

ACAAM: Developing Addiction Medicine Fellowships



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2026 ASAM Annual Conference – San Diego, CA



Disclosure Information

ACAAM: Developing Addiction Medicine Fellowships

April 23, 2026 7:00 PM – 8:00 PM

Jeanette M. Tetrault, MD FACP FASAM

☀ No Disclosures



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Learning Objectives

- ☀ Describe the current role of fellowship training programs in meeting Addiction Medicine workforce needs.
- ☀ List key activities that fellows engage in during the Addiction Medicine training year.
- ☀ Identify the steps required to start an Addiction Medicine fellowship program.

This Session

- ☀️ ACAAM: Building the Addiction Medicine Workforce
- ☀️ Fellowship Basics
- ☀️ The Fellowship Training Experience

ACAAM: Building Addiction Medicine Workforce

☀️ To help meet the critical need for better integrating evidence-based practice into treatment, Addiction Medicine fellowship programs are dedicated to expanding the workforce of clinical experts, educators, researchers and health system leaders trained in the latest scientific advances. ¹



1. Derefinko KJ, Brown R, Danzo A, Foster S, Brennan T, Hand S, Kunz K. Addiction Medicine Training Fellowships in North America: A Recent Assessment of Progress and Needs. *Journal of Addiction Medicine*. 2020 Jul/Aug;14(4):e103-e109

ACAAM: Building Addiction Medicine Workforce



The screenshot shows the top of a web browser displaying the Lancet website. The page title is "Responding to the opioid crisis in North America and beyond: recommendations of the Stanford-Lancet Commission". It includes a "Webinar" section with a link to "Join the global launch of the Stanford-Lancet Commission on opioid use in North America" and a "Related content" section with an editorial link "A time of crisis for the opioid epidemic in the USA".

THE LANCET Log in

Responding to the opioid crisis in North America and beyond: recommendations of the Stanford-Lancet Commission

Published: February 2, 2022

Executive Summary

Since 1999 more than 600,000 people in the USA and Canada have died from opioid overdose and a staggering 1.2 million more are estimated to die due to overdose by 2029. The Stanford-Lancet Commission was formed in response to the soaring opioid-related morbidity and mortality that the USA and Canada have experienced by analyzing the state of the opioid crisis and proposing solutions to it domestically while attempting to stop its spread internationally. The Commission identifies where renewed commitment to reform and progress must be made, including regulation, healthcare and treatment, the criminal justice system, prevention, innovation to the opioid response, and curtailing the global spread of the epidemic.

Commission

THE LANCET COMMISSIONS
Responding to the opioid crisis in North America and beyond: recommendations of the Stanford-Lancet Commission
Keith Humphreys, Chelsea L Shover, Christina M Andrews, Amy S B Bohnert, Margaret L

Webinar

Join the global launch of the Stanford-Lancet Commission on opioid use in North America

Related content

EDITORIAL
A time of crisis for the opioid epidemic in the USA
The Lancet
The Lancet, Vol. 398, No. 10297

“One of the most positive developments of the past 10 years is the 2015 recognition of addiction medicine as a medical specialty, paving the way for a diverse set of physicians to receive additional training in addiction medicine ...fellowships should be expanded to increase the workforce targeting substance use disorders.”²

