**GUIDELINES FOR COMBINED TRAINING IN**

**FAMILY MEDICINE AND PREVENTIVE MEDICINE**

The American Boards of Family Medicine and Preventive Medicine have agreed to offer dual certification for candidates completing combined accredited training acceptable to both Boards in family medicine and in preventive medicine. The objective of combined resident training in family medicine and preventive medicine is to produce physicians with broad-based training in both specialties. The process of combining residency programs allows for a reduction in the training time by providing educational components that would otherwise be duplicated if the residency programs were completed separately; therefore, the 5 years required for separate residency programs can be reduced to 4 years of integrated training. Proposals for a combined residency program must be submitted to the ABFM and ABPM for approval before a candidate can be accepted into joint training.

**GENERAL REQUIREMENTS**

 Combined training includes the components of independent family medicine and preventive medicine residencies which are accredited respectively by the Residency Review Committee for Family Medicine and by the Residency Review Committee for Preventive Medicine, both of which function under the auspices of the Accreditation Council for Graduate Medical Education. While combined training will not be independently accredited, the ACGME accreditation status of the parent family medicine and preventive medicine programs must be maintained.

Combined training must be coordinated by either a designated full-time director or co-directors who can devote time and effort to the educational program. An overall training director may be appointed from either specialty, or co-directors from both specialties. If a single training director is appointed, an associate director from the other specialty must be named to ensure both integration of the training and supervision in the discipline. The training director(s) should be certified by the ABFM or ABPM. An exception to the above requirements would be a single director who is certified and/or residency trained in both specialties and has an academic appointment in each department. The supervising directors from both specialties must document meetings with one another at least quarterly to monitor the progress of each resident and the overall success of the training.

Training requirements for credentialing for the certifying examination(s) will be fulfilled after 48 months of approved training in a combined family medicine-preventive medicine program. A total credit of 12 months over that required for two separate residencies is possible due to the overlap of curriculum and training requirements.

**BOARD CERTIFICATION**

To meet eligibility for dual certification, the resident must satisfactorily complete 48 months of combined training. Satisfactory completion must satisfactorily meet the published eligibility requirements of *each* specialty. Failure to certify in family medicine does not preclude admission to the certifying examination in preventive medicine and vice versa.

**PROGRAM APPLICATION PROCESS**

 The program will contact either the ABFM or ABPM and inform that Board of the intent to apply for a combined residency program.

* 1. The contacted specialty Board will notify the other Board of the intent.
1. The contacted Board will provide the program with the necessary application form with the following instructions:
	1. The application is to be completed in total and signed by both specialty program directors. Two original copies are to be made, with one copy sent to ABFM and one copy sent to ABPM.
2. Each Board will act independently in the approval of the application.
	1. The specialty Boards may elect to request additional information and/or clarification from the program.
	2. Discussions regarding portions of the application with the other Board may be appropriate if it appears that training in one or both specialties are minimized or compromised in some way.
	3. Letters of approval will be sent from the specialty Board to the program with a copy going to the other Board.
3. The approval will be effective as of the approval date of the last Board and will be good for 5 years from the beginning date of the first class of combined residents.