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Response to Program Requirements

The Review Committee for Preventive Medicine was pleased to receive well over 200 responses from program directors, residents, organizations, interested individuals, and others to the proposed revisions to the Program Requirements that were posted on the ACGME website. At its March 2010 meeting, the Committee reviewed and considered every response. Based on the comments and other considerations, the Committee has revised the Program Requirements to reflect the input of the preventive medicine community and future of the specialty. The Program Requirements are slated to be reviewed by the Committee on Requirements (CoR) at its September 2010 meeting. This committee will also review all of the external responses and the Review Committee's disposition of the responses. The CoR will make a recommendation to the ACGME Board of Directors regarding whether or not to accept the proposed Requirements. If accepted, a recommendation for an effective date for the Requirements will also be made, with consideration given to the effective date requested by the Review Committee. The ACGME Board of Directors will review the recommendation of the CoR and vote to accept or not accept it at its September 2010 meeting. An announcement of the outcome will be made via the ACGME's weekly e-Communication.

Multi-specialty 'Combined Programs'

There are eight Preventive Medicine programs which are structured as combined with Internal Medicine, and one program structured as combined with Family Medicine. Graduates of 'combined programs' may be eligible to sit for the certifying examinations in both specialties, and typically complete their residencies in less time than the five years that would be required to complete both residencies serially.

The ACGME does **not** review or accredit 'combined programs'; such combinations are developed and approved by the American Board of Preventive Medicine. Individuals in these programs are eligible to receive certification from the American Board of Preventive Medicine and the other involved specialty Board. The specialty Boards review the ways in which the programs integrate their education and assess the suitability of "double-counting" certain activities toward Board eligibility in both specialties. In order to receive recognition for the 'combined program' and for individuals to be eligible for certification from the specialty Boards, the specialty Boards (and *not* the ACGME) require that the two programs offering combined education first be *separately accredited by the ACGME in both of the involved specialties*. We address here some issues that arise in the accreditation of Preventive Medicine residency programs that participate in a multi-specialty combined program.

To receive and maintain ACGME accreditation, the Preventive Medicine (and, in turn, the Internal Medicine or Family Medicine) portion of the combined education program must independently fulfill all of the Program Requirements for a free-standing residency in the specialty. That is, even if the program is only offered to individuals in the 'combined program', the content, duration, and structure of the Preventive Medicine educational activities must meet all of the Requirements expected for any other Preventive Medicine residency. Programs must be constituted so that a hypothetical resident could enter the program solely to receive his/her education in Preventive Medicine, undertake the same Preventive Medicine experiences offered to residents in the combined 'track', and finish with a complete education that would qualify him/her to sit for the certifying examination.

The ACGME does not provide accreditation documents (program information forms or PIFs) for 'combined programs'. When completing the ACGME PIF, program directors must demonstrate that the Preventive Medicine learning activities and evaluation processes by themselves fulfill all Preventive Medicine Requirements. In particular, when providing examples of learning activities in support of general competencies, the PIF should document that the required education is provided, and each resident is evaluated in those aspects of the competency that are specific to Preventive Medicine and may not be found in the other specialty. For example, the PIF should specifically demonstrate the teaching and evaluation of the Preventive Medicine patient care competency components, and the specialty area patient care competency components, such as monitoring the health of a community, or communicating risk information to the public. A PIF which only documents education and evaluation of primary care competencies, no matter how well done, is not satisfactory for accreditation by the Review Committee for Preventive Medicine. (Documentation of primary care education in the competencies is also unnecessary for the PIF submitted to the Review Committee for Preventive Medicine.) The program director must ensure that all educational requirements are documented in the Preventive Medicine PIF using Preventive Medicine specialty area content. As a result, the PIF submitted to the Review Committee for Preventive Medicine for accreditation of the Preventive Medicine residency program is separate and distinct from the PIF submitted to the Review Committee for Internal Medicine (or Family Medicine) for accreditation of the Internal Medicine (or Family Medicine) program.