



THE PRACTICE PATHWAY

What type of practice may I count towards my 1920 hours?

Time spent working as the primary decision-maker, providing direct patient care in the specialty practice of Addiction Medicine counts toward the Practice Pathway. Practice Pathway settings may include: office-based opioid treatment program prescribing buprenorphine; working in a methadone maintenance clinic, providing medically managed withdrawal treatment from alcohol, sedatives, opioids, or other substances; hospital-based addiction consultation services (consultation-liaison service); medical director of a residential addiction treatment program; and other settings.

Time Spent in General Practice

A maximum of 25% (or 480 hours) of time spent in a General Practice (whether in Psychiatry, Internal medicine, Family Medicine, Pediatrics, etc.) can be counted towards the required 1920 hours spent in the practice of Addiction Medicine.

Non-compensated/Volunteer Time

Non-compensated or volunteer work will count towards the total required practice time, as long as the candidate is functioning as the primary decision maker - providing direct patient care. Time spent just observing (shadowing) without primary decision-making for patient care does not count towards the 1920 hours. These activities must be verified with appropriate documentation/letters of support.

Research, Teaching and Administration

Addiction Medicine practice outside of direct patient care - including: research, and/or teaching activities, and/or administration (ie: medication assisted addiction treatment program management, reviewing outcomes or implementing quality measures) - may count for a maximum of 25% (or 480 hours) of the required practice time of 1920 hours. Documentation of work in these areas will require submission of product or independent verification of activity, such as: published paper, list of lectures, etc.

The Practice Pathway will be available for the first five years the Addiction Medicine subspecialty examination is administered (through the 2021 application cycle). Beginning in 2022, all applicants for certification in Addiction Medicine must successfully complete an ACGME-accredited Addiction Medicine fellowship program.

Observation/Shadowing Time

Observation or "shadowing"—even in the specialty of Addiction Medicine—without "hands-on" patient care for which you are the primary provider, does not count towards fulfilling the requirements for the Practice Pathway. An observership without being responsible for the direct care of the patient as the attending physician is similar to being a trainee. Only direct patient care specifically in Addiction Medicine for which you are the primary provider counts towards the required 1920 hours.

Residency Experience

ABPM does not provide credit for any time spent in a residency. Electives and/or research may not count towards the practice pathway.

Non-Addiction Medicine Fellowship Experience

ABPM does not provide credit for any time spent in non-addiction medicine fellowships. Electives and/or research may not count towards the practice pathway.

Verification of Practice Time

The appropriate documentation/letter of support must come from a program director, chief of staff, or department chair, or from another suitable, independent Addiction Medicine physician.

the letter for documentation and verification of Addiction Medicine Practice for the Practice Pathway cannot be written by a practice partner, even one certified in Addiction Medicine. The verification letter must come from an independent supervising physician, such as a Chief of Staff, Department Chair, or Fellowship Director. If there is no independent supervising physician that meets these criteria, then the applicant must provide documentation for consideration by ABPM of the credentials of the individual to provide the letter of verification for the applicant. The ABPM will make the final determination of the suitability.

Addiction Medicine

Frequently Asked Questions

Current CME Credits

CME credit—even in the specialty of Addiction Medicine—does not count towards fulfilling the requirements for the Practice Pathway. Only direct patient care specifically in Addiction Medicine counts towards the 1920 hours required for the Practice Pathway.

Non-ACGME Accredited Addiction Medicine Fellowships

Applicants who have completed existing fellowships that are not ACGME accredited **including those developed through The Addiction Medicine Foundation (TAMF)** will be given consideration by the ABPM through the Practice Pathway.

Credit for completion of training in a non-ACGME accredited fellowship program may be substituted for the Practice Time Requirement. The applicant must have successfully completed an Addiction Medicine fellowship of at least 12 months that is acceptable to the American Board of Preventive Medicine. Fellowship training of less than 12 months may be applied towards the Time in Practice hour requirements of the Practice Pathway.

The fellowship training curriculum and a description of the actual training experience must be submitted for final approval by the Board.

ACGME ACCREDITED FELLOWSHIP PATHWAY

When Will ACGME Accredited Fellowships be Available?

The Accreditation Council for Graduate Medical Education (ACGME) has approved the accreditation of fellowships in the subspecialty of Addiction Medicine. The specific requirements for the ACGME-accredited fellowships in Addiction Medicine are currently under development. Institutions seeking ACGME accreditation for Addiction Medicine fellowships should contact the ACGME and follow their requirements.

FEES SCHEDULE

Application Fee:	April 3, 2017 – June 30, 2017	\$500
Late Application Fee:	July 1 – 15, 2017	\$500
Examination Fee:	October 16, 2017 – October 28, 2017	\$1950

DEADLINES

April 3, 2017	Application Period Opens
June 30, 2017	Application Period Closes <i>*Practice time counted through this date</i>
July 1, 2017	Late Application Period Opens
July 15, 2017	Late Application Period Closes
August 31, 2017	Documentation / Verifications must be received by ABPM
October 16, 2017	2017 Examination Period Begins at Prometric test centers
October 28, 2017	2017 Examination Period Ends

ABAM DIPLOMATES

Current ABAM Diplomates may apply for subspecialty certification through the expedited "ABAM Diplomat" Pathway. These physicians must meet medical licensure and ABMS certification requirements; documentation of current ABAM status may be used in place of the required attestation of clinical competence and practice time.

2015 ABAM Diplomates

Physicians who have passed the 2015 ABAM examination, and meet medical licensure and ABMS board certification requirements must submit formal application through the "ABAM Diplomat" Pathway. Once reviewed and approved by the Board, the applicant's exam fee and requirement may be waived. Certification will be conferred following usual procedures, with an effective date of January 1, 2018.

LICENSE RESTRICTIONS

My state medical license was restricted for medical reasons when I entered an addiction treatment program required by my state medical board, and I have complied with all the requirements of my state medical board.

This would not prevent the physician from applying to ABPM for certification in Addiction Medicine. A physician who has voluntarily entered into a rehabilitation program for chemical dependency/addiction/substance use disorder or a practice improvement plan with the approval of a state medical board shall not be considered to have a restriction on his/her license to practice medicine for the purposes of applying to ABPM for certification in Addiction Medicine.

After I completed an initial addiction treatment program required by my state medical board for my impairment by abuse of opioid analgesics, the board allowed me to return to practice with special requirements that are still in effect. I have to complete additional training in the prescribing of controlled substances (beyond that required of all physicians for the maintenance of licensure) and have some of my patient charts reviewed by the board periodically.

This physician's application would not be accepted by ABPM due to a restriction on the medical license. A physician's license shall be deemed restricted if, as a result of final action by a state or other legally constituted medical board, the physician is subject to special conditions or requirements that are still in effect, regardless of whether the restrictions are imposed by the state medical board or the result of a voluntary agreement between the physician and the state medical board.



The American Board of Preventive Medicine

A Member Board of The American Board of Medical Specialties

Addiction Medicine Subspecialty Certification

FAQs - 2017



Apply Online!
www.theabpm.org

Questions?

Email us! abpm@theabpm.org