January 15, 2020

Ms. Louise Castile, MS  
Executive Director  
Accreditation Council for Graduate Medical Education  
401 North Michigan Avenue, Suite 2000  
Chicago, IL 60611

Dear Ms. Castile:

The annual Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health demonstrates that only approximately 10% of those with a substance use disorder receive treatment for their disorder in any given year. While there is greater recognition of the increasing mortality and morbidity from those addicted to opioids, tobacco and alcohol use disorders continue to represent an even greater health, social and economic burden on the country. In response, the federal government has launched initiatives to expand training of addiction physicians. For example, the Health Resources and Services Administration initiative HRSA 20-013 allocated $20 million for expansion of addiction fellowships.

In the community, among persons with substance use disorders (SUDs), more than 40% also meet criteria for another psychiatric disorder. Among treatment seeking individuals, the proportion of individuals with SUDs who have a co-occurring psychiatric disorder is even greater than the community prevalence. The subspecialty field of Addiction Psychiatry is committed to training psychiatrists who specialize in treating substance use disorders including those with co-occurring other psychiatric disorders.

In order to address the workforce capacity need for trained addiction psychiatrists, there has been an effort across the United States to initiate new addiction psychiatry fellowship programs especially in more predominantly rural states and other areas of the United States where there are few trained specialists. We have become aware that the requirement of having two board certified addiction psychiatrists on faculty to initiate and maintain a fellowship is presenting a significant barrier to establishing new addiction psychiatry programs.
The ACGME requirements for initiating and maintaining Addiction Psychiatry fellowships were established more than two decades ago. These requirements necessitate that the fellowship has a program director and one additional faculty member who are board certified in that specialty. We have become aware that this requirement is creating a major barrier to establishing new Addiction Psychiatry fellowship training programs especially outside of major urban centers where two board certified addiction psychiatrists are not available. Given the recognized shortage of board-certified addiction psychiatry specialists nationwide, this circumstance is not surprising. It is important to note that in many of these instances there may be other faculty members who are clinically experienced in treating individuals with substance use disorders, but these faculty may not have obtained board certification.

In an effort to assist in the expansion of new Addiction Psychiatry fellowship programs, we would like to request that ACGME consider a modification of this requirement for the initiation of new Addiction Psychiatry fellowship programs applying for initial accreditation in areas where only one Addiction Psychiatry boarded faculty member (e.g., the proposed program director) is available. In this instance we would like to request that a new fellowship program on its initial application be able to request a temporary waiver of the two Addiction Psychiatry board certified faculty members for a period of up to five years, if the program can demonstrate that in addition to the proposed Program Director who is board-certified in Addiction Psychiatry, that the program would have one or more of the following:

- A board-certified Addiction Psychiatrist affiliated with another program who is willing and able to provide supervision, mentorship, teaching of didactics either on-site or via teleconferencing
- A second faculty member board certified in Addiction Medicine
- A second faculty member who is a board-certified psychiatrist with 10 or more years of treating patients with substance use disorders but is not board certified in Addiction Psychiatry

We would suggest that having this waiver in place for the first five years would enable new programs to become established in areas where there is a major dearth of addiction psychiatrists. These programs would have a five year grace period to train, recruit and retain new junior addiction psychiatrists who have passed their boards in Addiction Psychiatry and become a member of the faculty.

We believe this modification would enable new programs to become established in areas of the country that have great need to grow this capacity.

We appreciate the consideration of our request.

Sincerely,

Kevin Sevarino, MD, PhD  Shelley F. Greenfield, MD, MPH
President  Immediate Past President

cc: Kathryn Cates-Wessel