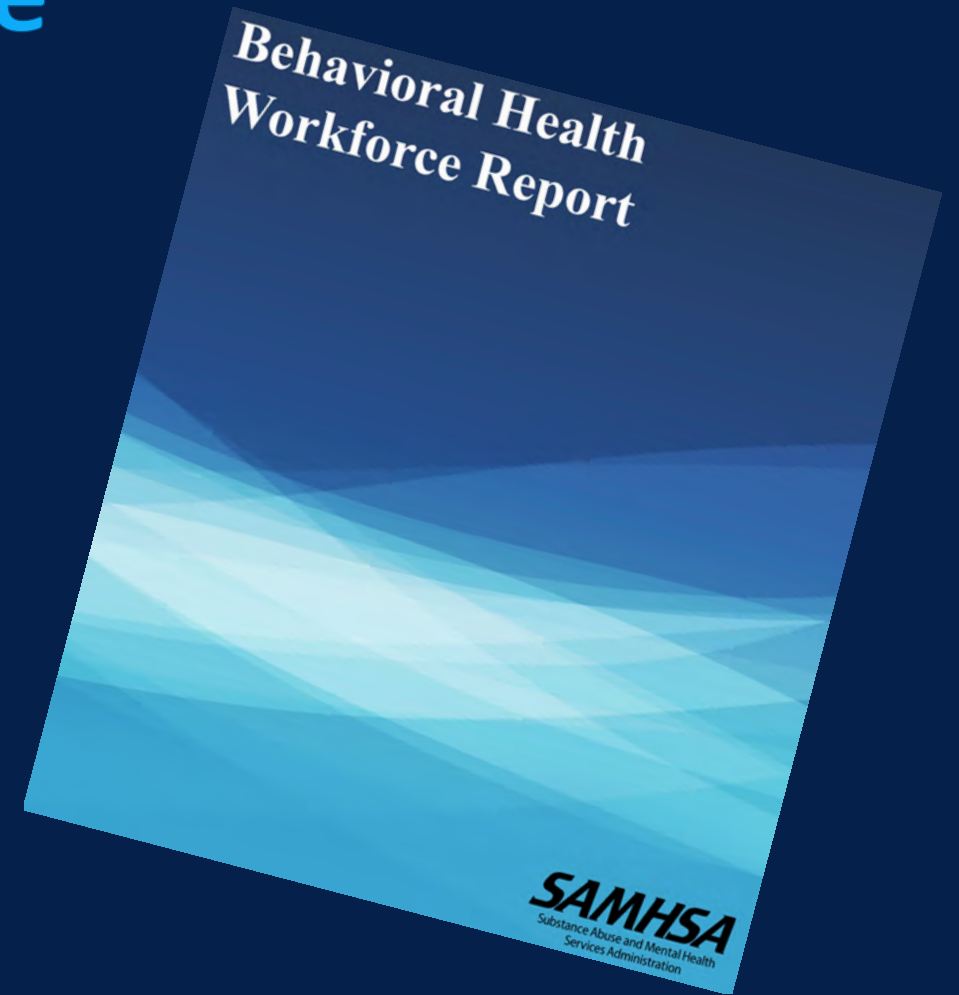
2. Responding to the opioid crisis in North America and beyond: recommendations of the Stanford-Lancet Commission. Humphreys K, et al. *Lancet*. 2022 Jan 31. doi: 10.1016/S0140-6736(21)02252-2.



ACAAM: Building Addiction Medicine Workforce

☀ *The task before us is great:*

- SAMHSA recently calculated that 41,000 additional Addiction Medicine Physicians are needed. ³



3. Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral health workforce report. <https://www.samhsa.gov/sites/default/files/behavioral-health-workforce-report.pdf>. Accessed December 18, 2020.

ACAAM: Building Addiction Medicine Workforce

2007

- The American Board of Addiction Medicine and the ABAM Foundation as precursors to ACAAM
- ABAM certified physicians in Addiction Medicine
- ABAM Foundation accredited 55 Addiction Medicine fellowships through 2017

2016-2018

- ABAM/Foundation achieved formal recognition of Addiction Medicine as a multi-specialty subspecialty
- Responsibility for new physician certifications transferred to American Board of Preventive Medicine (ABPM)
- Accreditation responsibility transferred to Accreditation Council for Graduate Medical Education (ACGME)

2018-present

- 110 ACGME-accredited fellowships in 42 states, plus District of Columbia and Puerto Rico
- Approximately 1040 graduates through 2025
- Completed 4th NRMP Match during 2025-26 application cycle

ACAAM: Building Addiction Medicine Workforce

ACAAM began in 2007 as the American Board of Addiction Medicine and the ABAM Foundation

ABAM certified physicians in Addiction Medicine

ABAM Foundation accredited 55 Addiction Medicine fellowships through 2017

2016-2018: ABAM/Foundation achieved formal recognition of Addiction Medicine as a multi-specialty subspecialty

