



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Preventive Medicine**

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Graduate Medical Education
in Preventive Medicine**

Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Preventive medicine is the specialty of medical practice that focuses on the health of individuals, communities, and defined populations. The identified areas and the populations on which specialists in preventive medicine concentrate are public health and general preventive medicine, which focuses on health promotion and disease prevention in communities and populations. The goal in preventive medicine is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death. Preventive medicine specialists have core competencies in biostatistics, epidemiology, environmental and occupational medicine, planning and evaluation of health services, management of health care organizations, research into causes of disease and injury in population groups, and the practice of prevention in clinical medicine. They apply knowledge and skills gained from the medical, social, economic, and behavioral sciences.

Int. II. Duration of Education

Int. II.A. The educational program in preventive medicine must be 24 or 36 months in length.

Int. II.A.1. The program may include an additional 12 months of education in fundamental clinical skills of medicine.

I. Institution

I.A. Sponsoring Institution

I.A.1. There must be at least one ACGME-I-accredited residency at the Sponsoring Institution or at a participating site that provides direct patient care.

I.A.2. Acquisition of practice competencies in occupational medicine must be accomplished in institutions that provide comprehensive occupational health services to defined work groups, including regular and frequent presence in the work sites served.

I.A.3. The Sponsoring Institution may be an academically participating site, an academically-affiliated health care organization, or a government public health agency.

I.A.3.a) If the Sponsoring Institution is an academic institution or an academically-affiliated health care organization, it must have resources for developing a comprehensive graduate program in preventive medicine.

I.A.3.b) An affiliation must be established with a governmental public health agency to ensure appropriate public health practice and research opportunities.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

II.A.1. The program director, in collaboration with the members of the program faculty, must prepare a written educational plan for each resident that directs the acquisition of a core set of competencies, skills, and knowledge appropriate to the objectives of the individual resident and that is based on that resident's performance assessments.

II.A.1.a) The educational plan must detail the courses, rotations, and activities to which the resident will be assigned to achieve the designated skills, knowledge, and competencies during the educational program.

II.A.2. If applicable in the jurisdiction, the program director must monitor the percentage of entering residents who take and pass the certification examination.

II.A.2.a) A minimum of 75 percent of entering residents must take the certification exam averaged over any five-year period.

II.A.2.b) Of those residents taking the certification examination, a minimum of 75 percent must pass the certification examination averaged over any five-year period.

II.B. Faculty

See International Foundational Requirements, Section II.B.

II.C. Other Program Personnel

See International Foundational Requirements, Section II.C.

II.D. Resources

See International Foundational Requirements, Section II.D.

III. Resident Appointment

III.A. Eligibility Criteria

- III.A.1. Residents must have successfully completed 12 months of a broad-based clinical program (PGY-1) that is:
- III.A.1.a) accredited by the ACGME International (ACGME-I), the ACGME or the Royal College of Physicians and Surgeons of Canada in preliminary general surgery, preliminary internal medicine, or the transitional year; or,
 - III.A.1.b) at the discretion of the Review Committee-International, a program for which a governmental or regulatory body is responsible for the maintenance of a curriculum providing clinical experiences to develop competence in the fundamental clinical skills of medicine; or,
 - III.A.1.b).(1) A categorical residency that accepts candidates from these programs must complete an evaluation of each resident's fundamental clinical skills within six weeks of matriculation, and must provide remediation to residents as needed.
 - III.A.1.c) integrated into the residency where the program director must oversee and ensure the quality of didactic and clinical education.
- III.A.2. The PGY-1 must be completed in a structured program in which residents are educated in high-quality medical care based on scientific knowledge, evidence-based medicine, and sound teaching by qualified educators.
- III.A.3. With appropriate supervision, PGY-1 residents must have first-contact responsibility for evaluation and management for all types and acuity levels of patients.
- III.A.4. PGY-1 residents must have responsibility for decision-making and direct patient care in all settings, to include writing orders, progress notes, and relevant records.
- III.A.5. Residents must develop competence in the following fundamental clinical skills during the PGY-1:
- III.A.5.a) obtaining a comprehensive medical history;
 - III.A.5.b) performing a comprehensive physical examination;
 - III.A.5.c) assessing a patient's medical condition;

- III.A.5.d) making appropriate use of diagnostic studies and tests;
- III.A.5.e) integrating information to develop a differential diagnosis; and,
- III.A.5.f) developing, implementing, and evaluating a treatment plan.

III.B. Number of Residents

See International Foundational Requirements, Section III.B.

