

Training in Dual Certification Programs

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The American health care system needs more specialists in Critical Care Medicine. Physicians who are certified in Critical Care Medicine by the American Board of Internal Medicine (ABIM) meet training requirements through completion of Accreditation Council on Graduate Medical Education (ACGME) accredited training in Critical Care Medicine.

The ACGME accredits three types of fellowship programs in Critical Care Medicine: 1) 2-year Critical Care Medicine programs (for Internal Medicine graduates), 2) 1-year Critical Care Medicine programs (for subspecialty program graduates), and 3) Combined Pulmonary and Critical Care Medicine programs. As of November 2006, there were 130 combined Pulmonary and Critical Care Medicine programs and 28 “stand-alone” or “straight” Critical Care Medicine programs accredited by the ACGME.

Currently there are a small number of internal medicine and subspecialty graduates who wish to pursue certification in Critical Care Medicine but not Pulmonary Medicine. In order to accommodate these trainees, the ACGME Residency Review Committee in Internal Medicine (RC-IM) will now permit accredited 3-year combined Pulmonary and Critical Care Medicine programs to train occasional stand-alone Critical Care Medicine fellows; and the ABIM will recognize stand-alone training completed in an ACGME accredited combined Pulmonary-Critical Care Medicine program.

If combined Pulmonary and Critical Care Medicine programs accept an occasional critical care medicine fellow (i.e., no more than one fellow every 2 years), then the RC-IM will not require prior approval of a separate curricular pathway in Critical Care Medicine. If Pulmonary and Critical Care Medicine combined programs plan to accept more than one straight Critical Care Medicine fellows every other year, such programs should obtain RC-IM approval for Critical Care Medicine curricular pathways (i.e. 1-year, 2-year, or both) within the combined program.

In all cases, stand-alone Critical Care Medicine training should be based on a curriculum or educational plan that is separate from the curriculum of the combined Pulmonary and Critical Care program, and that fulfills the program requirements for Critical Care Medicine.

At all times, programs must stay within their approved complement of fellow positions. The RCIM will grant temporary increases (via Web ADS) to accommodate an occasional additional stand-alone Critical Care Medicine trainee. If the program offers more than an occasional standalone Critical Care Medicine position (i.e., no more than one fellow every 2 years), then the program should request a permanent complement increase and obtain approval for a Critical Care Medicine curricular pathway.

Although this policy was developed for occasional stand-alone Critical Care training within Pulmonary and Critical Care Medicine programs, the same principles will apply to stand-alone Pulmonary training within Pulmonary and Critical Care Medicine programs as well as to standalone training in either specialty in combined Hematology-Oncology programs.

American Board of Internal Medicine

Accreditation Council for Graduate Medical Education

Residency Review Committee for Internal Medicine