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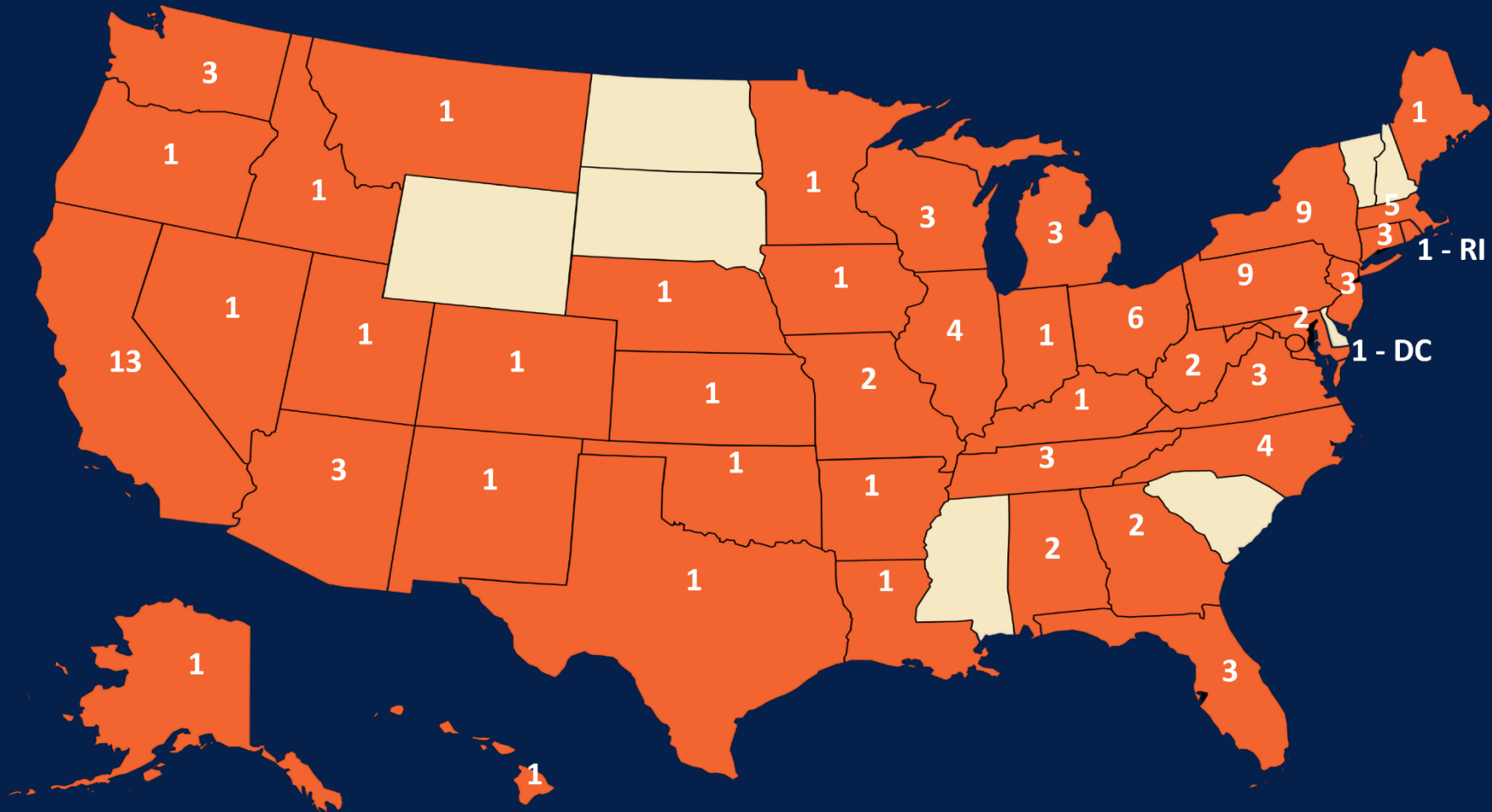
ACAAM's work over the past decade has resulted in:

110 ACGME accredited fellowships in 42 states, plus District of Columbia and Puerto Rico

An expanding number of graduates with approximately 1040 from 2018 through 2025



110 ACGME FELLOWSHIPS



Check out [acaam.org](https://www.acaam.org)

Fellowship Development Resource Center

Resources to Support Excellence in Addiction Medicine Fellowship Training

ACAAM is dedicated to helping programs deliver high-quality education and foster continuous improvement. This resource center complements our Didactic Curriculum and member convenings with tools for accreditation, curriculum design, and program development.

General Resources

Support for new and existing fellowship programs:

- **NEW!** [Addiction Medicine Fellowship Program Directors' Guide*](#) – A Resource Guide for Starting and Running an Addiction Medicine Fellowship Program
- **NEW!** [Addiction Medicine Fellowship Funding Guide*](#) – Practice Tips to Find Alternative Sources of Funding for Your Addiction Medicine Fellowship Program
- [Resources and References - Applying for ACGME Accreditation](#)
- [Addiction Medicine Match Participation Info](#)
- [Fellow Interview Guidance](#)

Curricular Resources

Design effective rotations and assessments using this foundational tool:

- [ACGME Addiction Medicine Reporting Milestones](#)



4. American College of Academic Addiction Medicine (ACAAM). *Fellowship Development Resource Center*. Accessed January 27, 2026. <https://www.acaam/fellowship-development>

Check out [acaam.org](https://www.acaam.org)

Didactic Curriculum Access

ACAAM's National Addiction Medicine Didactic Curriculum is a weekly, live learning experience for fellows and faculty.