III.C. Resident Transfers

See International Foundational Requirements, Section III.C.

III.D. Appointment of Fellows and Other Learners

See International Foundational Requirements, Section III.D.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents must demonstrate:

IV.A.1.a).(1).(a) compassion, integrity, and respect for others;

IV.A.1.a).(1).(b) responsiveness to patient needs that supersedes self-interest;

IV.A.1.a).(1).(c) respect for patient privacy and autonomy;

IV.A.1.a).(1).(d) accountability to patients, society, and the profession;

IV.A.1.a).(1).(e) sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation; and,

IV.A.1.a).(1).(f) a keen sense of personal responsibility for continuing patient care and a recognition that their obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week.

IV.A.1.b)	Patient Care and Procedural Skills
IV.A.1.b).(1)	Residents must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate competence in:
IV.A.1.b).(1).(a)	Conducting program and needs assessments and prioritizing activities using objective, measurable criteria, such as epidemiological impact and cost-effectiveness;
IV.A.1.b).(1).(b)	using computers for word processing, reference retrieval, statistical analysis, graphic display, database management, and communication;
IV.A.1.b).(1).(c)	identifying and reviewing relevant laws and regulations germane to their specialty area and assignments;
IV.A.1.b).(1).(d)	recognizing ethical, cultural, and social issues related to a particular issue and developing interventions and programs that acknowledge and appropriately address the issues;
IV.A.1.b).(1).(e)	identifying organizational decision-making structures, stakeholders, style, and processes;
IV.A.1.b).(1).(f)	assessing program and community resources, developing a plan for appropriate resources, and integrating resources for program implementation;
IV.A.1.b).(1).(g)	using epidemiology and biostatistics, including the ability to:
IV.A.1.b).(1).(g).(i)	characterize the health of a community;
IV.A.1.b).(1).(g).(ii)	design and conduct an epidemiological study;
IV.A.1.b).(1).(g).(iii)	design and operate a surveillance system;
IV.A.1.b).(1).(g).(iv)	select and conduct appropriate statistical analyses;
IV.A.1.b).(1).(g).(v)	design and conduct an outbreak or cluster investigation; and,
IV.A.1.b).(1).(g).(vi)	translate epidemiological findings into a recommendation for a specific intervention.

IV.A.1.b).(1).(h)	managing and administrating, including the ability to:
IV.A.1.b).(1).(h).(i)	assess data and formulate policy for a given health issue;
IV.A.1.b).(1).(h).(ii)	develop and implement a plan to address a specific health problem;
IV.A.1.b).(1).(h).(iii)	conduct an evaluation or quality assessment based on process and outcome performance measures; and,
IV.A.1.b).(1).(h).(iv)	manage the human and financial resources for the operation of a program or project.
IV.A.1.b).(1).(i)	providing clinical preventive medicine services, including the ability to:
IV.A.1.b).(1).(i).(i)	develop, deliver, and implement, under supervision, appropriate clinical services for both individuals and populations; and,
IV.A.1.b).(1).(i).(ii)	evaluate the effectiveness of clinical services for both individuals and populations.
IV.A.1.b).(1).(j)	practicing occupational and environmental health, including being able to assess and respond to individual and population risks for occupational and environmental disorders;
IV.A.1.b).(1).(k)	managing the health status of individuals who work in diverse work settings;
IV.A.1.b).(1).(l)	mitigating and managing medical problems of workers;
IV.A.1.b).(1).(m)	assessing safe/unsafe work practices and safeguarding employees and others, based on clinic and worksite experience;
IV.A.1.b).(1).(n)	monitoring/surveying workforces and interpreting/monitoring surveillance data for prevention of disease in workplaces and enhancing the health and productivity of workers;
IV.A.1.b).(1).(o)	managing worker insurance documentation and paperwork, for work-related injuries that may arise in numerous work settings;

- IV.A.1.b).(1).(p) recognizing outbreak events of public health significance, as they appear in clinical or consultation settings;
- IV.A.1.b).(1).(q) recognizing and evaluating potentially hazardous workplace and environmental conditions, and recommending controls or programs to reduce exposures, and to enhance the health and productivity of workers;
- IV.A.1.b).(1).(r) reporting outcome findings of clinical and surveillance evaluations to affected workers as ethically required, and advising management concerning summary (rather than individual) results or trends of public health significance;
- IV.A.1.b).(1).(s) developing, implementing, and evaluating the effectiveness of appropriate clinical preventive services for both individuals and populations;
- IV.A.1.b).(1).(t) designing and conducting health and clinical outcomes studies;
- IV.A.1.b).(1).(u) opening, directing, and closing injury/illness cases; and,
- IV.A.1.b).(1).(v) toxicologic and risk assessment principles in the evaluation of hazards.

