances. These disorders often co-occur with other medical and psychiatric conditions, necessitating specialized care.

2. **Lack of Specialized Providers**: Currently, there is a shortage of healthcare providers trained in addiction medicine. This scarcity leads to inadequate access to evidence-based treatments and services for individuals struggling with addiction.

3. **Complex Patient Population**: Patients with substance use disorders often present with complex medical, psychiatric, and social issues, requiring comprehensive and multidisciplinary care. Addiction medicine specialists are uniquely equipped to address these complexities and provide holistic treatment approaches.

4. **Integration of Addiction Care**: Integration of addiction treatment into mainstream healthcare is essential for improving patient outcomes and reducing healthcare disparities. By establishing an addiction medicine fellowship, we can enhance the capacity to integrate addiction care into various healthcare settings.

5. **Comprehensive Curriculum**: The fellowship would offer a comprehensive curriculum covering topics such as pharmacotherapy, psychotherapy, harm reduction strategies, pain management, co-occurring disorders, and addiction-related research methods. This curriculum would ensure that fellows acquire the necessary knowledge and skills to provide high-quality care to individuals with substance use disorders.

6. **Interdisciplinary Training**: Addiction medicine is inherently interdisciplinary, requiring collaboration with various healthcare professionals, including psychiatrists, psychologists, social workers, nurses, and counselors. The fellowship program would foster interdisciplinary collaboration through didactic sessions, case conferences, and clinical rotations, preparing fellows for team-based care delivery.

7. **Evidence-Based Practices**: The fellowship would emphasize the importance of evidence-based practices in addiction medicine, ensuring that fellows are proficient in the latest treatment modalities and interventions supported by scientific research.

8. **Advancing Knowledge**: Addiction medicine is a rapidly evolving field with many unanswered questions. Research conducted by fellows could help advance our understanding of the neurobiology of addiction, the effectiveness of various treatment modalities, and the impact of social determinants on addiction-related outcomes.

9. **Translating Research into Practice**: Research findings have the potential to inform clinical practice and enhance the delivery of evidence-based care. By engaging in research, fellows can contribute to the development and implementation of innovative approaches to addiction treatment and prevention.

10. **Addressing Health Disparities**: Research conducted by fellows could help identify and address health disparities related to addiction, such as disparities in access to treatment, treatment outcomes, and overdose rates among different demographic groups.

11. **Promoting Academic Excellence**: A robust research program within the fellowship can enhance the academic reputation of our institution and attract top-tier candidates interested in pursuing careers in addiction medicine.

12. **Meeting Patient Demand**: With the increasing prevalence of substance use disorders, there is a growing demand for healthcare providers trained in addiction medicine. By training fellows in addiction medicine, we can help meet the needs of patients seeking specialized care for their addiction-related concerns.

13. **Expanding Access to Care**: By training a new generation of addiction medicine specialists, we can expand access to evidence-based addiction treatment and services in our community and beyond. This would help reduce barriers to care and improve health outcomes for individuals struggling with addiction.

14. **Diversifying the Workforce**: Establishing a fellowship program in addiction medicine can help diversify the healthcare workforce by attracting physicians from underrepresented backgrounds who are passionate about addressing addiction-related disparities and promoting health equity.

15. **Supporting Healthcare Systems**: Addiction medicine specialists play a crucial role in supporting healthcare systems by providing consultation services, developing clinical protocols, and implementing quality improvement initiatives related to addiction care. By training fellows in addiction medicine, we can strengthen our healthcare system's capacity to address the addiction crisis effectively.

In summary, establishing a fellowship program in addiction medicine is essential to address the clinical, educational, research, and workforce needs in this specialized field. By investing in addiction medicine training, we can improve patient outcomes, advance scientific knowledge, and build a more effective healthcare system.

Appendix Two

Sample Addiction Medicine Fellowship Onboarding Checklist and Timeline

Onboarding Activity	Timeline	Responsible Party	Comments
Issue formal offer letter and employment contract	Immediately after Match	Program Director / GME Office	
Confirm acceptance via signed contract	Within 1 week of offer	Fellow / GME Office	
Submit fellow information to GME office	Within 2 weeks of Match	Program Coordinator	
Verify eligibility (residency completion, board status)	Within 2 weeks of Match	Program Director / GME Office	
Initiate state medical license application (if needed)	2–3 months before start date	Fellow / Program Coordinator	
Begin hospital credentialing process	2–3 months before start date	Program Coordinator / Medical Staff Office	
Complete background check and drug screening	2 months before start date	Fellow / HR Department	
Collect immunization records and health clearance	2 months before start date	Fellow / Occupational Health	
Coordinate J-1 visa sponsorship via ECFMG (if applicable)	3–4 months before start date	Fellow / GME Office	
Submit DS-2019 request and supporting documents	3–4 months before start date	Fellow / GME Office	
Confirm visa timelines and travel arrangements	2 months before start date	Fellow	
Schedule GME orientation (institutional policies, EMR training)	1 month before start date	GME Office / Program Coordinator	
Assign institutional email and system access	2 weeks before start date	IT Department / Program Coordinator	
Provide handbook and policy documents	2 weeks before start date	Program Coordinator	
Enroll in required training modules (HIPAA, safety, etc.)	2 weeks before start date	Fellow / Program Coordinator	
Share rotation schedule and clinical site details	1 month before start date	Program Director / Coordinator	