- Sessions every Wednesday at 2 PM ET
- Included with ACAAM membership
- Nonmembers can purchase the full series recordings package

[Learn More About the Curriculum](#)

ACGME Site Visit Resources

Prepare for your site visit with expert insights and shared tools:

- [Compilation: What We Learned from Our Site Visit](#)
- [Sample Site Visit Timeline & Checklist](#) (Boston University)

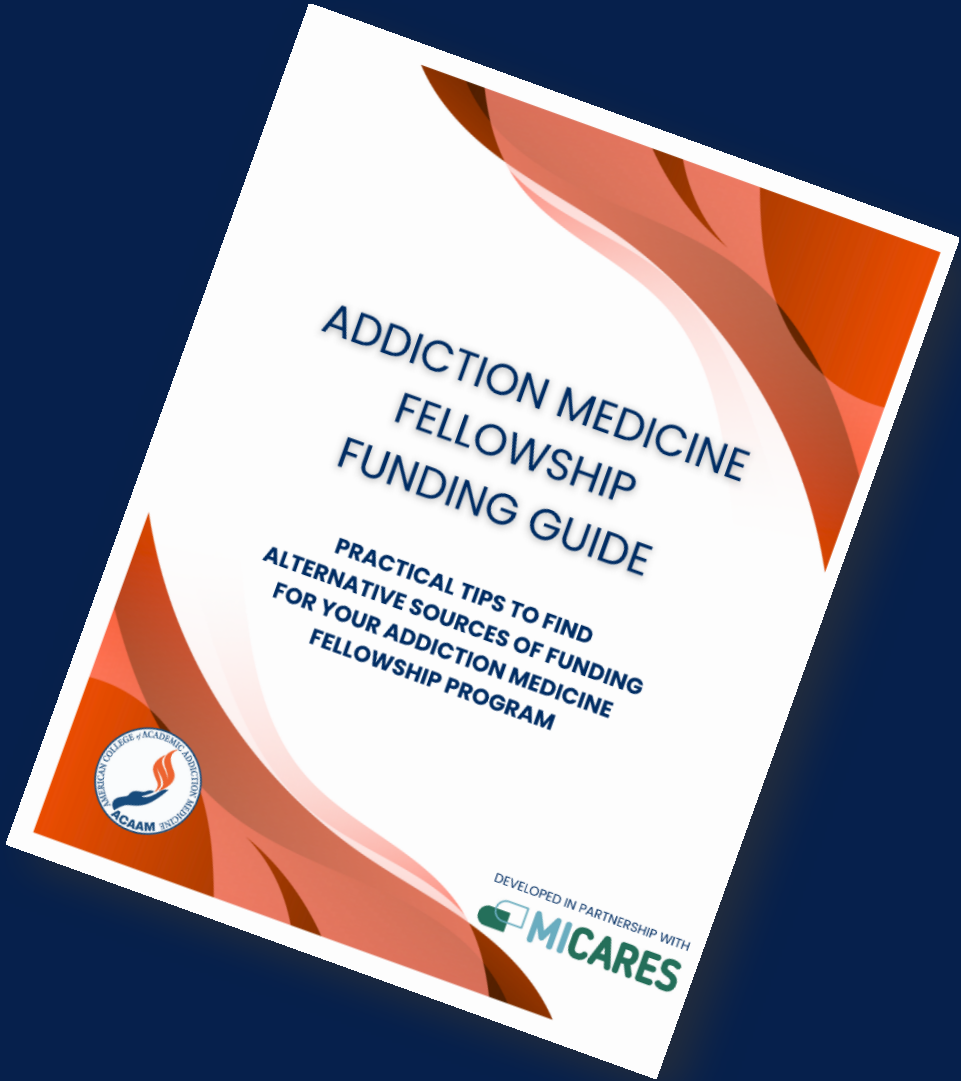
The ACAAM Fellowship Development Resource Center is your go-to hub for building and strengthening addiction medicine fellowship programs. From resources guides and curriculum design to match guidance and weekly didactic sessions, these resources are designed to support program excellence, faculty development, and trainee success.

**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.*



4. American College of Academic Addiction Medicine (ACAAM). *Fellowship Development Resource Center*. Accessed January 27, 2026. <https://www.acaam/fellowship-development>

Check out acaam.org



2025 Addiction Medicine Match Statistics

- ☀ Participated in the Medicine and Pediatric Specialties Match (formerly the Medical Specialties Matching Program)
- ☀ 101 unique addiction medicine programs participated (4 programs participated with multiple tracks – total of 106 program registrations) and filled 173 total slots



Timeline for 2026-27 Match Cycle

☀️ 2026 Key Dates:

- ERAS applications available for review July
- Match Opens August 26
- Ranking opens September 30
- Quota Deadline (final confirmation of slots in Match) October 28
- Ranking closes November 18
- Match Day December 2



Source: NRMP Annual Match Agreement with ACAAM as sponsoring organization



ACAAM: Key Initiatives to Build Addiction Medicine Workforce

Curriculum

- National Didactic Series
- Launched 2020

Anti-Racism, Diversity, Equity and Inclusion

- Updated (2025) Action plan
- Guides all ACAAM Activities

Workforce Development

- Promote addiction medicine fellowship training and career paths
- Focus on underrepresented groups and underserved communities

Fellowship Development

- Increase training capacity to meet workforce need

Key elements of an Addiction Medicine fellowship training program



ACGME Program Requirements for Graduate Medical Education in Addiction Medicine

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

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, please e-mail ads@acgme.org for instructions prior to initiating the application.