IV.A.1.c) Medical Knowledge

- IV.A.1.c).(1) Residents must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate knowledge of:
 - IV.A.1.c).(1).(a) the core knowledge content areas, including;
 - IV.A.1.c).(1).(a).(i) health services administration;
 - IV.A.1.c).(1).(a).(ii) biostatistics;
 - IV.A.1.c).(1).(a).(iii) epidemiology;
 - IV.A.1.c).(1).(a).(iv) clinical preventive medicine;
 - IV.A.1.c).(1).(a).(v) behavioral aspects of health;
 - IV.A.1.c).(1).(a).(vi) environmental health; and,

IV.A.1.c).(1).(a).(vii)	primary, secondary, and tertiary preventive approaches to individual and population-based disease prevention and health promotion.
IV.A.1.c).(1).(b)	occupational medicine knowledge content areas, including:
IV.A.1.c).(1).(b).(i)	disability management and work fitness;
IV.A.1.c).(1).(b).(ii)	workplace health and surveillance;
IV.A.1.c).(1).(b).(iii)	hazard recognition, evaluation, and control;
IV.A.1.c).(1).(b).(iv)	clinical occupational medicine;
IV.A.1.c).(1).(b).(v)	regulations and government agencies;
IV.A.1.c).(1).(b).(vi)	environmental health and risk assessment;
IV.A.1.c).(1).(b).(vii)	health promotion and clinical prevention;
IV.A.1.c).(1).(b).(viii)	management and administration;
IV.A.1.c).(1).(b).(ix)	toxicology; and,
IV.A.1.c).(1).(b).(x)	the concept of sentinel events, and how to assemble/work with a team of professionals to evaluate and identify worksite public health causes of injury and illness.
IV.A.1.c).(1).(c)	public health and in-depth preventive medicine knowledge content areas, including:
IV.A.1.c).(1).(c).(i)	health services administration, public health practice, and managerial medicine;
IV.A.1.c).(1).(c).(ii)	environmental health;
IV.A.1.c).(1).(c).(iii)	biostatistics;
IV.A.1.c).(1).(c).(iv)	epidemiology; and,
IV.A.1.c).(1).(c).(v)	clinical preventive medicine.
IV.A.1.d)	Practice-based Learning and Improvement

- IV.A.1.d).(1) Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to meet the following goals:
- IV.A.1.d).(1).(a) identify and perform appropriate learning activities;
- IV.A.1.d).(1).(b) identify strengths, deficiencies, and limits in one's knowledge and expertise;
- IV.A.1.d).(1).(c) incorporate formative evaluation feedback into daily practice;
- IV.A.1.d).(1).(d) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- IV.A.1.d).(1).(e) participate in the education of patients, patients' families, students, other residents, and other health professionals;
- IV.A.1.d).(1).(f) set learning and improvement goals;
- IV.A.1.d).(1).(g) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; and,
- IV.A.1.d).(1).(h) use information technology to optimize learning.

IV.A.1.e)

Interpersonal and Communication Skills

- IV.A.1.e).(1) Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must:
- IV.A.1.e).(1).(a) communicate effectively with patients, patients' families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- IV.A.1.e).(1).(b) communicate effectively with physicians, other health professionals, and health-related agencies;
- IV.A.1.e).(1).(c) work effectively as a member or leader of a health care team or other professional group;
- IV.A.1.e).(1).(d) act in a consultative role to other physicians and health professionals; and,

IV.A.1.e).(1).(e) maintain comprehensive, timely, and legible medical records, if applicable.

IV.A.1.f) **Systems-based Practice**

IV.A.1.f).(1) Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents must:

IV.A.1.f).(1).(a) work effectively in various health care delivery settings and systems relevant to their clinical specialty;

IV.A.1.f).(1).(b) coordinate patient care within the health care system relevant to their clinical specialty;

IV.A.1.f).(1).(c) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

IV.A.1.f).(1).(d) advocate for quality patient care and optimal patient care systems;

IV.A.1.f).(1).(e) work in interprofessional teams to enhance patient safety and improve patient care quality; and,

IV.A.1.f).(1).(f) participate in identifying system errors and implementing potential systems solutions.

