Update for Psychiatry GME Programs on Combined Training
Program Accreditation/Approval February 2012

Background: Combined residency training is not unique to psychiatry. There are currently 18 different combined specialties (other than medicine/pediatrics) with 112 combined residency programs. Of these programs, four different specialties and 38 combined residency programs include training in psychiatry. They are peds/psych/child psych ("triple board"), 10 programs, internal medicine/psychiatry (14 programs), family medicine/psychiatry (7 programs), and neurology/psychiatry (7 programs). At this time, all of these programs are approved by their respective specialty boards to assure that resident physicians completing combined training are eligible for board certification in each of the component specialties.

In 2009, the ABPN announced a moratorium on the approval of NEW combined residency training programs involving psychiatry and neurology because of questions about state licensing and insurance reimbursement for graduates of residency programs that do not have independent and separate ACGME accreditation. After letters were written on their behalf by the ABPN, no graduates of combined programs have been denied licensure or insurance reimbursement to date. The ACGME does not separately accredit combined training programs, with the exception of internal medicine/pediatrics, which has its own RRC for 80 programs. The following language from the ACGME website regarding combined training speaks to the current oversight of combined training programs (except for internal medicine/pediatrics):

Combined training consists of a coherent educational experience in two or more closely related specialties or subspecialties available for selected individuals. The educational plan for combined training is approved by the specialty board of each of the specialties to assure that resident physicians completing combined training are eligible for board certification in each of the component specialties. Each specialty or subspecialty program is separately accredited by ACGME through its respective specialty review committee. The duration of combined training is longer than any one of its component specialty programs standing alone, and shorter than all of its component specialty programs together.
Update: The ABPN has stated that current residents and accepted applicants to combined residency training programs for 2012-13 will be able to complete their training and become board eligible in the relevant specialties, as is their current policy. The ABPN is continuing its moratorium on the approval of NEW combined residencies pending the resolution of its negotiations with the ACGME to develop an accreditation mechanism for combined training programs, and is working on new proposals to address this issue.

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