Revision Information

ACGME-approved interim revision September 3, 2025; effective September 3, 2025

Definitions

For more information, see the [ACGME Glossary of Terms](#).

Core Requirements: Statements that define structure, resource, or process elements essential to every graduate medical educational program.

Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

Osteopathic Recognition

For programs with or applying for Osteopathic Recognition, the Osteopathic Recognition Requirements also apply (www.acgme.org/OsteopathicRecognition).



The Basics

- ☀ Fellowships are 12 months (up to 24 months part-time) ⁵
- ☀ At least 9 months clinical experience

5. Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Addiction Medicine. September 3, 2025. ACGME. Chicago. Available at:

https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/404_addictionmedicine_2025_reformatted.pdf



The Basics

☀ Sponsoring institution must have at least 1 residency program in:

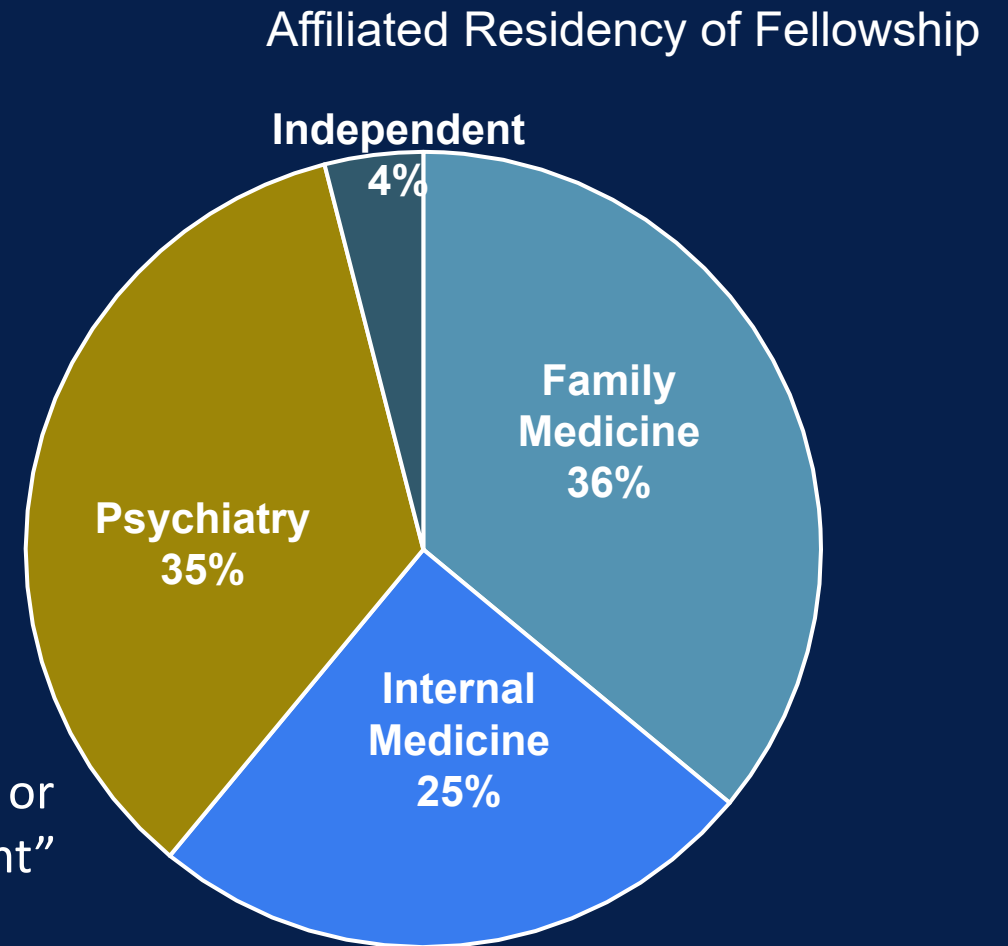
- Anesthesiology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Obstetrics & Gynecology
- Pediatrics
- Preventive Medicine
- Psychiatry

The Basics

☀ Accreditation applications submitted to Review Committees for:

- Family Medicine
(next deadline pending)
- Internal Medicine
(next deadline July 10, 2026)
- Psychiatry
(next deadline pending)

☀ Fellowships affiliated with another residency (Anesthesiology, Emergency Medicine, Ob-Gyn, Pediatrics or Preventive Medicine) may apply as “residency independent” (contact ads@acgme.org)