Review curriculum and educational expectations	1 month before start date	Program Director	
Assign faculty advisor or mentor	1 month before start date	Program Director	
Introduce core faculty and interdisciplinary teams	First week of fellowship	Program Coordinator	
Discuss scholarly activity requirements	First month of fellowship	Program Director / Research Mentor	
Identify potential research mentors or projects	First month of fellowship	Fellow / Program Director	
Provide access to research tools and IRB resources	First month of fellowship	Program Coordinator / Research Office	
Offer relocation/housing resources (if applicable)	Immediately after Match	GME Office / Program Coordinator	
Provide local area guide and support contacts	1 month before start date	Program Coordinator	
Confirm start date and first-day instructions	2 weeks before start date	Program Coordinator	

Appendix Three
Sample Checklist – Addiction Medicine Fellow Quarterly Advisor Meeting

This checklist, adapted from the Yale Addiction Medicine Fellowship Training Program, outlines the common areas of evaluation and discussion topics for fellow quarterly advisor meetings. Not all areas will apply to every program.

Goals and Objectives

☐ Review initial and ongoing personal goals and objectives

Evaluation & Milestones

☐ Review Medhub Evaluations-especially recommendations for future learning

☐ Review ACGME milestone self-assessment and compare to advisor assessment (this should be completed twice per year (December and June). At the other quarterly meetings, milestones are for general review. (The Addiction Medicine Milestone Project)

Patient Care

☐ Ask about exposure to different SUDs and patient cases in outpatient and inpatient settings. Identify strengths and areas for growth. Review patient log if fellow has chosen to keep one.

☐ Review documentation - Are notes timely (i.e., completed by end of day) and thorough?

☐ Ask about preferences for 2-week specialty elective block

Didactics

☐ Inquire about didactic attendance

☐ Check in about didactic activities

- ☐ CCC prep-do they have a case? Have they started their literature review?
- ☐ QI project process

Scholarly Projects, Teaching, and CME

☐ Review progress on scholarly projects

☐ Review participation in teaching sessions (encourage documentation on CV and collection of teaching evaluations)

☐ Discuss any conferences fellow plans to go to (they have total of $X,XXX in education funds, encourage applying for travel awards)

Wellness

- ☐ Inquire about personal wellness
- ☐ Encourage fellow to take vacation time

Post-fellowship Planning

- ☐ Review post-fellowship plans
- ☐ Board preparation
  - ☐ Remind fellow about ACAAM ADePT (practice test), take at beginning and near end of fellowship, review score with advisor
  - ☐ Remind fellow about ACAAM Question Bank for board study. Consider board review courses (eg, CSAM, ASAM)
  - ☐ Help fellow to plan to sign up for board examination

Other Links For Easy Access (during meeting) - suggestions

- ☐ Program Fellow Handbook
- ☐ Program Didactic Schedule
- ☐ ACAAM Didactic Schedule
- ☐ ACAAM Calendar of Events
- ☐ ACAAM Educational Products – Board Review and Self-Study
- ☐ ACAAM Career Development Sessions
- ☐ ACGME The Addiction Medicine Milestone Project
- ☐ Program Internal Web-based Fellowship Folder

References

1. Bishop RA, Ward R, Schreiner A, McCauley JL, Moran WP, Ball S. Primary Care Visit Frequency Is Associated with Diagnosis but Not Pharmacotherapy Prescribing for Patients with Alcohol Use Disorder: AUD Pharmacotherapy Prescribing in Primary Care. J Behav Health Serv Res. 2025 Jul;52(3):542-552. doi: 10.1007/s11414-025-09942-6. Epub 2025 Mar 24. PMID: 40128470; PMCID: PMC12174264.

2. ACGME Program Requirements for Graduate Medical Education in Addiction Medicine. https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/404_addictionmedicine_2025_reformatted.pdf. Accessed August 26, 2025.

3. Finding and Applying to Fellowships – ACAAM. https://www.acaam.org/finding-and-applying-to-fellowships. Accessed August 26, 2025.

4. National Institute on Drug Abuse. (n.d.). *Strategic Plan for Research*. https://nida.nih.gov/about-nida/strategic-plan. Accessed August 26, 2025.

5. American Board of Preventive Medicine. (2023). *Addiction Medicine Subspecialty Certification*. https://www.theabpm.org. Accessed August 26, 2025.

6. Yale School of Medicine. (n.d.). *Addiction Medicine Fellowship*. https://medicine.yale.edu. Accessed August 26, 2025.

7. ASAM Public Policy Statement on the Recognition and Role of Addiction Specialist Physicians in Health Care in the United States. https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/public-policy-statements/2021-pps-on-the-role-and-recognition-of-addiction-specialist-physicians---final.pdf?sfvrsn=10681b50_3. Accessed August 26, 2025.

8. AAMC Physician Workforce Projections, The Complexities of Physician Supply and Demand. https://www.aamc.org/data-reports/workforce/report/physician-workforce-projections. Accessed August 26, 2025.

9. HRSA Health Workforce State of the U.S. Health Care Workforce, 2024. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-health-workforce-report-2024.pdf. Accessed August 26, 2025.

10. Association of American Medical Colleges. Holistic Admissions. https://www.aamc.org/initiatives/holisticreview/about/. Accessed August 27, 2025.