IV.B. Regularly Scheduled Educational Activities

IV.B.1. If it includes an integrated PGY-1, the educational program must contain regularly scheduled didactic sessions that enhance and correspond to the residents' fundamental clinical skills education.

IV.B.2. During the educational program in preventive medicine, core preventive medicine knowledge must be offered through a course of study leading to completion of a Master of Public Health (MPH) degree or other appropriate post-graduate degree.

IV.B.3. Residents must have assigned activities organized into a structured schedule prior to each year of the program.

IV.B.3.a) A record of courses, rotations, and activities attended must be completed at the close of each year.

IV.B.3.b) Structured schedules must concurrently integrate courses, rotations, and activities that meet the following criteria:

- IV.B.3.b).(1) adequate time is available to complete each objective; and,
- IV.B.3.b).(2) the sequential acquisition of knowledge, skills, and competencies is clinical, academic/didactic, practicum.
- IV.B.3.b).(2).(a) Practicum experiences must not precede didactic experiences.
- IV.B.3.b).(2).(b) Practicum experiences may be concurrent with academic experiences.

IV.C. Clinical Experiences

- IV.C.1. If the program includes an integrated PGY-1, this experience must include a minimum of 11 months of direct patient care.
- IV.C.1.a) During the integrated PGY-1 each resident's experiences must include responsibility for patient care commensurate with the resident's ability.
- IV.C.1.a).(1) Residents must have responsibility for decision-making and direct patient care in all settings, subject to review and approval by senior-level residents and/or attending physicians, to include planning care and writing orders, progress notes, and relevant records.
- IV.C.1.b) At a minimum, 28 weeks must be in rotations provided by a discipline or disciplines that offer fundamental clinical skills in the primary specialties, such as emergency medicine, family medicine, general surgery, internal medicine, obstetrics and gynecology, or pediatrics.
- IV.C.1.b).(1) Subspecialty experiences, with the exception of critical care unit experiences, must not be used to meet fundamental clinical skills curriculum requirements.
- IV.C.1.b).(2) Each experience must be at minimum a four-week continuous block.
- IV.C.1.c) At a minimum, residents must have 140 hours of experience in ambulatory care provided in family medicine or primary care internal medicine, general surgery, obstetrics and gynecology, or pediatrics.
- IV.C.1.d) Residents must have a maximum of 20 weeks of elective experiences.

- IV.C.1.d).(1) Elective rotations should be determined by the educational needs of the individual resident.
- IV.C.2. The educational program in preventive medicine must be structured to allow residents to attain advanced preventive medicine practice competencies in a sequence of continued learning and supervised application of the knowledge, skills, and attitudes of preventive medicine in the specialty, including a minimum of:
- IV.C.2.a) at least two months in a rotation at a governmental public health agency that includes participation in at least one of the following essential public health services:
- IV.C.2.a).(1) monitoring health status to identify community health problems;
- IV.C.2.a).(2) diagnosing and investigating health problems and health hazards in the community;
- IV.C.2.a).(3) informing and educating populations about health issues;
- IV.C.2.a).(4) mobilizing community partnerships to identify and solve health problems;
- IV.C.2.a).(5) developing policies and plans to support individual and community health efforts;
- IV.C.2.a).(6) enforcing laws and regulations that protect health and ensure safety;
- IV.C.2.a).(7) linking people to needed personal health services and ensuring the provision of health care when otherwise unavailable;
- IV.C.2.a).(8) ensuring a competent public health and personal health care workforce;
- IV.C.2.a).(9) evaluating the effectiveness, accessibility, and quality of personal and population-based health services; and,
- IV.C.2.a).(10) conducting research for innovative solutions to health problems.
- IV.C.2.b) at least six months in direct patient care.
- IV.C.2.b).(1) Direct patient care must comprise the provision of preventive, diagnostic, and therapeutic interventions to patients.

- IV.C.3. Residents must assume progressive responsibility for the clinical and administrative management of individuals and populations or communities during the course of the program.
- IV.C.4. Residents must have adequate supervised time in direct clinical care of workers from numerous employers and employed in more than one work setting.
- IV.C.5. Residents must actively participate in several surveillance or monitoring programs for different types of workforces.
- IV.C.6. Residents must learn the principles of administration and maintenance of practical workforce and environmental public health programs.
- IV.C.6.a) Residents must plan at least one such program.

IV.D. Scholarly Activity

See International Foundational Requirements, Section IV.D.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

See International Foundational Requirements, Section VI.