- ACGME Program Requirements

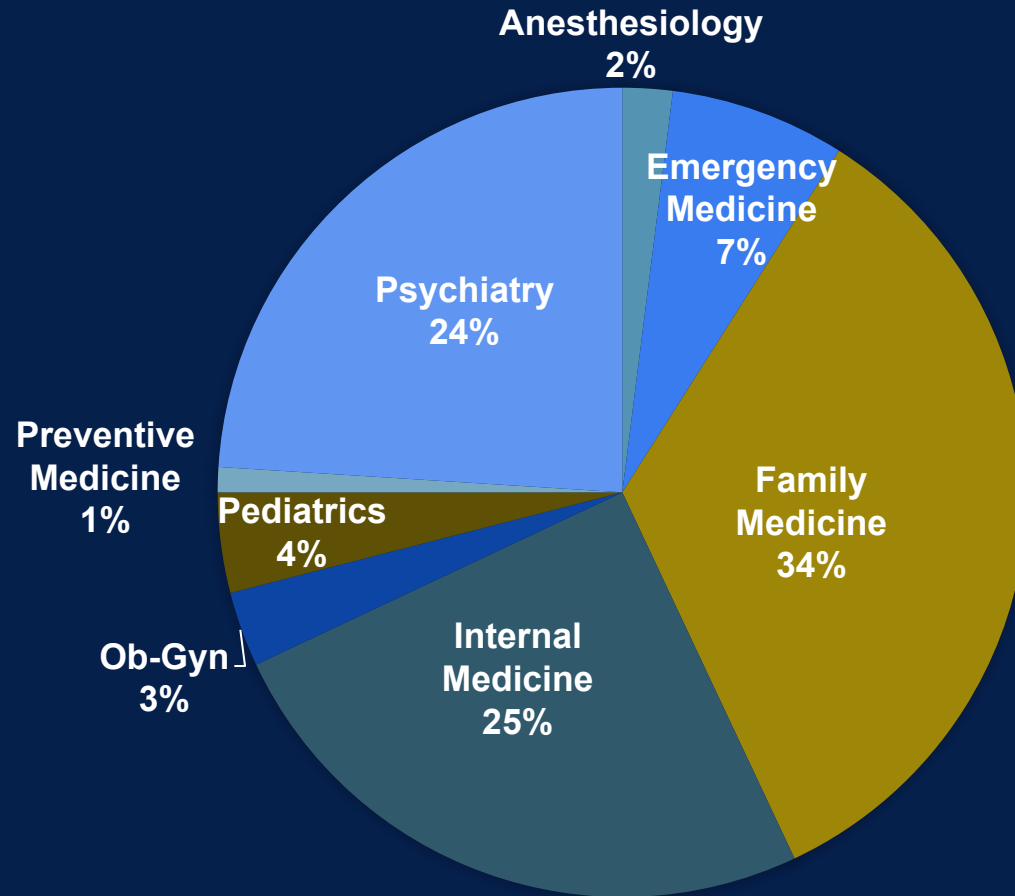
The Basics

- ☀ Multispecialty: Open to graduates of any primary residency
 - ACGME (and ACGME International)
 - AOA
 - Royal College or College of Family Physicians of Canada
- ☀ Certification by American Board of Preventive Medicine

Program Director

Program Directors have primary certification in a variety of specialties

- 0.2 FTE
- Certified in Addiction Medicine by ABPM



6. Accreditation Council for Graduate Medical Education. Frequently Asked Questions: Addiction Medicine. ©2025. ACGME. Chicago. https://www.acgme.org/globalassets/pdfs/faq/404_addictionmedicine_faqs.pdf



Faculty

- ☀ At least 2 certified in Addiction Medicine by ABPM (Program Director & 1 other faculty member)
- ☀ At least 1 certified in Psychiatry (this can be the Program Director)
- ☀ At least 1 certified in 1 of the following (can be Program Dir):

- Anesthesiology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Neurology
- Ob-Gyn
- Pediatrics
- Preventive Medicine
- Surgery

Rotations

☀️ Must be at least 9 months of clinical rotations, including

“At least three months of structured inpatient rotations, including inpatient addiction treatment programs, hospital-based rehabilitation programs, medically-managed residential programs where the fellow is directly involved with patient assessment and treatment planning, and/or general medical facilities or teaching hospitals where the fellow provides consultation services to other physicians in the Emergency Department for patients admitted with a primary medical, surgical, obstetrical, or psychiatric diagnosis.”

Rotations

☀️ Must be at least 9 months of clinical rotations, including

“At least three months of outpatient experience, including intensive outpatient treatment or “day treatment” programs, addiction medicine consult services in an ambulatory care setting, pharmacotherapy, and/or other medical services where the fellow is directly involved with patient assessment, counseling, treatment planning, and coordination with outpatient services.”

Rotations

☀️ Continuity Experience

“At least one half-day per week for at least 12 months, excluding vacation, devoted to providing continuity care to a panel of patients who have an addiction disorder, in which the fellow serves as either a specialty consultative physician with care focused on the addiction disorder or as a physician who provides comprehensive care for the patient panel, including diagnosis and treatment of substance-related problems and other addictions.”

Didactics

“The didactic curriculum must include at least one half-day per week for at least 12 months, excluding vacation, devoted to longitudinal learning experiences, such as didactic sessions, individual or small group tutoring sessions with program faculty members, and/or mentored self-directed learning.”

Teaching Key Competencies in Addiction Medicine

New Application: Addiction Medicine
Review Committee for Anesthesiology, Emergency Medicine, Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Preventive Medicine, or Psychiatry
ACGME

EDUCATIONAL PROGRAM
ACGME Competencies
Patient Care

Will fellows indicate competence in:

comprehensive assessment, diagnosis, and treatment of patients with substance-related health problems and SUDs along a continuum of care, including inpatient/residential, outpatient treatments, early intervention, harm reduction, and prevention? [PR 4.4.a.]	<input type="checkbox"/> YES <input type="checkbox"/> NO
providing care to patients in different settings, such as inpatient medically-managed withdrawal programs, SUD treatment programs, consultation services, and integrated clinics? [PR 4.4.b.]	<input type="checkbox"/> YES <input type="checkbox"/> NO
providing care to SUD patients with variability in age, sex, socioeconomic status, limited language proficiency or literacy, and comorbid medical and psychiatric conditions? [PR 4.4.c.]	<input type="checkbox"/> YES <input type="checkbox"/> NO
screening, brief intervention, and motivational interviewing? [PR 4.4.d.]	<input type="checkbox"/> YES <input type="checkbox"/> NO
working with an interdisciplinary team that includes other medical specialists, counselors, psychologists, family members, and/or other stakeholders involved in the patient's care? [PR 4.4.e.]	<input type="checkbox"/> YES <input type="checkbox"/> NO
providing continuity of care to patients? [PR 4.4.f.]	<input type="checkbox"/> YES <input type="checkbox"/> NO

Explain any "NO" responses (Limit response to 250 words)
[Click here to enter text.](#)

Medical Knowledge

Will fellows demonstrate knowledge of:

the medical model of addiction, including a basic knowledge of neurobiology and changes in brain structures associated with addiction? [PR 4.6.a.]	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Addiction Medicine
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Teaching Key Competencies in Addiction Medicine

The Addiction Medicine Milestone Project
An Initiative of
 The Accreditation Council for Graduate Medical Education
 AGGME
 January 2019
 Version 1
 Addiction Medicine Milestones, ACGME Report Worksheet

Patient Care 1: Screening, Evaluation, Differential Diagnosis, and Case Formulation of the Patient with or at Risk of Substance Use, Addictive Disorders, and Comorbidities

Level 1	Level 2	Level 3	Level 4	Level 5
Uses validated screening and assessment tools Performs biopsychosocial history and targeted physical examination Organizes, summarizes, and presents information and develops an initial differential diagnosis	Actively engages patients in discussions of screening and assessment results Incorporates biopsychosocial history, examination, lab, and collateral data into patient evaluation Uses diagnostic criteria to define differential diagnosis while avoiding premature closure	Addresses inconsistencies in collected information from screening and assessment Performs comprehensive patient evaluation, including patients with complex presentations, with indirect supervision Develops a case formulation, including diagnosis, readiness to change, risk of withdrawal and relapse, psychiatric and medical comorbidities, and recovery/living environment	Teaches validated screening and assessment tools to other health care professionals Independently performs comprehensive patient evaluation, including for patients with complex presentations Continuously reassesses the patient, adjusting the formulation as new data becomes available	Facilitates or leads screening and patient evaluation activities within an organization Participates in the ongoing development or evaluation of disease identification and diagnostic criteria
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1
 Not Yet Assessable

7. Tetrault, J, et al. The Addiction Medicine Milestone Project. January 2019. ACGME. Chicago. Available at:

<https://acgme.org/Portals/0/PDFs/Milestones/AddictionMedicineMilestones.pdf?ver=2019-05-22-120413-530>



Patient Care

- ☀ comprehensive assessment, diagnosis, and treatment of patients with substance-related health problems and SUDs along a continuum of care, including inpatient/residential, outpatient treatments, early intervention, harm reduction, and prevention;

Patient Care

- ✦ providing care to patients in different settings, such as inpatient medically-managed withdrawal programs, SUD treatment programs, consultation services, and integrated clinics;

Patient Care

- ✦ providing care to SUD patients with diversity in age, gender, socioeconomic status, limited language proficiency or literacy, and comorbid medical and psychiatric conditions;

Patient Care

- ✦ working with an interdisciplinary team that includes other medical specialists, counselors, psychologists, family members, and/or other stakeholders involved in the patient's care; and
- ✦ providing continuity of care to patients.

Medical Knowledge

- ✦ the impact of substance use, including psychosocial and medicolegal implications, in diverse populations and cultures, such as in women, neonates, children, adolescents, families, the elderly, sexual and gender minorities, patients with physical or mental trauma or other injuries, military personnel and dependents, health care professionals, employees, and persons involved in the criminal justice system;

Medical Knowledge

- ☀️ prevention of SUDs, including identification of risk and protective factors;
- ☀️ comprehensive substance use assessment and re-assessment, including diagnostic interview, use of standardized questionnaires, lab tests, imaging studies, physical examinations, mental status examinations, consultative reports and collateral information;
- ☀️ identification and treatment of common co-occurring conditions, such as medical, psychiatric, and pain conditions;

Medical Knowledge

- ☀ pharmacotherapy and psychosocial interventions for SUDs across the age spectrum;
- ☀ the effects of substance use, intoxication, and withdrawal on pregnancy and the fetus, and the pharmacologic agents prescribed for the treatment of intoxication, withdrawal, and management, including opioid, alcohol, and sedative hypnotic withdrawal.

Final Takeaways / Summary

- ☀ More Addiction Medicine Fellowships are needed
- ☀ Accreditation requirements provide a clear blueprint for champions to follow in starting programs
- ☀ Flexibility permits fellowships to adapt to local circumstances and patient needs

Join the ACAAM Community by Becoming a Member

ACAAM membership provides access to members-only resources, networking opportunities, and education.

☀ Free or discounted access to educational programs and products

- Expanded and Enhanced Question Bank – Available in 2 formats-or as a bundled option, providing instant access to correct answers, explanations, and references.
- Addiction e-Practice Test (ADePT) – an evidence-based, referenced, cognitive assessment tool including 250+ questions addressing all 17 core content areas of the ABPM exam.

☀ A powerful curriculum of live didactic sessions you can attend (or view recordings) throughout the year

- A weekly, fellowship-run didactic experience for addiction medicine fellows and faculty
- Live, two-hour sessions mapped to the ABPM exam blueprint and ACGME medical competencies



Join the ACAAM Community by Becoming a Member

ACAAM membership provides access to members-only resources, networking opportunities, and education.

- ☀️ A 24/7 online community where you can connect with those in the academic addiction medicine community
 - Ask questions of your peers
 - Share important resources
 - Get and give answers
- ☀️ Virtual and in-person networking opportunities
- ☀️ Career and Faculty Development Sessions (free: live and available on-demand)

Join the ACAAM Community by Becoming a Member

☀️ Join as an Individual Member

- Dues cycle is July 1 – June 30
- You can join April 1 – June 30, 2025, for \$523.75 for membership through June 30, 2026!

☀️ Fellowship Program Membership includes benefits for:

- One Program Director
- Two Associate Program Directors/Faculty
- Program Administrator
- All Active Fellows

SCAN ME



**THE CURB
SIDERS**
ADDICTION
MEDICINE

The Curbsiders Addiction Medicine



**ACAAM Partnerships
Collaborating for
Comprehensive Care**

- ☀️ ACAAM is a sponsor of this podcast
- ☀️ This show features addiction medicine experts who are dedicated to bringing you practice-changing knowledge about substance use, and substance use disorders.
- ☀️ Listen at thecurbsiders.com/addiction

Learn more about all of ACAAM's partnerships at acaam.org

- The Curbsiders Addiction Medicine
- AAAP
- AOD Health
- ASAM
- CAMC
- Governor's Institute
- MICares
- NIAAA
- PHN



References

1. Derefinko KJ, Brown R, Danzo A, Foster S, Brennan T, Hand S, Kunz K. Addiction Medicine Training Fellowships in North America: A Recent Assessment of Progress and Needs. *Journal of Addiction Medicine*. 2020 Jul/Aug;14(4):e103-e109
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4. American College of Academic Addiction Medicine (ACAAM). *Fellowship Development Resource Center*. Accessed January 27, 2026. <https://www.acaam/fellowship-development>
5. Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Addiction Medicine. September 3, 2025. ACGME. Chicago. Available at: https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/404_addictionmedicine_2025_reformatted.pdf
6. Accreditation Council for Graduate Medical Education. Frequently Asked Questions: Addiction Medicine. ©2025. ACGME. Chicago. https://www.acgme.org/globalassets/pdfs/faq/404_addictionmedicine_faqs.pdf
7. Tetrault, J, et al. The Addiction Medicine Milestone Project. January 2019. ACGME. Chicago. Available at: <https://acgme.org/Portals/0/PDFs/Milestones/AddictionMedicineMilestones.pdf?ver=2019-05-22-120413-530>
8. NRMP Annual Match Agreement with ACAAM as sponsoring organization
9. Levreau, D. Fellowship Statistics, presented at ACAAM Program Director, Associate/Assistant Program Director Member Virtual Convening. January 2026.



Thank You!



**American College
of Academic Addiction Medicine**

www.acaam.org

